



State Fund Medical Provider Network (MPN)

GENERAL PROVISIONS and CRITERIA

The State Fund Medical Provider Network (MPN) Provider shall adhere to the General Provisions and Criteria (GPC) for the inclusion and continued membership in the State Fund MPN. It is an expectation that the GPC be met by all State Fund MPN providers.

General Provisions

1. All references to "physician" mean a health care provider as defined by Labor Code Section 3209.3 and Section 3209.5.
2. Physicians agree to assume the role of a *Primary* Treating Physician, when requested by a State Fund MPN-covered injured employee or State Fund.
3. Physician's practice shall be in compliance with applicable California Workers' Compensation Laws, Labor Code, Insurance Code, and Business and Professions Code.
4. Physician must hold an unrestricted license to practice medicine in the State of California, be actively engaged in the practice of medicine, and have no sanctions or restrictions to practice by the state licensing authority, Centers for Medicare & Medicaid Services (CMS), the California Department of Health Services, hospitals, professional boards, or governing agencies.
5. Physician shall have no felony or misdemeanor convictions involving the qualifications, functions, or duties of a physician.
6. Physician must maintain professional liability coverage of at least the minimum amount specified in his or her contract with the contracting vendor.
7. Physician's educational history shall meet professionally recognized standards for the physician's area of practice, have a complete history of professional education and practice, and an accounting for time since medical/professional School.
8. Physician's practice should meet National Committee for Quality Assurance (NCQA) standards for the physician's area of practice.
9. Physician shall have no medical condition, other physical condition, or problem that substantially impairs or prevents the essential functions of a physician, and must disclose to the State Fund if one develops.
10. There shall be timely and cooperative communication from the physician with State Fund, employers, and the injured employees. Communication should be within two business days or as pursuant to Labor Code and/or California Code of Regulations.
11. Physician or representing group administrators shall respond to requests regarding quality assurance issues as identified by State Fund within 14 days or other mutually agreeable period confirmed in writing as agreed to by the parties.

State Fund Medical Provider Network (MPN)

General Provisions (continued)

12. The physician agrees to not dispense medications from his/her office; except during first visit for first fill not exceeding a 72-hour supply. This provision does not apply to injections related to in-office procedures.
13. The provider's facility must have adequate parking, clean, neat and safe facility, and appropriate equipment with up-to-date inspection certificates posted. State Fund reserves the right to conduct an onsite evaluation of the provider's facility at any time during normal business hours.

State Fund Medical Provider Network (MPN)

Criteria

1. For non-emergency services, physician shall ensure the availability of an initial appointment within 3 business days in accordance with Title 8, California Code of Regulations, Section 9767.5(f).
2. For non-emergency specialist services, physician shall ensure the availability of an appointment for treatment within 20 business days in accordance with Title 8, California Code of Regulations, Section 9767.5(g).
3. Physician shall have no history of violation of Labor Code Section 139.3; Referral to person with whom physician has financial interest unlawful, nor shall physician have any history of fraudulent practices.
4. Physician must show evidence of expertise in the preparation and timely submission of legible treating physician reports. Workers' Compensation reports shall be prepared in accordance with Title 8, California Code of Regulations, Sections 9785, 10606, 14003, 14007, and Labor Code Sections 4055, 4061.5, 4068, 4628, and 6409.
5. Treatment requests must be submitted via UR Treatment Request Form or be clearly documented on a Doctor's First Report of Occupational Injury or Illness (DFR-1) or Progress Report (PR-2) form. Centralized fax is the preferred method of transmission to expedite processing.
6. Physician shall provide medical treatment to injured employee consistent with the Medical Treatment Utilization Schedule (MTUS) as adopted and amended by the Administrative Director of the Division of Workers' Compensation (DWC) CCR §9792.20 to .26. In the event the physician provides treatment for conditions or injuries not addressed by the MTUS, the treatment must be in accordance with other nationally-recognized peer-reviewed medical treatment guidelines or evidence-based medicine. In all cases, legible medical reports must include supporting documentation and the rationale for the prescribed treatment.
7. Physician and their staff shall communicate with Peer Reviewers, Nurses, State Fund Claims Adjusters, Case Managers, employers and injured employees within two business days. Communication should be within two business days or as pursuant to Labor Code and/or California Code of Regulations.
8. Physician shall comply with the Utilization Review Process, pursuant to Labor Code Section 4610 and Title 8, California Code of Regulations, Section §9792.6 to .10, for prospective, retrospective, and concurrent review of medical care for work-related injury and/or illness.
9. The physician agrees to seek payment from State Fund only for treatment, medications, and goods or services authorized by State Fund or ordered by the Workers' Compensation Appeals Board (WCAB).
10. The physician agrees to the use of appropriate billing practices and acceptance of reimbursement in accordance with the contract rate including but not limited to requesting letters of agreement for payment services rendered and not filing liens for balance between the lesser of the contracted rate and the Official Medical Fee Schedule. State Fund expects MPN providers to comply with ebilling standards promulgated by the DWC.

State Fund Medical Provider Network (MPN)

Criteria (continued)

11. Liens filed by provider(s) against State Fund shall be filed with the WCAB (a) within one year from the last date of service, or (b) within six months from the date of issuance on which the appeals board or a workers' compensation administrative law judge enters on the merits of a claim a final decision, findings, award, and/or order-including an order approving compromise and release, whichever date of (a) or (b) is later. This provision shall apply regardless of whether or not the provider(s) is served with a copy of any final decision, findings, award, and/or order-including an order approving compromise and release.
12. Physician must have knowledge and understanding of the practices, policies, and philosophy of the Stay at Work, and Return to Work Programs. The physician must make all attempts to return the injured employee to work within 20 percent of the Official Disability Guideline (ODG) timeframes in accordance with the diagnosis and injured employee's occupation. If the physician is not familiar with ODG, he/she may contact Official Disability Guideline at <http://www.disabilitydurations.com> to procure appropriate training material in order to comply with this requirement.
13. Primary treating physician shall have knowledge of and use the AMA Guides 5th Edition for Impairment Rating, or any Guide currently approved and promulgated by the DWC; in accordance with Title 8, California Code of Regulations, Section 9785(g).
14. Physician Assistants and Nurse Practitioners shall only be used in accordance with Labor Code 3209.10.
15. Physical Therapy service shall be administered under the direction of a Registered Physical Therapist in accordance with professionally-recognized standards, Labor Code Sections 3209.3 and 3209.5, and Business and Professions Code.
16. Physician shall utilize and refer to other providers, hospitals, ambulatory surgery centers, and other services in the State Fund MPN as listed on the State Fund MEDfinder, subject to the emergent medical needs of the injured employee, in accordance with Title 8, California Code of Regulations, Sections 9767.5 and 9767.6 (e).
17. The physician shall refer all prescribed Home Health Care to the State Fund Claims Adjuster to schedule an assessment. Once the assessment has been completed and physician has reviewed the assessment report, the physician's final order for Home Health Care may be prescribed. This prescription for Home Health Care should include the necessary provided services, but not specify hours of care unless attendant care is required for the patient's safety.
18. Physician shall utilize and refer, as necessary, to all other State Fund approved ancillary networks which have been incorporated into the State Fund MPN filed with the Division of Workers' Compensation (DWC).
19. Physician shall prescribe generic drugs in lieu of brand name drugs when generic drugs are available, pursuant to Labor Code Section 4600.1, subject to the emergent medical needs of the injured employee.

State Fund Medical Provider Network (MPN)

Criteria (continued)

20. The Physician agrees not prescribe compounded medications without prior authorization. This excludes the combining of medication for injections related to in-office procedures, and/or placing active prescription medication in a cream if the active prescription medication is the only item billed.
21. The physician shall limit prescribing opioid medication to a two-week increment for severe acute pain, and agrees to limit prescribing opioid medication for no more than sixty (60) days. Exceptions require pre-service approval from State Fund or by WCAB order.
22. State Fund reserves the right to modify the GPC upon giving the physician and/or provider thirty (30) days notice of such modification in writing. If the physician and/or provider fails to agree to the modifications to the GPC, the physician and/or provider will be automatically removed from the State Fund MPN.
23. No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by this GPC will be effective unless it is in writing by State Fund waiving the breach, failure, right, or remedy. No waiver of any breach, failure, right, or remedy will be deemed a waiver of any other breach, failure, right, or remedy, whether or not similar, nor will any waiver constitute a continuing waiver unless the writing so specifies.
24. In the event State Fund should waive any part of this GPC, or should any part of this GPC be determined to be unenforceable for any reason by law or otherwise, the State Fund MPN physician shall not thereby be relieved from the remaining obligations and provisions of this GPC. Any provision of this GPC that in any way contravenes the laws of any state or country in which this GPC is effective will, in that state or country, to the extent the law is contravened, be considered separable and inapplicable and will not affect any other provision or provisions of this GPC.

This GPC does not apply to providers participating in the State Fund Large Group program.