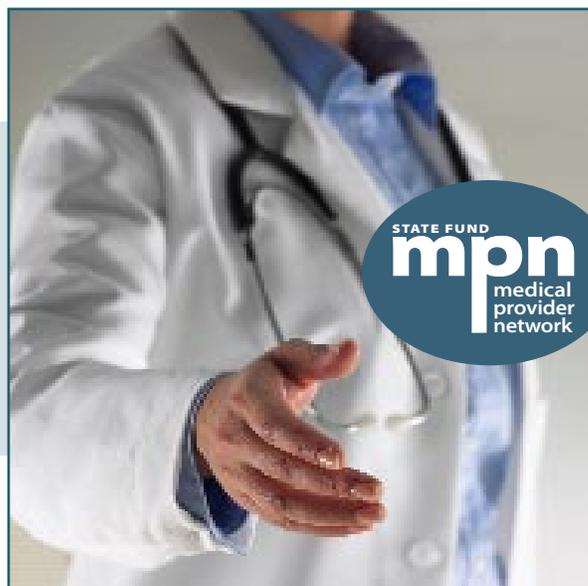


Medical Provider Network

for employees of the State of California



What is the State Fund Medical Provider Network?

State Fund's Medical Provider Network (MPN) is a group of medical providers that primarily treat occupational injuries. We utilize the State Fund~Kaiser Permanente Network, the State Fund Preferred Provider Network (PPN), and Blue Cross of California's Preferred Provider Organization (PPO) to provide quality treatment to our covered employees. These medical providers will provide medical treatment based on the utilization schedule developed by the administrative director of the Division of Workers' Compensation. If necessary, the State Fund MPN will provide specialists to treat your injury or illness.

How do I get medical treatment?

If your injury or illness is due to employment, your employer will provide you with a claim form and will refer you to an MPN medical facility for initial treatment. In emergency situations, you may receive emergency health care services from the nearest medical facility. For non-emergency services your employer will refer you for initial treatment within 3 business days.

If you are temporarily working outside the geographical service area of the MPN and you are injured on the job, you should seek emergency treatment at the nearest emergency room. If you are injured on the job, but it is not an emergency, you should notify your supervisor, your department Return to Work coordinator, or your State Contract claims adjuster. If you need additional treatment, you must contact the State Contract adjuster or your employer to continue authorized treatment with an available MPN physician.

If you need non-emergency medical care and you are outside the State Fund MPN geographical service area, you may choose a provider outside the MPN. You should notify your State Contract adjuster so that the provider's information may be documented in your case file.

Can I change my doctor?

Yes. After the initial medical evaluation with an MPN doctor, you have the right to choose another primary treating physician from the MPN.

How do I choose a doctor?

You may obtain a regional list of MPN doctors by going to MEDfinder at www.scif.com. You may also obtain a regional list by telephoning or sending a written request to your State Contract claims adjuster, if one has been assigned to you, or by calling State Fund's Customer Service Center at (866) 794-2510. If you wish to obtain a complete hard-copy list of all MPN providers, contact the State Fund MPN by sending an e-mail to scifmpn@scif.com, or by calling (323) 266-5096, or by sending a written request to:

State Compensation Insurance Fund
Attn: State Fund Medical Provider Network
900 Corporate Center Dr.
Monterey Park, CA 91754

After you receive a list of MPN doctors, you may select a treating doctor (or any subsequent doctor) based on the physician's specialty or recognized expertise in treating your particular injury or condition.

How do I make appointment with an MPN doctor?

After you choose an appropriate doctor within the MPN, you may call the doctor for an appointment. If you are unable to obtain an appointment, contact your State Contract claims adjuster.

If you are unable to obtain a non-emergency appointment with a specialist within 20 business days, you should contact your State Contract adjuster.

How do I get a referral to a specialist?

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist within the State Fund MPN. If you need help in choosing a doctor appropriate to treat your particular injury or condition, you may contact your State Contract adjuster, your department Return to Work coordinator, or your supervisor for assistance. If the type of specialist that is appropriate for your particular injury or condition is not available within the MPN, you may select a specialist from outside the MPN. You should notify your State Contract adjuster so that the provider's information may be documented in your case file.

What do I do if I disagree with my doctor's diagnosis or treatment?

It is your responsibility to advise your State Contract adjuster, in writing or orally, of the dispute and request a second opinion. You will need to select a doctor or specialist from the regional listing of MPN providers sent by your adjuster. You need to make an appointment with the selected doctor within 60 days from the receipt of the list of available MPN providers. If the appointment is not made within the 60-day period, you shall be deemed to have waived the second-opinion process with regard to this disputed diagnosis or treatment of this treating physician.

After you make an appointment with the MPN doctor, you need to notify your State Contract claims adjuster. The adjuster will contact your treating doctor to obtain your medical records for the second-opinion doctor. If you want a copy of the medical records that are sent to the second-opinion doctor, you may request a copy from your adjuster. The adjuster will also contact the second-opinion doctor to notify the doctor that he or she has been selected to provide a second opinion on the dispute.

The results of the second opinion will be sent to you, the treating physician, and the adjuster within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later. The second opinion, in addition to its findings, will offer alternative diagnosis or treatment

recommendations, if applicable. If you disagree with the second-opinion doctor's findings, you may seek an opinion from a third doctor from the MPN. It is your responsibility to advise your adjuster, in writing or orally, of the dispute and request a third opinion. You will need to select a doctor from the listing of MPN physicians sent by your adjuster. You need to make an appointment with the selected doctor within 60 days from the receipt of the list of providers. If the appointment is not made within the 60-day period, you shall be deemed to have waived the third-opinion process with regard to this disputed diagnosis or treatment of this treating physician.

After you make an appointment with the MPN doctor, you need to notify your claims adjuster. The adjuster will contact your treating doctor to obtain your medical records for the third-opinion doctor. If you want a copy of the medical records that are sent to the third-opinion doctor, you may request a copy from your adjuster. The adjuster will also contact the third-opinion doctor to notify the doctor that he or she has been selected to provide a third opinion on the dispute.

The result of the third opinion will be sent to you, the treating physician, and the adjuster within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later. If you still disagree with the findings and alternative diagnosis or treatment recommendations, you may request an independent medical review from the administrative director of the Division of Workers' Compensation.

During this second- and third-opinion process you may continue treatment with your treating physician within the MPN or a physician of your choice within the MPN. Selection of a treating physician and any subsequent physicians shall be based on the physician's specialty or recognized expertise in treating the particular injury or condition in question.

Any recommended treatment from the findings of the second- or third-opinion physician may be obtained within the MPN. You may obtain the recommended treatment by changing physicians to the second-opinion physician, third-opinion physician, or other MPN physician.

How do I request an independent medical review?

If you select a doctor for a third opinion, the State Contract adjuster will send you information about the independent medical review process. You will receive an Application for Independent Medical Review form, with the Medical Provider Network Contact section of the application already completed by the adjuster.

After receiving the third doctor's opinion, if you still disagree, then you must complete the employee section of the Application for Independent Medical Review and mail the form to:

Department of Industrial Relations
 Division of Workers' Compensation
 P.O. Box 8888
 San Francisco, CA 94128-8888

Within 10 days the administrative director shall select an independent medical reviewer (IMR) with an appropriate specialty. If you wish to have an in-person examination, the administrative director shall randomly select a physician from the list of available IMRs with an appropriate specialty and within 30 miles of your residence. If you request a record review only, the administrative director shall randomly select a physician with an appropriate specialty to review your records.

After the IMR is selected, the administrative director shall send written notification of the name of the IMR to you, the adjuster, the IMR, and your attorney, if you have one. Your relevant medical records will be sent to the IMR, and a copy will be sent to you or your attorney, if you are represented.

If you wish to have an in-person examination, within 60 days of receiving the name of the IMR, you must contact the IMR to arrange an appointment. If you fail to do this, the independent medical review is waived with regard to this disputed diagnosis or treatment of this treating physician. The IMR appointment should be scheduled within 30 calendar days of your request. Your adjuster will provide an interpreter and transportation cost or special transportation, if necessary.

To withdraw your application, you must provide written notice to the administrative director and the State Contract adjuster.

If the IMR certifies in writing that an imminent and serious threat to your health exists, the report shall be expedited and rendered within 3 business days of the in-person examination by the IMR. An extension of 3 more business days may be granted by the administrative director, if necessary.

What is transfer of ongoing care?

If your date of injury is prior to the implementation of the MPN and you are treating with a physician outside the MPN whom you did not predesignate, you may be considered for transfer of care to an MPN physician under the following circumstances:

- Where the administrative director has found good cause to grant petitions that the primary treating physician has failed to submit timely reports per Title 8, CCR §9785.

- Where the administrative director has found good cause to grant petitions that the primary treating physician or facility is not within a reasonable geographic area per Title 8, CCR §9780.

- Where the Workers' Compensation Appeals Board (WCAB) finds that the current treatment by the non-MPN provider is inappropriate or that there is no present need for medical treatment to cure or relieve from the effects of the injury of illness.

- At your request.

Even if you meet one of the above criteria, you will not be transferred to an MPN provider if your injury or illness meets one of the following conditions:

- An **acute condition**: The treatment for your injury or illness will be completed within 30 days.
- A **serious chronic condition**: Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- A **terminal illness**: You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- Performance of a **surgery or other procedure** that is authorized by the State Contract adjuster as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days from the MPN coverage effective date.

You will receive a written determination based on the above criteria regarding the completion of treatment. The notification shall be sent to you and a copy of the letter will be sent to your primary treating physician.

If you dispute the medical determination under this section, you may request a report from your primary treating physician that addresses whether you fall within any of the conditions set forth above.

If you or your State Contract adjuster objects to the medical determination by the treating physician, the dispute regarding the medical determination made by the treating physician concerning the transfer of care shall be resolved pursuant to Labor Code §4062.



If your treating physician agrees with the State Contract adjuster's determination that your medical condition does not meet the conditions above, the transfer of care shall go forward during the dispute-resolution process.

If your treating physician does not agree with the State Contract adjuster's determination that your medical condition does not meet the conditions set forth above, the transfer of care shall not go forward until the dispute is resolved.

Until you are transferred into the MPN, your physician may make referrals to providers within or outside the MPN.

If it is determined that transfer of care is appropriate, you will be notified in writing, and you will be able to choose your treating physician from the MPN. You can obtain a regional list of MPN providers at MEDfinder at www.scif.com or by calling your State Contract adjuster.

What is continuity of care?

If your MPN provider no longer belongs to the network, you can request to continue treating with your provider if the following conditions are met:

- The termination of your provider is not for medical disciplinary cause or reason, or fraud or other criminal activity, AND
- The terminated provider agrees in writing to accept the same contractual terms and conditions prior to the termination of the contract and to be compensated at rates and methods of payment similar to those used by the insurer for currently contracting providers in the same geographical area, AND
- At the time of termination of the contract, your medical condition meets ONE of the following conditions:
 - * An **acute condition**: a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention for a limited duration. Completion of treatment shall be provided for the duration of the acute condition.
 - * A **serious chronic condition** due to a disease, illness, or other medical problem or medical disorder that is serious in nature and persists without full cure, worsens over an extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of treatment shall not exceed 12

- months from the contract termination date.
- * A **terminal illness**: You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.
- * Performance of a **surgery or other procedure** that is authorized by the State Contract adjuster as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

If your medical condition meets the above criteria, you may request your adjuster to continue care with your terminated provider. Your adjuster will make a determination regarding your medical condition. You may dispute this decision. A more detailed copy of the State Fund MPN Continuity of Care policy may be obtained upon request from your adjuster.

STATE CONTRACT SERVICING OFFICES

COMMERCE	(323) 727-5600
EUREKA	(707) 443-9721
OXNARD	(805) 988-8600
RIVERSIDE	(951) 697-7300
ROHNERT PARK	(707) 586-5000
SACRAMENTO	(916) 567-7500

CUSTOMER SERVICE CENTER

(866) 794-2510

STATE
 COMPENSATION
 INSURANCE
FUND
www.scif.com