

Employer Frequently Asked Questions

1. What is a Medical Provider Network (MPN)?

An MPN is a network of physicians, hospitals, and other providers who treat Workers Compensation injuries. This type of network is unique to California, although some other states do have similar networks.

The MPN is part of Liberty Mutual's commitment to deliver the best possible outcome on every claim we manage. The providers in our network are carefully selected based on analyses of past treatment delivered to injured workers. In most cases, injured workers must treat with these in-network providers for the life of the claim, unless the employer chooses to allow out-of-network treatment.

MPN providers have been proven to:

- Use evidence-based treatment guidelines to recommend tests and procedures
- Deliver appropriate medical care to employees for their work-related injuries
- Help injured employees return to work in regular or modified jobs as soon as they are able

2. What does the employer need to do?

Liberty Mutual automatically enrolls all of its policyholders in the MPN. Employers do not need to take any action on their end to implement the MPN.

California law does require all employers, whether they participate in the MPN or not, to provide new hires with the Time of Hire Pamphlet explaining their rights to Workers Compensation. These forms are available on the California Division of Workers Compensation website, under the Employers section.

The law also requires employers to display worksite posters at their California worksites:

- Form DWC-7: "Injuries Caused by Work" includes a few fields that ask for MPN information. For our customers' convenience, we have made pre-filled copies of this form available on our website at www.libertymutualgroup.com/providernetworks, under the California section. In short, our MPN information is:
 - MPN name: Liberty Mutual Managed Care MPN
 - Website: www.libertymutualgroup.com/providernetworks
 - Effective date depends on when your WC coverage took effect with Liberty Mutual
 - If your coverage took effect prior to 6/1/16, then your MPN effective date is 6/1/16.
 - If your coverage took effect on or after 6/1/16, then your MPN effective date is the same as your policy effective date
 - MPN Identification number: 2453
 - If you need help locating an MPN physician, call your MPN access assistant at 800-944-0443.
 - If you have questions about the MPN, call the MPN contact person at 844-208-1659.
- We also recommend including a list of nearby providers, to be used in the event of an injury. To locate nearby MPN providers, please refer to our online directory (as discussed in more detail in question 3).

When an injury occurs, you should direct the injured worker to an MPN provider whenever possible. Report every claim immediately. Liberty Mutual will provide the injured worker with the required Complete MPN Employee Notification in both English and Spanish.

3. How does an employer know which providers are in the MPN?

Our MPN listings are available online at <http://www.talispoint.com/lmam/external/campn>, or by phone at 1-800-944-0443.

4. Can an employer use providers that are not in the MPN?

Yes. We encourage the use of the MPN whenever possible, but we recognize that there may be extenuating circumstances.

Employers can choose to allow out-of-network treatment at any time. Simply notify your adjuster to that effect.

5. Do employers need to notify all California employees of the MPN?

No. As of 2016, employers only need to display the DWC-7 form as part of their worksite posters (as discussed in more detail in question 2).

6. How can an employer recommend a provider to be added to the MPN?

Provide your adjuster or service representative with the name, address, phone number, and provider type.

7. How can an employer escalate concerns about a provider in the MPN?

Notify your adjuster or service representative with the provider name. If the concern is specific to an individual claim, please include the claim number and a brief summary of the issues at hand.

8. Does the MPN apply to injured workers with existing claims?

Generally, yes. The MPN applies to all dates of loss, albeit with certain exceptions.

On claims that pre-date the MPN, the adjuster will review the case facts to determine whether the existing medical providers are in the MPN. If the existing providers are not in the MPN, the adjuster will determine whether it makes sense to require the injured worker to choose a new physician. These decisions are always made on a case-by-case basis, considering all of the claim facts and medical issues.

The law outlines four exceptions that may allow out-of-network treatment on existing claims:

- An acute condition resolving within 90 days.
- A serious chronic condition, for which treatment shall be provided for a period of time up to one year.
- A terminal illness, defined as an incurable or irreversible condition that has a high probability of causing death within one year or less.
- A surgical or other procedure that is authorized by the insurer or employer as a course of treatment that is to occur within 180 days of the MPN effective date.

9. Does the employer have to pay for unauthorized out-of-network treatment?

Generally, no. Injured workers are required to treat within the MPN for the life of the claim, unless the employer agrees to allow out-of-network treatment, or unless the injured worker meets one of the exceptions in the law. If an injured worker self-procures treatment without authorization, it may not be covered under the Workers Compensation claim.

10. What is predesignation?

California law allows employees the option of predesignating a personal physician. If an employee chooses to predesignate, he or she can keep treating with his or her personal physician outside of the MPN.

Valid predesignations must meet strict legal requirements, which include but are not limited to the following:

- By definition, the predesignation must be done prior to the injury;
- The predesignation must be with a personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group;
- On the date of the work injury, the employee must have health care coverage for injuries or illnesses that are not work-related;
- The doctor must be the employee's regular physician, who has previously directed his or her medical treatment, and retains his or her medical records;
- Prior to the injury, the doctor must agree to treat the employee for work injuries or illnesses;
- Prior to the injury, the employee must have provided the employer the predesignation in writing. The state recommends, but does not require, using the optional DWC Form 9783. This form is available on the state's website at <http://www.dir.ca.gov/dwc/forms.html>, under the Predesignation section.

The adjuster will determine if a predesignation meets the legal requirements. If it does, the adjuster will need to allow treatment with the predesignated physician. If it doesn't, the adjuster may require the employee to choose a physician within the MPN. If the injured worker and adjuster still do not agree, the matter may go before the state's Workers Compensation Appeals Board (WCAB).

11. What is a Medical Access Assistant (MAA)?

These individuals are available to help injured workers find MPN physicians. They can also help schedule appointments if needed. The MAA's can be reached at 1-800-944-0443 from 7 a.m. to 8 p.m. Pacific Time.

12. What if I have additional questions or concerns that aren't covered here?

For any issues specific to a claim, please contact your adjuster.

For more general information, please refer to our website at www.libertymutualgroup.com/providernetworks, under the California section; or you may refer to the state's website at http://www.dir.ca.gov/dwc/mpn/DWC_MPN_Main.html. For any items not covered on these sites, our MPN contact can be reached at 844-208-1659 from 8 a.m. to 5 p.m. Pacific, or at CA_MAA@LibertyMutual.com.