

California law allows employers to direct injured employees to a Medical Provider Network (MPN) for medical treatment. Liberty Mutual Managed Care (LMMC) offers several state-approved MPNs comprised of a customized subset of the Anthem Blue Cross PPO and the Kaiser On-the-Job occupational program.

As an MPN participant, it is important that you review and understand the following information and your responsibilities regarding the program. Non-compliance with state rules and regulations or with the protocols in this document could result in disruption of payment of medical bills and/or removal from the MPNs.

LMMC has identified a select group of medical providers for inclusion in these MPNs and, as a result, expects them to provide timely and appropriate health care to injured workers in accordance with evidence-based medicine practices including but not limited to California's Medical Treatment Utilization Schedule (MTUS). It is paramount to coordinate clinical case management with the employer and the MPNs.

### What clinical practices does the MPN require of you?

- Use of reasonable, evidence-based medicine practices (e.g., for procedures, diagnostic tests and any prescriptions) and clear descriptions of work capacity to facilitate safe and timely Return-to-Work
- Submission of timely and appropriate communications (including answering and returning calls from Claims staff, Peer Reviewers, Nurse Case Managers, and/or Regional Medical Directors, as well as timely responding to written requests for information)
- Providing case strategy and expected outcomes for treatment requests (e.g. document treatment requests, describe anticipated results and document outcomes)
- Additional details on the Clinical Practice Requirements are available on our Provider Support website.

### What are the administrative requirements?

- Comply/cooperate with California Workers' Compensation rules and regulations, including but not limited to:
  - Medical Treatment Utilization Schedule (MTUS) and Utilization Review (UR)
  - Reporting requirements as outlined in CCR 9785 et al.
- Comply/cooperate with all contractual terms and conditions. This includes but is not limited to:
  - Accepting new patients
  - Treating only accepted work-related injuries or illnesses, specific to the accepted body part
  - Referring within the MPN for specialty care. This includes but is not limited to referrals to specialists, diagnostics, physical therapy, or other ancillary services.
  - Compliance/cooperation with LMMC's medical management procedures. This includes but is not limited to LMMC's pharmacy benefit program. We recommend that physicians provide patients with a written prescription which the patient can fill using his or her prescription card. This allows the

claimant access to the MPN pharmacy network to procure his/her medication and to avoid out of pocket expenses. It also ensures that prescriptions are checked for potentially dangerous interactions, and are consistent with evidence-based guidelines and/or formularies.

- Using appropriate and up-to-date billing practices (e.g., use of coding based on services provided).
  - Reimbursement rates are determined by the provider's network contract, so any concerns should be addressed with the network's contracting team. Our California Billing Guidelines, available on our Provider Support website, list the situations in which we may pay for services that are not ordinarily covered under California's Official Medical Fee Schedule (OMFS). Providers should not ask for additional payment outside of these guidelines.
  - Billing disputes must be handled through the dispute-resolution process outlined in the network contract. MPN providers should never submit bills on a lien basis.
- Uphold high ethical standards. Physicians should not refer patients to facilities or programs in which the physician has a financial interest, except when expressly allowed by law and/or when prior authorization is given.

### How should a provider request authorization for treatment?

California law requires Requests for Authorization to be submitted in writing, using DWC Form RFA. This form is available on our Provider Support website. Please fax the completed form to (603) 334-8141.

### How does LMMC determine which providers should be included in an MPN?

Providers are evaluated based on the criteria listed above. For details on the selection and evaluation process, you may refer to our Provider Support website under Frequently Asked Questions.

LMMC measures patient outcomes through Provider Performance Evaluations (PPE's). LMMC provides all impacted providers with their PPE results. If these results show areas of concern, LMMC may ask providers to provide a plan to address them. In addition, Claims staff and other stakeholders may file Provider Incident Forms (PIF's) to report issues or concerns. LMMC strives to resolve these PIF's as amicably as possible, so in most cases, the provider will be contacted by the network to resolve any misunderstandings or opportunities for improvement.

If a provider fails to adequately address areas of concern in a PPE, or if a provider receives three or more PIF's within a rolling 12-month period, LMMC will review to determine if further action is warranted. This may include, but is not limited to, removal from the MPN. If any licensing agency or court takes action against a provider's license, including placing a provider on probation, LMMC will review to determine if removal from the MPN is warranted. Providers may also be removed immediately in cases of fraud, egregious violations of the law, standards of patient care, and/or patient safety concerns.

### What do you do if you need additional information?

- Our Provider Support website includes more detailed information at [www.libertymutualprovidersupport.com](http://www.libertymutualprovidersupport.com).
- To review our MPN listings:
  - The Liberty Mutual Group MPN listings are available at [www.libertymutualprs.com](http://www.libertymutualprs.com).
  - A complete listing of all MPNs managed by LMMC is available at [business.libertymutualgroup.com/business-insurance/claims-process/provider-networks](http://business.libertymutualgroup.com/business-insurance/claims-process/provider-networks).
- Anthem's Workers Compensation website is at [www.anthemwc.com](http://www.anthemwc.com).
- The State of California's home page regarding Workers' Compensation is at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).

Thank you for your participation/cooperation in our MPNs. If you have questions or feel you cannot meet the requirements of the MPN program, please contact us immediately by e-mail at [LMGMPN@libertymutual.com](mailto:LMGMPN@libertymutual.com).

## LIBERTY MUTUAL MANAGED CARE

### Medical Provider Network (MPN) Clinical Practice Requirements

#### Documentation and use of Evidence-Based Medicine:

- **PROCEDURES:**
  - use California Medical Treatment Utilization Schedule (MTUS) when appropriate
  - use other best-practice evidence-based guidelines, such as The Official Disability Guidelines (ODG), [www.disabilitydurations.com](http://www.disabilitydurations.com), when MTUS does not apply.
- **DIAGNOSTIC TESTING:**
  - a diagnostic test must be indicated and stated
  - the performance of the test must make a difference as to the course of treatment or improve functional outcome.
- **PHARMACY:**
  - prescriptions need to have evidence-based indications
  - medication use needs to be monitored for clinical effectiveness (both initially and with ongoing therapy)
  - prescriptions need to be documented in the medical record
  - medications must be specific for indications – e.g., not “chronic pain” rather say “upper extremity neuropathy of 18 months duration not responsive to NSAIDS”)
  - long-term use of medications normally indicated for short term use (in particular opioids and benzodiazepines) need to be reviewed frequently in the chart for continued effectiveness with close attention to issues of tapering and discontinuation.

#### Open and active communication:

- When called by Liberty Mutual Group (LMG) case managers and clinicians, try to come to the phone to discuss; if not possible at the time of the call, return the call as soon as practical (e.g. on the same or next, business day).
- LMG’s UR plan in CA requires Utilization Review (UR), therefore, when a UR reviewer calls you, administrative processes (e.g., approval process) are greatly expedited when you speak with the reviewer or quickly call them back (or have someone call to set up a time for the call).

#### Case strategy clarification and expected outcomes for treatment requests:

- Communicating and clarifying your case strategy will increase the understanding of the LMG case manager with respect to the issues impacting the case and this will expedite approvals and minimize delays.
- Document both before and after treatment and evaluate the result(s) of the treatment:
  - **TREATMENT REQUESTS:** describe the treatment sufficiently (where, what level, right or left side, etc.)
  - **BEFORE TREATMENT:** document the ANTICIPATED OUTCOME (i.e., what you will follow) and describe what you will consider success or lack thereof.
    - identify what will happen if the injured worker responds to treatment completely vs. partially
    - identify what will happen if the injured worker does not respond to proposed treatment
  - **AFTER TREATMENT:** document what ACTUAL OUTCOME occurred and how this impacts future therapy and function for the injured worker (e.g., describe what important/lasting impact of treatment has occurred, e.g. “now able to RTW”, etc.)

▪ ***Samples of effective documentation:***

- Despite 6 months of PT, left shoulder ROM has not improved and lifting books to shelf height is still painful (5/10). Will refer for left shoulder MRI. If positive, will ask for an orthopedic consultation.
- Despite PT, patient with failed back syndrome has not improved functional status for 2 years and continues to request higher doses of opioid medications. Need to consider an Interdisciplinary Rehabilitation (Chronic Pain) Program.
- Miss Smith came in with a diagnoses of frozen right shoulder and right hand paresthasias for the past 2 months (despite conservative treatment), with currently positive Tinnel and Phalen signs. Based on this I'd like to do a right shoulder arthrogram and EMG/NCV testing. Depending on the results of these, further recommendations may be forthcoming.

**Be specific in describing work capacity:**

- It is important for a physician to document **IMPAIRMENT** (the loss of function of a part) and to specifically describe **WORK CAPACITY / WORK RESTRICTIONS** (the amount of function the injured worker is capable of performing without harm).
- It is important for a physician **NOT** to give opinion on **administrative** matters such as the employer's availability of light duty, whether a workplace is or is not willing to make a work accommodation, whether accommodation equipment will be purchased, etc. (NOTE: once a set of restrictions is clearly defined, the *administrative* assessment of accommodations can only be done by individuals at the workplace.)
- Use restrictions, even severely limiting ones, rather than use "Total Temporary Disability" ("TTD") at all times if possible. If "TTD" is used, it should be frequently reassessed for appropriateness and frequently documented to describe the degree of severity (e.g., is the condition so severe that even activities of daily living, "ADL's", are not possible) – any such documentation should contain a large component of common sense and clear logic.