



## State Fund Medical Provider Network General Provisions and Criteria FAQs

State Fund recently introduced changes to the State Fund Medical Provider Network (MPN); specifically, the General Provisions and Criteria (GPC) requirements that all providers must adhere to if they wish to be part of the State Fund MPN. State Fund notified all providers in writing about the changes in a letter mailed on June 10, 2011.

Below is a list of **frequently asked questions** received from State Fund MPN providers regarding the changes to GPC.

1. Why do we need the GPC notarized?  
We require notarization to authenticate the doctor's signature.
2. What if I faxed the GPC without notarization?  
GPCs that are not notarized will not be honored as completed. However, a reminder will be sent to sign the GPC and have it notarized (see response #1).
3. What if the doctor is on vacation and will not be back by June 30?  
Any doctor who does not have a signed and notarized GPC will be sent a reminder before they are removed from the network.
4. If the doctor received the GPC in multiple locations, can he just sign one?  
Yes. One signed and notarized GPC is valid for all current locations on file with State Fund.
5. Does the new GPC affect the fee schedule?  
No. The new GPC does not in anyway affect the Official Medical Fee Schedule or your contracted rates with your vendor.
6. Why is State Fund making the changes to the GPC?  
The new GPC refines our focus on improving injured employees' outcomes through State Fund's Stay at Work and Utilization Review (UR) programs, physician referrals within the State Fund network, and other policy documents.
7. What are the changes from the old GPC? How is your new GPC different from the previous one?  
The new GPC has many changes and we recommend that you read the entire document before signing and notarizing.
8. Can I e-mail the GPC to the State Fund MPN Helpdesk or mail it directly to State Fund?  
No. By faxing the signed GPC to the phone number indicated, State Fund can receive and track your response more quickly than if the GPC was mailed. Unfortunately, the State Fund MPN Helpdesk is not set up to receive and track the

GPC responses; we would appreciate your faxing the signed GPC to the phone number indicated.

9. Are all State Fund MPN doctors subject to the updated GPC?  
Yes, all State Fund MPN doctors are required to abide by the current GPC for continued participation in the State Fund MPN.
10. What is the reduced ODG/ACOEM rate you refer to in your cover letter?  
State Fund MPN has arranged for its MPN providers to receive a discount rate to ODG and ACOEM Practice Guidelines.
11. How much is the reduced rate?
- ACOEM is offering a 50% discount for MPN providers.
  - ODG offers 66% discount for their online version.
  - We encourage you to contact these vendors directly for specific pricing.
12. We are a medical group and our physicians do not normally sign the GPC individually. Can we send the GPC signed by the group for all our physicians?  
No. The physicians in your medical group who received the GPC are participating in the State Fund MPN as individual providers. Each State Fund MPN-approved physician must sign the GPC, have it notarized, and fax it to the number indicated on the agreement. If not everyone in your medical group has signed the GPC, State Fund will send a reminder to your medical group listing the physicians who haven't signed it.
13. Why do I have to be willing to assume the role of primary treating physician when I'm a specialist?  
Only if State Fund or the patient requests would you need to assume this role. In general, State Fund prefers for the primary treating physician to be an occupational medicine physician or other primary care provider. Should your patient request that you be his or her primary treating physician, please contact your adjuster. Together we would work with the patient in an attempt to assign a primary treatment physician role to an occupational medicine or primary care physician.
14. Why do I need to respond to State Fund, employers, or injured workers within two business days? What if I'm busy or on vacation?  
The 2-business day response time was set to expedite patient care. We understand your busy schedule and need to be away from the office at times. We are hoping that someone in your office can monitor and triage your calls when you are away—so that the patient is not waiting for care.
15. Why did you choose ODG for RTW guides?  
ODG provides lost time guidelines utilizing actual experience data from federal Government databases, specifically OSHA Bureau of Labor Statistics and the CDC National Center for Health Statistics as well as the National Health Interview Survey. In addition, separate data is provided for whatever factors would affect disability duration. You can certainly refer to ACOEM and MTUS as well.
16. When I prescribe home health or attendant care services, why does a home assessment need to be scheduled? And what about home health prescribed after hospital discharge?  
Home health prescribed as a part of hospital discharge will go through Blue Cross as occurs presently. When home health or attendant care is prescribed in other situations we request a home assessment so that the specific risks and challenges

that your patient may experience can be fully assessed (examples: stairs, uneven surfaces, availability of family members to help and the general physical condition of those family members). We want your patient to be safe! Once the assessment is completed the results will be forwarded to you and you can write your final order.

17. What is the problem with compounded medications?

In general, compounded medications do not go through the same FDA approval process that is required for commercially available prescription drugs. Therefore, trials may or may not be conducted to determine safety and efficacy. Such studies are not a legal requirement for compounding medications. (American Chronic Pain Association Consumer Guide, 2011 Edition, page 58). If you feel that your patient requires a compounded medication it can be ordered, but pre-approval must be obtained first.

18. What if I need to combine injectable medications for my patient in the office or emergency room?

The combining of medications for injections and as part of emergency medical services is excluded and does not require pre-authorization.

19. I have an occasional patient who cannot tolerate oral medications, and compound topicals are effective. How can I continue to prescribe the medications in the formulation my patients can tolerate?

It is acceptable to have active prescription medication placed in a cream, but the active prescription medication must be the only component billed.

20. I understand the ramifications of long-term opioid use. But what do I do if I inherit a patient already on long-term opiates, or if I have a patient who is on a low dose and successfully working/functioning?

Should a physician find clinical necessary to prescribe opiates beyond 60 days (i.e. Successful pain control on low dose or existing long-term usage), he or she will need to seek pre-approval. That request would follow normal UR process, including peer review (as appropriate) along with the availability of the appeal process if needed. Should the physician continue to prescribe opiates after upheld denials, and particularly is such occurred on a repeated basis, the physician could be put on notice for lack of compliance with the GPC and the consequence process followed.

21. I respect the UR process, but sometimes the peer reviewer is not of my specialty and doesn't seem to understand cutting edge EBM for my specialty. How are you going to address this?

We are committed to UR that is neutral, objective, consistent, and specialty matched. We are enhancing our processes to ensure this with advanced technology and appropriate specialty participation.

22. What should I do if my situation or patient is unique and doesn't seem to fit within the parameters of the GPC?

Our highest priority is to deliver expedited, high quality care to our injured workers and to partner with you to do so. When in doubt, or when you have questions, call us. We are committed to working with you. We have been doing outreach to major provider groups for several months, but we realize that we can't contact everyone personally. Please reach out to us when you have any questions or concerns.