

How can I apply to join the MPN?

Liberty Mutual Managed Care (LMMC) manages several state-approved MPNs comprised of a customized subset of the Anthem Blue Cross network and the Kaiser Permanente On-the-Job occupational program.

- For most specialties, except those noted below, you would first need to have an active contract with Anthem Blue Cross for Workers Compensation. You may contact Anthem directly either via telephone at (866) 700-2168 or via email at MPNServices@anthem.com. Once you are contracted with Anthem, you may apply to join using our online application at www.libertymutualprovidersupport.com under Network Information > California MPN.
- LMMC contracts with national companies for radiology, pharmacy, physical therapy, occupational therapy, durable medical equipment, home health care, transportation, and translation. To be considered in those specialties, you would need to apply to the respective companies.
- By law, MPNs have the exclusive right to determine the members of their network. Therefore, our MPNs do not include every physician or clinic contracted with these companies.

Where can I find the complete MPN listings?

The Liberty Mutual Group MPN listings are available at www.libertymutualprs.com. A list of all MPNs managed by LMMC is available at www.libertymutualgroup.com/providernetworks.

I am already an MPN physician or clinic. How can I update my listings?

For most specialties, except those noted below, please contact Anthem via telephone at (866) 700-2168 or email at MPNServices@anthem.com.

For radiology, pharmacy, physical therapy, occupational therapy, durable medical equipment, home health care, transportation, and translation, please contact the company that holds your contract.

Be advised that it is your responsibility to keep your listings up-to-date. Clinics and physicians are in the MPN only under the names, addresses, and specialties listed. Any treatment performed under unlisted names, addresses, or specialties would be considered outside the MPN. Adding new listings with Anthem or any other company does not necessarily guarantee that they will be included in our MPNs.

How do I get a copy of our network contract?

For most specialties, except those noted below, please contact Anthem via telephone at (866) 700-2168 or email at MPNServices@anthem.com.

For radiology, pharmacy, physical therapy, occupational therapy, durable medical equipment, home health care, transportation, and translation, please contact the company that holds your contract.

LMMC has a contract with these companies to access your services for the benefit of our Workers Compensation claims. LMMC does not have access to your own contract and therefore cannot, under any circumstance, provide this information to you directly.

How should I request authorization for treatment?

California law requires Requests for Authorization to be submitted in writing, using the state's mandatory form. Copies of the form are available on the state's website, as well as our Provider Support website. Treatment requests should be submitted promptly to avoid disruptions in care. Please fax the completed form to (603) 334-8141.

Where do I go for billing questions/concerns?

Please contact Medical Bill Review (MBR) through the Provider Support website, or at (800) 500-7044.

- Reimbursement rates are determined by your contract, so any concerns should be addressed with the corresponding contracting team. LMMC's California Billing Guidelines, available on the 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). Clinics should not ask for additional payment outside of those guidelines.
- Billing disputes must be handled through the dispute-resolution process outlined in the contract. MPN providers should never submit bills on a lien basis.

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

Physicians and clinics are evaluated based on the criteria listed in the California MPN Participating Provider Protocols document. This document is available on our Provider Support website at www.libertymutualprovidersupport.com.

- The addition process is as follows:
 - The process begins when a provider is found to be a candidate for inclusion. (As noted above, providers must have an active contract to be eligible. In most specialties, this requires an Anthem contract, the exceptions being radiology, pharmacy, physical therapy, occupational therapy, durable medical equipment, home health care, transportation, and translation.)
 - In most cases, the process begins when the provider submits an MPN application. This form is available on our Provider Support website at the URL noted above.
 - On rare occasions, LMMC may actively recruit providers. This typically happens in targeted geographical areas and/or specialties, in which we have identified a business need for more providers.
 - LMMC then reviews the candidate. The turnaround time is often 1-2 months, though the precise timeframe may vary.
 - LMMC provider's specialty and other identifying information to determine how many similar providers are available.
 - LMMC also reviews any prior experience with the provider. This may include, but is not limited to, reviewing prior claim files or billing data.
 - Based on the review, LMMC makes its decision and notifies the provider.
 - If and when the decision is made to add a provider, provider acknowledgement will be required pursuant to applicable law.
 - If and when the decision is made to decline an application, the provider may reapply to the MPN after one year. Premature reapplications will not be considered.
- The removal process is as follows:
 - The process begins when LMMC identifies grounds for removal. This is typically limited to more serious issues, since LMMC strives to resolve issues as amicably as possible. In most other cases, the provider will be contacted by the network to resolve any misunderstandings or opportunities for improvement.

- The process may begin with Provider Incident Forms (PIF) filed by Claims staff or other stakeholders and administered by the network. If provider receives three or more PIF's within a rolling 12-month period, LMMC reviews to determine if further action is warranted. This may include, but is not limited to, removal from the MPN.
- The process may also be triggered by data analysis or audits if either raises concerns about a provider. If a provider fails to adequately respond to these concerns, or if the provider fails to show improvement in the areas in question, LMMC reviews to determine if further action is warranted. This may include, but is not limited to, removal from the MPN.
- Providers may be removed immediately upon notification of the filing of any formal indictment, accusation, charge, order or judgment by any governmental or regulatory entity, law enforcement agency, licensing agency and/or court of competent jurisdiction involving failure to meet the proper standard of care, patient safety, allegations of fraud, criminal conduct, or other deceitful or intentional conduct.
- LMMC reviews the provider's specialty and other identifying information to determine how many similar providers are available. LMMC also reviews prior experience with the provider. This may include, but is not limited to, reviewing prior claim files or billing data.
- If and when the decision is made to remove a provider, the provider is notified pursuant to the applicable contract requirements. The provider may reapply to the MPN after one year, but premature reapplications will not be considered.

What do I do if I need additional information?

Additional information is available on our Provider Support website at www.libertymutualprovidersupport.com. This information includes LMMC's MPN Protocols, California Billing Guidelines, and other reference material.

For any other questions, please contact us by telephone at (844) 208-1659 or e-mail at LMGMPN@libertymutual.com.