



Travelers Medical Provider Network (MPN) – California

Administrative Rule, Section 9767.3(c)(1)(5) of Title 8 of the California Code of Regulations allows MPNs to have the exclusive right to determine the members of its network. Travelers considers a number of factors when evaluating providers for inclusion in our custom MPN, including, but not limited to: the number of employees to be covered; the provider's experience with work-related injuries and illnesses; geographical service areas to be covered; the number and type of injuries expected; the number and types of providers needed to accommodate employees and MPN access standards for PTP, specialist and hospital access; experience treating the types of injuries incurred by our customers' employees; and the provider's use of treatments that have proven to be successful as determined by reviewing claim outcome data.

Travelers has high expectations for our MPN providers. Failure to meet these expectations may result in removal from our custom MPN. Travelers works with our network partner, Coventry, to manage provider issues, but we ultimately determine whether to retain or remove a provider from our custom MPN.

TRAVELERS EXPECTS MPN PROVIDERS TO:

- Provide a timely first appointment (*see Reg. 9767.5(f) and (g) regarding MPN Access Standards*)
- Provide documented objective evidence of injury to substantiate diagnosis and treatment (*see LC4604.5 regarding MTUS guidelines and Reg. 9785 regarding the reporting duties of the primary treating physician*)
- Provide a return-to-work plan and/or timely return-to-work status information to Travelers Claim/medical Professionals (*see Reg. 9785 regarding the reporting duties of the primary treating physician*)
- Provide clear explanation of apportionment or clarification of causal relationship (*see LC4663 and 4664 regarding apportionment*)
- Refrain from over-utilization and/or treatment inconsistent with treatment protocols/guidelines (*see LC4604.5 regarding the MTUS guidelines; Reg. 9792.20 through 9792.26 regarding medical treatment utilization schedule, LC4610 regarding utilization review, and also Regs. 9792.6-9792.10 regarding utilization review*)
- Provide clear explanation of major contributing cause determinations (*see LC4061.5 regarding the primary treating physician's responsibility to address all medical issues necessary to determine eligibility for compensation*)
- Refrain from providing any experimental treatment (*see LC4604.5 re: MTUS guidelines and Regs. 9792.20 through 9792.26 regarding the medical treatment utilization schedule*)



- Provide necessary/appropriate MMI documentation (see Reg. 9785(h) regarding the reporting duties of the primary treating physician)
- Provide appropriate PPI rating at MMI (see Reg. 9785(h) regarding the reporting duties of the primary treating physician)
- Provide access or responsiveness with Travelers Claim/Medical Professional requests for medical records/information (see Reg. 9785 regarding the reporting duties of the primary treating physician)
- Refrain from billing practices that are inconsistent with fee schedule and/or statutes (see LC5307.1 regarding the OMFS and Regs. 9789.10 - 9789.111)
- Refrain from any questionable provider ethics or unprofessional conduct (including, but not limited to, treatment - see LC4604.5 regarding MTUS guidelines)
- Provide medical reports within timeframes of the state rules (see LC4603.2(a) and Reg. 9785 regarding the reporting duties of the primary treating physician)

In addition to the providers responsibility to comply with all pertinent Labor Codes sections (listed above as well as 4600(b), 4610, 139.3(a), 4603.2, 5307.27) and Section 9785 the Regulations, MPN providers are expected to work closely with our Claim and/or medical Professionals to achieve the best possible medical outcome for our injured employees. Furthermore, we require MPN providers to use their best efforts to utilize other Travelers MPN providers and/or facilities in connection with any additional treatment an injured employee might need.

Per Labor Code §4600.2(a), we have a Pharmacy Benefit Management program (PBM). We also have an Ancillary Benefit Manager (ABM) program that includes physical medicine, diagnostics, DME, home health, prosthetics, language/translation and transportation. We request that providers fill all injured employees' pharmaceutical and/or ABM needs through providers affiliated with our network providers below.

TRAVELERS CALIFORNIA PRESCRIPTION DRUG PROGRAM

We partner with Healthsystems to provide a pharmacy network and service for our PBM. All prescriptions for workers compensation related medications and supplies must be filled by a network pharmacy. Please provide a written prescription to the injured employee or call a network pharmacy which the injured employee has chosen. You can find a network pharmacy online at www.healthsystems.com/pharmacysearch

Healthsystems: (877) 528-9497 www.healthsystems.com

Please ask the injured employee to reference the information below when filling a prescription.
Phone Number: 877-528-9497
Bin Number: 012874
Member ID #: BK82318TRV



No payments will be made to a non-network pharmacy or for medication dispensed in-office.

Prescription medication(s) not currently filled at a network pharmacy must be transferred to a network pharmacy to be considered for payment. A prescription transfer can be accomplished by doing one of the following:

- Call in a new prescription to a network pharmacy or
- Have the injured employee take the existing prescription container to a network pharmacy

TRAVELERS CALIFORNIA ABM PROVIDERS:

PHYSICAL MEDICINE:

One Call Care Management: (866) 360-3242

MedRisk: (800) 225-9675

DIAGNOSTICS:

One Call Care Management: (866) 360-3242

Homelink: (866) 834-5360

DME (TENS, IV Therapy, Supplies, etc.):

One Call Care Management: (866) 360-3242

Homelink: (866) 834-5360

HOME HEALTH:

One Call Care Management: (866) 360-3242

Homelink: (866) 834-5360

PROSTHETICS:

Orchid: (407) 893-7304

One Call Care Management: (866) 360-3242

Homelink: (866) 834-5360

LANGUAGE/TRANSLATION:

Homelink: (866) 834-5360

One Call Care Management: (866) 360-3242

TRANSPORTATION:

Homelink: (866) 834-5360

ProCare: (866) 902-2299

AVO: (800) 286-9964

One Call Care Management: (866) 360-3242

WORK STATUS

After each appointment, MPN providers should send a copy of the injured employee's work status to the Claim/medical Professional. This will help ensure we can quickly address any changes to the benefits that may be owed to the injured employee.



MEDICAL BILLS AND RECORDS

MPN providers should mail copies of medical reports/records and bills to the appropriate Travelers claim office as soon as possible. The injured employee should not be billed directly for services rendered for a workers compensation claim.

Mailing address for all California claims:

P.O. Box 660055
Dallas, Texas 75266-0055

Travelers Northern California Service Center

Rancho Cordova: (800) 727-3995

Walnut Creek: (800) 842-7354

Fax: (866) 871-9205

Travelers Southern California Service Center:

Diamond Bar: (800) 258-3710

Fax: (877) 801-9677

For questions regarding billing contact the Travelers Provider Inquiry Center at 1-877-228-2758.

Additional provider resources can be found [here](#)

REQUEST FOR AUTHORIZATION (RFA) + UTILIZATION REVIEW (UR)

The Request for Authorization for Medical Treatment (DWC Form RFA) is required to initiate the utilization review (UR) process required by Labor Code section 4610. Complete RFAs and report(s) substantiating the treatment request should be faxed to Travelers UR prior to rendering recommended treatment. Failure to provide the required information may result in a delay in processing authorization requests.

[DWC RFA Form & Instructions](#) (*link to DWC form*)

[DWC Utilization Review information](#) (*link to DWC site*)

Travelers CA UR Fax numbers:

Walnut Creek: (866) 308-4829

Rancho Cordova: (866) 381-6713

Diamond Bar: (866) 284-5252