

# MEDICAL PROVIDER NETWORK INSTRUCTIONS

Care West Insurance Company has implemented a Medical Provider Network (MPN) with The State of California in order to provide your employee's with qualified physicians in every specialty to meet their treatment needs. You will be selecting your initial entry provider that will be documented on your MPN Poster and provided separate from the process noted below.

The State of California requires that a thirty (30) day notice be provided to employees in order to implement compliance with the Medical Provider Network (MPN). Absent the required notification an employee may treat with any physician or facility they select.

## Existing Employees:

Each employee must complete and sign the "Notification of Medical Provider Network" form. Please note that you must pre-fill the name of the individual to whom the form will be returned, and the effective date of the MPN. The effective date of the MPN is 30 days following the date you provide this form to your employees. This form is provided in English and Spanish.

## New Hires:

As part of your New Hire process, the new employee must complete and sign the "MPN – Employee Acknowledgement" form. Please note that you must pre-fill the name of the individual to whom the form will be returned, and the effective date of the MPN. The effective date of the MPN is the 30<sup>th</sup> day following the date you provided the form to the employee.

**Note:** If you are new to Care West Insurance Company and you have not completed the Medical Provider Network designation call, you will be receiving a call shortly to complete this process and answer any questions. You may also contact us by phone at (916) 605-5197, or (866) 849-4344 with any questions.