

# Employer Instructions for Implementing a California Medical Provider Network (MPN)

The following contains important information regarding the tools to help an employer enroll for a Medical Provider Network (MPN) as well as the requirements for proper employee notification and education pertaining to the use of an MPN.

## Enrolling in the MPN

Notify Zurich that you are implementing the MPN via email at [mcaenrollment@zurichna.com](mailto:mcaenrollment@zurichna.com) and supplying this information:

- WC policy number
- WC policy effective date
- The employer's corporate address (street number, street, city, state, and zip code)
- The employer's corporate phone number
- The employer contact name (this is the person who would be the contact for anything related to the MPN)
- The employer contact's street number, street name, city, state, and zip code (if different than the corporate address)
- The employer contact's phone number & email address

Obtain the State-Approved Forms for the California MPN by visiting our Zurich website at:

- <https://www.zurichna.com/en/claims/state-managed-care>
- Select "California" for the MPN materials.

## Implementing an MPN for your Employees (if an MPN has never been used)

### CA - Complete Written Employee MPN Notification

- Must be provided to the employee when an injury is reported, or you have knowledge of an injury.
- Must be provided in English and in Spanish if the employee primarily speaks Spanish.
- Can be provided to **every** covered employee **in writing**:
  - Via mail,
  - or
  - Via electronic means, including email, if the employee has regular electronic access to email at work to receive this notice at the time of injury.

## When Coverage of the Zurich MPN Ends

- Advise Zurich that you intend to stop using Zurich MPN by emailing [mcaenrollment@zurichna.com](mailto:mcaenrollment@zurichna.com).
- Zurich will provide you with the necessary letter for distribution to your employees prior to the intended termination date.

## Important Tools and Notes to Remember Regarding the MPN

- **The materials are subject to state approval; therefore, it is important that you do *not* make any alterations to the materials when distributing to your employees.** If you wish to personalize the documents, we suggest you do so in a separate cover memo at the time of distribution.
- When using an MPN, you must direct an injured worker to an MPN provider. **Exception:** In an emergency, you must direct the injured worker to the nearest emergency room.
- Provider Listing:  
C.A.R.E. ® Directory is an online source of medical providers who specialize in treating Worker's Compensation injuries and illnesses as well as provider reviews and outcome ratings. Go to [Zurich - Find a Provider \(goperspecta.com\)](http://goperspecta.com) or call 866-732-5342. Choose the appropriate MPN selection to access the correct MPN directory.

## MPN Education Materials for Employees

**Note:** All materials must be provided in English and in Spanish if the employee primarily speaks Spanish.

Name of Document	When to provide:	Acceptable Method(s) of Distribution
CA - Complete Written Employee MPN Notification	Must be provided when an injury is reported, or you have knowledge of an injury.	<ul style="list-style-type: none"> <li>Electronic means, including email, <b>if</b> the covered employee has regular electronic access to email at work to receive this notice at the time of injury or when the employee is being transferred into the MPN.</li> <li><b>Note:</b> Written copy must be provided if the employee <b>cannot</b> receive this notice electronically at work</li> </ul>
Second and Third Opinions Transfer of Care Plan Continuity of Care Plan	Provide upon request to employee.	<ul style="list-style-type: none"> <li>Electronic means, including email, <b>if</b> the covered employee has regular electronic access to email at work to receive this notice at the time of injury or when the employee is being transferred into the MPN.</li> <li><b>Note:</b> Written copy must be provided if the employee <b>cannot</b> receive this notice electronically at work</li> </ul>
Pre-designation of Personal Physician – see Time of Hire pamphlet	Provide previously completed Pre-designation form that was completed by the injured worker to the Claim Professional at the time claim is reported.	Employer preference

## Other Materials

### Time of Hire Pamphlet

Visit the California state website at [DWC employer information \(ca.gov\)](http://www.dir.ca.gov/dwc/employerinformation.html). The links for the Time of Hire pamphlet are found under "General Information." There is an English and Spanish version. Must provide to all new hires regardless of MPN enrollment.

If you are in an ADR program, contact your Ombudsperson for their specific state-approved Time of Hire pamphlet.

### DWC-7 Notice to Employees – Injuries Caused by Work – Posting Notice

Available at:  
[www.dir.ca.gov/dwc/forms.html](http://www.dir.ca.gov/dwc/forms.html)

- Distribute to all employer locations.

Complete section 4 on the DWC-7 pertaining to the MPN:

MPN Website: [www.zurichna.com](http://www.zurichna.com)

MPN Effective Date: Provided at enrollment.

MPN ID Number: Provided at enrollment.

Call your MPN access assistant at 866-732-5342.

To file a complaint, call 800-835-7169 (Sheree Barros).

Claims Administrator: Zurich Claims Services

Phone: 800-987-3373

WC Insurer: Zurich Service Corporation

Information regarding nearest DWC I&A office via this website:  
Provided at enrollment.

### DWC-1 Claim Form and Notice of Potential Eligibility

Available at: [www.dir.ca.gov/dwc/forms.html](http://www.dir.ca.gov/dwc/forms.html)

Must provide to injured worker within one day regardless of MPN participation.

Zurich

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