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
- Obtain the State Approved Forms for the California MPN by
  - Logging onto www.zurichna.com
  - Selecting “Claim Information” at the top right corner of the screen
  - Selecting “State Managed Care Network Documents” under Helpful Information (right of screen)
  - Selecting “CA”

**Implementing an MPN for your employees (if an MPN has never been used)**
- Advise Zurich of your implementation (effective) date for the MPN.
  - **Note:** The requirement that you provide notice prior to the employee implementation has been eliminated as of 8/27/2014. The requirement now states that you must provide the CA Complete Employee Notice to the employee at the time of injury.

**CA Complete Employee Notice**
- Must be provided to the employee when an injury is reported or you have knowledge of an injury
- Must be provided in English and also 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.

**Changing an MPN (from another carrier to Zurich)**
- Advise Zurich that you plan to implement the Zurich MPN.
- **Note:** The prior carrier is responsible for assisting you with distribution of the “Employee Notice for when MPN coverage ends”. For use of the Zurich MPN, follow the instructions for enrolling in the MPN.

**When Coverage of the Zurich MPN ends**
- Advise Zurich that you intend to stop using a Zurich MPN by emailing 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 situation, you must direct the injured worker to the nearest emergency room.
- **Provider Listing:**
  - Log on to www.zurichna.com
  - Click on On-line Services
  - Click on Customers
  - Scroll through the list of services and click on Zurich C.A.R.E. Directory Online™
MPN Education Materials for Employees

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

<table>
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<tr>
<th>Name of Document</th>
<th>When to provide</th>
<th>Acceptable Method(s) of Distribution</th>
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| Complete CA Employee Notice       | Must be provided when an injury is reported or you have knowledge of an injury. | • Electronic means, including email, if 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
• Note: Written copy must be provided if the employee cannot receive this notice electronically at work |
| Second and Third Opinions         | Provide Upon Request to employee                     | • Electronic means, including email, if 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
• Note: Written copy must be provided if the employee cannot receive this notice electronically at work |
| Transfer of Care Plan             |                                                      |                                                                                                     |
| Continuity of Care Plan           |                                                      |                                                                                                     |
| Predesignation of Personal Physician | Provide previously completed Predesignation 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

Note: There is a new version of the Time of Hire pamphlet available to comply with regulations effective 7/1/14. The new version contains updated Predesignation forms. In order to ensure you comply with the new state regulations, please discontinue using old versions of this pamphlet.

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

New version available at:
www.dir.ca.gov/dwc/forms.html

• Distribute to all employer locations.

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

- Current MPN toll-free number – 866-732-5342
- MPN website – www.zurichna.com
- MPN effective date – Insert the effective date of your MPN plan
- Current MPN address – 1400 American Lane, Schaumburg, IL 60196-1056

Find the nearest DWC I&A office via this website: www.dir.ca.gov/dwc/landA.html

DWC-1 Claim Form and Notice of Potential Eligibility

New version available at:
www.dir.ca.gov/dwc/forms.html

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