

**CHAPTER 6**  
**AUTHORIZED MEDICAL CARE PROVIDERS AND/OR FACILITIES**  
**REVISED JULY 2017**  
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## CHAPTER 6

### AUTHORIZED MEDICAL CARE PROVIDERS AND/OR FACILITIES

#### 1. COMMAND-AUTHORIZED MEDICAL CARE PROVIDERS AND/OR FACILITIES.

a. Policy. Departmental policy directs commanders to ensure that employees receive prompt and proper medical care if such care is deemed necessary by either management or the employee. A medical care provider and/or facilities list authorized by the command will assist in this endeavor.

b. Procedures.

(1) Before injuries are reported, commanders or designees shall identify local authorized medical care providers and/or facilities as follows:

(a) Contact the appropriate State Fund representative and obtain a copy of State Fund's Medical Physician Network (MPN). The MPN lists authorized medical care providers and/or facilities serving the command's geographical location. Commanders can also utilize State Fund's website, <http://www.statefundca.com/claims/MPNHome.asp>, to obtain authorized medical care providers. In nonemergency situations where access to the MPN list and internet access is limited, Harbor Health's Care Concierge can be contacted at (855) 521-7082, and a representative can assist in obtaining authorized medical care.

(b) Discuss use of the MPN providers and facilities with employees. To ensure overall compliance with the law, commands shall take the following steps:

1 Distribute a copy of the brochure, *Employee's Guide to the State Fund MPN by Harbor Health*, to existing employees before implementation of any authorized medical care providers. A current version of this brochure can be downloaded from State Fund's website at <http://www.statefundca.com/statecontracts/Forms.asp>.

2 Provide this brochure to each new employee at the time of hire.

3 Provide this brochure to each injured employee at the time of injury.

(c) Once a provider and/or facility is identified, commanders should make contact with the provider and/or facility to discuss departmental policies and procedures relevant to occupational injury and illness case management. Please note that all providers and/or facilities listed in State Fund's MPN will accept workers' compensation insurance payments and have a basic education in workers' compensation issues.

(2) Commanders shall prepare a memorandum advising employees of authorized medical care providers and/or facilities (see Annex A). Please include the name, address, and phone number of the chosen provider and/or facility.

## 2. NOTICE TO EMPLOYEES.

a. Posting. Labor Code Section 3550 requires every employer to post, in a conspicuous location, a notice that states the name of the current compensation carrier or adjusting agent responsible for adjustment of occupational injury and illness claims. Additionally, this notice shall include information on the injured employee's right to receive medical care. The *DWC 7, Notice to Employees – Injuries Caused by Work*, has been developed in compliance with this requirement and shall be posted by all commands (see Annex B).

b. Documentation. Commanders shall document the names, addresses, and telephone numbers of local authorized medical care providers and/or facilities on the DWC 7. The form is available on State Fund's website, and can be downloaded at <http://www.statefundca.com/statecontracts/Forms.asp>.

c. Failure to Post. Failure of the command to post the notice required by law shall automatically permit the employee to be treated by a primary treating physician, who may or may not be a member of the State Fund MPN.

## 3. REPORTS OF UNSATISFACTORY SERVICE.

a. Removal of Medical Care Providers and/or Facilities. Employer or employee reports of unsatisfactory service may be cause for the commander to remove a medical care provider and/or facility from the command list of authorized medical care providers and/or facilities, and from the DWC 7. Once a provider and/or facility is removed, it is critical to ensure an updated notice is immediately posted.

b. Notifying State Fund of Unsatisfactory Service. Commanders shall notify State Fund of reports of unsatisfactory service.

#### 4. EMPLOYEE'S RIGHT TO CHOOSE MEDICAL CARE PROVIDER AND/OR FACILITY.

a. Predesignation of Medical Care Provider. All prior predesignation forms, including use of the CHP 102, Address and Emergency Information, as used for industrial injuries are no longer valid. Employees desiring to predesignate a treating physician for an industrial injury must fill out a CHP 242, Employee Predesignation of Treating Physician (available on the California Highway Patrol Intranet site). The physician must also sign the CHP 242 and agree to act as the predesignated physician. Only one physician may be predesignated. The CHP 242 must be completed prior to an employee's industrial injury for a designated physician to provide treatment for the injury. Additionally, the labor code requires that any physician selected must have previously provided medical treatment to the employee and currently retain the employee's permanent medical file. Once completed, the CHP 242 shall be maintained in the employee's field folder and a copy shall be attached to any subsequent CHP 121, Employer's Report of Occupational Injury or Illness, being filed with State Fund. Failure to follow these steps will result in referral of the employee to a physician in State Fund's MPN.

NOTE: Employees suffering an industrial injury prior to January 1, 2005, will not be required to utilize State Fund's MPN for that injury.

b. Medical Physician Network-Designated Medical Care Provider. If an employee fails to predesignate a medical care provider and/or facility prior to the reported injury or illness, the employee shall be directed by the command to a provider and/or facility within the MPN. If at any time the employee objects to the physician chosen by the employer, the commander or designee shall provide the employee the name, address, and phone number of another MPN provider and/or facility. The employee has the right to a reasonable amount of changes within the MPN. However, unless the employee has predesignated a provider and/or facility, they may not transfer medical care outside of the MPN.

5. DEPARTMENT'S RESPONSIBILITY TO PROVIDE PROMPT AND PROPER MEDICAL CARE. The predesignation of a medical care provider by the employee, and mandatory use of the MPN, shall not supersede the Department's responsibility to provide prompt and proper medical care. In emergency situations, it is critical to obtain emergency medical care at the closest facility.

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## ANNEX A

### AUTHORIZED MEDICAL CARE PROVIDERS MEMORANDUM (SAMPLE)

State of California

Transportation Agency

#### Memorandum

Date: April 19, 2017

To: All Employees, Sierra Division

From: DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
Sierra Division

File No.: 00.00000.Amcp97

Subject: EMPLOYEE MEDICAL CARE RELEVANT TO OCCUPATIONAL INJURY  
OR ILLNESS

Sierra Division has authorized Sierra Medical Care Centers to treat Division employees who sustain occupational injuries or illnesses. This does not preclude employees from choosing to be seen by their predesignated preferred medical care providers. However, the predesignation of a medical care provider and/or facility shall not supersede the Department's responsibility to provide prompt and proper medical care.

Three Sierra Medical Care Centers are located within the Sierra Valley region. The centers are staffed by physicians and include laboratory and X-ray facilities. Section commanders have been provided authorization slips to be completed prior to each treatment. Refer to the authorization slips for dates and hours of Centers' operations. Directions to the Centers are attached to the authorization slips.

X. J. SMITH, Chief

*Safety, Service, and Security*  
CHP 51 (Rev. 08/2013) CPI 078



*An Internationally Accredited Agency*

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## ANNEX B

### DWC 7, NOTICE TO EMPLOYEES – INJURIES CAUSED BY WORK

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS  
Division of Workers' Compensation



#### Notice to Employees—Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

**Benefits.** Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

**If You Get Hurt:**

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
  - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
  - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
  - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below.

MPN website: \_\_\_\_\_

MPN Effective Date: \_\_\_\_\_ MPN Identification number: \_\_\_\_\_

If you need help locating an MPN physician, call your MPN access assistant at: 1-888-621-7062 \_\_\_\_\_

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: 1-888-628-1737 \_\_\_\_\_

**Discrimination.** It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Questions?** Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator State Fund \_\_\_\_\_ Phone 1-888-STATEFUND \_\_\_\_\_

Workers' compensation insurer Legally Uninsured \_\_\_\_\_ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: \_\_\_\_\_ or by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: [www.dwc.ca.gov](http://www.dwc.ca.gov) and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

**False claims and false denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.

## ANNEX B

### DWC 7, NOTICE TO EMPLOYEES (*continued*)

#### ESTADO DE CALIFORNIA - DEPARTAMENTO DE RELACIONES INDUSTRIALES División de Compensación de Trabajadores



##### Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

**Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa).** Es posible que usted pueda elegir al médico que lo atenderá en una lesión o enfermedad relacionada con el trabajo. Si es elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, antes de que usted se lesione. Usted debe de pensarse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, al departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
  - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
  - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
  - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado. Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN:

Página web de la MPN: \_\_\_\_\_

Fecha de vigencia de la MPN: \_\_\_\_\_ Número de identificación de la MPN: \_\_\_\_\_

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: \_\_\_\_\_

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: \_\_\_\_\_

**Discriminación.** Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

**¿Preguntas?** Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos State Fund Teléfono 1-888-STATE FUND

Asegurador del Seguro de Compensación de trabajador Legally Uninsured (Anotar "autosegurado" si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: \_\_\_\_\_ o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: [www.dwc.ca.gov](http://www.dwc.ca.gov) y acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

**Los reclamos falsos y rechazos falsos del reclamo.** Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.

DWC 7 (1/1/2016)

# ANNEX C

## CHP 242, EMPLOYEE PREDESIGNATION OF TREATING PHYSICIAN

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**EMPLOYEE PREDESIGNATION OF TREATING PHYSICIAN**  
CHP 242 (New 01-05) OPI 033

EMPLOYEE NAME Jane Smith	I.D. NUMBER A123456	SOCIAL SECURITY NUMBER XXXXXX1234	DATE OF BIRTH 01/01/1975
EMPLOYEE ADDRESS (Number, Street, Apt. No.) 1234 Main Street	CITY Any Town	STATE CA	ZIP CODE 95811
		DATE OF HIRE 01/01/2000	

- I. I hereby designate the physician listed below as my treater, in the event of an on-the-job injury occurring on or after the date of this notice:

DOCTOR'S NAME John Doe M.D.	TELEPHONE NUMBER (916) 123-4567
DOCTOR'S ADDRESS (Number, Street, Apt. No.) 5678 Main Street	CITY Any Town
	STATE CA
	ZIP CODE 95811

EMPLOYEE'S SIGNATURE	DATE
----------------------	------

- II. I agree to be the predesignated physician. I certify that I am the primary care physician and have previously directed the medical treatment of this employee and retain their medical records, including medical history.

PHYSICIAN'S SIGNATURE	DATE
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PRIVACY NOTICE: The Information Practices Act of 1977 (CC 1798.17) and the Federal Privacy Act of 1974 (PL 93-579) require that this notice be provided when collecting personal information from individuals. Providing the social security number is voluntary and is being requested for identification purposes only. The processing of this document may be hampered if you do not supply your social security number.

Chp242\_0815.pdf

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