

# RISK SIMPLIFIED

## RESOURCES

[California Department of Industrial Relations \(DIR\) MPN](#)

[PRISM's Medical Provider Network](#)

[CCR Title 8 Sections 9767.1 - 9767.19](#)

## QUESTIONS

[Email PRISM Risk Control](#)  
or call 916.850.7300

## Medical Provider Networks (MPNs)

by Sarah Bruno, ARM

Employees are the most valuable asset to an employer. This doesn't change when an employee becomes injured on the job, so providing appropriate medical care to injured employees is not only required but in the employer's best interest. With the goal of providing the highest level of care to injured employees, public agencies also have a duty to spend public funds wisely. One way to limit workers' compensation costs is to control the doctors and facilities that employees go to when they are injured on the job. This can be accomplished by establishing a medical provider network (MPN).

Medical provider networks help employers manage their medical costs through a network of qualified physicians, specialists, and providers that specialize in the treatment of occupational injuries. This care helps injured workers to recover and return to work as quickly as possible, which is the best outcome for both the employee and the agency.

All medical care for the life of the claim will be handled and provided through the MPN, with limited exceptions. Employees may choose to pre-designate a personal physician that is not part of an employer's MPN. However, they must make the designation in writing before an injury or illness occurs. A [template form](#) is provided in the regulation, but employers may choose to create their own. Whichever form is utilized, it must include agreement from the physician, most often indicated by his/her signature.

The rules for employers establishing and implementing an MPN can be found in the California Code of Regulations, Title 8, Sections 9767.1 - 9767.19.



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An MPN must meet the following access standards:

- An MPN must have at least three available physicians and an emergency health care services provider within 30 minutes or 15 miles of each covered employee's residence or workplace.
- An MPN must have providers of occupational health services and specialists who can treat common injuries experienced by the covered injured employees within 60 minutes or 30 miles of a covered employee's residence or workplace.
- For non-emergency services an appointment for the first treatment visit under the MPN must be available within 3 business days.

The Department of Industrial Relations (DIR) suggests employers consider the following to ensure that an MPN has a sufficient number and type of providers:

- Number of employees to be covered
- Geographic service area to be covered
- Number and types of injuries expected
- Number and types of providers needed to accommodate an injured workers' right to change physicians and to support the second and third opinion processes
- Estimated number and type of providers needed to meet the MPN access standards for Primary Treating Physician, specialist, and hospital access



That being said, a minimum of 3 (three) primary treating physicians and 3 (three) providers for each commonly used specialty must be available.

Agencies who are interested in setting up an MPN should review the requirements and take steps to set up the network correctly. When implemented, MPNs allow an agency to control medical costs for injured employees while still providing essential care.

For additional information or questions on MPNs, please reach out to [PRISM Risk Control](#).