

Risk Management Workers Compensation Program Designated Medical Provider Program



*Benefits of an Effective Workers Compensation
Designated Medical Provider Program*

June 2011

INTRODUCTION

Your employer, the state of North Dakota, is concerned about protecting your safety and health while you are on the job. However, despite the best health and safety efforts, accidents will occur.

If you should be injured on the job, an effective Designated Medical Provider (DMP) team approach will provide you the highest quality of care and will coordinate care and communications between you, your employer, the medical provider, and Workforce Safety and Insurance.

FREQUENTLY ASKED QUESTIONS

What is a Designated Medical Provider (DMP)

A DMP is a team of physicians, nurse practitioners, physician assistants, therapists, and nurse case managers who are specialists in the field of *occupational medicine*.

The team is specially trained to evaluate work place injuries and develop appropriate treatment plans that include using the job as part of the recovery process. The team members' training in occupational medicine and the members' knowledge of the workers compensation system enhances the implementation of reasonable accommodations for the injured worker and positively impacts the healing process. In other words, they will help you recover more quickly and completely.

What is Occupational Medicine?

Occupational medicine is the specialty devoted to the prevention and management of occupational and environmental injury, illness and disability, and the promotion of the health and productivity of workers, their families, and communities.

Why would I want treatment from the State's DMP in place of treatment from my own physician?

The State has carefully selected DMPs who have systems in place to 1) treat workplace injuries, 2) are familiar with workers compensation, and 3) have doctors who are trained in occupational medicine.

The DMPs selected by the State have established networks of clinics that allow the clinic physicians to be in touch with an off site occupational medicine physician and with nurse case managers. Their experience in treating work place injuries and their ability to provide quality care following an injury are the reason they have been chosen to fill this role.

The selected DMPs have the opportunity to familiarize themselves with your workplace, the type of work you do, and are available to communicate with you and the RMWCP program on a regular basis.

Shouldn't I see my specialist if I have a pre-existing medical condition?

If you have a pre-existing medical condition, you should tell the occupational medical specialist about your condition and concerns. He or she will treat you accordingly and will refer you to your specialist should that be necessary.

This program would be similar to how you would be treated in case you were involved in an accident and required emergency treatment. You would be taken to the emergency room where you would be treated and then, if necessary, the ER doctor would consult with your specialist.

Consultation between specialties is routinely done. Remember the goal of all medical care is to provide you with the best treatment possible.

Can I be referred to another Provider?

You can be referred to another provider or specialist if that is required to provide you with the best possible care.

The State's DMPs were chosen for the providers' knowledge in the treatment of workplace injuries.

The DMP is an independent care provider who does not work for the State or Workforce Safety and Insurance.

We all want the best medical care possible and by selecting a specialist in workplace medicine, all state employees have the opportunity to receive quality care.

What if medical treatment was an emergency or you did not know the injury or disease was work related when you sought treatment?

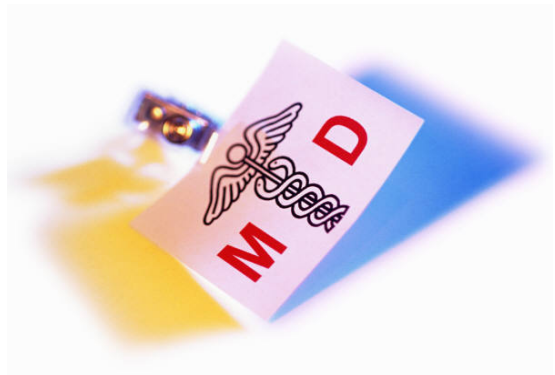
The DMP Program does not apply to emergency care or care that you did not know was related to a work injury. It is important to seek first aid or medical treatment promptly after a workplace injury occurs. When seeking medical treatment in emergency situations, seek immediate medical care at the nearest emergency room: *NOTE: Seeing an employer's DMP is not required in emergency situations.*

Remember, this program only affects the treatment you receive as the result of a workplace injury. You would continue to see your private physician for any other type of medical treatment.

If I choose not to seek treatment from the DMPs selected by the State, will my workers compensation benefits be affected?

The state of North Dakota, your employer, is participating in WSI's Risk Management Program; therefore, you are required to see your state entity's selected DMP for medical care unless you have informed your employer, in writing, of a different medical provider selection **BEFORE** any injury occurred.

If you see your employer's DMP, you may request to change providers after being treated for 60 days by the DMP. If you do not choose a different medical provider (and inform you employer appropriately) you still must see your employer's DMP. If you did not see either your employer's DMP or the different medical provider you chose before an injury occurred, but rather choose your own medical provider at the time of your injury, it may result in nonpayment of medical benefits making you liable for the medical costs.



If your state entity does not have a DMP, or notified you of a selected DMP, you may go to a doctor of your choice.



When seeking medical treatment for a work related injury, it is important to inform the doctor that your injury is work related. Also, inform the doctor of your work duties and ask if you can return to work within any work restrictions the doctor may impose. Follow restrictions, both on and off the job. Your medical provider is encouraged to complete **Return to Work Capability Assessment** whenever

restrictions are needed for return to work (see page 8 for details).

STATE ENTITY RESPONSIBILITIES

(Implementation Guidelines)

If feasible, state entities must have prearranged medical care for injured employees. The name of the provider must be posted and well publicized by the employer. An injured employee should be encouraged, but cannot be required, to have care provided by this provider. The state entity should encourage providers to review the workplace ahead of time to build understanding and assist in early return to work. Normally, the state entity's designated provider will treat the employer's injured employee. However, there may be circumstances where this is not possible.

It is essential that all employees are trained as to who has been named the state entity's medical provider and as to the communication that will take place between the injured worker, the state entity, the medical provider, and Workforce Safety & Insurance.


State selected Designated Medical Providers

The Risk Management Workers Compensation Program (RMWCP) has selected state-wide occupational health specialists to serve as the Program's DMPs. The occupational health specialists are located in medical facilities (including satellite care centers) across North Dakota. They employ registered nurses to assist injured workers who seek medical treatment. These nurses assist with coordinating care and reviewing restrictions for medical necessity and appropriateness; provide recommendations; act as a liaison between the injured worker, employer, medical provider, and WSI claims adjuster; and assist in the coordination of transitional work.

[Click here for printable list of the State Selected Designated Medical Providers.](#)

Sample Designated Medical Provider form

A state entity is required to notify its employees of its DMP choice. Employees have the option of selecting a different medical provider but must make the selection known to the state entity before they seek treatment for a workplace injury.


		DESIGNATED MEDICAL PROVIDER	
		OFFICE OF MANAGEMENT AND BUDGET	
		RISK MANAGEMENT DIVISION	
		SFN 83768 (4-2010)	
<p>We are participating in the Risk Management Workers Compensation Program. This allows the State to designate health care providers to treat your workplace injuries and illnesses. Workforce Safety and Insurance may not pay for medical treatment to another provider unless you are referred to this provider by the designated medical provider, or unless you notified us in writing prior to the injury that you wanted to be treated by a different medical provider. You must also name the medical provider you designate. Emergency care is exempt from this designated provider requirement.</p>			
Our Designated Medical Provider is the provider specified below.			
			Effective Date
Agency			
Agency's Designated Medical Provider			
<p>I have been informed of the agency's Designated Medical Provider and the provisions of the program and the requirements concerning treatment for workplace injury and illness.</p>			
Employee ID Number		Employee Name	
Employee Signature			Date
<p>I do not wish to designate the agency's medical provider. I wish to designate the following provider to seek treatment from in the event of a workplace injury or illness.</p>			
Designated Provider			
Address		City	State Zip

Click here for printable copy of the Designated Medical Providers form.

Return to Work Capability Assessment

Medial Providers are encouraged to complete a C3 form whenever restrictions are needed for return to work. For subsequent visits, a C3 form should be completed when there are meaningful changes in restrictions. This information will assist employers in determining appropriate accommodations. Keeping a worker on the job in transitional duty reduces the worker's likelihood of long-term disability. The original C3 form is returned to WSI, and a copy is provided to the injured worker to give to his or her employer.


<http://www.workforcesafety.com/library/documents/forms/claims/C3.pdf>

 North Dakota Workforce Safety & Insurance <i>To us, it's personal.</i>		CAPABILITY ASSESSMENT CLAIMS DIVISION SFN 59550 (04/2008)		1800 EAST CENTURY AVENUE, SUITE 1 PO BOX 5050 BISMARCK ND 58508-5050 Telephone 1-800-777-5033 Toll Free Fax 1-888-786-8605 TTY (hearing impaired) 1-800-366-8888 Fraud and Safety Hotline 1-800-243-3331 www.WorkforceSafety.com		
PLEASE TYPE OR PRINT USING BLACK OR BLUE INK. SEE REVERSE FOR ADDITIONAL INSTRUCTIONS.						
General Information	Claim Number	Injury Date	Birth Date	Social Security Number		
	Injured Worker's Name	Employer's Name		Employer's Phone Number		
	Injured Worker's Address	Injured Worker's Phone Number				
Medical Assessment	Diagnosis Code/ICD9 Code	Visit Date	Part of Body Injured			
	Purpose: <input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Re-check <input type="checkbox"/> Discharge If this is the initial evaluation, please complete the next question. Any reported pre-existing/associated conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No Injured worker is released to work with: <input type="checkbox"/> No restrictions <input type="checkbox"/> With the following restrictions (if so, please complete below) Restrictions are in effect until: _____ Restrictions ordered are in effect for home and/or work activity: _____					
	Physical Capabilities (Related to work injury):					
		Not Recommended	Seldom 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%
	Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stand / Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climb (ladders/stairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bend / Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Squat / Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach (Left, Right, Both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work above shoulders (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wrist (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasp (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operate foot controls (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive / Operate Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting/Pushing	Not Recommended	Seldom	Occasional	Frequent	Constant	
Lift (L, R, B)	lbs	lbs	lbs	lbs	lbs	
Carry (L, R, B)	lbs	lbs	lbs	lbs	lbs	
Push / Pull	lbs	lbs	lbs	lbs	lbs	
Other instructions and/or limitations:						
Restrictions based upon: <input type="checkbox"/> Workability <input type="checkbox"/> Functional Capacity Assessment <input type="checkbox"/> Physical Exam						
Follow-up	Follow-up Plan					
	<input type="checkbox"/> Next visit with this provider: _____		<input type="checkbox"/> Medication Prescribed: _____			
	<input type="checkbox"/> Referral to: _____		<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Consult with: _____						
MMI	Has injured worker reached maximum medical improvement (MMI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____					
	If yes, is it likely that the permanent partial impairment (PPI) will be greater than 10% whole body? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
FRAUD WARNING – By signing this form, I acknowledge that I have read the Fraud Warning on the reverse side of this form and understand that falsifying this claim or making a false statement regarding this claim may be a felony punishable by substantial fines and imprisonment. By my signature below, I declare that the statements on this form are true and accurate.						
Physician's Signature		Facility	Federal Tax ID	Phone Number		
Injured Worker's Signature		Date	I authorize the release of this report and any other medical information related to my claim to my employer, Workforce Safety & Insurance (WSI) and its agents.			
C3 Please complete sign, and return this form to WSI immediately. Prompt payment of compensation depends on this form.						

Seeking medical treatment following a work related injury

Injured workers are required to be treated by the entity’s designated medical provider UNLESS they have previously informed their employer of a different provider BEFORE an injury occurred. If the employee does not seek treatment from the designated medical provider, or the one chosen before being injured, it may result in nonpayment of benefits. The state entity must notify WSI if an employee did not seek treatment with the DMP or selected a different provider. DMP information can be indicated on the First Report of Injury Form (FROI). If the employee was not treated by the DMP, it is recommended that the claim be questioned and reason stated in Section 4 of the FROI as, “the employee did not seek medical treatment with the DMP or opt to see a different medical provider”. A copy of the employee’s DMP notification form needs to be faxed or mailed to WSI as soon as possible.

SECTION 4 Employer Completion	Employer Account Number	Worker's Rate Class	Causation Code (See reverse)	OSHA Log Number (See reverse)	Has the incident caused worker to miss five or more days from work or is currently off work greater than five days? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is worker a corp. officer, owner, partner, spouse or child under age 22? <input type="checkbox"/> Yes <input type="checkbox"/> No		Worker Status: <input type="checkbox"/> Full Time; <input type="checkbox"/> Part Time; <input type="checkbox"/> Seasonal; <input type="checkbox"/> Temporary		First day worker lost wages due to work injury: <input type="checkbox"/> N/A
	Hourly Rate \$	Hours Worked Per Week	Gross Earnings YTD \$ From to		Job description submitted or attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the worker had any prior problems or injuries to that part of the body <input type="checkbox"/> Yes <input type="checkbox"/> No				Date employer notified and person notified
	Do you have a Designated Medical Provider (DMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, did the worker opt out? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Death (If applicable)
	If you question this claim, state reason (continue on back) or attach additional information.				Reason here
	Employer's Signature		Title		



\$250.00 Deductible.

State entities that use one of the Program's DMPs can expect to see reduced costs associated with their workers compensation claims by the elimination of the \$250 deductible. Any state entity that participates in the DMP program is required to notify its employees of its DMP choice. Employees have the option of selecting a different provider but must make the selection known to the employer before they seek treatment for a workplace injury. However, the \$250 deductible will only be waived if the employer and the employee have adopted the DMP program. Documentation that the state entity has adopted the DMP program and has informed all employees of its DMP selection must be filed with the Risk Management Division by July 15 of each year. If the requested documentation is not received by Risk Management by July 15 of each year, it will be assumed, that the state entity is not participating in the DMP program and that entity will be assessed the \$250 deductible cost associated with each workers compensation claim filed on behalf of the entity's employees.

State entities do not have to provide the RMWCP with a list of employees who have selected their own medical provider but must have documentation of that fact in the employee's medical file.



Things to keep in mind

- You must provide information to all employees on the DMP. The employee must sign a form acknowledging receipt of this information and return that form to the employer. An electronic copy of this form is acceptable.
- You must inform employees that they may elect to opt out of the DMP the employer has selected. They will be required to choose a different medical provider prior to the injury. If the employer disagrees with the employee's choice of a DMP, the law provides a process for WSI to ultimately decide. You may file an objection to the employee's choice of provider with WSI within five days of being informed of the employee's choice. You must display the selection of the DMP and where the DMP is located in a place where all workers can easily see it.
- If an injured employee is not treated by the state entity's chosen DMP, or the one they chose before being injured, it may result in nonpayment of worker compensation benefits.
- If an injured employee was treated by the state entity's DMP, they must receive care from that provider for 60 days before they can change providers. After 60 days, the injured employee must request in writing to WSI, a change in providers or request a referral from the treating physician.
- Inform Risk Management Workers Compensation Program of the designated medical provider selected. A copy of your employee notification form is sufficient.
- **DMP law does not apply to emergency care or care the injured worker did not know was related to their compensable injury or care directed by WSI.**
- DMP selection should be **reviewed annually**.
- The medical provider a state entity selects must be informed of the selection. If not, WSI may not recognize the selection.