

MEDICAL MANAGEMENT SERVICES State Legislative Issues Report

State	Provider Choice Employer	Provider Choice (Via MCO Only)	Provider Choice Employee	Limited Provider Change	Limited Provider Change (Via MCO Only)	Medical Fee Schedule	Managed Care Certified Plan	Mandated Panel Posting	Treatment Guidelines	Mandated Utilization Review
Alabama	X			X		X				
Alaska			X	E		X			X ^Φ	
Arizona	X			X		X				
Arkansas	X			X		X			X	X
California	X*	X*		X	X	X	X		X	X ^Φ
Colorado	X*			X		X		Φ	X	X ^Φ
Connecticut	X			E	X	X	X	X❖	X	X ^Φ
Delaware			X			X			X	
District of Columbia			X	X		X				
Florida		X*		X		X	X	X❖	X	X
Georgia	X*			X		X		X		
Hawaii			X	E		X	X		X ^Φ	
Idaho	X			X						
Illinois			X	E		X				
Indiana	X			X						
Iowa	X			X						
Kansas	X			X		X			X	
Kentucky		X*		E	X	X	X	X❖	X	X
Louisiana			X	X		X			X	X
Maine	X*			E		X			X	
Maryland			X			X				
Massachusetts			X*	X		X	X	X❖	X	X
Michigan	X*			E		X				X ^Φ
Minnesota		X*	X	X		X	X	X❖	X	
Mississippi			X	X		X			X	X
Missouri	X			X						
Montana		X*	X	X		X	X	X❖	§	X
Nebraska	X*	X	X	X		X		X		
Nevada		X*		E		X			X	X
New Hampshire		X*			X	§ ^Φ	X	X❖		
New Jersey	X			X			X	X❖		
New Mexico	X*			X		X				
New York		X*				X	X	X❖	X	X ^Φ
North Carolina	X			X		X			X ^Φ	
North Dakota			X	X		X				X
Ohio		X*			X	X	X	X❖		X ^Φ
Oklahoma	X*	X*		X		X	X	X❖	X	
Oregon	X*	X*		X ^Φ		X	X	X❖	X	
Pennsylvania	X*			X		X		X		
Rhode Island			X		X	X			X	
South Carolina	X			X		X				
South Dakota		X*		X		X	X	X❖	X ^Φ	
Tennessee			X*	X		X		X		X
Texas		X*	X	X		X	X	X❖	X	X
Utah	X			E		X				X
Vermont	X					X				
Virginia	X			X		X		X		
Washington			X	X		X				X ^Φ
West Virginia		X			X	X	X	X❖	X	X ^Φ
Wisconsin			X*	E		X			X	
Wyoming			X*	X		X			X	X
TOTALS	25	13	19	43	7	45	17	20	26	21

E These states allow an unrestricted one-time change (sometimes after an initial treatment time period), but subsequent changes are restricted.

§ Guidelines are being developed

Φ See NOTES for more details

***** See Provider Choice details

❖ Mandated Panel/ Medical Directory if Certified Plan

Φ NOTES

- Alabama: The employer/insurer chooses the treating provider without restriction.
- Alaska: The employee may choose any treating provider.
Notes: Treatment guidelines limit the number of physical therapy and chiropractic treatments.
- Arizona: The employer has the right to choose a physician for the injured worker to see one time in the life of the claim, not to include IME's.
- Arkansas: The employer/insurer has the right to select the initial treating provider.
- California: **Provider Choice:** There are three provider choice options in CA. The first is a **Broad-based PPO**, in which the employer controls the choice of physician for the first 30 days following the injury. (* see pre-designation exception below)
The second option is the **Medical Provider Network (MPN)**. The employer/insurer can direct the employee to a provider in its approved MPN. The employee, after the first visit, can choose another treating provider(s) from the network. (* see pre-designation exception below). An MPN is a group of health care providers (physicians and other types of providers) set up by an insurer or self-insured employer and approved by the Division of Workers' Compensation (DWC) Administrative Director to treat workers injured on the job. Each MPN must include a list of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs must meet access to care standards for common occupational injuries and work-related illnesses. Further the regulations require MPN providers to use medical treatment guidelines adopted by the DWC.
The third option is a **Health Care Organization (HCO)** for injuries occurring on or after January 1, 1994, the employer can enroll employees in an HCO and direct care for the first 90 to 180 days following the injury. (see pre-designation exception below)
*pre-designation exception: if the employer offers health insurance, the employee can notify the employer/insurer in writing, before an injury, of a medical provider who will be the treating provider if there is an accident. The provider must have treated the employee previously and maintained a medical record. The provider must also agree to the pre-designation.
Notes: At Utilization Review: Doctors in California workers' compensation system are required to provide evidence-based medical treatment. That means they must choose the treatment scientifically proven to cure or relieve work-related injuries and illnesses. Those treatment are laid out in the medical treatment utilization (MTUS), which contains a set of guidelines that provide details on which treatments are effective for certain injuries, as well as how often the treatment should be given, the extent of the treatment, and for how long, among other things. (*Title 8, Industrial Relations, Division 1 Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, Subchapter 1 Administrative Director – Administrative Rules, Article 5.5.2 Medical Treatment Utilization Schedule; 9792.20 Medical Treatment Utilization Schedule*)
- Colorado: Every employer or its insurance carrier shall offer at least managed care or medical case management in the counties of Denver, Adams, Jefferson, Arapahoe, Douglas, Boulder, Larimer, Weld, El Paso, Pueblo, and Mesa and shall offer medical case management in all other counties of the state. Managed care means the provision of medical services through a recognized organization or a network of medical providers.
Provider Choice: The employer must provide the choice of two providers to the injured worker at the time of injury notification and they must provide these choices in writing within seven business days of injury notification in order to be allowed to direct care.
Notes: Mandated Panel Posting: There is not a requirement for a panel posting, but in order for the employer to direct, the employer, prior to an injury occurring, must state provider choice options in writing and post them, or make the employee aware by another means such as an employee handbook. Within 7 days of notification of an injury, the employer must give to the injured worker a written copy of what is posted or what is stated in other written means.
- Connecticut: **Provider Choice:** An injured or ill employee is entitled to receive all necessary and appropriate medical treatment. The employer is responsible for furnishing the initial medical treatment at an employer- designated office or facility. After the initial treatment, the employee may choose an attending physician from a list of approved practitioners. The list presently includes all physicians, surgeons, podiatrists, optometrists, and dentists licensed to practice in Connecticut. If the employer participates in an approved medical care plan pursuant to 31-279, then the employee must receive medical treatment from a medical practitioner participating in the employer's plan. If the employee chooses a physician "outside" the plan, all rights to workers' compensation benefits may be suspended by the workers' compensation commissioner.
Notes: Mandated UR is for MCP only.

- Delaware: The employee chooses the treating provider without restriction.
- D.C.: The employee may select any licensed treating provider.
- Florida: Effective January 1, 1991, treatment must be provided through managed care arrangements.
Provider Choice: In managed care arrangements, the injured employee chooses a primary care provider within the managed care arrangement's network of providers.
Template Information/Education Tools: State-mandated information includes:
 * Grievance Form * Employee Guide (Overview)
 * Treatment Identification Form * Employer Handbook
 * Provider Panel
- Georgia: **Provider Choice:** There are three options under Georgia workers' compensation law for choosing a physician. The first is for the employee to choose a provider from a panel of a minimum of four providers selected by the employer/insurer. Legislation effective July 1, 1992, requires an orthopedic surgeon on the posted panel, restricts industrial clinics to two and, where feasible, requires that a minority physician be listed on the panel. The panel providers must not be associated (a group, professional association, or professional corporation counts as one provider). The employer/insurer may choose listed providers without restriction. The employee may see providers not on the list if the employer/insurer authorizes them. The second option is the employee may choose under a "conformed panel" with a minimum of ten doctors. The third option, for employees whose insurers and/or employers have contracted with a certified managed care organization, is the initial choice of physician is limited to providers within the network. The second and third options were implemented in July 1994. Effective 7/1/2000 the state-mandated form WC P1 for Choice #1 must have a list of at least six physicians, etc. The Bill of Rights must also be posted with Form WC P1.
Template Information/Educational Tools: * Panel Notice WC-P1 (Pink form) *Employee Rights Document
- Hawaii: The employee chooses the treating provider without restriction.
Notes: Guidelines stipulate the maximum level of utilization.
- Idaho: The employer/insurer can designate a particular provider or provider network for its injured workers.
- Illinois: The employee chooses the treating provider.
Notes: In Illinois the appropriate language is Preferred Provider Program (PPP). When an employer is using an approved preferred provider program and properly informs the employee, an employee with a compensable injury, except in an emergency, is to select a physician from the preferred provider program. The employee will continue treatment with a network provider when the initial provider or subsequent providers in the network makes a recommendation for treatment. An employee may opt out of the preferred provider program, but the employee must do so in writing. If the employer does not have a PPP, the employee has the right to choose two separate medical providers.
Notes: UR is not mandated but If UR determines a medical service is not medically necessary, and payment is subsequently denied or not authorized based on the UR decision, the employee has the burden of proof to show by a preponderance of the evidence that a variance from the standards of care used by the UR entity is reasonably required to cure or relieve the effects of the injury. The changes in UR apply to health care services provided or proposed to be provided on or after 1 September, 2011.
 All of the above for IL at IL HB 1698, effective 6/28/11
- Indiana: The employer/insurer chooses the treating provider.
- Iowa: The employer/insurer chooses the treating provider.
- Kansas: The employer/insurer chooses the treating provider. The Department of Workers' Compensation no longer contracts with a bill review vendor.
- Kentucky: The employee chooses the treating provider.
Provider Choice: If the employer is enrolled in the MCO, the employee must choose the treating physician from the Gatekeeper list provided by the MCO.
- Louisiana: The employee chooses the treating provider without restriction.
- Maine: **Provider Choice:** Effective January 1, 1993, the employer has the right to select a health care provider for the employee for the initial 10 days of medical care. After 10 days the employee may select a health care provider of his/her choice and provide the employer with the name and a statement of intention to treat with that health care provider.
- Maryland: The employee chooses the treating provider.
- Massachusetts: **Provider Choice:** The employee may select a treating health care professional other than any provided or agreed to by the insurer unless the employer has enrolled in the AIG preferred provider arrangement (PPA). If the PPA has been enforced, the employee's first scheduled appointment will be required to be with a health care provider within the plan. However, when a preferred provider arrangement (PPA) exists, the employee's first scheduled appointment may be required to be with a health care provider within the plan.

Employees who receive benefits from the Workers' Compensation Trust Fund (WCTF) (a state fund to provide benefits to injured workers of uninsured employers) may be required to choose a treating physician from a health maintenance organization that has been chosen by the WCTF.

- Michigan: **Provider Choice:** For the first 28 days following the beginning of medical care, the employer/insurer has the right to select the treating provider.
Notes: Mandated UR is only for retrospective review under certain conditions.
- Minnesota: **Provider Choice:** The employee chooses the treating provider without restriction unless the employer or insurer has contracted with a certified managed care plan, from which the employee must select the treating physician. However, the employee in a managed care plan may continue to treat with a doctor outside the plan with whom the employee has an established treating relationship.
- Mississippi: The employer/insurer must furnish "physicians, hospitals, and other treatment for the injured employee.
Employees may accept the employer/insurer's choice or may select their own providers."
- Missouri: The employer has the right to select the treating provider.
- Montana: An employee may choose the treating physician.
Provider Choice: A medical service provider who otherwise qualifies as a treating physician but who is not a member of a managed care organization may not provide treatment unless authorized by the insurer, if: (a) the injury results in a total loss of wages for any duration; (b) the injury will result in permanent impairment; (c) the injury results in the need for a referral to another medical provider for specialized evaluation or treatment; or (d) specialized diagnostic tests, including but not limited to magnetic resonance imaging, computerized axial tomography, or electromyography, are required.
- Nebraska: The employer may select a provider unless the employee selects a provider with whom he or she has obtained treatment in the past.
Provider Choice: Effective January 1, 1994, the rules regarding initial choice of provider changed from employee choice without restriction to employee choice of a physician who has treated the employee or a family member in the past, if the employer notified the employee of his/her rights under the law. An employee may be treated by a family physician even if subject to a managed care contract. If no employer notice was given, then the employee may make an initial selection of any physician, regardless of prior treatment. The state indicates that employees must complete "Form 50". The form is completed at time of hire and then reviewed again at time of injury. If the employee names a doctor, then he/she can utilize that doctor for treatment. If the employee states he/she does not have a doctor, then the employer can direct care. Template Information/Educational Tools: Form 50 - Employees' Choice or Change of Doctor Form
- Nevada: All employers covered by the state industrial insurance system are under managed care contract.
Provider Choice: An employee whose self-insured employer or employer's insurer has entered into a contract with an OMC must choose pursuant to the terms of the contract, except when medical emergency care is required.
The employer shall direct care by furnish at least two provider names to the employee. See statute below.
When an employer learns of an accident, whether or not it is reported, the employer may direct the employee to submit to, or the employee may request, an examination by a physician or chiropractor, in order to ascertain the character and extent of the injury and render medical attention which is required immediately. The employer shall:
(a) If the employer's insurer has entered into a contract with an organization for managed care or with providers of health care pursuant to [NRS 616B.527](#), furnish the names, addresses and telephone numbers of:
(1) Two or more physicians or chiropractors who are qualified to conduct the examination and who are available pursuant to the terms of the contract, if there are two or more such physicians or chiropractors within 30 miles of the employee's place of employment; or
(2) One or more physicians or chiropractors who are qualified to conduct the examination and who are available pursuant to the terms of the contract, if there are not two or more such physicians or chiropractors within 30 miles of the employee's place of employment.
- New Hampshire: **Provider Choice:** The employee can choose the treating provider without restriction unless covered under a managed care contract. If subject to managed care, the employee must choose a provider within the plan. Some MCOs may also restrict access within the network pending the primary physician's direction. The employee covered under a managed care plan may request authorization from the commissioner to seek treatment outside the network if the specialty care is inadequate for reasonable access to the requested specialty.
- New Jersey: The employer/insurer has the right to select the treating provider.

- New Mexico: **Provider Choice:** The employer/insurer now has the option to control provider choice either during the first 60 days following the injury or after this initial 60-day period if the employee makes the initial choice. The Workers' Compensation Administration (WCA) has issued rules about how the employer/insurer exercises this option. The WCA can schedule an expedited hearing at any time if either party objects to the care given by a provider chosen by the other party.
- New York: **Provider Choice:** Employees whose employer contracts with a PPO under rules effective January 1997 are required to treat with the PPO provider for up to 30 days. If insured is not enrolled in MCO then employee has the right to select their own physician. Employers now have the right to direct care for pharmaceuticals under Section 440 of the New York Workers' Compensation Laws and Regulations if notification is provided to the employee prior to injury.
Notes: Mandated UR and qualify for PPO only.
- North Carolina: The employer/insurer chooses the treating provider.
Notes: Guidelines limit the amount of rehabilitation, chiropractic, and physical therapy visits.
- North Dakota: The employee has unrestricted choice of the treating provider. Mandatory managed care includes case management, bill review, and utilization review. The state fund contracts with a third-party administrator to provide these services. Employees retain the right to choose their own physician and are not directed to provider networks. As of August 1, 1995, employers may use a bureau-approved risk management program. In those situations, the employer has initial choice unless the worker opts out prior to suffering a work injury.
- Ohio: **Provider Choice:** The employee chooses a treating provider from a certified provider pool. Employees may be restricted to choosing a provider within a certified managed care program (Health Partnership Program for State Fund employers or Qualified Health Plan for self-insured employers).
Notes: Mandated UR is for HPP/QHP only.
- Oklahoma: **Provider Choice:** The employee has the right to select the treating provider. If his/her employer or the employer's insurer has contracted with a certified workplace medical plan, the employee must choose a plan provider or a physician who has maintained the employee's medical records or the medical records of a member of his/her immediate family. Effective November 1, 1996, an employee electing not to participate in a plan must provide his/her employer with a list of physicians who have maintained the employee's or an immediately family member's medical records.
- Oregon: **Provider Choice:** Effective with initial and aggravation claims filed after June 7, 1995, the insurer or self-insured employer may require an injured worker, on a case-by-case basis, to receive medical services immediately from a managed care organization. If the worker is required to get medical services from the MCO immediately, the insurer or self-insured employer must guarantee payment of reasonable medical services costs (not covered by health insurance) even if the claim is denied, until the worker has received actual notice of the denial.
Notes: Change of Provider: Employee is unrestricted for two changes; any further changes must have insurer or agency approval. MCOs may apply their own rules to govern change of provider.
- Pennsylvania: **Provider Choice:** For the first 90 days of treatment after the first visit, the employee can be restricted to a list of at least six designated providers selected by the employer/insurer. Four of the providers on the list may be coordinated care organizations (CCO), and no fewer than three may be physicians. If the employer/insurer does not have a list, the employee can select the treating provider. The provider must be licensed or otherwise authorized by the Commonwealth to provide health care services. The employer shall provide payment for reasonable medical and surgical services, including an additional opinion when invasive surgery may be necessary, medicine and supplies, as and when needed. If the employee does not comply, the employer may be relieved of financial responsibility rendered during this period. After the 90 days has expired and if treatment is still necessary, the employee may choose to treat outside the panel list, but must notify the employer within five days of the first treatment. Should the employer not post the list of designated providers, the employee may treat with a health provider of his/her choice.
Template Information/Educational Tools: *PA provider panel *Injured workers notification form
- Rhode Island: The employee is free to choose the first treating provider without restriction. Surgical preauthorization is the only specific requirement.
- South Carolina: The employer/insurer chooses the treating provider.
- South Dakota: **Provider Choice:** A managed care program is mandatory for insurers as of January 1995 and for self-insurers as of January 1996. Although mandatory, employees may obtain treatment with providers outside of the plan if the providers agree to abide by the terms of the

agreement.

Notes: Treatment guidelines set durational limits and return-to-work targets.

- Tennessee: **Provider Choice:** The employee chooses the treating provider from a list of providers developed by the employer/insurer. State-mandated posting Form C-42 must include three or more providers unless the injury is to the back. For a back injury, form C-42 must also include a chiropractor in addition to the other three or more providers. Effective July 1, 2004, the C-42 requires the employee to document his/her selection of the attending physician by signature and date. The employer must maintain the original form and provide a copy to the employee. The employer is required to provide a copy to the Workers' Compensation division upon request.
- Texas: **Provider Choice:** The employee is entitled to the initial choice of provider, if the employer is not enrolled in a certified HCN. In 2005, Texas adopted rule 1305, which established certified Workers' Compensation Health Care Networks (NCN). If an employer enrolls in the HCN, the injured employee must select a treating provider from group a network providers, based with 30 miles in an urban area and 60 miles in a rural area. Employees must be given copies of the HCN employee notification information at enrollment and again at the time of injury. Employees enrolled in the HCN are required to verify by completion of a Texas HCN Acknowledgement form.
- Utah: The employer/insurer has the right to choose the initial treating provider.
- Vermont: The employer/insurer has the right to choose the initial treating provider.
- Virginia: The employee must select a provider from a list of providers developed by the employer/insurer.
- Washington: The employee is free to choose the initial treating provider.
Notes: Mandatory UR is for State Fund claim only.
- West Virginia: **Provider Choice:** In 2003, the West Virginia Legislature passed reform bill SB 2013 which supports the development of managed care networks. Through these networks, employers can require their employees to seek workers' compensation covered services from providers who contract with the employers/carriers selected managed care network. Medical and Indemnity expenses may not be covered if treatment is sought outside the network unless Opt-Out conditions are met.
Notes: Mandatory UR is for MHCP only.
- Wisconsin: **Provider Choice:** In a non-emergency situation, the employee selects a treating provider licensed in and practicing in Wisconsin without restriction. In an emergency, the employer/insurer may select the treating provider. (When the emergency has ended, choice of the treating provider reverts to the employee.)
- Wyoming: **Provider Choice:** The employee can designate the treating provider, but the employer or the fund may select another provider for a second opinion without restriction.