

AIG 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				
Arizona	ψ			X		X			Φ	
Arkansas	X			X		X			Φ	X
California	ψ	ψ		X	X	X	X		Φ	X
Colorado	ψ			X		X		δ	Φ	‡
Connecticut	ψ			E	X	X	X	❖	Φ	‡
Delaware			X			X			Φ	
District of Columbia			X	X		X				
Florida		ψ		X		X	X	❖	Φ	X
Georgia	ψ			X		X		X		
Hawaii			X	E		X			Φ	
Idaho	X			X						
Illinois			X	E		X				‡
Indiana	X			X						
Iowa	X			X						
Kansas	X			X		X			Φ	
Kentucky		ψ		E	X	X	X	❖	Φ	X
Louisiana			X	X		X			Φ	
Maine	ψ			E		X				
Maryland			X			X				
Massachusetts			ψ	X		X	X	❖	Φ	X
Michigan	ψ			E		X				
Minnesota		ψ	X	X		X	X	❖	Φ	
Mississippi			ψ	X		X			Φ	X
Missouri	X			X						
Montana		ψ	X	X		X	X	❖	Φ	X
Nebraska	ψ	ψ	ψ	X		X		X	Φ	
Nevada		ψ		E		X			Φ	
New Hampshire		ψ			X	X	X	❖	Φ	
New Jersey	X			X			X	❖		
New Mexico	ψ			X		X			Φ	
New York		ψ				X	X	❖	Φ	‡
North Carolina	X			X		X			Φ	
North Dakota			X	X		X			Φ	X
Ohio		ψ			X	X	X	❖	Φ	‡
Oklahoma	ψ	ψ	ψ	X		X	X	❖	Φ	
Oregon	ψ	ψ	ψ	X		X	X	❖	Φ	
Pennsylvania	ψ			X		X		X		
Rhode Island			ψ		X	X			Φ	
South Carolina	X			X		X				
South Dakota		ψ		X		X	X	❖		
Tennessee			ψ	X		X		X	Φ	X
Texas		ψ	ψ	X		X	X	❖	Φ	X
Utah	X			E		X			Φ	X
Vermont	X					X			Φ	
Virginia	ψ		ψ	X		X		X	Φ	
Washington			X	X		X			Φ	‡
West Virginia		X			X	X	X	❖	Φ	‡
Wisconsin			ψ	E		X			Φ	
Wyoming			ψ	X		X			Φ	X
TOTALS	25	15	22	43	7	46	17	21	25	19

LEGEND:

- X YES
- ❖ Mandated Panel/ Medical Directory if Certified Plan
- E States allow an unrestricted one-time change (sometimes after an initial treatment time period), but subsequent changes are restricted.
- § Guidelines are being developed
- ψ See NOTES for Provider Choice details
- δ See NOTES for Mandatory Panel Posting details
- Φ See NOTES for Treatment Guideline details
- ‡ See NOTES for Mandatory Utilization Review details

NOTES

Arizona	<p>Provider Choice: 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.</p> <p>Treatment Guidelines: ODG applies.</p>
Arkansas	<p>The employer/insurer has the right to select the initial treating provider.</p> <p>Treatment Guidelines: Rule 099.37 applies for occupational carpal tunnel syndrome cases.</p>
California	<p>Provider Choice: There are three provider choice options.</p> <ol style="list-style-type: none"> 1. Broad-based PPO – the employer controls the choice of physician for the first 30 days following notification of the injury (*see pre-designation exception below). 2. Medical Provider Network (MPN) – the employer/insurer may 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. 3. 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). This option is rarely used. <p>*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.</p> <p>Treatment Guidelines: Medical Treatment Utilization Schedule (MTUS) applies, which utilizes the most recent version of ACOEM and the MTUS Drug Formulary. If MTUS (ACOEM) does not apply, then ODG is used.</p>
Colorado	<p>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.</p> <p>Provider Choice: In order to direct care, the employer must provide the injured worker, within seven business days of notification of injury, a choice in writing of at least four providers, one of which is unrelated to the other providers. This written notification is called a Designated Provider List.</p> <p>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.</p> <p>Treatment Guidelines: Colorado Medical Treatment Guidelines (Rule 17) apply for Low Back Pain, Thoracic Outlet Syndrome, Shoulder Injuries, Cumulative Trauma Conditions, Lower Extremity Injuries, Reflex Sympathetic Dystrophy/Chronic Regional Pain Syndrome, Cervical Spine Injury, Chronic Pain and Traumatic Brain Injury.</p>
Connecticut	<p>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.</p> <p>Treatment Guidelines: Connecticut Treatment Guidelines apply to Opioids, Cervical Spine, Lumbar Spine, Shoulder, Hand/Wrist/Elbow and Knee Injuries.</p> <p>Mandated Utilization Review: Mandated UR is for MCP only.</p>

Delaware	<u>Treatment Guidelines:</u> Delaware Treatment Guidelines apply for Carpal Tunnel, Chronic Pain, Cumulative Trauma Disorder, Low Back, Shoulder, Cervical Treatment and Lower Extremities.
Florida	Effective January 1, 1991, treatment must be provided through managed care arrangements. <u>Provider Choice:</u> In managed care arrangements, the injured employee chooses a primary care provider within the managed care arrangement's network of providers. <u>Template Information/Education Tools:</u> State-mandated information includes: <ul style="list-style-type: none"> * Grievance Form * Treatment Identification Form * Provider Panel * Employee Guide (Overview) * Employer Handbook <u>Treatment Guidelines:</u> A nationally recognized treatment guideline found in AHRQ or National Guideline Clearinghouse (NGC) must be used under the WCMCA.
Georgia	<u>Provider Choice:</u> There are two 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. Per legislation effective July 1, 2015, the panel providers can be associated (part of the same group, professional association, or professional corporation). 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, 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 option was 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. <u>Template Information/Educational Tools:</u> <ul style="list-style-type: none"> * Panel Notice WC-P1 (Pink form) * Employee Rights Document
Hawaii	<u>Treatment Guidelines:</u> ODG applies.
Illinois	<u>Notes:</u> 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. <u>Mandated Utilization Review:</u> 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
Kansas	<u>Treatment Guidelines:</u> ODG applies.
Kentucky	<u>Provider Choice:</u> If the employer is enrolled in the MCO, the employee must choose the treating physician from the Gatekeeper list provided by the MCO. <u>Treatment Guidelines:</u> For Low Back Pain, Kentucky Health Policy Board's "Acute Low Back Problems in Adults".
Louisiana	<u>Treatment Guidelines:</u> Louisiana Medical Treatment Guidelines must be used for Carpal Tunnel Syndrome, Cervical Spine Injury, Chronic Pain Disorder, Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy, Low Back Pain, Lower Extremity Injury, Shoulder Injury and Thoracic Outlet Syndrome. For all other conditions, the latest version of ODG or ACOEM must be used.
Maine	<u>Provider Choice:</u> 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.
Massachusetts	<u>Provider Choice:</u> 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

	<p>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.</p> <p>Treatment Guidelines: Massachusetts Health Care Services Board Treatment Guidelines (MA Guidelines) are mandatory. Opioid/Controlled Substance Protocol and General Acupuncture Protocol must also be used when applicable in conjunction with MA Guidelines.</p>
Michigan	<p>Provider Choice: For the first 28 days following the beginning of medical care, the employer/insurer has the right to select the treating provider.</p>
Minnesota	<p>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.</p> <p>Treatment Guidelines: Minnesota Treatment Guidelines must be used for Neck Pain, Low Back Pain, Thoracic Pain, Upper Extremity, Medications, Complex Regional Pain Syndrome and Reflex Sympathetic Dystrophy.</p>
Mississippi	<p>Provider Choice: 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."</p> <p>Treatment Guidelines: Mississippi Medical Fee Schedule includes treatment guidelines for Epidural Injections, Facet and Sacroiliac joint Injections, Interdisciplinary pain rehabilitation programs, and Mississippi Guidelines for the Prescription of Opiates.</p>
Montana	<p>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.</p>
Nebraska	<p>The employer may select a provider unless the employee selects a provider with whom he or she has obtained treatment in the past.</p> <p>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. <u>Template Information/Educational Tools:</u> Form 50 - Employees' Choice or Change of Doctor Form</p> <p>Treatment Guidelines: ODG applies.</p>
Nevada	<p>Provider Choice: All employers covered by the state industrial insurance system are under managed care contract. 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.</p> <p>The employer shall direct care by furnish at least two provider names to the employee. See statute below.</p> <p>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:</p> <p>(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:</p>

	<p>(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</p> <p>(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.</p> <p><u>Treatment Guidelines:</u> ACOEM applies.</p>
New Hampshire	<p><u>Provider Choice:</u> 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.</p> <p><u>Treatment Guidelines:</u> Chronic Pain and Opioid Treatment Guidelines adopted by the Board of Medicine.</p>
New Mexico	<p><u>Provider Choice:</u> 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.</p> <p><u>Treatment Guidelines:</u> ODG applies.</p>
New York	<p><u>Provider Choice:</u> 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.</p> <p><u>Treatment Guidelines:</u> New York Medical Treatment Guidelines (MTG) are mandatory for injuries to the Shoulder, Knee, Neck/Cervical Spine, Mid-Back/Thoracic Spine, Lower Back (including lumbar and sacral spine), Carpal Tunnel Syndrome, and for treatment of Non-Acute Pain.</p> <p><u>Mandated Utilization Review:</u> Mandated UR and qualify for PPO only.</p>
North Carolina	<p><u>Treatment Guidelines:</u> Although there are no medical treatment guidelines, NCCI rules dictates limits on the number of visits for rehabilitation, chiropractic, and physical therapy visits.</p>
North Dakota	<p><u>Provider Choice:</u> 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.</p> <p><u>Treatment Guidelines:</u> ODG applies.</p>
Ohio	<p><u>Provider Choice:</u> 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).</p> <p><u>Treatment Guidelines:</u> ODG applies.</p> <p><u>Mandated Utilization Review:</u> Mandated UR is for HPP/QHP only.</p>
Oklahoma	<p><u>Provider Choice:</u> 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.</p> <p><u>Treatment Guidelines:</u> ODG applies.</p>
Oregon	<p><u>Provider Choice:</u> 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</p>

	<p>health insurance) even if the claim is denied, until the worker has received actual notice of the denial.</p> <p>Notes: <u>Change of Provider:</u> 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.</p> <p>Treatment Guidelines: Oregon Opioid Prescribing Guidelines applies to opioid use.</p>
Pennsylvania	<p>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.</p> <p>Template Information/Educational Tools:</p> <ul style="list-style-type: none"> * PA provider panel * Injured workers notification form
Rhode Island	<p>Provider Choice: The employee is free to choose the first treating provider without restriction. Surgical preauthorization is the only specific requirement.</p> <p>Treatment Guidelines: Rhode Island Protocols and Standards of Treatment apply to workers' compensation injuries.</p>
South Dakota	<p>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.</p>
Tennessee	<p>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. 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.</p> <p>Treatment Guidelines: ODG, including the ODG Drug Formulary, apply except for Chronic Pain treatment where the TN Department of Health Chronic Pain Guideline applies.</p>
Texas	<p>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.</p> <p>Treatment Guidelines: ODG applies.</p>
Utah	<p>Treatment Guidelines: ODG or ACOEM apply.</p>
Vermont	<p>Treatment Guidelines: Department of Health Guidelines for Prescribing Opioids for Pain. ODG for all other conditions.</p>
Virginia	<p>Provider Choice: The employee must select a provider from a list of providers developed by the employer/insurer.</p> <p>Treatment Guidelines: Guidelines for prescribing opioids and buprenorphine adopted by the Board of Medicine apply.</p>
Washington	<p>Treatment Guidelines: Washington Labor & Industries Medical Treatment Guidelines apply</p> <p>Mandated Utilization Review: Mandatory UR is for State Fund claim only.</p>
West Virginia	<p>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</p>

	<p>Indemnity expenses may not be covered if treatment is sought outside the network unless Opt-Out conditions are met.</p> <p><u>Treatment Guidelines:</u> West Virginia Title 85 Series 20 (“Rule 20”) applies</p> <p><u>Mandated Utilization Review:</u> Mandatory UR is for MHCP only.</p>
Wisconsin	<p><u>Provider Choice:</u> 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.)</p> <p><u>Treatment Guidelines:</u> Wisconsin Chapter DWD 81 Treatment Guidelines, and Chronic Opioid Clinical Management Guidelines for Wisconsin Workers’ Compensation Patient Care apply</p>
Wyoming	<p><u>Provider Choice:</u> The employee can designate the treating provider, but the employer or the fund may select another provider for a second opinion without restriction.</p> <p><u>Treatment Guidelines:</u> ODG applies.</p>