

Coventry Workers' Comp Services Direction of Care & Panel Posting

**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
AL				<p>The employer's authorized treating physician (other than emergency medical services) shall be the physician of record for attending or referral purposes.</p> <p>(Ala. Admin. Code r. 480-5-5-.12)</p> <p>Except in the case of an emergency, claimant should be sent to the employer/carrier's chosen primary care provider who will treat and recommend referral to a specialist, when necessary. The employer/ carrier directs the care from the moment the injury notice has been given, not after treatment has been ongoing. (AL Department of Industrial Relations website:</p>	<p>"...If the employee is dissatisfied with the initial treating physician selected by the employer and if further treatment is required, the employee may advise the employer, and the employee shall be entitled to select a second physician from a panel or list of 4 physicians selected by the employer. If surgery is required, and if the employee is dissatisfied with the designated surgeon, he or she may advise the employer and the employee shall be entitled to select a second surgeon from a panel of 4 surgeons selected by the employer. If 4 physicians or surgeons are not available to be listed, the employer shall include on the list as many as are available. The 4 physicians or surgeons selected by the employer shall not be from or members of the same firm, partnership, or professional corporation.</p> <p>(Code of Ala. § 25-5-77)</p>	Not addressed	See Direction of Care law.

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 &
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				http://dir.alabama.gov/wc/faq.aspx)			

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AK	When medical care is required, the injured employee may designate a licensed physician to provide all medical and related benefits. (Alaska Stat. § 23.30.095)				The employee may not make more than one change in the employee's choice of attending physician without the written consent of the employer. Referral to a specialist by the employee's attending physician is not considered a change in physicians. Upon procuring the services of a physician, the injured employee shall give proper notification of the selection to the employer within a reasonable time after first being treated. Notice of a change in the attending physician shall be given before the change. (Alaska Stat. § 23.30.095)	Allowed*	An employer or group of employers may establish a list of preferred physicians and treatment service providers to provide medical, surgical, and other attendance or treatment services to the employer's employees under this chapter; however (1) the employee's right to choose his or her attending physician is not impaired; (2) when given to the employee, the employer's preferred physician list must clearly state that the list is voluntary, that the employee's choice is not restricted to the list, that the employee's rights are not impaired by choosing an attending physician from the list, and that, if the employee chooses an attending physician from the list, the employee may, make one change of attending physician, from the list or otherwise; and (3) establishment of a list of preferred physicians does not affect the employer's choice of physician for an employer medical examination. (Alaska Stat. § 23.30.097(b))

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AZ	<p>An employer can direct an injured employee to a physician of the employer's choice for a one-time evaluation. Following that visit, the injured worker may return to that physician or pursue treatment with a physician of his/her choice. (Industrial Commission of AZ Website: https://www.azica.gov/sites/default/files/migrated_pdf/Claims_FAQs_WorkersCompensation.pdf)</p> <p>When an accident occurs to an employee, the employer may designate in writing a physician chosen by the employer,</p>				<p>No employee may change doctors without the written authorization of the insurance carrier, the commission or the attending physician. (A.R.S. § 23-1071(B))</p> <p>Note: Request to Change Doctor Form https://www.azica.gov/forms/claims0121</p> <p>If the medical, surgical or hospital aid or treatment being furnished by an employer is such that there is reasonable ground to believe that the health, life or recovery of any employee is endangered or impaired thereby, the commission, upon application of the employee or upon its own motion, may order a change of physicians or other conditions. If the employer fails to comply with the order promptly, the injured employee may elect to have medical, surgical or hospital aid or treatment provided by or through the special fund established by section 23-1065.</p>	Not addressed	<p>See Direction of Care law.</p> <p>Actions or conduct that impair or limit the right of an employee to choose their medical provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a "network" provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.</p> <ul style="list-style-type: none"> • A claimant is told that they must see a physician (or other provider) that is "in the network;" • A claimant is told that care from a "non-network" physician (or other provider) is not authorized; • A "network" physician (or other provider) is told that referrals are required to be made to another "network" physician (or other provider); • A "network" physician (or other provider) is told that they may not recommend a "non-network" provider to a patient; • A "non-network" physician (or other provider) is told that care will only be provided if by a "network" provider; and

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	<p>who shall be permitted by the employee, or any person in charge of the employee, to make one examination of the injured employee in order to ascertain the character and extent of the injury occasioned by the accident.</p> <p>(A.R.S. § 23-908 (F))</p>				<p>(A.R.S. § 23-1070 (E))</p> <p>Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(E) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(E), then that physician is an attending physician and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.</p> <p>(A.A.C. § R20-5-113 F.)</p>		<ul style="list-style-type: none"> A “non-network” provider is told that reimbursement will be made according to “network” discounts. <p>(The Physicians' and Pharmaceutical fee schedule of the Industrial Commission of Arizona: http://www.ica.state.az.us/Director/DIR_FSYearSelector.aspx)</p>
AZ				<p>If a self-injured employer has complied with the requirements of A.R.S § 23-1070, it may direct care beyond the initial visit. (A.R.S. § 23-1070)</p>	<p>No employee may change doctors without the written authorization of the insurance carrier, the commission or the attending physician.</p> <p>(A.R.S. § 23-1071(B))</p>	<p>Not addressed</p>	<p>See Direction of Care law.</p>

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				<p>An employer, other than this state or a political subdivision of this state, who secures compensation to his employees in the manner provided in <u>section 23-961</u> subsection A, paragraph 1 or 2, alone or jointly with other employers, in lieu of making premium payments for medical, surgical and hospital benefits, may provide such benefits to injured employees and may collect one-half of the cost thereof from his employees, not to exceed one dollar per month from any employee, which may be deducted from the wages of the employee.</p> <p>(A.R.S § 23-1070)</p>	<p>Note: Request to Change Doctor Form</p> <p>https://www.azica.gov/forms/claims0121</p> <p>If the medical, surgical or hospital aid or treatment being furnished by an employer is such that there is reasonable ground to believe that the health, life or recovery of any employee is endangered or impaired thereby, the commission, upon application of the employee or upon its own motion, may order a change of physicians or other conditions. If the employer fails to comply with the order promptly, the injured employee may elect to have medical, surgical or hospital aid or treatment provided by or through the special fund established by section 23-1065.</p> <p>(A.R.S. § 23-1070 (E))</p> <p>Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(E) is not required to obtain written authorization to change to</p>		

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					<p>another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(E), then that physician is an attending physician and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.</p> <p>(A.A.C. § R20-5-113 F.)</p>		

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AR				<p>The employer shall have the right to select the initial primary care physician from among those associated with managed care entities certified by the commission as provided in § 11-9-508.</p> <p>(A.C.A. § 11-9-514 (a)(3)(A)(i))</p>	<p>Where the employer does not have a contract with a managed care organization certified by the commission, the claimant employee, however, shall be allowed to change physicians by petitioning the commission one time only for a change of physician, to a physician who must either be associated with any managed care entity certified by the commission or be the regular treating physician of the employee who maintains the employee's medical records and with whom the employee has a bona fide doctor-patient relationship demonstrated by a history of regular treatment prior to the onset of the compensable injury, but only if the primary care physician agrees to refer the employee to a physician associated with any managed care entity certified by the commission for any specialized treatment, including physical therapy, and only if the primary care physician agrees to comply with all the rules, terms, and conditions regarding services performed by any managed care entity certified by</p>	Not addressed	See Direction of Care law.

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					the commission. (A.C.A. § 11-9-514 (a)(3)(A)(iii))		
AR				<p>The employer shall have the right to select the initial primary care physician from among those associated with managed care entities certified by the commission as provided in § 11-9-508.</p> <p>(A.C.A. § 11-9-514 (a)(3)(A)(i))</p> <p>Employers or their insurance representatives have the right to choose doctor(s) to treat injured workers, but notice of these choices must be given to employees. If the employer's representative has a managed care organization (MCO) for work-related injuries, a health notice (Form H) must be posted at the</p>	<p>Where the employer has contracted with a managed care organization certified by the commission, the claimant employee, however, shall be allowed to change physicians by petitioning the commission one (1) time only for a change of physician to a physician who must either be associated with the managed care entity chosen by the employer or be the regular treating physician of the employee who maintains the employee's medical records and with whom the employee has a bona fide doctor-patient relationship demonstrated by a history of regular treatment prior to the onset of the compensable injury but only if the primary care physician agrees to refer the employee to the managed care entity chosen by the employer for any specialized treatment, including physical therapy, and only if the primary care physician agrees to comply with all the rules, terms, and conditions regarding</p>	Not addressed	See Direction of Care law.

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				business. See Arkansas Form H: http://www.awcc.state.ar.us/revisedforms/formh.pdf	services performed by the managed care entity chosen by the employer. (A.C.A. § 11-9-514 (a)(3)(A)(iii))		

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CA				<p>Unless the employer or the employer's insurer has established or contracted with a medical provider network as provided for in Section 4616, after 30 days from the date the injury is reported, the employee may be treated by a physician of the employee's own choice or at a facility of the employee's own choice within a reasonable geographic area. A chiropractor shall not be a treating physician after the employee has received the maximum number of chiropractic visits allowed by subdivision (c) of Section 4604.5.</p> <p>(Cal Lab Code § 4600(c))</p> <p>If an employee has pre-designated a personal physician prior to the effective date of these</p>	<p>If the employee so requests, the employer shall tender the employee one change of physician. The employee at any time may request that the employer tender this one-time change of physician. (applicable during the first 30 days) (Cal Lab Code § 4601(a))</p> <p>Unless the employer or the employer's insurer has established or contracted with a medical provider network as provided for in Section 4616, after 30 days from the date the injury is reported, the employee may be treated by a physician of the employee's own choice or at a facility of the employee's own choice within a reasonable geographic area. A chiropractor shall not be a treating physician after the employee has received the maximum number of chiropractic visits allowed by subdivision (c) of Section 4604.5.</p> <p>(Cal Lab Code § 4600(c))</p>	Not addressed	See Direction of Care law.

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				<p>regulations, such pre-designation shall be considered valid if the conditions in subdivision (a) have been met.</p> <p>(8 CCR 9780.1(b))</p>			
CA HCO				<p>Notwithstanding Section 4600, when a self-insured employer, group of self-insured employers, or the insurer of an employer contracts with an HCO certified pursuant to Section 4600.5 for health care services required by this article to be provided to injured employees, those employees who are subject to the contract shall receive medical services in the manner prescribed in the contract, providing that the employee may choose to be treated by a personal physician, personal chiropractor, or personal acupuncturist that he or she has designated prior to the injury, in which</p>	<p>An employee enrolled in an HCO shall have the right to no less than one change of physician on request, and shall be given a choice of physicians affiliated with the health care organization. The HCO shall provide the employee a choice of participating physicians within five days of receiving a request. In addition, the employee shall have the right to a second opinion from a participating physician on a matter pertaining to diagnosis or treatment from a participating physician.</p> <p>(Cal Lab Code § 4600.3(e))</p>	Not addressed	See Direction of Care law.

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				<p>case the employee shall not be treated by the HCO. Every employee shall be given an affirmative choice at the time of employment and at least annually thereafter to designate or change the designation of an HCO or a personal physician, personal chiropractor, or personal acupuncturist. The choice shall be memorialized in writing and maintained in the employee's personnel records. The employee who has designated a personal physician, personal chiropractor, or personal acupuncturist may change their designated caregiver at any time prior to the injury.</p> <p>Any employee who fails to designate a personal physician, personal chiropractor, or personal acupuncturist shall be</p>			

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				<p>treated by the HCO selected by the employer. If the HCO offered by the employer is the workers' compensation insurer that covers the employee or is an entity that controls or is controlled by that insurer, as defined by Section 1215 of the Insurance Code, this information shall be included in the notice of contract with an HCO. (Cal Lab Code § 4600.3(a)(1))</p> <p>An employee whose employer does not offer non-occupational health coverage under a plan established pursuant to collective bargaining, and does not offer to pay more than one-half the cost of non-occupational health coverage for that employee under another plan, may be treated for occupational injuries and illnesses by a physician of the employee's choosing</p>			

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				<p>after 90 days from the date the injury was reported.</p> <p>An employee whose employer offers non-occupational health coverage under a plan established pursuant to collective bargaining, or offers to pay more than one-half the cost of non-occupational health coverage for that employee under another plan, may be treated for occupational injuries and illnesses by a physician of the employee's choosing after 180 days from the date the injury was reported or upon the date of contract renewal or open enrollment of the HCO, whichever occurs first, but in no case until 90 days from the date the injury was reported.</p> <p>(8 CCR § 9779.45(a)-(b))</p>			

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				<p>An employer must provide information concerning the HCO it is offering to its employees no later than 30 days prior to the final date for enrollment. Information shall be provided in written form, in no less than twelve (12) point typeface, and in a language understandable to employees:</p> <p>i. the name of the HCO offered; iv. a complete listing of all primary treating physicians, specialist physicians, and clinics participating in the HCO who would be reasonably accessible to the employee for the provision of occupational health services. Primary treating physicians who are not accepting new patients must be clearly identified.</p> <p>(8 CCR 9779.3(a)(3))</p>			

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>When an injured employee requests chiropractic treatment for work-related injuries, the HCO shall provide the injured worker with access to the services of a chiropractor pursuant to guidelines for chiropractic care established by paragraph (2). Within 5 working days of the employee's request to see a chiropractor, the HCO and any person or entity who directs the kind or manner of health care services for the plan shall refer an injured employee to an affiliated chiropractor for work-related injuries that are within the guidelines for chiropractic care established by paragraph (2). Chiropractic care rendered in accordance with guidelines for chiropractic care established pursuant to paragraph (2) shall be</p>			

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				provided by duly licensed chiropractors affiliated with the plan. (Cal Lab Code § 4600.5 (l)(1))			
CA MPN				(a) When the injured covered employee notifies the employer or insured employer of the injury or files a claim for workers' compensation with the employer or insured employer, the employer or insurer or entity that provides physician network services shall arrange an initial medical evaluation with a MPN physician in compliance with the access standards set forth in section 9767.5. (d) The insurer or employer shall notify the employee of his or her right to be treated by a physician of his or her choice within the MPN after the first visit with the MPN physician and the method by which the list of participating	At any point in time after the initial medical evaluation with an MPN physician, the covered employee may select a physician of his or her choice from within the MPN. Selection by the covered employee of a treating physician and any subsequent physicians shall be based on the physician's specialty or recognized expertise in treating the particular injury or condition in question. (8 CCR § 9767.6(e))	Not addressed	See Direction of Care law for employee notification requirements.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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				<p>providers may be accessed by the employee.</p> <p>(8 CCR 9767.6(a), (d))</p> <p>Where an employer or an employer's insurer has a Medical Provider Network pursuant to section 4616 of the Labor Code, an employee's pre-designation which has been made in accordance with this section shall be valid and the employee shall not be subject to the Medical Provider Network.</p> <p>(8 CCR 9780.1(c))</p> <p>When an injury is reported or an employer has knowledge of an injury that is subject to an MPN or when an employee with an existing injury is required to transfer treatment to an MPN, a complete written MPN employee</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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				<p>notification with the information specified in paragraph (2) of this subdivision, shall be provided to the covered employee by the employer or the insurer for the employer. This MPN notification shall be provided to employees in English and also in Spanish if the employee primarily speaks Spanish.</p> <p>(1) A complete MPN notification with the information specified in paragraph (2) of this subdivision may be sent electronically in lieu of by mail, if the covered employee has regular electronic access to email at work to receive this notice at the time of injury or when the employee is being transferred into the MPN. If the employee cannot receive this notice electronically at work, then the employer shall ensure this information is provided to the employee</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>in writing at the time of injury or when the employee is being transferred into the MPN. (8 CCR 9767.12(a)(1))</p> <p>(2) The complete written MPN employee notification shall include the following information:</p> <p>(A) The unique MPN Identification number.</p> <p>How to contact the person designated by the employer or insurer to be the MPN Contact for covered employees to answer questions about the use of MPNs and to address MPN complaints. The employer or insurer shall provide a toll-free telephone number with access to the MPN Contact if the MPN geographical service area includes more than one area code; A toll-free number must also be listed for MPN Medical Access Assistants, with a description of the access assistance they provide,</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>including finding available MPN physicians of the injured workers' choice and scheduling and confirming physician appointments, and the times they are available to assist workers with obtaining access to medical treatment under the MPN; (B) A description of MPN services as well as the MPN's web address for more information about the MPN and the web address that includes a roster of all treating physicians in the MPN;(C) How to review, receive or access the MPN provider directory. An employer, insurer, or entity that provides physician network services shall ensure covered employees have access to, at minimum, a regional area listing of MPN providers in addition to maintaining and making available its complete provider</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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				<p>directory listing in writing and/or on the MPN's website. The MPN's website address shall be clearly listed. If an employee requests an electronic provider directory listing, it shall be provided electronically on a CD, flash drive, via email or on a website. The URL address for the provider directory shall be listed with any additional information needed to access the directory online including any necessary instructions and passcodes. MPN applicants are responsible for updating an MPN's provider listings, at minimum, on a quarterly basis with the date of the last update provided on the listing given to the employee. Each provider directory listing shall include a phone number and an email address for reporting of provider listing inaccuracies. If a listed provider becomes</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>deceased or is no longer treating workers' compensation patients at the listed address, the provider shall be taken off the provider directory within 45 days of notice to the MPN through the contact method stated on the provider directory listing to report inaccuracies. (D) How to access initial care and subsequent medical care; and how to contact the medical access assistants if an employee needs help in finding a physician or scheduling an appointment; (E) The mileage, time requirements and alternative access standards required under section 9767.5; (F) How to access treatment if (A) the employee is authorized by the employer to temporarily work or travel for work outside the MPN's geographical service area; (B) a former employee whose</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				employer has ongoing workers' compensation obligations permanently resides outside the MPN geographical service area; and (C) an injured employee decides to temporarily reside outside the MPN geographic service area during recovery;(G) How to choose a physician within the MPN;(H) What to do if a covered employee has trouble getting an appointment with a provider within the MPN and how to use the medical access assistants for help;(I) How to change a physician within the MPN;(J) How to obtain a referral to a specialist within the MPN or outside the MPN, if needed;(K) How to use the second and third opinion process;(L) How to request and receive an MPN independent medical review; (M) A description of the standards for the transfer			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>of care policy and a notification that a copy of the policy in English or in Spanish if the employee speaks Spanish shall be provided to an employee upon request; and (N) A description of the standards for the continuity of care policy and a notification that a copy of the policy in English or in Spanish if the employee speaks Spanish shall be provided to an employee upon request. (8 CCR 9767.12(a)(2))</p> <p>At a minimum, a written regional provider listing is to be provided to covered employees. It is not acceptable to only provide a select list of 5 or 10 providers, as that does not constitute a complete regional provider listing. If the provider directory is available on a Web site, the URL shall be provided, as well as sufficient information to allow an employee to access the</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				provider directory online. (CA Dept of IA - DWC website: http://www.dir.ca.gov/dwc/MPN/DWC_MPN_FAQ.html)			

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
CO		<p>In all cases of injury, the employer or insurer shall provide a list of at least 4 physicians or 4 corporate medical providers or at least 2 physicians and 2 corporate medical providers or a combination thereof where available, in the first instance, from which list an injured employee may select the physician who attends the injured employee.</p> <p>(C.R.S. 8-43-404(5)(a)(I)(A))</p> <p>In addition to any other notice required by this section, at the time that the</p>			<p>Within ninety (90) days following the date of injury, but before reaching maximum medical improvement, an injured worker may request a one-time change of authorized treating physician. The new physician must be a physician on the designated provider list or provide medical services for a designated corporate medical provider on the list. The medical provider(s) to whom the injured worker may change is determined by the designated provider list given to the injured worker pursuant to Rule 8-2 or 8-5(C).</p> <p>(7 CCR 1101-3 Rule 8-5(A))</p> <p>In addition to the one-time change of physician allowed above, upon written request to the insurance carrier or to the employer's authorized representative if self-insured, an injured employee may procure written permission to have a personal physician or chiropractor treat the employee. The written request must be completed on a form that is prescribed by the director. If permission is neither granted nor</p>	Required	<p>In all cases of injury, the employer or insurer shall provide a list of at least four physicians or four corporate medical providers or at least two physicians and two corporate medical providers or a combination thereof where available, in the first instance, from which list an injured employee may select the physician who attends the injured employee. At least one of the four designated physicians or corporate medical providers offered must be at a distinct location from the other three designated physicians or corporate medical providers without common ownership. If there are not at least two physicians or corporate medical providers at distinct locations without common ownership within thirty miles of the employer's place of business, then an employer may designate physicians or corporate medical providers at the same location or with shared ownership interests. Upon request by an interested party to the workers' compensation claim, a designated provider on the employer's list shall provide a list of ownership interests and employment relationships, if any, to the requesting party within five days of the receipt of the request. If the services of a physician are not tendered at the time of injury, the employee shall have the right to select a physician or chiropractor. For purposes of this section, "corporate medical provider" means a medical organization in business as a sole proprietorship, professional corporation, or partnership. (C.R.S. 8-43-404 (5) (a) (I) (A))</p> <p>If there are fewer than four physicians or corporate medical providers within thirty miles of the employer's place of business who are willing to treat an injured employee, the employer or insurer may instead designate one physician or one corporate medical provider, and subparagraphs (III) and</p>

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&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>employer or, if insured, the employer's insurance carrier provides the notice required by subsection (1) of this section, the employer or insurance carrier shall provide to the claimant a brochure written in easily understood language, in a form developed by the director after consultation with employers, insurance carriers, and representatives of injured workers, describing the claims process and informing the claimant of his or her rights. If the claimant has previously authorized the</p>			<p>refused within twenty days after the date of the certificate of service of the request form, the employer or insurance carrier shall be deemed to have waived any objection to the employee's request. Objection shall be in writing on a form prescribed by the director and shall be served on the employee or, if represented, the employee's authorized representative within twenty days after the date of the certificate of service of the request form. An insurance carrier, or an employer's authorized representative if self-insured, shall track how often an injured employee requests to change his or her physician and how often such change is granted or denied and shall report such information to the division upon request. Upon the proper showing to the division, the employee may procure the division's permission at any time to have a physician of the employee's selection treat the employee, and in any nonsurgical case the employee, with such permission, in lieu of medical aid, may procure any nonmedical</p>		<p>(IV) of this paragraph (a) shall not apply. A physician is presumed willing to treat injured workers unless he or she indicates to the employer or insurer to the contrary. (C.R.S. 8-43-404 (5) (a) (I) (B))</p> <p>If there are more than three physicians or corporate medical providers, but fewer than nine physicians or corporate medical providers within thirty miles of the employer's place of business who are willing to treat an injured employee, the employer or insurer may instead designate two physicians or two corporate medical providers or any combination thereof. The two designated providers shall be at two distinct locations without common ownership. If there are not two providers at two distinct locations without common ownership within thirty miles of the employer's place of business, then an employer may designate two providers at the same location or with shared ownership interests. Upon request by an interested party to the workers' compensation claim, a designated provider on the employer's list shall provide a list of ownership interests and employment relationships, if any, to the requesting party within five days of the receipt of the request. (C.R.S. 8-43-404 (5) (a) (I) (C))</p> <p>If the employer is a health care provider or a governmental entity that currently has its own occupational health care provider system, the employer may designate health care providers from within its own system and is not required to provide an alternative physician or corporate medical provider from outside its own system. C.R.S. 8-43-404 (5) (a) (II) (A))</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

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		<p>employer or, if insured, the employer's insurance carrier to communicate with the claimant through electronic transmission, the brochure may be sent to the claimant electronically. The brochure shall, at a minimum, contain the following information: (l) That most claimants have a right to choose from a list of at least two different doctors.</p> <p>(C.R.S. 8-43-203 (3))</p>			<p>treatment recognized by the laws of this state as legal. The practitioner administering the treatment shall receive fees under the medical provisions of articles 40 to 47 of this title as specified by the division.</p> <p>(C.R.S. 8-43-404 (5)(a) (VI)(A))</p> <p>In addition to any other notice required by this section, at the time that the employer or, if insured, the employer's insurance carrier provides the notice required by subsection (1) of this section, the employer or insurance carrier shall provide to the claimant a brochure written in easily understood language, in a form developed by the director after consultation with employers, insurance carriers, and representatives of injured workers, describing the claims process and informing the claimant of his or her rights. If the claimant has previously authorized the employer or, if insured, the employer's insurance carrier to communicate with the claimant</p>		<p>This rule applies to all employers unless specified below under paragraph (B) or (C) of this section.</p> <p>(B) Employers that are health care providers or governmental entities that currently have their own occupational health care provider system pursuant to §8-43-404(5)(a)(ii)(A) may designate health care providers from their own system and are otherwise exempt from the requirement to provide a list of alternate physicians or corporate medical providers</p> <p>(1) If emergency care is provided, an employer exempt under 8-1(B) shall designate an authorized treating physician as allowed by statute when emergency care is no longer required. If an exempt employer refers an injured worker to a physician who can attend the injured worker when the injury occurred while the worker was away from the worker's usual place of employment, such employer may designate an authorized treating physician pursuant to 8-1(B) within seven (7) business days following the date the employer has notice of the injury.</p> <p>(2) If an exempt employer does not properly designate a health care provider from its own system the injured worker may select a provider of the worker's choosing.</p> <p>(C) If an employer has a qualified on-site health care facility, the employer may designate that facility as the authorized treating physician.</p> <p>(1) To be a qualified on-site health care facility, the on-site facility must be under the supervision and control of a</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
					<p>through electronic transmission, the brochure may be sent to the claimant electronically. The brochure shall, at a minimum, contain the following information:</p> <p>(II) That most claimants have a right to change doctors one time within ninety days after the injury and all claimants have the right to request a change of doctor at other times under certain other circumstances;</p> <p>(III) The claimant's doctor's right to refer the claimant to other medical providers and specialists to provide the reasonable and necessary medical care that the claimant's work-related injuries or illness require. (C.R.S. 8-43-203 (3))</p> <p>If the insurer or self-insured employer receives written notice pursuant to paragraph (a) of this subsection (10), or if the insurer or self-insured employer and the authorized treating physician receive written notice by certified mail, return receipt requested, from the injured employee or the injured employee's legal</p>		<p>physician, and a physician must be on the premises or reasonably available.</p> <p>(2) If the employer designates an on-site health care facility, the employer must, within seven (7) business days following notice of an on the job injury, provide the injured worker with a designated provider list consistent with the provisions of rule 8-2. While the on-site health care facility shall be the initial authorized treating physician, the injured worker may thereafter change to a physician or corporate medical provider on the designated provider list if the injured worker complies with all statutory and rule requirements for the one time change of physicians. (7 CCR 1101-3 Rule 8-1)</p> <p>When an employer has notice of an on-the-job injury, the employer or insurer shall provide the injured worker with a written list of designated providers from which the injured worker may select a physician or corporate medical provider. For purposes of this rule 8, the list will be referred to as the designated provider list.</p> <p>(1) A copy of the written designated provider list must be given to the injured worker in a verifiable manner within seven (7) business days following the date the employer has notice of the injury.</p> <p>(2) The designated provider list must include contact information for the insurer of record including address, phone number and claims contact information. If the employer is self-insured, the same contact information is required</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions								
					<p>representative that an authorized physician refused to provide medical treatment to the injured employee or discharged the injured employee from medical care for nonmedical reasons when such injured employee requires medical treatment to cure or relieve the effects of the work injury, and there is no other authorized physician willing to provide medical treatment, then the insurer or self-insured employer shall, within fifteen calendar days from receiving the written notice, designate a new authorized physician willing to provide medical treatment. If the insurer or self-insured employer fails to designate a new physician pursuant to this paragraph (b), then the injured employee may select the physician who attends to the injured employee.</p> <p>(C.R.S. 8-43-404 (10)(b))</p>		<p>including the names and contact information of persons responsible for adjusting the claim.</p> <p>(B) The designated provider list may include any combination of physicians and/or corporate medical providers so long as at least one physician or corporate medical provider is at a distinct location without common ownership. If there are not at least two physicians or corporate medical providers at distinct locations without common ownership within thirty miles of the employer's place of business the list may be comprised of providers at the same location or with common ownership.</p> <p>(C) The number of physicians or corporate medical providers required on the designated provider list is determined by the number of physicians or corporate medical providers willing to treat an injured employee within thirty miles of the employer's location:</p> <table border="1"> <thead> <tr> <th>AVAILABLE PROVIDERS WITHIN 30 MILES:</th> <th>REQUIRED NUMBER OF DESIGNATED PROVIDERS TO BE LISTED:</th> </tr> </thead> <tbody> <tr> <td>3 OR LESS</td> <td>1</td> </tr> <tr> <td>AT LEAST 4 BUT LESS THAN 9</td> <td>2</td> </tr> <tr> <td>9 OR MORE</td> <td>4</td> </tr> </tbody> </table>	AVAILABLE PROVIDERS WITHIN 30 MILES:	REQUIRED NUMBER OF DESIGNATED PROVIDERS TO BE LISTED:	3 OR LESS	1	AT LEAST 4 BUT LESS THAN 9	2	9 OR MORE	4
AVAILABLE PROVIDERS WITHIN 30 MILES:	REQUIRED NUMBER OF DESIGNATED PROVIDERS TO BE LISTED:														
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**DIRECTION OF CARE
&
PANEL POSTING**

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							<p>(D) A physician or corporate medical provider is presumed willing to treat injured workers unless the employer is specifically informed by the physician or corporate medical provider to the contrary.</p> <p>(E) If the employer fails to supply the required designated provider list in accordance with this rule, the injured worker may select an authorized treating physician or chiropractor of their choosing. (7 CCR 1101-3 Rule 8-2)</p> <p>(A) In an emergency situation the injured worker shall be taken to any physician or medical facility that is able to provide the necessary care. When emergency care is no longer required the provisions of section 8-2 of this rule apply.</p> <p>(B) If the injured worker is away from the worker's usual place of employment at the time of the injury, the injured worker may be referred to a physician in the vicinity where the injury occurred who can attend to the injury. Within seven (7) business days following the date the employer has notice of the injury the employer shall comply with the provisions of section 8-2 of this rule. (7 CCR 1101-3 Rule 8-3)</p> <p>Only physicians licensed by the Colorado Medical Board may be included as individual physicians on the employer's or insurer's designated provider list required under § 8-43-404(5)(a) (7 CCR 1101-3 Rule 16-3 (A)(1)(a))</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
							CO Department of Labor & Employment website, Form WC 003: https://www.colorado.gov/pacific/sites/default/files/WC003_Notice_One_Time_Change_Physician_2.pdf

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
CT				The employee shall select the physician or surgeon from an approved list of physicians, surgeons, and advanced practice registered nurses prepared by the chairman of the Workers' Compensation Commission. If the employee is unable to make the selection, the employer shall do so, subject to ratification by the employee or his next of kin. If the employer has a full-time staff physician or advanced practice registered nurse or if a physician or advanced practice registered nurse is available on call, the initial treatment required immediately following the injury may be rendered by that physician or advanced practice registered nurse, but the employee may thereafter select his own physician or advanced practice registered nurse as provided by this chapter	The employee shall select the physician or surgeon from an approved list of physicians, surgeons, and advanced practice registered nurses prepared by the chairman of the Workers' Compensation Commission. If the employee is unable to make the selection, the employer shall do so, subject to ratification by the employee or his next of kin. If the employer has a full-time staff physician or advanced practice registered nurse or if a physician or advanced practice registered nurse is available on call, the initial treatment required immediately following the injury may be rendered by that physician or advanced practice registered nurse, but the employee may thereafter select his own physician or advanced practice registered nurse as provided by this chapter for any further treatment without prior approval of the commissioner. (Conn. Gen. Stat. § 31-294d (b))	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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				<p>for any further treatment without prior approval of the commissioner.</p> <p>(Conn. Gen. Stat. § 31-294d (b)),</p> <p>When an injury occurs, a claimant 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.</p> <p>A claimant may choose an attending physician AFTER the initial visit with an employer-designated medical practitioner. If the employer does not participate in an approved medical care plan, the claimant may choose <i>any</i> medical practitioner who is licensed to practice in Connecticut, including practitioners of</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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				chiropractic, medicine, naturopathy, osteopathy, and podiatry. (CT Workers' Compensation Commission website: http://wcc.state.ct.us/download/acrobat/Info-Packet.pdf)			
CT MCP			The Chairman may approve plans which include employee or contract providers for some but not all of the types of medical and health care service required by subparagraph (B) of subdivision (6) of subsection (a) of this section so long as the following requirements are satisfied: (1) the plan provides to the		Not Addressed	Not addressed	See Direction of Care law for employee notification requirements.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>employees the name, address and telephone number of each contract and employee provider of the plan; (2) for each type of medical and health care service not provided by employee or contract providers, the plan shall clearly indicate that such service is available from practitioners on the approved list of practicing physicians, surgeons, podiatrists and dentists established by regulation; (Regs., Conn. State Agencies § 31-279-10 (b))</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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DE	Any employee who alleges an industrial injury shall have the right to employ a physician, surgeon, dentist, optometrist or chiropractor of the employee's own choosing. (19 Del. C. § 2323)				Not Addressed	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

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DC	The employee shall have the right to choose an attending physician to provide medical care. (D.C. Code § 32-1507)				Once a medical care provider is selected, an injured employee shall not change to another provider or hospital without authorization of the insurer or the Private Sector Branch of the Office of Workers' Compensation in the Labor Standards Division of the Department of Employment Services, except in an emergency (CDCR 7-212.12)	Not addressed	See Direction of Care law.
DC MCO (Applicable to DC gov't employees only)		Pursuant to section 2303(a) of the Act, the District government shall furnish to an employee or claimant who is injured while in the performance of duty the services, appliances, and supplies prescribed or recommended by			Once an employee or claimant selects a qualified health profession from the Program's Panel of Healthcare Providers, the Program will not pay for or reimburse the cost of medical care provided or prescribed by another qualified health professional without authorization of the Program, except as provided in § 123.1(b) of this chapter. (CDCR 7-123.4)	Not allowed	Per previous discussions with the D.C. Office of Risk Management which regulates the Public Sector Work Comp Program, once the claim has been set up, the Program's designated third party administrator will provide the injured worker with a panel of District approved physicians. The injured worker must select a physician from this panel and receive all further care from this physician unless authorized by the Division. Only the District or designated third party administrator can administer panels.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>a qualified healthcare professional, whom the Program has admitted into its Panel of Healthcare Providers, except as provided in § 125.7 of this chapter.</p> <p>(CDCR 7-122.1)</p> <p>In order for the Program to pay for the medical services, appliances, or supplies provided by a healthcare provider and prescribed by a qualified health professional, the health care provider must be a member of the Program's Panel of Healthcare</p>			<p>An employee or claimant who is not satisfied with medical services provided by the qualified health professional selected from the Program's Panel of Healthcare Providers shall file Form M3 with the Program to request to change the qualified health professional, with justification in support of the request. The Program shall authorize a change where the Program finds the change is in the best interest of the employee or claimant.</p> <p>(CDCR 7-123.5)</p>		

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 &
 PANEL POSTING**

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		<p>Providers, except as provided in §§ 123.1(b) and 123.4 of this chapter. (CDCR 7-123.2)</p> <p>Program means the Public Sector Workers' Compensation Program of the Office of Risk Management, including a third party administrator. (CDCR – 7-199)</p>					

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&
PANEL POSTING**

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FL				<p>If the employer fails to provide initial treatment or care required by this section after request by the injured employee, the employee may obtain such initial treatment at the expense of the employer, if the initial treatment or care is compensable and medically necessary and is in accordance with established practice parameters and protocols of treatment as provided for in this chapter. There must be a specific request for the initial treatment or care, and the employer or carrier must be given a reasonable time period within which to provide the initial treatment or care.</p> <p>(Fla. Stat. § 440.13(2)(c))</p>	<p>Upon the written request of the employee, the carrier shall give the employee the opportunity for one change of physician during the course of treatment for any one accident. Upon the granting of a change of physician, the originally authorized physician in the same specialty as the changed physician shall become de-authorized upon written notification by the employer or carrier. The carrier shall authorize an alternative physician who shall not be professionally affiliated with the previous physician within 5 days after receipt of the request. If the carrier fails to provide a change of physician as requested by the employee, the employee may select the physician and such physician shall be considered authorized if the treatment being provided is compensable and medically necessary.</p> <p>(Fla. Stat. § 440.13(2)(f))</p>	Not addressed	See Direction of Care law.
FL MCA			The insurer or delegated entity, may direct injured employees to a single primary care		The insurer or delegated entity, may direct injured employees to a single primary care provider or a selected group of primary care providers within the provider	Not addressed	See the Direction of Care law for network access requirements.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>provider or a selected group of primary care providers within the provider network for assessment and initial treatment. However, the employee shall have the right to select a primary care provider and thereafter, to request one change of primary care provider and of each authorized treating specialty provider during the course of treatment for each injury. The injured employee shall select a primary care provider from a current list of all primary care providers in the approved service area within 30 minutes average travel time of the employee's employment site.</p>		<p>network for assessment and initial treatment. However, the employee shall have the right to select a primary care provider and thereafter, to request one change of primary care provider and of each authorized treating specialty provider during the course of treatment for each injury.</p> <p>(59A-23.003(7)(i), F.A.C.)</p>		

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 &
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			<p>(59A-23.003(7)(i), F.A.C.)</p> <p>Travel Times. Each application shall provide information which indicates the ability of the insurer or delegated entity to provide geographic access to health services for injured employees. Average travel time for injured employees from the employee's usual employment site to the nearest primary care delivery site and to the nearest general acute care hospital in the provider network shall be no longer than 30 minutes under normal circumstances. Average travel time from the employee's usual employment</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>site to the nearest provider of specialty physician services, ancillary services, specialty inpatient hospital services and all other health services shall be no longer than 60 minutes under normal circumstances.</p> <p>(59A-23.003(6), F.A.C.)</p> <p>An insurer must make full and fair disclosure in writing of the provisions, restrictions, and limitations of the workers' compensation MCA to affected workers, including at least: (a) A description, including address and phone number, of the providers, including primary</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			care physicians, specialty physicians, hospitals, and other providers. (Fla. Stat. § 440.134 (14))				

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&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
GA		For all injuries occurring on or before June 30, 2013, and for injuries occurring on or after July 1, 2013, designated as catastrophic injuries pursuant to subsection (g) of Code Section 34-9-200.1, the employer shall furnish the employee entitled to benefits under this chapter such medical, surgical, and hospital care and other treatment, items, and services which are prescribed by a licensed physician, including medical and surgical supplies, artificial members, and prosthetic devices and aids damaged or destroyed in a			If the employer posts a traditional Panel of Physicians: The employee may make one change from one physician to another on the same panel without prior authorization of the board. (O.C.G.A. § 34-9-201(b)(1))	Required	A traditional posted <u>Panel of Physicians</u> shall consist of at least 6 physicians or professional associations or corporations of physicians who are reasonably accessible to the employees, but is not limited to the minimum of 6. However, should a physician on the panel of physicians refuse to provide treatment to an employee who previously has received treatment from another panel physician, the employer/insurer, as soon as practicable, shall increase the panel for that employee by one physician for each such refusal. The Board may grant exceptions to the required size of the panel where it is demonstrated that more than 4 physicians or groups of physicians are not reasonably accessible. The physicians selected under this subsection from the panel may arrange for any consultation, referral, and extraordinary or other specialized medical services as the nature of the injury shall require without prior authorization from the Board; provided, however, that any medical practitioner providing services as arranged by a primary authorized treating physician under <u>O.C.G.A. § 34-9-201(b)(1)</u> shall not be permitted to arrange for any additional referrals. The minimum panel shall include an orthopedic physician, and no more than 2 physicians shall be from industrial clinics. Further, this panel shall include one minority physician. The minority physician so selected must practice within the State of Georgia or be reasonably accessible to the employee's residence (O.C.G.A. § 34-9-201.(b) (1), O.C.G.A. Title 34 Appx. Bd. Work. Comp. r. 201. Panel of Physicians).

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Data Classification: Public Domain Data

**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>compensable accident, which in the judgment of the State Board of Workers' Compensation shall be reasonably required and appear likely to effect a cure, give relief, or restore the employee to suitable employment.</p> <p>(2) For all injuries occurring on or after July 1, 2013, that are not designated as catastrophic injuries pursuant to subsection (g) of Code Section 34-9-200.1, the employer shall, for a maximum of 400 weeks from the date of injury, furnish the</p>					<p>State Mandated forms to be used for panels:</p> <p>GA Panel of Physicians Form WC-P1: http://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/imported/SBWC/Files/wc_p1.pdf</p> <p>http://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/imported/SBWC/Files/wc_p1sp.pdf</p> <p>GA Conformed Panel of Physicians Form WC-P2: http://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/imported/SBWC/Files/wc_p2.pdf</p> <p>http://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/imported/SBWC/Files/wc_p2sp.pdf</p> <p>In previous discussions with GA regulators, the state has advised that state-mandated panel forms cannot be altered in any way without permission from the Executive Director of the GA SBWC. Additionally, Hospitals should not be included on any provider panel. If more than the required number of providers is included on a panel, a separate sheet may be utilized. The sheet should be a blank piece of paper that includes the additional providers. It is acceptable to include a statement indicating that the sheet is an additional page accompanying the WC-P1 (or appropriate form number) form.</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>employee entitled to benefits under this chapter such medical, surgical, and hospital care and other treatment, items, and services which are prescribed by a licensed physician, including medical and surgical supplies, artificial members, and prosthetic devices and aids damaged or destroyed in a compensable accident, which in the judgment of the State Board of Workers' Compensation shall be reasonably required and appear likely to effect a cure, give relief, or restore the employee to suitable</p>					<p>Georgia law does not define 'Industrial Clinic', however the state has advised that any walk-in clinic that routinely treats work injuries may be considered an industrial clinic, while a specific doctor's office where appointments are necessary is not going to be considered an industrial clinic.</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

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		employment. (O.C.G.A. § 34-9-200(a))					
GA MCO			A self-insured employer or the workers' compensation insurer of an employer may contract with a managed care organization certified pursuant to Code Section 34-9-208 for medical services required by this chapter to be provided to injured employees. Medical services provided under this paragraph shall be known as "Managed Care Organization Procedures." Those employees who are subject to the contract shall receive medical services in the manner prescribed in the contract. Each		Employees must be allowed to change authorized treating physicians within the managed care plan at least once without proceeding through the managed care plan's dispute resolution process. In such cases, employees shall give notice to the managed care plan for a change in their authorized treating physician. (O.C.G.A. Title 34 Appx. Bd. Work. Comp. r. 208 (a)1(K))	Not allowed	In previous discussions with GA regulators, that state has advised that when an employee is injured, the MCO must provide a list of all providers available in the employer's geographic location. A case manager may help identify the specialty appropriate to the injury, then provide a list of all providers of that specialty in the employer's geographic area from which the employee chooses. A state-mandated MCO posting is available. GA WC-P3: http://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/imported/SBWC/Files/wc_p3.pdf http://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/imported/SBWC/Files/wc_p3sp.pdf

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>such contract shall comply with the certification standards provided in Code Section 34-9-208. Self-insured employers or workers' compensation insurers who contract with a managed care organization for medical services shall give notice to the employees of the eligible medical service providers and such other information regarding the contract and manner of receiving medical services as the board may prescribe. (O.C.G.A. § 34-9-201(b)(2))</p> <p>The WC/MCO must include procedures to insure that</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>employees will receive services in accordance with the following criteria:</p> <p>The medical case manager shall inform the employee of his right to choose from the providers designated in Rule 208(a)(1)(E), inform the employee that a list of medical providers is available and provide assistance in obtaining the list if necessary. The medical case manager shall assist the employee in choosing a provider appropriate to the injury. The physician so chosen shall be deemed the "authorized treating physician" for all purposes under the Workers' Compensation Act. (O.C.G.A. Title 34</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			Appx. Bd. Work. Comp. r. 208 (a)(1)(K))				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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HI	Whenever medical care is needed, the injured employee may select any physician or surgeon who is practicing on the island where the injury was incurred to render medical care. If the services of a specialist are indicated, the employee may select any physician or surgeon practicing in the State. (HRS § 386-21)				In the event an injured employee elects to change attending physicians, the employee shall notify the employer/carrier prior to initiating the change. Changes in attending physicians subsequent to the first change require prior approval by the Director of Labor & Industrial Relations or employer. (WCHR § 12-15-38)	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

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ID				<p>The employer shall provide for an injured employee such reasonable medical, surgical or other attendance or treatment, nurse and hospital services, medicines, crutches and apparatus, as may be reasonably required by the employee's physician or needed immediately after an injury or manifestation of an occupational disease, and for a reasonable time thereafter. If the employer fails to provide the same, the injured employee may do so at the expense of the employer.</p> <p>.(Idaho Code § 72-432(1))</p> <p>Can an employer designate a doctor? Yes, but if the employer requires injured workers to be seen first by a</p>	<p>The employee upon reasonable grounds, may petition the commission for a change of physician to be provided by the employer; however, the employee must give written notice to the employer or surety of the employee's request for a change of physicians to afford the employer the opportunity to fulfill its obligations under this section. If proper notice is not given, the employer shall not be obligated to pay for the services obtained. Nothing in this section shall limit the attending physician from arranging for consultation, referral or specialized care without permission of the employer. Upon receiving such written notice, the employer shall render its written decision on the claimant's request within 14 days. If any dispute arises over the issue of a request for change of physician, the industrial commission shall conduct an expedited hearing to determine whether or not the request for change of physician should be granted, and shall render a decision within 14 days</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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				designated doctor, the employer must make that requirement known to the employees before they report to a physician in regard to a work-related injury. (Idaho Industrial Commission Website: https://iic.idaho.gov/benefits-administration/benefits-faqs/	after the filing of the response by the employer. (Idaho Code § 72-432(4)(a))		

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**DIRECTION OF CARE
&
PANEL POSTING**

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IL	<p>The employee may at any time elect to secure his own physician, surgeon and hospital services at the employer's expense.</p> <p>(820 ILCS 305/8(a))</p> <p>Notwithstanding the foregoing, the employer's liability to pay for such medical services selected by the employee shall be limited to: (1) all first aid and emergency treatment; plus (2) all medical, surgical and hospital services provided by the physician, surgeon or hospital initially chosen by the employee or by any other physician, consultant, expert, institution or other</p>	<p>Upon agreement between the employer and employees, or the employees' exclusive representative, and subject to the approval of the IL Workers' Compensation Commission, the employer shall maintain a list of physicians to be known as a Panel of Physicians, who are accessible to the employees.</p> <p>(820 ILCS 305/8(a))</p>			<p>The employee shall have the right to make an alternative choice of physician from the Panel if he is not satisfied with the physician first selected. (820 ILCS 305/8(a))</p> <p>Thereafter the employer shall select and pay for all necessary medical, surgical and hospital treatment and the employee may not select a provider of medical services at the employer's expense unless the employer agrees to such selection. (820 ILCS 305/8(a))</p>	<p>Not allowed unless approved by the IL WCC</p>	<p>Upon agreement between the employer and the employees, or the employees' exclusive representative, and subject to the approval of the Illinois Workers' Compensation Commission, the employer shall maintain a list of physicians, to be known as a Panel of Physicians, who are accessible to the employees. The employer shall post this list in a place or places easily accessible to his employees. (820 ILCS 305/8(a))</p> <p>In previous discussions with IL regulators, the state has advised that petitions to use panels of physicians are rare. There is no standard form for submitting a petition. Only a Commissioner can determine whether the petition/form is appropriate and complete and only a Commissioner may approve a petition for use of panels.</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	provider of services recommended by said initial service provider or any subsequent provider of medical services in the chain of referrals from said initial service provider; plus (3) all medical, surgical and hospital services provided by any second physician, surgeon or hospital subsequently chosen by the employee or by any other physician, consultant, expert, institution or other provider of services recommended by said second service provider or any subsequent provider of medical services in the chain of referrals from said second service provider. Thereafter the employer shall select and pay for all						

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 &
 PANEL POSTING**

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	<p>necessary medical, surgical and hospital treatment and the employee may not select a provider of medical services at the employer's expense unless the employer agrees to such selection. At any time the employee may obtain any medical treatment he desires at his own expense. This paragraph shall not affect the duty to pay for rehabilitation referred to above.</p> <p>(4) The following shall apply for injuries occurring on or after June 28, 2011, and only when an employer has an approved PPP pursuant to 820 ILCS 305/8.1a on the date the employee sustained his or her accidental injuries:</p> <p>(A) The employer</p>						

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 &
 PANEL POSTING**

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	<p>shall, in writing, on a form promulgated by the Commission, inform the employee of the PPP; (B) Subsequent to the report of an injury by an employee, the employee may choose in writing at any time to decline the PPP, in which case that would constitute one of the two choices of medical providers to which the employee is entitled under subsection (a)(2) or (a)(3); and (C) Prior to the report of an injury by an employee, when an employee chooses non-emergency treatment from a provider not within the PPP, that would constitute the employee's one choice of medical providers to which</p>						

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&
PANEL POSTING**

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	the employee is entitled under subsection (a)(2) or (a)(3). (820 ILCS 305/8(a)(1) – (4))						
IL PPP			Starting on June 28, 2011, to satisfy its liabilities under the Workers' Compensation Act for the provision of medical treatment, an employer may utilize a preferred provider program (PPP) approved by the Illinois Department of Insurance. (820 ILCS 305/8.1a) Except for the provisions of 820 ILCS 305/8(a)(4), and for injuries occurring on or after 6/28/11, an employee of an		An employer shall be responsible for: (i) all first aid and emergency treatment; (ii) all medical, surgical, and hospital services provided by the participating network provider <u>initially selected by the employee</u> or by any other participating network provider recommended by the initial participating network provider or any subsequent participating network provider in the chain of referrals from the initial participating network provider; and (iii) all medical, surgical, and hospital services provided by the participating network provider <u>subsequently chosen by the employee</u> or by any other participating network provider recommended by the subsequent participating network provider or any subsequent participating network provider in the chain of referrals from the	Not addressed	See Direction of Care law for network access requirements.

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&
PANEL POSTING**

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			<p>employer utilizing a PPP shall only be allowed to select a participating network provider from the network. An employer shall be responsible for: (i) all first aid and emergency treatment; (ii) all medical, surgical, and hospital services provided by the participating network provider initially selected by the employee or by any other participating network provider recommended by the initial participating network provider or any subsequent participating network provider in the chain of referrals from the initial participating network provider; and (iii) all medical,</p>		<p>second participating network provider.</p> <p>(820 ILCS 305/8.1a(c))</p> <p>Except as provided in 820 ILCS 305/8(a)(4), upon a finding by the Commission that the care being rendered by the employee's second choice of provider within the employer's network is improper or inadequate, the employee may then choose a provider outside of the network at the employer's expense. The Commission shall issue a decision on any petition filed pursuant to this Section within 5 working days.</p> <p>(820 ILCS 305/8.1a(d))</p>		

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 &
 PANEL POSTING**

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			<p>surgical, and hospital services provided by the participating network provider subsequently chosen by the employee or by any other participating network provider recommended by the subsequent participating network provider or any subsequent participating network provider in the chain of referrals from the second participating network provider. (820 ILCS 305/8.1a(c))</p> <p>When the injured employee notifies the employer of the injury or files a claim for workers' compensation with the employer, the employer shall notify</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>the employee of his or her right to be treated by a physician of his or her choice from the PPP established pursuant to this Section, and the method by which the list of participating network providers may be accessed by the employee, except as provided in subsection (a)(4) of Section 8.</p> <p>(820 ILCS 305/8.1a(c)(1))</p> <p>Consistent with Article XX-1/2 of the Illinois Insurance Code, treatment by a specialist who is not a member of the preferred provider network shall be permitted on a case-by-case basis if the</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>medical provider network does not contain a physician who can provide the approved treatment, and if the employee has complied with any pre-authorization requirements of the preferred provider network. Consent for the employee to visit an out-of-network provider may not be unreasonably withheld. When a non-network provider is authorized pursuant to this subparagraph (2), the non-network provider shall not hold an employee liable for costs except as provided in subsection (e) of Section 8.2 [820 ILCS 305/8.2].</p>				

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 &
 PANEL POSTING**

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			<p>(820 ILCS 305/8.1a(c)(2))</p> <p>Subsequent to the report of an injury by an employee, the employee may choose in writing at any time to decline the PPP, in which case that would constitute one of the two choices of medical providers to which the employee is entitled under subsection (a)(2) or (a)(3) of 820 ILCS 305/8 (Non-PPP) ; and (C) Prior to the report of an injury by an employee, when an employee chooses non-emergency treatment from a provider not within the PPP, that would constitute the employee's one choice of medical</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>providers to which the employee is entitled under subsection (a)(2) or (a)(3) of 820 ILCS 305/8 (Non-PPP).</p> <p>(820 ILCS 305/8 (4)(B) & (C))</p> <p>Each administrator shall provide to each beneficiary of any program subject to this Article a document which (1) sets forth those providers with which agreements or arrangements have been made to provide health care services to such beneficiary, a source for the beneficiary to contact regarding changes in such providers and a clear description of any incentives for the beneficiary to utilize</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>such providers, (2) discloses the extent of coverage as well as any limitations or exclusions of health care services under the program, (3) clearly sets out the circumstances under which reimbursement will be made to a beneficiary unable to utilize the services of a provider with which an arrangement or agreement has been made, (4) a description of the process for addressing a beneficiary complaint under the program, and (5) discloses deductible and coinsurance amounts charged to any person receiving health care services from such a provider. (215 ILCS 5/370m - adopted</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			by citing reference at 820 ILCS 305/8.1a)				

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 &
 PANEL POSTING**

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IN				<p>After an injury and prior to an adjudication of permanent impairment, the employer shall furnish or cause to be furnished, free of charge to the employee, an attending physician for the treatment of the employee's injuries, and in addition thereto such services and products as the attending physician or the worker's compensation board may deem necessary.</p> <p>(Burns Ind. Code Ann § 22-3-3-4(a))</p>	Not addressed	Not addressed	See Direction of Care law.

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&
PANEL POSTING**

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IA				<p>The employer is obliged to furnish reasonable services and supplies to treat an injured employee, and has the right to choose the care. The treatment must be offered promptly and be reasonably suited to treat the injury without undue inconvenience to the employee.</p> <p>(Iowa Code § 85.27(4))</p>	<p>If the employee has reason to be dissatisfied with the care offered, the employee should communicate the basis of such dissatisfaction to the employer, in writing if requested, following which the employer and the employee may agree to alternate care reasonably suited to treat the injury. If the employer and employee cannot agree on such alternate care, the commissioner may, upon application and reasonable proofs of the necessity therefore, allow and order other care.</p> <p>(Iowa Code § 85.27(4))</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

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KS				It shall be the duty of the employer to provide the services of a health care provider, and such medical, surgical and hospital treatment including nursing, medicines, medical and surgical supplies, ambulance, crutches, apparatus and transportation to and from the home of the injured employee to a place outside the community in which such employee resides, and within such community if the director, in the director's discretion, so orders, including transportation expenses computed in accordance with subsection (a) of K.S.A. 44-515 and amendments thereto as may be reasonably necessary to cure and relieve the employee from the effects of the injury. (K.S.A. § 44-510h(a))	<p>If the director finds, upon application of an injured employee, that the services of the health care provider furnished as provided in subsection (a) and rendered on behalf of the injured employee are not satisfactory, the director may authorize the appointment of some other health care provider. In any such case, the employer shall submit the names of 2 health care providers who, if possible given the availability of local health care providers, are not associated in practice together. The injured employee may select one from the list who shall be the authorized treating health care provider. If the injured employee is unable to obtain satisfactory services from any of the health care providers submitted by the employer under this paragraph, either party or both parties may request the director to select a treating health care provider.</p> <p>Without application or approval, an employee may consult a health care provider of the employee's choice for the purpose of examination, diagnosis or</p>	Not addressed	See Direction of Care law.

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 &
 PANEL POSTING**

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					<p>treatment, but the employer shall only be liable for the fees and charges of such health care provider up to a total amount of \$500. The amount allowed for such examination, diagnosis or treatment shall not be used to obtain a functional impairment rating. Any medical opinion obtained in violation of this prohibition shall not be admissible in any claim proceedings under the workers compensation act.</p> <p>(K.S.A. § 44-510h(b))</p>		

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&
PANEL POSTING**

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KY	In the absence of designation of a managed health care system by the employer, the employee may select medical providers to treat his injury or occupational disease. (K.R.S. § 342.020(4))				Following initial selection of a designated physician, the employee may change designated physicians once without authorization of the employer or its medical payment obligor. Referral by a designated physician to a specialist shall not constitute a change of designated physician unless the latter physician is specifically selected by the employee as the second designated physician. (803 KAR 25:096 Sec. 4)	Not addressed	Per discussions with KY DWC, the state advised that a non MCO employer may provide a list of physicians as recommendation only, provided the employee is aware s/he is not obligated to choose from the list. However, in the past, enforcement actions have been brought and fines issued where an employers' HR staff in actual practice tried to direct the medical care of injured employees. Therefore, care should be taken not to interfere with the injured employee's right to choose his/her own treating physician.
KY MCP			If the employer has entered into an authorized managed care program, the employee must choose from among the participating medical providers. (K.R.S. § 342.020(7))		Except for emergency medical care, medical services rendered pursuant to this chapter shall be under the supervision of a single treating physician or physicians' group having the authority to make referrals, as reasonably necessary, to appropriate facilities and specialists. Employee may change his designated physician one (1) time and thereafter must show reasonable cause in order to change physicians. (K.R.S. § 342.020(8))	Not addressed	In previous discussions with KY regulators, the State has advised that an MCO may provide a panel of all gatekeepers in an enrollee's geographical area along with a directory website address to satisfy MCO requirements. The providers must be listed by county and list all gatekeepers in a county or surrounding counties. The panel and website address replaces the requirement for an entire directory.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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LA	The employee shall have the right to select one treating physician in any field or specialty. (La. R.S. § 23:1121 B.(1))				After his initial choice the employee shall obtain prior consent from the employer or his workers' compensation carrier for a change of treating physician within that same field or specialty. The employee is not required to obtain approval for change to a treating physician in another field or specialty. (La. R.S. § 23:1121 B.(1))	Not addressed	See Direction of Care law.

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&
PANEL POSTING**

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ME				<p>The employer initially has the right to select for the employee a health care provider authorized to practice as such under the laws of the State.</p> <p>(39-A M.R.S § 206. 1)</p> <p>After 10 days from the inception of health care, the employee may select a different health care provider by giving to the employer the name of the health care provider and a statement of intention to treat with the health care provider.</p> <p>(39-A M.R.S § 206. 2)</p>	<p>After 10 days from the inception of health care, the employee may select a different health care provider by giving to the employer the name of the health care provider and a statement of intention to treat with the health care provider. The employer may file a petition objecting to the named health care provider selected by the employee and setting forth reasons for the objection. The issue of the health care provider must be set for mediation pursuant to section 313. (39-A M.R.S § 206. 2)</p> <p>Once an employee receives treatment from a health care provider pursuant to subsection 2, the employee may not change health care providers more than once without approval from the employer or the board.</p> <p>(39-A M.R.S § 206. 3)</p>	Not addressed	See Direction of Care law.

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 &
 PANEL POSTING**

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MD	Medical providers can be selected by the (injured worker) claimant. (Md. Labor and Employment Code Ann. § 9-660, MD WC Commission Website: http://www.wcc.state.md.us/Gen_Info/WCC_FAQ.html)				Not Addressed	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

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MA	<p>Except for the employee's first scheduled appointment, which, pursuant to the terms of a preferred provider arrangement entered into may be required to be with a health care provider within the plan, the employee may select a treating health care professional other than any provided or agreed to by the insurer and may switch to another such professional once.</p> <p>(ALM GL ch. 152 § 30)</p>				<p>Except for the employee's first scheduled appointment, which, pursuant to the terms of a preferred provider arrangement entered into may be required to be with a health care provider within the plan, the employee may select a treating health care professional other than any provided or agreed to by the insurer and may switch to another such professional once. When referred by the treating health care professional to another provider in a particular specialty, the employee may also change once to a different provider in such specialty.</p> <p>(ALM GL ch. 152 § 30)</p>	Not addressed	See Direction of Care law.
MA PPA			<p>Except for the employee's first scheduled appointment, which, pursuant to the terms of a preferred provider arrangement entered</p>		<p>Except for the employee's first scheduled appointment, which, pursuant to the terms of a preferred provider arrangement entered into under this section may be required to be with a health care provider within the</p>	Not addressed	See Direction of Care law for employee notification requirements.

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 &
 PANEL POSTING**

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			<p>into under this section may be required to be with a health care provider within the plan, the employee may select a treating health care professional other than any provided or agreed to by the insurer and may switch to another such professional once. (ALM GL ch. 152 § 30)</p> <p>Employees subject to any arrangement shall be provided information regarding their rights and obligations upon initial approval of the PPA and annually thereafter. Such information shall also be posted in a prominent place in all worksites:</p> <p>The list of names of the providers in the PPA within an employee's</p>		<p>plan, the employee may select a treating health care professional other than any provided or agreed to by the insurer and may switch to another such professional once. When referred by the treating health care professional to another provider in a particular specialty, the employee may also change once to a different provider in such specialty.</p> <p>(ALM GL ch. 152 § 30)</p>		

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 &
 PANEL POSTING**

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			<p>geographic region or of all health care providers within the arrangement organized geographically shall be distributed to each covered employee immediately following an alleged workplace injury. The names on such lists shall be arranged in order of medical specialty or provider type. A current list shall also be posted at a convenient and prominent place for covered persons to examine at worksites, and shall be given to any covered person upon request.</p> <p>(452 CMR 6.03)</p> <p>If a covered person receives emergency care and cannot reasonably reach a preferred provider, payment for care</p>				

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 &
 PANEL POSTING**

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			<p>related to the emergency shall be made at the same level and in the same manner as if the covered person had been treated by a preferred provider; provided, however, that every brochure, contract, policy manual and all printed materials shall clearly state that covered persons shall have the option of calling the local pre-hospital emergency medical service system by dialing the emergency telephone access number 911, or its local equivalent, whenever a covered person is confronted with a need for emergency care, and no covered person shall in any way be discouraged from using the local pre-hospital emergency medical service system, the 911 telephone number, or</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			the local equivalent, or be denied coverage for medical and transportation expenses incurred as a result of such use of emergency care; (ALM GL Ch. 176I § 3)				

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
MI				<p>The employer shall furnish, or cause to be furnished, to an employee who receives a personal injury arising out of and in the course of employment, reasonable medical, surgical, and hospital services and medicines, or other attendance or treatment recognized by the laws of this state as legal, when they are needed.</p> <p>However, an employer is not required to reimburse or cause to be reimbursed charges for an optometric service unless that service was included in the definition of practice of optometry under section 17401 of the public health code, 1978 PA 368, MCL 333.17401, as of May 20, 1992, or for a chiropractic service unless that service was included in the definition of practice of chiropractic under section 16401 of the public health code, 1978 PA 368, MCL 333.16401, as of January</p>	<p>"...After 28 days from the inception of medical care as provided in this section, the employee may treat with a physician of his or her own choice by giving to the employer the name of the physician and his or her intention to treat with the physician. The employer or the employer's carrier may file a petition objecting to the named physician selected by the employee and setting forth reasons for the objection. If the employer or carrier can show cause why the employee should not continue treatment with the named physician of the employee's choice, after notice to all parties and a prompt hearing by a worker's compensation magistrate, the worker's compensation magistrate may order that the employee discontinue treatment with the named physician or pay for the treatment received from the physician from the date the order is mailed.</p> <p>(MCLS § 418.315 (1))</p>	Not addressed	See Direction of Care law.

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Data Classification: Public Domain Data

**DIRECTION OF CARE
 &
 PANEL POSTING**

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				<p>1, 2009. An employer is not required to reimburse or cause to be reimbursed charges for services performed by a profession that was not licensed or registered by the laws of this state on or before January 1, 1998, but that becomes licensed, registered, or otherwise recognized by the laws of this state after January 1, 1998. An employer is not required to reimburse or cause to be reimbursed charges for a physical therapy service unless that service was provided by a licensed physical therapist or physical therapist assistant under the supervision of a licensed physical therapist pursuant to a prescription from a health care professional who holds a license issued under the public health code, or the equivalent license issued by another state. Attendant or nursing care</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>shall not be ordered in excess of 56 hours per week if the care is to be provided by the employee's spouse, brother, sister, child, parent, or any combination of these persons. After 28 days from the inception of medical care as provided in this section, the employee may treat with a physician of his or her own choice by giving to the employer the name of the physician and his or her intention to treat with the physician. The employer or the employer's carrier may file a petition objecting to the named physician selected by the employee and setting forth reasons for the objection. If the employer or carrier can show cause why the employee should not continue treatment with the named physician of the employee's choice, after notice to all parties</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>and a prompt hearing by a worker's compensation magistrate, the worker's compensation magistrate may order that the employee discontinue treatment with the named physician or pay for the treatment received from the physician from the date the order is mailed. The employer shall also supply to the injured employee dental service, crutches, artificial limbs, eyes, teeth, eyeglasses, hearing apparatus, and other appliances necessary to cure, so far as reasonably possible, and relieve from the effects of the injury. If the employer fails, neglects, or refuses so to do, the employee shall be reimbursed for the reasonable expense paid by the employee, or payment may be made in behalf of the employee to persons to whom the unpaid expenses may be owing, by order of the</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				worker's compensation magistrate. The worker's compensation magistrate may prorate attorney fees at the contingent fee rate paid by the employee. (MCLS § 418.315 (1))			

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
MN	The individual health care provider directing and coordinating medical care to the employee following the injury is the primary health care provider. If the employee receives medical care after the injury from a provider on two occasions, the provider is considered the primary health care provider if that individual directs and coordinates the course of medical care provided to the employee. The employee may have only one primary health care provider at a time. The selection of a provider by an employee covered by a certified managed care plan				Following selection of a primary provider, the employee may change primary providers once within the first 60 days after initiation of medical treatment for the injury without the need for approval from the insurer, the department, or a workers' compensation judge. After the first 60 days following initiation of medical treatment for the injury, any further changes of primary provider must be approved by the insurer, the department, or a workers' compensation judge. However, at any time throughout the claim, transfer of medical care coordination due to conditions beyond the employee's control, such as retirement, death, cessation from practice of the primary provider, or a referral from the primary provider to another provider, does not require prior approval. If the employee is covered by a certified managed care plan, a change of providers is governed by chapter 5218, Minnesota Statutes, section 176.1351 , subdivision 2, clause (11), and procedures under the	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	is governed by chapter 5218. (Minn. R. 5221.0430 - Subpart 1)				plan. (Minn. R. 5221.0430 - Subpart 2)		
MN MCP			The managed care plan must provide a description of the times, places, and manner of providing services under the plan, including a statement describing how the plan will ensure an adequate number of each category of health care providers is available to give employees convenient geographic accessibility to all categories of providers and adequate flexibility to choose health care providers from among those who provide services under the plan, in		The managed care plan must include procedures to ensure that employees will receive services in accordance with sub-items (1) to (7): (5) Employees must be allowed to change primary treating providers within the managed care plan at least once without proceeding through the MCP's dispute resolution process. In such cases, employees must make a request to the MCP for a change in their treating health care provider. A change of providers from the evaluating health care provider in sub-items (1) and (2) to a primary treating doctor for ongoing treatment is not considered a change of doctor, unless the employee has received treatment from the evaluating health care provider more than once for the injury.	Not addressed	See Direction of Care law for network access requirements.

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			accordance with this chapter and MN Statutes, section 176.1351, subdivisions 1, clauses (1) and (2), and 10. The MCP must include at a minimum, and provide to an employee when necessary under MN Statutes, section 176.135, subdivision 1, the following types of health care services and providers, unless the MCP provides evidence that a particular service or type of provider is not available in the community: medical doctors, including the following specialties: specialists in at least one of the following fields: family practice, internal medicine, occupational		(Minn. R. 5218.0100 Subpart 1(F)) After the first 60 days following initiation of medical treatment for the injury, or after the employee has exercised the employee's right to change doctors once, the department, a certified managed care organization, or a compensation judge shall not approve a party's request to change primary providers, where: A. a significant reason underlying the request is an attempt to block reasonable treatment or to avoid acting on the provider's opinion concerning the employee's ability to return to work; B. the change is to develop litigation strategy rather than to pursue appropriate diagnosis and treatment; C. the provider lacks the expertise to treat the employee for the injury; D. the travel distance to obtain treatment is an unnecessary expense and the same care is available at a more reasonable location; E. at the time of the employee's request, no further treatment is		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			medicine, or emergency medicine; orthopedic surgeons, including specialists in hand and upper extremity surgery; neurologists and neurosurgeons; and general surgeons; chiropractors; podiatrists; osteopathic physicians; physical and occupational therapists; psychologists or psychiatrists; diagnostic pathology and laboratory services; radiology services; and hospital, outpatient surgery, and urgent care services. (Minn. R. 5218.0100 Subpart 1(E))		needed; or F. for another reason, the request is not in the best interest of the employee and the employer. (Minn. R. 5221.0430 Subpart 4.)		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>The MCP must include procedures to ensure that employees will receive services in accordance with sub-items (1) to (7): (1) Employees must receive initial evaluation by a participating licensed health care provider within 24 hours of the employee's request for treatment, following a work injury. (3) Following the initial evaluation, upon request, the employee must be allowed to receive ongoing treatment from any participating health care provider as the employee's primary treating health care provider in one of the disciplines in units (a) to (e), if the provider is available</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>within the mileage limitations in sub-item (7) and the treatment is required under MN Statutes, section 176.135, subdivision 1, is within the provider's scope of practice, and is appropriate under the standards of treatment adopted by the MCP or the standards of treatment adopted by the commissioner under MN Statutes, section 176.83, subdivision 5: (a) medical doctors; (b)chiropractors; (c) podiatrists; (d) osteopaths; or (e)dentists. An evaluating provider may also be offered as a primary treating provider.</p> <p>(7) Employees must have access to the</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>evaluating and primary treating health care provider within 30 miles of either the employee's place of employment or residence if either the residence or place of employment is within the seven-county metropolitan area. The seven-county metropolitan area includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties. If both the employee's residence and place of employment are outside the seven-county metropolitan area, the allowable distance is 50 miles. If the employee requires specialty services that are not available within the stated mileage</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>restriction, the managed care plan may refer the employee to a provider outside of the stated mileage restriction. If the employee is medically unable to travel to a participating provider within the stated mileage restriction, the managed care plan shall refer the employee to an available nonparticipating provider to receive necessary treatment for the injury.</p> <p>(Minn. R. 5218.0100 Subpart 1(F))</p>				

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
MS	<p>The injured employee shall have the right to accept the services furnished by the employer or, in his discretion, to select one competent physician of his choosing and such other specialists to whom he is referred by his chosen physician to administer medical treatment. Referrals by the chosen physician shall be limited to one physician within a specialty or subspecialty area.</p> <p>"...A physician to whom the employee is referred by his employer shall not constitute the employee's selection, unless the employee, in writing, accepts the employer's referral</p>				<p>The injured employee shall have the right to accept the services furnished by the employer or, in his discretion, to select one competent physician of his choosing and such other specialists to whom he is referred by his chosen physician to administer medical treatment. Referrals by the chosen physician shall be limited to one physician within a specialty or subspecialty area.</p> <p>Except in an emergency requiring immediate medical attention, any additional selection of physicians by the injured employee or further referrals must be approved by the employer, if self-insured, or the carrier prior to obtaining the services of the physician at the expense of the employer or carrier. If denied, the injured employee may apply to the commission for approval of the additional selection or referral, and if the commission determines that such request is reasonable, the employee may be authorized to obtain such treatment at the expense of the employer or carrier. Approval by the employer</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>as his own selection. However, if the employee is treated for his alleged work-related injury or occupational disease by a physician for six (6) months or longer, or if the employee has surgery for the alleged work-related injury or occupational disease performed by a physician, then that physician shall be deemed the employee's selection. (Miss. Code Ann. § 71-3-15(1))</p>				<p>or carrier does not require approval by the commission. A physician to whom the employee is referred by his employer shall not constitute the employee's selection, unless the employee, in writing, accepts the employer's referral as his own selection. However, if the employee is treated for his alleged work-related injury or occupational disease by a physician for six (6) months or longer, or if the employee has surgery for the alleged work-related injury or occupational disease performed by a physician, then that physician shall be deemed the employee's selection.</p> <p>(Miss. Code Ann. § 71-3-15(1))</p>		

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 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
MO				The employer shall have the right to select the licensed treating physician, surgeon, chiropractic physician, or other health care provider; provided, however, that such physicians, surgeons or other health care providers shall offer only those services authorized within the scope of their licenses. (§ 287.140 R.S.Mo., subsection 10)	If it be shown to the division or the commission that the requirements are being furnished in such manner that there is reasonable ground for believing that the life, health, or recovery of the employee is endangered thereby, the division or the commission may order a change in the physician, surgeon, hospital or other requirement. (§ 287.140 R.S. Mo., subsection 2)	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

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MT	<p>Prior to the insurer's designation or approval of a treating physician as provided in subsection (2) or a referral to a</p> <p>MCO or PPO as provided in subsection (8), a worker may choose a person</p> <p>who is listed in 39-71-116(41) for initial treatment. Subject to subsection (2), if the person listed under 39-71-116(41) chosen by the worker agrees to comply with the requirements of</p> <p>subsection (2), that person is the treating physician.</p> <p>(2) Any time after acceptance of liability by an</p>				<p><u>Claims Arising July 1, 1993-June 30, 2013</u></p> <p>Selection of the treating physician, referrals made by the treating physician, and changes of treating physician must all be made in accordance with the provisions of 39-71-1101, MCA. Treatment from a physician's assistant or an advanced practice nurse, when the treatment is under the direction of the treating physician, does not constitute a change of physician and does not require prior authorization pursuant to ARM 24.29.1517.</p> <p>(ARM 24.29.1510 (3))</p> <p><u>Claims Arising on or after July 1, 2013</u></p> <p>(4) After acceptance of liability, the insurer may formally approve the treating physician selected by the injured worker as a designated treating physician or may choose a difference physician to be the designated treating physician. The designated treating physician is</p>	Not addressed	In previous discussions with MT regulators, the state has advised that a panel document must not mandate that an injured worker must only go to one medical provider, but is instead just a listing of local providers. The document must clearly state the listing is voluntary and is there to assist workers to find medical care. The State advised this should be a one page document

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>insurer, the insurer may designate or approve a treating physician who agrees to assume the responsibilities of the treating physician. The designated or approved treating physician: (a) is responsible for coordinating the worker's receipt of medical services as provided in 39-71-704;</p> <p>(b) shall provide timely determinations required under this chapter, including but not limited to maximum medical healing, physical restrictions, return to work, and approval of job analyses, and shall provide documentation; (c) shall provide or</p>				<p>compensated at 110 percent of the fee schedule.</p> <p>(a) The designated treating physician is responsible for coordination of medical care, pursuant to 39-71-1101(2), MCA. The designated treating physician must agree to accept these responsibilities.</p> <p>(b) The insurer must provide formal notification of the designated treating physician by e-mail, facsimile, or letter to:</p> <p>(i) the injured worker;</p> <p>(ii) the current treating physician; and</p> <p>(iii) the designated treating physician. The effective date of the designation of treating physician is the date the insurer sends the notice of designation unless the physician declines within ten working days. (ARM 24.29.1512)</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>arrange for treatment within the utilization and treatment guidelines or obtain prior approval for other treatment; and (d) shall conduct or arrange for timely impairment ratings.</p> <p>(3) The treating physician may refer the worker to other health care providers for medical services, as provided in 39-71-704,</p> <p>for the treatment of a worker's compensable injury or occupational disease. A health care provider to whom the worker is referred by the designated</p>						

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>treating physician is not responsible for coordinating care or providing determinations</p> <p>as required of the treating physician. (39-71-1101, MCA)</p> <p><u>Claims Arising July 1, 1993-June 30, 2013</u></p> <p>The worker has a duty to select a treating physician. Initial treatment in an emergency room or urgent care facility is not selection of a treating physician. The selection of a treating physician must be made as soon as practicable. A worker may not avoid selection of a treating physician by repeatedly seeking care in an</p>						

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>emergency room or urgent care facility. The worker should select a treating physician with due consideration for the type of injury or occupational disease suffered, as well as practical considerations such as the proximity and the availability of the physician to the worker. (ARM 24.29.1510(2))</p> <p><u>Claims Arising on or after July 1, 2013</u></p> <p>The worker may select a treating physician. Initial treatment in an emergency room or urgent care facility is not selection of a treating physician. The selection of a treating physician</p>						

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Data Classification: Public Domain Data

**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>should be made as soon as practicable. A worker may not avoid selection of a treating physician by repeatedly seeking care in an emergency room or urgent care facility. The worker should select a treating physician with due consideration for the type of injury or occupational disease suffered, as well as practical considerations such as the proximity and the availability of the physician to the worker.</p> <p>(3) Any time after an insurer accepts liability for an injury or occupational disease, the insurer may recognize a treating physician selected by the</p>						

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Data Classification: Public Domain Data

**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>injured worker. The treating physician is compensated at 100 percent of the fee schedule.</p> <p>(4) After acceptance of liability, the insurer may formally approve the treating physician selected by the injured worker as a designated treating physician or may choose a difference physician to be the designated treating physician. The designated treating physician is compensated at 110 percent of the fee schedule.</p> <p>(a) The designated treating physician is responsible for coordination of</p>						

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>medical care, pursuant to 39-71-1101(2), MCA. The designated treating physician must agree to accept these responsibilities.</p> <p>(b) The insurer must provide formal notification of the designated treating physician by e-mail, facsimile, or letter to:</p> <ul style="list-style-type: none"> (i) the injured worker; (ii) the current treating physician; and (iii) the designated treating physician. <p>The effective date of the designation of treating physician is the date the insurer sends the notice of designation unless</p>						

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>the physician declines within ten working days. (ARM 24.29.1512)</p> <p>Injured workers who need emergency care should always be taken to the nearest medical facility for immediate care. However, if the injury is not an emergency and you need to locate a qualified physician in the area call Montana State Fund at 800-332-6102.</p> <p>You choose. You are allowed to choose your initial treating physician. This is the medical provider primarily responsible for treating your injury or</p>						

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	occupational disease. However, by law, you do not have complete freedom of choice in medical providers. (Choosing A Medical Provider/Preferred Provider) https://www.montanastatefund.com/web/worker/choosingaprovider.jsf						
MT MCO			Prior to the insurer's designation or approval of a treating physician as provided in subsection (2) or a referral to a MCO or PPO as provided in subsection (8), a worker may choose a person who is listed in 39-71-116(41) for initial treatment. Subject to subsection (2), if the person listed under 39-71-116(41) chosen by the		Once an injured worker has entered a MCO and a treating physician has been designated or a personal doctor has been selected as the treating physician, the injured worker may not change either the MCO or treating physician without approval from the insurer. (ARM 24.29.2311(4))	Not addressed	See Direction of Care law. In previous discussions with MT regulators, the State has advised that the notice given the injured worker that they can choose their initial treating physician, needs to be posted along with the list of MCO doctors. The injured worker cannot be required to choose an initial treating physician from the MCO list. The worker may select whomever they choose as their initial treating physician (within the definition of a "treating physician").

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>worker agrees to comply with the requirements of subsection (2), that person is the treating physician.</p> <p>(8) The insurer may direct the worker to a MCO or PPO for designation of the treating physician.</p> <p>(9) After the insurer directs a worker to a MCO or PPO, a health care provider who otherwise qualifies as a treating physician but who is not a member of a MCO may not provide treatment unless authorized by the insurer.</p> <p>(10) After the date that a worker subject to the</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>provisions of subsection (9) receives individual written notice of a referral, the worker must, unless otherwise authorized by the insurer, receive medical services from the organization designated by the insurer, in accordance with 39-71-1102 and 39-71-1104. The designated treating physician in the organization then becomes the worker's treating physician. The insurer is not liable for medical services obtained otherwise, except that a worker may receive immediate emergency medical treatment for a compensable injury from a health care</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>provider who is not a member of a MCO or a PPO.</p> <p>(39-71-1101, MCA)</p> <p>(11) Posting of managed care requirements in the workplace on bulletin boards, in personnel policies, in company manuals, or by other general or broadcast means does not constitute individual written notice. To constitute individual written notice under this section, information regarding referral to a managed care organization must be provided to the worker in written form by mail or in person after the date of injury or occupational</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			disease. (39-71-1101, MCA)				

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NE	The employer must notify the employee of their right to select a physician who has maintained the employee's medical records and has a documented history of treatment with the employee prior to the injury. If the employee fails to make this selection, then the employer has the right to select the physician. If the employer fails to notify the employee of such right of selection, then the employee has the right to select a physician. (R.R.S. Neb. § 48-120)				The employee or employer shall not change the initial selection of physician unless such change is agreed to by the employee and employer or is ordered by the Compensation Court. (R.R.S. Neb. § 48-120)	Not addressed	See Direction of Care law.
NE MCP			Employees must receive initial evaluation by a participating licensed physician in one of the		Employees must be allowed to change primary treating physicians within the MCP at least once by making application for such change to the plan without proceeding through the managed	Not addressed	See Direction of Care law for network access requirements.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>disciplines listed below in Rule 53,E,3 within 24 hours of the employee's request to the managed care plan for treatment following an injury. The managed care plan may select the physician to do the evaluation.</p> <p>(NE WC Court Rules of Procedure, Rule 53(E)(1))</p> <p>Following the initial evaluation and upon request, the employee must be allowed to choose to receive ongoing treatment from any one participating physician in one of the disciplines listed below as the primary treating physician, if the physician is available</p>		<p>care plan's dispute resolution process. A change of physician from the evaluating physician to a primary treating physician for ongoing treatment is not considered a change of physician, unless the employee has received treatment from the evaluating physician more than once for the injury.</p> <p>(NE WC Court Rules of Procedure, Rule 53(E)(5))</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>within the mileage limitations established, if the treatment is required under the NE Workers' Compensation Act, if the treatment is within the provider's scope of practice, and if the treatment is appropriate under the standards of treatment adopted by the managed care plan: Medical doctor, chiropractor, podiatrist, osteopath, and dentist.</p> <p>(NE WC Court Rules of Procedure Rule 53, (E)(3))</p> <p>Employees must have access to the evaluating and primary treating physician within 30 miles of either the</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>employee's place of employment or residence if either the residence or place of employment is within a city with a population of 5,000 or more. If both the employee's residence and place of employment are outside a city with a population of 5,000 or more, the allowable distance is 60 miles.</p> <p>(NE WC Rules of Procedure Rule 53, (E)(7))</p> <p>The compensation court shall certify an MCP if the compensation court finds that the plan:</p> <p>(h) Authorizes employees to receive medical, surgical, and hospital</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>services from a physician who is not a member of the MCP if such physician has been selected by the employee pursuant to subsection (2) of section 48-120 (the employee has pre-designated a physician that has maintained the employee's medical records prior to an injury, has a documented history of treatment with the employee prior to an injury) and if such physician agrees to refer the employee to the MCP for any other treatment. (R.R.S. Neb. § 48-120.02)</p>				

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NV		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: (b) If the employer's insurer has not entered into a contract with an organization for managed care or with providers of health care pursuant to NRS 616B.527, furnish			If the injured employee is not satisfied with the first physician or chiropractor he so chooses, the injured employee may make an alternative choice of physician or chiropractor from the panel if the choice is made within 90 days after his or her injury. The insurer shall notify the first physician or chiropractor in writing. The notice must be postmarked within 3 working days after the insurer receives knowledge of the change. The first physician or chiropractor must be reimbursed only for the services the physician or chiropractor, as applicable, rendered to the injured employee up to and including the date of notification. Except as otherwise provided in this subsection, any further change is subject to the approval of the insurer or by order of a hearing officer or appeals officer. A request for a change of physician or chiropractor must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If the insurer takes no action on the request	Required	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: (b) If the employer's insurer has not 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) 2 or more physicians or chiropractors who are qualified to conduct the examination, 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, if there are not 2 or more such physicians or chiropractors within 30 miles of the employee's place of employment. 3. From among the names furnished by the employer pursuant to subsection 2 (above), the employee shall select one of those physicians or chiropractors to conduct the examination, but the employer shall not require the employee to select a particular physician or chiropractor from among the names furnished by the employer. Thereupon, the examining physician or chiropractor shall report forthwith to

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>the names, addresses and telephone numbers of: (1) 2 or more physicians or chiropractors who are qualified to conduct the examination, if there are 2 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, if there are not 2 or more such physicians or chiropractors within 30 miles of the employee's place of employment. 3. From among</p>			<p>within 10 days, the request shall be deemed granted. Any request for a change of physician or chiropractor must include the name of the new physician or chiropractor chosen by the injured employee. If the treating physician or chiropractor refers the injured employee to a specialist for treatment, the insurer shall provide to the injured employee a list that includes the name of each physician or chiropractor with that specialization who is on the panel. Not later than 14 days after receiving the list, the injured employee shall, at the time the referral is made, select a physician or chiropractor from the list. (NRS § 616C.090 3.)</p>		<p>the employer and to the insurer the character and extent of the injury. The employer shall not require the employee to disclose or permit the disclosure of any other information concerning his physical condition except as required by NRS 616C.177. (NRS § 616C.010 2. & 3.)</p> <p>The Administrator of the Division of Industrial Relations shall establish, maintain and update not less frequently than annually on or before July 1 of each year, a panel of physicians and chiropractors who have demonstrated special competence and interest in industrial health to treat injured employees under chapters 616A to 616D, inclusive, or chapter 617 of NRS. Every employer whose insurer has not entered into a contract with an organization for managed care or with providers of health care pursuant to NRS 616B.527 shall maintain a list of those physicians and chiropractors on the panel who are reasonably accessible to his or her employees. (NRS § 616C.090 1 & 2.)</p>

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Prepared By: CMP Initiation Date: 2/1/10; Revised CMP 11/3/10; Revised CMP 11/1/11; Revised CMP 1/30/12; Revised FRW 1/31/13, Revised FRW 1/31/14, Revised CRB 3/12/15, Revised CRB 2/1/16, Revised CRB 1/31/17; Revised CRB 1/31/18; Revised CRB 2/18/19; Revised SMS 2/7/20

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Data Classification: Public Domain Data

**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>the names furnished by the employer pursuant to subsection 2, the employee shall select one of those physicians or chiropractors to conduct the examination, but the employer shall not require the employee to select a particular physician or chiropractor from among the names furnished by the employer. (NRS § 616C.010 2.)</p> <p>An injured employee whose employer's insurer has not entered into a contract with an organization for managed care or with providers of</p>					

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		health care services pursuant to NRS 616B.527 may choose his treating physician or chiropractor from the panel of physicians and chiropractors. (NRS §616C.090 3)					
NV MCO		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			<p>If the injured employee is not satisfied with the first physician or chiropractor he or she so chooses, the injured employee may make an alternative choice of physician or chiropractor pursuant to the terms of the contract without the approval of the insurer if the choice is made within 90 days after his or her injury.</p> <p>(NRS § 616C.090 4.)</p> <p>If the injured employee is not satisfied with the physician or chiropractor selected by himself or by the insurer, the organization for managed care or the provider of health care services pursuant to</p>	Required	<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) 2 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 2 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</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>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:</p> <p>(1) 2 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 2 or more such physicians or chiropractors within 30 miles of the employee's place of employment; or</p> <p>(2) One or more</p>			<p>subsection 4, the injured employee may make an alternative choice of physician or chiropractor pursuant to the terms of the contract. A change in the treating physician or chiropractor may be made at any time but is subject to the approval of the insurer or by order of a hearing officer or appeals officer. A request for a change of physician or chiropractor must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If no action is taken on the request within 10 days, the request shall be deemed granted.</p> <p>Any request for a change of physician or chiropractor must include the name of the new physician or chiropractor chosen by the injured employee. If the insurer denies a request for a change in the treating physician or chiropractor under this subsection, the insurer must include in a written notice of denial to the injured employee the specific reason for the denial of the request. (NRS § 616C.090 5.)</p>		<p>qualified to conduct the examination and who are available pursuant to the terms of the contract, if there are not 2 or more such physicians or chiropractors within 30 miles of the employee's place of employment.</p> <p>3. From among the names furnished by the employer pursuant to subsection 2 (above), the employee shall select one of those physicians or chiropractors to conduct the examination, but the employer shall not require the employee to select a particular physician or chiropractor from among the names furnished by the employer. Thereupon, the examining physician or chiropractor shall report forthwith to the employer and to the insurer the character and extent of the injury. The employer shall not require the employee to disclose or permit the disclosure of any other information concerning his physical condition except as required by NRS 616C.177. (NRS §616C.010 2 & 3.)</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>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 2 or more such physicians or chiropractors within 30 miles of the employee's place of employment.</p> <p>3. From among the names furnished by the employer pursuant to subsection 2, the employee shall select one of those physicians or chiropractors to conduct the examination, but the employer shall not require the employee to select a particular</p>					

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>physician or chiropractor from among the names furnished by the employer.</p> <p>(NRS § 616C.010 2.)</p> <p>An injured employee whose employer's insurer has entered into a contract with an organization for managed care or with providers of health care services pursuant to NRS 616B.527 must choose a treating physician or chiropractor pursuant to the terms of that contract.</p> <p>(NRS § 616C.090 4.)</p>					

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NH	The injured employee shall have the right to select his or her own physician. (RSA 281-A:23 I)				Not addressed	Not addressed	See Direction of Care law.
NH MCO			<p>Any person or organization providing managed care services for workers' compensation injuries shall provide the employer with information for distribution to its employees on how to access the network.</p> <p>The injury management facilitator shall: (2) Upon request furnish a complete list of the healthcare providers in the network from which the employee may choose a health care</p>		<p>An employee who receives medical, hospital or remedial care under a workers' compensation managed care program shall:</p> <p>Have the right to choose a physician or other health care provider from the network, and to make one change of physician or health care provider within the network at each level of treatment. (N.H. Admin. Rules, Lab 704.03(b)(1))</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>professional. (N.H. Admin. Rules, Lab 704.02(a-b))</p> <p>An employee who receives medical, hospital or remedial care under a workers' compensation managed care program shall: (1) Have the right to choose a physician or other health care provider from the network, and to make one change of physician or health care provider within the network at each level of treatment. (N.H. Admin. Rules, Lab 704.03(b)(1))</p>				

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NJ				<p>The employer has the right to choose the treating physician. If the employer refuses to provide medical treatment, the injured worker is free to choose the treating physician. However, in the case of an emergency, an injured worker may obtain medical or hospital treatment without specific authorization from the employer, but the employer should be notified as soon as possible concerning the treatment being received. (N.J. Stat. § 34:15-15, NJ Department of Labor & Workforce Development Website:</p> <p>https://www.nj.gov/labor/forms_pdfs/wc/pdf/wcgl-338.pdf</p>	Not Addressed	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NJ MCO				<p>The WCMCO shall ensure that workers of employers covered by the WCMCO are able to receive, at a minimum, the following services:</p> <p>4. Be directed to medical service providers within a reasonable distance from the worker's place of employment, considering the nature of care required and normal patterns of travel. To receive urgent care, the worker shall be assigned to a physician near the workplace. The assigned care coordinator physician will, in turn, arrange for necessary care through a provider closer to the worker's residence, if appropriate;</p> <p>5. Treatment by a non-WCMCO medical service provider at the direction of the care coordinator physician when the worker resides outside the WCMCO's geographical service area.</p>		Not addressed	<p>See Direction of Care law for network access requirements.</p> <p>In previous discussions with NJ regulators, the state advised that an application for WCMCO may include a sample panel as a methodology for direction of care. This sample panel must include information regarding emergency treatment (See 11:6-2.12 (a)(7)).</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>The care coordinator physician may only select a non-WCMCO provider who practices closer to the worker's residence than an WCMCO provider of the same category if that non-WCMCO provider agrees to the terms and conditions of the WCMCO; 7. Emergency treatment in accordance with procedures that provide that in a potentially life threatening condition, the 911 emergency response system should be called or the worker should be taken to the nearest hospital emergency department. For fixed work sites, an WCMCO may instead submit alternative emergency treatment procedures that provide equivalent promptness of treatment and level of care. (N.J.A.C. 11:6-2.12(a))</p>			

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NM	See Employer or Carrier Selects			<p>The employer shall initially either select the health care provider for the injured worker or permit the injured worker to make the selection. Subject to the provisions of this section, that selection shall be in effect during the first 60 days from the date the worker receives treatment from the initially selected health care provider. (N.M. Stat. Ann. § 52-1-49 B.)</p> <p>The employer shall decide either to select the initial HCP or to permit the worker to select the initial HCP. The decision made by the employer shall be made in writing to the worker. Employer may communicate the decision to select the initial HCP or to permit the worker the selection by any method reasonably calculated to notify workers. The</p>	<p>After the expiration of the initial 60-day period set forth in Subsection B of this section, the party who did not make the initial selection may select a health care provider of his choice. Unless the worker and employer otherwise agree, the party seeking such a change shall file a notice of the name and address of his choice of health care provider with the other party at least 10 days before treatment from that health care provider begins. The director shall adopt rules and regulations governing forms, which employers shall post in conspicuous places, to enable this notice to be promptly and efficiently provided. This notice may be filed on or after the 50th day of the 60-day period set forth in Subsection B of this section.</p> <p>(N.M. Stat. Ann. § 52-1-49 C.)</p> <p>Notice of Change of Health Care Provider Form:</p>	Not addressed	See Direction of Care and Change of Provider law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>employer may use a wallet card, a poster stating the decision posted with the WCA poster, a flyer inserted semi-annually with pay checks, or any other method employer reasonably believes will be successful in alerting the worker.</p> <p>(b) If the decision of the employer is not communicated in writing to the worker, then the medical care received by the worker prior to written notification shall not be considered a choice of treating HCP by either party.</p> <p>(11.4.4.12(B)(2)(a) NMAC)</p>	<p>https://workerscomp.nm.gov/sites/default/files/documents/forms/Notice_of_Change_HCP.pdf</p>		

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NY	An injured employee may, when care is required, select to treat him or her any physician authorized by the chair to render medical care, as hereafter provided. (NY CLS § 13-a (1))				An injured employee may, when care is required, select to treat him or her any physician authorized by the chair to render medical care, as hereafter provided. If for any reason during the period when medical treatment and care is required, the employee wishes to transfer his or her treatment and care to another authorized physician, he or she may do so, in accordance with rules prescribed by the chair. (NY CLS § 13-a (1))	Not addressed	See Direction of Care law.
NY ROC	The employer may recommend a designated network or health care provider to an injured employee, but the employee may select any authorized provider of their choice. (12 NYCRR § 325-2.3)				Any employee handouts, postings, or other written materials provided by the employer or carrier related to the employee's utilization of an employer or carrier recommended network or health care provider must clearly indicate that utilization of such network or provider is purely voluntary, that a full list of authorized health care providers is available from the Workers' Compensation Board, and that employees may select or change their provider at any time without	Allowed*	Any employee handouts, postings, or other written materials provided by the employer or carrier related to the employee's utilization of an employer or carrier recommended network or health care provider must clearly indicate that utilization of such network or provider is purely voluntary, that a full list of authorized health care providers is available from the Workers' Compensation Board, and that employees may select or change their provider at any time without jeopardizing their medical or indemnity benefits. (12 NYCRR § 325-2.3 (b)) Any injured employee who elects to utilize a designated network or health care provider based upon the recommendation of his or her employer or its carrier must sign a prescribed consent form indicating that he or she

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**DIRECTION OF CARE
&
PANEL POSTING**

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					jeopardizing their medical or indemnity benefits. (12 NYCRR § 325-2.3 (b))		voluntarily elects to receive treatment from the employer or carrier recommended network or provider. Such consent forms may not be executed prior to the occurrence of a work-related injury or illness. (12 NYCRR § 325-2.4) Form C3.1: http://www.wcb.ny.gov/content/main/forms/c3_1.pdf
NY PPO			An employee may seek medical treatment from outside the preferred provider organization 30 days after his or her first visit to a PPO provider. (NY CLS Work Comp 10A-354 (2)) Each PPO shall provide at least 2 providers in every medical specialty from which the employee may choose and at least 2 hospitals from which the employee may choose in the event		An employee may seek medical treatment from outside the preferred provider organization 30 days after his or her first visit to a PPO provider. In the event that such employee seeks medical treatment outside the PPO, the employer may require a second opinion from a provider within the PPO. (NY CLS Work Comp 10A-354 (2))	Not addressed	See Direction of Care law for network access requirements.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>that hospitalization is necessary. The commissioner of health may waive such numerical requirements upon a finding that the geographical area in which the preferred provider organization is located cannot meet the requirements.</p> <p>(NY CLS Work Comp 10A-354)</p> <p>Medical Specialties: Family Practice (Board Cert. GP), Orthopedic Surgery, Neurology, Internal Medicine, Physical Therapy, Chiropractor, Surgeon, Anesthesiology, Physical Medicine, Rehabilitation, Psychiatry,</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			Psychology, Radiology, Dermatology, Cardiology Pulmonary Disease Ophthalmology, Hand Surgery, Pathology Plastic Surgery, Urology Podiatrist, Occupational Therapist, Neurological Surgery, Otolaryngology Thoracic Surgeon, Allergy & Immunology (10 NYCRR § 732-1.2 (b)(10))				

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
NC				<p>The employer or its insurance company, subject to any Commission orders, provides and directs medical treatment. (N.C. Gen. Stat. § 97-25,</p> <p>NC Industrial Commission Website: http://www.ic.nc.gov/faqs.html)</p>	<p>The employee may petition the Commission to change physicians or approve a physician of employee's selection when good grounds are shown. Payment by the employer or carrier is not guaranteed unless written permission to change physicians is obtained from the employer, carrier, or Commission before the treatment is rendered.</p> <p>(N.C. Gen. Stat. § 97-25, NC Industrial Commission Website: http://www.ic.nc.gov/fags.html)</p> <p>In order for the Commission to grant an employee's request to change treatment or health care provider, the employee must show by a preponderance of the evidence that the change is reasonably necessary to effect a cure, provide relief, or lessen the period of disability.</p> <p>(N.C. Gen. Stat. § 97-25)</p>	Not addressed	See Direction of Care law.
NC MCO			If an employee's medical services are provided through a		If an employee's medical services are provided through a managed care organization pursuant to this	Required *	Following the onset of an injury, and upon an employee's first request to change attending physician, the MCO shall provide the employee with a list of reasonably accessible and available

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>managed care organization pursuant to this section, subject to the rules of the managed care organization the employee shall select the attending physician from those physicians who are members of the managed care organization's panel, and may subsequently change attending physicians once within the group of physicians who are members of the managed care organization's panel without approval from the employer or insurer.</p> <p>(N.C. Gen. Stat. § 97-25.2)</p>		<p>section, subject to the rules of the MCO, the employee shall select the attending physician from those physicians who are members of the managed care organization's panel, and may subsequently change attending physicians once within the group of physicians who are members of the managed care organization's panel without approval from the employer or insurer. Additional changes in the attending physician or any change to a physician or examination by a physician not a member of the insurer's ' managed care organization's panel shall only be made pursuant to the organization's contract or upon reasonable grounds by order of the Commission.</p> <p>(N.C. Gen. Stat. § 97-25.2)</p>		<p>panel physicians qualified to treat or manage the primary condition for which the employer has accepted liability or authorized treatment from which the employee may select the attending physician. The employer and MCO shall provide for access to all medical compensation services, and include in its panels, or otherwise make available for the employee's choice, one or more licensed physicians representing all specialties available in the community to provide necessary treatment for the employee's primary compensable condition.</p> <p>(11 N.C.A.C. 23D.0108)</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
ND Exclusive State Fund	An injured employee may select a health care provider of that injured employee's choice to render initial treatment. (N.D. Cent. Code, § 65-05-28)			If the employer has designated a preferred provider, the employer selects during the first 30 days after injury unless the employee has pre-designated a provider before the date of injury. (N.D. Cent. Code, § 65-05-28.2(1) & (2))	An injured employee may not change from one health care provider to another while under treatment or after being released, without the prior written authorization of the organization. Failure to obtain approval of the organization renders the injured employee liable for the cost of treatment and the new health care provider will not be considered the attending health care provider for purposes of certifying temporary disability. Any injured employee requesting a change of health care provider shall file a written request with the organization stating all reasons for the change. Upon receipt of the request, the organization shall review the injured employee's case and approve or deny the change of health care provider, notifying the injured employee and the requested health care provider. (N.D. Cent. Code, § 65-05-28 (1)) If the employer has designated a preferred provider, after 30 days	Allowed*	An employer that selects a preferred provider shall give notice and post notice as required under this subsection. a. An employer shall give written notice of the identity and the terms of the preferred provider program: 1. To the employer's employees when the employer makes an initial selection of a preferred provider. 2. To the employer's employees when the employer changes the selection of the preferred provider. 3. To an employee at the time of hire. 4. To the employer's employees at least annually after the initial notice. b. An employer that has selected a preferred provider shall display notice of the identity of the preferred provider and the terms of the preferred provider program in a conspicuous manner at fixed worksites, and wherever feasible at mobile worksites, and in a sufficient number of places to reasonably inform employees of the identity of the preferred provider and of the terms of the preferred provider program. c. Failure to give written notice, to properly post notice, or to reasonably inform employees of the terms of the preferred provider program as required under this subsection invalidates the selection for the employee's claim. (N.D. Cent. Code, § 65-05-28.2(5))

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
					<p>have passed following the injury, the employee may make a written request to the organization to change providers. The employee shall make the request and serve it on the employer and the organization at least 30 days before treatment by the provider. The employee shall state the reasons for the request and the employee's choice of provider.</p> <p>(N.D. Cent. Code, § 65-05-28.2(3))</p>		

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
OH HPP (State Fund)	<p>Except as provided in paragraph (A)(2) of this rule, an injured employee may seek medical care for an industrial injury from:</p> <p>(a) A bureau certified provider; or (b) A non-bureau certified provider, subject to an employee's payment responsibilities as delineated below.</p> <p>(2) Except in cases of emergency, an injured employee may not seek medical care for an industrial injury from himself, herself, or an immediate family member. An injured employee may not select as physician of record, himself, herself, or an immediate family member. The MCO,</p>				<p>MCO guidelines may not be more restrictive for a non-panel provider than for an MCO panel provider. An MCO may not create a procedure that restricts an employee's option to change providers.</p> <p>(OAC Ann. 4123-6-04.3(D))</p> <p>An injured worker wishing to change physicians should notify the managed care organization of this request. (OH Bureau of Workers' Compensation website: http://www.ohiobwc.com/basics/guidedtour/generalinfo/InjuredWorker(FAQ).asp)</p> <p>Notwithstanding any other provision of this rule, if the employee's date of injury is prior to October 20, 1993 and the employee's physician of record is a non-bureau certified provider, the employee may continue treatment with that non-bureau certified provider. The employer's MCO shall manage the medical care and treatment and return to work</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>bureau, employer, and industrial commission shall not reimburse treatment to an injured employee delivered, rendered or directly supervised by the injured employee or an immediate family member.</p> <p>“Immediate family member” shall have the same meaning as in paragraph (A)(3)(b) of rule 4123-6-02.51.</p> <p>(3) At the time of an injury, the employee may seek medical care directly from a provider or may seek assistance from the MCO in selecting a provider. If the employee has not already sought medical care or selected a provider, the MCO may refer the employee to a provider or list of</p>				<p>services in the claim and shall manage medical payment for the provider. However, if the employee changes the physician of record for any reason, the employee shall select a bureau certified provider as physician of record. If the employee selects a physician of record who is a non-bureau certified provider, payment for the provider shall be governed by the provisions of this rule applicable to non-bureau certified providers. (OAC Ann. 4123-6-06.2(A)(6))</p>		

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>providers. The employee may, but is not required to, seek medical care from the preferred provider or providers. The MCO shall not discriminate against any category of health care provider when referring the employee to a provider.</p> <p>(OAC Ann. 4123-6-06.2(A))</p>						
OH QHP			<p>An employee of an employer that participates in a Qualified Health Plan has freedom of choice of providers within the QHP network of providers established by the employer's QHP. If the employee's date of injury is prior to the establishment of the employer's QHP, and the employee's</p>		<p>An employee of an employer that participates in a QHP, who is dissatisfied with the health care services of a provider in the QHP, after written notice to the QHP, may request a change of providers and may select another provider within the QHP, or any bureau certified provider. An employee's request for change of provider does not require notification to the bureau, but shall contain the reasons for the request. The QHP shall approve written requests for a change of provider within the</p>	<p>Not addressed</p>	<p>See Direction of Care law.</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>physician of record is not a provider on the panel of the QHP when established, the employee may continue treatment with that physician of record. The physician of record shall be subject to and participate in the dispute resolution process as provided in rule 4123-6-69 of the Administrative Code.</p> <p>After the establishment of the QHP, the employer's QHP shall manage the medical care and treatment in the claim. If an injured worker changes from the physician of record who is not in the QHP for any reason, the employee shall select a QHP panel provider as the physician of record.</p>		<p>QHP, or to any bureau certified provider, within seven days of receipt.</p> <p>(OAC Ann. 4123-6-06.2 (B)(2))</p> <p>Notwithstanding the provisions contained in paragraph (B)(2) of this rule, an employee who incurs a new medical condition, injury or claim requiring medical treatment, not related to a prior medical condition, injury or claim, shall first seek treatment from a provider on the panel of the injured worker's employer's QHP.</p> <p>(OAC Ann. 4123-6-06.2 (B)(3))</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			(OAC Ann. 4123-6-06.2 (B)(1))				
OH Self-Insured/ Non-QHP	In claims with a date of injury on or after November 2, 1959, employees of self-insuring employers have free choice to select licensed physicians for treatment, as well as other medical services, including, but not limited to, hospital and nursing services. In claims with a date of injury prior to November 2, 1959, medical services furnished by the self-insuring employer must be utilized. (2) Emergency treatment shall not constitute an exercise of free choice of physician. (OAC Ann. 4123-6-06.2(C)(1))				Once an employee of a self-insuring employer goes to a physician for treatment other than on an emergency basis, the employee is deemed to have made a choice of physician and the employee shall notify the employer of a change of physician. (a) Change of physician requests shall be made to the self-insuring employer in writing, and shall include the name and address of the new physician and the proposed treatment. (b) Self-insuring employers shall approve written requests for a change of physician within seven days of receipt. (OAC Ann. 4123-6-06.2(C)(3))	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
OK				<p>The employer shall promptly provide an injured employee with medical, surgical, hospital, optometric, podiatric, and nursing services, along with medicine, crutches, ambulatory devices, artificial limbs, eyeglasses, contact lenses, hearing aids, and other apparatus as may be reasonably necessary in connection with the injury received by the employee. The employer shall have the right to choose the treating physician.</p> <p>B. If the employer fails or neglects to provide medical treatment within 5 days after actual knowledge is received of an injury, the injured employee may select a physician to provide medical treatment at the expense of the employer; provided, however, that</p>	<p>If the employer is not covered by a certified workplace medical plan, the employer shall select the treating physician. The Commission on application of the employee shall order one change of treating physician. Upon the Commission's granting of the application, the employer shall provide a list of three physicians from whom the employee may select the replacement.</p> <p>(85A Okl. St. §56)</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

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				<p>the injured employee, or another in the employee's behalf, may obtain emergency treatment at the expense of the employer where such emergency treatment is not provided by the employer.</p> <p>(85A Okl. St. §50 A & B)</p>			
OK CWMP				<p>If the employer has previously contracted with a workplace medical plan that is certified by the State Commissioner of Health as provided in this act, the employer shall select for the injured employee a treating physician from the physicians listed within the network of the certified workplace medical plan. The employee may apply for a</p>	<p>If the employer has previously contracted with a workplace medical plan that is certified by the State Commissioner of Health as provided in this act, the employer shall select for the injured employee a treating physician from the physicians listed within the network of the certified workplace medical plan. The employee may apply for change of physician by utilizing the dispute resolution process set out in the CWMP on file with the State Department of Health.</p>	Not addressed	See Direction of Care law for network access requirements.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>change of physician by utilizing the dispute resolution process set out in the CWMP on file with the State Department of Health.</p> <p>(85A Okl.St. Ann. 56)</p> <p>The State Commissioner of Health shall not certify a plan unless he or she finds that the plan: 2. is reasonably geographically convenient to residents of the area for which it seeks certification.</p> <p>(85A Okl. St. Ann. 64 (B)(2))</p> <p>The Commissioner shall presume a proposed service area to be reasonable if the mean travel time is 30 minutes or less from 6 points on the area boundary to the nearest primary care delivery sites in that area,</p>	(85A Okl.St. Ann. 56)		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>and 60 minutes or less to specialty service providers. (b) The Commissioner may approve a service area with travel times of greater than 30 minutes to primary services, or 60 minutes to specialty services, based on the following:</p> <p>(1) Providers are not available in the area;</p> <p>(2) Providers are available but do not meet the Plan's reasonable credentialing requirements;</p> <p>(3) Providers are unwilling or unable to enter a reasonable health services contract with the Plan;</p> <p>(4) Residents of the area customarily travel longer times to reach medical and health providers; or</p> <p>(5) Providers have access to air ambulance services</p>			

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				to transport injured workers. (O.A.C. § 310:657-9-1(a-b))			

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
OR	The worker may choose an attending doctor, physician or nurse practitioner within the State of Oregon. The worker may choose the initial attending physician or nurse practitioner and may subsequently change attending physician or nurse practitioner two times without approval from the director. If the worker thereafter selects another attending physician or nurse practitioner, the insurer or self-insured employer may require the director's approval of the selection. The decision of the director is subject to review under ORS 656.704. The worker also may choose an attending doctor or physician in another				The worker may choose an attending doctor, physician or nurse practitioner within the State of Oregon. The worker may choose the initial attending physician or nurse practitioner and may subsequently change attending physician or nurse practitioner two times without approval from the director. If the worker thereafter selects another attending physician or nurse practitioner, the insurer or self-insured employer may require the director's approval of the selection. The decision of the director is subject to review under ORS 656.704. The worker also may choose an attending doctor or physician in another country or in any state or territory or possession of the United States with the prior approval of the insurer or self-insured employer. (ORS § 656.245 (2)(a)) The worker may choose to change his or her attending physician or authorized nurse practitioner only twice after the initial choice. When	Not allowed	Only an MCO may provide managed care services as described in ORS 656.260(4)(d) and (21(a), except as allowed under OAR 436-015-0009. An insurer or someone acting on behalf of an insurer may not manage the care of workers by limiting the choice of medical providers, or by requiring medical providers to abide by specific treatment standards, treatment guidelines, or treatment protocols. (OAR 436-015-0007) Except as otherwise provided in this Chapter, only a MCO certified by the Director may: (A) Restrict the choice of a health care provider or medical service provider by a worker; (B) Restrict the access of a worker to any category of medical service providers; (C) Restrict the ability of a medical service provider to refer a worker to another provider; (D) Require preauthorization or precertification to determine the necessity of medical services or treatment; or (E) Restrict treatment provided to a worker by a medical service provider to specific treatment guidelines, protocols or standards. (ORS § 656.260 (21) (A))

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>country or in any state or territory or possession of the United States with the prior approval of the insurer or self-insured employer. (ORS § 656.245 (2)(a))</p>				<p>the worker requests a referral by the attending physician or authorized nurse practitioner to another attending physician or authorized nurse practitioner, the change will count as one of the worker's choices. The limitation of the worker's right to choose attending physicians or authorized nurse practitioners begins with the date of injury and extends through the life of the claim.</p> <p>(OAR 436-010-0220 (2))</p> <p>If a worker not enrolled in an MCO has changed attending physicians or authorized nurse practitioners by choice twice (or for MCO enrolled workers, the maximum allowed by the MCO) and wants to change again, the worker must request approval from the insurer. The worker must make the request in writing or by signing Form 827. The insurer must respond to the worker within 14 days of receiving the request whether the change is approved. If the insurer objects to the change, the insurer must: (A) Send the</p>		

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
					<p>worker a written explanation of the reasons;</p> <p>(B) Send the worker Form 2332 (Worker's Request to Change Attending Physician or Authorized Nurse Practitioner); and</p> <p>(C) Inform the worker that he or she may request director approval by sending Form 2332 to the director. (OAR 436-010-0220 (4)(a))</p>		
OR MCO			<p>An MCO enrolled worker must choose:</p> <p>(a) A panel provider unless the MCO approves a non-panel provider, or</p> <p>(b) A "come-along provider" who provides medical services subject to the terms and conditions of the governing MCO. Notwithstanding subsection (a) of this section, if a worker</p>		<p>If a worker not enrolled in an MCO has changed attending physicians or authorized nurse practitioners by choice twice (or for MCO enrolled workers, the maximum allowed by the MCO) and wants to change again, the worker must request approval from the insurer.</p> <p>The worker must make the request in writing or by signing Form 827. The insurer must respond to the worker within 14 days of receiving the request, whether the change is approved. If the insurer objects to the change, the insurer must: (A) Send the</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>is unable to find 3 providers that are willing to treat the worker in a category of providers listed in <u>OAR 436-015-0030(6)(a)</u> and (b) in the worker's geographic service area (GSA), the worker may contact the MCO for a list of 3 providers who are willing to treat the worker. If the MCO, within a reasonable period of time, is unable to provide a list of 3 providers who are willing to treat the worker, the worker may choose a non-panel provider in that category.</p> <p>(c) Notwithstanding subsection (a) of this section, if the MCO has fewer than 3 providers in a category of providers listed in <u>OAR 436-015-</u></p>		<p>worker a written explanation of the reasons;</p> <p>(B) Send the worker Form 2332 (Worker's Request to Change Attending Physician or Authorized Nurse Practitioner); and</p> <p>(C) Inform the worker that he or she may request director approval by sending Form 2332 to the director.</p> <p>(OAR 436-010-0220(4)(a))</p> <p>Note: Request to Change Attending Physician</p> <p>http://wcd.oregon.gov/forms/pages/bulletins.aspx?b=251</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p><u>0030(6)(a)</u> and (b) in the worker's GSA, the worker may choose a non-panel provider in that category.</p> <p>(OAR 436-010-0220 (5))</p> <p>The plan must provide a description of the times, places, and manner of providing services adequate to ensure that workers governed by the MCO will be able to:</p> <p>(a) Access an MCO panel with a minimum of one attending physician within the MCO for every 1,000 workers covered by the plan;</p> <p>(b) Receive initial treatment by an MCO attending physician or</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>authorized nurse practitioner of the workers' choice within 24 hours of the MCO's knowledge of the need or a request for treatment;</p> <p>(c) Receive treatment by an MCO attending physician or authorized nurse practitioner of the workers' choice within five working days after the worker received treatment outside the MCO; (e) Access medical providers, including attending physicians, within a reasonable distance from the worker's place of employment, considering the normal patterns of travel. For purposes of this rule, 30 miles (one way) in urban</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>areas and 60 miles (one way) in rural areas will be considered a reasonable distance;</p> <p>(f) Receive treatment by a non-MCO medical service provider when the enrolled worker resides outside the MCO's geographic service area. Such a worker may only select non-MCO providers if they practice closer to the worker's residence than an MCO provider of the same category, and if the provider agrees to the MCO's terms and conditions;</p> <p>(g) Receive services that meet quality, continuity, and other treatment standards which will provide all medical and health care services in a</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>manner that is timely, effective, and convenient for the worker;</p> <p>(h) Receive specialized medical services the MCO is not able to provide; and</p> <p>(i) Receive treatment that is consistent with MCO treatment standards and protocols.</p> <p>(OAR 436-015-0030 (5))</p> <p>The plan must provide all of the following: (a) An adequate number, but not less than three, of medical service providers from each provider category. For purposes of these rules, the categories include</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			<p>acupuncturist, chiropractic physician, dentist, naturopathic physician, optometric physician, osteopathic physician, medical physician, and podiatric physician,. The worker also must be able to choose from at least three physical therapists and three psychologists. The plan must meet this section's requirements unless the MCO establishes that there is not an adequate number of providers in a given category able or willing to become members of the MCO. For categories where the MCO has fewer than three providers within a GSA or the MCO is unable to provide a</p>				

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>list of 3 providers willing to treat a worker within a reasonable period of time, the MCO must allow workers to seek treatment outside the MCO from providers in those categories, consistent with the MCO's treatment and utilization standards. Such providers cannot be required to comply with the terms and conditions regarding services performed by the MCO. These providers are not bound by the MCO's treatment and utilization standards, however, workers are subject to those standards.</p> <p>(OAR 436-015-0030(6))</p>				

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
PA		Employers have the option to establish a list of designated health care providers under section 306(f.1)(1)(i) of the act (77 P. S. § 531(1)(i)). (b) If an employer has established a list of providers which meets the requirements of the act and this subchapter, an employee with a work-related injury or illness shall seek treatment with one of the designated providers from the list. The employee shall continue to treat with the same provider or another designated provider for 90 days from the			<p>The employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.</p> <p>(34 Pa. Code § 127.755(b)(3))</p> <p>The employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.</p> <p>(34 Pa. Code § 127.755(b)(7))</p>	Allowed*	<p>If an employer establishes a list of designated health care providers, there shall be at least 6 providers on the list.</p> <p>(1) At least 3 of the providers on the list shall be physicians.</p> <p>(2) No more than 4 of the providers on the list may be CCOs.</p> <p>(b) The employer shall include the names, addresses, telephone numbers and areas of medical specialties of the designated providers on the list.</p> <p>(c) The employer shall include on the list only providers who are geographically accessible and whose specialties are appropriate based on the anticipated work-related medical problems of the employees.</p> <p>(d) If the employer lists a CCO, as an option on the list of designated providers, the employer may not individually list any provider participating in that CCO, under circumstances when those individually listed providers are bound by the terms of the CCO for the treatment rendered to the injured workers.</p> <p>(e) The employer may change the designated providers on a list. However, changes to the list may not affect the options available to an employee who has already commenced the 90-day treatment period. (34 Pa. Code § 127.752)</p> <p>The employer may not include on the list of designated health care providers a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer, unless employment, ownership or control</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

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		<p>date of the first visit for the treatment of the work injury or illness. (c) The employer may not require treatment with any one specific provider on the list, nor may the employer restrict the employee from switching from one designated provider to another designated provider. (f) If an employer chooses not to establish a list of designated providers, the employee shall have the right to seek medical treatment from any provider from the time of the initial visit.</p>					<p>is disclosed on the list. (b) For purposes of this section, "employer's insurer" means the insurer who is responsible for paying workers' compensation under the terms of the act. (34 Pa. Code § 127.753)</p> <p>If an employer chooses to establish a list of providers, the list shall be posted in prominent and readily accessible places at the worksite. These places include places used for treatment and first aid of injured employees and employee informational bulletin boards. (34 Pa. Code § 127.754)</p> <p>If an employer's list of designated providers fails to comport with the act and this subchapter, the employee shall have the right to treat with a health care provider of the employee's choice from the time of the initial visit. (34 Pa. Code § 127.751(e))</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		(34 Pa. Code § 127.751)					
PA CCO		Employers have the option to establish a list of designated health care providers under section 306(f.1)(1)(i) of the act (77 P. S. § 531(1)(i)). (b) If an employer has established a list of providers which meets the requirements of the act and this subchapter, an employee with a work-related injury or illness shall seek treatment with one of the designated providers from the list. The employee shall continue to treat with the same provider or another			<p>The employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.</p> <p>(34 Pa. Code § 127.755(b)(3))</p> <p>The employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.</p> <p>(34 Pa. Code § 127.755(b)(7))</p>	Allowed*	<p>If an employer establishes a list of designated health care providers, there shall be at least 6 providers on the list.</p> <p>(1) At least 3 of the providers on the list shall be physicians.</p> <p>(2) No more than 4 of the providers on the list may be CCOs.</p> <p>(b) The employer shall include the names, addresses, telephone numbers and areas of medical specialties of the designated providers on the list.</p> <p>(c) The employer shall include on the list only providers who are geographically accessible and whose specialties are appropriate based on the anticipated work-related medical problems of the employees.</p> <p>(d) If the employer lists a CCO, as an option on the list of designated providers, the employer may not individually list any provider participating in that CCO, under circumstances when those individually listed providers are bound by the terms of the CCO for the treatment rendered to the injured workers.</p> <p>(e) The employer may change the designated providers on a list. However, changes to the list may not affect the options available to an employee who has already commenced the 90-day treatment period. (34 Pa. Code § 127.752)</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		designated provider for 90 days from the date of the first visit for the treatment of the work injury or illness. (c) The employer may not require treatment with any one specific provider on the list, nor may the employer restrict the employee from switching from one designated provider to another designated provider. (f) If an employer chooses not to establish a list of designated providers, the employee shall have the right to seek medical treatment from any provider from					<p>The employer may not include on the list of designated health care providers a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer, unless employment, ownership or control is disclosed on the list. (b) For purposes of this section, "employer's insurer" means the insurer who is responsible for paying workers' compensation under the terms of the act. (34 Pa. Code § 127.753)</p> <p>If an employer chooses to establish a list of providers, the list shall be posted in prominent and readily accessible places at the worksite. These places include places used for treatment and first aid of injured employees and employee informational bulletin boards. (34 Pa. Code § 127.754)</p> <p>If an employer's list of designated providers fails to comport with the act and this subchapter, the employee shall have the right to treat with a health care provider of the employee's choice from the time of the initial visit. (34 Pa. Code § 127.751(e))</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>the time of the initial visit.</p> <p>(34 Pa. Code § 127.751)</p> <p>The coordinated care organization shall include an adequate number and specialty distribution of licensed health care providers in order to assure appropriate and timely delivery of services required under the act and an appropriate flexibility to workers in selecting providers. Services may be provided directly, through affiliates or through contractual referral arrangements</p>					

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		with other health care providers. (77 P.S. § 531.1(2))					

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
RI	An injured employee shall initially have freedom of choice to obtain health care, diagnosis, and treatment from any qualified health care provider. The initial health care provider of record may, without prior approval, refer the injured employee to any qualified specialist for independent consultation or assessment, or specified treatment. (R.I. Gen. Laws § 28-33-8 (a)(1))				The employee can change provider without restriction. (R.I. Gen. Laws § 28-33-8 (a)(1)), RI Department of Labor & Training website: http://www.dlt.ri.gov/wc/infobasic.htm	Not addressed	See Direction of Care law.
RI PPN	An injured employee shall initially have freedom of choice to obtain health care, diagnosis, and treatment from any qualified health care provider. The initial health care provider of record may, without prior				If the insurer/self-insured employer has a PPN approved and kept on record by the medical advisory board, any change by the employee from the initial health care provider of record shall only be to a health care provider listed in the approved PPN; provided, however, that any contract proffered or maintained that restricts or limits the health care	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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	<p>approval, refer the injured employee to any qualified specialist for independent consultation or assessment, or specified treatment. (R.I. Gen. Laws § 28-33-8 (a)(1))</p>				<p>provider's ability to make referrals pursuant to the provisions of this section; restricts the injured employee's first choice of health care provider; substitutes or overrules the treatment protocols maintained by the medical advisory board; or attempts to evade or limit the jurisdiction of the workers' compensation court shall be void as against public policy. If the employee seeks to change to a health care provider not in the approved PPN, the employee must obtain the approval of the insurer or self-insured employer. (R.I. Gen. Laws § 28-33-8 (a)(1))</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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SC				<p>During any period of disability resulting from the injury, the employer, at his own option, may continue to furnish or cause to be furnished, free of charge to the employee, and the employee shall accept, an attending physician and any medical care or treatment that is considered necessary by the attending physician, unless otherwise ordered by the commission for good cause shown.</p> <p>(S.C. Code Ann. § 42-15-60)</p>	Not addressed	Not addressed	See Direction of Care law.

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 &
 PANEL POSTING**

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SD CMP	<p>The employee may make the initial selection of the employee's medical practitioner or surgeon from among all licensed medical practitioners or surgeons in the state. (S.D. Codified Laws § 62-4-43)</p> <p>The department of labor may deny certification or may revoke or suspend the certification of a case management plan that unfairly restricts access within the CMP to any medical provider. A plan unfairly restricts access when access is denied to a medical provider and the treatment or service sought is within the scope of practice of the</p>				<p>If the employee desires to change the employee's choice of medical practitioner or surgeon, the employee shall obtain approval in writing from the employer.</p> <p>(S.D. Codified Laws § 62-4-43)</p>	Not addressed	See Direction of Care law.

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 &
 PANEL POSTING**

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	<p>profession and is proper under the treatment standards adopted by the plan and approved by the department. The plan must give employees convenient access to all categories of providers and flexibility to choose medical providers from among those who provide services under the plan. (ARSD 47:03:04:07)</p>						

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**DIRECTION OF CARE
&
PANEL POSTING**

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TN		The injured employee shall accept the medical benefits afforded under this section; provided that in any case when the employee has suffered an injury and expressed a need for medical care, the employer shall designate a group of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups if available in the injured employee's community or, if not so available, in accordance with subdivision (a)(3)(B), from which the injured employee shall			When the treating physician or chiropractor refers the injured employee, the employee shall be entitled to have a second opinion on the issue of surgery and diagnosis from a physician or chiropractor from a panel of two (2) physicians practicing in the same specialty as the physician who recommended the surgery. In cases where the employer has provided a panel of specialists pursuant to subdivision (a)(3)(A)(i) of this section, the employee may choose one (1) of the two (2) remaining specialists to provide a second opinion on the issue of surgery and diagnosis. The employee's decision to obtain a second opinion shall not alter the previous selection of the treating physician or chiropractor. (Tenn. Code Ann. § 50-6-204(a)(3)(C)) In cases involving an injury that occurred on or after July 1, 2014, and the authorized treating physician, selected by the employee an initial panel, refers	Required	The injured employee shall accept the medical benefits afforded under this section; provided that in any case when the employee has suffered an injury and expressed a need for medical care, the employer shall designate a group of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups if available in the injured employee's community or, if not so available, in accordance with subdivision (a)(3)(B), from which the injured employee shall select one (1) to be the treating physician. (ii) When necessary, the treating physician selected in accordance with this subdivision (a)(3)(A) shall make referrals to a specialist physician, surgeon, or chiropractor and immediately notify the employer. The employer shall be deemed to have accepted the referral, unless the employer, within three (3) business days, provides the employee a panel of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups. In this case, the employee may choose a specialist physician, surgeon, chiropractor or specialty practice group to provide treatment only from the panel provided by the employer. (Tenn. Code Ann. § 50-6-204(a)(3)(A)) If three (3) or more independent reputable physicians, surgeons, chiropractors, or specialty practice groups not associated in practice together are not available in the employee's community, the employer shall provide a list of three (3) independent reputable physicians, surgeons, chiropractors or specialty practice groups not associated in

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**DIRECTION OF CARE
&
PANEL POSTING**

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		<p>select one (1) to be the treating physician.</p> <p>(ii) When necessary, the treating physician selected in accordance with this subdivision (a)(3)(A) shall make referrals to a specialist physician, surgeon, or chiropractor and immediately notify the employer. The employer shall be deemed to have accepted the referral, unless the employer, within three (3) business days, provides the employee a panel of three (3) or more independent</p>			<p>the employee for specialized care, the employer shall be deemed to have accepted the referral, unless the employer, within three (3) business days, provides a panel of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups to the employee pursuant to T.C.A. § 50-6-204(a)(3)(A). If a panel of three (3) specialists is provided, the employee shall select a provider from the panel and that provider shall become the employee's authorized treating physician. For purposes of this section, receipt of the referral by the employer shall be accomplished whenever a copy of the referral is received at the employer or carrier's place of business by facsimile, email, post, hand delivery or commercial delivery service.</p> <p>(Tenn. Comp. R. & Regs. R. 0800-02-01-.06(8))</p>		<p>practice together that are within a 125 mile radius of the employee's community of residence. For purposes of this subdivision (a)(3)(B), "not associated in practice together" means at least one (1) physician, surgeon, chiropractor, or specialty practice group is not associated in practice with another physician, surgeon, chiropractor, or specialty practice group that is on the list or panel provided to an employee pursuant to this section. (Tenn. Code Ann. § 50-6-204(a)(3)(B))</p> <p>When the treating physician or chiropractor refers the injured employee, the employee shall be entitled to have a second opinion on the issue of surgery and diagnosis from a physician or chiropractor from a panel of two (2) physicians practicing in the same specialty as the physician who recommended the surgery. In cases where the employer has provided a panel of specialists pursuant to subdivision (a)(3)(A)(i) of this section, the employee may choose one (1) of the two (2) remaining specialists to provide a second opinion on the issue of surgery and diagnosis. The employee's decision to obtain a second opinion shall not alter the previous selection of the treating physician or chiropractor. (Tenn. Code Ann. § 50-6-204(a)(3)(C))</p> <p>The employer shall provide the applicable panel of physicians or chiropractors to the employee in writing on a form prescribed by the bureau, and the employee shall select a physician or chiropractor from the panel, sign and date the completed form, and return the form to the employer. The employer shall provide a copy of the completed form to the</p>

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>reputable physicians, surgeons, chiropractors or specialty practice groups. In this case, the employee may choose a specialist physician, surgeon, chiropractor or specialty practice group to provide treatment only from the panel provided by the employer.</p> <p>(Tenn. Code Ann. § 50-6-204(a)(3)(A))</p> <p>If three (3) or more independent reputable physicians, surgeons, chiropractors, or</p>					<p>employee and shall maintain a copy of the completed form in the records of the employer and shall produce a copy of the completed form upon request by the bureau.</p> <p>(ii) In any case when the employee has been presented the physician selection form but has failed to sign the completed form and return it to the employer, the employee's receipt of treatment from any physician provided in the panel after the date the panel was provided shall constitute acceptance of the panel and selection of the physician from whom the employee received treatment as the treating physician, specialist physician, chiropractor or surgeon. (Tenn. Code Ann. § 50-6-204(a)(3)(D))</p> <p>In all cases where the treating physician has referred the employee to a specialist physician, surgeon, chiropractor or specialty practice group, the specialist physician, surgeon, or chiropractor to which the employee has been referred, or selected by the employee from a panel provided by the employer, shall become the treating physician until treatment by the specialist physician, surgeon, or chiropractor concludes and the employee has been referred back to the treating physician selected by the employee from the initial panel provided by the employer under subdivision (a)(3)(A). (Tenn. Code Ann. § 50-6-204(a)(3)(E))</p> <p>In all cases when an employee changes the employee's community of residence after selection of a physician under this subdivision (a)(3), the employer shall provide the employee, upon written request, a new panel of reputable</p>

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&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
		<p>specialty practice groups not associated in practice together are not available in the employee's community, the employer shall provide a list of three (3) independent reputable physicians, surgeons, chiropractors, or specialty practice groups not associated in practice together that are within a 125 mile radius of the employee's community of residence. For purposes of this subdivision (a)(3)(B), "not associated in practice together" means at least one (1) physician, surgeon, chiropractor, or</p>					<p>physicians, surgeons, chiropractors or specialty practice groups, as provided in subdivision (a)(3)(A), from which the injured employee shall select one (1) to be the treating physician. (Tenn. Code Ann. § 50-6-204(a)(3)(F))</p> <p>If any physician, surgeon, chiropractor or specialty practice group included on a panel provided to an employee under this subsection declines to accept the employee as a patient for the purpose of providing treatment to the employee for his workers' compensation injury, the employee may either select a physician from the remaining physicians, surgeons or chiropractors included on the initial panel provided to the employee pursuant to subdivision (a)(3)(A) or request that the employer provide an additional choice of physician, surgeon, chiropractor or specialty practice group to replace the physician, surgeon or chiropractor who refused to accept the injured employee as a patient for the purpose of treating the employee's workers' compensation injury. (Tenn. Code Ann. § 50-6-204(a)(3)(G))</p> <p>Following receipt of notice of a workplace injury and the employee expressing a need for medical care, an employer shall, as soon as practicable but no later than three (3) business days after receipt of such request, provide the employee a panel of physicians as prescribed in T.C.A. § 50-6-204. A medical provider must be qualified, willing, and able to treat in a timely manner the injury or condition reported to be listed on a panel. In the absence of evidence establishing a defense, where the employer fails to provide an appropriate</p>

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&
PANEL POSTING**

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		<p>specialty practice group is not associated in practice with another physician, surgeon, chiropractor, or specialty practice group that is on the list or panel provided to an employee pursuant to this section. (Tenn. Code Ann. § 50-6-204(a)(3)(B))</p>					<p>initial panel of physicians to the employee within three (3) business days from the date the employer has notice of a work-related injury and the employee expressed a need for medical care, or provides a panel of physicians to the employee that does not meet statutory requirements, the employer may be assessed a civil penalty as provided in 0800-02-01-.10. The determination of whether a penalty is appropriate is a determination separate from and not dependent upon the ultimate compensability of the claim. (Tenn. Comp. R. & Regs. R. 0800-02-01-.06 (1) & (2))</p> <p>Employers may direct injured employees to onsite, in-house or other similar employer-sponsored medical providers prior to providing an initial panel of physicians for an examination as allowed in T.C.A. § 50-6-204(d)(1). Having such a provider examine the injured employee does not satisfy nor alleviate the requirement for providing an appropriate panel within three (3) business days referenced in 0800-02-01-.06(2) above. Employers may list that employer-sponsored medical provider as an option on the medical panel provided the provider meets the statutory requirements; however, the employee has the ultimate decision regarding which physician is selected.</p> <p>(5) Walk-in clinics, urgent care facilities and other similar providers may be an option on a medical panel if the provider is staffed by at least one physician and the name of the staff physician or medical director is also indicated on the panel. Associated walk-in clinics, urgent care facilities and other similar providers may be listed on the same medical panel to</p>

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&
PANEL POSTING**

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							<p>the extent allowed by law provided different staff physicians or medical directors are named for each different location.</p> <p>(6) When the name of a specialty practice group, consisting of multiple physicians willing to treat workers' compensation employees, is provided as an option on any panel provided by the employer rather than individual physician's name and that group is chosen by the employee, the employee will have the final choice as to which appropriate physician within that group shall become the authorized treating physician.</p> <p>(7) Nurse Practitioners, Physician Assistants and other mid-level practice extenders under the supervision, direction and ultimate responsibility of a licensed physician accountable to the Board of Medical Examiners may provide medical treatment ordered by an attending physician to an injured employee in accordance with their licensing. Notwithstanding this use of practice extenders in treatment settings, only the supervising physician may be listed on an Employee Choice of Physician Form C-42, may determine medical causation regarding the injury, may issue a permanent impairment rating, and may determine the date of an injured employee's maximum medical improvement. (Tenn. Comp. R. & Regs. R. 0800-02-01-. 06 (4, 5, 6, 7))</p> <p>Form C42 must be used.</p> <p>https://www.tn.gov/content/dam/tn/workforce/documents/injuries/bureau-services-forms/c42.pdf</p>

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&
PANEL POSTING**

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TX	<p>Except in an emergency, the division shall require an employee to receive medical treatment from a doctor chosen from a list of doctors approved by the commissioner. A doctor may perform only those procedures that are within the scope of the practice for which the doctor is licensed. The employee is entitled to the employee's initial choice of a doctor from the division's list.</p> <p>(Tex. Lab. Code § 408.022(a))</p> <p>The division shall develop a list of doctors licensed in this state who are approved to provide</p>				<p>If an employee is dissatisfied with the initial choice of a doctor from the division's list, the employee may notify the division and request authority to select an alternate doctor. The notification must be in writing stating the reasons for the change, except notification may be by telephone when a medical necessity exists for immediate change.</p> <p>(Tex. Lab. Code § 408.022(b))</p> <p>If the injured worker is not covered by a network, the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) must first approve the injured worker's request to change treating doctor. To request a change of treating doctor, use DWC Form-053 or go to a local DWC office. (TX Dept of Insurance - Division of WC Website: https://www.tdi.texas.gov/forms/dwc/dwc053chnghdoc.pdf)</p>	Not addressed	See Direction of Care law.

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 &
 PANEL POSTING**

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	<p>health care services under this subtitle. A doctor is eligible to be included on the division's list of approved doctors if the doctor: (1) registers with the division in the manner prescribed by commissioner rules; and (2) complies with the requirements adopted by the commissioner under this section.</p> <p>(Tex. Lab. Code § 408.023(a))</p> <p>Note: This list is not the ADL, which expired 08/31/2007. TDI maintains an online listing of doctors licensed to practice in Texas through the TXCOMP Provider system. This listing</p>						

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&
PANEL POSTING**

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	can be used by injured employees to select treating doctors and other system participants to verify the status of providers. https://appscenter.tdi.texas.gov/TXCOMPWeb/common/home.jsp						
TX HCN			An injured employee is entitled to the employee's initial choice of a treating doctor from the list provided by the network of all treating doctors under contract with the network who provide services within the service area in which the injured employee lives. The following does not constitute an initial choice of treating doctor:		An employee who is dissatisfied with the initial choice of a treating doctor is entitled to select an alternate treating doctor from the network's list of treating doctors who provide services within the service area in which the injured employee lives by notifying the network in the manner prescribed by the network. The network may not deny a selection of an alternate treating doctor. (c) An employee who is dissatisfied with an alternate treating doctor must obtain authorization from the network to select any	Not addressed	See Direction of Care law for network access requirements. Per previous discussions with TX regulators, the state has advised that if a panel posting is used, it must list all treating doctors (the network is required to identify the specialties that are treating doctors) in the approved service area.

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&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>(1) a doctor salaried by the employer; (2) a doctor providing emergency care; or (3) any doctor who provides care before the employee is enrolled in the network, except for a doctor selected under Section 1305.105. (Tex. Ins. Code 1305.104(a))</p> <p>A Service Area means a geographic area within which health care services from network providers are available and accessible to employees who live within that geographic area. (Tex. Ins. Code § 1305.004(24))</p>		<p>subsequent treating doctor. The network shall establish procedures and criteria to be used in authorizing an employee to select subsequent treating doctors. The criteria must include, at a minimum, whether: (1) treatment by the current treating doctor is medically inappropriate;</p> <p>(2) the employee is receiving appropriate medical care to reach maximum medical improvement or medical care in compliance with the network's treatment guidelines; and</p> <p>(3) a conflict exists between the employee and the current treating doctor to the extent that the doctor-patient relationship is jeopardized or impaired.</p> <p>(d) Denial of a request for any subsequent treating doctor is subject to the appeal process for a complaint filed under Subchapter I.</p> <p>(e) For purposes of this section, the following do not constitute the selection of an alternate or any subsequent treating doctor: (1) a referral made by the treating doctor, including a referral for a</p>		

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Prepared By: CMP Initiation Date: 2/1/10; Revised CMP 11/3/10; Revised CMP 11/1/11; Revised CMP 1/30/12; Revised FRW 1/31/13, Revised FRW 1/31/14, Revised CRB 3/12/15, Revised CRB 2/1/16, Revised CRB 1/31/17; Revised CRB 1/31/18; Revised CRB 2/18/19; Revised SMS 2/7/20

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>Each network shall provide that network services are sufficiently accessible and available as necessary to ensure that the distance from any point in the network's service area to a point of service by a treating doctor or general hospital is not greater than: (1) 30 miles in non-rural areas; and (2) 60 miles in rural areas. (e) Each network shall provide that network services are sufficiently accessible and available as necessary to ensure that the distance from any point in the network's service area to a point of service by a specialist or</p>		<p>second or subsequent opinion; (2) the selection of a treating doctor because the original treating doctor: (A) dies; (B) retires; or (C) leaves the network; or (3) a change of treating doctor required because of a change of address by the employee to a location outside the service area distance requirements, as described by Section 1305.302(g). (f) A network shall provide that an injured employee with a chronic, life-threatening injury or chronic pain related to a compensable injury may apply to the network's medical director to use a non-primary care physician specialist that is in the network as the injured employee's treating doctor. (Tex. Ins. Code 1305.104(b)-(f)</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			specialty hospital is not greater than: (1) 75 miles in non-rural areas; and (2) 75 miles in rural areas. (28 TAC § 10.80(d)-(e))				

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&
PANEL POSTING**

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UT			<p>A preferred provider program may be developed if the preferred provider program allows a selection by the employee of more than one physician in the health care specialty required for treating the specific problem of an industrial patient.</p> <p>If a preferred provider program is developed by an insurance carrier or self-insured employer, an employee is required to use: preferred provider physicians; and preferred health care facilities. If a preferred provider program is not developed, an employee may have free choice of health care providers.</p>		<p>An injured worker may change health care providers one time without obtaining permission from the payor. The following circumstances do not constitute a change of health care provider: a treating physician's referral of the injured worker to another health care provider for treatment or consultation; transfer of treatment from an emergency room to a private physician, unless the emergency room was designated as the payor's preferred provider; medically necessary emergency treatment; a change of physician necessitated by the treating physician's failure or refusal to rate a permanent partial impairment. The injured worker shall promptly report any change of provider to the payor.</p> <p>(U.A.C. R612-300-2)</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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			(Utah Code Ann. § 34A-2-111)				

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**DIRECTION OF CARE
&
PANEL POSTING**

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VT				<p>An employer may designate the treating health care provider to initially treat an injured employee immediately following a compensable injury. Thereafter, the employee may select another health care provider upon giving the employer written notice of the employee's reasons for dissatisfaction with the health care provider designated by the employer and the name and address of the health care provider selected by the employee. The commissioner may permit an employer to refuse to reimburse a health care provider selected by the employee if notice required in this subsection is not provided to the employer unless the failure to provide notice is due to excusable neglect or inadvertence.</p> <p>(21 V.S.A. § 640 (b))</p>	<p>An employer may designate the treating health care provider to initially treat an injured employee immediately following a compensable injury. Thereafter, the employee may select another health care provider upon giving the employer written notice of the employee's reasons for dissatisfaction with the health care provider designated by the employer and the name and address of the health care provider selected by the employee.</p> <p>(21 V.S.A. § 640 (b))</p> <p>At or before initial treatment, the employer, insurance carrier or designated health care facility or provider shall provide the injured worker with a Notice of Intent to Change Health Care Provider (Form 8). At any time after the initial treatment, the injured worker may select another health care facility and/or provider by filing the completed Notice with the employer or insurance carrier. The Notice shall include the</p>	Not addressed	See Direction of Care law.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				<p>Choice of physician; notice of intent to change. An employer or insurance carrier may designate a health care facility and/or provider, as those terms are defined in 18.V.S.A. §§9432(8) and (9), to initially treat an injured employee immediately following a claimed work-related injury. 21 V.S.A. §640(b).</p> <p>(CVR 24-010-003 4.1100)</p>	<p>injured worker's reason(s) for dissatisfaction with the initially designated health care facility or provider and the name and address of the health care facility or provider with whom he or she intends to treat. 21 V.S.A. §640(b). (CVR 24-010-003 4.1110)</p>		

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**DIRECTION OF CARE
&
PANEL POSTING**

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VA		<p>As long as necessary after an accident, the employer shall furnish or cause to be furnished, free of charge to the injured employee, a physician chosen by the injured employee from a panel of at least 3 physicians selected by the employer and such other necessary medical attention.</p> <p>(Va. Code Ann. § 65.2-603 (A)(1))</p>			<p>Once treatment begins, the physician cannot be changed without approval of the employer/carrier or after a hearing by the Commission.</p> <p>(Va. Code Ann. § 65.2-603;</p> <p>16VAC30-50-20. Rule 1; VA Workers' Compensation Commission website:</p> <p>http://wvc.state.va.us/sites/default/files/documents/Injured-Workers-Guide.pdf</p>	Required	<p>As long as necessary after an accident, the employer shall furnish or cause to be furnished, free of charge to the injured employee, a physician chosen by the injured employee from a panel of at least 3 physicians selected by the employer and such other necessary medical attention. (Va. Code Ann. § 65.2-603 (A)(1))</p> <p>If the injured employee has an injury which may be treated within the scope of practice for a chiropractor, then the employer or insurer may include chiropractors on the panel provided the injured employee. (Va. Code Ann. § 65.2-603(F.))</p> <p>In previous discussions with VA regulators, the state has advised that a clinic with no physician name is not valid. The physician must be listed in order for the panel to be valid.</p> <p>Per The Employer's Obligation to Provide Medical Care in Workers' Compensation Cases document</p> <p>The employer's obligation to provide causally related medical treatment begins immediately following the work-related accident. Initially, the employer must provide the claimant a panel of at least three physicians selected by the employer. The panel must include a minimum of three physicians who are not in the same practice group or who do not otherwise share a community of interest. The initial panel may include medical care providers whose special area of practice is relevant to the medical condition.</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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							<p>The claimant choose one physician from this panel who then becomes the primary or authorized treating physician for the work-related injury. http://vwc.state.va.us/sites/default/files/documents/Injured-Workers-Guide.pdf</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
WA	<p>Upon the occurrence of any injury to a worker entitled to compensation under the provisions of this title, he or she shall receive proper and necessary medical and surgical services at the hands of a physician or licensed advanced registered nurse practitioner of his or her own choice, if conveniently located, except as provided in (b) of this subsection, and proper and necessary hospital care and services during the period of his or her disability from such injury.</p> <p>Once the provider network is established in the worker's geographic</p>				<p>All transfers from one network provider to another must be approved by the department or self-insurer. Normally transfers will be allowed only after the worker has been under the care of the attending provider for sufficient time for the provider to: Complete necessary diagnostic studies, establish an appropriate treatment regimen, and evaluate the efficacy of the therapeutic program. Under RCW 51.36.010 the worker is entitled to free choice of treating provider. Except as provided under subsections (1) through (7) of this section, no reasonable request for transfer to a network provider will be denied. The worker must be advised when and why a transfer is denied.</p> <p>(WAC 296-20-065)</p>	Not allowed	In previous discussions with WA regulators, the state has advised that posting panels is prohibited altogether because it runs counter to the intent of the direction of care laws.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>area, an injured worker may receive care from a non-network provider only for an initial office or emergency room visit.</p> <p>(Rev. Code Wash. (ARCW) § 51.36.010 (2)(a), (b))</p> <p>Upon receipt of such notice of accident, the department shall immediately forward to the worker or his or her beneficiaries or dependents notification, in nontechnical language, of their rights under this title. The notice must specify the worker's right to receive health services from a physician or a licensed advanced registered nurse</p>						

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	practitioner of the worker's choice under RCW 51.36.010, including chiropractic services under RCW 51.36.015, and must list the types of providers authorized to provide these services. (Rev. Code Wash. (ARCW) § 51.28.010(2))						

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**DIRECTION OF CARE
&
PANEL POSTING**

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WV	If the employer does not provide a managed health care plan or program, the claimant may select his or her initial health care provider for treatment of a compensable injury or disease, except as provided under subdivision (3) of this subsection. If a claimant wishes to change his or her health care provider and if his or her employer has established and maintains a managed health care plan, the claimant shall select a new health care provider through the managed health care plan. A claimant who has used the providers under the employer's managed health care plan may select a health care provider outside the				<p>If a claimant seeks to change his or her initial choice of health care provider where neither the employer nor the commission had an approved health care management plan at the time the initial choice was made, and if the claimant's employer does not provide access to such a plan as part of the employer's general health insurance benefit, then the claimant shall be provided with a new health care provider from the commission's managed health care plan available to him or her.</p> <p>(W. Va. Code § 23-4-3 (b)(3)(B))</p> <p>Injured workers must request authorization from the Commission, Insurance Commissioner, private carrier or self-insured employer, whichever is applicable, to change the treating physician of record in their claim. This rule does not apply in the following cases:</p> <p>a. Care transferred after initial emergency or first aid treatment if done so within 30 days of the date of injury;</p>	Not addressed	See Direction of Care law.

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&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	<p>employer's plan for treatment of the compensable injury or disease if the employee receives written approval from the commission to do so and the approval is given pursuant to criteria established by rule of the commission. (3) If the commission enters into an agreement which has been approved by the board of managers with a managed health care plan, including, but not limited to, a preferred provider organization or program, a health maintenance organization or managed care organization or other health care delivery organization or organizations or other medical cost</p>				<p>b. Care transferred to a specialist by the original treating physician; or c. Care where an unforeseen emergency develops which requires special facilities and skills are not available to the treating physician or hospital.</p> <p>(W. Va. CSR § 85-20-6 6.7.)</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

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	<p>containment relationship with the providers of medical, hospital or other health care, then: (A) If an injured employee's employer does not provide a managed health care plan approved by the commission for its employees as described in subdivision (2) of this subsection, the commission may require the employee to use health care providers authorized by the commission's managed health care plan for care and treatment of his or her compensable injuries;</p> <p>(W. Va. Code § 23-4-3 (b)(2) & (3))</p>						

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**DIRECTION OF CARE
&
PANEL POSTING**

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WV MHCP			<p>A self-insured employer or a private carrier may:</p> <p>(2) Require employees to obtain medical and health care services for their industrial injuries from those organizations and persons with whom the self-insured employer or private carrier has contracted or as the self-insured employer or private carrier otherwise prescribes.</p> <p>(W. Va. Code § 23-2C-17(d))</p> <p>The provisions of this subsection shall not prohibit an employer, the successor to the commission, other private carrier or self-insured</p>		<p>A self-insured employer or a private carrier may: (2) Require employees to obtain medical and health care services for their industrial injuries from those organizations and persons with whom the self-insured employer or private carrier has contracted or as the self-insured employer or private carrier otherwise prescribes.</p> <p>(W. Va. Code § 23-2C-17(d))</p> <p>The provisions of this subsection shall not prohibit an employer, the successor to the commission, other private carrier or self-insured employer from participating in a managed health care plan, including, but not limited to, a preferred provider organization or program or a health maintenance organization or managed care organization or other medical cost containment relationship with the providers of medical, hospital or other health care. An employer, successor to the commission, other private carrier or self-insured employer</p>	Not addressed	See Direction of Care law for network access requirements.

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>employer from participating in a managed health care plan, including, but not limited to, a preferred provider organization or program or a health maintenance organization or managed care organization or other medical cost containment relationship with the providers of medical, hospital or other health care. An employer, successor to the commission, other private carrier or self-insured employer that provides an MHCP approved by the commission or, upon termination of the commission, the insurance commissioner, for its employees or the employees of its insured may require</p>		<p>that provides an MHCP approved by the commission or, upon termination of the commission, the insurance commissioner, for its employees or the employees of its insured may require an injured employee to use health care providers authorized by the MHCP for care and treatment of his or her compensable injuries. (W. Va. Code § 23-4-3</p> <p>(b)(2))</p> <p>All MHCPs submitted for approval shall include the following features:</p> <p>b. The injured worker shall be allowed a reasonable choice of providers within the plan;</p> <p>c. Adequate specialty and subspecialty providers, and general and specialty hospitals must be provided for to afford employees reasonable choice and convenient geographic accessibility to all categories of licensed care. Primary care available within 75 driving miles of the employer's facility is presumed</p>		

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>an injured employee to use health care providers authorized by the MHCP for care and treatment of his or her compensable injuries. (W. Va. Code § 23-4-3</p> <p>(b)(2))</p> <p>All MHCPs submitted for approval shall include the following features:</p> <p>b. The injured worker shall be allowed a reasonable choice of providers within the plan;</p> <p>c. Adequate specialty and subspecialty providers, and general and specialty hospitals must be provided for to afford employees</p>		<p>to be geographically reasonable unless the standard of care within the community extends this distance. The availability of secondary and tertiary care shall not be governed by the 75 mile standard;</p> <p>(W. Va. CSR § 85-21-4.1(b)-(c))</p>		

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 Prepared By: CMP Initiation Date: 2/1/10; Revised CMP 11/3/10; Revised CMP 11/1/11; Revised CMP 1/30/12; Revised FRW 1/31/13, Revised FRW 1/31/14, Revised CRB 3/12/15, Revised CRB 2/1/16, Revised CRB 1/31/17; Revised CRB 1/31/18; Revised CRB 2/18/19; Revised SMS 2/7/20

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
			<p>reasonable choice and convenient geographic accessibility to all categories of licensed care. Primary care available within 75 driving miles of the employer's facility is presumed to be geographically reasonable unless the standard of care within the community extends this distance. The availability of secondary and tertiary care shall not be governed by the 75 mile standard; (W. Va. CSR § 85-21-4.1(b)-(c))</p>				

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Data Classification: Public Domain Data

**DIRECTION OF CARE
&
PANEL POSTING**

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WI	<p>The employer shall offer to the injured employee his/her choice of any physician, chiropractor, psychologist, dentist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed to practice and practicing in the state for treatment of the injury. By mutual agreement, the employee may have the choice of any qualified practitioner not licensed in this state.</p> <p>In case of emergency, the employer may arrange for treatment without tendering a choice. After the emergency has passed the employee shall be given his or her choice of attending</p>				<p>The employee has the right to a second choice of attending practitioner on notice to the employer or its insurance carrier. Any further choice shall be made by mutual agreement. Partners and clinics are considered to be one practitioner. Treatment by a practitioner on referral from another practitioner is considered to be treatment by one practitioner. (Wis. Stat. § 102.42 (2)(a))</p>	Not addressed	<p>In previous discussions with the State’s Workers’ Compensation Division’s Dispute Resolution Department, the Agency has interpreted the direction of care laws as prohibiting posting because there have been instances in which an employee has felt pressured, whether real or perceived, or been made to choose a provider from the list of providers posted, which is in direct contention with the intent of the law.</p> <p>Upon further discussion with the Workers’ Compensation Division regarding adding a disclaimer to the posting, the state advised that, if a panel were to be posted, such posting must contain language making it abundantly clear that use of the providers listed was voluntary and that choosing to not use a provider listed would not affect the employee’s benefits under the workers’ compensation laws.</p>

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
	practitioner at the earliest opportunity. (Wis. Stat. § 102.42 (2)(a))						

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**DIRECTION OF CARE
&
PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
WY				<p>Subject to subsection (h) of this section, an employer or the Division may designate health care providers to provide nonemergency medical attention to his employees or to claimants under this act. Except as provided in subsection (h) of this section, the employee may for any reason, select any other health care provider. If the employee selects a health care provider other than the one (1) selected by the employer or the division, the employer or division may require a second opinion from a health care provider of their choice. (Wyo. Stat § 27-14-401(f))</p> <p>Subsection h: In the case of an inmate employed in a correctional industries program authorized by W.S. 25-13-101 through 25-13-107 or performing services pursuant to W.S. 7-16-202, the dept. of corrections shall</p>	<p>A worker wishing to change treating health care providers while under treatment shall file a written request with the Division, stating all reasons for the change and the name of the intended new treating health-care provider. The Division shall send notice of the change to the employer, the worker, and the current and intended new treating health care providers.</p> <p>(WCWR 053-0021-7Section 3(a)(ii))</p>	Not addressed	See Direction of Care law.
	Exclusive State Fund for extra-hazardous industry groups only.						

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**DIRECTION OF CARE
 &
 PANEL POSTING**

State	Employee Selects	Employee Selects from Panel	Employee Selects from Network	Employer or Carrier Selects	Change of Provider	Panels	Panel Provisions
				select the health care provider for the inmate (Wyo. Stat. § 27-14-401(h))			

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DIRECTION OF CARE

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PANEL POSTING

Version Control

Version	Date	Reviewed	Revised	Approved	Change Description	Content Manger
1	2/1/10	Regulatory Compliance		RC	Initial Document	C. Phillips
2	11/3/10	Regulatory Compliance	X	RC	Revisions to: AZ, CO, RI PPN	C. Phillips
3	11/1/11	Regulatory Compliance	X	RC	Revisions to: IL, KY, MT, MT MCO, NC, OK, OK MCO OR	C. Phillips
4	1/30/12	Regulatory Compliance	X	RC	Revisions to: CA MPN, ID, MI	C. Phillips
5	1/31/13	Regulatory Compliance	X	RC	Revisions to: CA, DC MCO, GA, GA MCO, NM, ND, OK, OK MCO, OR MCO, VA, WA	F. White

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Data Classification: Public Domain Data



DIRECTION OF CARE

&

PANEL POSTING

Version Control

Version	Date	Reviewed	Revised	Approved	Change Description	Content Manger
6	1/31/14	Regulatory Compliance	X	RC	Revisions to: CA, CA HCO, CA MPN, MT MCO, ND, OK, OK MCO, UT, WA	F. White
7	3/12/15	Regulatory Compliance	X	RC	Revisions to: CO, GA, MI, MS, MT, NC, TN, VA	R. Beck
8	2/1/16	Regulatory Compliance	X	RC	Revisions to: AZ, CA, CO, GA, IL, IN, OR, TN, VT	R. Beck
9	1/31/17	Regulatory Compliance	X	RC	Revisions to: CO	R. Beck
10	1/31/18	Regulatory Compliance	x	RC	Revisions to: CO, DC MCO, MT, NH HCO, NJ, NM, NC, ND, OR, OR MCO, TN, VA, WY	R. Beck
11	2/18/19	Regulatory Compliance	x	RC	Revisions to: AZ, CO, ID, NC MCO, OR, OR MCO, TN, TX, UT, DC MCO, KY	R. Beck
12	2/___/20	Regulatory Compliance	X	RC	Revisions to: AZ, CA, CA MPN, CO, CT, CT MCO, DC MCO, IL, KY, KY MCP, MI, MT, MT MCO, NE, NV, NJ,	S. Stewart

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DIRECTION OF CARE

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PANEL POSTING

Version Control

Version	Date	Reviewed	Revised	Approved	Change Description	Content Manger
					NJ MCO, NM, NY ROC, NY PPO, NC, NC MCO, ND, OH, OH QHP, OH SELF-INSURED, OR, OR MCO, RI, RI PPN, TN, TX, UT, WI	

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