2019 Senate Bill
381
Implementation
for Insurers

Presumptions

- Choice of treating physician or chiropractor is a substantive right and benefit
- Adequate choice of physicians and chiropractors is also a substantive right

SB 381: Insurers' Provider Lists

Not less than 12 health care providers (HCPs) in listed specialties

Not less than 8 HCP in unlisted specialties

If not, HCPs on WCS Treating (Tx) Panel must be included on insurer's list

SB 381: Insurers' HCP Lists

County population >100,000 (Clark/Washoe) not less than number of HCP as above (12/8) that maintain active practice and physical address in that county

Defaults to WCS Tx Panel if insurer's list does not meet requirements

SB 381: Insurers

After 90 days, change of tx provider subject to approval by insurer or by order of Hearing/Appeals Officer

If change of provider requested, insurer, not HCP, must provide list of HCPs on their list with that specialty

SB 381: Insurers

Injured employee has 14 days from receipt of list to select treating HCP

Insurer has 10 days to grant/deny written request for change of treating HCP

SB 381: Insurers

If insurer takes no action for change within 10 days, request deemed granted

Same process applies if treating HCP refers IE to specialist

An IE may receive tx by >1 HCP if insurer authorizes (written) or ordered by HO/AO

Change of Tx HCP Requested

 IE or tx HCP requests written change of tx HCP/ or HCP referral to specialist

Insurer provides their list of each HCP with that specialty to IE Insurer has 10 days to respond to IE's HCP choice

 IE selects new tx HCP and provides written choice to insurer Insurer grants or denies request

If no action taken, request deemed granted

SB 381: WCS Tx Panel

- Name
- Degree (MD/DO/DC)
- Legal Name of Practice
- "Doing Business as"(DBA) name

- Address, phone # of every location HCP practices
- Every discipline or specialization HCP practices
- Every condition and body part HCP treats

Revised WCS Tx Panel Application

- Contains all required elements
- ► Includes agreement to update WCS Medical Unit in writing of any changes within 14 days of change
- WCS revised Tx Panel developed jointly with current Tx Panel
- Revised Tx Panel post on WCS website by 7/1/2020

Insurers' HCP List # WCS Tx Panel

Insurers' Provider Lists

County requirements: County 100,000 or more, include 12/8 HCPs of specialties listed/unlisted that also maintain active practice and physical office in county

WCS Tx Panel

- Practice legal name/DBA
- Every location HCP practices
- Every condition and body part treated
- (Will include county and date last updated - not required)

Insurers' Lists — WCS: Insurers' Duties

Insurers' lists must be certified by licensed adjuster (NRS 684A) Insurers submit lists (email) to WCS Medical Unit in PDF format only

Insurers must submit list to WCS by 10/1 each year

Insurers' Lists > WCS: WCS Duties

WCS stamps date received/filed

WCS posts insurers'
lists on WCS
website as
submitted

WCS refers those who request copies of insurers' lists to WCS website

Insurer: Removing Listed HCP

- ► Insurer must remove HCP from their list at HCP's written request and from next list submitted to WCS
- ► HCP may not be removed from list involuntarily except for "good cause"

Good Cause defined: HCP...

Deceased or Disabled

License suspended or revoked

Convicted of felony

Convicted of crime per NRS 616D

Removed from WCS Tx Panel for failure to comply with standards of treatment

WCS Standards of Treatment

- American College of Occupational and Environmental Medicine (ACOEM Guidelines)
- Published by Reed Group
- Available online only
- Includes drug formulary

Insurer: Removing Listed HCP

- ► IE may continue to treat with HCP removed from insurer's list (unless removed from WCS Tx Panel for failure to comply with WCS standards of treatment) even if:
 - Employer changes insurer/claims administrator and
 - HCP agrees to reimbursement at previous rates or newly negotiated rates not exceeding NV Medical Fee Schedule

- WCS manages WCS Tx Panel; insurers manage their provider lists
- WCS does not contract with HCPs
- WCS Tx Panel providers' credentialing information confidential
- WCS does not accept credentialing by outside vendors
- WCS Tx Panel updated weekly on WCS website

- All HCPs (including those currently listed on WCS Tx Panel) required to complete revised application to WCS Tx Panel of Physicians and Chiropractors
- New application for physicians and chiropractors anticipated posted on WCS website 11/14/2019
- Applications will be processed as quickly as possible
- Current WCS Tx Panel used until revised WCS Tx Panel posted on WCS website (by 7/1/2020)

- Removal from insurer's list ≠ removal from WCS Tx Panel
- WCS Tx Panel providers agree to be removed from WCS Panel if unwilling to treat injured employees
- WCS will notify insurers/TPAs/MCOs (located within HCP's practice area) via email if provider suspended or removed from WCS Tx Panel (NAC 616C.012)

WCS Tx Panel providers may be removed from WCS Panel if (NAC 616C.006):

Fraudulent billing or reporting

Failure to observe rules of treatment (NAC 616C.129)

Disciplinary action for fraud, abuse or quality of care

Unprofessional or discriminatory conduct

Tx not sanctioned by peers or medical authority as beneficial for injury or disease

Failure to comply with Nevada Medical Fee Schedule

WCS Tx Panel providers may be removed from WCS Panel if (NAC 616C.006):

Convicted of a felony

Convicted of offense related to drug abuse including excessive prescription of drugs

Violation of NRS 616C.040 (C-4s) or 616C.135 (failure bill w/c insurer/TPA)

Continued failure to obtain prior authorization for diagnostic tests

Continued failure to obtain prior authorization for surgical consultations

Actions WCS considers detrimental to IE, employer, insurer or industrial insurance program

FAQ: Insurers' Provider Lists

- Requires certification by licensed claims adjuster
- TPAs may file provider lists on behalf of insurer if administering claims for insurer (clearly label provider lists including who may use which list)
- Insurers' lists may contain providers that are not listed on WCS Tx Panel

FAQ: Insurers' Provider Lists

- Must be submitted in PDF format to WCS by 10/1 annually – beginning 10/1/20
- ► Submit to medpanels@business.nv.gov only
- WCS will date stamp provider lists when received
- WCS not responsible for content of insurers' provider lists; will be posted on WCS website "as is"

FAQ: Insurers' Provider Lists

- If list is non-compliant in one specialty ≠ invalidate remainder of insurers' provider list
 - IE may choose provider in that specialty/area of practice from WCS Panel
- ► <u>All</u> insurers' provider lists must be submitted to WCS for posting on WCS website (no unpublished provider lists)

FAQ: WCS Complaint Process

- WCS Complaint process remains unchanged
- Complaints against HCPs may be submitted to WCS
 Medical Unit with supporting documentation
- Reviewed and possibly investigated on a case by case basis
- Complaint based on specific violation regarding specific claim (not generalized)
- Completed in 30 days

FAQ: WCS Complaint Process

- NV workers' compensation standards of practice = ACOEM Guidelines
 - Treatment recommended or not recommended based on strength of evidence
 - HCP may submit reason(s) for treatment outside of ACOEM Guidelines
- Non-workers' compensation standards of practice defined by licensing authority only

FAQ: WCS Complaint Process

- WCS does not have jurisdiction over licensing
- Any disciplinary actions WCS may take against HCPs, except suspension and/or removal from WCS Tx Panel, considered confidential between WCS and HCP
- WCS cannot compel HCPs to accept workers' compensation patients

NRS 616C.490 - PPD Requests

Independent Medical Evaluations (IMEs)

- Used to clarify compensability, second opinions, transfers of care, claim closures, body parts
- Determine maximum medical improvement (MMI)
- No D-35 Form required

Permanent Partial Disability (PPD) Evaluations

- Used to obtain impairment rating
- ▶ IE must be at MMI
- Submit D-35 Form to WCS
- Unlimited PPD requests

Implementation Dates

1/1/20

- SB 381 effective
- WCS revising WCS Tx Panel; current WCS Tx Panel posted in use
- Insurers refining their provider lists

7/1/20

- WCS Tx Panel (revised) posted on WCS website; previous Tx Panel invalid
- Insurers continue refining their provider lists

10/1/20

- Insurers submit their provider lists to WCS
- WCS posts insurers' provider lists on WCS website

Help Us Help YOU Better

We have new Medical Unit email addresses

For applications to either the WCS Treating Panel or the WCS Rating Panel, use:

medpanels@dir.nv.gov

For C-4 Forms (at WCS direction) and D-35 Forms, use: medunit@dir.nv.gov

For PPD reports, use:

PPDreports@dir.nv.gov

Medical Unit (MU) Contacts

Las Vegas (702) 486-9080 fax (702) 486-8713

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kgodwin@dir.nv.gov (preferred)

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Sherry Crance, RN, MU Supervisor (North)

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NEW MU Email Addresses

TX and Rating Panel applications (ONLY):

medpanels@dir.nv.gov

D-35 Forms and C-4 Forms (ONLY):

medunit@dir.nv.gov

PPD Reports (ONLY):

PPDreports@dir.nv.gov

Your Turn ... Questions and Comments

