

HOUSE BILL NO. 313

INTRODUCED BY A. OLSEN

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A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE TERMS FOR AN INJURED WORKER TO DESIGNATE A TREATING PHYSICIAN FOR WORKERS' COMPENSATION PURPOSES; REVISING REFERENCES TO MANAGED CARE OR PREFERRED PROVIDER ORGANIZATIONS USED AS A TREATING PHYSICIAN; AMENDING SECTIONS 39-71-1101, 39-71-1102, AND 39-71-1103, MCA; AND PROVIDING AN EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 39-71-1101, MCA, is amended to read:

"39-71-1101. Choice of health care provider by worker -- insurer designation or approval of treating physician or referral to managed care or preferred provider organization -- payment terms --

definition. (1) ~~(a)~~ Prior to the insurer's designation or approval of a treating physician as provided in subsection (2) or a referral to a managed care organization or preferred provider organization as provided in subsection (8); ~~a~~ A worker may choose a person who is listed in 39-71-116(41) for initial treatment and, after initial treatment and diagnosis, may designate that person or another person meeting the criteria set forth in 39-71-116(41) as a treating physician.

(b) The insurer may verify that the designated person agrees to carry out the responsibilities in subsection (2). ~~Subject to subsection (2), if the person listed under 39-71-116(41) chosen by the worker agrees to comply with the requirements of subsection (2), that person is the treating physician.~~

~~(2) Any time after acceptance of liability by an 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;

(b) shall provide timely determinations required under this chapter, including but not limited to maximum medical healing, physical restrictions, return to work, and ~~approval~~ review of job analyses; ~~and shall provide documentation;~~

(c) shall provide, recommend, or arrange for treatment within the utilization and treatment guidelines or



1 obtain prior approval for other treatment; and

2 (d) shall conduct, recommend, or arrange for timely impairment ratings.

3 (3) A designation of a treating physician must take into account and give due consideration to the type
4 of injury or occupational disease as well as address practical considerations, including the worker's proximity to
5 and the availability of the treating physician.

6 (4) The treating physician may be changed at any time with the consent of the worker and the insurer
7 that has accepted liability for the claim. Refusal to consent to a change in treating physician is subject to
8 mediation.

9 ~~(3)~~(5) The treating physician may refer the worker to other health care providers for medical services,
10 as provided in 39-71-704, for the treatment of a worker's compensable injury or occupational disease. A health
11 care provider to whom the worker is referred by the designated treating physician is not responsible for
12 coordinating care or providing determinations as required of the treating physician.

13 ~~(4)~~(6) The treating physician ~~designated or approved by the insurer~~ must be reimbursed at 110% of the
14 department's fee schedule.

15 ~~(5)~~(7) A health care provider to whom the worker is referred by the treating physician must be reimbursed
16 at 90% of the department's fee schedule.

17 ~~(6)~~(8) A health care provider providing health care on a compensable claim prior to the designation ~~or~~
18 ~~approval of the a~~ treating physician ~~by the insurer~~ must be reimbursed at 100% of the department's fee schedule.

19 ~~(7)~~(9) Regardless of the date of injury or diagnosis of an occupational disease, the medical fee schedule
20 rates in effect as adopted by the department in 39-71-704 and the percentages referenced in subsections ~~(4)~~ (6)
21 through ~~(6)~~ (8) of this section apply to the medical service (6) on the date on which the medical service was provided.

22 ~~(8)~~(10) The insurer may ~~direct~~ recommend in writing that the injured worker to use a managed care
23 organization or a preferred provider organization ~~for designation of~~ in designating the treating physician.

24 ~~(9)~~(11) ~~After the insurer directs a worker to~~ If the injured worker designates a managed care
25 organization, ~~or a~~ preferred provider organization, or an individual qualified under 39-71-116(41) within either type
26 of organization as a treating physician, a health care provider who otherwise qualifies as a treating physician but
27 who is not a member of a managed care organization or the designated preferred provider organization may not
28 provide treatment at rates paid to treating physicians unless authorized by the insurer.

29 ~~(10)~~(12) ~~After the date that a worker subject to the provisions of subsection (9) receives individual written~~
30 ~~notice of a referral, the worker must, unless otherwise authorized by the insurer, receive medical services from~~

1 ~~the organization designated by the insurer, in accordance with 39-71-1102 and 39-71-1104. The designated~~
 2 ~~treating physician in the organization then becomes the worker's treating physician. The~~ If an injured worker
 3 accepts the insurer's recommendation to use a managed care organization or a preferred provider organization
 4 as a treating physician, the insurer is not liable for medical services obtained otherwise outside of the
 5 recommendations by the managed care organization or the preferred provider organization, except that a worker
 6 may receive immediate emergency medical treatment for a compensable injury or occupational disease from a
 7 health care provider who is not a member of a managed care organization or a preferred provider organization.

8 ~~(11) Posting of managed care requirements in the workplace on bulletin boards, in personnel policies,~~
 9 ~~in company manuals, or by other general or broadcast means does not constitute individual written notice. To~~
 10 ~~constitute individual written notice under this section, information regarding referral to a managed care~~
 11 ~~organization must be provided to the worker in written form by mail or in person after the date of injury or~~
 12 ~~occupational disease."~~

13

14 **Section 2.** Section 39-71-1102, MCA, is amended to read:

15 **"39-71-1102. Preferred provider organizations -- establishment -- limitations.** (1) ~~In order to~~ To
 16 promote cost containment of medical care provided for in 39-71-704, development of preferred provider
 17 organizations by insurers is encouraged. Insurers may establish arrangements with suppliers of soft and durable
 18 medical goods and health care providers in addition to or in conjunction with managed care organizations.
 19 Workers' compensation insurers may contract with other entities to use the other entities' preferred provider
 20 organizations. After the date that an injured worker ~~is given an individual written notice by~~ notifies the insurer of
 21 ~~a~~ the injured worker's agreement to use the insurer's preferred provider, the insurer is not liable for charges from
 22 nonpreferred providers, unless the injured worker is in need of emergency medical treatment. If the injured worker
 23 requires immediate emergency medical treatment for a compensable injury or occupational disease, the insurer
 24 shall pay for the emergency medical treatment at 100% of the department's fee schedule even if the emergency
 25 medical treatment is from a health care provider outside of the preferred provider organization.

26 (2) ~~Posting of preferred provider requirements in the workplace on bulletin boards, in personnel policies,~~
 27 ~~in company manuals, or by other general or broadcast means does not constitute individual written notice. To~~
 28 ~~constitute individual written notice under this section, information regarding referral to preferred providers must~~
 29 ~~be provided~~ An insurer that contracts with a preferred provider organization shall provide a recommendation for
 30 use of the preferred provider organization to the worker in written form by mail or in person after the date of injury

1 or occupational disease."

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3 **Section 3.** Section 39-71-1103, MCA, is amended to read:

4 **"39-71-1103. Workers' compensation managed care.** ~~(1) A managed care system is a program~~
5 ~~organized to serve the medical needs of injured workers in an efficient and cost-effective manner by managing~~
6 ~~the delivery of medical services for a defined population of injured workers, pursuant to 39-71-1101, through~~
7 ~~appropriate health care professionals. (1) (a) Designation of a treating physician who is part of a managed care~~
8 ~~organization is the same as designating any member of that managed care organization as a treating physician,~~
9 ~~if the member is otherwise qualified as a treating physician.~~

10 (b) If, after designating a treating physician in a managed care organization, an injured worker requires
11 immediate emergency medical treatment for a compensable injury or occupational disease, the insurer shall pay
12 for the emergency medical treatment at 100% of the department's fee schedule even if the emergency medical
13 treatment is from a health care provider outside of the managed care organization.

14 (2) The department shall develop criteria pursuant to 39-71-1105 for certification of managed care
15 organizations. The department may adopt rules for certification of managed care organizations.

16 (3) Insurers may contract with certified managed care organizations for medical services for injured
17 workers. A worker who is subject to managed care may choose from managed care organizations in the worker's
18 community that have a contract with the insurer responsible for the worker's medical services."

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20 NEW SECTION. **Section 4. Effective date.** [This act] is effective July 1, 2019.

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