

Client Advisory

August 11, 2020

Subject: Nevada SB 381 State Mandated Requirements for Workers' Compensation Treating Physicians

Effective July 1, 2020, NV Senate Bill 381 ([SB 381](#)), administered by the State of Nevada, Division of Industrial Relations (DIR), Workers' Compensation Section (WCS), requires all Medical Doctors (MD), Doctors of Osteopathy (DO), and Chiropractors (DC) treating workers' compensation patients in the state to complete a state application form to be added to the state's Treating Panel of Physicians and Chiropractors. Applications must be approved by the DIR in order to continue treating and evaluating workers' compensation patients in the state and to be reimbursed for services provided. Providers who completed the required application but were denied approval, are no longer permitted to treat patients in the Nevada Workers' Compensation system. Providers who have yet to apply, or have applied and are still awaiting results, are also ineligible to treat or to be reimbursed until such time as they complete the application and are approved by the DIR. The state is continuing to process applications as they are submitted, and to update their list of providers on a weekly basis.

SB381 created state-specific requirements impacting all MD/DC/DO providers in Nevada and is not exclusive to the Coventry network. Although the Coventry network includes many state-approved Nevada physicians, particularly in Clark (Las Vegas) and Washoe (Reno) counties, there are still over 3,900 Coventry directly contracted and leased network providers in Nevada who have not yet gained state approval as of July 1, 2020. Many providers have simply not yet completed the mandatory application process. To assist providers with the process and to address its implications for injured workers, providers, and clients, Coventry has taken several proactive steps.

The Coventry network has undertaken a multi-pronged communication approach to proactively encourage NV providers to complete the state's application process. Those steps have included:

- Communicating with providers via email and fax detailing the state requirements on provider-facing web sites including [coventryprovider.com](#) and [coventrywcs.com](#)
- Targeting outreach to non-approved providers to walk them through the state application process
- Mailing provider recruitment packets detailing SB381 provider requirements
- Contacting all newly contracted Nevada providers and including the instructions referenced above
- Providing information about the SB381 application process via the Coventry Service Team for all incoming Nevada provider calls
- Engaging with our Outcomes-Based Network (OBN) providers to ensure compliance and provide assistance when needed

Additional SB381-related communication efforts have included:

- Partnering with the State of Nevada, Division of Industrial Relations (DIR), to ensure correct compliance
- Partnering with various internal and external resources to communicate these requirements to providers

While the state is making an earnest effort to process applications as expediently as possible, and the approved physician list is being updated on a weekly basis, several factors are impacting timeliness of the overall process including:

- The approved provider list does not include National Provider Identifiers (NPI) or other numeric identifiers, making provider identification difficult
- Applications must be submitted by each physician directly, so Coventry cannot complete the application for non-compliant physicians on their behalf
- There is no mechanism for identifying which providers have already submitted their application until such time as they are approved

- DIR staff resources for this initiative are extremely limited

To manage non-approved Nevada providers, Coventry is working with our operations team to address channeling and bill review issues. To avoid channeling to non-approved providers we have coordinated with TalisPoint© to manage the approval list on a weekly basis. In addition, the expectation is that non-approved providers will not be paid and bills from them will be rejected. To address this, we have engaged with our bill review partner Conduent.

Coventry is also working with TalisPoint to address and add nine new practice focuses to our provider channeling tool, as required by the State. These practice focuses are not subspecialties used by other states and are unique to orthopedic surgery for Nevada. To date, these new fields are not visible to clients, and we have partnered with TalisPoint to remedy this issue. In addition, we are working with Conduent to manually identify NPIs to validate against the weekly table to update approved providers. We are also developing a process to ensure that all bills are repriced appropriately based on state requirements.

Coventry is doing everything possible to respond to the requirements in this law for all parties involved. If you have additional questions, please contact your Account Manager.

Additional information is available at:

Statute Full Text: <https://www.legiscan.com/NV/bill/SB381/2019>

Implementation for Insurers: <http://dir.nv.gov/uploadedFiles/dirnvgov/content/WCS/TrainingDocs/1-%20PM.pdf>

Training Information: <http://dir.nv.gov/WCS/Training/>