

Guide to Health Care Provider Selection



In the New Mexico workers' compensation system, choosing a Health Care Provider (HCP) after a workplace injury must follow a specific process.

NM Statute 52-1-49: Reasonable and necessary medical care from a health care provider after a workplace injury

Care should be timely



If the Injury is an Emergency

- Seek immediate medical care
- Emergency care does not count as a selection of HCP
- However, a referral from the emergency care provider *IS* considered a selection



HCP Selection Starts with the Employer

- Employers have the right to make first selection of a health care provider (HCP) for injured workers.
- The employer should inform workers in writing of the HCP choice and where to seek treatment for a workplace injury;
- ***Or***
- Whether the employer will allow the worker to make the first selection of the HCP.



What happens if the employer has *not* notified workers in writing about the HCP selection policy?



- Ask your employer who you should see after an injury.
- If your employer instructs you to see a particular HCP, you should see that HCP.
- The HCP selection is also on the Notice of Accident (NOA) form, so technically, notification in writing of the selection process can take place through the Notice of Accident form.

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado
by an occupational disease at approximately _____, on _____, 20_____.
por enfermedad de oficio aproximadamente (time/la(s) hora(s)) el (date/fecha) del 20_____.
Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: ¿Dónde ocurrió el accidente?
What happened? _____
¿Qué ocurrió? _____

To be completed by Employer: Completado por el empleador: If Yes, Employer has right to change health care provider after 60 days. En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.	Worker will choose health care provider. Yes ___ No ___ Trabajador elegirá proveedor de atención médica. If No, Worker has the right to change health care provider after 60 days. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.
WORKER'S INITIALS _____ INICIALES DEL TRABAJADOR	

Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1 Employer/employee: Each keep one copy. ---SEE BACK OF THIS FORM---
Empleador/empleado: Retener una copia. ---VER AL REVERSO DE ESTA FORMA--

Worker --
For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador
Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 568-7310
Hobbs: (575) 397-3425 - 1 (800) 934-2450

Las Cruces: (575) 524-6246 - 1 (800) 870-6826
Las Vegas: (505) 454-9251 - 1 (800) 281-7889
Roswell: (575) 623-3997 - 1(866) 311-8587

Santa Fe: (505) 476-7381



The party *not* making the first selection may change the HCP after 60 days.

- Changing the HCP is done by filing a “Notice of Change of HCP” form and submitting it to the other party.
- This form may be submitted as early as the 50th day after treatment has started.
- The form is found on the WCA Forms webpage.
- <https://workerscomp.nm.gov/NMWCA-Forms>



NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION NOTICE OF CHANGE OF HEALTH CARE PROVIDER

A party has filed a Notice of Change of Health Care Provider in your workers' compensation case pursuant to Section 52-1-49 of the New Mexico Workers' Compensation Act or Section 52-3-15 of the New Mexico Occupational Disablement Law. If you are the injured worker, you must change to the health care provider named below within 10 days of the postmark or delivery date of this notice. You may object to the change by filing an "Health Care Provider Disagreement Form" with the Workers' Compensation Administration within 3 days of receipt of this notice. If you do not file the Objection within 3 days, the change will be binding. If you file the Objection after 3 days, the change will remain in effect unless it is changed by the court.

The party making the change is: _____
This notice was sent to: _____

Worker's Name: _____ Employer's Name: _____
Address: _____ Address: _____
Telephone No.: _____ Telephone No.: _____

Insurance Company: _____ Claims Representative: _____
Address: _____ Telephone No.: _____

Worker's Attorney, if any: _____ Employer's Attorney, if any: _____
Address: _____ Address: _____

Date of Accident: _____ County of Accident: _____
Type of Injury: _____

Current health care provider: _____
Address: _____ Telephone No.: _____

Proposed health care provider (must be licensed in New Mexico): _____
Address: _____ Telephone No.: _____

Signature of Person sending this Notice: _____ Date: _____

Your rights may be affected by your failure to respond to this notice: if you need assistance and are not represented by an attorney, contact an ombudsman of the WCA

Albuquerque: (505) 841-6000 or 1 (800) 255-7965 Farmington: (505) 599-9746 or 1 (800) 568-7310

Las Cruces: (575) 524-6246 or 1 (800) 870-6826 Las Vegas: (505) 454-9251 or 1 (800) 281-7889

Hobbs: (575) 397-3425 or 1(800) 934-2450 Roswell: (575) 623-3997 or 1 (866) 311-8587

Santa Fe: (505) 476-7381



Can an Objection be Made to the Notice of Change form?

- The party receiving the Notice of Change form may object to the change by filing a “Health Care Provider Disagreement” form with the WCA’s Clerk of the Court. The form is found on the WCA website’s Forms page.
- This must be done within three (3) days of receipt from the Notice of Change form.
- A hearing before a WCA judge will be scheduled within seven (7) days of receipt of the Objection form.



STATE OF NEW MEXICO WORKERS’ COMPENSATION ADMINISTRATION

Worker,
v. _____, and

Employer/Insurer.

WCA No.: _____

HEALTH CARE PROVIDER DISAGREEMENT FORM

A disagreement has arisen over the selection of Health Care Provider (HCP), or provision of health care services pursuant to 11.4.4.12 NMAC.

Check the appropriate reason for the Health Care Provider disagreement.

Applicant disagrees with the Notice of Change of Health Care Provider pursuant to 11.4.4.12(F)(1) or (F)(2) NMAC.: A Notice of Change of HCP was served by:
 Worker Employer on _____, 20____. (Attach a copy of the Notice of Change of Health Care Provider)

Applicant disagrees that the authorized HCP is providing the worker reasonable and necessary medical care and requests a change in HCP. Pursuant to 11.4.4.12(L) NMAC, the applicant bears the burden of proof to show that the worker is not receiving reasonable and necessary medical care or the request will be denied. Applicant may suggest an alternate HCP pursuant to 11.4.4.12(K)(2) NMAC:

Applicant objects to the authorized HCP for the following specific reasons (11.4.4.12(K)(1) NMAC):

Signature of filing party



A Request to Change HCPs Comes with a Burden of Proof

- A party may file a "Request to Change HCP" form at any time during healthcare treatment. However, the filing party has the burden of proof to show that the authorized HCP cannot provide reasonable and necessary medical treatment.



What Happens With Disputes Over HCP Issues?

- Sometimes a party may dispute the reasonableness or necessity of medical or surgical treatment;
- Or the date at which Maximum Medical Improvement (MMI) was reached;
- Or the correct impairment rating for the worker;
- Or the cause of injury;
- Or a medical issue;
- Or the use of a specific Independent Medical Examiner (IME).



- In any of those cases, either party may petition a workers' compensation judge for permission to have the worker undergo an **independent medical examination**.



Thank You!

Ombudsman Hotline: 1-866-967-5667

Se Habla Español



STATE OF NEW MEXICO

**Workers' Compensation
Administration**

ONE TEAM | ONE GOAL

A Better New Mexico for Workers and Employers

