

# **Union Construction Workers' Compensation Program Rules and Regulations**

## **Section 10. Exclusive Provider Organization**

### 10.1 Intent

It is the intent of the Board of Trustees that injured workers subject to this agreement have access to the highest quality medical care available within a reasonable driving distance from their home or worksite. The Board wants to ensure that injured workers will be able to select from a network of highly skilled physicians noted for prompt, professional care and excellent communication skills.

### 10.2 Authority and Scope

10.2.1 The Program Administrator shall establish an Exclusive Provider Organization (EPO) that shall include recommended physicians from those medical specialties most appropriate for treating industrial injuries. The Program may add or remove health care providers from the EPO at any time. Injured workers subject to this agreement will receive medical care exclusively by physicians who are enrolled in the EPO subject to the exceptions below.

10.2.2 The EPO may include but is not limited to, board-certified physicians from each of the following specialties: occupational medicine, neurology, orthopedics, chiropractic, and neurosurgery. Where possible, the EPO may include physical therapy and work hardening clinics or providers. The EPO may include, but is not limited to, physicians in or near each of the following cities: Minneapolis, St. Paul, Rochester, Duluth, St. Cloud, and Mankato.

10.2.3 If there is disagreement with a physician's findings, opinions, or treatment recommendations, any party may request a neutral physician review (see Section 9).

10.2.4 The Union Health and Welfare, the Employers and the Insurance Providers are not responsible for the cost of medical services provided by health care providers that are not included in the EPO or otherwise authorized by the Board, except as noted under Sections 10.3 through 10.8.

### 10.3 Emergency Care

In cases of emergency, injured workers may seek treatment from any licensed facility, whether part of the EPO or not. However, a physician in the EPO must provide all follow-up care.

### 10.4 Previous Surgical Treatment

When a work injury involves a body part that has been surgically treated in the past, the injured worker may choose to treat with the physician who performed the surgery.

## 10.5 One-time Consultation

When a new work injury involves a body part for which there has been previous treatment, the injured worker may consult one time with a physician who provided treatment for that body part to seek advice regarding choosing a treating physician within the EPO. The Insurance Provider is responsible for the cost of one brief in-person or telephone consultation for this purpose. This consultation is not intended to provide treatment or treatment recommendations, and neither party is bound by treatment recommendations that may result from such a consultation.

## 10.6 Unusual Circumstances

When the injured worker's location, situation, or condition requires a treating physician outside of the EPO, the injured worker must obtain approval from the Insurance Provider prior to receiving treatment from the non-EPO provider. The Insurance Provider must approve or disapprove any such request within ten (10) business days following the day of the request. If the Insurance Provider objects to treatment with the non-EPO provider, the issue must be resolved through the dispute prevention and resolution program (see Section 3).

## 10.7 Change of Doctor

If, after selecting a physician within the EPO, an injured worker is dissatisfied for any reason with that physician, the injured worker may change once within sixty (60) calendar days of initiating treatment to a different physician within the EPO without receiving authorization from the Insurance Provider. However, the injured worker must notify the Insurance Provider prior to initiating treatment with the new physician. Any additional changes of doctor must be authorized by the Insurance Provider or resolved through the dispute prevention and resolution program (see Section 3). The Insurance Provider must approve or disapprove any such request within ten (10) business days following the day of the request.

An Employer/Insurance Provider may seek a change of the Employee's treating doctor through the dispute prevention and resolution program (see Section 3).

## 10.8 Referrals

When there is medical necessity for a consultation or treatment by another health care provider, treating physicians must refer injured workers to appropriate providers within the EPO unless the particular specialty required is not available within the EPO. The Insurance Provider must approve or disapprove any such referral within ten (10) business days following the day of the request. If the Insurance Provider objects to treatment with the non-EPO provider, the issue must be resolved through the dispute prevention and resolution program (see Section 3).

10.9 This section shall apply to treatment of all work injuries that occur on or after July 1, 2004, to employees subject to this agreement.