

# Dispute Process and Billing

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# Alternative Dispute Resolution Unit Overview

- Workers' Compensation Division (WCD) General Assistance
- Certification of Disputes
- Administrative Conferences and Mediation Services

# WCD General Assistance

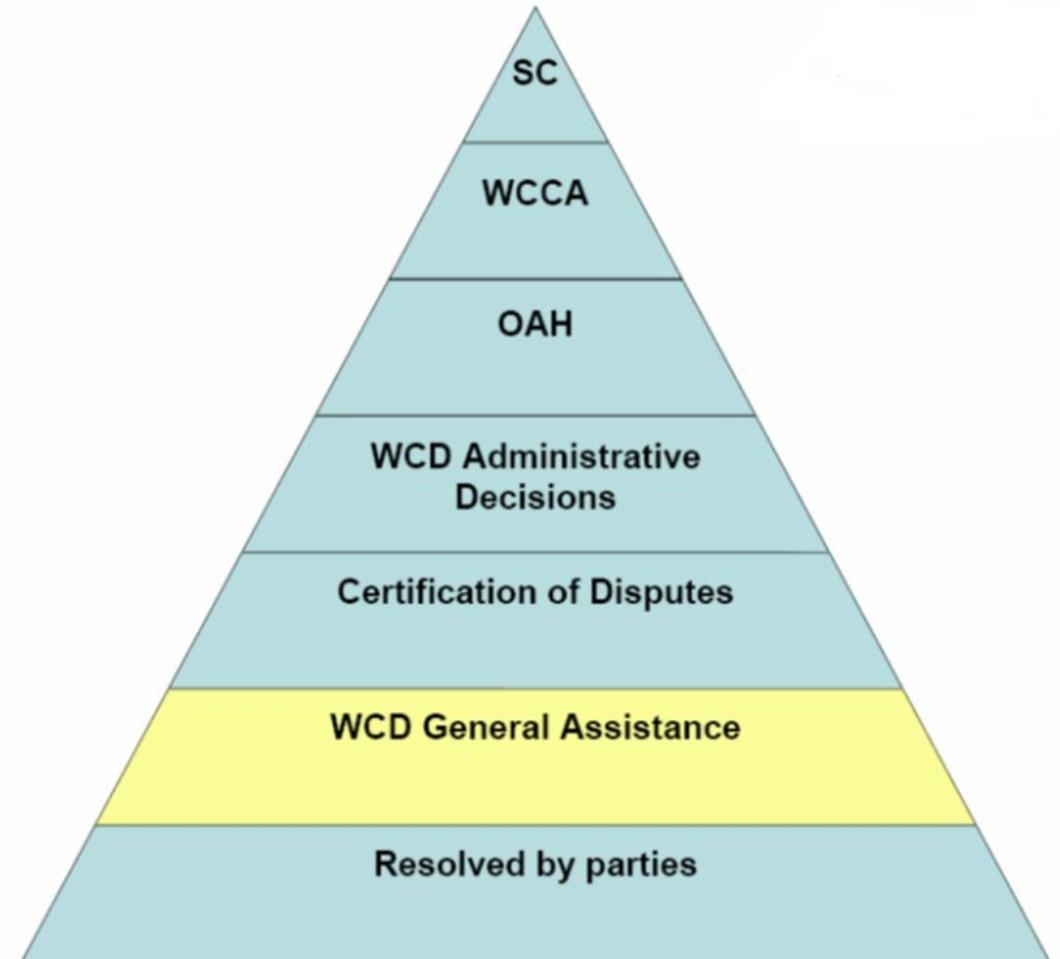
## Common Questions from Medical Providers

- Do I need an attorney?
- I have an unpaid medical bill and the work comp insurer is not responding – how do I get it paid?
- Where can I find information on the Minnesota Workers' Compensation Medical Fee Schedule?
- Can you explain the dispute resolution process?
- The list is endless...
- All stakeholders are encouraged to try and resolve disputes



# WCD General Assistance

- Workers' Compensation Hotline
  - Emphasis on early dispute resolution
  - Provide general assistance to all interested stakeholders in the workers' compensation system
  - Direct stakeholders to internal/external resources
- Hotline toll free: (800) 342-5354
- Hotline direct: (651) 284-5032
- Staff direct: (651) 284-5030
- Walk-ins



# Outpatient Billing, Payment, and Dispute Resolution

- Hospitals and ASCs must notify the insurer at least 20 days prior to filing a Medical Request with DLI for an administrative conference
- Insurer, hospital or ASC must file a Medical Request no later than the latest of:
  - One year after date of initial EOR or EOB if the hospital or ASC does not request reconsideration of a payment denial or reduction;
  - One year after date of insurer's response to a hospital or ASC request for reconsideration; or
  - One year after the insurer's request for reimbursement of an overpayment from a hospital or ASC

# Administrative Conferences

## Filing the Medical Request

- Located on the DLI website:  
<http://dli.state.mn.us/business/workers-compensation/work-comp-forms>
- Do not need an attorney to file
- Fill out completely and accurately
- Be clear about which issues you want heard
- Include copies of all medical records, bills, etc. in dispute

**Medical Request** Reset

CHECK BOX IF THIS REQUEST ADDS MEDICAL ISSUES TO A PENDING MEDICAL REQUEST

PRINT IN INK or TYPE  
ENTER DATES in MM/DD/YYYY FORMAT

NOTE: File this form with the Department of Labor and Industry at the address or fax number at the end of this form. Before filing this form, call the workers' compensation insurer or the Workers' Compensation Alternative Dispute Resolution Unit at (651) 284-5032 or 1-800-342-5354.

MCS  
DO NOT USE THIS SPACE

WID or SSN		DATE OF INJURY			
EMPLOYEE NAME		PHONE # (include area code)			
EMPLOYEE ADDRESS			INSURER/SELF-INSURER/TPA		
CITY	STATE	ZIP Code	INSURER ADDRESS		
EMPLOYER NAME			CITY	STATE	ZIP Code
EMPLOYER ADDRESS			CLAIM REPRESENTATIVE NAME		
CITY	STATE	ZIP Code	INSURER CLAIM #	INSURER PHONE #	EXT

**INSTRUCTIONS:**

- This form must be filled out completely; otherwise, it may be returned to you.
- The injured worker's name, WID or social security number, and date of injury must be written on all attached documents.
- This form may not be used to request wage loss, vocational rehabilitation, or permanent partial disability benefits.

**I AM INTERESTED IN TRYING TO RESOLVE ISSUES INFORMALLY THROUGH MEDIATION.**  
For more information, call the Alternative Dispute Resolution Unit at (651) 284-5032 or 1-800-342-5354.  YES  NO

1. **THIS REQUEST IS BEING COMPLETED BY:**  
 Employee  Employee's Attorney  Employer  Insurer/TPA Self-insured  Insurer's Attorney  Health Care Provider

2. **Are medical services being provided or managed by a certified managed care plan?**  YES  NO If yes, attach information showing that the dispute resolution process of the certified managed care plan has already been exhausted.

3. **MEDICAL ISSUES (check only those that apply)**  
I request:

a. that health care provider bills be paid. (List all health care providers whose bills or services are in dispute. Attach extra sheets if needed. Itemized bills and supporting medical reports must be attached.)

NAME	ADDRESS	UNPAID BALANCE

b. a change of treating doctor:

FROM:	NAME	ADDRESS	SPECIALTY
TO:	NAME	ADDRESS	SPECIALTY

c. that prescribed treatment, surgery or equipment be provided. (Specify the requested surgery or equipment & attach supporting medical reports.)

d. that the employee's medical expenses be reimbursed (e.g., mileage, prescription drugs). Attach supporting medical reports.

e. a second opinion or consultation with 

NAME	SPECIALTY

f. other (explain): 

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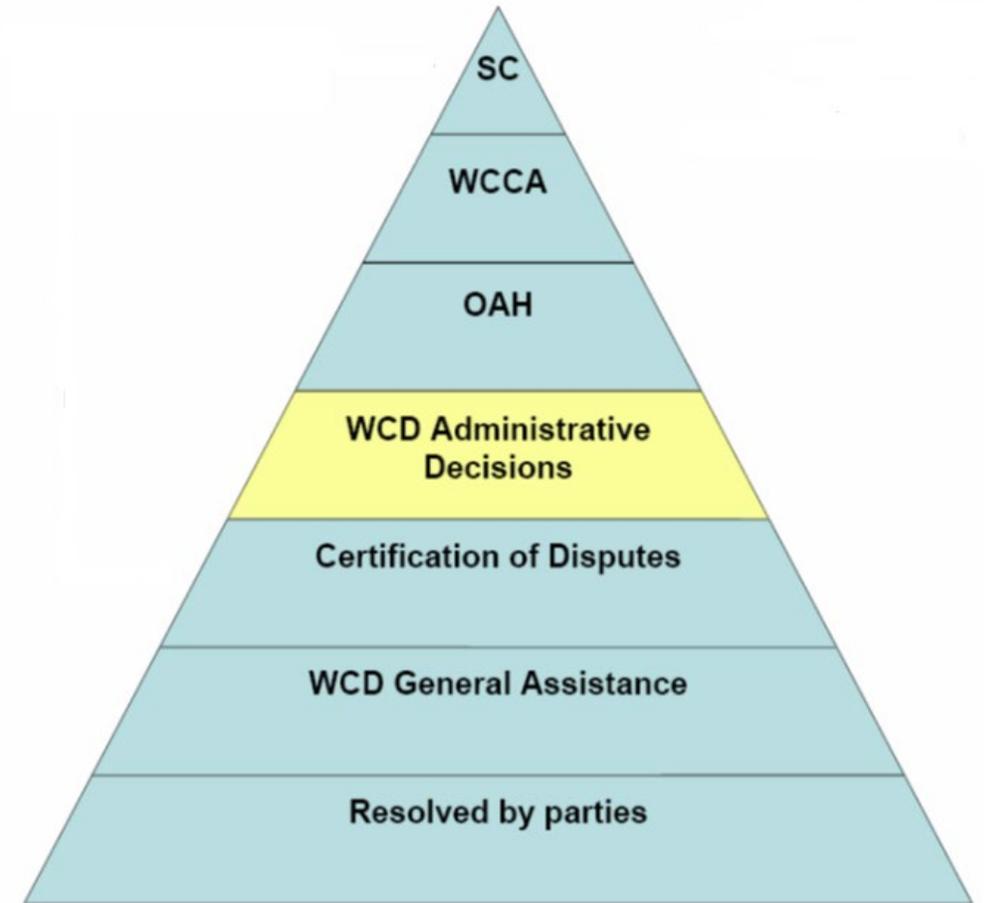
MN MQ03 (6/18)

# Administrative Conferences

- A Medical Request form is filed to request an administrative conference
- A Medical Request form may be filed by a health care provider only if the dispute involves:
  - Amount payable under a fee schedule
  - Billing – *e.g.* Coding issue
  - Whether the treatment was reasonable and necessary  
See Minn. Stat. § 176.136, subd. 2
- A healthcare provider cannot file a Medical Request on behalf of the employee

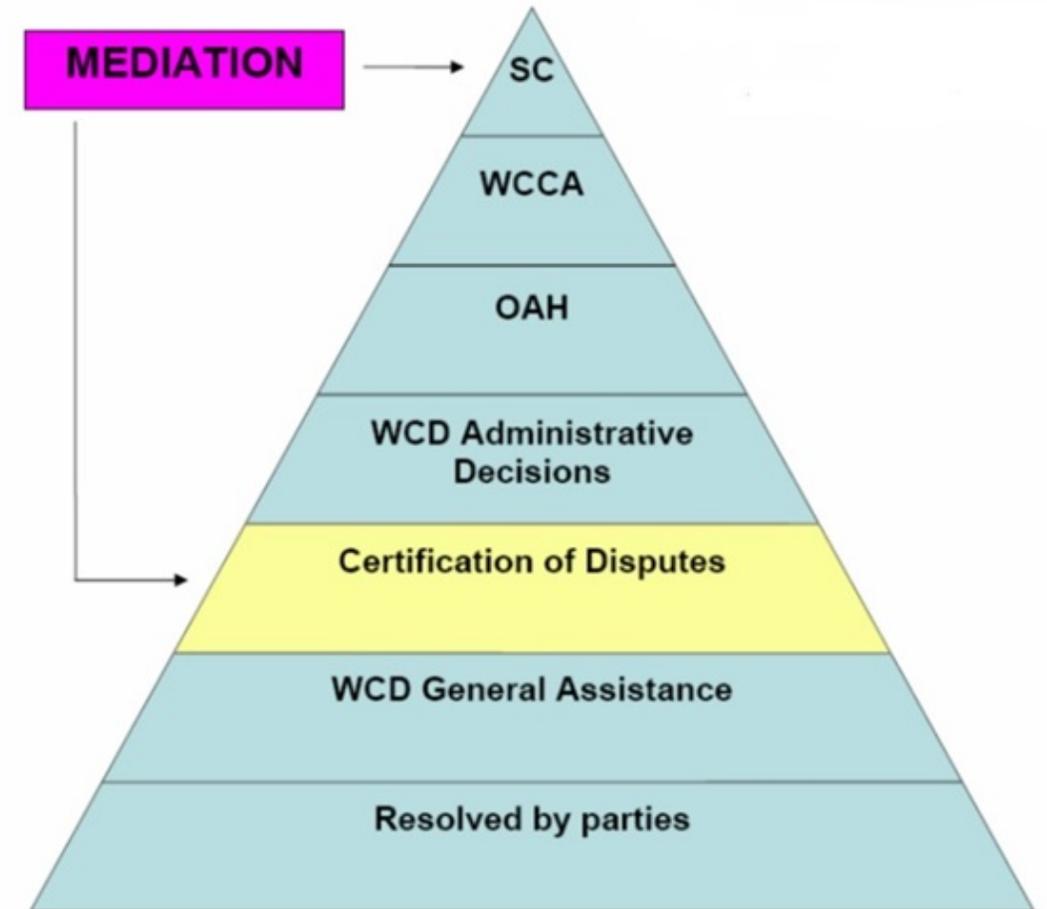
# WCD Administrative Decisions

- Administrative Conference Procedure
  - Conducted in-person at DLI (St. Paul/Duluth) or
  - Additional attempts at settlement offered
  - Each party informally presents their position and any documentation
- Decision & Order issued within 30 days of the conference
- Any party can appeal Decision - serve/file Request for Formal Hearing at OAH within 30 d



# Mediation Services

- Minn. Stat. §176.261 requires DLI to make efforts to settle problems quickly and cooperatively
- Fast and friendly staff
- Free mediation services at DLI or location convenient to the parties
- Office location also in Duluth



# Mediation Services

## Benefits of DLI mediation services

- Facilitated settlement negotiation
  - Mediation is voluntary
  - Parties must agree to mediate
  - Parties may choose their mediator
- Flexible format
  - Tailored to fit parties' needs
  - Finalized with mediation agreement or Stipulation for Settlement/  
Award on Stipulation

# Thank You!

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