



# Litigation procedures at DLI

DLI Alternative Dispute Resolution

# Resources for injured workers

## [dli.mn.gov/workers/workers-compensation-workers](https://dli.mn.gov/workers/workers-compensation-workers)

### WORKERS' COMPENSATION -- WORKERS

The Workers' Compensation Division oversees and administers the workers' compensation system in Minnesota. We strive to create an environment where injured workers promptly receive benefits and services and where the system operates efficiently and effectively. **Injured workers: Click on the red Work Comp Campus button below (far right) for information about how to access your claim online.**

CAMPUS LOGIN ▶

INSURANCE LOOKUP ▶

INFORMATION FOR BUSINESSES ▶

WORK COMP CAMPUS ▶

#### What you need to know

- Access your claim in Campus
- Benefits, general information
- Claim process
- COVID-19 updates
- FAQs
- Lumbar fusion information
- Permanent partial disability (PPD) schedule
- Settlements
- Work Comp Campus for employees

#### What you can do

- Campus login (access your claim)
- File medical, rehabilitation disputes
- Help desk
- Insurance lookup
- QRC/vendor directories
- View reports, publications
- Watch our videos

#### How we can help

- Alternative dispute-resolution
- Contact us
- DLI's Vocational Rehabilitation
- Help desk
- Ombudsman

# General assistance

## Workers' Compensation Division Help Desk

- Contact the help desk at [helpdesk.dli@state.mn.us](mailto:helpdesk.dli@state.mn.us), 651-284-5005 (press 3) or 800-342-5354 (press 3).
- The translation service Language Line is available at no cost for non-English-speaking individuals.

## Office of Workers' Compensation Ombudsman

- The ombudsman assists **injured workers** and **small businesses** to resolve workers' compensation issues.
- Contact the Department of Labor and Industry (DLI) Ombudsman Pam Carlson at 651-284-5478, 800-342-5354 or [dli.ombudsman@state.mn.us](mailto:dli.ombudsman@state.mn.us).

# DLI Alternative Dispute Resolution

Alternative dispute-resolution is an alternative to formal litigation in resolving workers' compensation disputes. Parties may be represented by an attorney or participate without one.

- There are four primary functions of DLI's Alternative Dispute Resolution (ADR) unit: customer assistance; administrative conferences; dispute certification; and mediation.
  - ADR services at **St. Paul**: 651-284-5030 or 800-342-5354; and
  - **Duluth**: 218-733-7810 or 800-342-5354.
- re provided at the following offices:
- **Note:** Hearings and trials are before a workers' compensation judge.

# Legal advice and data privacy issues

**DLI *does not* have attorneys on staff to represent injured workers.**

- An injured worker must contact a private attorney if they want legal advice.

**Data privacy laws** prevent DLI staff members from revealing any information to a nonparty to a claim without the expressed or written permission of the involved employee.

- This includes **spouses, partners, parents, future employers and rehabilitation providers** (see Minnesota Statutes sections 13.43, 176.138, 176.231 and 176.39).

# Who may file a request for assistance (RFA) – dispute

**Employee:** Disputes about recommended medical treatment and rehabilitation benefits and services.

**Employer:** Rarely seen; insurers file on their behalf.

**Insurer:** About medical treatment and rehabilitation benefits or services.

**Rehabilitation provider:** To seek direction of plan or plan amendments, or for nonpayment of provider invoices.

**Health care provider:** Regarding payment or the amount.

**Attorney:** About medical treatment and rehabilitation benefits.

# Initiating an RFA in Work Comp Campus

The screenshot displays the 'Submit a Filing' dropdown menu in the top blue bar, with options: 'Access a Case or Claim', 'Individual Rehab Provider Registration', 'Initiate a Dispute' (highlighted in yellow), and 'Object to Penalty'. Below this is the 'Initiate Dispute' section, which includes a progress bar with steps: 1. Locate a Claim, 2. Identify Claims, 3. Identify Parties, 4. Request a Dispute Resolution Service, 5. Document Issues in Dispute, and 6. Filing Summary & Fees. The 'Locate a Claim' step is active. Below the progress bar, there are three input boxes for identifying a claim: 'WID' (with a placeholder '(11-44-8888-4444)'), 'Employee Date Of Injury' (with a placeholder '(mm/dd/yyyy)'), 'Jurisdictional Claim Number (JCN)' (with a placeholder 'CL-02-5715-618'), 'Employee Last Name' (with a placeholder 'Sosa'), 'Employee Last 4 SSN', and 'Employee Date Of Injury' (with a placeholder '(mm/dd/yyyy)'). A 'Next' button is visible at the bottom left of the form.

- Click on “Submit a Filing” in the top blue bar in your Work Comp Campus dashboard.
- Select “Initiate a Dispute,” which opens the “Locate a Claim” section.
- Enter the injured employee’s information. You can choose which of the three boxes in which to list the information.
- Click the “Next” button.

# Initiating an RFA in Work Comp Campus, continued

## Initiate Dispute

Please complete all sections to Initiate a Dispute.

1 Locate a Claim    2 Identify Claims    3 Identify Parties    4 Request a Dispute Resolution Service

### Associated Claims

Select any additional claims to include in this dispute

You can only link to this employee's claims that you have access to view

	Campus File Number	Date of Injury	Claim
Selected Claim			
	CL-02-5715-618	7/1/2020	45
Related Claims			
There are no related claims that you have access to with the same employee.			

Next    Back    Save as Draft    Preview    Cancel

## Identify the Party You Represent

Identify which party you represent. After you complete this form, this party will be listed as the Requesting Party on the dispute.

Select Party \*     My party is not in this list

Select Party     My party is not in this list

Which Rehab Provider are you filing on behalf of? \*

On Behalf Of Entry Id is required  
Rehab Provider is required

Select an address to display on the dispute \*

Select Party     My party is not in this list

Which Rehab Provider are you filing on behalf of?

Andie Rehab Firm LLC

Select an address to display on the dispute \*

PO Box 123 Saint Paul, 55101



# Initiating an RFA in Work Comp Campus, continued

## Identify the Party You Represent

Identify which party you represent. After you complete this form, this party will be listed as the Requesting Party on the dispute.

Select Party \*   My party is not in this list

## Identify Other Parties in Dispute

Identify the other parties and intervenors on this dispute

	Name	Role	Address
<input type="checkbox"/>	Bob Soxx	Employee	10 Toe Sho
<input type="checkbox"/>	Well Neeled	Employer	2 Do St, St F
<input type="checkbox"/>	MSP Insurer	Insurer	None ident
<input type="checkbox"/>	Uat Firm Co	Vocational Rehab Consultant	12345 Test

You must select one or more other parties to continue

## Add Other Party

Select role \*

Name    Entity is not in this list

# Initiating an RFA in Work Comp Campus, continued

Add Other Party

Select role

Name  Entity is not in this list

Name\* William B. Johnson, Attorney

Address 1\* 1414 Mockingbird Lane

Address 2 Address 2

Outside US

Postal Code\* 55155 City\* Saint Paul County Ramsey

State Province Minnesota Country United States

Add Cancel

## Identify Other Parties in Dispute

Identify the other parties and intervenors on this dispute

	Name	Role	Address
<input checked="" type="checkbox"/>	Bob Soxx	Employee	10 Toe Shoe, St Paul MN 55155
<input type="checkbox"/>	Well Heeled	Employer	2 Do St, St Paul MN 55155
<input checked="" type="checkbox"/>	MSP Insurer	Insurer	None identified
<input type="checkbox"/>	Uat Firm Co	Vocational Rehab Consultant	12345 Test Ave, Saint Paul MN 55101
<input checked="" type="checkbox"/>	William B. Johnson, Attorney		1414 Mockingbird Lane, Saint Paul MN 55155

+ Add Party

Back Next Save as Draft Preview Cancel

# Initiating an RFA in Work Comp Campus, continued

**Choose a Dispute Resolution Service**  
Select a Resolution Service you would like to help resolve your Dispute. If you want to request an Administrative Conference, there must be documentation.

Dispute Action \*

Dispute Action is required

Back Next Save as Draft Preview Cancel

**Choose a Dispute Resolution Service**  
Select a Resolution Service you would like to help resolve your Dispute. If you

Dispute Action \*

--

Certify this Dispute

Request a Mediation

Request an Administrative Conference

Request no service now, only initiate the dispute.

Work Comp Campus™ 2019

**Choose a Dispute Resolution Service**  
Select a Resolution Service you would like to help resolve your Dispute. If yo

Dispute Action \*

Request an Administrative Conference

Back Next Save as Draft Preview Cancel

Locate a Claim Identify Claims Identify Parties Request a Dispute Resolution Service Document Issues in Dispute Filing Summary & Signature Affidavit of Service

Select the type that most applies to the reason you are filing this dispute \*

--

Medical

Rehabilitation

We found a potential duplicate dispute that matches the information you have entered on this form Resolution team for support.

**Disputed Issues**

+ Add Issue

**Supporting Attachments**

+ Upload Document

File Name	File Type
-----------	-----------

# Initiating an RFA in Work Comp Campus, continued

Open Issue

Complete the following questions for each open issue.

Are you requesting a service or seeking reimbursement? \*

Which of the following applies to the service you are requesting or seeking reimbursement for? \*

Specify any details about the issue. \*

Status \*

Open

Save Cancel

---

Open Issue

Complete the following questions for each open issue.

Are you requesting a service or seeking reimbursement? \*

Service

Which of the following applies to the service you are requesting or seeking reimbursement for? \*

Retraining

Issue Type \*

Plan Approval

Specify any details about the issue. \*

Insurer has denied retraining stating job search be continued now for more than a year. Seek direction of rehab plan including approval of retraining plan.

Status \*

Open

Save Cancel

Disputed Issues

+ Add Issue

Request Type	Benefit Issue
Service	Retraining
Issue Type	Description
Plan Approval	Insurer has denied retraining stating job search...
Issue Status	Edit Issue
Open	

Supporting Attachments

+ Upload Document

File Name	File Type
-----------	-----------

Instructions

If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, medical reports or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are requesting treatment or describing the physical restrictions or permanent partial disability. Include any treatment parameters.

Explain the details of your request

A decision can be reached solely on the documents provided below and the explanation provided here.

Back Next Save as Draft Preview Cancel

# Initiating an RFA in Work Comp Campus, continued

### Upload Document

Retraining Plan form.docx (11.43 KB)  
Remove

Document Category

Document Type \*  
Request for Assistance

Description  
Retraining Plan form

Upload Cancel

### Disputed Issues

+ Add Issue

Request Type Service	Benefit Issue Retraining
Issue Type Plan Approval	Description Insurer has denied retraining stating job sear...
Issue Status Open	Edit Issue

### Supporting Attachments

+ Upload Document

File Name	File Type
Retraining Plan form.docx	Request for Assistance
Retraining -Rationale.docx	Request for Assistance

### Instructions

If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, or treatment or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are recommending the treatment or describing the physical restrictions or permanent partial disability, include any treatment plan.

Explain the details of your request  
See above disputed issues

A decision can be reached solely on the documents provided below and the explanation provided here.

Back Next Save as Draft Preview Cancel

# Initiating an RFA in Work Comp Campus, continued

### Claims Associated to this Dispute

Campus File Number	Date of Injury	Claim Administrator Claim Number
Selected Claim		
CL-02-5715-618	7/1/2020	45
Related Claims		
There are no related claims with the same employee		

### Parties in Dispute

Name	Role	Address
Andie Rehab Firm LLC	Requesting Party	PO Box 123, Saint Paul MN 55101
Bob Soxx	Employee	10 Toe Shoe, St Paul MN 55155
MSP Insurer	Insurer	None identified
William B. Johnson, Attorney		1414 Mockingbird Lane, Saint Paul MN 55155

### Dispute Issue and Document Summary

Dispute Type	Number of Issues	Document to be filed with DLI	Date Processed
Rehabilitation	1	Request for Assistance	9/8/2021

### Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*  
 Andie Rehab

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

### Affidavit of Service

#### Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add

Serve Party	Name	Role
<input checked="" type="checkbox"/>	Bob Soxx	Employee
<input checked="" type="checkbox"/>	Casper Ghost	Attorney
<input type="checkbox"/>	Suzy Assist	Other Representative
<input type="checkbox"/>	Mark Para	Paralegal
<input checked="" type="checkbox"/>	Tammy General	Service of Process Designee for Uat Law Firm Inc
<input checked="" type="checkbox"/>	Charlie Chaplin	Service of Process Designee for Uat Law Firm Inc
<input checked="" type="checkbox"/>	Harper Attorney	Service of Process Designee for Uat Law Firm Inc
<input checked="" type="checkbox"/>	Well Heeled	Insured
<input type="checkbox"/>	Well Heeled	Employer
<input checked="" type="checkbox"/>	MSP Insurer	Insurer
<input checked="" type="checkbox"/>	Lurch Respond	Attorney
<input type="checkbox"/>	Bee Para	Other Representative
<input type="checkbox"/>	Melissa ClaimAdmin	Other Representative
<input checked="" type="checkbox"/>	Melissa ClaimAdmin	Service of Process Designee for MSP Insurer
<input checked="" type="checkbox"/>	Olive Oil	Service of Process Designee for Uat Respond Law Firm
<input checked="" type="checkbox"/>	Perry Support	Service of Process Designee for Uat Respond Law Firm

# Initiating an RFA in Work Comp Campus, continued

## Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

## Declaration

I declare under penalty of perjury that everything that I have stated in this document is true and correct.

## Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing this document, you are certifying that you are the authorized representative of the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*

Andie Rehab

I understand that by checking this box, I am legally signing this electronic form and I am certifying that I am the authorized representative of the department's Vocational Rehabilitation unit (VRU).

Back

Submit Form

Save as Draft

Preview

Cancel

Please wait while we process your Initiate Dispute Form

Please remain on this page, or your Initiate Dispute Form will not be processed.



Initiate Dispute Successfully Submitted!

Confirmation Number: 6630

Associated ID: [DS-02-5883-190](#)

Click the link to view your new document:

[DO-02-5883-192](#)

An email has been sent to Uattestdli+qrc11@gmail.com for your records. You may view your form

[My Form History.](#)

# Interventions: Motion to Intervene

1 Submit a Filing

2 Access a Claim or Case

### Motion to Intervene

1 Locate a Dispute 2 Intervenor Details 3 Intervention Details 4 Serve Parties

Please provide the following information: All of the information within a grouping must be provided in order to locate the dispute. You will need to locate the dispute specifically related to your Motion to Intervene. If you would like assistance, please contact the Minnesota Workers' Compensation hotline at (Support Phone Number) or email us at (Support Email Address).

WID  
Employee Date of Injury

Campus File Number  
CL-03-4560-415

Employee Last Name  
Smith

Employee Last 4 SSN  
Employee Date of Injury  
Employee Last Name

Multiple disputes were found that match the criteria entered above. Please refine your criteria or select the correct dispute from the list below to proceed.

WID	Employee Name	Dispute Type	Date of Injury	Requesting Party	Select
EE-02-2183-917	Joe Smith	Medical	3/31/2018	ABC Office	Use 05-03-5027-439

Showing 1 of 1 items per page: 10

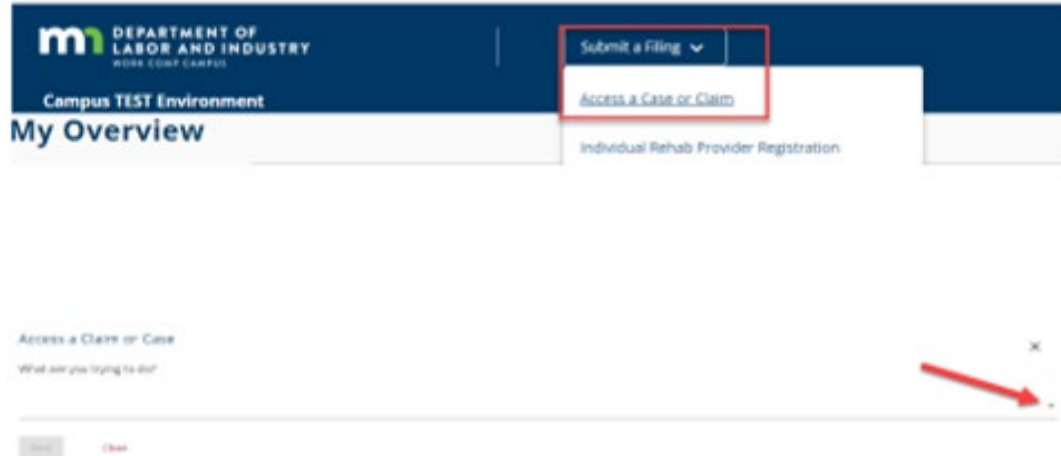
5 Next Cancel

- When another party has filed an RFA, a QRC with outstanding invoices can intervene in the existing dispute to get paid, especially if settlement of the claim is being considered. You need to file a Motion to Intervene.
- Build the Motion to Intervene by clicking on the “**Submit a Filing**” dropdown menu and selecting “**Access a Case or Claim,**” then following the prompts to generate the motion.



# Motion to Intervene, continued

Step 1. Click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**. Then go to the far right nabla (upside down triangle).



Step 2. Select **Motion to Intervene**.



Step 3. Click on **Next**.

Access a Claim or Case

What are you trying to do?

Motion to Intervene

Next

Close

Step 4. Enter injured worker's identifying information in one of the three sections and then click on **Next**.



# Motion to Intervene, continued

Step 5. Locate the **rehabilitation dispute** and then click on the yellow document number.

Supporting Attachments

**+ Upload Document**

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Next Back Cancel Save as Draft

Multiple disputes were found that match the criteria entered above. Please refine your criteria or select the correct dispute from the list below to proceed.

WID	Employee Name	DisputeType	Date of Injury	Requesting Party	Select
EE-01-6169-967	LJ Jay	Medical	1/10/2021	LJ Jay	<a href="#">View 05-02-5854-495</a>
EE-01-6169-967	LJ Jay	Medical	1/10/2021	LJ Jay	<a href="#">View 05-02-5854-481</a>
EE-01-6169-967	LJ Jay	Rehabilitation	1/10/2021	GALLAGHER BASSETT SERVICES INC	<a href="#">View 05-02-5854-478</a>
EE-01-6169-967	LJ Jay	Medical	1/10/2021	GALLAGHER BASSETT SERVICES INC	<a href="#">View 05-02-5854-441</a>
EE-01-6169-967	LJ Jay	Medical	1/10/2021	LJ Jay	<a href="#">View 05-02-5854-423</a>
EE-01-6169-967	LJ Jay	Medical	1/10/2021	LJ Jay	<a href="#">View 05-02-5854-401</a>

Step 6. Select **Yes, I am filing this motion as a QRC** and click on **Next**.

Motion to Intervene

Locate a Dispute **Intervenor Details** Intervention Details Serve Parties

Complete the following information related to the organization filing this motion to intervene. Intervenor provides services or pay/benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statutes 176.361.

You are registered as a Qualified Rehab Consultant. Are you filing this motion as a QRC? If yes, you and your associated firm will be listed as Intervenor when this form is approved.

No, I need more options  Yes, I am filing this motion as a QRC

Next Back Cancel Save as Draft

Step 7. Type in **today's date** and **total amount of money due**. For **Start date**, list the first day of services from the collection and then the **last date** that payment is due. Select **Acknowledge Intervention** and complete the QRC's identifying information (or) person who has final authority to negotiate the bill(s) if necessary.

Locate a Dispute **Intervenor Details** Intervention Details Serve Parties

The applicant is filing this Motion to Intervene in the following disputes: 05-02-5854-478

Relief Requested: \$100,000.00

The applicant, APPLICANT, has provided services or paid benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statutes 176.361.

Attached to this Motion to Intervene is an exhibit itemizing the charges for services provided or payments made to or on behalf of the employee by the applicant for the dates below.

Total Date Amount to Date: \$ 2250.95 2/1/2021 3/31/2021

Upon request of a party or to present evidence of the intervention claim at hearing, the applicant acknowledges it will provide additional documentation, records and reports as required by law.

Acknowledge Intervention

A determination in this case may affect the ability of the applicant to obtain payment from any source for the services provided or payments made to or on behalf of the employee as itemized in the attached exhibit(s).

The applicant's representative, who has authority to settle on behalf of the applicant can be contacted using the information below.

File Name: Erica Last Name: Bismar File: QRC

Phone: (817) 222-2222 Email: Galatind@intermail@gmail.com

Therefore, the applicant requests it be allowed to intervene as a party in the above-captioned proceeding and that payment for services provided or benefits paid be made, plus appropriate statutory interest.

Step 8. Select **Upload Document** to attach the outstanding invoices. It is recommended that if there are several invoices needing payment that you scan them together as one document prior to working on the motion to intervene to make the upload process easier.

Supporting Attachments

**+ Upload Document**

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Next Back Cancel Save as Draft

# Motion to Intervene, continued

Step 9. **Upload the document.** Then for **Document Type** select **Notice of Right to Intervene** and then in the **Description** identify what the document(s) are. Then click on **Next**.

## Upload Document

Step 10. It is recommended that you initially save the document via Save as Draft so in case you're interrupted you won't have to completely re-create the form. Following this you can resurrect the motion to intervene by going to your My Forms tab and clicking on the document. Once pulled up click on the Next button.

Step 11. You may select the parties you wish to electronically serve by checking box by the names of the parties in the **Affidavit of Service**.

Then check the **Declaration** box, enter your name, check the **Understanding box** and file/submit the form.

## Affidavit of Service

### Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+	Add Service Recipient					
Serve Party	Name	Role	Address	Service Method	Service Date	
<input checked="" type="checkbox"/>	GALLAGHER BASSETT SERVICES INC	Requesting Party		Electronic	1/29/2022	
<input checked="" type="checkbox"/>	Bob Loblaw	Attorney	123 Test Drive Young America, MN 55555	US Mail	Choose a date *	1/29/2022
<input checked="" type="checkbox"/>	Jimmy McGill	Service of Process Designee for AufeB, Fonde, Gray, Mancini & Hagen, P.A.	DJ7estErt1-garregar1@gmail.com	Electronic		1/29/2022
<input checked="" type="checkbox"/>	James Lattest	Service of Process Designee for GALLAGHER BASSETT SERVICES INC	Lattest084418@gmail.com	Electronic		1/29/2022
<input checked="" type="checkbox"/>	Peter Parker	Service of Process Designee for GALLAGHER BASSETT SERVICES INC	DJ7estErt1-general0@gmail.com	Electronic		1/29/2022
<input checked="" type="checkbox"/>	Philip Fry	Service of Process Designee for AufeB, Fonde, Gray, Mancini & Hagen, P.A.	DJ7estErt1-legalassitant@gmail.com	Electronic		1/29/2022

### Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

### Declaration

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 35B.116

### Electronic Signature

Please type your First and Last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor Department's Vocational Rehabilitation unit (VRS).

Full Name of Signatory\*

Erica Intern

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Back Cancel Preview Document

Step 12. You should see the message below upon successful filing of the form with the department. Next click on the document (i.e., DO-02-6157-056) to see the document the parties will see in Campus.

# Motion to Intervene, continued

Step 13. Once here you may click on the printer icon to make a copy for your file and/or to send out copies via US mail.



Step 14. Example copy of motion to intervene.

\*\* Note: After the motion is approved by the department, it will be displayed in your **My Disputes** tab on your Campus dashboard.

**MOTION TO INTERVENE**

Campus File Number(s): CL-02-5849-966  
 Employee WID: EE-01-6169-967  
 Date(s) of Injury: 1/10/2021

Lil Jay, Employee  
 vs.  
 and  
 GALLAGHER BASSETT SERVICES INC, TPA

---

1. The applicant is filing this Motion to Intervene in the following disputes(s):  
 Medical Request dated: Rehabilitation Request dated: 3/31/2021  
 Claim Petition for Only Medical Benefits or Rehabilitation Benefits dated:

2. The applicant, Andie Rehab Firm LLC (name of entity filing this Motion to Intervene), has provided services or paid benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statutes § 176.361.

3. Attached to this Motion to Intervene is an exhibit(s) itemizing the charges for services provided or payments made to or on behalf of the employee by the applicant from 2/1/2021 (date) to 3/31/2021 (date). The claim to-date is \$2,350.95. Upon request of a party or to present evidence of the intervention claim at hearing, the applicant acknowledges it will provide additional documentation, records and reports as required by law.

4. A determination in this case may affect the ability of the applicant to obtain payment from any source for the services provided or payments made to or on behalf of the employee as itemized in the attached exhibit(s).

5. The applicant's representative, who has authority to settle on behalf of the applicant, Erica Intern, QRC Intern, can be contacted at: (651) 222-2222 (phone number) and Uatleatdi=internei@gmail.com (email address).

6. Therefore, the applicant requests it be allowed to intervene as a party in the above-captioned proceeding and that payment for services provided or benefits paid be made, plus appropriate statutory interest.

Date signed 1/20/2022	Signature of person filing motion <i>[Signature]</i> Electronically Signed By Erica Intern On 1/20/2022 at 11:12 AM CT	
	Name Erica Intern	
	Mailing address PO Box 523 Saint Paul, MN, 55101	Email address Uatleatdi=internei@gmail.com
		Telephone (651) 222-2222

# Dispute certification process for rehabilitation issues – Minn. Stat. 176.106

- ADR hears medical and rehabilitation disputes. Rehabilitation disputes may include retraining plans, rehabilitation provider bills and change of qualified rehabilitation consultant (QRC), and disputes seeking direction or termination of the rehabilitation plan.
- First, a request for certification of a dispute is received from a stakeholder.
- An ADR mediator then contacts the opposing party to determine whether a dispute exists and will attempt to resolve the dispute. A Dispute Certification Notice is sent to the parties advising them whether the dispute has been certified and, if so, whether a conference is to be scheduled.
- **Note:** Before the conference, parties can amend their RFA and upload exhibits in support of their position.

# Dispute certification process for rehabilitation issues – Minn. Stat. 176.106, continued

- If there is a certified dispute, an administrative conference will be scheduled within 21 days (Minn. Stat. section 176.106, subdivision 3), unless the issue involves only fees for rehabilitation services already provided or there is good cause for holding the conference later than 21 days).

# Dispute certification process for medical issues

**Can a QRC file a Medical Request form on behalf of an employee (even if they do not charge for it) when the employee does not have an attorney or sufficient understanding of the process to file a request on their own?**

- A QRC **may not file** a Medical Request for an employee. This is a benefit issue (see Minnesota Rules 5220.1801, subpart 8B). The employee should contact the Workers' Compensation Division Help Desk at [helpdesk.dli@state.mn](mailto:helpdesk.dli@state.mn), 651-284-5005 (press 3) or 800-342-5354 (press 3) to request assistance.
- See frequent questions and answers about rehabilitation practice at [dli.mn.gov/business/workers-compensation/faqs-rehabilitation-providers](https://dli.mn.gov/business/workers-compensation/faqs-rehabilitation-providers).

# Administrative conferences

- Currently, all administrative conferences are by telephone. Mediations are a mixture of in-person or remote meetings. If a translator is required, the mediation is in person. Conferences and mediations are set to one hour and are considered semi-formal, with no sworn testimony or recordings. QRCs are to be notified of rehabilitation conferences via Campus (see Minn. R. 1415.3700, subp. 2).
- **Conference procedure:** The party filing the RFA form presents their position and the opposing party provides their response. **Note:** If the rehabilitation provider does not understand a question, they should ask for clarification before responding. If the parties do not reach an agreement, a written Decision and Order will be issued by DLI within 30 days. It may be appealed to the Office of Administrative Hearings (OAH).
- ADR cannot contact one of the parties without providing notice to the other parties. Also, unless the parties have agreed to hold the conference open to receive additional documents or arguments, no further information or documents will be accepted.



# Suggested preparation for administrative conference

- Review the RFA and response, plus any attachments filed by the parties.
- The dispute issues help determine what type of documents may be needed.
  - **Bill disputes:** Bring your invoices and reports that substantiate the disputed bills, including other documents, as appropriate.
  - **Direction of the plan:** Review your reports and be prepared to respond to questions regarding the direction of the plan, costs and the employee's participation in the plan.
  - **Qualified employee:** You should be able to discuss specific points that your opinion is based on, including information received and documents. For instance, just because a person would benefit from rehabilitation services is not enough of a reason.

## Common issues and disputes

**The insurer fails to respond to the QRC regarding the proposed rehabilitation plan.**

- The QRC may go ahead with the rehabilitation plan; follow-up with the insurer to determine if it agrees; or file an RFA to “seek direction of the rehabilitation plan.”

**The provider filed an RFA and, when contacted by ADR, the insurer agreed to pay outstanding bills, but no payment was received.**

- As the QRC or vendor, you might consider requesting ADR draw-up an “**Order on Agreement**” *to ensure receipt of payment on the outstanding invoices within 14 days.*
- Or you can wait a reasonable amount of time for payment, such as two weeks.
- If there is still no payment, as the QRC or vendor, you do not have to file another RFA, but should call the mediator to schedule an administrative conference.

# Common issues and disputes, continued

## Requesting additional job-development and job-placement services

- Job development is limited to a total of 26 weeks (see Minn. Stat. section 176.102, subd. 5). There is no time limit on job-placement services.
- DLI suggests using job-development and job-placement descriptions from the R-2 Rehabilitation Plan form and R-3 Rehabilitation Plan Amendment form instruction sections for the service categories in those R-forms.

## Retraining plans should include the following

- Retraining plans should adequately address each of the Poole factors.
- Retraining plans should provide supporting documentation based on facts. Do not assume someone with an IQ of 100 is smart enough to be a biomedical scientist.

# QRC and vendor attendance

- QRCs and vendors do not need to attend conferences related to medical treatment or discontinuance of benefits, especially if the parties see no reason.
- If the attorney or adjuster wants a rehabilitation provider to attend a conference or hearing, **and is willing to pay** the provider's hourly fee, then the provider should attend.
- If possible, the rehabilitation provider should be available by phone during the conference in case an issue arises. Time during the actual phone call is billable.
- **If the dispute involves a rehabilitation issue**, the rules indicate the QRC should attend the conference.

# Decision and Order

**What should a QRC do when a Decision and Order states rehabilitation services should be discontinued, and the rehabilitation file be closed?**

- **If the employee appealed the decision**, the QRC would not be obligated to stop services because the appeal places the matter on hold (see Minn. R. 5220.0510, subp. 7). Discontinuance of services because it is on appeal is not a reason set forth under this subpart.
- During the appeal period continued services may not be compensable.
- **If there is no appeal within 30 days**, the file is to be closed. It is suggested you contact the parties one to two weeks after the Decision and Order to see if they will appeal.

## QRC billing case law

- **Ewing vs. Print Craft, Inc., SCA19-0534**: The QRC provided services for other injuries not related to the admitted claim. Due to this case, an RFA is no longer required to terminate rehabilitation services, if notice is provided to the QRC.
- **Winstead vs. Martin Luther Manor/Fairview Health Services, WC18-6191**: The QRC declined to file a motion to intervene during settlement, so was not entitled to a Parker-Lindberg hearing after settlement occurred.
- **Dilley vs. Carver Cnty. Sheriff, WC18-6205**: The employee's attorney represented the employee's interests in a dispute about the need for rehabilitation services (for Heaton fees) when the primary dispute was payment of the QRC's past invoices and the QRC represented herself.

## QRC billing case law, continued

- **Aguilar vs. Kendell Doors and Hardware, WC22-6448**: The QRC failed to list the interpreter services on R-forms. Therefore, the insurer was not required to pay vendor invoices.

# Office of Administrative Hearings

- The Office of Administrative Hearings (OAH) conducts administrative conferences about a proposed discontinuance of the employee's wage-loss benefits (see Minn. Stat. 176.239) and medical disputes greater than \$7,500, including requests for surgery.
- OAH resources: [mn.gov/oah/lawyers-and-litigants](https://mn.gov/oah/lawyers-and-litigants)
- Docket calendar: [mn.gov/oah/lawyers-and-litigants/docket-calendar.jsp](https://mn.gov/oah/lawyers-and-litigants/docket-calendar.jsp)
- The appeal period is 60 days after a Findings and Order is issued.
- It is suggested you contact the parties two to three weeks after the Findings and Order to see if they will appeal.



Questions?