

83.19 **ARTICLE 8**83.20 **WORKERS' COMPENSATION COURT OF APPEALS PROPOSALS**

83.21 Section 1. Minnesota Statutes 2014, section 176.081, subdivision 1, is amended to read:

83.22 Subdivision 1. **Limitation of fees.** (a) A fee for legal services of 20 percent of the  
83.23 first \$130,000 of compensation awarded to the employee is the maximum permissible fee  
83.24 and does not require approval by the commissioner, compensation judge, or any other  
83.25 party. All fees, including fees for obtaining medical or rehabilitation benefits, must be  
83.26 calculated according to the formula under this subdivision, except as otherwise provided  
83.27 in clause (1) or (2).

83.28 (1) The contingent attorney fee for recovery of monetary benefits according to the  
83.29 formula in this section is presumed to be adequate to cover recovery of medical and  
83.30 rehabilitation benefit or services concurrently in dispute. Attorney fees for recovery of  
83.31 medical or rehabilitation benefits or services shall be assessed against the employer or  
83.32 insurer only if the attorney establishes that the contingent fee is inadequate to reasonably  
83.33 compensate the attorney for representing the employee in the medical or rehabilitation  
83.34 dispute. In cases where the contingent fee is inadequate the employer or insurer is liable  
83.35 for attorney fees based on the formula in this subdivision or in clause (2).

84.1 For the purposes of applying the formula where the employer or insurer is liable for  
84.2 attorney fees, the amount of compensation awarded for obtaining disputed medical and  
84.3 rehabilitation benefits under sections 176.102, 176.135, and 176.136 shall be the dollar  
84.4 value of the medical or rehabilitation benefit awarded, where ascertainable.

84.5 (2) The maximum attorney fee for obtaining a change of doctor or qualified  
84.6 rehabilitation consultant, or any other disputed medical or rehabilitation benefit for which  
84.7 a dollar value is not reasonably ascertainable, is the amount charged in hourly fees for the  
84.8 representation or \$500, whichever is less, to be paid by the employer or insurer.

84.9 (3) The fees for obtaining disputed medical or rehabilitation benefits are included  
84.10 in the \$26,000 limit in paragraph (b). An attorney must concurrently file all outstanding  
84.11 disputed issues. An attorney is not entitled to attorney fees for representation in any  
84.12 issue which could reasonably have been addressed during the pendency of other issues  
84.13 for the same injury.

84.14 (b) All fees for legal services related to the same injury are cumulative and may  
84.15 not exceed \$26,000. If multiple injuries are the subject of a dispute, the commissioner,  
84.16 compensation judge, or court of appeals shall specify the attorney fee attributable to  
84.17 each injury.

84.18 (c) If the employer or the insurer or the defendant is given written notice of claims  
84.19 for legal services or disbursements, the claim shall be a lien against the amount paid  
84.20 or payable as compensation. Subject to the foregoing maximum amount for attorney  
84.21 fees, up to 20 percent of the first \$130,000 of periodic compensation awarded to the  
84.22 employee may be withheld from the periodic payments for attorney fees or disbursements  
84.23 if the payor of the funds clearly indicates on the check or draft issued to the employee for  
84.24 payment the purpose of the withholding, the name of the attorney, the amount withheld,  
84.25 and the gross amount of the compensation payment before withholding. In no case  
84.26 shall fees be calculated on the basis of any undisputed portion of compensation awards.  
84.27 Allowable fees under this chapter shall be based solely upon genuinely disputed claims or  
84.28 portions of claims, including disputes related to the payment of rehabilitation benefits or  
84.29 to other aspects of a rehabilitation plan. The existence of a dispute is dependent upon a  
84.30 disagreement after the employer or insurer has had adequate time and information to take  
84.31 a position on liability. Neither the holding of a hearing nor the filing of an application for a  
84.32 hearing alone may determine the existence of a dispute. Except where the employee is  
84.33 represented by an attorney in other litigation pending at the department or at the Office  
84.34 of Administrative Hearings, a fee may not be charged after June 1, 1996, for services  
84.35 with respect to a medical or rehabilitation issue arising under section 176.102, 176.135,  
85.1 or 176.136 performed before the employee has consulted with the department and the  
85.2 department certifies that there is a dispute and that it has tried to resolve the dispute.

85.3 (d) An attorney who is claiming legal fees for representing an employee in a workers'  
85.4 compensation matter shall file a statement of attorney fees with the commissioner, or  
85.5 compensation judge before whom the matter was heard, ~~or Workers' Compensation Court~~  
85.6 ~~of Appeals on cases before the court.~~ A copy of the signed retainer agreement shall also  
85.7 be filed. The employee and insurer shall receive a copy of the statement. The statement  
85.8 shall be on a form prescribed by the commissioner and shall report the number of hours  
85.9 spent on the case.

85.10 (e) Employers and insurers may not pay attorney fees or wages for legal services  
85.11 of more than \$26,000 per case.

85.12 (f) An attorney must file a statement of attorney fees within 12 months of the date  
85.13 the attorney has submitted the written notice specified in paragraph (c). If the attorney  
85.14 has not filed a statement of attorney fees within the 12 months, the attorney must send a  
85.15 renewed notice of lien to the insurer. If 12 months have elapsed since the last notice of  
85.16 lien has been received by the insurer and no statement of attorney fees has been filed, the  
85.17 insurer must release the withheld money to the employee, except that before releasing the  
85.18 money to the employee, the insurer must give the attorney 30 days' written notice of the  
85.19 pending release. The insurer must not release the money if the attorney files a statement of  
85.20 attorney fees within the 30 days.

85.21 Sec. 2. Minnesota Statutes 2014, section 176.081, subdivision 3, is amended to read:

85.22 Subd. 3. **Review.** A party that is dissatisfied with its attorney fees awarded by the  
85.23 commissioner or a compensation judge may file ~~an application~~ a petition for review by the  
85.24 Workers' Compensation Court of Appeals. The ~~application~~ petition shall state the basis for  
85.25 the need of review and whether or not a hearing is requested. A copy of the ~~application~~  
85.26 petition shall be served by the court upon the party's attorney by the court administrator  
85.27 and if a hearing is requested by either party, the matter shall be set for hearing awarded  
85.28 or denied attorney fees. The notice of hearing shall be served upon known interested  
85.29 parties. The Workers' Compensation Court of Appeals shall have the authority to raise  
85.30 the issue of the attorney fees at any time upon its own motion and shall have continuing  
85.31 jurisdiction over attorney fees.

85.32 Sec. 3. Minnesota Statutes 2014, section 176.471, subdivision 3, is amended to read:

85.33 Subd. 3. **Service of writ and bond; filing fee.** To effect a review upon certiorari,  
85.34 the party shall serve a writ of certiorari and a bond upon the administrator of the Workers'  
86.1 Compensation Court of Appeals within the 30-day period referred to in subdivision 1. The  
86.2 party shall also at this time pay to the administrator clerk of the appellate courts the fee  
86.3 prescribed by rule ~~403.04~~ 116.03 of the Rules of Civil Appellate Procedure which shall be  
86.4 disposed of in the manner provided by that rule.

86.5 Sec. 4. Minnesota Statutes 2014, section 176.471, subdivision 5, is amended to read:

86.6 Subd. 5. **Bond.** ~~The bond required by subdivision 3 shall be executed in such~~  
86.7 ~~amount and with such sureties as the Workers' Compensation Court of Appeals directs~~  
86.8 ~~and approves. The bond shall be conditioned to pay the cost of the review. The Workers'~~  
86.9 ~~Compensation Court of Appeals may, upon motion of any respondent and a showing that~~  
86.10 ~~extraordinary circumstances warrant the requirement of a cost bond, order that a bond be~~  
86.11 ~~provided as prescribed by rule 107.02 of the Rules of Civil Appellate Procedure.~~

86.12 Sec. 5. Minnesota Statutes 2014, section 176.511, subdivision 2, is amended to read:

86.13 Subd. 2. **Disbursements, taxation.** The commissioner or compensation judge, or  
86.14 ~~on appeal~~ the Workers' Compensation Court of Appeals on cases before the court, may  
86.15 award the prevailing party reimbursement for actual and necessary disbursements. ~~These~~  
86.16 Disbursements shall be taxed upon ~~five~~ ten days' written notice to adverse parties.

86.17 Sec. 6. Minnesota Statutes 2014, section 176.511, subdivision 3, is amended to read:

86.18 Subd. 3. **Attorney fee, allowance.** Where ~~upon an appeal to the Workers'~~  
86.19 ~~Compensation Court of Appeals,~~ (1) an award of compensation is affirmed, or modified  
86.20 and affirmed, ~~or~~ (2) an order disallowing compensation is reversed, ~~or~~ (3) a petition to  
86.21 vacate an award is granted, the Workers' Compensation Court of Appeals may include in  
86.22 its award as an incident to its review on appeal an amount to cover a reasonable attorney  
86.23 fee; or it may allow the ~~an~~ attorney fee in a proceeding to tax disbursements.

86.24 If the employer or insurer files a notice of discontinuance of an employee's benefits  
86.25 and an administrative conference is held to resolve the dispute, but the employer or insurer  
86.26 fails to attend the administrative conference, the commissioner or compensation judge  
86.27 may order the employer or insurer to pay the employee's attorney fees as a cost under this  
86.28 section if the employee's benefits are continued.

86.29 Sec. 7. **EFFECTIVE DATE.**

86.30 Sections 1 to 6 are effective the day following final enactment.

87.1 **ARTICLE 9**

87.2 **WORKERS' COMPENSATION DEPARTMENT PROPOSALS**

87.3 Section 1. Minnesota Statutes 2015 Supplement, section 176.135, subdivision 7a,  
87.4 is amended to read:

87.5 Subd. 7a. **Electronic transactions.** (a) For purposes of this subdivision, the  
87.6 following terms have the meanings given:

87.7 (1) "workers' compensation payer" means a workers' compensation insurer and an  
87.8 employer, or group of employers, that is self-insured for workers' compensation;

87.9 (2) "clearinghouse" has the meaning given in section 62J.51, subdivision 11a; and

87.10 (3) "electronic transactions" means the health care administrative transactions  
87.11 described in section 62J.536.

87.12 (b) In addition to the requirements of section 62J.536, workers' compensation payers  
87.13 and health care providers must comply with the requirements in paragraphs (c) to (e).

87.14 (c) No later than January 1, 2016, each workers' compensation payer must place  
87.15 the following information in a prominent location on its Web site or otherwise provide  
87.16 the information to health care providers:

87.17 (1) the name of each clearinghouse with which the workers' compensation payer has  
87.18 an agreement to exchange or transmit electronic transactions, along with the identification  
87.19 number each clearinghouse has assigned to the payer in order to route electronic  
87.20 transactions through intermediaries or other clearinghouses to the payer;

87.21 (2) information about how a health care provider can obtain the claim number  
87.22 assigned by the workers' compensation payer for an employee's claim and how the  
87.23 provider should submit the claim number in the appropriate field on the electronic bill to  
87.24 the payer; and

87.25 (3) the name, phone number, and e-mail address of contact persons who can answer  
87.26 questions related to electronic transactions on behalf of the workers' compensation payer  
87.27 and the clearinghouses with which the payer has agreements.

87.28 (d) No later than ~~July 1, 2016~~ January 1, 2017:

87.29 (1) health care providers must electronically submit copies of medical records or  
87.30 reports that substantiate the nature of the charge and its relationship to the work injury  
87.31 using the ~~most recently approved~~ ASC X12N 5010 version of the ASC X12N 275  
87.32 transaction ("Additional Information to Support Health Care Claim or Encounter"),  
87.33 according to the requirements in the corresponding implementation guide. The ASC X12N  
87.34 275 transaction is the only one that shall be used to electronically submit attachments  
88.1 unless a national standard is adopted by federal law or rule. If a new version of the  
88.2 attachment transaction is approved, it must be used one year after the approval date;

88.3 (2) workers' compensation payers and all clearinghouses receiving or transmitting  
88.4 workers' compensation bills must accept attachments using the ASC X12N 275 transaction  
88.5 and must respond with the ~~most recently approved~~ ASC X12N 5010 version of the ASC  
88.6 X12 electronic acknowledgment for the attachment transaction. If a new version of the  
88.7 acknowledgment transaction is approved, it must be used one year after the approval  
88.8 date; and

88.9 (3) if a different national claims attachment or acknowledgment requirement is  
88.10 adopted by federal law or rule, it will replace the ASC X12N 275 transaction, and the new  
88.11 standard must be used on the date that it is required by the federal law or rule.

88.12 (e) No later than September 1, 2015, workers' compensation payers must provide  
88.13 the patient's name and patient control number on or with all payments made to a provider  
88.14 under this chapter, whether payment is made by check or electronic funds transfer. The  
88.15 information provided on or with the payment must be sufficient to allow providers to  
88.16 match the payment to specific bills. If a bulk payment is made to a provider for more than  
88.17 one patient, the check or electronic funds transfer statement must also specify the amount  
88.18 being paid for each patient. For purposes of this paragraph, the patient control number is  
88.19 located on the electronic health care claim 837 transaction, loop 2300, segment CLM01,  
88.20 and on the electronic health care claim payment/advice 835 transaction, loop 2100, CLP01.

88.21 (f) The commissioner may assess a monetary penalty of \$500 for each violation of  
88.22 this section, not to exceed \$25,000 for identical violations during a calendar year. Before  
88.23 issuing a penalty for a first violation of this section, the commissioner must provide written  
88.24 notice to the noncompliant payer, clearinghouse, or provider that a penalty may be issued  
88.25 if the violation is not corrected within 30 days. Penalties under this paragraph are payable  
88.26 to the commissioner for deposit in the assigned risk safety account.

88.27 Sec. 2. Minnesota Statutes 2015 Supplement, section 176.136, subdivision 1b, is  
88.28 amended to read:

88.29 Subd. 1b. **Limitation of liability.** (a) The liability of the employer for treatment,  
88.30 articles, and supplies provided to an employee while an inpatient or outpatient at a Critical  
88.31 Access Hospital certified by the Centers for Medicare and Medicaid Services, or while an  
88.32 outpatient at a hospital with 100 or fewer licensed beds, shall be the hospital's usual and  
88.33 customary charge, unless the charge is determined by the commissioner or a compensation  
88.34 judge to be unreasonably excessive.

89.1 (b) The liability of the employer for the treatment, articles, and supplies that are not  
 89.2 limited by paragraph (a), subdivision 1a, 1c, or section 176.1362 shall be limited to 85  
 89.3 percent of the provider's usual and customary charge, or 85 percent of the prevailing  
 89.4 charges for similar treatment, articles, and supplies furnished to an injured person when  
 89.5 paid for by the injured person, whichever is lower. On this basis, the commissioner or  
 89.6 compensation judge may determine the reasonable value of all treatment, services, and  
 89.7 supplies, and the liability of the employer is limited to that amount. The commissioner  
 89.8 may by rule establish the reasonable value of a service, article, or supply in lieu of the  
 89.9 85 percent limitation in this paragraph. A prevailing charge established under Minnesota  
 89.10 Rules, part 5221.0500, subpart 2, must be based on no more than two years of billing data  
 89.11 immediately preceding the date of the service.

89.12 (c) The limitation of liability for charges provided by paragraph (b) does not apply  
 89.13 to a nursing home that participates in the medical assistance program and whose rates are  
 89.14 established by the commissioner of human services.

89.15 (d) An employer's liability for treatment, articles, and supplies provided under this  
 89.16 chapter by a health care provider located outside of Minnesota is limited to the payment that  
 89.17 the health care provider would receive if the treatment, article, or supply were paid under  
 89.18 the workers' compensation law of the jurisdiction in which the treatment was provided.

89.19 Sec. 3. Minnesota Statutes 2014, section 176.571, subdivision 1, is amended to read:

89.20 Subdivision 1. **Preliminary investigation.** When the head of a department has filed  
 89.21 a report or the commissioner of administration has otherwise received information of  
 89.22 the occurrence of an injury to a state employee for which liability to pay compensation  
 89.23 may exist, the commissioner of administration shall make a preliminary investigation to  
 89.24 determine the question of probable liability.

89.25 In making this investigation, the commissioner of administration may require the  
 89.26 assistance of the head of any department or any employee of the state. The commissioner  
 89.27 of ~~management and budget~~ administration may require that all facts be furnished which  
 89.28 appear in the records of any state department bearing on the issue.

89.29 Sec. 4. **EFFECTIVE DATE.**

89.30 Sections 1 to 3 are effective the day following enactment.

#### 89.31 ARTICLE 10

#### 89.32 WORKERS' COMPENSATION LITIGATION-RELATED PROPOSALS

89.33 Section 1. Minnesota Statutes 2014, section 176.011, subdivision 7a, is amended to read:

90.1 Subd. 7a. ~~(+)~~ **Compensation judge.** "Compensation judge" means a workers'  
 90.2 compensation judge at the Office of Administrative Hearings.

90.3 ~~(2)~~ **Calendar judge.** "Calendar judge" means a workers' compensation judge at the  
 90.4 ~~Office of Administrative Hearings.~~

90.5 (3) ~~Compensation judge.~~ "Compensation judge" means a compensation judge at  
90.6 the Department of Labor and Industry. Compensation judges may conduct settlement  
90.7 conferences, issue summary decisions, approve settlements and issue awards thereon,  
90.8 determine petitions for attorney fees and costs, and make other determinations,  
90.9 decisions, orders, and awards as may be delegated to them by law or the commissioner.  
90.10 Compensation judges must be learned in the law.

90.11 Sec. 2. Minnesota Statutes 2014, section 176.137, subdivision 1, is amended to read:

90.12 Subdivision 1. **Requirement; determination.** The employer shall furnish to an  
90.13 employee who is permanently disabled because of a personal injury suffered in the course  
90.14 of employment with that employer such alteration or remodeling of the employee's  
90.15 principal residence as is reasonably required to enable the employee to move freely into  
90.16 and throughout the residence and to otherwise adequately accommodate the disability.  
90.17 Any remodeling or alteration shall be furnished only when the division or ~~Workers'~~  
90.18 ~~Compensation Court of Appeals~~ determines that the injury is to such a degree that the  
90.19 employee is substantially prevented from functioning within the principal residence.

90.20 Sec. 3. Minnesota Statutes 2014, section 176.137, subdivision 4, is amended to read:

90.21 Subd. 4. **Certification required; exceptions.** (a) Except as provided in paragraph  
90.22 (b), no award may be made except upon the certification of a licensed architect to the  
90.23 division or ~~Workers' Compensation Court of Appeals~~ that the proposed alteration or  
90.24 remodeling of an existing residence or the building or purchase of a new or different  
90.25 residence is reasonably required for the purposes specified in subdivision 1. The Council on  
90.26 Disability shall advise the division or ~~Workers' Compensation Court of Appeals~~ as provided  
90.27 in section 256.482, subdivision 5, clause (7). The alteration or remodeling of an existing  
90.28 residence, or the building or purchase of a new home must be done under the supervision  
90.29 of a licensed architect relative to the specific needs to accommodate the disability.

90.30 (b) Remodeling or alteration projects do not require an architect's certification and  
90.31 supervision if the project is:

90.32 (1) approved by the Council on Disability;

90.33 (2) performed by a residential building contractor or residential remodeler licensed  
90.34 under section 326B.805, subdivision 1; and

91.1 (3) approved by a certified building official or certified accessibility specialist under  
91.2 section 326B.133, subdivision 3a, paragraphs (b) and (d), who states in writing that the  
91.3 proposed remodeling or alterations are reasonably required to enable the employee to move  
91.4 freely into and throughout the residence and to otherwise accommodate the disability.

91.5 Sec. 4. Minnesota Statutes 2014, section 176.137, is amended by adding a subdivision  
91.6 to read:

91.7 Subd. 6. **Disputes.** A proceeding to resolve a dispute under this section shall be  
91.8 initiated by petition under sections 176.271 and 176.291 and decided by a compensation  
91.9 judge at the office under section 176.305, 176.322, or 176.341. The decision of the  
91.10 compensation judge is appealable to the Workers' Compensation Court of Appeals under  
91.11 section 176.421.

91.12 Sec. 5. Minnesota Statutes 2014, section 176.331, is amended to read:

91.13 **176.331 PROCEEDINGS WHEN ANSWER NOT FILED.**

91.14 Except in cases involving multiple employers or multiple insurers, if an adverse  
91.15 party fails to file and serve an answer or obtain an extension from the commissioner or the  
91.16 petitioner as required by section 176.321, subdivision 3, the commissioner shall refer the  
91.17 matter to the chief administrative law judge for an immediate hearing and prompt award  
91.18 or other order. The adverse party that failed to file an answer may appear at the hearing,  
91.19 present evidence and question witnesses, but shall not be granted a continuance ~~for any~~  
91.20 ~~reason~~ except upon a showing of good cause.

91.21 If an adverse party who fails to serve and file an answer is neither insured for  
91.22 workers' compensation liability nor a licensed self-insured as required by section 176.181  
91.23 and the special compensation fund is a party to the proceeding, the commissioner or  
91.24 compensation judge may enter an order awarding benefits to the petitioning party without  
91.25 a hearing if so requested by the special compensation fund.

91.26 Sec. 6. Minnesota Statutes 2014, section 176.361, subdivision 1, is amended to read:

91.27 Subdivision 1. **Right to intervene.** A person who has an interest in any matter  
91.28 before the Workers' Compensation Court of Appeals, or commissioner, or compensation  
91.29 judge such that the person may either gain or lose by an order or decision may intervene in  
91.30 the proceeding by filing ~~an application or~~ a motion in writing stating the facts which show  
91.31 the interest. The commissioner is considered to have an interest and shall be permitted  
91.32 to intervene at the appellate level when a party relies in its claim or defense upon any  
92.1 statute or rule administered by the commissioner, or upon any rule, order, requirement, or  
92.2 agreement issued or made under the statute or rule.

92.3 The commissioner may adopt rules, not inconsistent with this section to govern  
92.4 intervention. The Workers' Compensation Court of Appeals shall adopt rules to govern the  
92.5 procedure for intervention in matters before it.



92.6 If the Department of Human Services or the Department of Employment and  
92.7 Economic Development seeks to intervene in any matter before the division, a  
92.8 compensation judge or the Workers' Compensation Court of Appeals, a nonattorney  
92.9 employee of the department, acting at the direction of the staff of the attorney general,  
92.10 may prepare, sign, serve and file motions for intervention and related documents, ~~appear~~  
92.11 ~~at attend~~ prehearing conferences, and participate in matters before a compensation judge  
92.12 or the Workers' Compensation Court of Appeals. Any other interested party may intervene  
92.13 using a nonattorney and may participate in any proceeding to the same extent an attorney  
92.14 could. This activity shall not be considered to be the unauthorized practice of law. An  
92.15 intervenor represented by a nonattorney shall be deemed to be represented by an attorney  
92.16 for the purposes of the conclusive presumption of section 176.521, subdivision 2.

92.17 Subdivisions 3 to 6 do not apply to ~~matters pending in the mediation or rehabilitation~~  
92.18 ~~and medical services sections~~ the following proceedings conducted by the Department  
92.19 of Labor and Industry or the office: mediation proceedings; discontinuance conferences  
92.20 under section 176.239; or administrative conferences under section 176.106.

92.21 Sec. 7. Minnesota Statutes 2014, section 176.361, subdivision 2, is amended to read:

92.22 Subd. 2. **Written application or motion.** A person desiring to intervene in a  
92.23 workers' compensation case as a party, including but not limited to a health care provider  
92.24 who has rendered services to an employee or an insurer who has paid benefits under  
92.25 section 176.191, shall submit a timely written ~~application or~~ motion to intervene to the  
92.26 commissioner, the office, or to the court of appeals, whichever is applicable.

92.27 (a) The ~~application or~~ motion must be served on all parties, except for other  
92.28 intervenors, either personally, by first class mail, or by registered mail, return receipt  
92.29 requested. ~~An application or A~~ motion to intervene must be served and filed within 60  
92.30 days after a potential intervenor has been served with notice of a right to intervene or  
92.31 within 30 days of notice of an administrative conference. Upon the filing of a timely  
92.32 ~~application or~~ motion to intervene, the potential intervenor shall be granted intervenor  
92.33 status without the need for an order. Objections to the intervention may be subsequently  
92.34 addressed by a compensation judge. Where a motion to intervene is not timely filed  
92.35 under this section, the potential intervenor interest shall be extinguished and the potential  
93.1 intervenor may not collect, or attempt to collect, the extinguished interest from the  
93.2 employee, employer, insurer, or any government program.

93.3 (b) The ~~application or~~ motion must show how the applicant's legal rights, duties, or  
93.4 privileges may be determined or affected by the case; state the grounds and purposes for  
93.5 which intervention is sought; and indicate the statutory right to intervene. The ~~application~~  
93.6 ~~or~~ motion must be accompanied by the following:

93.7 (1) an itemization of disability payments showing the period during which the  
93.8 payments were or are being made; the weekly or monthly rate of the payments; and the  
93.9 amount of reimbursement claimed;

- 93.10 (2) a summary of the medical or treatment payments, or rehabilitation services  
93.11 provided by the Vocational Rehabilitation Unit, broken down by creditor, showing the  
93.12 total bill submitted, the period of treatment or rehabilitation covered by that bill, the  
93.13 amount of payment on that bill, and to whom the payment was made;
- 93.14 (3) copies of all medical or treatment bills ~~on which some~~ for which payment was  
93.15 ~~made~~ is sought;
- 93.16 (4) copies of the work sheets or other information stating how the payments on  
93.17 medical or treatment bills were calculated;
- 93.18 (5) a copy of the relevant policy or contract provisions upon which the claim for  
93.19 reimbursement is based;
- 93.20 (6) the name and telephone number of the person representing the intervenor who  
93.21 has authority to represent the intervenor, including but not limited to the authority to  
93.22 reach a settlement of the issues in dispute;
- 93.23 (7) proof of service or copy of the registered mail receipt evidencing service on all  
93.24 parties except for other intervenors;
- 93.25 (8) at the option of the intervenor, a proposed stipulation which states that all of the  
93.26 payments for which reimbursement is claimed are related to the injury or condition in  
93.27 dispute in the case and that, if the petitioner is successful in proving the compensability of  
93.28 the claim, it is agreed that the sum be reimbursed to the intervenor; and
- 93.29 (9) if represented by an attorney, the name, address, telephone number, and  
93.30 Minnesota Supreme Court license number of the attorney.
- 93.31 Sec. 8. Minnesota Statutes 2014, section 176.361, subdivision 3, is amended to read:
- 93.32 Subd. 3. **Stipulation.** If the person submitting the ~~application or motion for~~  
93.33 ~~intervention to intervene~~ has included a proposed stipulation, all parties shall either  
93.34 execute and return the signed stipulation to the intervenor who must file it with the  
93.35 division or judge or serve upon the intervenor and all other parties and file with the  
94.1 division specific and detailed objections to any payments made by the intervenor which  
94.2 are not conceded to be correct and related to the injury or condition the petitioner has  
94.3 asserted is compensable. If a party has not returned the signed stipulation or filed specific  
94.4 and detailed objections within 30 days of service of the ~~application or motion to intervene~~,  
94.5 the intervenor's right to reimbursement for the amount sought is deemed established  
94.6 provided that the petitioner's claim is determined to be compensable. The office may  
94.7 establish procedures for filing objections if a timely motion to intervene is filed less than  
94.8 30 days before a scheduled hearing.
- 94.9 Sec. 9. Minnesota Statutes 2014, section 176.361, subdivision 4, is amended to read:

94.10 Subd. 4. **Attendance by intervenor.** ~~Unless a stipulation has been signed and filed or~~  
94.11 ~~the intervenor's right to reimbursement has otherwise been established, the intervenor shall~~  
94.12 ~~attend all settlement or pretrial conferences, administrative conferences, and the hearing.~~  
94.13 ~~Failure~~ A person who has submitted a timely written motion to intervene, as required by  
94.14 subdivision 2, is not required to attend settlement or pretrial conferences or the hearing,  
94.15 unless attendance is ordered by the compensation judge assigned to the case, pursuant to a  
94.16 motion to require the intervenor's attendance filed by a party or as a matter of the judge's  
94.17 discretion. A motion to require attendance must be served and filed at least 20 days before  
94.18 a scheduled hearing, and the compensation judge must serve and file an order granting or  
94.19 denying the motion at least ten days before a scheduled hearing. If attendance is ordered,  
94.20 failure of the intervenor to ~~appear~~ attend a proceeding either in person or, if approved by  
94.21 the compensation judge, by telephone or some other electronic medium, shall result in the  
94.22 denial of the claim for reimbursement: ~~except upon a showing of good cause.~~ If attendance  
94.23 ~~has not been ordered, this subdivision does not prohibit an intervenor from attending a~~  
94.24 ~~conference or hearing in person, or from requesting permission from the compensation~~  
94.25 ~~judge to attend a conference or hearing by telephone or other electronic medium.~~

94.26 Sec. 10. Minnesota Statutes 2014, section 176.361, subdivision 5, is amended to read:

94.27 Subd. 5. **Order Objections.** ~~If an~~ a specific and detailed objection to intervention  
94.28 remains following settlement or pretrial conferences, the issue shall be addressed at the  
94.29 hearing. ~~If the intervenor has not been ordered to attend the hearing pursuant to subdivision~~  
94.30 ~~4, or has received permission to attend the hearing by telephone or other electronic~~  
94.31 ~~medium, the intervenor may provide a written response to the objection before the hearing~~  
94.32 ~~according to subdivision 6 for consideration as a matter of discretion by the judge.~~

94.33 Sec. 11. Minnesota Statutes 2014, section 176.361, subdivision 6, is amended to read:

95.1 Subd. 6. **Presentation of evidence by intervenor.** Unless a stipulation has been  
95.2 signed and filed or the intervenor's right to reimbursement has otherwise been established,  
95.3 the intervenor shall present evidence in support of the claim at or before the hearing ~~unless~~  
95.4 ~~otherwise ordered by the compensation judge.~~ When the intervenor has not been ordered  
95.5 to attend the hearing pursuant to subdivision 4, or has received permission to attend the  
95.6 hearing by telephone or other electronic medium, the office may establish a procedure  
95.7 for submission of the intervenor's evidence and response to outstanding objections to  
95.8 intervention. If the intervenor does not submit a written response to the objection before  
95.9 the hearing, the compensation judge's determination on the objection must be based on  
95.10 the information and evidence submitted prior to or at the hearing, as a matter of judicial  
95.11 discretion.

95.12 Sec. 12. Minnesota Statutes 2014, section 176.361, is amended by adding a subdivision  
95.13 to read:

95.14 Subd. 8. **Chief administrative law judge orders.** The chief administrative law  
95.15 judge may issue standing orders to implement this section. The chief administrative law  
95.16 judge has the authority to issue standing orders instead of, or in addition to, the authority  
95.17 granted to the office or compensation judges under this section, provided that any standing  
95.18 order issued by the chief administrative law judge must be consistent with this section.

95.19 Sec. 13. **EFFECTIVE DATE.**

95.20 This article is effective August 1, 2016.