

Proposed amendments related to:

- 1) Technical changes to definitions (lines 2, Family Farm; Line 24, relative value fee schedule);
- 2) RRP oversight for rehab firm appeals (line 29);
- 3) Notice of cessation of dependency benefits (lines 45 and 62); and
- 4) Inpatient hospital payment clarification (lines 70).

176.011 DEFINITIONS.

Subd. 11a. **Family farm.**

(a) "Family farm" means any farm operation which pays or is obligated to pay cash wages, exclusive of machine hire, to farm laborers for services rendered during the preceding calendar year in an amount:

(1) less than \$8,000; or

(2) less than the statewide average annual wage as described in subdivision ~~20-1b~~ when the farm operation has total liability and medical payment coverage equal to \$300,000 and \$5,000, respectively, under a farm liability insurance policy, and the policy covers injuries to farm laborers.

(b) For purposes of this subdivision, farm laborer does not include any spouse, parent or child, regardless of age, of a farmer employed by the farmer, or any executive officer of a family farm corporation as defined in section 500.24, subdivision 2, or any spouse, parent or child, regardless of age, of such an officer employed by that family farm corporation, or other farmers in the same community or members of their families exchanging work with the employer. Notwithstanding any law to the contrary, a farm laborer shall not be considered as an independent contractor for the purposes of this chapter; provided that a commercial baler or commercial thresher shall be considered an independent contractor.

[For text of Subs. 12—16, see M.S.]

Subd. 17a. **Retraining.** "Retraining" means a formal course of study in a school setting which is designed to train an employee to return to suitable gainful employment.

Subd. 17b. **Relative value fee schedule.** "Relative value fee schedule" means the medical fee schedule adopted by rule, under section 176.136, subd. 1a, using the Physician Fee Schedule tables adopted for the federal Medicare program.

176.102 REHABILITATION.

Subd. 3. **Review panel.** There is created a rehabilitation review panel composed of the commissioner or a designee, who shall serve as an ex officio member and two members each from employers, insurers, and rehabilitation, two licensed or registered health care providers, one chiropractor, and four members representing labor. The members shall be appointed by the commissioner and shall serve four-year terms which may be renewed. Terms, compensation, and removal for members shall be governed by section 15.0575. Notwithstanding section 15.059, this

35 panel does not expire unless the panel no longer fulfills the purpose for which the panel was
36 established, the panel has not met in the last 18 months, or the panel does not comply with the
37 registration requirements of section 15.0599, subdivision 3. The panel shall select a chair. The
38 panel shall review and make a determination with respect to appeals from orders of the
39 commissioner regarding certification approval of qualified rehabilitation consultants, qualified
40 rehabilitation consultant firms, and vendors. The hearings are de novo and initiated by the panel
41 under the contested case procedures of chapter 14, and are appealable to the Workers'
42 Compensation Court of Appeals in the manner provided by section 176.421.

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44 **176.111 DEPENDENTS, ALLOWANCES.**

45 **Subd. 16.Cessation of compensation.**

46 Except as provided in this chapter, compensation ceases upon the death or marriage of any
47 dependent. Cessation of benefits requires notice pursuant to subdivision 23.

48 **[For text of Subds. 17—21, see M.S.]**

49 **Subd. 22.Payments to estate; death of employee.**

50 (a) In every case of death of an employee resulting from personal injury arising out of and
51 in the course of employment where there are no persons entitled to monetary benefits of
52 dependency compensation, the employer shall pay to the estate of the deceased employee the
53 sum of \$60,000. This payment must be made within 14 days of notice to the insurer of one of the
54 following:

55 (1) the appointment of a personal representative of the estate; or

56 (2) if there is no personal representative, presentation of a certified death record and an
57 affidavit of collection of personal property according to the requirements of sections 524.3-
58 1201 and 524.3-1202.

59 (b) Within 14 days of notice to the insurer of the death of the employee, the insurer must
60 send notice to the estate, at the deceased employee's last known address, that this payment will
61 be made after receipt of the documentation in paragraph (a), clause (1) or (2).

62 **Subd. 23.Notice of cessation of dependency benefits.**

63 Once the employer has commenced payment of benefits under this section, the employer
64 may not discontinue payment of compensation until it provides the dependent with written notice
65 of the intention to do so. The notice shall state the date of intended discontinuance and set forth a
66 statement of facts clearly indicating the reason for the discontinuance. The employer must file
67 the notice with the commissioner in the manner and format prescribed by the commissioner.
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69 **176.1362 INPATIENT HOSPITAL PAYMENT.**

70 Subdivision 1. **Payment based on Medicare MS-DRG system.** (a) Except as
71 provided in subdivisions 2 and 3, ~~the maximum~~ reimbursement for inpatient hospital services,
72 articles, and supplies is the lesser of the hospital's total usual and customary charge or 200
73 percent of the amount calculated for each hospital under the federal Inpatient Prospective
74 Payment System developed for Medicare, using the inpatient Medicare PC-Pricer program or the
75 inpatient PPS Web Pricer for the applicable MS-DRG as provided in this subdivision. All
76 adjustments included in the PC-Pricer program or the inpatient PPS Web Pricer are included in
77 the amount calculated, including but not limited to any outlier payments.