

MAINE STATE LEGISLATURE

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OFFICE OF
THE GOVERNOR

NO. 2FY 80/81
DATE August 18, 1980

PROVIDING FOR REFORM OF MANAGEMENT OF WORKERS COMPENSATION
CLAIMS FOR STATE GOVERNMENT EMPLOYEES

WHEREAS, the existing structure for processing state workers compensation claims is inefficient and wasteful; and

WHEREAS, there is an urgent need to coordinate and integrate claims management to establish internal control and case management; and

WHEREAS, both the taxpayers and state employees will benefit from prompt, consistent and fair claims management; and

WHEREAS, there is presently no mechanism to review third party subrogation cases; and

WHEREAS, the cost of benefits and related expenditures has increased 106% since 1975, and in 1979 alone the cumulative state costs were approximately \$1,125,000 exclusive of legal expenses; and

WHEREAS, it is a high priority of this Administration to increase safety in the workplace and encourage safety consciousness on the part of state employees;

THEREFORE, I, Joseph E. Brennan, Governor of the State of Maine, do hereby order that a pilot project be established within the Maine Insurance Advisory Board to centrally manage a program for state employees' workers compensation claims and benefits.

I. OBJECTIVES

1. To develop sufficient data from the state workers compensation experience to permit financial and loss control planning;
2. To obtain professional evaluation and investigation of workers compensation claims;
 - a. to determine for each case an appropriate course of action upon first notice of claim;
 - b. to systematically review on a periodic basis each case to determine if the original course of action remains appropriate;
 - c. to assist the Attorney General as required, including providing information necessary to prosecute subrogation claims.

3. To obtain professional advice on improving procedures for handling workers compensation claims.
4. To obtain professional advice for the institution of loss control and worker and public safety programs.
5. To reduce the dollar and human costs of work-related employee injuries and illness.

II.

IMPLEMENTATION

The Maine Insurance Advisory Board has been directed to and has secured professional management services for the year ending August 31, 1981. The contractor is required to make available experienced personnel and other resources necessary to the operation of a self-insured workers compensation claims management program.

Effective September 2, 1980, each agency of the state government shall adopt the following claims management and safety procedures:

1. All injuries and illnesses arising during the course of employment shall be reported immediately by the employee to his immediate supervisor.
2. All reports by supervisors of such injuries or illnesses shall be made within 24 hours on a standard form, a copy of which is attached, to the Commissioners or agency director, with a copy transmitted directly to the Insurance Advisory Board.
3. All first notice of claims shall be transmitted directly to the Insurance Advisory Board commencing September 2, 1980.
4. The Department of Transportation will no longer process new claims arising in other departments after September 2, 1980.
5. Any authority, express or implied, heretofore exercised by any officer or employee of any executive agency to admit liability, negotiate or modify settlements, or pay out any funds in connection with any workers compensation claim is hereby abrogated and extinguished.
6. All functions identified in sub-§5 hereof are hereby delegated to the Insurance Advisory Board, which may delegate certain of those functions under the terms of its contract to the contractor.
7. Financial responsibility for payment of workers compensation claims will remain with the Department for which the employee was working, and payments shall continue to be made only with the approval of the Controller.

8. Each agency will designate, in writing to the Insurance Advisory Board, no later than September 2, 1980, an individual who shall be the departmental safety officer, and who shall be the contact for the IAB, in the settlement of claims. This individual shall also be responsible for maintaining all forms and statistics relating to workers compensation.

9. Each agency will cooperate fully with the IAB and its contractor in investigating and processing claims, will report all contacts by attorneys or others in connection with such claims, and make recommendations from time to time relating to improving claims management and safety conditions.

10. The Attorney General shall continue to provide all legal services to the State in connection with workers compensation cases.


JOSEPH E. BRENNAN
Governor

INDUSTRIAL ACCIDENT COMMISSION
AUGUSTA, MAINE 04330

Employer's First Report of Occupational Injury or Occupational Illness.

1. Employer's Name _____
2. Office Address _____
(Street and number, city or town)
3. Location of plant or place of work where accident - or exposure - occurred _____
(Street and number, city or town and county)
4. Kind of business, goods produced, work done or service rendered _____
5. Name of Insurance Carrier _____
6. Full name of Injured Employee _____
(First Name) (Middle Name) (Last Name)
7. Address _____
(Street and number, city or town, zip code)
8. Sex _____ 9. Age _____ 10. Married or single? _____ 11. Speak English? _____
12. Soc. Sec. No. _____ 13. Occupation (See reverse side) _____
14. Department (See reverse side) _____
15. Date of Accident or exposure _____, 19____; hour of day _____ AM _____ PM
16. Date of initial diagnosis of occupational illness _____
17. Date of last exposure _____
18. Was place of accident or exposure on employer's premises? _____ (Yes or No)
19. Did employee lose time from work? _____ If so, state last full date worked _____
- 19A. How many working days per week _____ Hours per day? _____
Cash wages per week at time of accident _____
Was board, or room and board, furnished in addition? _____
Was employee paid on weekly _____ hourly _____ or piece work basis _____? (Check which)
How long has employee received above rate of wages? _____
How long in your employ? _____
Did this employment or job (the work itself) continue for 200 working days during year preceding accident? _____
Were weekly earnings irregular? _____
20. If employee has returned to work, give date _____
21. For how many hours was employee paid on date of accident? _____
22. What was the employee doing when injured (See reverse side) _____
23. How did the accident occur? (See reverse side) _____
24. Describe the injury or illness in detail and indicate the part of the body affected. (See reverse side) _____
25. Name the object or substance which directly injured the employee. (See reverse side) _____
26. Does this injury suggest Vocational Rehabilitation? _____
27. Name and address of physician _____
28. If hospitalized, name and address of hospital _____
29. Were you notified by the injured employee of his accident? _____ If so, when? _____
30. When did you or your managing superintendent in charge of the work of injured employee at time of accident first have actual knowledge of injury? _____
31. Did employee die? _____

Signed this _____ day of _____, 19____ at _____

Employer's Name _____

INSTRUCTIONS

This Report MUST be filed in the office of the Industrial Accident Commission and your insurance carrier within seven (7) days of knowledge of an injury in cases where employee loses a day's work, or requires the services of a physician. The filing of this Report is not to be considered an admission of a compensable injury.

This report must bear your handwritten signature.

You must show your name at the top of the report exactly as it is on your workmen's compensation insurance policy and your address must be complete.

Kind of business, etc. should be completely accurate. This information is used for statistical purposes.

Employee's name must be clear and his address must be complete and accurate.

If incapacity did not begin at once, but at some later date, be sure to state the last full day worked. We also must know the exact number of hours for which the employee was paid on the date of accident. If the employee has returned to work at the time you are making out this report, be sure to show the date he returned to work.

13. Enter regular job title as well as the specific activity he was performing at time of injury.
14. Enter name of department or division in which the injured person is regularly employed, even though he may have been temporarily working in another department at time of injury.
22. Be specific. If he was using tools or equipment or handling material, name them and tell what he was doing with them.
23. Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use separate sheet for additional space.
24. E.G.: amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand, etc. In hand injuries, show major or minor hand.
25. For example, the machine or thing he struck against or which struck him; the vapor or poison he inhaled or swallowed; the chemical or radiation which irritated his skin; or in cases of strains, hernias, etc., the thing he was lifting, pulling, etc.