MAINE STATE LEGISLATURE

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r.n. 1597
DATE: 3/23/94 (Filing No. S-503)
BANKING & INSURANCE
Reported by: Senator McCormick of Kennebec
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STATE OF MAINE
SENATE 116TH LEGISLATURE
SECOND REGULAR SESSION
COMMITTEE AMENDMENT "A" to S.P. 562, L.D. 1597, Bill, "Ar
Act to Provide for Consistent Data Collection"
Amend the bill by striking out everything after the enacting
clause and before the statement of fact and inserting in its place the following:
'Sec. 1. 24-A MRSA §2384-B, sub-§10, as enacted by PL 1991, c.
885, Pt. B, $\S12$ and affected by $\S13$, is amended to read:
10. Claims covered. This section applies to all claims
occurring on or after January 1, 1989; and prior to January 1,
1993 and to all death, permanent total and major permanent partial claims occurring between January 1, 1987 and December 31, 1988; and to a reasonable sample, as approved by the
superintendent, of all other indemnity claims occurring between January 1, 1987 and December 31, 1988. The superintendent may
suspend the reporting requirements of specific items for periods when information that is to be obtained from the Workers'
Compensation Commission or Workers' Compensation Board is temporarily unavailable from those entities.
Sec. 2. 24-A MRSA §2384-C is enacted to read:
\$2384-C. Data collection
1 Collection and constitute system. Who constitutes and
1. Collection and reporting system. The superintendent shall adopt rules implementing a data collection system for the

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<u>reasu</u>	nable sampling procedures to identity and track a sufficient
	r of claims to provide reliable information in a
	effective manner. The superintendent shall, by rule,
	lish a cost-effective procedure to designate organizations
	ollect and compile data for insurers and self-insurers,
	t that an insurer able to demonstrate its ability to
	ct, compile and report data on its own claims is permitted
	et as its own statistical organization for the purposes of
	section. In this section, "statistical organization"
inclu	des an insurer acting as its own statistical organization.
<u> </u>	des an institut decing as ies own statistical organization.
	2. Data collected. The data collection and reporting
	m must contain, at a minimum, the following:
	A. Basic information on each surveyed claim, including:
٠.	(1) The new and identification information of the
	(1) The name and identification information of the
	employee, employer and insurer or self-insurer; and
	(2) The file identification number or numbers,
	insurance policy number and classification claim
·	history:
	B. Claim history information on each claim surveyed,
	including:
	including:
	(1) The date of injury or exposures to disease, type
	of injury or exposure disclosure and affected body part;
	or injury or exposure disclosure and affected body part,
	(2) The preinjury wage history, date of initial
	payment and whether claim is controverted; and
	paymone and who cher of the controver cody and
	(3) Identification of claim status, whether open,
	closed or reopened;
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	C. Information concerning Workers' Compensation Board
	proceedings, including:
	<u></u>
	(1) For each mediation and arbitration, the date,
	hearing officer, mediator or arbitrator for the
	proceeding and the resolution; and
	producting and the report total and
	(2) For each hearing, the date, hearing officer and
	the decision of the hearing officer. If a disputed
٠	claim results in multiple hearing dates, the decision
	must be reported for the last hearing date; and
,	D. Payment information on each claim, identified as open or
	closed, including:

_	(1) Aggregate payments to date to physicians
2	hospitals or other medical providers;
4	(2) Paradaka mada ka daka 6an makaban menenghian
4	(2) Payments made to date for weekly compensation
6	impairment benefits, death benefits and funera
b	<u>expenses, employee legal expenses, employer legal</u> <u>expenses, lump sums and vocational rehabilitation</u>
8	services;
U	Services,
10	(3) With respect to all claims, separately stated
_,	incurred liability for medical care, indemnity and
12	vocational rehabilitation; and
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14	(4) Identification as to whether there are benefit
	offsets for social security, unemployment insurance,
16	employer-provided pensions or any other sources.
18	3. Special data calls. The superintendent may, with prior
	notice, require the insurer and self-insurer statistical
20	organizations to conduct special data calls or studies to collect
	information to evaluate the costs or operations of the workers'
22	compensation system and to evaluate medical injury or disease
*	outcomes of compensable claims. In any special data call imposed
24	by the superintendent under this subsection, consideration must
	be given to the information collected and maintained by insurers
26	and self-insurers. Requests for information not being collected
_	on the effective date of this subsection must be prospective.
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	4. Other data collection systems. The statistical
30	organizations may rely on data collected and reported by other
	data-gathering organizations or agencies, such as the Workers'
32	Compensation Board or the Department of Labor, and shall
34	coordinate with any other statutorily created medical data collection systems. If a statistical organization is to
94	incorporate data from other sources, it must satisfy itself that
36	the data is sufficiently complete and accurate for the purpose
, ,	for which it is to be used. The Workers' Compensation Board and
38	the Department of Labor shall assist the statistical
, 0	organizations in the development and maintenance of a
10	comprehensive data base by recording and making available
	information within the custody and control of each, respectively,
12	pursuant to the request of the statistical organization. The
	superintendent may suspend the reporting requirements of specific
14	items for periods when information that is to be obtained from
-	the Workers' Compensation Board is temporarily unavailable or
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information is found to be unreliable and the unreliability is not a result of the reporting practices of the carriers or self-insurers. The superintendent may accept an established data

collection mechanism that is substantially in compliance with the

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data elements specified in this section and otherwise meets the requirements of this section.

- 5. Noncompliance penalties. A statistical organization must include as part of its plan a means of monitoring member or subscriber compliance with the reporting requirements and must include a schedule of monetary penalties for failure to comply with reporting requirements. The statistical agent and companies are responsible for the accuracy of the data maintained and reported to the superintendent in the data base.
- 12 6. Reports. The superintendent shall prescribe the frequency of and schedule for reports by the statistical organization. Reports must be required on at least an annual basis.
- 7. Confidentiality. Any report of information relating to
 a particular claim is confidential and may not be revealed by the
 superintendent, except that the superintendent may make
 compilations including this information. Any information
 provided to the superintendent regarding self-insurance is
 confidential to the extent protected by Title 39-A, section 403.
- 24 <u>8. Accuracy. The statistical organization shall take all reasonable steps to ensure the accuracy of the information provided to it and reported by it.</u>
- 9. Retention of records. Each insurer or self-insurer shall retain its workers' compensation medical claim records for a period not less than 3 years from the date of injury or reported illness. Records may be retained through original source documents or electronic file storage.
- 34 <u>10. Application. This section applies to all claims</u> occurring on or after January 1, 1993.
- Sec. 3. 39-A MRSA §404, sub-§14, as enacted by PL 1991, c. 885, Pt. A, §8 and affected by §§9 to 11, is amended to read:
- 40 14. Statistical advisory organization. The association is authorized to act as the statistical advisory organization designated by the Superintendent of Insurance to collect and 42 report data for self-insurers in accordance with Title 24-A, 44 seetien sections 2384-B and 2384-C. All individual and group self-insurers are subject to this subsection as a condition of 46 authority to self-insure in this State. The association is authorized to amend its plan of operation adopted pursuant to subsection 5 or to adopt a separate plan of operation to further 48 the purposes of this subsection. The amendment or plan must provide for an equitable method of distributing the reasonable . 50

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and necessary costs of performing the data collection and reporting functions required by law and rules adopted by the superintendent and that method may include one or a combination of the following: the assessment of all individual and group self-insurers, the assessment of nonmember self-insurers or the use of other funds available to the association. Any assessment must be made equitably and may be computed on the basis of claims paid, the annual standard premium as set forth in subsection 4 or any other basis approved by the association. For purposes of this subsection, nonmember self-insurers must comply with the association's plan of operation.

Further amend the bill by inserting at the end before the statement of fact the following:

'FISCAL NOTE

The Bureau of Insurance may incur some minor additional costs to adopt rules pertaining to data collection procedures. These costs can be absorbed within the bureau's existing budgeted resources.

The additional costs to implement new data collection methods related to workers' compensation information can be absorbed by the various state departments and agencies utilizing existing budgeted resources.'

STATEMENT OF FACT

This amendment specifies the data elements to be contained in the workers' compensation data base. The amendment permits statistical organizations to collect and maintain data for insurers or self-insured employers, but would permit an insurer to act as its own statistical organization for this purpose if it could demonstrate its ability to collect, compile and report data. Insurers and self-insurers are required to maintain medical records for 3 years to allow medical outcome studies and permit analysis and comparison with other medical data systems that may subsequently be required by law. The amendment also adds a fiscal note to the bill.

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