

MAE News

Newsletter from the Office of Monitoring, Audit and Enforcement Maine Workers' Compensation Board

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Special Edition



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New Instructions Available for Completing the Employer's First Report of Occupational Injury or Disease (WCB-1) and Notice of Controversy (WCB-9)

The Forms and Petitions Manual has been updated to include new instructions for completing the WCB-1 and WCB-9 forms. To better assist claims administrators with the electronic filing and paper distribution of these forms, the instructions now indicate the box numbers and descriptions as listed on the paper forms, the IAIABC Data Element Numbers (DNs), and the data requirements of each field. The new instructions are available at: www.maine.gov/wcb/departments/mae/formsmanual/cover.html

WCB-1: Today's "Medical Only" Claims may be Tomorrow's Lost Time Claims

Are you tracking lost time for your "medical only" claims? Please note that where an employee loses a day or more from work due to medical appointments, employers/insurers are required to file* or update the WCB-1 with the Board within seven days from the employer's notice or knowledge of the incapacity (Section 303).

The definition of a day for purposes of filing a First Report of Occupational Injury or Illness (WCB-1) under Section 303 is the number of hours or wages in an employee's regular workday (see the Board Rules and Regulations Chapter 3, Section 1).

WCB-1: Return-to-Work Date

When an injured employee loses no more than 7 days from work, don't forget to file* an updated WCB-1 with the Board to report their return-to-work date. The updated WCB-1 is due within seven (7) days of the employee's return-to-work date.

This step is unnecessary if the return-to-work date was previously reported on the original/initial WCB-1 or if a MOP or NOC is filed or required to be filed under Board Rules and Regulations Chapter 1, Section 1.

EDI Forms: Distribution

Are you distributing paper copies of First Reports and NOCs to the appropriate parties? The WCB-1 (1/02) must be mailed to the employee and the employer within 24 hours after it is sent to the Board. The WCB-9 (1/12/06) must be mailed to the employee, the employer and, if required by Rule 5.7(2) or Rule 8.2, the health care provider, within 24 hours after it is transmitted to the Board.

Claims administrators must have internal controls in place to ensure that all paper forms distributed are materially the same as those filed* electronically, and must also ensure that all forms/filings changed or corrected are distributed appropriately.

* accepted EDI transaction, with or without errors ("TE" or "TA" only)



WCB-9: Denying Medical Bills

Please help us resolve your disputes with providers by including the name and contact information of the health care provider in the comments section (DN197 – Denial Reason Narrative) whenever the NOC is controverting whether a health care provider's bill is reasonable and proper under Title 39-A M.R.S.A. Section 206.

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WCB-9: Initial versus Current Date of Incapacity

Do you know when to complete Box 20a, and what to put in it?

Box 20a, Date of Initial Incapacity (DN56 – INITIAL DATE DISABILITY BEGAN) is the first day qualifying as a day of disability in the **first** period of disability. This date is expected for all Lost Time claims, even if you are controverting a subsequent period of disability/incapacity. **Do not complete this box for Medical Only claims.**

If you are controverting a subsequent period of disability/incapacity, you must also complete Box 20a, Current Date of Incapacity (DN144 – CURRENT DATE DISABILITY BEGAN). This date should represent the first qualifying day of disability in the current period of disability being denied. **Do not complete this box if this date is the same as the date of initial incapacity (DN56).**

WCB-9: Date Employer Notified

When you controvert a lost time claim, be sure to report the date that the employer was notified or had knowledge of the employee's work-related disability/incapacity that is **currently** being controverted.

This date should be reported in Box 20b, Date Employer Notified (DN281 – DATE EMPLOYER HAD KNOWLEDGE OF DATE OF DISABILITY) on the WCB-9 form, and **should never pre-date the currently-controverted date of disability/incapacity** (DN56 – INITIAL DATE DISABILITY BEGAN or DN 144 - CURRENT DATE DISABILITY BEGAN, as applicable).

EDI Forms: Changes and Corrections

Changes and corrections to FROIs must be filed* via EDI.

Changes to NOCs filed prior to July 1, 2006 using a paper WCB-9 (10/98) must be made by sending an amended paper WCB-9 (10/98) to the Board via e-mail, via fax (207-287-5895), or via standard mail to Workers' Compensation Board, 27 State House Station, Augusta, ME 04333-0027. **PLEASE ENSURE THAT THE FORM IS CLEARLY MARKED AS AN AMENDMENT AND CIRCLE OR HIGHLIGHT THE INFORMATION TO BE CHANGED.** Corrections to NOCs (the result of a "TE" transaction error) must be made by sending a "CO" EDI transaction to correct the errors on the acknowledgement report.

Changes to NOCs that have been filed* electronically (and are not the result of a "TE" transaction error) must be made by sending a paper WCB-9 (1/12/06) to the Board via e-mail, via fax (207-287-5895), or via standard mail to Workers' Compensation Board, 27 State House Station, Augusta, ME 04333-0027. **PLEASE ENSURE THAT THE FORM IS CLEARLY MARKED AS AN AMENDMENT AND CIRCLE OR HIGHLIGHT THE INFORMATION TO BE CHANGED.**

* accepted EDI transaction, with or without errors ("TE" or "TA" only)