

# MAE News

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

Fall 2011

Volume 7, Number 3



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### *Winter Training Sessions*

The MAE Program's winter open training sessions will take place on **January 26-27, 2012** in the Department of Agriculture's third floor conference room located in the Deering Building (90 Blossom Lane) on the State's Augusta East Side Campus. (This is the same building where the Workers' Compensation Board's Central Office is located.)

To sign up for these sessions, or if your company is in need of personalized training on form filing or other compliance issues, contact Anne Poulin.

### *From the Office of Medical and Rehabilitation Services*

In order to ensure appropriate limitations on the cost of health care services while maintaining broad access for employees to health care providers in the State, the 125th Maine Legislature enacted LD 1244, An Act Regarding Payment of Medical Fees in the Workers' Compensation System. This Act was signed into Public Law, Chapter 338 on June 14, 2011 by Governor LePage.

The law requires that the Board adopt rules that establish a medical fee schedule setting the fees for medical and ancillary services and products rendered by individual health care practitioners and health care facilities in accordance with the following:

- A. The medical fee schedule for services rendered by individual health care practitioners must reflect the methodology underlying the federal Centers for Medicare and Medicaid Services resource-based relative value scale;
- B. The medical fee schedule for services rendered by health care facilities must reflect the methodology and categories set forth in the federal Centers for Medicare and Medicaid Services severity-diagnosis related group system for inpatient services and the methodologies and categories set forth in the federal Centers for Medicare and Medicaid Services ambulatory payment classification system for outpatient services; and
- C. The medical fee schedule must be consistent with the most current medical coding and billing systems, including the federal Centers for Medicare and Medicaid Services resource-based relative value scale, severity-diagnosis related group system, ambulatory payment classification system and healthcare common procedure coding system; the International Statistical Classification of Diseases and Related Health Problems report issued by the World Health Organization and the current procedural terminology codes used by the American Medical Association.

On November 8, 2011, the Board voted to adopt rules that establish a medical fee schedule in accordance with the law. The National Council on Compensation Insurance, Inc. (NCCI) anticipates that the new rules will generate significant savings.

These rules will become effective upon filing by the Secretary of State. You can view the proposed rules and appendices at:

<http://www.maine.gov/wcb/rules/proposed.htm>

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### *National Council on Compensation Insurance, Inc. News*

NCCI held its annual Maine State Advisory Forum on October 20, 2011. To view the presentation, copy and paste the following link in your web browser:

<https://www.ncci.com/nccimain/Events/MinutesPresentationsMaterials/Pages/StateAdvisoryForumPresentations.aspx>

### *From the Claims Management Unit Form Filing Recommendations for Apportioned Claims*

The following are recommendations as to how to report an apportioned claim where all monies are being paid to the "lead" carrier (rather than to the employee):

- File a MOP with comments to explain that all monies are being paid directly to another carrier for a separate injury.
- If/when a Discontinuance is needed, report \$0 in Box 21, and use the comment box to explain that all monies were paid directly to another carrier for a separate injury.
- If no monies were ever paid directly to the injured employee, there is no need to file WCB-11s (Interims or Finals) because doing so would falsely increase the aggregate costs of that injured employee's claims.
- In the event that WCB-11s are necessary (because some monies were previously paid directly to the injured employee), future WCB-11s should not include any costs that were paid directly to the "lead" carrier.

Where all monies are being paid directly to the injured employee, all carriers should report all payment activity to the Board.

If you have questions regarding apportioned claims, please contact Sherill Creamer at (207) 287-2002.

### *Reminder to all Claim Administrators First Report of Occupational Injury or Disease Filings*

Starting in August 2011, Complaint for Penalties letters issued by the Board pursuant to 39-A M.R.S.A. §360 for late filing of the First Report of Occupational Injury or Disease are mailed only to the claim administrator identified on the electronic transmission. Employers are not issued a copy of the complaint nor are they requested to respond.

The Abuse Unit anticipates this change will reduce penalty process backlogs and billing/payment issues.

If you have questions please contact the Abuse Unit (207) 287-7065 or Jan McNitt directly at (207) 287-8496.