

MAE News

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

Winter 2012

Volume 7, Number 4



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Executive Director/Chair

Office of Monitoring,
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Maine Workers'
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Compliance Training

In accordance with Executive Director Sighinolfi's priorities for the MAE Program, the program recently hired Mr. Gordon Davis to oversee the Board's training and outreach efforts. Mr. Davis has extensive experience as a trainer and is responsible for modifying and improving our existing training programs, conducting surveys to identify training needs, developing new training programs, designing training manuals, multimedia visual aids, and other educational materials and evaluating the effectiveness of training programs.

The MAE Program will continue to conduct its 2 day open training sessions each quarter and hopes to soon offer several webinars throughout the quarter on specific areas of concern. If you have specific requests regarding the content of the upcoming webinars, please contact Gordon directly at 287-6327 or Gordon.Davis@Maine.Gov.

The spring open training sessions will take place on **April 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.

Twass The Season

The State of Maine was closed for several holidays during the fourth quarter. If you had a MOP that appears late on your quarterly report due to the mail not moving, you can ask your contact within the Monitoring Division to reconsider the measurement.

100 Most Costly Claims

The MAE Program recently released a report of the 100 most costly claims of all compensated claims in Maine for injury years 2002-2006. These claims were reviewed for their similarities and differences as compared to the remaining population of compensated claims and compared to the 100 most costly claims in previous study periods. The 100 most costly claims represent less than one half of one percent of the injuries in Maine and yet they represent more than nine percent of the costs of claims in Maine. The complete report can be found on the Board's website at: <http://www.maine.gov/wcb/departments/mae/mae/otherdocs.htm>

From the Office of Information Services Reminder: Claim Administrator Addresses

The claim administrator address fields are required as part of the EDI input for any and all First Report of Injury transactions that are submitted to the Board. The claim administrator must file a FROI-02 (Change) transaction to amend the claim administrator address if there is any change. This is not something that is done manually by the Board. Returned mail due to an incorrect address can cause hearing delays and impact an injured employee's case.

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Caution: Claim Adjusters

In accordance with Board Rules and Regulations, Chapter 8, Section 11, reductions and discontinuances pursuant to 39-A M.R.S.A. § 205(9)(A) must be based on the employee's actual earnings unless the employee returns to work without restrictions or limitations (due to the injury for which benefits are being paid) according to the employee's treating health care providers and there are no conflicting medical records with respect to the lack of restrictions or limitations (due to the injury for which benefits are being paid). Claim adjusters need to review post-injury wages to assess a potential obligation to pay partial benefits when employees return to work on modified/restricted duty.

Reminder: WAGE STATEMENTS – NEW DIRECTIVE 6/15/11

All Wage Statements must be complete upon arrival at the Board. Incomplete Wage Statements will not be processed. This includes completion of boxes 20-22 even if a copy of the employee's wages is attached. Further, for those employers with bi-weekly, semi-monthly or monthly payrolls, the expectation is that these amounts will be broken down and recorded weekly. Box 20 of Wage Statement should be completed as follows:

- If the injured employee was employed seasonally (as defined by Section 102(4)(C) of the Act) at the time of injury, enter the employer's payroll week "week ending" dates and the employee's corresponding "gross earnings" for the prior calendar year.
- For all other types of employment, enter the employer's payroll week "week ending" dates and the employee's corresponding "gross earnings" for the 52 weeks immediately preceding the injury. Week 52 is the payroll week that includes the date of injury. Week 1 is the payroll week from approximately one year prior to the injury. If the employee did not work for the employer for 52 weeks preceding the injury, refer to Section 102(4) of the Act to determine additional filing requirements.

Note: Do not extend the payroll information beyond one year prior to the injury to "make up" for weeks with zero earnings. If there were zero earnings in any given week, it should be reflected as such on the Wage Statement.

From the Office of Medical and Rehabilitation Services Limited Certificate Authorizing Written Release Of Medical / Health Care Information

Please note that the two address lines for the Board have been removed from Form 220 (see attached). The Board has been receiving an average of 6-8 forms per week that must then be forwarded to the claim administrator. It is hoped that this change will avoid the problem of this form being sent to the Board and the resulting delay. Please implement use of the attached form immediately. The form can also be accessed from the website.

LIMITED CERTIFICATE AUTHORIZING WRITTEN RELEASE OF MEDICAL / HEALTH CARE INFORMATION

STATE OF MAINE WORKERS' COMPENSATION BOARD

EMPLOYEE: _____ ADDRESS: _____

DATE OF INJURY: _____ SOCIAL SECURITY NUMBER: _____

BRIEF DESCRIPTION OF BODY PART(S) INJURED: _____

EMPLOYER: _____ ADDRESS: _____

INSURER: _____ ADDRESS: _____

ATTORNEY: _____ ADDRESS: _____

I hereby authorize the above employer, insurer, or their attorney to obtain from any hospital, physician, osteopath, chiropractor, or other health care provider, after payment to the provider of a reasonable fee, any written information only which is or has been prepared in connection with my examination or treatment regardless of date which relates to my _____ (i.e. body part and/or condition) only. This certificate of authorization remains valid and must be honored for as long as I continue to make any claim for compensation, any compensation payment scheme remains in effect, or I receive compensation. This certificate of authorization does NOT permit the release of any information regarding psychological, substance abuse, sexually transmitted disease treatment, testing, or counseling and does NOT authorize oral communication with or by any health care provider.

EMPLOYEE SIGNATURE

DATE

NOTICE TO THE EMPLOYEE

YOU HAVE 20 DAYS FROM RECEIPT OF THIS CERTIFICATE TO SIGN AND RETURN IT TO THE EMPLOYER OR INSURER. FAILURE TO SIGN AND RETURN THIS CERTIFICATE MAY RESULT IN A SUSPENSION OF ACTIVITY ON YOUR CLAIM FOR COMPENSATION, OR IF YOU ARE CURRENTLY RECEIVING COMPENSATION, YOUR PAYMENTS OF COMPENSATION MAY BE SUSPENDED UNTIL YOU SIGN AND RETURN THIS CERTIFICATE.

THIS IS THE AUTHORIZED FORM FOR THE RELEASE OF MEDICAL AND RELATED INFORMATION UNDER THE MAINE WORKERS' COMPENSATION ACT AND IS INTENDED TO SUPPLEMENT THE RIGHTS TO SECURE MEDICAL INFORMATION SET FORTH BY TITLE 39-A OF THE MAINE REVISED STATUTES ANNOTATED AND CHAPTER 12, SECTION 18 OF THE BOARD'S RULES AND REGULATIONS.

THE STATE OF MAINE DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ADMISSION TO, ACCESS TO, OR OPERATION OF ITS PROGRAMS, SERVICES, OR ACTIVITIES. THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT. FOR FURTHER ASSISTANCE, CONTACT THE MAINE WORKERS' COMPENSATION BOARD, ADA COORDINATOR, TELEPHONE: 1-888-801-9087 OR TTY (877) 832-5525
WCB-220(4/96) DISTRIBUTION: COPY (1) INSURER, (2) EMPLOYER, (3) EMPLOYEE