

The following are my comments on the proposed changes to IDAPA Chapter 17 – Workers’ Compensation.

Chapter 010 – In the “Definitions” section, I would add “Adjusting Office. Means any location within the state where a Claims Administrator services workers’ compensation claims.”

Chapter 301.02 – I have concerns about the increase from \$4 million to \$10 million. While we want to ensure that self-insured employers will have sufficient funds to cover their losses and we want to adjust for inflation, I have concerns that an increase this large may cause further issues if there were an economic downturn. I believe an increase to \$6-8 million would be more appropriate.

Chapter 305.01(a) – Should be changed to: “All insurance carriers, self-insured employers, and licensed adjusters servicing Idaho worker's compensation claims shall maintain an Adjusting Office within the state of Idaho. The offices shall be staffed by personnel to conduct business.” This is based on the suggestion for Chapter 10 definitions. If this is not adopted, then I recommend a change that clarifies that the “office” does not need to be brick and mortar office.

Chapter 305.06 - A comment was made at an earlier meeting about a requirement of notification to an attorney if claimant is represented if an electronic payment is made. This creates unnecessary burden when such a requirement is not made for check payments.

Chapter 402.01 – This should be removed. Impairment ratings are received and should be paid based on the rating without a requirement to convert to whole person.

Chapter 402.02 – This should be removed. First, as in section 01, it converts to whole person for no reason, thus complicating the process. Second, there are no exceptions for issues like incorrect computation, difference in methodology. With no mechanism for recovery of overpayment of benefits other than to shorten a period of benefits, this becomes an issue when there is no way to shorten a period when the impairment rating is averaged. This requires payment of the average even if there were to be manifest injustice, which could be addressed at a later point as mentioned in section 03.

Chapter 601.08 – The clarification on prompt as well as the 15 days is a reasonable amount of time to respond.

Chapter 601 and 801 – I would like to see continuity between when the Change of Status Notice is required to be sent to a claimant and when EDI transactions are to be filed. These are on different schedules and there does not appear to be a reason for that. Before EDI the notice to the Commission was the same as the notice to the claimant. It should remain that way.

Chapter 803.02(f) – this is a great change and will prevent overcharging for medication available OTC.

Chapter 803.05 – This is a good change that will allow for either unnecessary DME equipment from being used or allowing the injured worker to permanently have DME equipment for use as needed without the issue of rental.

Chapter 803.06 – In the new section I would change, “The industrial cause of the injury is initially unknown to the Provider” to “The industrial nature of the injury is initially unknown to the Provider”

Thank you for taking your time to review my comments.

Respectfully,
Chris Wagener