

**IDAPA 17 – IDAHO INDUSTRIAL COMMISSION**

**17.02.06 – EMPLOYERS' REPORTS**

**DOCKET NO. 17-0206-1801**

**NOTICE OF RULEMAKING – PROPOSED RULE**

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 72-508, and 72-806 Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than October 17, 2018

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The Commission seeks to clarify the requirements for submission of Summaries of Payment and filing of closing documents to reflect Electronic Data Interchange (EDI) filing.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: N/A

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking: N/A

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules – Negotiated Rulemaking was published in the June 6, 2018 Idaho Administrative Bulletin, Vol. 18-6, page 68.

**INCORPORATION BY REFERENCE:** Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Patti Vaughn, Benefits Administration Manager, (208) 334-6063.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 24, 2018.

Dated this 24th day of August, 2018.

Mindy Montgomery, Director  
Industrial Commission  
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THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 17-0206-1801  
(Only Those Sections With Amendments Are Shown.)

021. SUMMARIES OF PAYMENT.

01. **Authority and Definitions.** Pursuant to Sections 72-432, 72-508, 72-602 and 72-707, Idaho Code, the Industrial Commission of the State of Idaho promulgates this rule governing the procedure for submission of summaries of payment to the Industrial Commission. This procedure applies to all workers' compensation claims. The following definitions shall be applicable to this Rule. (2-20-95)

- a. "Closure," ~~means that Retirement of the file will be retired~~ following an audit by the Commission. (2-20-95)( )
- b. "Commission," ~~means~~ The Idaho Industrial Commission. (2-20-95)( )
- c. "Death claim," ~~means~~ The injured worker died as a result of a work-related injury or occupational disease. (2-20-95)( )
- d. "Employer" ~~is~~ As defined in Section 72-102(13)(a), Idaho Code, and includes agents of employers such as attorneys, sureties, and adjusters. (2-20-95)( )
- e. "Impairment rated claim," ~~means those e~~ claims in which a provider establishes an impairment rating for the injured worker. (2-20-95)( )
- f. Indemnity benefits. All payments made to or on behalf of workers' compensation claimants, including temporary or permanent total or partial disability benefits, death benefits paid to dependents, retraining benefits, and any other type of income benefits, but excluding medical and related benefits. ( )
- g. Legacy claim. A First Report of Injury that was filed with the Commission prior to November 4, 2017. ( )
- h. "Medical only claim," ~~means~~ The injured worker will neither suffer a disability lasting more than five calendar days as a result of a job-related injury or occupational disease nor be admitted to a hospital as an in-patient. (2-20-95)( )
- i. "Time loss claim," ~~means~~ The injured worker will suffer, or has suffered, a disability that lasts more than five calendar days as a result of a job-related injury or occupational disease, or the injured worker requires, or required, in-patient treatment as a result of such injury or disease. (2-20-95)( )
- j. "Termination of disability," ~~means~~ The date upon which the obligation of the Employer/Surety/Adjuster becomes certain as to duration and amount whether by settlement, decision or periodic payments in the ordinary course of claims processing disability payments cease and there is no expectation payments will resume within one hundred twenty (120) days. If resolved by lump sum settlement (LSS), the termination of disability shall occur on the date the LSS is approved and an order approving is filed by the Industrial Commission. If resolved by decision, the termination of disability shall occur on the date the decision resolving all issues becomes final unless future indemnity benefits are ordered. (4-11-15)( )

02. **Summaries Requirement.** A summary of payment shall be filed, in duplicate, by the Employer/Surety/Adjuster within one hundred twenty (120) days of termination of disability for all ~~time-loss legacy indemnity~~ claims upon which an Employer/Surety/Adjuster has made payments, except for those claims which are resolved by lump sum settlement. If all claim information has been provided via Electronic Data Interchange as prescribed by Commission rules, ~~no hard copy summary of payment need~~ an electronic final summary of payment transaction must be filed within one hundred twenty (120) days of termination of disability for all indemnity claims. In the case of

medical-only ~~cases~~ claims, no summaries of payment need to be filed. In the context of death claims and permanent total disability claims, interim summaries of payments shall be filed annually within the first quarter of each calendar year. Interim summaries shall be submitted setting forth substantially the same information required by Final Summaries of Payment, including the balance of payments made to the beginning of the current calendar year, payments during the calendar year, and a total of payments made. This total balance shall be carried forward as the amount of payments made to the beginning of the current year. The Final Summary shall be so designated. Supporting documentation shall be attached to any legacy claim summary of payment filed with the Commission. If all claim information has been filed electronically, supporting documentation must be provided upon Commission request. (3-25-16)( )

**03. Form.** The summary of payment for legacy claims shall be submitted in a format substantially similar to IC Form 6, available from the Commission and posted on the Commission's website at [www.iic.idaho.gov](http://www.iic.idaho.gov). The final Subsequent Report of Injury (SROI) transaction shall be reported electronically for non-legacy claims. (3-25-16)( )

**04. Approval.** Within ninety (90) days of receipt of the legacy claim Summary of Payment or final Subsequent Report of Injury (SROI) electronic transaction as set forth above, the Industrial Commission shall notify the Employer/Surety/Adjuster ~~that such summary has been approved or shall notify~~ of its an inability to reconcile the summary to its records and request additional information. If the Employer/Surety/Adjuster does not receive ~~either an approval or~~ a request for additional information within the ninety (90) day period, the Employer/Surety/Adjuster may proceed with closure. In the event the Commission requests additional information, whether in writing or telephonic, the Employer/Surety/Adjuster shall submit the requested information within fifteen (15) working days. If the Employer/Surety/Adjuster is unable to furnish the requested information, the Employer/Surety/Adjuster shall notify the Commission, in writing, of its inability to respond and the reasons therefor within the fifteen (15) working days. The Commission may schedule a show cause hearing to determine whether or not the Employer/Surety/Adjuster should be allowed to continue its status under the workers' compensation laws, including whether the Employer should be allowed to continue self-insured status. (3-30-07)( )

**05. Changes in Status.** In case of any default by the Employer or in the event the Employer shall fail to pay any final award or awards, by reason of insolvency or because a receiver has been appointed, the Employer shall submit a summary of payments for every time-loss and death claim within one hundred twenty (120) days of the default, insolvency, or appointment of a receiver. This summary will be designated as an interim summary and does not relieve the Employer, successor or receiver from continued reporting requirements. The receiver or successor shall continue to report to the Commission, including the submission of summaries of payments and schedules of outstanding awards. (4-11-15)