

Department's Statutory Authority to Collect Data



**PRESENTED TO
LABOR MANAGEMENT
ADVISORY COUNCIL
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GENERAL AUTHORITY



39-71-203, MCA

THE DEPARTMENT HAS FULL POWER, AUTHORITY, AND JURISDICTION TO DO AND PERFORM ANY AND ALL THINGS NECESSARY OR CONVENIENT IN THE EXERCISE OF ANY POWER, AUTHORITY, OR JURISDICTION CONFERRED UPON IT UNDER THE WORKERS' COMPENSATION ACT.

Workers' Compensation Database System

- **39-71-225, MCA**
- Department shall develop a database system to generate management information about Montana's system. The database must be used to collect and compile information from:
 - Insurers
 - Employers
 - Health Care Providers
 - Claimants
 - Claims Examiners
 - Vocational Rehabilitation Provider
 - Legal Profession

Workers' Compensation Database System Continued

- **Database to be used to provide:**
- Management information to legislative and executive branches for making policy decisions;
- Performance information to ensure quality, control abuse, and enhance cost control;
- Information on medical, indemnity, and rehabilitation costs, utilization, and trends;
- Information on litigation and attorney involvement to identify trends, problem areas, and costs of legal involvement; and
- Provide prior claim information to insurers at risk on a claim.
- Publish an Annual Report

Workers' Compensation Database System Continued

- **Database to be designed with following principles:**
 - Avoidance of duplication and inconsistency
 - Reasonable availability of data elements
 - Value of information commensurate with the cost
 - Uniformity to permit efficiency of collection and to allow interstate comparisons
 - Ensure the accuracy of data collected and protect confidentiality
 - Reasonable availability of data at a fair cost to the user
 - Broad application to all Plans 1, 2 and 3
 - Compatibility with electronic data reporting
 - Allow reasonable lead time for compliance with reporting requirements

Workers' Compensation Database System Continued

- **Department may adopt rules to implement database and reporting requirements**
- **ARM 24.29.4301-4339**
 - Department participates in the IAIABC standardized electronic reporting for claims and insurance coverage
 - ✦ **Proof of Coverage (POC)**
 - Plans 1, 2, and 3 report to NCCI – NCCI reports daily to POC
 - ✦ **First Reports of Injury (FROIs)**
 - Plans 1, 2, and 3 report to Dept. within 30 days of notice of injury/OD
 - ✦ **Subsequent Reports of Injury (SROIs)**
 - Plans 1, 2, and 3 report to Dept. every 6 months from date of injury/OD; upon closure of a claim; or upon Dept's request

Examples of Other Specific Reporting Requirements

- 39-71-306-insurers to file summary reports of benefits paid (Quarterly Reports)
 - Used for Assessments
- 39-71-307-employers and insurers to file reports of every injury/OD with Dept.
 - Satisfies OSHA reporting requirement
- 39-71-606 –insurers copy Dept. on a denial of a claim
 - Dept. provides rights and appeal processes
- 39-71-608-insurers copy Dept. when payments are made under reservation of rights without accepting liability
 - Dept. approves extensions after 90 days
- 39-71-704-Dept. may require insurers or medical providers to submit data
 - Assists in establishing fee schedule

QUESTIONS?