Industrial Commission of Arizona

Protection of life, health, safety, and welfare of Arizona's workforce

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Session Objectives

- Overview of A.R.S. § 23-971
- Firefighter & Fire Investigator Cancer Claim Reporting Requirements
  - Who
  - Claim Types
  - Reporting Frequency/Deadlines
  - Reporting Durations
  - Reporting Mechanism
  - General Data Elements
  - Claim Specific Data Elements
- DEMO: ICA Community – Cancer Reporting Functionality

Firefighter& Fire Investigator Cancer Claim Reporting

23-971. Firefighter and fire investigator cancer claim information; data sharing; definitions

A. ALL INSURANCE CARRIERS, SELF-INSURING EMPLOYERS AND WORKERS' COMPENSATION POOLS SECURING WORKERS' COMPENSATION FOR FIREFIGHTERS AND FIRE INVESTIGATORS PURSUANT TO THIS CHAPTER SHALL COMPILE AND REPORT TO THE COMMISSION CLAIM AND CLAIM RESERVE INFORMATION FOR ALL CANCER-RELATED CLAIMS FILED BY OR ON BEHALF OF FIREFIGHTERS AND FIRE INVESTIGATORS.

B. THE INFORMATION REQUIRED BY SUBSECTION A OF THIS SECTION SHALL INCLUDE ALL OF THE FOLLOWING:

1. THE TYPE OF CANCER.
2. THE TOTAL CLAIM COSTS.
3. THE CLAIM RESERVED BY THE INSURANCE CARRIER, SELF-INSURING EMPLOYER OR WORKERS' COMPENSATION POOL.
4. ANY OTHER INFORMATION REQUESTED BY THE COMMISSION.

Who is Subject to Reporting Requirements?

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

B. Subject to the claim reporting durations specified in subsection D of this section, insurance carriers, self-insured employers, and self-insurance pools subject to A.R.S. § 23-971 shall annually report the data elements specified in R20-5-1407 and R20-5-1408 for cancer-related claims filed by or on behalf of firefighters and fire investigators.

What Claims are Subject to Reporting Requirements?

R20-5-1401 Application of the Article and Definitions

C. "Cancer-related claims" as used in A.R.S. § 23-971 and this Article shall mean Arizona workers' compensation claims involving any disease, infirmity, or impairment of health that is caused by cancer.

Reporting Frequency & Deadlines

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

C. Claim data reported pursuant to subsection B of this section shall be determined as of the loss valuation date for the applicable reporting period.

D. Claim reporting shall be completed within 31 days after each applicable reporting period, *i.e.*, no later than July 31 of each year.

R20-5-1401 Application of the Article and Definitions

D. "Fiscal year" or "reporting period" shall mean the 12-month cycle that begins on July 1 and ends on June 30.

R20-5-1401 Application of the Article and Definitions

E. "Loss valuation date" shall mean the last day of the reporting period and the date on which firefighter and fire investigator cancer claim data shall be determined for reporting purposes.

When Does Reporting Begin/End?

Claim Reporting Duration

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

1. Denied Claims: Reported one time following the reporting period during which the claim is denied by a notice of claim status. Reporting is not required for claims denied prior to July 1, 2021.

Claim Reporting Duration

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

2. Claims Accepted on or after July 1, 2021: Reported for the longer of: (a) the duration the claim remains open plus two additional annual reports after the claim is closed; or (b) ten annual reports after acceptance of the claim.

R20-5-1401 Application of the Article and Definitions

E. An "open" claim shall mean a workers' compensation claim that is eligible for temporary compensation and/or active medical treatment. A "closed" claim shall mean a workers' compensation claim in which temporary compensation and active medical treatment have been terminated.

Claim Reporting Duration

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

3. Claims Accepted before July 1, 2021: If the claim was open on July 1, 2021, the claim shall be reported for the duration the claim remains open plus two additional annual reports after the claim is closed. If the claim was closed as of July 1, 2021, and was accepted on or after July 1, 2011, the claim shall be reported for two annual reports. If the claim was closed as of July 1, 2021, and was accepted prior to July 1, 2011, reporting is not required.

Claim Reporting Duration

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

4. Reopened Claims: Reported for the longer of: (1) the duration the claim remains open (following acceptance of the petition to reopen), plus two additional annual reports after the claim is closed; or (2) ten annual reports after acceptance of the petition to reopen.

Claim Reporting Duration

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

5. Claims that Develop into Cancer-Related Claims: If a claim develops into a cancer-related claim, reporting should begin following the reporting period in which the claim developed into a cancer-related claim. In these circumstances, the claim shall be reported for the longer of: (1) the duration the claim remains open plus two additional annual reports after the claim is closed; or (2) ten annual reports.

Claim Reporting Duration

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

6. Non-Cancer-Related Claims: If a cancer-related claim develops into a claim that no longer meets the definition of a cancer-related claim, no further annual reporting is required.

Claim Reporting Duration

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:

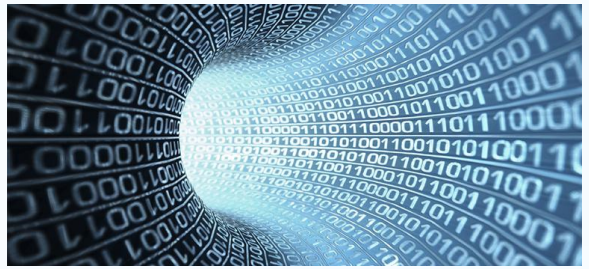
7. Informational Claims: Claims that have been filed but have not been accepted or denied as of the applicable loss valuation date shall not be reported.

Reporting Mechanism

R20-5-1405 Cancer Claim Reporting Method; Frequency; Deadlines; Duration

A. Cancer-related claim reporting under A.R.S. § 23-971 and this Article shall be performed electronically through the commission's electronic claims portal. Insurance carriers, self-insured employers, self-insurance pools, or a designee (including third-party administrators or an adjuster) are authorized to complete required claim reporting. Duplicate reporting of the same claim information is prohibited.

General Data Elements



1. **Name of Data Provider** (*i.e.*, What entity is reporting the data?)
2. **Data Provider Type Code**: Insurance Carrier; Self-Insured Employer; Self-Insurance Pool; Third-Party Administrator; or Other Designee.
3. **Name of Person Submitting Data**
4. **Name of Data Provider Primary Contact**
5. **Data Provider Primary Contact Phone Number**
6. **Data Provider Primary Contact Email Address**
7. **Loss Valuation Date**: The last day of the 12-month reporting period.
8. **Total Number of New Cancer-Related Claims**: Total number of cancer-related claims filed by or on behalf of firefighters and fire investigators during the applicable reporting period (whether or not the claims are included in the detailed reporting).
   - Accepted; Denied; Pending (no claim specific data reported – informational only)

Claim Specific Data Elements

1. **Unique Claim Identifier**: The unique, alphanumeric claim identifier (up to 20 characters, but no less than 7 characters) assigned by the carrier, self-insured employer, or self-insurance pool to a specific claim. The claim identifier shall remain the same throughout the life of the claim. Usage of the commission's claim number is prohibited. Usage of claimant name, personally-identifiable information, or carrier/self-insured employer/self-insurance pool name in identifier is prohibited.
2. **Transaction Type Code**: The code that identifies a report as an initial report (01) or subsequent report (02).
3. **Occupational Descriptor Code**: (01) = Firefighter (02) = Fire Investigator.
4. **Sex Code**: The sex of the injured worker. (M = Male, F = Female, N = Not Reported)
5. **Birth Year**: The 4-digit birth year of the injured worker.
6. **Year Claim Reported**: The 4-digit year the claim was reported to the payor.

Claim Specific Data Elements

7. **Year of Loss**: The 4-digit year when the injury (cancer) became manifest.
8. **Year of Hire**: The 4-digit year when the injured worker was hired by the employer as a firefighter or fire investigator (either full-time or part-time). If unknown, enter (U).
9. **Name of Carrier, Self-Insured Employer, or Self-Insurance Pool**: Complete business name of insurance carrier or self-insured employer/pool responsible for the claim. (Not published)
10. **Employer Name**: The complete business name of the employer (including a DBA, if applicable) related to the claim. (Not published)
11. **County Code**: The code corresponding to Arizona county primarily served by the employer. (01) = Apache; (2) = Cochise; (3) = Coconino; (4) = Gila; (5) = Graham; (6) = Greenlee; (7) = La Paz; (8) = Maricopa; (9) = Mohave; (10) = Navajo; (11) = Pima; (12)= Pinal; (13) = Santa Cruz; (14) = Yavapai; (15) = Yuma.

Claim Specific Data Elements

12. **Claim Acceptance Date**: The date the claim was first accepted as compensable. If the claim was denied, enter (D).
13. **Claim Denial Code**: The code corresponding to the reason a claim was denied. (01) = Claim not compensable; (02) No coverage; (03) Other reason. If the claim was accepted, enter (A).
14. **Claims Status Code**: The code corresponding to the claim's status as of the loss valuation date. (01) = claim is open (not reopened) on the loss valuation date; (02) = claim is closed on the loss valuation date; (03) = claim is reopened on the loss valuation date. If the claim was denied, enter (D).
15. **Benefit Code**: The code that identifies under which provision of the law benefits are being paid on the loss valuation date. (01) = Death; (02) = Permanent Total Disability; (03) Permanent Partial Disability - Unscheduled; (04) Permanent Partial Disability – No Loss; (05) Temporary Total Disability; (06) Temporary Partial Disability; (07) Claim Denied.

Claim Specific Data Elements

16. **Settlement Code**: (00) = Claim not subject to settlement during the reporting period; (01) = Full and final settlement during the reporting period; (03) Stipulated award during the reporting period; (05) Noncompensable settlement during the reporting period; (06) = Compromise settlement during the reporting period; (09) Other settlement during the reporting period; (10) Multiple settlements during the reporting period.
17. **Lump Sum Indicator**: Indicates whether the claim has been settled by a lump sum amount. N = No; Y =Yes.
18. **Closed Date**: If the claim closed during the reporting period, report the date of claim closure. (Required if the claim closed during the reporting period.)
19. **Reopened Date**: If the claim re-opened during reporting period, report the date of claim reopening. (Required if the claim reopened during the reporting period.)

Claim Specific Data Elements

20. **<u>Primary Type of Cancer Code</u>**: The primary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30).

21. **<u>U. Secondary Type of Cancer Code: If applicable, the secondary type of cancer involved in the claim on the loss valuation date.</u>** SAME OPTIONS

Claim Specific Data Elements

22. Amounts Paid (as of loss valuation date):

a. **Indemnity Paid**: The total amount of paid indemnity for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wages or inability to work, including compensation paid to a deceased claimant prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, indemnity settlement payments, and employer's liability losses and expenses. Allocated loss adjustment expense ("ALAE") for other than employer's liability coverage shall be excluded from indemnity losses.

b. **Medical Paid**: The total amount of medical losses paid for the claim as of the loss valuation date, including medical settlement payments.

c. **ALAE Paid**: The total amount of ALAE paid for the claim as of the loss valuation date.

d. **Death Benefits Paid**: The total amount of death benefits paid for the claim as of the loss valuation date.

Claim Specific Data Elements

23. Incurred Amounts (as of loss valuation date):

a. **Incurred Indemnity Amount**: The total of "Indemnity Paid" plus the current outstanding reserve indemnity benefits, excluding loss adjustment expenses (*e.g.*, ALAE and unallocated loss adjustment expense ("ULAE")).

b. **Incurred Medical Amount**: The total of "Medical Paid" plus the current outstanding reserve medical benefits, excluding loss adjustment expenses (*e.g.*, ALAE and ULAE).

c. **Incurred ALAE Amount**: The total of "ALAE Paid" plus the current outstanding reserve ALAE.

d. **Incurred Death Benefits Amount**: The total of "Death Benefits Paid" plus the current outstanding reserve death benefits, excluding loss adjustment expenses (*e.g.*, ALAE and ULAE).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Data Aggregation & Publication

23-971. Firefighter and fire investigator cancer claim information; data sharing; definitions

D. THE COMMISSION SHALL COMPILE AND MAKE AVAILABLE TO INSURANCE CARRIERS, RATING ORGANIZATIONS, EMPLOYERS, PUBLIC SAFETY WORKERS AND WORKERS' COMPENSATION POOLS THE CLAIM-RELATED INFORMATION COLLECTED PURSUANT TO THIS SECTION TO ASSIST WITH THE SETTING OF WORKERS' COMPENSATION INSURANCE RATES AND TO ENSURE THE ADEQUATE RESERVING FOR CANCER CLAIMS FOR THE CLASS CODES ASSOCIATED WITH FIREFIGHTERS AND FIRE INVESTIGATORS.


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