

# *Table Of Contents*

---

## **17.02.06 - Employers' Reports**

000. Legal Authority. ....	2
001. Title And Scope. ....	2
002. Written Interpretations. ....	2
003. Administrative Appeals. ....	2
004. -- 020. (Reserved). ....	2
021. Summaries Of Payment. ....	2
022. Submission To The Industrial Commission Of Information On Claims Involving Medical Payments Only. ....	5
023. -- 999. (Reserved). ....	6

**IDAPA 17  
TITLE 02  
Chapter 06**

**17.02.06 - EMPLOYERS' REPORTS**

**000. LEGAL AUTHORITY.**

These rules are adopted and promulgated by the Industrial Commission pursuant to the provision of Section 72-508, Idaho Code. (2-20-95)

**001. TITLE AND SCOPE.**

These rules shall be cited as IDAPA 17.02.06, "Employers' Reports". (2-20-95)

**002. WRITTEN INTERPRETATIONS.**

No written interpretations of these rules exist. (2-20-95)

**003. ADMINISTRATIVE APPEALS.**

There is no administrative appeal from decisions of the Industrial Commission in workers' compensation matters, as the Commission is exempted from contested-cases provisions of the Administrative Procedure Act. (2-20-95)

**004. -- 020. (RESERVED).**

**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. "Commission," means the Idaho Industrial Commission. (2-20-95)

b. "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)

c. "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)

d. "Impairment rated claim," means those claims in which a provider establishes an impairment rating for the injured worker. (2-20-95)

e. "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. 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. In the context of periodic payments in the ordinary course of business, the termination of disability shall occur on the date on which final payment is made to the claimant. (2-20-95)

f. "Death claim," means the injured worker died as a result of a work-related injury or occupational disease. (2-20-95)

g. "Employer" is defined in Idaho Code, Section 72-102(11) and includes agents of employers such as attorneys, sureties and adjusters. (2-20-95)

h. "Closure," means that the file will be retired following an audit by the Commission. (2-20-95)

**02. Summaries Requirement.** A summary of payment shall be filed, in duplicate, by the Employer/

Surety/Adjuster within sixty (60) days of termination of disability for all time-loss claims upon which an Employer/Surety/Adjuster has made payments, except for those claims which are resolved by lump sum settlement. In the case of medical and related benefits only cases, no summaries of payment need to be filed. In the context of death 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 summary of payment filed with the Commission. (2-20-95)

**03. Form.** The summary of payment forms are available, pre-printed, from the Industrial Commission, which has designated the form as IC Form 6. The summary of payment shall be submitted on eight and one-half by eleven inch (8 1/2" X 11") paper in a format substantially similar to the following: (2-20-95)

a. For death claims: (2-20-95)

**SUMMARY OF PAYMENTS**  
**FATAL CASE**

Surety No. \_\_\_\_\_ I.C. No. \_\_\_\_\_

Injured Person: Employer:

Social Security Number: Address:

Address:

Character of Injury:

Date of Accident: Actual Weekly Wages:

**DEPENDENTS**

Name of Dependent	Relationship (if under 18)	Date of Birth
-------------------	-------------------------------	---------------

**AWARDS OF PAYMENTS**  
**Compensation**

Payments % AWSW	Amount	Weeks	Total	Remarks
-----------------	--------	-------	-------	---------

Total Compensation Payments:

**BURIAL AND OTHER EXPENSES**

Payment for funeral expenses \$ Payment to hospital(s) \$

Payment to doctor(s) \$ Payment for misc. \$

Total Medical Expenses (do not include funeral expenses) \$

COMMENTS:

\_\_\_\_\_  
Claims Examiner

\_\_\_\_\_  
Date

**INDUSTRIAL COMMISSION APPROVAL**

APPROVED: \_\_\_\_\_, 19 \_\_\_\_

BY: \_\_\_\_\_

b. For time-loss claims:

(2-20-95)

**SUMMARY OF PAYMENTS**  
**TIME-LOSS CASE**

Surety No. \_\_\_\_\_

I.C. No. \_\_\_\_\_

Injured Person:

Social Security Number:

Employer:

Address:

Address:

Character of Injury:

Date of Accident:

Actual Weekly Wages:

Date Able to Resume Work:

Compensation

Rate:

Actual Time Lost:

Weeks

Days

Date of First Payment:

**AWARDS OF PAYMENTS**

	Payments of Compensation		Amount	Type (TT or PP)
Begin	Weeks	Days	Return to Work	

	Payment of Medical Benefits	Amount
--	-----------------------------	--------

Doctor(s)

Hospital(s)

Physical Therapy

Mileage

Miscellaneous

Comments:

\_\_\_\_\_  
Claims Examiner

\_\_\_\_\_  
Date

**INDUSTRIAL COMMISSION APPROVAL**

APPROVED: \_\_\_\_\_, 19\_\_\_\_

BY: \_\_\_\_\_

**04. Approval.** Within ninety (90) days of receipt of Summary of Payment as set forth above, the Industrial Commission shall notify the Employer/Surety/Adjuster that such summary has been approved or shall notify of its inability to reconcile the summary to its records and request additional information. If the Employer/Surety/Adjuster does not receive either an approval or 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 ten (10) 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. (2-20-95)

**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 sixty (60) 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. (2-20-95)

**06. Effective Date.** This rule shall become effective on August 15, 1994. (2-20-95)

**022. SUBMISSION TO THE INDUSTRIAL COMMISSION OF INFORMATION ON CLAIMS INVOLVING MEDICAL PAYMENTS ONLY.**

**01. Purpose.** The Industrial Commission of the state of Idaho seeks to promulgate a form for reporting information on claims involving only medical payments. This will allow for more timely entry of information into the database system from which statistical reports are generated, reduce the paper that the Commission currently receives, and is expected to reduce the cost of reporting for sureties, employers and the Commission. (7-1-97)

**02. Authority And Definitions.** Pursuant to Sections 72-602, 72-701, 72-702, 72-703 and 72-704, Idaho Code, the Industrial Commission of the State of Idaho promulgates this rule governing the procedure for submission of information regarding claims that involve the payment of medical expenses only. This procedure applies to all medical-only workers' compensation claims. The following definitions shall be applicable to this rule: (7-1-97)

a. Claim means Industrial Commission (IC) Form 1A-1 entitled "Workers Compensation First Report of Injury or Illness". (7-1-97)

b Employer is defined in Idaho Code Section 72-102(11) and, for the purposes of this rule, includes sureties and adjusters. (7-1-97)

c. Claimant means a worker who is seeking to recover benefits under the Workers' Compensation Law. (7-1-97)

**03. Procedure For Submitting Information.** In order to comply with Idaho Code Section 72-602(4), Form IC-2 shall be submitted to the Commission in substantially the same form as set forth below. This form shall be submitted to the Commission semi-annually, within forty-five (45) days after the last day of the six (6)-month reporting period. (7-1-97)

**04. Report Form And Content.** The form, denoted IC-2, required by this rule shall be submitted on eight and one-half by eleven inch (8 1/2" X 11") paper in a format substantially similar to that which follows: (7-1-97)

FORM IC-2

NAME OF SELF-INSURED EMPLOYER OR INSURANCE COMPANY

\_\_\_\_\_

SIGNATURE OF PERSON COMPLETING FORM: \_\_\_\_\_

TITLE OF PERSON COMPLETING FORM: \_\_\_\_\_

REPORTING PERIOD:  January 1 - June 30  
 July 1 - December 31

TOTAL DOLLAR AMOUNT PAID ON MEDICAL ONLY CLAIMS: \$ \_\_\_\_\_

NUMBER OF MEDICAL ONLY CLAIMS PAID FOR THE SAME PERIOD: \_\_\_\_\_

Failure to file this report is a misdemeanor under Idaho Code Section 72-602(5). (7-1-97)

**05. Electronic Reporting.** Employers wishing to report electronically shall sign a written information sharing agreement with the Commission. This agreement will provide the effective date to send and receive electronic reports, the acceptable data to be sent and received, the method of transmission to be used, and other pertinent elements. The agreement must be signed by the employer and approved by the Commission prior to initial data submission. To ensure the accuracy of reported data, the Commission may make periodic audits of employer files. (7-1-97)

**023. -- 999. (RESERVED).**

# ***Subject Index***

## **A**

Administrative Appeals 2  
Approval 5  
Authority And Definitions 2  
Awards Of Payments 4  
Awards Of Payments Compensation 3

## **B**

Burial And Other Expenses 3

## **C**

Changes In Status 5

## **D**

Dependents 3

## **E**

Effective Date 5

## **F**

Form, IC Form 6 3

## **L**

Legal Authority 2

## **S**

Summaries Of Payment 2  
Summaries Requirement 2  
Summary Of Payments Fatal Case 3  
Summary Of Payments Time-Loss  
Case 4

## **T**

Title And Scope 2

## **W**

Written Interpretations 2