# Table of Contents

1	7 02	Λ7 _	Drocodures	to	Ohtain	Compensation
т.	ı.uz	.v <i>i</i> –	· FIUCEUUIES	ιU	Oblaiii	CUIIDEIISauuii

000. Legal Authority.	2
001. Title And Scope.	2
002. Written Interpretations.	
003. Administrative Appeals.	
004. Incorporation By Reference.	
005. Office – Office Hours – Mailing Address And Street Address	
006. Public Records Act Compliance.	
007 009. (Reserved)	
010. Definitions.	2
011. Abbreviations	(
012. Submission Of First Reports Of Injury And Claims	
For Compensation To The Industrial Commission.	(
013 999. (Reserved)	ļ

### IDAPA 17 TITLE 02 CHAPTER 07

#### 17.02.07 - PROCEDURES TO OBTAIN COMPENSATION

#### 000. LEGAL AUTHORITY.

This chapter is adopted pursuant to the provisions of Sections 72-432, 72-448, 72-508, 72-602, 72-701, 72-702, 72-703, 72-704, Idaho Code. (7-1-97)

#### 001. TITLE AND SCOPE.

These rules shall be cited as IDAPA 17.02.07, "Procedures to Obtain Compensation," and shall apply to claims for compensation arising under the Workers' Compensation Act. (7-1-97)

#### 002. WRITTEN INTERPRETATIONS.

The Industrial Commission uses the following guidelines for implementing the EDI reporting requirements set out in this Chapter: (4-11-19)

- **O1. EDI Guide and Tables**. The Idaho Industrial Commission Claims EDI Implementation Guide and Trading Partner Tables ("EDI Guide and Tables"). The Idaho Industrial Commission Claims EDI Implementation Guide and Trading Partner Tables are available on the Commission's website at www.iic.idaho.gov. (4-11-19)
- **02. EDI Implementation Guide**. International Association of Industrial Accidents Boards and Commissions (IAIABC) EDI Claims Release 3.0 Implementation Guide ("EDI Implementation Guide"). The IAIABC Claims Release 3.0 Implementation Guide is available at the IAIABC website at <a href="https://www.iaiabc.org">www.iaiabc.org</a>. (4-11-19)

### 003. ADMINISTRATIVE APPEALS.

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

(7-1-97)

# 004. INCORPORATION BY REFERENCE.

No documents have been incorporated by reference into these rules.

(4-11-19)

# 005. OFFICE - OFFICE HOURS - MAILING ADDRESS AND STREET ADDRESS.

Idaho Industrial Commission office hours are Monday through Friday, 8:00 am to 5:00 pm. The mailing address for filing documents is: Idaho Industrial Commission, PO BOX 83720, Boise, ID 83720-0041. The Commission's office is located at: 700 S. Clearwater Lane, Boise, ID 83712. (3-25-16)

#### 006. PUBLIC RECORDS ACT COMPLIANCE.

This rule is subject to and in compliance with the Public Records Act.

(3-25-16)

007. -- 009. (RESERVED)

### 010. **DEFINITIONS.**

The following definitions shall be applicable to these rules.

(7-1-97)

**01. Adjuster**. An individual who adjusts workers' compensation claims.

(3-25-16)

- **O2.** Claim. The making of a request with the Commission for benefits payable under the Idaho Workers' Compensation Act, either by filing Industrial Commission (IC) Form 1A-1 entitled "Workers Compensation First Report of Injury or Illness," filing a First Report of Injury (FROI) transaction electronically, or by filing an application for hearing, referred to as a Complaint in the Judicial Rules, with the Commission. (4-11-19)
  - **Claimant**. A worker who is seeking to recover benefits under the Workers' Compensation Law. (3-25-16)

Section 000 Page 2 IAC Archive 2019 C1

- **04.** Claims Administrator. An organization, including insurers, third party administrators, independent adjusters, or self-insured employers, that services workers' compensation claims. (3-25-16)
  - **05.** Commission. The Idaho Industrial Commission. (3-25-16)
- **06. Employer**. As defined in Section 72-102, Idaho Code, and, for the purposes of these rules, includes sureties and adjusters. (3-25-16)
- **07. IAIABC EDI Release 3.0**. The IAIABC authored EDI Release 3.0 standards that cover the transmission of Claims (FROI and SROI), information through electronic reporting. (3-25-16)
- **08. Legacy Claim.** A First Report of Injury that was filed with the Commission prior to November 4, 2017. (4-11-19)
- **09. Notice.** Both the employer's actual and constructive knowledge of the accident, injury, or occupational disease. (3-25-16)
- **10. Trading Partner.** An insurance carrier, self-insured employer, or Claims Administrator that has entered into a Trading Partner Agreement with the Commission. (3-25-16)
- 11. Trading Partner Agreement. An agreement between the Idaho Industrial Commission and a trading partner that sets out the terms and conditions for the electronic reporting of information to the Commission.

  (3-25-16)

### 011. ABBREVIATIONS.

- **01. EDI**. Electronic Data Interchange -- a computer-to-computer exchange of data in a standardized format. (3-25-16)
- **62. FROI**. The First Report of Injury -- the first filing of information with the Industrial Commission that a reportable workplace injury has occurred or an occupational disease has been manifested, as required by Section 72-602(1), Idaho Code; filed in accordance with these rules. (3-25-16)
- **03. IAIABC**. International Association of Industrial Accidents Boards and Commissions -- a not-for-profit trade association whose members are industrial accident, workers' compensation or other governmental bodies as well as associate members comprised of other industry-related organizations and individuals. (3-25-16)
- **O4. SROI.** The filing of a Supplemental or Subsequent Report of Injury -- the filing of additional information with the Industrial Commission, regarding benefits paid or changes in the status or condition of an injured worker, of a claim for benefits, as required by Sections 72-602(2), (3), and (4), Idaho Code; filed in accordance with these rules.

# 012. SUBMISSION OF FIRST REPORTS OF INJURY AND CLAIMS FOR COMPENSATION TO THE INDUSTRIAL COMMISSION.

**O1. Purpose.** The Industrial Commission seeks to develop a form for reporting work-related injuries and occupational diseases that is compatible with emerging standards for electronic submission of data. This will allow for more timely entry of information into the database system from which statistical reports are generated by the Commission, reduce the paper that the Commission currently receives, and is expected to reduce the cost of reporting for insurance carriers, employers and the Commission. (3-25-16)

### **O2.** Procedure for Submitting Claims.

(3-25-16)

a. FROI & SROI EDI Reporting. The Commission requires electronic submission of a First Report of Injury (FROI) and a Supplemental or Subsequent Report of Injury (SROI) in accordance with IAIABC EDI Release 3.0 and the Commission's EDI Guides and Tables, for insurance carriers, in-state Claims Administrators, and self-insured employers, as those entities are not otherwise exempted by these rules. (4-11-19)

Section 011 Page 3 IAC Archive 2019 C1

- b. Trading Partner Agreements. Before commencing electronic reporting, self-insured employers and insurance carriers, or their claims administrator, shall electronically submit a Trading Partner Agreement with the Commission, which must be approved by the Commission prior to initial data submission. This agreement will identify the insurance carrier, the claims administrator, the sender of the electronic files, and the electronic filing method. To ensure the accuracy of reported data, the Trading Partner must maintain their profile to reflect changes as they occur. The Commission may make periodic audits of insurance carrier and self-insured employer files. In the event that a Trading Partner Agreement is entered into by a claims administrator, notice to the Trading Partner of a FROI shall be deemed to be notice to the underlying insurance carrier or self-insured employer. (4-11-19)
- c. FROI. Each electronic First Report of Injury (FROI) must comply with the formatting requirements of the most current versions of the IAIABC EDI Claims Release 3.0 Implementation Guide and Idaho Industrial Commission Claims EDI Implementation Guide & Tables, and must contain the information identified as mandatory or mandatory conditional, as applicable. (4-11-19)
- **d.** SROI. Each electronic Supplemental or Subsequent Report of Injury (SROI) must comply with the formatting requirements of the most current versions of the IAIABC EDI Claims Release 3.0 Implementation Guide and the Idaho Industrial Commission Claims EDI Implementation Guide & Tables, and must contain the information identified as mandatory or mandatory conditional, as applicable. (4-11-19)
  - e. Report Form and Content for Parties Exempt from EDI Requirements: (3-25-16)
- i. Individual injured workers, injured workers' legal counsel, and employers that are not insured are not required to comply with IAIABC EDI requirements for filing of the FROI and SROI. SROIs filed on legacy claims will not be accepted via IAIABC EDI Release 3.0 standards. (3-25-16)
- ii. Employers that are not insured, individual injured workers, and injured workers' legal counsel shall submit all FROI to the Commission on single-sided eight and one-half inch by eleven inch (8½" X 11") white paper in a format substantially similar to Form 1A-1. Form 1A-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at www.iic.idaho.gov. (3-25-16)
- iii. Employers that are not insured, individual injured workers, and injured workers' legal counsel, shall submit all SROI to the Commission on single-sided eight and one-half inch by eleven inch (8½" X 11") white paper in a format substantially similar to Form SROI-1. Form SROI-1 is available from the Benefits Bureau of the Industrial Commission or on the Commission's website at www.iic.idaho.gov. (3-25-16)

# 03. Retaining Claims Files. (4-11-19)

- a. All insurance carriers and their claims administrators shall maintain their respective claim files in accordance with IDAPA 17.02.10, "Administrative Rules of the Industrial Commission Under the Workers' Compensation Law -- Security for Compensation -- Insurance Carriers," Section 051. IDAPA 17.02.11, "Administrative Rules of the Industrial Commission Under the Workers' Compensation Law -- Security for Compensation -- Self-Insured Employers," Section 051. Upon request of the Commission, insurance carriers, claims administrators, or employers shall provide to the Commission, in whole or in part according to the request, a copy of the claim file at no cost to the Commission.
- **b.** All insurance carriers, claims administrators, or employers shall retain complete copies of claims files for the life of the claim or a minimum of five (5) years from the date of closure, whichever is shorter. (3-25-16)
- **04. Filing Not an Admission**. Filing a claim is not an admission of liability and is not conclusive evidence of any fact stated therein. If a claim is submitted electronically, no signatures are required. (7-1-97)
- **05. Filing Considered Authorization**. Filing of a claim shall be considered an authorization for the release of medical records that are relevant to or bearing upon the particular injury or occupational disease for which the claimant is seeking compensation. (7-1-97)
  - **06.** Timely Response Requirement. When the Commission requests additional information in order

Section 012 Page 4 IAC Archive 2019 C1

to process the Claim, the claimant or employer shall provide the requested information promptly. The Commission request may be either in writing or telephonic. (7-1-97)

013. -- 999. (RESERVED)

		WORKI	ERS	S C	OMPE	NSA'	TIC	)N -	FIRS	ΓRE	90	RT OF INJ	URY C	R ILLN	ESS					
	T	EMPLOYER (NAME & AC	DRES	SS INC	L ZIP)		ſ	CARRIE	R/ADMINISTR	ATOR CL	UM NI	MBER			REPORT	PURPOSE CODE				
G	1							JURISD	ICTION	JI	IRISD	ICTION CLAIM NUMB	ER							
EZERAL CARRIER EMPLOYEE COOLERENO	ł								INSURED REPORT NUMBER											
	١						ł													
	١			EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)																
L	ŀ	SIC CODE		EN	MPLOYER FEI	N	_					PHONE #								
H	С	CARRIER (NAME, ADDRE	SS & I	PHONE	NUMBER)		$\dashv$	POLICY	PERIOD	[c	LAIMS	ADMIN (NAME, ADD	RESS &PHON	E NO.)						
	L	•					Ì			- 1										
С							1	то		l										
	M S						ŀ		CHECK IF S	ELF										
	A D M								INSURED											
		CARRIER FEIN POLICY NUMBER OR SELF-INS						D NUM	BER	L_			ADMINISTRATOR FEIN							
	N I	AGENT NAME & CODE NUMBER																		
		AGENT NAME & CODE IN	OWIDE																	
┢	_	LEGAL NAME (LAST, FIR:	ST, M	IDDLE)				BIRTH	DATE	SOCIAL	SEC	JRITY NUMBER	DATE HIR	ED	STATE	OF HIRE				
		ADDRESS (INCL ZIP)						∷ s	EX	1		MARITAL STATUS	OCCUPAT	ION /JOB TITLE						
P		i						M MALE			j	UNMARRIED/								
L											vi	SINGLE/DIV.	EMPLOYMENT STATUS							
Y								FEMALE			3	MARRIED								
		PHONE						# OF DEPENDENTS			<del>.</del>	SEPARATED	NCCI CLASS CODE							
		FHORE																		
		WAGE RATE PER:		DAY						YS WORKED/ WK			DATE OF INJUR	$\vdash$	YES					
L		TIME EMPLOYEE		AM	DATE OF IN	JURY/ILLI	NÉSS	OTHE		+	ΑM	LAST WORK DATE		ARY CONTINUI PLOYER NOTIF		DISIBILITY BEG				
		BEGAN WORK	$\vdash$	РМ						Н	PM									
C	;	EMPLOYER CONTACT N	AME/	PHONE	NUMBER					TYPE	OF IN	JURY/ILLNESS	PAF	RT OF BODY AF	FECTED					
O U R	ı												ļ							
	ł	DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PR					PREM	IISES?	YES	TYPE	OF IN	JURY/ILLNESS CODE	PAI	RT OF BODY AF	FECTED CO	DE				
N N							SS EX	NO SEXPOSURE OCCURRED				QUIPMENT, MATERIA	LS, OR CHEN	IICALS EMPLOY	EE USING	JPON OCCURRE				
S E		SEL ARTHUE WORLD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,															
ı		SPECIFIC ACTIVITY EM	occu	CCURRENCE WORK PROCESS T					PLOYEE WAS	ENGAGED IN A	TIME OF C	CCURRENCE								
۱		HOW INJURY OR ILLNE				URRED	DESCRI	BE THE S	EQUE	NCE OF EVENTS A	ND INCLUDE	ANY OBJECTS	OR SUBSTA	NCES THAT						
		DIRECTLY INJURED THE	E OR MADE E	MPOYEE	ILL	L						F INJURY COD	E							
		DATE RETURNED TO V	L, DAT	DATE OF DEATH WERE SAFEGUA					DS OR SAFE	TY EQUIPMENT	PROVIDED?	YES								
												WERE TH	EY USED?	YES						
h	Ī	PHYSICIAN/HEALTH CA	REP	ROVIDI	ER (NAME & A	DDRESS	)		HOSPITAL	(NAME 8	ADD		0 NO MEDICAL TREATMENT							
	TREATMENT													1 MINOR	R: BY EMPLO	YER				
	M E								1					1 1	CLINIC/HO: GENCY CAR					
- 11-	_		Ja					5.75		+0 +0e		ANAME & BUOME	(ADED)	1 ' 1	TALIZED > :	24 HR JOR MED/LOST T				
	OT HER	SIGNATURE OF INJUR	ED EN	MPLOŸ	EE, OR SIGNA	VIURE ON	+ FILE;	DATE	WITNESS	IO ACCII	) FINI	(NAME & PHONE NUI	VIDER)	[						
	E R	DATE ADMINISTRATOR	R NOT	IFIED		DATE P	REPAR	RED I	PREPARER'S	NAME &	TITLE				PREPARER'	S PHONE NUMB				
								ı												

# Subject Index

```
Abbreviations, IDAPA 17.02.07 3
    EDI 3
    FROI 3
    IAIABC 3
    SROI 3
Administrative Appeals 2
Definitions, IDAPA 17.02.07,
  Procedures To Obtain
  Compensation 2
    Adjuster 2
    Claim 2
    Claimant 2
    Claims Administrator 3
    Commission 3
    Employer 3
    IAIABC EDI Release 3.0 3
    Legacy Claim 3
    Notice 3
    Trading Partner 3
    Trading Partner Agreement 3
Incorporation By Reference 2
Legal Authority 2
Office - Office Hours - Mailing
  Address & Street Address 2
Public Records Act Compliance 2
                S
Submission Of First Reports Of Injury
  & Claims For Compensation To The
  Industrial Commission 3
    Filing Considered
      Authorization 4
    Filing Not an Admission 4
    Procedure for Submitting
    Claims 3
Purpose 3
    Retaining Claims Files 4
    Timely Response Requirement 4
Title & Scope 2
Written Interpretations 2
```