As Introduced

127th General Assembly Regular Session 2007-2008

H. B. No. 461

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Representative Batchelder

Cosponsors: Representatives Wachtmann, Huffman, Gardner, McGregor, J., Fessler, Combs, Wagner, Webster, Adams, Zehringer

A BILL

То	amend section 4123.29 of the Revised Code to allow	1					
	an employer to reimburse the Administrator of	2					
	Workers' Compensation for the first fifteen	3					
	thousand dollars of medical bills incurred in any						
	type of workers' compensation claim rather than	5					
	allow an employer to pay directly only those	6					
	medical bills incurred in medical-only claims.	7					

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1.	That	section	4123.29	of	the	Revised	Code	be	8
amended to read	as fo	ollows:							9

sec. 4123.29. (A) The administrator of workers' compensation, 10
subject to the approval of the bureau of workers' compensation 11
board of directors, shall do all of the following: 12

(1) Classify occupations or industries with respect to their
degree of hazard and determine the risks of the different classes
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according to the categories the national council on compensation
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insurance establishes that are applicable to employers in this
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state;

(2) Fix the rates of premium of the risks of the classes

based upon the total payroll in each of the classes of occupation 19 or industry sufficiently large to provide a fund for the 20 compensation provided for in this chapter and to maintain a state 21 insurance fund from year to year. The administrator shall set the 22 rates at a level that assures the solvency of the fund. Where the 23 payroll cannot be obtained or, in the opinion of the 24 administrator, is not an adequate measure for determining the 25 premium to be paid for the degree of hazard, the administrator may 26 determine the rates of premium upon such other basis, consistent 27 with insurance principles, as is equitable in view of the degree 28 of hazard, and whenever in this chapter reference is made to 29 payroll or expenditure of wages with reference to fixing premiums, 30 the reference shall be construed to have been made also to such 31 other basis for fixing the rates of premium as the administrator 32 may determine under this section. 33

The administrator in setting or revising rates shall furnish to employers an adequate explanation of the basis for the rates set.

(3) Develop and make available to employers who are paying
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premiums to the state insurance fund alternative premium plans.
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Alternative premium plans shall include retrospective rating
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plans. The administrator may make available plans under which an
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advanced deposit may be applied against a specified deductible
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amount per claim.

(4)(a) Offer to insure the obligations of employers under
this chapter under a plan that groups, for rating purposes,
employers, and pools the risk of the employers within the group
provided that the employers meet all of the following conditions:

(i) All of the employers within the group are members of an
organization that has been in existence for at least two years
prior to the date of application for group coverage;
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(ii) The organization was formed for purposes other than thatof obtaining group workers' compensation under this division;51

(iii) The employers' business in the organization is
substantially similar such that the risks which are grouped are
substantially homogeneous;
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(iv) The group of employers consists of at least one hundred 55
members or the aggregate workers' compensation premiums of the 56
members, as determined by the administrator, are expected to 57
exceed one hundred fifty thousand dollars during the coverage 58
period; 59

(v) The formation and operation of the group program in the organization will substantially improve accident prevention and claims handling for the employers in the group;

(vi) Each employer seeking to enroll in a group for workers'
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compensation coverage has an industrial insurance account in good
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standing with the bureau of workers' compensation such that at the
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time the agreement is processed no outstanding premiums,
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penalties, or assessments are due from any of the employers.
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(b) If an organization sponsors more than one employer group to participate in group plans established under this section, that organization may submit a single application that supplies all of the information necessary for each group of employers that the organization wishes to sponsor.

(c) In providing employer group plans under division (A)(4)
of this section, the administrator shall consider an employer
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group as a single employing entity for purposes of retrospective
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rating. No employer may be a member of more than one group for the
purpose of obtaining workers' compensation coverage under this
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(d) At the time the administrator revises premium rates79pursuant to this section and section 4123.34 of the Revised Code,80

if the premium rate of an employer who participates in a group 81 plan established under this section changes from the rate 82 established for the previous year, the administrator, in addition 83 to sending the invoice with the rate revision to that employer, 84 shall send a copy of that invoice to the third-party administrator 85 that administers the group plan for that employer's group. 86

(e) In providing employer group plans under division (A)(4) 87 of this section, the administrator shall establish a program 88 designed to mitigate the impact of a significant claim that would 89 come into the experience of a private, state fund group-rated 90 employer for the first time and be a contributing factor in that 91 employer being excluded from a group-rated plan. The administrator 92 shall establish eligibility criteria and requirements that such 93 employers must satisfy in order to participate in this program. 94 For purposes of this program, the administrator shall establish a 95 discount on premium rates applicable to employers who qualify for 96 the program. 97

(f) In no event shall division (A)(4) of this section be construed as granting to an employer status as a self-insuring employer. 100

(g) The administrator shall develop classifications of 101 occupations or industries that are sufficiently distinct so as not 102 to group employers in classifications that unfairly represent the 103 risks of employment with the employer. 104

(5) Generally promote employer participation in the state 105 insurance fund through the regular dissemination of information to 106 all classes of employers describing the advantages and benefits of 107 opting to make premium payments to the fund. To that end, the 108 administrator shall regularly make employers aware of the various 109 workers' compensation premium packages developed and offered 110 pursuant to this section. 111

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(6) Make available to every employer who is paying premiums 112 to the state insurance fund a program whereby the employer or the 113 employer's agent pays to the claimant or on behalf of the claimant 114 the first fifteen thousand dollars of a the medical bills incurred 115 in any compensable workers' compensation medical only claim filed 116 by that claimant that is related to the same injury or 117 occupational disease. No formal application is required; however, 118 an employer must elect who wishes to participate by telephoning 119 the bureau in the program shall notify the administrator of that 120 election on or after July 1, 1995 the effective date of this 121 <u>amendment</u>. Once an <u>An</u> employer <u>who</u> has elected to participate in 122 the program, the employer will be is responsible for all medical 123 bills in all medical only claims incurred for each compensable 124 claim of that employer's employees with a date of injury or a date 125 of occupational disease diagnosis that is the same or later than 126 the election date, unless the. The administrator shall process a 127 compensable claim incurred by an employee of an employer notifies 128 who participates in the bureau within fourteen days of receipt of 129 program in the notification of a same manner as all other claims 130 under this chapter, including medically managing the claim being 131 filed through the health partnership program, except that it does 132 not wish to pay the administrator shall bill the amount the 133 administrator pays for those medical bills to the participating 134 employer, in that claim, or the employer notifies the bureau that 135 the an amount not to exceed fifteen thousand dollar maximum has 136 been paid, or the employer notifies the bureau of the last day of 137 service on which it will be responsible for the bills in a 138 particular medical only claim dollars, rather than charging the 139 amount paid to the employer's experience. The administrator shall 140 adopt rules to establish billing procedures and specify payment 141 requirements for the program. If 142

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<u>If</u> an employer elects to enter the program <u>and the employer</u> 144

pays the amounts billed by the administrator in accordance with	145
the payment requirements the administrator specifies in rule, the	146
administrator shall not reimburse the employer for such amounts	147
paid the employer pays for medical bills while participating in	148
the program and shall not charge the first fifteen thousand	149
dollars of any medical only <u>medical bills incurred in a</u> claim paid	150
by an employer to the employer's experience or otherwise use it	151
those amounts in merit rating or determining the risks of any	152
employer for the purpose of payment of premiums under this	153
chapter. If an employer elects to enter the program and the	154
employer fails to pay a bill <u>the amount billed by the</u>	155
administrator for a medical-only compensable claim included in the	156
program in accordance with the payment requirements the	157
administrator specifies in rule, the administrator shall remove	158
the claim for which the employer shall be liable for that bill and	159
the employee for whom the employer failed to pay the bill shall	160
not be liable for that bill make the payment from the program and	161
shall charge the amounts the administrator pays for medical bills	162
incurred in that claim to the employer's experience or otherwise	163
shall use those amounts in merit rating or determining the risks	164
of any employer for the purpose of payment of premiums under this	165
<u>chapter</u> . The administrator shall adopt <u>any additional</u> rules <u>the</u>	166
administrator considers necessary to implement and administer	167
division (A)(6) of this section. Upon written request from the	168
bureau, the employer shall provide documentation to the bureau of	169
all medical only bills that they are paying directly. Such	170
requests from the bureau may not be made more frequently than on a	171
semiannual basis. Failure to provide such documentation to the	172
bureau within thirty days of receipt of the request may result in	173
the employer's forfeiture of participation in the program for such	174
injury. The provisions of this section shall not apply to claims	175
in which an employer with knowledge of a claimed compensable	176
injury or occupational disease, has paid wages in lieu of	177

compensation or total disability.

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178 179 (B) The administrator, with the advice and consent of the 180 board, by rule, may do both of the following: 181 (1) Grant an employer who makes the employer's semiannual 182 premium payment at least one month prior to the last day on which 183 the payment may be made without penalty, a discount as the 184 administrator fixes from time to time; 185 (2) Levy a minimum annual administrative charge upon risks 186 where semiannual premium reports develop a charge less than the 187 administrator considers adequate to offset administrative costs of 188 processing. 189 Section 2. That existing section 4123.29 of the Revised Code 190

is hereby repealed.