

**AWCBC ALL COMMITTEE CONFERENCE
INTERJURISDICTIONAL COMMITTEE MEETING
May 27 and May 28, 2015**

Item #8 a) on Business Agenda

Fatality Statistical Reference (PPP):

In November 2014, a jurisdiction contacted the Alberta Board requesting clarification as to how fatality statistics were recorded, specifically, those fatalities which occurred in another jurisdiction, but were administered by the Alberta Board (i.e. cases where the widow elected with the Alberta Board). In response to this inquiry, reference was made to the PPP document which suggested that **fatalities were only counted in the jurisdiction where it occurred.**

Reference Page 21 of the PPP (Updated May 15, 2014)-Fatalities (Statistics):

May 14 & 15, 2008 May 20 & 21, 2009	Fatalities (Statistics)	Fatalities are only counted in the jurisdiction where it occurred.
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This information was gathered from meeting minutes in 2008 and 2009. The excerpt from 2008 (page 4 of 5) states the following. I have noted the resolution/consensus in red.

“5. New Business

c. Cost/Charging Distribution (Doug)

What do you do with the shortfall costs? Charge to employer? Majority said yes, but might be appropriate to relieve costs. Experience rated employers get hit twice. Possible to amend agreement with Boards also agreeing to amend their policies. Another argument is that the costs are just apportioned. However, the employer gets charged for the accident in 2 jurisdictions.

AB still a tort province. They still relieve costs on 3rd party matters as soon as they determine that there is insurance and a viable cause of action.

Fatalities – in some jurisdictions, the amount charged may be an average amount and in some jurisdictions, it's a maximum. In cases where there are no dependants, costs still charged. If you are a home jurisdiction and you have an out of province fatality and you pay, do you include or exclude the cost into the averaging. At least 3 jurisdictions charge the maximum. Is it fair to include out of province accidents?

If the accident happens in your jurisdiction and adjudicated by another, do you treat the same? **Fatality should only be counted in the jurisdiction where it occurred.**

Action (all) Check with your NWISP rep. (need consistency)”

In 2009, the following discussion occurred at the IJA meeting (page 8 of 15). Again, I have noted the resolution/consensus in red.

“Fatality Statistics (Items 8, 9-2008 Workplan): All

In some jurisdictions, the amount charged may be an average amount and in some jurisdictions, it’s a maximum. In cases where there are no dependants, costs still charged. Jurisdictions vary as to how the costs are applied for experience rating purposes. In general, a jurisdiction records a fatality if it pays the cost of the claim, for experience rating purposes. Carol Anne Duffy confirmed that the AWCBC does have a definition for statistics they collect. **All agreed that the fatality should only be counted in the jurisdiction where it occurred.**

For AWCBC purposes Carol Anne confirmed the fatalities were being counted accurately because this was followed up on last year.

Daryl Davies noted the AWCBC definition of fatality was where the claim was accepted so it may be different than the boards’ own fatality statistics as they may use different criteria to record a fatality.

Glenn Jones noted that it was possible to have multiple claims on the same fatality in separate jurisdictions because dependents could claim with a different jurisdiction than where the deceased worker’s claim was accepted.”

However, collaboration occurred with the NWISP committee, who indicated that this was not consistent with their practice. They provided their 2009 meeting minutes which suggested that **fatalities were counted by the jurisdiction who accepted the claim for compensation.** I have copied the actual NWISP meeting minutes below.

9:30 am	5.	Fatalities	Brenda Croucher	<p>It was noted that fatalities are being underreported in some jurisdictions; specifically in situations when a fatality, resulting from a loss time claim, is accepted outside of the loss time claim reference period.</p> <p>It was agreed that starting with the 2009 data, <u>all</u> boards/commissions will report fatalities according to the current:</p> <p><u>Fatality Definition</u> A death resulting from a work-related incident (including disease) that has been accepted for compensation by a Board” and the</p> <p><u>Fatality Reference Period.</u> “The standard reference period for a fatality is recorded during the year</p>
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				<p>that the fatality was accepted as a fatality by a Board, not the year when the incident causing the death occurred.”</p> <p>The fatality section of the data protocols will be revised for clarity.</p> <p>Footnotes will be added to the NWISP publication:</p> <p>“Fatalities that result from an accepted loss time claim and are accepted as fatalities outside of the time loss reference period from 1993-2007 may be under reported.”</p> <p>“A lost time claim resulting in an accepted fatality is reported as a lost time claim and as a fatality”</p>
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This raised some question and concern that the fatality statistical gathering was not being done consistently with all jurisdictions. Therefore, it was agreed that this issue would be tabled at the 2015 NWISP committee and then clarified with the IJA committee, in order for our PPP to be accurately reflecting the process.

In the meantime, I am recommending that we note that this is being clarified with a May 2015 date. It should also be added as a workplan action item to be clarified by the next 2016 meeting.

Item #8 b) on Business Agenda

After our 2014 IJA meeting, a jurisdiction requested clarification on page 13-14 of the PPP, which referred to “Disclosure of Information (Consent when Requesting Claim Information from another Board for an IJA Claim)” as it was noted to be unclear what the topic was referring to and therefore, positions from other jurisdictions seemed to be inconsistent and not reporting on the topic. For example, many jurisdictions spoke about disclosure outside of the IJA, however, the topic seemed to be reference disclosure for IJA claims. It was suggested that the topic offer further clarification.

I have copied the latest version of the PPP for ease of discussion:

<p>May 14 & 15, 2008</p> <p>May 28 & 29, 2013 (Clarification Provided)</p>	<p>Disclosure of Information</p> <p>Consent When Requesting Claim Information from Another Board for IJA Claim</p>	<p>Privacy provisions pose some challenges to release of information in certain cases. When a Board requests medical information from another Board, for the purposes of adjudication, information has been released, in the past, without consent.</p>
<ul style="list-style-type: none"> - NL does not require consent for the purpose of cost reimbursement and/or potential duplication of benefits/assessments. Any further disclosures of personal information (outside of IJA) requires written consent from the worker. - YK does not require consent for IJA purposes (in accordance with their legislative authority). However, any further disclosures of personal information (outside of IJA) requires written consent from the worker. - NS attempts to get consent first, but their Act says that if they are releasing information that is for the use in which they had originally collected it, it is okay to release. They will review on a case by case basis. - SK will release information that is being requested for workers compensation purposes. - ON requires written consent from worker in most cases before any health records will be released, in situations where disclosure is not specifically provided for in the IJA. Disclosure is general allowed where compelling circumstances exist affecting the health or safety of an individual. For example, if the health care provider believes worker will harm self or others, information can be released. - BC generally requires consent from the worker. Where consent is not available, they will consider the request for disclosure on a case by case basis to determine if there is a provision in their FIPPA legislation that allows for the release of information, without consent. - QC requires specific written consent from the worker. - NWT can release information to any WCB province participating in the IJA. - MB uses “consistent use” provision. Consent would be requested if info requested by non-contracted 3rd party. - NB would require consent from the worker before releasing medical information to another Board. - AB does not require consent for the purpose of cost reimbursement and/or potential duplication of benefits/assessments. However, if another jurisdiction is requesting medical information only (outside of IJA), no consent is required. Alternatively, if another jurisdiction is requesting a complete copy of the worker’s file (outside of IJA), a written consent is required from the worker. - PEI can release personal information as long as it falls within the IJA. Any further disclosures of personal information (outside of IJA) requires written consent from the worker. 		

Other Recommended Changes (Jurisdictions submitted after Workplan deadline of October 30, 2014):

1. Reference Page 23 of the PPP (Updated May 15, 2014)-Limitation Period:

April 6 & 7, 1998	Limitation Period	Limitation period should be included to assist with addressing non participating Boards who suddenly become operational. Issue to be included on list of amendments.
April 30 & May 1, 2014 (Clarification Provided)		All jurisdictions are fully participating in the IJA, therefore, there is no limitation period applicable.

Recommended Change (noted in bold):

April 6 & 7, 1998	Limitation Period	Limitation period should be included to assist with addressing non participating Boards who suddenly become operational. Issue to be included on list of amendments.
April 30 & May 1, 2014 (Clarification Provided)		All jurisdictions are fully participating in the IJA subject to Appendix A. Therefore, there is no limitation period applicable.

2. Reference Page 28 of the PPP (Updated May 15, 2014)-Reimbursement (Invoice Frequency/Reimbursement)

	Reimbursement (Invoice Frequency/ Reimbursement)	
June 9, 2003		Consider reimbursing the oldest claims first (Date of invoice) as there are instances where reimbursements are being received on new requests when older requests have not been processed.
April 19, 2004		Accounts are to be paid within 90 days from receipt of billing.
May 14 & 15, 2008		Billing is to occur quarterly
May 20 & 21, 2009		Jurisdictions agreed that they would make every effort to issue and pay invoices in a timely manner. Best practice is a minimum of quarterly on a calendar basis (Section 9.5). This requirement applies to both billing and reimbursing costs.
May 2, 2005		It was agreed that requests for reimbursements may be rejected if the adjudicating jurisdictions has not responded within three (3) months to requests for information from the reimbursing jurisdiction. Consideration must be given to the type and weight of information requested and whether it is the responsibility of the party being requested to provide the information, to gather it. Prior to rejection, it is recommended that the requestor phone the other board to attempt to resolve the issue.
May 2, 2005		It was agreed that ongoing (not recurrent) requests for reimbursement may be

<p>May 1, 2006</p> <p>April 30 & May 1, 2014</p>		<p>rejected if not received two years after the date of the last reimbursement.</p> <p>Members noted that for subsequent billings, timely and expeditious notification remains the principle, so that the Reimbursing board can charge back its employers on a timely basis. However, the two-year timeline for requests arising from the May 2005 meeting is only a guideline, recognizing boards' operational requirements. A Board's denial of reimbursement for subsequent billing would be contrary to the spirit of the IJA.</p> <p>Reference the Best Practice Guide (BPG) for agreed upon best practices.</p>
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Recommended Changes: Place in Chronological Order

<p>June 9, 2003</p> <p>April 19, 2004</p> <p>May 2, 2005</p>	<p>Reimbursement (Invoice Frequency/ Reimbursement)</p>	<p>Consider reimbursing the oldest claims first (Date of invoice) as there are instances where reimbursements are being received on new requests when older requests have not been processed.</p> <p>Accounts are to be paid within 90 days from receipt of billing.</p> <p>It was agreed that requests for reimbursements may be rejected if the adjudicating jurisdictions has not responded within three (3) months to requests for information from the reimbursing jurisdiction. Consideration must be given to the type and weight of</p>
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<p>May 2, 2005</p> <p>May 1, 2006</p> <p>May 14 & 15, 2008</p> <p>May 20 & 21, 2009</p> <p>April 30 & May 1, 2014</p>		<p>information requested and whether it is the responsibility of the party being requested to provide the information, to gather it. Prior to rejection, it is recommended that the requestor phone the other board to attempt to resolve the issue.</p> <p>It was agreed that ongoing (not recurrent) requests for reimbursement may be rejected if not received two years after the date of the last reimbursement.</p> <p>Members noted that for subsequent billings, timely and expeditious notification remains the principle, so that the Reimbursing board can charge back its employers on a timely basis. However, the two-year timeline for requests arising from the May 2005 meeting is only a guideline, recognizing boards' operational requirements. A Board's denial of reimbursement for subsequent billing would be contrary to the spirit of the IJA.</p> <p>Billing is to occur quarterly</p> <p>Jurisdictions agreed that they would make every effort to issue and pay invoices in a timely manner. Best practice is a minimum of quarterly on a calendar basis (Section 9.5). This requirement applies to both billing and reimbursing costs.</p> <p>Reference the Best Practice Guide (BPG) for agreed upon best practices.</p>
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3. Reference Page 34-35 (Statistics):

April 14 & 15, 1997	Statistics	<ul style="list-style-type: none"> - Requests for reimbursement are to be reported for the calendar year in which the request was made, regardless of the year of the claim. - Reimbursements received shall be reported for all monies received in the calendar year, regardless of when the request was made.
April 6 & 7, 1998	Statistics	Statistical reports are to be broken down into two reports: General IJA Cost Reimbursement and Trucking
April 29 & 30, 1999	Statistics	Outstanding balances are not needed. Return to old format.
April 22, 2002	Statistics	<p>IJA cost reimbursement requests should not be included in the days to first pay statistic, as reimbursements do not involve payments to workers as contemplated by the statistic. Payments are reimbursements between Boards.</p> <p>Similarly, reimbursement requests should not be double counted as a claim by the reimbursing Board for the purposes of this statistic.</p>
<p>May 10 & 11, 2011</p> <p>May 28 & 29, 2013 (Clarification Provided)</p> <p>May 16 & 17, 2012</p> <p>April 29 & 30, 2014</p>	Statistics	<p>Effective January 1, 2012 all jurisdictions agreed to begin using the new statistics for cost reimbursement under the IJA (or AAP).</p> <p>All jurisdictions agreed to adopt the new definitions and tables used to track the 2012 IJA/AAP statistics.</p> <p>No further statistics would be reported (for IJA or AAP) effective 2014.</p>

Recommended Changes: Place in one box as they all pertain to topic of statistics.

April 14 & 15, 1997	Statistics	Requests for reimbursement are to be reported for the calendar year in which the request was made, regardless of the year of the claim. - Reimbursements received shall be reported for all monies received in the calendar year, regardless of when the request was made
April 6 & 7, 1998		Statistical reports are to be broken down into two reports: General IJA Cost Reimbursement and Trucking
April 29 & 30, 1999		Outstanding balances are not needed. Return to old format
April 22, 2002		IJA cost reimbursement requests should not be included in the days to first pay statistic, as reimbursements do not involve payments to workers as contemplated by the statistic. Payments are reimbursements between Boards. Similarly, reimbursement requests should not be double counted as a claim by the reimbursing Board for the purposes of this statistic.
May 10 & 11, 2011		Effective January 1, 2012 all jurisdictions agreed to begin using the new statistics for cost reimbursement under the IJA (or AAP).
May 28 & 29, 2013 (Clarification Provided)		
May 16 & 17, 2012		All jurisdictions agreed to adopt the new definitions and tables used to track the 2012 IJA/AAP statistics.
April 29 & 30, 2014		No further statistics would be reported (for IJA or AAP) effective 2014.

