



Industrial Commission of Arizona

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

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Session Objectives

- **Municipal Firefighter Cancer Reimbursement Fund**
 - Which claims are eligible for reimbursement?
 - Which benefits are reimbursable?
 - Who is eligible to apply for reimbursement?
 - What is the process for reimbursement?
 - Applicable timelines
 - Recordkeeping and Record Inspection
 - Overpayments
- **DEMO: ICA Community – Municipal Firefighter Cancer Reimbursement Fund**

Which claims are eligible for reimbursement?

In order for a claim to be eligible for reimbursement, the claim must be for a *municipal firefighter or municipal fire investigator* for a disease, infirmity or impairment as prescribed in section 23-901.09

A.R.S. §23-1702 (C)

Which benefits are reimbursable?

- 1. Compensation for temporary partial disability, permanent partial disability and lost earning capacity as prescribed in section 23-1044.**
- 2. Compensation for temporary total disability and permanent total disability as prescribed in section 23-1045.**
- 3. Medical, surgical and hospital benefits as prescribed in section 23-1062.**
- 4. Death benefits as prescribed in section 23-1046.**

A.R.S. §23-1702 (A)

Firefighter / Fire Investigator

F. For the purposes of this section:

- 1. "Firefighter" means a full-time firefighter who was regularly assigned to hazardous duty.**
- 2. "Fire investigator" means a person who is employed full time by a municipality or fire district and who is trained in the process of and responsible for determining the origin, cause and development of a fire or explosion.**

A.R.S. §23-901.09 (F)

Disease, Infirmary or Impairment

- 1. Any disease, infirmity or impairment of a firefighter's or fire investigator's health that is caused by brain, bladder, rectal or colon cancer, lymphoma, leukemia or adenocarcinoma or mesothelioma of the respiratory tract and that results in disability or death is presumed to be an occupational disease as defined in section 23-901, paragraph 13, subdivision (c) and is deemed to arise out of employment.**
- 2. Any disease, infirmity or impairment of a firefighter's or fire investigator's health that is caused by buccal cavity, pharynx, esophagus, large intestine, lung, kidney, prostate, skin, stomach, ovarian, breast or testicular cancer or non-Hodgkin's lymphoma, multiple myeloma or malignant melanoma and that results in disability or death is presumed to be an occupational disease as defined in section 23-901, paragraph 13, subdivision (c) and is deemed to arise out of employment.**

A.R.S. §23-901.01 (A)

Who is eligible to apply for reimbursement?

Only municipal payors are eligible for reimbursement

5. "Municipal payor" means any of the following:

(a) A workers' compensation insurer used by a city or town.

(b) A self-insurance program approved pursuant to section 23-961 used by a city or town.

(c) A public agency pool that is established pursuant to section 11-952.01 and that is used by a city or town.

A.R.S. §23-1701 (5)

What is the process for reimbursement?

R20-5-1402. Reimbursement Claims

- A. A Municipal Payor seeking reimbursement from the Fund shall submit a reimbursement claim in writing on the Municipal Firefighter Cancer Reimbursement Form approved by the Commission.**
- B. The Municipal Firefighter Cancer Reimbursement Form shall include the following attestations, which shall be made by an authorized representative of a Municipal Payor seeking reimbursement from the Fund:**
 - 1. The reimbursement request includes only eligible compensation and benefits paid under A.R.S. § 23-1702(A) on municipal firefighter or municipal fire investigator workers' compensation claims accepted under A.R.S. § 23-901.09.**
 - 2. The reimbursement request only includes amounts actually paid by the Municipal Payor for compensation and benefits under A.R.S. § 23-1702(A) during the immediately preceding fiscal year.**
 - 3. The reimbursement request does not include amounts paid for expenses relating to case management, vocational rehabilitation, or similar nonmedical costs.**
 - 4. The information included in, or submitted with, the Municipal Firefighter Cancer Reimbursement Form is true and correct.**

Applicable timelines

A Municipal Payor seeking reimbursement from the Fund for compensation and benefits paid during a fiscal year shall submit a reimbursement claim to the Commission between July 1 and August 31 immediately following the applicable fiscal year. R20-5-1402 (D)

Failure to timely submit a reimbursement claim for compensation and benefits paid during a fiscal year before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for amounts paid during the applicable fiscal year. Failure to include all eligible compensation or benefits in a reimbursement claim before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for any omitted amounts paid during the applicable fiscal year.

R20-5-1402 (E)

The Commission shall process reimbursements pursuant to A.R.S. § 23-1702(C) on or before December 31 of each year R20-5-1402 (F)

Recordkeeping and Record Inspection

R20-5-1403. Recordkeeping and Record Inspections

- A. Municipal Payors seeking reimbursement from the Fund shall maintain all records supporting amounts included in a reimbursement claim for at least ten years after the reimbursement claim is filed.**
- B. Municipal Payor records supporting amounts included in a reimbursement claim shall always be open for inspection by the Commission or representatives of the Commission to ascertain information necessary for its administration of A.R.S. §§ 23-1701 through 23-1703. Upon request, a Municipal Payor shall make such records available to the Commission within 30 days.**

Overpayments

R20-5-1404. Fund Overpayments

- A. A Municipal Payor that discovers an error in a reimbursement claim which may result or has resulted in an overpayment from the Fund shall notify the Commission of the error within three business days of discovery of the error.**
- B. Overpayments made by the Fund to Municipal Payors that are discovered through inspection of records, or otherwise, shall be returned to the Fund by the applicable Municipal Payor within 30 days of notification by the Commission.**





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