

A.R.S. § 23-1601(N)



Ruby Tate, Claims Manager
Gaetano Testini, Chief Counsel

10/6/2022

Agenda

Overview of the Statute

What this Statute Isn't

What this Statute Is

Process for Reporting

Q&A

Legal Disclaimer

- These recommendations are not to be construed as legal advice or direction. Please consult with your attorney.



A.R.S. § 23-1061(N)

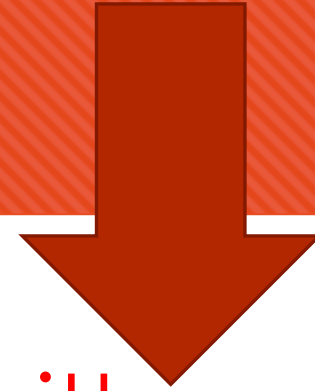
- N. If an insurance carrier or self-insured employer receives written notification of an injury from an employee who was injured and intends to file a claim for compensation, the insurance carrier or self-insured employer must forward the written notification of the injury and intended claim for compensation to the commission within seven business days and inform the employee of the employee's requirement to file a claim with the commission. The one-year period as prescribed in subsection A of this section is suspended from the date the insurance carrier or self-insured employer received written notification of the injury and intended claim for compensation until the date that the insurance carrier or self-insured employer forwards the written notification to the commission. When the commission receives such notification, the commission must notify the employee of the employee's responsibility to file a claim with the commission pursuant to this section.

Applies To

TPA acts as the carrier/Self-Insured Employer. Generally, the TPA contract requires the TPA to comply with all statutes as if they were the carrier/self-insured employer.

- N. If an **insurance carrier or self-insured employer** receives written notification of an injury from an employee who was injured and intends to file a claim for compensation, the insurance carrier or self-insured employer must forward the written notification of the injury and intended claim for compensation to the commission within seven business days and inform the employee of the employee's requirement to file a claim with the commission.

When



- N. If an insurance carrier or self-insured employer receives **written notification of an injury** from an **employee who was injured** and **intends to file a claim for compensation**, the insurance carrier or self-insured employer must forward the written notification of the injury and intended claim for compensation to the commission within seven business days and inform the employee of the employee's requirement to file a claim with the commission.

**written
notification
of the injury**

**Injury By
Accident**

“Employee who was Injured”

Is there a potential for
a loss

Do they need medical
treatment now or
possibly in the future

Incident Only

“Intends to file a Claim”

Do they need
medical treatment
now or possibly in
the future

Are they missing
time from work
due to work injury

Incident Only

Payer Action #1

- N. If an insurance carrier or self-insured employer receives written notification of an injury from an employee who was injured and intends to file a claim for compensation, **the insurance carrier or self-insured employer must forward the written notification of the injury and intended claim for compensation to the commission within seven business days** and inform the employee of the employee's requirements for filing a claim with the commission.



7 business days

Forward the written notification of an injury by the employee to the commission

YES: The
Email from
the IW

YES: A screen
cap of the
text message

YES: A copy
of the written
statement

NOT The 101

NOT The
102/407

Payer Action #2

- N. If an insurance carrier or self-insured employer receives written notification of an injury from an employee who was injured and intends to file a claim for compensation, the insurance carrier or self-insured employer must forward the written notification of the injury and intended claim for compensation to the commission within seven business days and inform the employee of the employee's requirement to file a claim with the commission.



**inform the
employee of the
employee's
requirement to
file a claim with
the commission.**

SOME OPTIONS

Provide AZICA.GOV
Website to complete a
407

Send them the 407 to
complete

Explain the 407 and them
our phone # 602-542-4661

Failure to Report



The one-year period as prescribed in subsection A of this section is suspended from the date the insurance carrier or self-insured employer received written notification of the injury and intended claim for compensation until the date that the insurance carrier or self-insured employer forwards the written notification to the commission.

Where Bad Faith/Unfair Claims Processing MAY come in



R20-5-163 A



(2) Unreasonably delays: a. Payment of benefits; or b. Authorization for, or receipt of, medical benefits or treatment;



(5) Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article;



R20-5-163 B



(2) Unreasonably fails to acknowledge communications



(3) Fails to act reasonably and promptly upon communications

ICA Action

- When the commission receives such notification, the commission must notify the employee of the employee's responsibility to file a claim with the commission pursuant to this section.

What the Statute Is and Isn't

Questions Received from the Community

Does this apply to Every Claim?

Claim has not been filed legally
(no 102/407 or ICA Notification)

Communication from IW is in
Writing

“Injured”

Intends to File a Claim (there is a
loss)

It is

“Intent to File” assumes the legal Claim has not been filed yet (no 102/407)

Written Communications between Carrier & Injured Worker including letter, text, email.

It is Not

This is not a requirement of the Employer (except Self Insured).

It is not notification from the Employer to the Carrier

Employer does need to complete & submit 101 (908(G))

Gray Area Up for Debate

Existing Claims,
benefits are being
provided without
a legal filing.

Not Gray Area: 1061(N) Applies

Existing Claim: benefits are being not being provided pending the IW's legal filing.

Existing Claim: benefits are being provided but no notices are being issued pending the IW's legal filing

When to Submit the 102/407 to ICA



102/407 = LEGAL FILING
OF A CLAIM



SUBMIT TO ICA WHEN
NO NEW CLAIM
NOTIFICATION HAS
BEEN RECEIVED




IF LEGAL CLAIM FILED, THIS STATUTE
WOULD NOT APPLY. DO NOT SUBMIT
THROUGH 1061(N) PROCESS

How to Comply

Reporting to ICA

Welcome to the ICA Community!

 New user? Request access to a Workers' Compensation Cases and ALJ File. Already registered? Please login

* Request Access for

- Workers' Compensation Claim
- Non Workers' Compensation Cases
- Municipal Firefighter Cancer Reimbursements or Cancer Claim Reporting

Claim number

FORMS

The following web forms are available to complete online and submit directly to the Industrial Commission to begin the process as indicated on the form. Additional forms are available upon login.

[Employer Report of Injury Form - 0101](#)

[Petition for Rearrangement - 0529](#)

[Request for Hearing - 0446](#)

[Request Petition to Reopen - 0528](#)

[Request to Change Doctors - 0121](#)

[Request to Leave State - 0122](#)

[Worker's Report of Injury Form - 0407](#)

[Claim for Dependent Benefits - Fatality Form - 0120](#)

[Carrier and Self-Insured Intent to file \(PAYER USE ONLY for the purposes of complying with A.R.S. § 23-1061\(N\)\)](#)

[Carrier and Self-Insured Intent to file \(PAYER USE ONLY for the purposes of complying with A.R.S. § 23-1061\(N\)\)](#)

Reporting to ICA

Carrier Intent to File

* Carrier Name

Complete this field.

▼ Claimant Information

* First Name

* Last Name

* Street Address

* City

* State

* Postal Code

* Email

Social Security Number

* Date of Birth

* Date of Injury, or if unknown, Approximate Date of Injury

▼ Add Attachment

* Please attach written notification of the injury and intended claim for compensation.

 Or drop files

Uploaded Files

▼ Submitter Information

* Name

* Email Address

Reporting to ICA

Carrier and Self-Insured Intent to File

This form should not be used to submit any First Report of Injuries including (but not limited to) - Employers Report of Injury, Workers Report of Injury or Workers and Physicians Report of Injury. Uploads should be limited to the written notification from the injured worker showing an intent to file a claim. Incorrect uploads may result in inaction on the document.

1061(N): "the insurance carrier or self-insured employer must forward the written notification of the injury and intended claim for compensation to the commission within seven business days and inform the employee of the employee's requirement to file a claim with the commission."

Link: <https://www.azleg.gov/viewDocument/?docName=http://www.azleg.gov/ars/23/01061.htm>

* Carrier Name

* Claimant First Name

* Claimant Last Name

* Street Address

* City

* State

* Postal Code

Reporting to ICA

Email

Date of Birth

Social Security Number

* Date of Injury, or if unknown, Approximate Date of Injury

* Please attach written notification of the injury and intended claim for compensation. (20MB Limit)

[Upload Files](#)

Uploaded Files

* Submitted By Name

* Submitted By Phone

* Submitted By Email

Reporting to ICA

Sandbox: Carrier Intent to File Submittal Confirmation External Inbox x



shar...@mstsolutions.com.invalid via kmqu1623ztzs.bz-8apb2ay.cs234.bnc.sandbox.salesforce.com
to me ▾

5:21 PM (0 minutes ago)

Hello Ruby Tate

Your Carrier Intent to File form has been successfully uploaded through the ICA Community.

Date and Time : 8/16/2022 5:21 PM

Claimant Name: Joe Volcano

Date of Injury (or estimate): August 8, 2022

File Name: [20220811_085141.jpg]

Commission Process

1

Keep searchable records



2

Send a letter to the potential IW to complete at 407

Commission Recommendation to the Carrier/TPA/Self- Insured Employer



Maintain a record of Commission 1061 (N) submissions to prove compliance.



Maintain a record of communications to the IW regarding 1061 (N) Compliance



2022 Claims Adjusting Manual

Reporting of a Claim

****New Statute: Payer Reporting of a Claim****

Effective September 24, 2022 pursuant to A.R.S. § 23-1061(N), when a payer receives written notification of an injury from an employee who was injured and intends to file a claim for compensation, the payer must forward the written notification to the Commission within seven business days and inform the employee of the employees requirement to file a claim with the Commission.

- The payer's failure to comply may result in relieving the injured worker's requirement of the one-year filing under A.R.S. § 23-1061(A) and may result in any other applicable bad faith/unfair claims processing allegations.

Payer Process

Upon receipt of a notification of a potential claim, the payer is to forward the communication immediately to the Commission. Options include

- Fax to 602-542-3373 including personally identifying information so the ICA can satisfy the statute by US Mail or email to the injured worker.
- New Community Process:
The Commission will be launching a new webform to satisfy the reporting of the claim online in advance of the effective date of the statute. Please visit <https://www.azica.gov/divisions/claims-division> for more information.

FAQ:

Q: What does "intends to file a claim for compensation" mean?

A: Intent to file for compensation is not defined by the statute. It is reasonable to assume that if the worker is seeking or has received medical and/or time loss benefits compliance is required.



Q&A

Questions?

A grayscale photograph showing a group of people's hands clasped together in a circle, symbolizing unity and teamwork. The hands are of various skin tones and are positioned in a way that suggests a supportive and collaborative environment. The background is slightly blurred, focusing attention on the hands.

Thank you for Joining us