



Oregon

Theodore R. Kulongoski, Governor

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BULLETIN NO. 195 (Revised) November 23, 2005

- TO:** Workers' compensation insurers, self-insured employers, and authorized service companies
- SUBJECT:** Reopening of "Own Motion" claims under ORS 656.278, closure of Own Motion claims, and reimbursement from the Reopened Claims Program
- EFFECTIVE:** January 1, 2006

This bulletin provides insurers and self-insured employers the revised forms and formats for filing "Own Motion" claim information with the Oregon Workers' Compensation Division. This bulletin supersedes Bulletin 195, dated September 2, 2003.

The forms described in this bulletin are attached and may be duplicated or you may download a copy of the Microsoft Word 2000® (automated) form from the division's Web site: www.wcd.oregon.gov/policy/bulletins/formsbyno.html. The completed forms must be typewritten.

I. Notice of Voluntary Reopening of Workers' Compensation Claim, Form 440-3501:

If aggravation rights have expired under ORS 656.273, and the insurer voluntarily reopens the claim to process a worsened condition, a new or omitted condition, or a pre-1966 injury medical services claim, the insurer must issue Form 3501 to the injured worker, with copies to the worker's attorney, if any, and the Workers' Compensation Division (per OAR 438-012-0030(4)). If the "Own Motion" claim is reopened by order of the Workers' Compensation Board, reporting on Form 3501 is not required.

Form 3501 completion instructions (by section):

- 1: Identify the responsible insurer or self-insured employer, and authorized service company (if any). Enter the worker's name and address, mailing date, WCD file number, date of injury, and insurer's claim number.
- 2: Identify the type(s) of claim(s) that are being voluntarily reopened. More than one type of claim may be reopened by this form:
 - If the claim is being reopened for a worsening of a compensable injury under ORS 656.278(1)(a), check box "A" and list the medical conditions that have been "determined to be compensable" under OAR 438-012-0001(3) that have worsened.
 - If the claim is being reopened for a "post-aggravation rights" new or omitted medical condition under ORS 656.278(1)(b), check box "B" and list the "post-aggravation rights" new or omitted medical conditions that have been "determined to be compensable" under OAR 438-012-0001(4). Copies of the Modified Notice of Acceptance issued under ORS 656.262(7)(a) must be sent with a copy of the form to the worker, the worker's attorney, if any, and the Workers' Compensation Division.

- If the claim is being reopened for a pre-1966 injury medical services claim, check box “C” and list the medical services for which the claim was reopened. Note that pre-1966 injury claims involving “worsened conditions” or “post-aggravation rights” new or omitted medical conditions are included in boxes “A” and “B,” respectively.
- 3: Type the name of the authorized representative of the insurer or self-insured employer issuing the “Notice of Voluntary Reopening” and sign and date the form. Distribute copies as indicated on the form.

II. Notice of Closure: Own Motion Request, Form 440-2066:

Form 2066 must be used for closures of Own Motion claims in accordance with OAR 438-012-0055.

Form 2066 completion instructions (by section):

- 1: Identify the responsible insurer or self-insured employer, and authorized service company (if any). Enter the worker’s name and address, mailing date, WCD file number, date of injury, date of Own Motion reopening, and insurer’s claim number.
- 2: Identify the type(s) of claim(s) that were reopened and are now being closed. More than one type of reopened claim may be closed by this form:
 - If the claim was reopened for a worsening of a compensable injury under ORS 656.278(1)(a), check box “A” and list the “worsened conditions” for the previously accepted medical conditions for which the claim was reopened.
 - If the claim was reopened for a “post-aggravation rights” new or omitted medical condition, check box “B” and list the “post-aggravation rights” new or omitted medical conditions for which the claim was reopened.
 - If the claim was reopened for a pre-1966 injury medical services claim, check box “C” and list the medical services for which the claim was reopened. Note that pre-1966 injury claims that were reopened for “worsened conditions” or “post-aggravation rights” new or omitted medical conditions are included in boxes “A” and “B,” respectively.
- 3: Enter the medically stationary date.
- 4: Enter the dates for each period of temporary total or temporary partial disability due and payable to the worker. Dates must be inclusive (e.g., 1-16-05 through 1-26-05) and be within the period of this Own Motion claim reopening only.
- 5: Enter the total amount of temporary disability paid on the claim for this Own Motion reopening.
- 6: Enter the description and the dollar amount of permanent disability awarded as a result of compensable “post-aggravation rights” new medical conditions and/or omitted medical conditions under ORS 656.278(1)(b) and (2)(d). Attach a completed closure worksheet (Form 440-2807). See Bulletin 139 for Form 2807, “Notice of Closure Worksheet,” and sample permanent disability statements.
- 7: Type the name of the authorized representative of the insurer or self-insured employer issuing the “Notice of Closure: Own Motion Claim” and sign and date the form. Distribute copies as indicated on the form.

III. Reopened Claims Program Reimbursement Request, Form 440-1966:

The Reopened Claims Program reimburses insurers and self-insured employers for compensation paid to injured workers under ORS 656.278. The Department of Consumer and Business Services will reimburse insurers from the Reopened Claims Program on a quarterly basis. Reimbursement requests must be received by the department within 15 days after the end of each quarter to be processed in that quarterly disbursement. Late requests may be held for processing with the next quarter's disbursement.

Reopened Claims Program reimbursement requests must be submitted in the format of the sample Form 440-1966, "Reopened Claims Program Reimbursement Request," accompanying this bulletin. Each insurer or self-insured program must submit a separate application. If the number of claims subject to reimbursement exceeds one page, succeeding pages must be in the same format. The total amount requested for all pages must be entered and certified on Page 1 of the application.

Form 1966 completion instructions (by column number):

- 1: Provide the file number assigned by the division and the insurer's claim number.
- 2: Provide worker's name and list in alphabetical order by last name.
- 3: Provide date of injury if worker suffered an occupational injury, or date worker first became disabled if worker suffered an occupational disease. Note on the form if occupational disease date is used.
- 4: Provide weekly wage at the time of injury or onset of occupational disease.
- 5: State the scheduled days off at the time of the injury.
- 6: Provide marital status (married "M" or single "S") and number of dependent children — modified to reflect those currently eligible — if applicable by statute.
- 7: Provide the from and through dates for temporary disability corresponding to the dollar amount shown in Column 8.
- 8: Enter the amount paid for temporary disability corresponding to the dates in Column 7. Do not include Retroactive Program benefits when reporting these costs.
- 9: Enter the dollar amount of permanent disability paid during the quarter.
- 10: Enter the sum of temporary and permanent disability payments in Columns 8 and 9.

If you have any questions about this bulletin, please contact the Workers' Compensation Division, Compliance Section, (503) 947-7722.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

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Attachments: Forms 440-3501, 440-2066, 440-1966