

House Bill 661

By: Representative Burkhalter of the 50th

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 9 of Title 33 of the Official Code of Georgia Annotated, relating to
2 regulation of rates, underwriting rules, and related organizations, so as to create a workers'
3 compensation records inquiry service to be established and maintained by the State Board
4 of Workers' Compensation; to name which entities shall furnish data; to provide for
5 reporting criteria; to provide for applicability and fees; to provide for resolution of
6 reimbursement disputes; to provide for related matters; to provide for an effective date; to
7 repeal conflicting laws; and for other purposes.

8 **BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:**

9 The General Assembly acknowledges that it is important to control the high cost of health
10 care. There is no one single solution to this crisis, but the solution requires a multitude of
11 efforts and coordination and cooperation with the insurance industry, the general public,
12 health providers, and state, and the federal government. Part of the solution is to eliminate
13 multiple payments of health claims. The creation of a health insurance claim data base will
14 provide a necessary tool to the coordination of benefits between licensed providers under
15 Title 33.

16 **SECTION 1.**

17 Chapter 9 of Title 33 of the Official Code of Georgia Annotated, relating to regulation of
18 rates, underwriting rules, and related organizations, is amended by adding a new Code
19 section to read as follows:

20 "33-9-45.

21 (a) A health care insurer licensed to offer health insurance under Georgia law or a fully
22 self-insured plan, a governmental plan, or an employee welfare benefit plan as described
23 by the federal Employee Retirement Income Security Act which enrolls residents of this
24 state shall be deemed to be a party with an appropriate interest in the records of the State
25 Board of Workers' Compensation as described in subsection (b) of Code Section 34-9-12.

1 As used in this subsection, the term 'health care insurer' means an insurer, a fraternal
2 benefit society, a health care plan, a nonprofit medical service corporation, a nonprofit
3 hospital service corporation, a health care corporation, a health maintenance organization,
4 or any other entity authorized to sell accident and sickness insurance policies, subscribed
5 certificates, or other contracts of health insurance by whatever name called under Title 33.

6 (b) To provide an entity described in subsection (a) of this Code section with appropriate
7 records access, the State Board of Workers' Compensation shall initiate and maintain a
8 workers' compensation records inquiry service. Each eligible entity, or its designated
9 agent, may submit an electronic list of members' identities for which workers'
10 compensation case information is requested. Each entity shall certify that all persons
11 whose identities are submitted are, or have been, insured members of the entity's health
12 benefit programs. The board shall compare the submitted list of members to the records
13 of valid workers' compensation cases. Where a case record exists for a listed person, the
14 board shall report to the entity or its agent the following information on each such case:

- 15 (1) The full name of the claimant;
- 16 (2) The social security number of the claimant;
- 17 (3) The date of birth of the claimant;
- 18 (4) The name of the claimant's employer;
- 19 (5) The date of injury;
- 20 (6) A description of the type of injury or illness and the body part affected;
- 21 (7) The name, address, and case number of the insurance carrier handling the case;
- 22 (8) The name of the insurance adjuster handling the case;
- 23 (9) The identifying number assigned to the case by the board; and
- 24 (10) The current status of the case.

25 Claims data compiled by the board or reported to the entity are confidential and are not
26 subject to Article 4 of Chapter 18 of Title 50, relating to inspection of public records.

27 (c) State Board of Workers' Compensation file information shall be reported to the entity
28 or its agent in electronic format within 30 days of the entity's original request. The entity
29 or its agent shall be charged a service fee for each submission which shall be set by the
30 board at a level to cover the full costs of the service.

31 (d) Entities described in subsection (a) of this Code section are authorized to submit
32 requests for reimbursement to the relevant workers' compensation insurer where the entity
33 can document that it has paid medical claims for the diagnosis or treatment of a
34 compensable injury or illness.

35 (e) Workers' compensation insurers shall make direct reimbursements to entities described
36 in subsection (a) of this Code section whenever the entity can demonstrate that it has paid

1 for compensable medical benefits at the lesser of prevailing workers' compensation
2 provider payment schedules or the entity's actual payments.
3 (f) Disputes as to the entity's right to reimbursement shall be resolved by referral to the
4 Alternative Dispute Resolution Division of the State Board of Workers' Compensation.
5 Upon denial of reimbursement by a workers' compensation insurer, the entity requesting
6 reimbursement may request mediation of the dispute. Any mediation fee shall be paid by
7 the losing party."

8 **SECTION 2.**

9 This Act shall become effective only if funds are specifically appropriated for purposes of
10 this Act in an Appropriations Act making specific reference to this Act and shall become
11 effective when funds so appropriated become available for expenditure.

12 **SECTION 3.**

13 All laws and parts of laws in conflict with this Act are repealed.