

**NEW YORK STATE  
WORKERS' COMPENSATION BOARD**

**Examination of  
Benetech, Inc.**

**DIVISION OF REGULATORY AFFAIRS  
April, 2010**

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## **Executive Summary**

### **A. Scope of Examination**

In the course of evaluating the success rate of carriers/self insureds that controverted claims by measuring the establishment of those claims, a number of small self insured political subdivisions had 100% of their controverted cases found to be compensable. Initially, it was dismissed as being insignificant since the number of cases ranged from one to five, which statistically could distort the measure of performance of a single entity. However, upon examination of those cases where compensability was found in 100% of the controverted cases, there were a number that were administrated by Benetech. Hence, there was a request to look more closely at the claims handling practices of Benetech.

### **B. Observations and Conclusions**

- There is a high percentage of cases that are found to be compensable that have been controverted by Benetech - 82%. Evidence to support controverting a claim is lacking. There are often delays in filing the C-7 which results in delays in acting on requests for authorization of medical treatment.
- There is evidence that unless the Workers' Compensation Board files the Notice of Assembly or Notice of Indexing, or if Benetech decides to raise an issue within a claim, Benetech does not file the required forms.
- The C-2 (Employer's Report of Injury) is frequently filed at the same time that Benetech files other forms such as the C-669 which results in late filing of the C-2. The C-2 has been filed up to two years late.
- The low proportion of cases with late first payment may be attributed to the policy of political subdivisions continuing wages as opposed to prompt payment of statutory workers' compensation benefits. There appears to be an assumption that wages will be paid as in the four identified cases where payments were late, the C-669 indicates wages paid or no lost time.
- There is the practice of filing C-669's using both the check boxes in Section 15 that payments have begun and the check boxes in Section 16 that payments have not begun on the same form in the same case.
- There is the practice of filing C-8's when there is no payment of benefits or stopping and/or modifying payment of benefits.
- There are outstanding procedural penalties payments in the amount of \$2,050.00.

- The renewal application to be a licensed third party administrator dated May 24, 2007 lacks accurate and complete information.
- Communications with the injured worker by Benetech is inaccurate and misleading.

### **C. Recommendations**

1. There must be evidence to support the controverting of a claim. The details specific to the individual claim must dictate the acceptance or denial of a claim. If a claim is going to be controverted, it must be done timely, and denials of authorizations, treatment and lost time must be within the time limits designated by law.
2. Benetech must comply with Workers' Compensation Law (WCL) Sections 13, 110 and 25, which address payment of medical bills, filing of the C-2 and payment or non payment for lost time.
3. Verification of wages being paid, the amount of wages paid and the length of time wages are paid must be monitored to determine if the claimant has received the benefits to which the claimant is entitled.
4. Attention to detail and accuracy must be applied to the information supplied on the C-669 or C-7 filed with the Workers' Compensation Board. Benetech must decide which section of the C-669 describes the action being taken on the claim: either payments have begun or payments have not begun.
5. A C-8 must be issued when payments are made, modified or stopped, and the practice of filing a C-8 that does not show payment must stop.
6. Payment of the outstanding procedural penalties must be made.
7. The renewal application to act as licensed representative must be filled out completely and accurately. All entities represented by Benetech must be listed in the renewal application.
8. When there is a request for medical information, it must be in compliance with the law.

## **BACKGROUND**

Timely delivery of benefits is the original intent of the workers' compensation legislation. Claimants are entitled to compensation benefits when their injury keeps them from work for more than seven days, forces them to work at lower wages or leaves a permanent disability. Volunteer Ambulance Workers and Firefighters are entitled to similar benefits if their injury keeps them from work for even one day. Possible indications of delaying tactics such as frivolous controversies or delay of filing forms are taken seriously by the Workers' Compensation Board.

Under WCL Section 25, the first payment to the injured worker is due on the 18<sup>th</sup> day after disability or within 10 days after the employer first had knowledge of the injury or illness, whichever period is greater. If there is no controversy, the carrier is obligated to respond to the claim for benefits with Form C-669 (Notice to Chair of Carrier's Action on Claim for Benefits). In any instance in which a carrier is unsure of the extent of their liability for a claim, the carrier may make payments for up to one year without prejudice and without admitting liability by filing Form C-669 with the appropriate box checked (WCL Section 21-a). If the carrier is denying the claim for compensation, the carrier must file Form C-7 (Notice that Right to Compensation is Controverted) with the Board. This payment or denial response from the carrier is mandated either on or before the 18<sup>th</sup> day post disability or within 10 days after the employer has knowledge of the accident, whichever is greater ( WCL Section 25-2(a)).

If however, the Board sends a Notice of Indexing (EC-84) to the Carrier pursuant to WCL Section 25-2(b), the carrier may wait up to 25 days from the date of the notice to submit Form C-7 if the case will be controverted.

Subject Number 046-283 was issued February 10, 2009 reminding stakeholders to file C-2's in accordance with Section 110 of the Workers' Compensation Law. Specifically, the subject number stated:

“... an employer must file a completed Form C-2 with the Board, and with its insurance carrier if insured, when a work-related injury or illness results in personal injury causing:

- a loss of time from regular duties of one day beyond the working day or shift on which the accident occurred; or
- will require medical treatment beyond ordinary first aid; or
- more than two treatments by a person rendering first aid.

Form C-2 must be filed within 10 days after the accident. Employers may designate a third party to complete and/or file Form C-2.”

The C-2 must be filed with the Board and the employer's insurance carrier within 10 days after injury. The Board may impose a \$50 penalty against the employer or carrier under WCL Section 25-3(e) for failure to file this form. Additionally, pursuant to WCL Section 110(4), the Board may impose a penalty up to \$2,500 against an employer who repeatedly refuses or neglects to file Form C-2

## **SCOPE**

The initial objectives of this were to assess the C-7 practices of Benetech. In the process of examining the controverted cases, additional areas of concern came to light: the delay in filing forms, inaccurate information on the forms filed with the WCB, timely payment of benefits, outstanding procedural penalties, misleading communication with the claimants and the deficient application for renewal of the licensed representative. The sample of cases used to assess performance was drawn from cases that were active from 7/1/08 through 7/1/09, which provided a variety of cases with varying dates of accident. Overall, 226 cases were reviewed, including 57 controverted cases and 169 accepted cases.

Timeliness and accuracy were evaluated to assess performance. The timeliness of filing forms, timeliness of authorization of treatment and of payment of benefits, timeliness of payment of procedural penalties, accuracy of reporting and filing, the filing of the renewal application for the representative license and communications with the injured worker were reviewed and documented.

## **PROCESS**

### **A. C-7 analysis**

A total of 57 controverted cases were reviewed. Six cases were removed from the sample: three were excluded as the C-7 was filed by a different carrier contesting coverage; one did not have either a C-669 or C-7 in the file but was processed as controverted; and two were cancelled and combined into an existing file leaving 51 cases to be evaluated. The sample was drawn from cases that were active from 7/1/08 through 7/1/09, and had a C-7 filed or were identified as a controverted case through the Claims Information System.

Twenty-four cases were controverted claims for accident cases and twenty-seven cases were controverted claims for occupational disease for a total of fifty-one controverted cases. Overall, 42 or 82% of the controverted cases were found to be compensable. Of the 24 accident cases, 18 cases or 75% were established for the claimed injuries. Of the 27 cases claiming occupational disease, 24 cases or 89% were established for the claimed occupational disease. See Appendix A.

#### **i. Occupational disease cases**

Due to the high percentage of established controverted occupational disease cases, additional analysis was done to determine how often Benetech accepted an occupational disease case. Again data was drawn from cases that were active from 7/1/08 through 7/1/09, but this time it was for established occupational disease cases that did not contain a C-7. Four cases were accepted by Benetech during this period. Therefore, Benetech controverted 87% of the occupational disease claims (27 controverted claims versus 4 accepted claims during the time period 7/1/08 to 7/1/09).

## **ii. Analysis of individual C-7 Cases**

### **Controverted Cases with No Contrary Medical Evidence**

WCL Section 21(5) provides “That the contents of medical and surgical reports introduced in evidence by claimants for compensation shall constitute prima facie evidence of fact as to the matter contained therein.” To controvert a claim on the grounds of causal relation, the carrier/self insurer must provide substantial medical evidence to counter the medical submitted by the claimant. In the following cases Benetech controverted the claim without providing any substantial medical evidence.

#### **1. F5080055**

This claim presented an unwitnessed death of an on-duty volunteer firefighter supported by prima facie medical evidence. Benetech controverted this claim, sent the records for an independent medical opinion, but when the IME requested additional records Benetech did not produce them. No IME report was issued, however, Benetech, without evidence, continued to controvert and appealed the establishment of the claim. The attending physician of the deceased testified to the causal relationship, that the earlier heart problems of the decedent had were not being actively treated and the activities of the deceased as the doctor had discussed with the Fire Chief were the precipitating cause of the fatal heart attack. There was no contrary medical evidence from Benetech to refute the attending physician’s opinion

#### **2. 50705926**

Prima facie medical received 12/29/06 and 1/4/07. Claimant filed a C-3 and the Notice of Indexing issued on 5/24/07. In April 2007, Benetech scheduled an IME but no IME report was ever received by the Board. C-7 filed 7/20/2007 without evidence to refute the claimant’s prima facie medical. The next IME exam was not scheduled to take place until 10/18/2007. No report was ever received by the Board for this exam either. Case established in notice of decision filed 11/20/07.

#### **3. 90105580**

Claimant’s doctor requested authorization for testing on 5/18/2001 and indicated a relationship between the claimant’s work activities and her carpal tunnel syndrome. The C-7 was filed on 10/9/01 without a rebuttal to the claimant’s medical. Case was established by notice of decision 4/18/02.

#### **4. 40805295**

Claimant’s doctor filed medicals in April 2008 for D/A 4/2/08 with Benetech and WCB giving a clear history of falling in the work parking lot, injuring the wrist and requesting authorization for an MRI. On 7/7/08, Benetech raised all ODNCR/ ANCR, Sections 18, 28, 40, 50, prima facie medical evidence denying the claim and did not provide medical contrary to claimant’s medical. (Ultimately the C-7 was withdrawn (7/25/08)).

5. 50809922

Medical received on 7/11/08 showing Benetech as carrier and gave history of an accident at work and claimant losing time. Notice of Indexing issued 8/29/08 and on 9/10/08 Benetech notified the WCB that they were doing an IME. Also on 9/10/08, the WCB received the C-7 that the claim was controverted. Again, Benetech raised the issue of prima facie medical without providing contrary evidence and the IME supported the claimant's claim. Case established by notice of decision filed 11/24/08.

6. 90204806

Medicals showing a relationship between the claimant's work and the resulting total disability were filed with the WCB and Benetech in January and February 2002. C-7 filed on 9/25/2002 and the IME filed on 10/9/2002 supported a compensable claim. Case established by notice of decision filed 12/18/02.

**Late filing of the C-7 and delay of benefits**

When there is a delay in filing the C-7, there is a delay in action on the claim. Medical treatment and payment benefits are not addressed. The following cases are instances of medical reports being filed, and an excessive length of time before Benetech takes action:

**1. Late C-7**

50504841

Notice of indexing issued by the WCB on 4/27/05 and the C-7 was filed on 5/31/05.

**2. Late C-7**

50608235

Notice of indexing issued on 7/13/06 and the C-7 was filed on 9/7/06.

**3. Late C-7 and inordinate length of time regarding action on medical authorization**

50705926

Medical received 1/04/07 requesting surgery and medicals received 12/29/06 and 1/4/07 requesting testing. Notice of Indexing issued on 5/24/07 and C-7 filed on 7/20/2007.

**4. Late C-7 and inordinate length of time regarding action on medical authorization**

G0112793

Medical received 8/13/08 indicating injury was related to work. The independent medical examination (IME) was received on 2/17/09 and C-7 filed on 6/18/09. The claim was established at hearing on 7/22/09. The decision was appealed and the Board affirmed the judge's decision on 10/18/2009. There was no lost time.

**5. Late C-7 and inordinate length of time regarding action on medical authorization**

G0059076

Medicals received 2/17/09 for an accident on 3/31/07. C-7 was filed on 3/31/09. Medical explains late notice and why claimant had an accident on a weekend. Claim established at the 5/26/09 hearing and no appeal taken.



**6. Late C-7 and inordinate length of time regarding action on medical authorization**

G0042238

Medical received 7/31/08 indicating a work related injury and C-7 was filed on 10/10/08. It was honored and case goes through litigation at Full Board as the Judge and Board disallowed the claim. That medical indicating a relationship to work was sent to Benetech according to the HCFA. The C-7 was filed late.

**7. Inordinate length of time regarding action on medical authorization**

90105580

Medical received 5/18/01 requesting Claimant's authorization for testing on 5/18/2001. C-7 was filed on 10/9/01.

**8. Inordinate length of time regarding action on medical authorization**

50806238

Medical received 4/30/08 requesting authorization for surgery. Benetech filed the C-7 on 6/18/08.

**9. Inordinate length of time regarding action on medical authorization**

40805295

Medical received in April giving a clear history of falling in the work parking lot and injuring the wrist and requesting authorization for a MRI. On 7/7/08, Benetech raised all ODNCR/ ANCR, Sections 18, 28, 40, 50, prima facie medical evidence denying the claim. Ultimately the C-7 was withdrawn (7/25/08).

**10. Inordinate length of time regarding action on lost time and questionable information provided on C-8**

50807985

Medical received 6/25/08 for D/A 6/11/08 reports claimant was turning a fan while driving the bus and the onset of severe pain. On 8/5/08, Benetech raises the issue of ANCR and pre existing condition on the C-7. On 12/15/08, they withdrew their C-7. C8 says payment began 8/1/08 but that is when the case was controverted.

**11. Inordinate length of time regarding action on lost time**

50809922

Medical received 7/11/08 showing Benetech as carrier and gave history of an accident at work and claimant losing time. Notice of Indexing was issued on 8/29/08 and on 9/10/08 Benetech notified the WCB that they were doing an IME. Also on 9/10/08, the WCB received the C-7 that the claim was controverted. ANCR established at the hearing on 11/24/08 and claimant was paid and employer reimbursed on 11/26/2008.

**12. Inordinate length of time regarding action on lost time**

90204806

Medicals received in January and February 2002 showing total disability. C-7 filed on 9/25/2002.

**13. Inordinate length of time regarding action on medical**

G0050690

Only 8.1's filed initially objecting to medicals of September 2008 pending IME. Claimant was apparently a no show for a November IME. C-7 was filed 1/14/09 and the file was indexed on 12/26/08. Claimant was successful, decision appealed, upheld and claimant received payment September 2009.

**14. Inordinate length of time regarding action on medical**

G0056039

Medical was received by Benetech from 12/9/08 to 12/18/08 per C8.1. C-7 filed 2/5/09 saying no prima facie medical. IME scheduled at the end of January for March appointment. Case established in March 2009, no appeal taken and claim was paid.

**15. Inordinate length of time regarding action on medical authorization**

G0113852

C-2 filed 6/8/09 and C-3 filed 7/10/09 and C8.1's filed on 9/16/09 and C-7 filed on 9/25/09. IME asked for more time to consider causal relationship. The medicals attached to the C8.1's were received by Benetech on 6/25/09 and 7/30/09 and the WCB received the C8.1 on 9/16/09. Case was established, the decision was appealed, but the Board affirmed the Judge's decision.

**16. Delay in filing of C-7 when indicated on the C8.1**

G0081046

C-4 filed 10/15/08 and C-7 filed 11/14/2008. It appears claimant is a ten month employee who had surgery without loss of time. C8.1's indicate objection to bills because the C-7 was filed but the C-7 was received by the Board on 11/14/08 after the C8.1's that were received on 11/7/08. The C-7 was dated 11/5/08 as were the C8.1's but it was filed with the WCB a week later than the C8.1's. At the hearing of 12/17/09, case was established and awards paid.

**17. Objections to medical bills incorrectly indicating that a C-7 was filed**

G0056936

Objections to the medical bills are based on the C-7 which had not yet been filed with the WCB. The C-8.1.0 received on 2/17/09 indicates the bill will not be paid based on the C-7 dated 2/12/09 but the C-7 is dated 3/30/09 and was received by the WCB on 4/1/09.

**B. Timely filing of the C-2:**

The criteria for the timely filing of the C-2 was if the C-2 was received in 10 days when more than two medical treatments were rendered, if the C-2 was received in 10 days of the Notice of Indexing, or if the C-2 was received in 10 days when the lost time was greater than one day. However, the sample of cases was compiled from cases that were active from 7/1/08 through 7/1/09 and the C-2 was received by the Board 30 days or more after the date of accident. Initially 246 cases were identified, however upon examination 77 cases either did not require a C-2 filing, were not handled initially by Benetech, or had the equivalent of a C-2 (VF-2 for example).

It should be noted that the thirty day criteria which governed the collection of case numbers for this study, allowed three times the length of time defined by law, and if this variable was decreased to a time period closer to the statutory 10 days , the late filings and penalties would increase. **Penalties for late filing of 169 C-2's per WCL Section 25 (3) (e) at \$50 is \$8,450.**

Appendix B lists those cases identified as meeting the above criteria where the required C-2 was filed more than 30 days late or not at all.

### **C. Medicals filed without a response**

Since there is evidence that Benetech does not routinely file forms unless the WCB is aware of the file and has assembled or indexed the claim, a search was done for medicals which would require a C-2 although the claim had not been set up as a case file. The injured workers as listed below had multiple medicals or requests for procedures beyond ordinary first aid, but no C-2 filed:

1. G0290320 D/A 1/7/08

Multiple medicals indicate light duty but no C-2 has been filed. Benetech began administering the claims of Middletown Enlarged Central School District on 7/1/08. Numerous medicals went to both Wright Risk Management and Benetech.

2. LR D/A 12/21/07 Southold School District

Multiple medicals and cyst surgery occurred but no C-2 or C-7/C-669 filed. Medicals indicate period of temporary total disability but again nothing filed.

3. G0230763 D/A 1/4/2010 Southampton UFSD

An authorization was granted by Benetech for EMG studies and some medicals, no C-2 was filed until 3/16/2010. (This has since been set up as G0230763.)

4. EK D/A 4/10/2002 North Colonie CSD

Multiple medicals showing partial disability, a C-240 but nothing else filed.

### **D. Delay of claim**

Of great concern is the lack of timely filing of the C-2 and that the C-2 is frequently filed at the time of the C-669. The filing of forms simultaneously is problematic as the C-2 may be required by law prior to the decision to make payments. The pattern appears to be that if the WCB indicates awareness of the claim by sending either the Notice of Indexing or Notice of Assembly or if Benetech wishes to raise an issue such as new injury, Benetech will file the C-2, C-669 and other appropriate forms. Below are three examples, Appendix C cites 23 additional cases.

G0051538

Claimant lost time from 8/20/07 to 9/4/07 but was paid wages. Medicals were filed showing a partial disability. Nothing was filed until the claim was indexed on the basis of claimant's C-3 and claimant's attorney's request for hearing. Actual reimbursement of wages paid was completed in early 2009. The C-8 is unclear regarding the date reimbursement was made.

G0025136

This accident occurred in 10/2/2007 but the C-669 and C-2 were filed 2/4/09. Medicals filed in 2007 indicate lost time with a partial disability and there were more than two medical treatments. For a date of accident of October 2007, reimbursement was completed on 4/3/2009. The forms were filed in February 2009, when Benetech decided to challenge a medical bill and when they filed the C8.1B, they filed the C-669 and C-2.

G0110348

This is a hernia claim, that Benetech authorized surgery but when the reports and bills came in Benetech denied the bills based on additional information. The claim was heard before a judge, neither a C-7 nor a C-669 was ever filed, and ultimately the case was established.

#### **E. Delay of benefit payments:**

Late payment of initial benefits and late installments were not a common occurrence which is attributed to common practice of municipalities paying wages at the onset of injury. Continuation of wages was the rule in most of the cases examined for this report and it appears that there is an underlying assumption that wages are being paid. Those indemnity benefits that were late in most instances the C-669 indicates wages are paid, or no lost time.

G0160266

C-669 filed 7/2/09 accepted the claim and employer paid wages for date of accident 4/28/2009. Three months after the accident, claimant attorney wrote to the WCB that they called Benetech to tell them the claimant was not getting wages and Benetech indicated payments would not be made. Hearing held, the Judge indicated Benetech was controverting (No C-7) various sites of injury but payments were directed and on 9/23/2009 claimant received payment for the time lost from 4/29/02009 to 7/20/2009 for a total of \$3,243.90. ***Penalties for late first payment and installment is \$1,348.78.***

G0022898

Benetech reported wages paid which was actually about \$200 at the time of injury in November 2008. Following an administrative decision the claimant actually was paid over a \$1,000.00 in April 2009 as she was entitled to compensation benefits being employer did not pay full wages. ***Penalties for late installment is \$482.56.***

G0114014

C-669 says no lost time. Claimant broke her leg on 5/14/09, Claimant was paid from the date of accident over \$3,500.00 on 10/28/09 and at the hearing on 12/9/2009, Benetech continued payment as directed as she is partially disabled. Medicals were sent to Benetech in July 2009. *Penalties for late first payment and late installment is \$1,187.72.*

G0160432

Medical shows lost time in January 2007. C-11 and reimbursement request were filed on June 2009 for the lost time in 2007. Claimant filed a C-3, WCB formally indexed, and Benetech filed a C8 showing payment of partial disability in 2010. Accident happened in 2007. *Penalties for late installment is \$388.16.*

## **F. Inaccurate Reporting on Forms**

The filing of C-669 was evaluated in 166 cases and in 90 cases both boxes – Section 15 payments have begun, Section 16 payments have not begun - were marked. This is in contrast to 50 cases which show acceptance, but no payments have been made, 6 cases where payments have begun without prejudice and 20 cases that either there was a C-7 or no carrier forms filed. It appears on some of the forms that are filed properly with checkmarks in Section 16, also had check marks in Section 15 that were removed, such as seen on the C-669 in G0085142. If the Benetech examiners are using forms that are pre-filled, they must file them accurately. Appendix D lists these cases.

Other instances of inaccurate and confusing information on forms filed with the WCB:

G0025073

Medical received on 1/30/09 for date of accident 1/14/2009 indicates disability and being sent to Benetech, but the C-669 of 2/11/09 states no lost time, C-2 filed on 2/11/09 says claimant had not returned to work. A C-8 filed showing claimant paid on 2/18/09.

G0112020

C-669 indicates No Report of Injury but the C-2 was filed with the Workers' Compensation Board on the same day by the same person. C-8 of 2/1/10 is filed but no payment has been made. The C-8 shows the period of time wages were paid however the C-8 shows \$0.00 paid.

G0110800

C-669 indicates no report of injury but the C-2 was filed by the same adjuster three weeks earlier.

G0024307

Multiple medicals filed in beginning of August 2008 but no C-2 until notice was issued from the WCB in January 2009. Correspondence received 12/3/08 is denying continuing treatment which is not sufficient under 300.23(2) of the NYCRR which requires a C-8.1. Medicals give a partial disability but there is nothing to indicate reduced earnings or no reduced earnings.

## **G. Outstanding Procedural Penalties**

The Workers' Compensation Board has begun billing for outstanding penalties issued in the processing of claims. For example, these are penalties issued under Sections 13.G, 13.K, 13.L, 13.M, 25-3(c), 25-3(e), 25-3(f), and 142(5) of the Workers' Compensation Law. Some of the penalties issued against Benetech were incurred under a prior third party administrator. However, the notices were issued to Benetech who as a licensed representative has the responsibility to notify the WCB if they question the validity of the assessments. There was no response to these notices. Appendix E shows the breakdown of penalties that have been issued against Benetech. *Benetech has \$2,050.00 in outstanding procedural penalties.*

## **H. Licensed Representative Renewal Application**

The Claims Information System associated Benetech with over 60 self insured entities in May 2007 (See Appendix F). In May 2007 Benetech filed a renewal application to appear on behalf of self insurers. Question five on that application asks "List all self-insureds and carriers represented by licensee within the last year." The application lists just 17 entities (Exhibit C). Two of these entities are not recognized – Self Insurance Alliance and the East End Workers' Compensation.

## **I. Requests for information**

Benetech sends out a request for additional information and signatures on medical authorization forms. Exhibit A is a copy of the form that is sent. The first sentence of the second paragraph states "Please note the carrier does have the right to access your complete medical history..." which is inaccurate. Sometimes the letter includes the statement "Your delay in returning this form has caused a delay in your claim." There is nothing in the Workers' Compensation Law that allows for delay of the decision whether or not to accept a claim.

Benetech also has sent out a letter threatening an interruption of benefits if a questionnaire is not filled out, as in WCB Case No. 50310842. Exhibit B is a copy of that form. This is a case where the claimant has been classified with a direction to continue payments. Failure to return a questionnaire is not grounds for suspension of benefits under NYCRR 300.23b.

## **J. Need for clarification:**

Is the letter which asks for full access to the medical records of the injured worker (Exhibit A) at the beginning of a claim used to replace the Employer's Claimant Packet which is available on the Workers' Compensation Board web site referenced in Subject No. 046-290?

What type of entities are the Self Insurance Alliance and the East End Workers' Compensation which are noted in the Renewal Application For License to Appear on Behalf of or Represent Carriers and/or Self-Insurers?