
HOUSE BILL 1357

State of Washington

63rd Legislature

2013 Regular Session

By Representatives Green, Reykdal, Ormsby, Sells, Moeller, and Pollet

Read first time 01/24/13. Referred to Committee on Labor & Workforce Development.

1 AN ACT Relating to claim files and compensation under the
2 industrial insurance laws; amending RCW 51.14.110, 51.32.055,
3 51.32.195, and 51.32.240; adding a new section to chapter 51.08 RCW;
4 adding a new section to chapter 51.14 RCW; creating a new section; and
5 prescribing penalties.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** A new section is added to chapter 51.08 RCW
8 to read as follows:

9 A "claim file" means all documents and information regarding the
10 claim or claimant that is under the control of the department, self-
11 insurer, third-party administrator, claims management entity, or self-
12 insurer's representative, as applicable. "Claim file" includes
13 information maintained in an electronic format. "Claim file" includes,
14 but is not limited to, the following: Electronic and other
15 correspondence sent or received, medical treatment records, medical
16 examination reports, records reviews, vocational reports, vocational
17 records, job analyses, all self-insurer forms, investigation requests,
18 investigation reports, claim notes, phone logs, claim costs, requests

1 for benefits, and benefit payment documents and information. This
2 section shall be liberally interpreted to include all records and
3 information available in administering the claim.

4 NEW SECTION. **Sec. 2.** A new section is added to chapter 51.14 RCW
5 to read as follows:

6 (1) When issuing a payment to an injured worker or beneficiary, the
7 self-insurer shall simultaneously provide written notice identifying
8 the specific type of benefit being paid or other specific purpose of
9 the payment.

10 (2) When issuing payments of temporary total disability benefits as
11 provided in RCW 51.32.090, the self-insurer shall provide written
12 notice to the injured worker of the time period the payment covers, the
13 daily rate of the payment, and the department claim number under which
14 the benefits are being paid. Any change in the rate of temporary total
15 disability benefits shall be accompanied by written notice of the
16 change and the reason for the change.

17 (3) When issuing payments of temporary partial disability benefits
18 as provided in RCW 51.32.090, the self-insurer shall provide written
19 notice to the injured worker of the time period the payment covers, the
20 full manner in which the payment was calculated, and the department
21 claim number under which the benefits are being paid. Any change in
22 the value of the worker's earning power at the time of injury utilized
23 to calculate temporary partial disability benefits shall be accompanied
24 by written notice regarding the change and the reason for the change.

25 (4) Failure of a self-insurer to comply with this section subjects
26 the self-insurer to a penalty under RCW 51.48.080. The director shall
27 issue an order determining whether a violation has occurred within
28 thirty days of a request by an injured worker.

29 **Sec. 3.** RCW 51.14.110 and 2005 c 145 s 2 are each amended to read
30 as follows:

31 (1) Every self-insurer shall maintain a record of all payments (~~of~~
32 ~~compensation~~) made under this title(~~(-)~~) to workers, beneficiaries,
33 medical providers, and other persons or entities. Every self-insurer
34 shall also maintain a record of all requests for benefits or other
35 payments submitted pursuant to this title. This information is part of
36 the claim file.

1 (2) In the event of a disputed claim, an audit by the department,
2 or a request by the department, the self-insurer shall (~~furnish to the~~
3 ~~director all information the self-insurer has in its possession as to~~
4 ~~any disputed claim, upon forms approved by the director.~~

5 ~~(2))~~ provide the requested element of the employee's claim file to
6 the department within fifteen days of receipt of the dispute, notice of
7 audit, or department request.

8 (3)(a) The department shall establish an electronic reporting
9 system for the submission to the department of specified self-insurance
10 claims data to more effectively monitor the performance of self-
11 insurers and to obtain claims information in an efficient manner.

12 (b) Self-insurers shall submit claims data electronically in the
13 format and frequency prescribed by the department.

14 (c) Electronic submittal to the department of specified claims data
15 is required to maintain self-insurance certification. The department
16 shall establish an escalating schedule of penalties for noncompliance
17 with this requirement, up to and including withdrawal of self-insurance
18 certification.

19 (d) Claims data reported to the department electronically by
20 individual self-insurers are confidential in accordance with RCW
21 51.16.070 and 51.28.070. The department may publish, for statistical
22 purposes, aggregated claims data that contain no personal identifiers.

23 ~~((3))~~ (4) The department shall adopt rules to administer this
24 section.

25 **Sec. 4.** RCW 51.32.055 and 2004 c 65 s 8 are each amended to read
26 as follows:

27 (1) One purpose of this title is to restore the injured worker as
28 nearly as possible to the condition of self-support as an able-bodied
29 worker. Benefits for permanent disability shall be determined under
30 the director's supervision, except as otherwise authorized in
31 subsection (9) of this section, only after the injured worker's
32 condition becomes fixed.

33 (2) All determinations of permanent disabilities shall be made by
34 the department, except as otherwise authorized in subsection (9) of
35 this section. Either the worker, employer, or self-insurer may make a
36 request or the inquiry may be initiated by the director or, as
37 authorized in subsection (9) of this section, by the self-insurer on

1 the director or the self-insurer's own motion. Determinations shall be
2 required in every instance where permanent disability is likely to be
3 present. All medical reports and other pertinent information in the
4 possession of or under the control of the employer or, if the self-
5 insurer has made a request to the department, in the possession of or
6 under the control of the self-insurer shall be forwarded to the
7 director with the request.

8 (3) A request for determination of permanent disability shall be
9 examined by the department or, if authorized in subsection (9) of this
10 section, the self-insurer, and the department shall issue an order in
11 accordance with RCW 51.52.050 or, in the case of a self-insured
12 employer, the self-insurer may: (a) Enter a written order,
13 communicated to the worker and the department self-insurance section in
14 accordance with subsection (9) of this section, or (b) request the
15 department to issue an order in accordance with RCW 51.52.050.

16 (4) The department or, in cases authorized in subsection (9) of
17 this section, the self-insurer may require that the worker present
18 himself or herself for a special medical examination by a physician or
19 physicians selected by the department, and the department or, in cases
20 authorized in subsection (9) of this section, the self-insurer may
21 require that the worker present himself or herself for a personal
22 interview. The costs of the examination or interview, including
23 payment of any reasonable travel expenses, shall be paid by the
24 department or self-insurer, as the case may be.

25 (5) The director may establish a medical bureau within the
26 department to perform medical examinations under this section.
27 Physicians hired or retained for this purpose shall be grounded in
28 industrial medicine and in the assessment of industrial physical
29 impairment. Self-insurers shall bear a proportionate share of the cost
30 of the medical bureau in a manner to be determined by the department.

31 (6) Where a dispute arises from the handling of any claim before
32 the condition of the injured worker becomes fixed, the worker,
33 employer, or self-insurer may request the department to resolve the
34 dispute or the director may initiate an inquiry on his or her own
35 motion. In any claim where the injured worker's condition has become
36 fixed, the worker may request the department issue an order containing
37 a permanent disability determination. In these cases, the department

1 shall proceed as provided in this section and an order shall issue
2 within sixty days of receipt of the request and in accordance with RCW
3 51.52.050.

4 (7)(a) If a claim (i) is accepted by a self-insurer after June 30,
5 1986, and before August 1, 1997, (ii) involves only medical treatment
6 and the payment of temporary disability compensation under RCW
7 51.32.090 or only the payment of temporary disability compensation
8 under RCW 51.32.090, (iii) at the time medical treatment is concluded
9 does not involve permanent disability, (iv) is one with respect to
10 which the department has not intervened under subsection (6) of this
11 section, and (v) the injured worker has returned to work with the self-
12 insured employer of record, whether at the worker's previous job or at
13 a job that has comparable wages and benefits, the claim may be closed
14 by the self-insurer, subject to reporting of claims to the department
15 in a manner prescribed by department rules adopted under chapter 34.05
16 RCW.

17 (b) All determinations of permanent disability for claims accepted
18 under this subsection (7) by self-insurers shall be made by the self-
19 insured section of the department under subsections (1) through (4) of
20 this section.

21 (c) Upon closure of a claim under (a) of this subsection, the self-
22 insurer shall enter a written order, communicated to the worker and the
23 department self-insurance section, which contains the following
24 statement clearly set forth in bold face type: "This order constitutes
25 notification that your claim is being closed with medical benefits and
26 temporary disability compensation only as provided, and with the
27 condition you have returned to work with the self-insured employer. If
28 for any reason you disagree with the conditions or duration of your
29 return to work or the medical benefits or the temporary disability
30 compensation that has been provided, you must protest in writing to the
31 department of labor and industries, self-insurance section, within
32 sixty days of the date you received this order."

33 (8)(a) If a claim (i) is accepted by a self-insurer after June 30,
34 1990, and before August 1, 1997, (ii) involves only medical treatment,
35 (iii) does not involve payment of temporary disability compensation
36 under RCW 51.32.090, and (iv) at the time medical treatment is
37 concluded does not involve permanent disability, the claim may be
38 closed by the self-insurer, subject to reporting of claims to the

1 department in a manner prescribed by department rules adopted under
2 chapter 34.05 RCW. Upon closure of a claim, the self-insurer shall
3 enter a written order, communicated to the worker, which contains the
4 following statement clearly set forth in bold-face type: "This order
5 constitutes notification that your claim is being closed with medical
6 benefits only, as provided. If for any reason you disagree with this
7 closure, you must protest in writing to the Department of Labor and
8 Industries, Olympia, within 60 days of the date you received this
9 order. The department will then review your claim and enter a further
10 determinative order."

11 (b) All determinations of permanent disability for claims accepted
12 under this subsection (8) by self-insurers shall be made by the self-
13 insured section of the department under subsections (1) through (4) of
14 this section.

15 (9)(a) If a claim: (i) Is accepted by a self-insurer after July
16 31, 1997; (ii)(A) involves only medical treatment, or medical treatment
17 and the payment of temporary disability compensation under RCW
18 51.32.090, and a determination of permanent partial disability, if
19 applicable, has been made by the self-insurer as authorized in this
20 subsection; or (B) involves only the payment of temporary disability
21 compensation under RCW 51.32.090 and a determination of permanent
22 partial disability, if applicable, has been made by the self-insurer as
23 authorized in this subsection; (iii) is one with respect to which the
24 department has not intervened under subsection (6) of this section; and
25 (iv) concerns an injured worker who has returned to work with the self-
26 insured employer of record, whether at the worker's previous job or at
27 a job that has comparable wages and benefits, the claim may be closed
28 by the self-insurer, subject to reporting of claims to the department
29 in a manner prescribed by department rules adopted under chapter 34.05
30 RCW.

31 (b) If a physician or licensed advanced registered nurse
32 practitioner submits a report to the self-insurer that concludes that
33 the worker's condition is fixed and stable and supports payment of a
34 permanent partial disability award, and if within fourteen days from
35 the date the self-insurer mailed the report to the attending or
36 treating physician or licensed advanced registered nurse practitioner,
37 the worker's attending or treating physician or licensed advanced
38 registered nurse practitioner disagrees in writing that the worker's

1 condition is fixed and stable, the self-insurer must get a supplemental
2 medical opinion from a provider on the department's approved examiner's
3 list before closing the claim. In the alternative, the self-insurer
4 may forward the claim to the department, which must review the claim
5 and enter a final order as provided for in RCW 51.52.050.

6 (c) Upon closure of a claim under this subsection (9), the self-
7 insurer shall enter a written order, communicated to the worker and the
8 department self-insurance section, which contains the following
9 statement clearly set forth in bold-face type: "This order constitutes
10 notification that your claim is being closed with such medical benefits
11 and temporary disability compensation as provided to date and with such
12 award for permanent partial disability, if any, as set forth below, and
13 with the condition that you have returned to work with the self-insured
14 employer. If for any reason you disagree with the conditions or
15 duration of your return to work or the medical benefits, temporary
16 disability compensation provided, or permanent partial disability that
17 has been awarded, you must protest in writing to the Department of
18 Labor and Industries, Self-Insurance Section, within sixty days of the
19 date you received this order. If you do not protest this order to the
20 department, this order will become final."

21 (d) All determinations of permanent partial disability for claims
22 accepted by self-insurers under this subsection (9) may be made by the
23 self-insurer or the self-insurer may request a determination by the
24 self-insured section of the department. All determinations shall be
25 made under subsections (1) through (4) of this section.

26 (10) If the department receives a protest of an order issued by a
27 self-insurer under subsections (7) through (9) of this section, the
28 self-insurer's closure order must be held in abeyance. The department
29 shall review the claim closure action and enter a further determinative
30 order as provided for in RCW 51.52.050. If no protest is timely filed,
31 the closing order issued by the self-insurer shall become final and
32 shall have the same force and effect as a department order that has
33 become final under RCW 51.52.050.

34 (11) If within two years of claim closure under subsections (7)
35 through (9) of this section, the department determines that the self-
36 insurer has made payment of benefits because of clerical error, mistake
37 of identity, or innocent misrepresentation or the department discovers
38 a violation of the conditions of claim closure, the department may

1 require the self-insurer to correct the benefits paid or payable. This
2 subsection (11) does not limit in any way the application of RCW
3 51.32.240.

4 (12) For the purposes of this section, "comparable wages and
5 benefits" means wages and benefits that are at least ninety-five
6 percent of the wages and benefits received by the worker at the time of
7 injury.

8 **Sec. 5.** RCW 51.32.195 and 1987 c 290 s 1 are each amended to read
9 as follows:

10 On any industrial injury claim where ~~((the))~~ a self-insured
11 employer or injured worker has requested a determination by the
12 department, the self-insurer must submit ~~((all medical reports and any
13 other specified information not previously submitted))~~ the claim file
14 to the department. If the self-insured employer requests a
15 determination by the department, it shall submit the claim file with
16 its request. If the injured worker requests a determination by the
17 department, the self-insured employer shall submit the claim file to
18 the department within fifteen working days of receiving notice of the
19 worker's request. When the department requests information from a
20 self-insurer by certified mail, the self-insurer shall submit ~~((all
21 information in its possession concerning a claim))~~ the claim file or
22 other information within ~~((ten))~~ fifteen working days from the date of
23 receipt of such certified notice.

24 **Sec. 6.** RCW 51.32.240 and 2011 c 290 s 6 are each amended to read
25 as follows:

26 (1)(a) Whenever any payment of benefits under this title is made
27 because of clerical error, mistake of identity, innocent
28 misrepresentation by or on behalf of the recipient thereof mistakenly
29 acted upon, or any other circumstance of a similar nature, all not
30 induced by willful misrepresentation, the recipient thereof shall repay
31 it and recoupment may be made from any future payments due to the
32 recipient on any claim with the state fund or self-insurer, as the case
33 may be. The department or self-insurer, as the case may be, must make
34 claim for such repayment or recoupment within one year of the making of
35 any such payment or it will be deemed any claim therefor has been
36 waived.

1 (b) Except as provided in subsections (3), (4), and (5) of this
2 section, the department may only assess an overpayment of benefits
3 because of adjudicator error when the order upon which the overpayment
4 is based is not yet final as provided in RCW 51.52.050 and 51.52.060.
5 "Adjudicator error" includes the failure to consider information in the
6 claim file, failure to secure adequate information, or an error in
7 judgment.

8 (c) The director, pursuant to rules adopted in accordance with the
9 procedures provided in the administrative procedure act, chapter 34.05
10 RCW, may exercise his or her discretion to waive, in whole or in part,
11 the amount of any such timely claim where the recovery would be against
12 equity and good conscience.

13 (2) Whenever the department or self-insurer fails to pay benefits
14 because of clerical error, mistake of identity, or innocent
15 misrepresentation, all not induced by recipient willful
16 misrepresentation, the recipient may request an adjustment of benefits
17 to be paid from the state fund or by the self-insurer, as the case may
18 be, subject to the following:

19 (a) The recipient must request an adjustment in benefits within one
20 year from the date of the incorrect payment or it will be deemed any
21 claim therefore has been waived.

22 (b) The recipient may not seek an adjustment of benefits because of
23 adjudicator error. Adjustments due to adjudicator error are addressed
24 by the filing of a written request for reconsideration with the
25 department of labor and industries or an appeal with the board of
26 industrial insurance appeals within sixty days from the date the order
27 is communicated as provided in RCW 51.52.050. "Adjudicator error"
28 includes the failure to consider information in the claim file, failure
29 to secure adequate information, or an error in judgment.

30 (3) Whenever the department issues an order rejecting a claim for
31 benefits paid pursuant to RCW 51.32.190 or 51.32.210, after payment for
32 temporary disability benefits has been paid by a self-insurer pursuant
33 to RCW 51.32.190(3) or by the department pursuant to RCW 51.32.210, the
34 recipient thereof shall repay such benefits and recoupment may be made
35 from any future payments due to the recipient on any claim with the
36 state fund or self-insurer, as the case may be. The director, under
37 rules adopted in accordance with the procedures provided in the
38 administrative procedure act, chapter 34.05 RCW, may exercise

1 discretion to waive, in whole or in part, the amount of any such
2 payments where the recovery would be against equity and good
3 conscience.

4 (4) Whenever any payment of benefits under this title has been made
5 pursuant to an adjudication by the department or by order of the board
6 or any court and timely appeal therefrom has been made where the final
7 decision is that any such payment was made pursuant to an erroneous
8 adjudication, the recipient thereof shall repay it and recoupment may
9 be made from any future payments due to the recipient on any claim
10 whether state fund or self-insured.

11 (a) The director, pursuant to rules adopted in accordance with the
12 procedures provided in the administrative procedure act, chapter 34.05
13 RCW, may exercise discretion to waive, in whole or in part, the amount
14 of any such payments where the recovery would be against equity and
15 good conscience. However, if the director waives in whole or in part
16 any such payments due a self-insurer, the self-insurer shall be
17 reimbursed the amount waived from the self-insured employer overpayment
18 reimbursement fund.

19 (b) The department shall collect information regarding self-insured
20 claim overpayments resulting from final decisions of the board and the
21 courts, and recoup such overpayments on behalf of the self-insurer from
22 any open, new, or reopened state fund or self-insured claims. The
23 department shall forward the amounts collected to the self-insurer to
24 whom the payment is owed. The department may provide information as
25 needed to any self-insurers from whom payments may be collected on
26 behalf of the department or another self-insurer. Notwithstanding RCW
27 51.32.040, any self-insurer requested by the department to forward
28 payments to the department pursuant to this subsection shall pay the
29 department directly. The department shall credit the amounts recovered
30 to the appropriate fund, or forward amounts collected to the
31 appropriate self-insurer, as the case may be.

32 (c) If a self-insurer is not fully reimbursed within twenty-four
33 months of the first attempt at recovery through the collection process
34 pursuant to this subsection and by means of processes pursuant to
35 subsection (6) of this section, the self-insurer shall be reimbursed
36 for the remainder of the amount due from the self-insured employer
37 overpayment reimbursement fund.

1 (d) For purposes of this subsection, "recipient" does not include
2 health service providers whose treatment or services were authorized by
3 the department or self-insurer.

4 (e) The department or self-insurer shall first attempt recovery of
5 overpayments for health services from any entity that provided health
6 insurance to the worker to the extent that the health insurance entity
7 would have provided health insurance benefits but for workers'
8 compensation coverage.

9 (5)(a) Whenever any payment of benefits under this title has been
10 induced by willful misrepresentation the recipient thereof shall repay
11 any such payment together with a penalty of fifty percent of the total
12 of any such payments and the amount of such total sum may be recouped
13 from any future payments due to the recipient on any claim with the
14 state fund or self-insurer against whom the willful misrepresentation
15 was committed, as the case may be, and the amount of such penalty shall
16 be placed in the supplemental pension fund. Such repayment or
17 recoupment must be demanded or ordered within three years of the
18 discovery of the willful misrepresentation.

19 (b) For purposes of this subsection (5), it is willful
20 misrepresentation for a person to obtain payments or other benefits
21 under this title in an amount greater than that to which the person
22 otherwise would be entitled. Willful misrepresentation includes:

23 (i) Willful false statement; or

24 (ii) Willful misrepresentation, omission, or concealment of any
25 material fact.

26 (c) For purposes of this subsection (5), "willful" means a
27 conscious or deliberate false statement, misrepresentation, omission,
28 or concealment of a material fact with the specific intent of
29 obtaining, continuing, or increasing benefits under this title.

30 (d) For purposes of this subsection (5), failure to disclose a
31 work-type activity must be willful in order for a misrepresentation to
32 have occurred.

33 (e) For purposes of this subsection (5), a material fact is one
34 which would result in additional, increased, or continued benefits,
35 including but not limited to facts about physical restrictions, or
36 work-type activities which either result in wages or income or would be
37 reasonably expected to do so. Wages or income include the receipt of
38 any goods or services. For a work-type activity to be reasonably

1 expected to result in wages or income, a pattern of repeated activity
2 must exist. For those activities that would reasonably be expected to
3 result in wages or produce income, but for which actual wage or income
4 information cannot be reasonably determined, the department shall
5 impute wages pursuant to RCW 51.08.178(4).

6 (6) The worker, beneficiary, or other person affected thereby shall
7 have the right to contest an order assessing an overpayment pursuant to
8 this section in the same manner and to the same extent as provided
9 under RCW 51.52.050 and 51.52.060. In the event such an order becomes
10 final under chapter 51.52 RCW and notwithstanding the provisions of
11 subsections (1) through (5) of this section, the director, director's
12 designee, or self-insurer may file with the clerk in any county within
13 the state a warrant in the amount of the sum representing the unpaid
14 overpayment and/or penalty plus interest accruing from the date the
15 order became final. The clerk of the county in which the warrant is
16 filed shall immediately designate a superior court cause number for
17 such warrant and the clerk shall cause to be entered in the judgment
18 docket under the superior court cause number assigned to the warrant,
19 the name of the worker, beneficiary, or other person mentioned in the
20 warrant, the amount of the unpaid overpayment and/or penalty plus
21 interest accrued, and the date the warrant was filed. The amount of
22 the warrant as docketed shall become a lien upon the title to and
23 interest in all real and personal property of the worker, beneficiary,
24 or other person against whom the warrant is issued, the same as a
25 judgment in a civil case docketed in the office of such clerk. The
26 sheriff shall then proceed in the same manner and with like effect as
27 prescribed by law with respect to execution or other process issued
28 against rights or property upon judgment in the superior court. Such
29 warrant so docketed shall be sufficient to support the issuance of
30 writs of garnishment in favor of the department or self-insurer in the
31 manner provided by law in the case of judgment, wholly or partially
32 unsatisfied. The clerk of the court shall be entitled to a filing fee
33 under RCW 36.18.012(10), which shall be added to the amount of the
34 warrant. A copy of such warrant shall be mailed to the worker,
35 beneficiary, or other person within three days of filing with the
36 clerk.

37 The director, director's designee, or self-insurer may issue to any
38 person, firm, corporation, municipal corporation, political subdivision

1 of the state, public corporation, or agency of the state, a notice to
2 withhold and deliver property of any kind if there is reason to believe
3 that there is in the possession of such person, firm, corporation,
4 municipal corporation, political subdivision of the state, public
5 corporation, or agency of the state, property that is due, owing, or
6 belonging to any worker, beneficiary, or other person upon whom a
7 warrant has been served for payments due the department or self-
8 insurer. The notice and order to withhold and deliver shall be served
9 by a method for which receipt can be confirmed or tracked accompanied
10 by an affidavit of service by mailing or served by the sheriff of the
11 county, or by the sheriff's deputy, or by any authorized representative
12 of the director, director's designee, or self-insurer. Any person,
13 firm, corporation, municipal corporation, political subdivision of the
14 state, public corporation, or agency of the state upon whom service has
15 been made shall answer the notice within twenty days exclusive of the
16 day of service, under oath and in writing, and shall make true answers
17 to the matters inquired or in the notice and order to withhold and
18 deliver. In the event there is in the possession of the party named
19 and served with such notice and order, any property that may be subject
20 to the claim of the department or self-insurer, such property shall be
21 delivered forthwith to the director, the director's authorized
22 representative, or self-insurer upon demand. If the party served and
23 named in the notice and order fails to answer the notice and order
24 within the time prescribed in this section, the court may, after the
25 time to answer such order has expired, render judgment by default
26 against the party named in the notice for the full amount, plus costs,
27 claimed by the director, director's designee, or self-insurer in the
28 notice. In the event that a notice to withhold and deliver is served
29 upon an employer and the property found to be subject thereto is wages,
30 the employer may assert in the answer all exemptions provided for by
31 chapter 6.27 RCW to which the wage earner may be entitled.

32 This subsection shall only apply to orders assessing an overpayment
33 which are issued on or after July 28, 1991: PROVIDED, That this
34 subsection shall apply retroactively to all orders assessing an
35 overpayment resulting from fraud, civil or criminal.

36 (7) Orders assessing an overpayment which are issued on or after
37 July 28, 1991, shall include a conspicuous notice of the collection
38 methods available to the department or self-insurer.

1 (8) An order that adjusts a compensation rate or that may affect
2 benefits, including medical, that have been paid on a claim, must
3 specifically itemize each overpayment that may result. The order must
4 include the manner in which the overpayment will be calculated. If the
5 information is not identified in the order, any subsequent overpayment
6 based on the deficient order is deemed waived. Such an order is
7 subject to RCW 51.52.050. This subsection does not apply to
8 overpayments issued pursuant to RCW 51.32.220.

9 NEW SECTION. **Sec. 7.** This act applies to all claims open after
10 January 1, 2014.

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