

2012 Compensability and Claims Processing table updates

Total reported claims, FY 1989-2012				
Fiscal year	Accepted disabling	Denied disabling	Percent denied disabling	Denied non-disabling
1989	40,515	6,640	14.1%	8,022
1990	35,918	9,534	21.0%	10,551
1991	31,156	8,024	20.5%	12,426
1992	28,577	7,522	20.8%	12,930
1993	29,125	6,013	17.1%	13,414
1994	29,731	6,235	17.3%	13,251
1995	29,740	6,535	18.0%	13,377
1996	27,373	5,958	17.9%	14,118
1997	26,918	5,515	17.0%	14,759
1998	26,032	5,354	17.1%	14,962
1999	24,857	5,244	17.4%	14,683
2000	24,405	4,899	16.7%	13,742
2001	23,850	4,717	16.5%	13,876
2002	22,126	4,704	17.5%	12,990
2003	21,493	4,420	17.1%	11,715
2004	20,004	4,117	17.1%	10,176
2005	21,020	4,030	16.1%	9,547
2006	21,445	3,516	14.1%	9,537
2007	22,449	3,873	14.7%	9,133
2008	21,734	3,533	14.0%	8,280
2009	18,874	3,408	15.3%	7,196
2010	17,162	3,143	15.5%	6,546
2011	17,171	2,813	14.1%	5,859
2012	15,915	2,535	13.7%	5,405

The number of disabling claims has declined by an average of 3.4 percent per year since FY 1989, although there has been considerable year-to-year variability. The number fell 8 percent in FY 2012. The main reason for the decrease in disabling claims in recent years is the job loss that accompanied the recent recession.

Over the past 20 years, the denial rate of disabling claims has generally declined, although with some variability.

Since 1998, the absolute number of denied nondisabling claims has fallen steadily.

These statistics are based on the original acceptance status reported by insurers. Status changes that may occur over time are not reflected.

Accepted nondisabling claims are not included in this report because insurers are not required to report them to the department.

Disabling occupational disease claims, FY 1989-2012			
Fiscal year	Accepted	Denied	Percent denied
1989	3,980	2,041	33.9%
1990	3,496	2,761	44.1%
1991	3,068	2,115	40.8%
1992	3,101	2,293	42.5%
1993	3,217	1,939	37.6%
1994	3,305	2,037	38.1%
1995	3,446	2,089	37.7%
1996	3,446	1,965	36.3%
1997	3,591	1,993	35.7%
1998	3,329	1,768	34.7%
1999	2,884	1,657	36.5%
2000	3,064	1,524	33.2%
2001	3,250	1,590	32.9%
2002	3,218	1,794	35.8%
2003	3,341	1,646	33.0%
2004	3,164	1,751	35.6%
2005	3,447	1,698	33.0%
2006	3,681	1,555	29.7%
2007	3,660	1,560	29.9%
2008	3,448	1,441	29.5%
2009	3,153	1,409	30.9%
2010	2,730	1,329	32.7%
2011	2,541	1,105	30.3%
2012	2,234	957	30.0%

The denial rate of occupational disease claims has shown a steady decline, averaging 1.6 percent per year since 1990.

The total number of disabling occupational disease claims reported to the department has also generally declined over the period, although with considerable variability. In FY 2012, it was 10 percent lower than the previous year.

Historical data are subject to small changes.

Disabling aggravation claims, 1991-2012

Year	Accepted	Denied	Percent denied
1991	2,042	1,675	45.1%
1992	2,201	1,514	40.8%
1993	2,099	1,337	38.9%
1994	1,915	1,171	37.9%
1995	1,593	907	36.3%
1996	1,565	950	37.8%
1997	1,351	993	42.4%
1998	1,172	763	39.4%
1999	1,038	730	41.3%
2000	876	618	41.4%
2001	902	575	38.9%
2002	773	535	40.9%
2003	717	483	40.3%
2004	563	416	42.5%
2005	549	340	38.2%
2006	523	432	45.2%
2007	518	534	50.8%
2008	506	566	52.8%
2009	447	554	55.3%
2010	438	533	54.9%
2011	340	510	60.0%
2012	361	476	56.9%

After a claim has been closed, an injured worker is entitled to additional compensation for worsened conditions resulting from the original injury. The number of these aggravation claims has generally declined during the past two decades. However, the number of these claims that have been denied has not declined as rapidly. As a result, the denial rate is now 57 percent.

Note: The counts are aggravation claims reported to the department by insurers. These exclude claims made under board own-motion authority for worsened conditions, which can be made after the five-year aggravation period expires.

Insurer claim acceptance and denial, median time lag days, 1988-2012

Year	Accepted	Denied
1988	33	49
1989	35	43
1990	31	35
1991	35	39
1992	40	45
1993	34	48
1994	40	48
1995	43	50
1996	44	60
1997	50	66
1998	52	64
1999	49	62
2000	49	61
2001	46	60
2002	40	50
2003	40	51
2004	39	45
2005	41	48
2006	41	48
2007	40	47
2008	41	48
2009	41	46
2010	42	49
2011	42	48
2012	41	47

In 1990, SB 1197 extended the time allowed for insurers to accept or deny a claim from 60 days to 90 days. SB 485 (2001) reduced the allowed time back to 60 days.

Between 2001 and 2002, there was a significant drop in the median number of days taken to accept and deny claims. Since then, the median has remained at or below 42 days for claim acceptance and at or below 51 days for claim denial.

Lag days are measured from employer knowledge date to original date of acceptance or denial for disabling claims.

Insurer timeliness of acceptance or denial and of first payments, 1990-2012

Year	Acceptance/ denial timely	First payment timely	<p>Insurer timeliness is measured by the rates at which claims are accepted or denied, and indemnity payments are made, in accordance with rules and statutes.</p> <p>Insurer performance on timeliness of acceptance or denial of claims improved between 1990 and 1994, to 96.1 percent, after which it generally declined to a low of 89.5 percent in 2005. Recent performance has been in the 93 percent to 94 percent range.</p> <p>Timeliness of first payments has also improved since 1990. Since 2009, at least 90 percent of the first payments of temporary disability benefits have been made timely.</p> <p>Note: These data are self-reported by the insurers. The reports are audited by WCD.</p>
1990	85.4%	80.1%	
1991	91.5%	85.0%	
1992	94.2%	87.2%	
1993	96.0%	89.0%	
1994	96.1%	88.3%	
1995	95.1%	88.4%	
1996	94.5%	88.2%	
1997	93.2%	87.9%	
1998	92.6%	87.4%	
1999	92.8%	87.2%	
2000	92.9%	88.3%	
2001	92.3%	88.2%	
2002	93.1%	89.5%	
2003	90.2%	90.3%	
2004	90.1%	91.5%	
2005	89.5%	90.1%	
2006	90.9%	88.3%	
2007	91.2%	90.0%	
2008	92.8%	89.9%	
2009	93.6%	91.1%	
2010	93.3%	91.5%	
2011	94.2%	91.8%	
2012	93.5%	90.5%	

Civil penalties issued, 1990-2012

Year	Number of Citations	Total Penalties Assessed	Average penalty per citation	<p>In 2011, the number of citations against insurers, and total penalties assessed, began to increase. In 2012, there were 744 citations and \$398,700 in penalties. The average penalty per citation has been at least \$500 every year since 2006.</p> <p>Not included in these statistics are stipulated agreements. These may encompass various violations of rules and statutes under ORS Chapters 656 and 731 and set up various performance expectations.</p>
1990	407	\$158,325	\$389.00	
1991	420	156,775	\$373.27	
1992	506	163,101	\$322.33	
1993	621	166,650	\$268.36	
1994	679	197,025	\$290.17	
1995	525	139,325	\$265.38	
1996	491	140,850	\$286.86	
1997	629	244,175	\$388.20	
1998	813	254,925	\$313.56	
1999	789	243,375	\$308.46	
2000	844	248,875	\$294.88	
2001	738	204,400	\$276.96	
2002	947	301,900	\$318.80	
2003	1,241	343,875	\$277.10	
2004	677	206,675	\$305.28	
2005	745	360,600	\$484.03	
2006	951	588,150	\$618.45	
2007	915	575,800	\$629.29	
2008	1,140	596,775	\$523.49	
2009	739	404,525	\$547.40	
2010	526	286,525	\$544.72	
2011	661	369,500	\$559.00	
2012	744	398,700	\$535.89	

Calls to the workers' compensation information line, 1990-2012

Year	Worker calls	Other calls	Total calls
1990	23,263	N/A	N/A
1991	21,475	N/A	N/A
1992	15,181	N/A	N/A
1993	18,243	N/A	N/A
1994	19,678	7,575	27,253
1995	17,503	6,699	24,202
1996	16,938	7,701	24,639
1997	15,737	8,425	24,162
1998	14,960	8,098	23,058
1999	13,711	7,930	21,641
2000	12,155	6,490	18,645
2001	11,662	6,936	18,598
2002	10,000	7,056	17,056
2003	9,813	7,397	17,210
2004	10,129	7,703	17,832
2005	9,463	6,270	15,733
2006	7,898	6,056	13,954
2007	7,359	4,947	12,306
2008	6,713	4,715	11,428
2009	5,446	4,214	9,660
2010	4,717	3,750	8,467
2011	2,714	1,918	4,632
2012	3,177	2,086	5,263

WCD has an information line to assist workers and others (800-452-0288).

Calls for assistance have steadily declined over the past two decades. In 2012, there were just over 3,000 calls from workers with questions about their claims, the claims process, or the workers' compensation system.

The line also received more than 2,000 calls from insurers, medical providers, attorneys, employers, legislators, and others in 2012.

Cases requiring language translation or worker advocacy are referred to the Office of the Ombudsman for Injured Workers.