

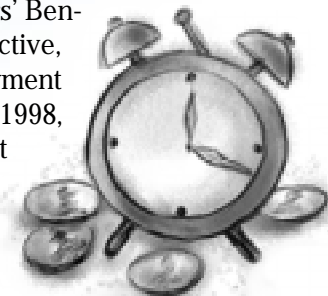
# Workers' Compensation **Focus**

## Up close

### Cents-per-hour assessments: What is the future?

by Mary Hoskins

If you pay close attention to your paycheck, you've noticed a small deduction for "workers' compensation." In 1998, subject Oregon employees contributed 1.6 cents for every hour they worked, and their employers matched that amount. These assessments make up the Workers' Benefit Fund, which pays for programs such as Retroactive, Noncomplying Employer, Reopened Claim, Reemployment Assistance, and Handicapped Worker. In fiscal year 1998, which ended June 30, expenditures totaled about \$100.9 million. The fund balance declined to \$133.8 million in 1998 from a high of \$196.2 million at the end of fiscal year 1996.



On January 1, 1999, the cents-per-hour assessment was raised to 2.1 cents each from workers and employers. According to DCBS Actuary Rick Elliott, this rate will likely remain the same until 2003, if fiscal projections prove accurate.

Senate Bill 484, passed in 1997, mandated a balance in the Workers' Benefit Fund of four quarters of expenditures. WCD and the Management-Labor Advisory Committee have recommended that the 1999 legislature adopt this provision permanently. The new cents-per-hour rate is based on a four-quarter fund balance, as well as projections about program spending, Oregon's economy, and how many hours employees will work annually.

Forecasters expect Oregon's job and personal income growth rates to decline somewhat from mid-1990's highs, attributing lower growth rates to slowdowns in construction and manufacturing, and the Asian economic crisis. Even with these declines, Oregon's income and job growth rates will outpace national averages. By 2003, it is projected that the Oregon economy will experience a resurgence. In this scenario, the Workers' Benefit Fund will pay \$121.3 million in fiscal year 2003 and have a balance of \$135.9 million on June 30, 2003.

In a worst-case scenario, should Oregon enter a multiple-year recession similar to that of 1980-1984, the Workers' Benefit Fund would likely have a balance of \$100.5 million at the end of fiscal year 2003. It is believed the current cents-per-hour assessment will adequately fund the division's commitments, as long as new obligations don't emerge and program growth remains within projections.

*Mary Hoskins is the manager of the Reemployment Assistance Unit in the Benefits Section of WCD. E-mail: Mary.E.Hoskins@state.or.us, phone: (503) 947-7568*

- Cents-per-hour assessments:  
What is the future? ..... 1
- Compliance Section offers  
reciprocity guidelines ..... 2
- Notice of Compliance  
revised ..... 3
- Investigation Unit reports  
system abuse complaint  
activity ..... 3
- Good news for EAIP users ... 4
- EAIP questions & answers .... 4
- Preferred Worker Program  
questions & answers ..... 5
- Vocational arbiters provide a  
fact-finding alternative ..... 6
- Dear RRU: Regular work  
releases ..... 7
- Vocational rule revisions ..... 7
- Rehabilitation success story .. 8
- Substantial handicap  
analysis ..... 8
- Ethical Crossroads –  
Clarification ..... 9
- Worksite Modification  
Digest — Oil drain caddy ..... 9
- Focus on Investigations ..... 10
- Latino Communications  
receives award ..... 12
- Who's who in WCD ..... 13
- What's up on the Web ..... 13
- Guest editorial — Claims  
examiner certification ..... 14
- Process improvements ..... 15
- Reminder: JCI is assigned  
claims agent ..... 16
- Index to Active Bulletins ..... 17
- Index to Current Oregon  
Administration Rules ..... 19
- Key telephone numbers ..... 20



# Compliance Section offers reciprocity guidelines

by Reg Gregory

**D**o you know where to look for workers' compensation when workers provide personal services and labor across state borders? Most workers' compensation jurisdictions allow for extraterritorial provisions in their laws. These laws generally provide for coverage while working in another jurisdiction on a temporary assignment. There are often statutory limitations peculiar to each jurisdiction. Oregon Revised Statute 656.126 and Oregon Administrative Rule 436-050-0055 direct how we interact with other states regarding workers' compensation reciprocity (recognition of the other state's extraterritorial provisions).

For example, Oregon has an agreement with the state of Washington. The written agreement can be found on the WCD's Web site at [www.cbs.state.or.us/wcd/docs/ab\\_index.htm](http://www.cbs.state.or.us/wcd/docs/ab_index.htm).

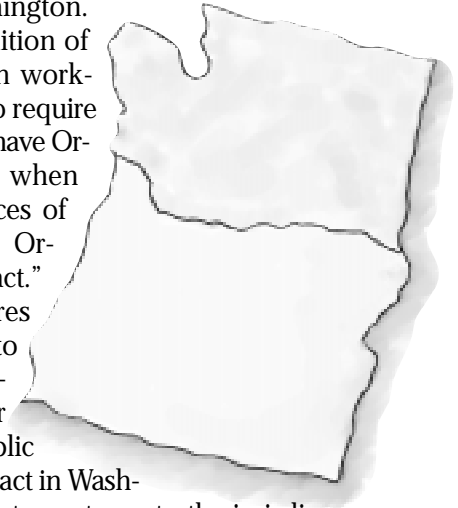
For quick reference, it may be useful for you to note these important aspects of the Oregon-Washington agreement:

An "Oregon worker" means a person **hired to work in** the state of Oregon. A "Washington worker" means a person **hired to work in** the state of Washington.

To determine whether a worker is "working temporarily" in another state, a seven-point criteria is set out in the agreement. Two criteria consistently important in determining a worker's employment status are the "intent of the employer" and the "understanding of the worker."

The agreement does not apply to Oregon workers of a Washington employer working in the state of Oregon, nor to Washington workers of an Oregon employer working in the state of Washington. (Keep in mind the definition of Oregon and Washington workers.) Oregon continues to require out-of-state employers to have Oregon-specific coverage when contracting for the services of any person working in Oregon on a "public contract." Washington now requires out-of-state employers to have Washington coverage when contracting for personal labor on a public works construction contract in Washington. Premium payments are to go to the jurisdiction supplying the insurance. The agreement is retroactive, so there has been no break in an agreement between the states. There should be no "windfall" as a result of the agreement. Of course it is anticipated that all players will have followed statutory changes in each state. Extraterritorial certificates continue to be exchanged between the states.

If you do not have access to the Web and would like a copy of the Extraterritorial Reciprocity Agreement, or you have coverage questions, please contact the Employer Compliance Unit. E-mail: [wcd.employerinfo@state.or.us](mailto:wcd.employerinfo@state.or.us), phone: (503) 947-7815, or fax: (503) 947-7718 ■



## Editor:

Billie Healy, *Administration*  
Phone: (503) 947-7622  
e-mail: [Billie.J.HEALY@state.or.us](mailto:Billie.J.HEALY@state.or.us)

## WCD communications manager:

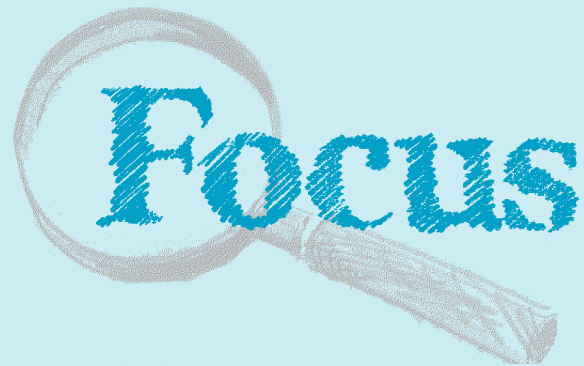
Jan Miller, *Administration*

## Editing:

Dian Cox, *DCBS Communications*

## Design and production:

Kathy Munsel & Phiet Luong, *DCBS Communications*



*Focus* is printed on recycled paper and is recyclable.

In compliance with the Americans with Disabilities Act (ADA), this publication is available in alternative formats. Material contained in this publication is in the public domain and may be copied and distributed without permission.

# Notice of Compliance is revised

by Phil Jarvis

The Notice of Compliance (sometimes called the “Posting Notice”) has been revised, and new forms will be sent to employers with new coverage after January 1999.

For years the notice of compliance had been printed and distributed in a carbonized sleeve. Because the sleeves were run through automated mail-handling equipment, employers often received smudged notices for their bulletin boards. Another concern was the lack of information on the notice to inform both workers and employers about filing claims.

As a result of a joint effort of Oregon OSHA, the Ombudsman offices, the Workers’ Compensation Board and the Workers’ Compensation Division, a significantly modified notice was created. Also a more effective delivery process has been implemented.

A panel reviewing posting notices from a number of states found that nearly all of them included information that



an injured worker would need to file a claim. Basic information regarding claim filing and the role of the attending physician is now included in Oregon’s notice. Phone numbers are also provided, with the insurer and employer listed as first parties to contact. Tear-off cards enable workers to give medical providers accurate employer and insurer names and addresses. ■

*Phil Jarvis is manager of the Operations Section of WCD.  
E-mail: Phil.JARVIS@state.or.us, phone: (503) 947-7600*

# Investigation Unit reports system abuse complaint activity, fiscal year 1997

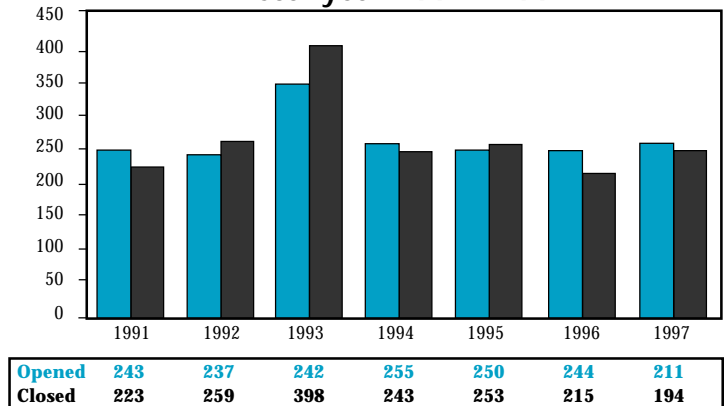
by Martin Gall

The Workers’ Compensation Division’s Investigation Unit conducts investigations of complaints regarding alleged abuse within the workers’ compensation system. (See “Focus On,” Page 10).

The graphs and tables here and on page 11 summarize the complaint investigation activity for fiscal year July 1, 1996 through June 30, 1997. They also show comparisons to earlier fiscal year activity:

From fiscal years 1991 through 1997, an average of 255 investigations were opened. The greatest number was initiated in 1993, largely due to a reorganization of the unit, an influx of managed care organization complaints, and a change in the type of complaints reviewed by the Investigation Unit. After the reorganization, criteria was established for the types of complaints reviewed by the Investigation Unit and more complaints were referred to other units within WCD.

Abuse complaint investigations  
Fiscal year 1991 - 1997



Abuse complaint *continued on page 11*

# Good news for EAIP users

by Jeff Griffin

**A** recent Employer-at-Injury Program issue caused the division to reexamine and change its policy regarding the amount of time an insurer is allowed for filing an amended EAIP reimbursement request. A stakeholder pointed out that an insurer may receive all the EAIP information from the employer on, or just prior to, the one-year deadline. The insurer then has 30 days to submit the reimbursement request to the division. Unfortunately, if the division cannot authorize reimbursement due to an error, by the time the insurer receives the returned reimbursement request, the initial one year and 30 days has passed.

The division has a policy of responding to stakeholder needs. Upon review of the situation, we found the division's processing time and mailing time virtually precluded the insurer from making a correction and resubmitting the request within the specified time frame. We also found it to be impractical for the division and insurer to track a reimbursement request that had been returned to the insurer to ensure it had been resubmitted to the division in a timely manner and was not the original submission of the reimbursement request. As a result, the division has changed its policy.

The new procedure is as follows:

When an insurer has submitted a reimbursement request within the time frame, and the division cannot process the request for a reason as cited in OAR 436-110-0540(10), the division will return the reimbursement request to the insurer with a letter explaining why the request can't be processed. The insurer then has 30 days from the date of that letter to make the correction and resubmit to the division. The insurer must submit the original reimbursement request, the amended reimbursement request, and a copy of the denial letter.

The division has been using this new procedure for several months and our stakeholders have found it to be a very reasonable solution.

If you have a situation where you feel there is a more practical way of administering the EAIP, we are interested in hearing from you. We make every effort to let common sense prevail. Call Jeff Griffin, 1-800-445-3948 ext. 7569, or (503) 947-7569. E-mail: Jeffery.L.GRIFFIN@state.or.us, address: Workers' Compensation Division, Benefits Section, 350 Winter St. NE, Salem OR 97310. ■

# EAIP questions and answers

by Jeff Griffin

**Q.** As the employer, I coordinate the EAIP, complete the reimbursement request, and keep all records. Can I be reimbursed directly by the division and keep the \$60 administrative fee?

**A.** No, not if you are the employer with a private insurer or SAIF Corporation. The EAIP is an insurer-administered program. Oregon Revised Statute 656.622 provides that the "insurer" receive reasonable program administration costs. The division will always send reimbursements to your carrier. If and how you and your insurer divide the \$60 administrative fee is between the two of you.

If you are a self-insured, self-administered employer, the answer is yes. If you are a self-insured employer whose program is administered through a third-party administrator the answer is no. If your TPA has registered you with the division as the self-insured employer to be the party to receive EAIP reimbursements, the answer is yes.

**Q.** Do I end the EAIP when the worker is medically stationary, released to regular work or the claim is closed, whichever occurs first?

**A.** The date a worker is declared medically stationary has never been a required end date for the EAIP. However, the insurer may end the EAIP at any time while the worker's claim is open. OAR 436-110-0540(7) specifies that the EAIP shall end when the worker's claim is closed, the worker is released for full-duty regular employment, or the worker has returned to other work that is not part of the employer's early-return-to-work program, whichever occurs first.

**Q.** The worker was given restrictions by the physician as a result of the injury. However, the worker's regular work falls within these restrictions. Can we get EAIP reimbursement if the worker returns to work in a job that is not his regular work?

**A.** No. The worker can return to regular work within the cited restrictions. The employer does not have the option of returning the worker to modified work, thereby accessing the EAIP. EAIP use is limited to workers whose injury-caused limitations prevent them from returning to full-duty regular work.

**Q.** The worker returned to modified regular work through the use of EAIP worksite modification. The modification item was permanently assigned to the worker and the workstation as allowed in OAR 436-110-0540(6). The worker's regular work is now within his limitations and he can do full duty. Can the employer continue to use the EAIP until the three-month wage subsidy has expired or the worker is released for full-duty regular work?

**A.** If the worker's regular work has been permanently modified, bringing the job within the worker's injury-caused limitations, a release for full-duty regular work should be immediately requested from the physician. If the release is given, the EAIP and wage subsidy end as of the date of the release, given that the release occurs first, per OAR 436-110-0540(6). Meanwhile, the EAIP and wage subsidy may continue. ■

*Jeff Griffin is a reemployment consultant with the Reemployment Assistance Unit. E-mail: Jeffery.L.GRIFFIN@state.or.us, phone: (503)947-7569*

## Preferred Worker Program questions and answers

*by Mary Hoskins*

**Q.** As an on-the-job (OJT) trainer under the vocational assistance rules, I'm also the employer of the worker — a Preferred Worker. I know I can't get Preferred Worker Program wage subsidy, but I did expect premium exemption. I gave the signed Preferred Worker card to the vocational rehabilitation counselor, who did not follow through and send in the card to WCD. It's now six months from the hire date. Do I have any recourse in getting premium exemption?

**A.** You can ask WCD for a director's waiver of the Reemployment Assistance Program rules. Send in the signed Preferred Worker card to the Reemployment Assistance Unit of WCD, and explain the circumstances. While not automatic, a director's waiver will likely be approved in this case. OAR 436-110-0340(11)(a) allows the director to waive deadlines for submitting a Preferred Worker card to activate premium exemption, in the case of a rehabilitation counselor error or omission. If the error had been made by WCD or an insurance carrier, we would also consider a waiver. In writing the rules, we wanted to protect employers and workers from the consequences of errors by other parties, over which they have little or no control.

**Q.** I understand there are some policy changes by WCD regarding certain Obtained Employment Purchases for Preferred Workers employed by flagging companies. Can you explain the changes?

**A.** OEPs include tools and equipment for workers whose employers require all employees to bring certain items with them to the job. They do not include equipment normally provided by employers. Until September 1997, the Preferred Worker Program (PWP) often provided flaggers with equipment such as radios, stop/slow paddles, hardhats, vests, beacons and flashlights. We then learned that flagging companies certified as Disadvantaged Business Enterprises were required by the Oregon Department of Transportation to provide necessary equipment to all workers. The PWP stopped paying for these equipment items for all DBE flagging companies. Most of the flagging companies with whom we do business are DBE. In October 1998, the PWP stopped paying for radios, stop/slow paddles, hardhats, vests, beacons and flashlights for all workers employed as flaggers. We and our attorney agreed that it was reasonable to apply the same standard to all purchases in this industry. We continue to provide flaggers with other personal items, such as raingear, boots, work clothes, gloves, and sunglasses. ■

*Mary Hoskins is the manager of the Reemployment Assistance Unit in the Benefits Section of WCD. E-mail: Mary.E.Hoskins@state.or.us, phone: (503) 947-7568*

# Back to Work

## Vocational arbiters provide a fact-finding alternative

by Andre Allen

**O**ne of the recommendations that resulted from RRU's 1997 vocational assistance system survey was that we find ways to increase objectivity in the administrative review fact-finding process. Until recently, all fact-finding was done by RRU, the insurer, or a vocational provider selected by the insurer. As an alternative, RRU developed a process for enlisting the services of independent vocational providers, "vocational arbiters," to conduct research regarding specific disputed issues. In March 1998, RRU introduced a Vocational Arbitrator Pilot Project and provided training for Oregon-certified vocational rehabilitation counselors. The pilot project enabled RRU to fine-tune the process and produced a roster of 44 vocational arbiters around the state. The vocational arbiter process involves the following steps:

1. The parties and RRU agree that additional information is needed to resolve a vocational dispute and that a vocational arbiter should be used. Either party or RRU may suggest this alternative.
2. The parties agree not to call the vocational arbiter as a witness in any subsequent litigation.
3. The insurer agrees to pay the vocational arbiter's fee, which is based on a fee schedule.
4. The RRU vocational consultant works with the parties to develop the vocational arbiter assignment.
5. The RRU vocational consultant selects the next available vocational arbiter from the roster, considering geography and any relevant special knowledge or expertise.
6. The RRU vocational consultant lets the parties know who has been selected and considers any substantive objections.
7. The RRU vocational consultant gives the vocational arbiter his or her assignment and remains the "point of contact." The vocational arbiter may contact the parties directly only when necessary to complete the assignment; e.g., the vocational arbiter may contact the worker or the employer at injury, or both, to assist in the preparation of a job analysis.
8. Upon completing the assignment, the vocational arbiter submits his or her report to both the RRU vocational consultant and the parties and bills the insurer.
9. The RRU vocational consultant proceeds with the dispute resolution process, with a new piece of important evidence.

The term *vocational arbiter* may be somewhat misleading, because this specialist, who typically provides a labor market survey or a job analysis, does not "arbitrate" the vocational dispute, but does provide information to assist the parties and RRU resolve the matter.

A vocational arbiter can't be used unless both parties agree. RRU has no plans to make this a mandatory component of the administrative review process. The purpose of using a vocational arbiter is to add objectivity to fact-finding and to increase options available during RRU's collaborative dispute resolution process. ■

*Andre Allen is a vocational consultant with the Rehabilitation Review Unit in the Medford office. E-mail: Andre.B.ALLEN@state.or.us, phone: (541) 776-6032*

### Vocational arbiters

**Good news!** There have actually been three vocational arbiters used in vocational assistance disputes. Getting the parties in a dispute to agree to use a vocational arbiter is a rather cumbersome process. Both parties have to agree not only to use an arbiter but also to agree on the issue or issues the vocational arbiter will address, and the insurer has to agree to pay for the vocational arbiter's work. This probably explains why the use of a vocational arbiter has been slow to catch on. RRU is very pleased that the parties in a dispute have begun to use vocational arbiters.

# Dear RRU: Regular Work Releases

by Heather Grogan

**Dear RRU:** *Why does RRU gather facts when a worker is released to regular or other suitable work with the employer at injury?*

**Answer:** Although many regular work releases (RWR) are easily identified, some raise questions that need to be addressed before the Director's Review and Order can be issued. Examples of RWR or release to other suitable work, which may not be self-evident, include:

1.) When a worker is released to regular or other suitable work, but the attending physician either has not seen or approved a job analysis (JA) of the job, or there is evidence the physician may not have understood the physical demands of the job; RRU may request a job analysis be completed and reviewed with the worker before it is submitted to the doctor for approval.

2.) A job analysis of the regular work has been approved by the attending physician but the worker did not see the job analysis before it was sent to the doctor. If the worker does not agree that the JA is an accurate representation of the job performed, RRU may send the JA to the worker for comment and contact the employer for additional comment. Another option would be to use a vocational arbiter to obtain a JA, by observing the job at the worksite, with the employer-at-injury (EAI). Then, before the JA is submitted to the doctor, the worker would review and sign it.

3.) When there is clear evidence of a regular work release, it is irrelevant whether the employer has a policy

for returning injured workers. Workers are ineligible for vocational assistance if they are able to return to regular work, regardless of the availability of the job; however, more complex disputes occur when the worker is released to modified work or other suitable work and the employer contends he or she would have had suitable and available work had the employee not been fired. The questions then asked: Did the EAI have an established, written policy for returning injured workers? Was that policy followed with this injured worker? And, has the employer returned other injured workers to modified or other suitable employment? To resolve this issue, RRU may request a record of other injured workers who have returned to modified work with the EAI and an explanation of the modifications provided to meet the worker's physical restrictions.

4.) RRU considers several questions when assessing the suitability of a modified or "other suitable" job with the EAI: Would the job have been physically suitable? Does the worker have the skills, knowledge and abilities to perform the job? Would it have been permanent? Would it have been available, and would it have paid a suitable wage? If one or more answers to these questions is unusual, RRU would request further information to determine whether the job meets all factors for suitability. ■

*Heather Grogan is a vocational consultant with the Rehabilitation Review Unit in Medford. E-mail: Heather.F.GROGAN@state.or.us, phone: (541) 776-6032*

## Vocational rule revisions

by Teddy Forester

After reviewing vocational assistance for Oregon's injured workers, the Management-Labor Advisory Committee (MLAC) has voted not to recommend revision of the statutes on vocational assistance. Instead, MLAC voted to have RRU simplify the Division 120 administrative rules for vocational assistance. RRU is excited about this mandate and has begun the process. Collecting information from such groups as vocational assistance professionals is among the first steps.

Last Fall, RRU held two interactive training sessions for vocational assistance professionals in Medford and Portland.

These trainings allowed participants to review ORS 656.340, the statute regarding vocational assistance for injured workers. After reviewing statute, the participants met in small groups to discuss how to simplify the rules while following the requirements of the statutes. The information from these training sessions will be useful in the rules-revision process; the training also fulfilled the requirement to obtain three hours of training on the 120 rules. This year, RRU will begin the formal process of rule revision. ■

*Teddy Forester is manager of the Rehabilitation Review Unit. E-mail: Teddy.R.FORESTER@state.or.us, phone: (503) 947-7764*

# Rehabilitation success story

by *Elizabeth A. Johnston*

Here is the story of another success resulting from collaboration of the worker, the insurer, and the vocational provider.

The worker, Lydia, incurred cumulative stress syndrome of her upper extremities while working as a chef in Portland. As no modifications could be made to her work at injury, Liberty Northwest found her eligible for training as a legal assistant. The Liberty vocational consultant met with Lydia at the training site to review ways to overcome her physical limitations, including the need for keyboarding to prepare legal documents. Liberty rented a voice-activated computer system for school use and later purchased one for Lydia. Following completion of formal training, Lydia participated in an internship. The employer-trainer was very impressed by her legal skills and wanted to hire her at the end of the internship. However, the voice-activated system purchased by Liberty was not compatible with the firm's network and could not provide her an electronic interface with the rest of the office. In addition, Lydia needed a quiet work space to use the voice-activated system effectively, one that allowed her to keep her hands in a neutral position.

The Preferred Worker Program (PWP) was contacted and a consultant met with the worker and employer. The consultant determined that a wall and door to close off the work space would be an effective modification. PWP also assisted with the purchase of a voice activated system that was compatible with the office system and specialized software. These modifications allowed Lydia begin her new occupation.

The cooperation of the vocational professionals involved in this case resulted in successful rehabilitation of an injured worker. Please send successful rehabilitation stories to Good Rehabilitation, c/o RRU, Workers' Compensation Division, 350 Winter St. NE, Salem, OR 97310 1321, or send by e-mail to Elizabeth.A.JOHNSTON@state.or.us. ■

*Elizabeth Johnston is a vocational consultant with the Rehabilitation Review Unit. E-mail: Elizabeth.A.JOHNSTON@state.or.us, phone: 947-7774*

**Correction:** The success story in the previous issue of *Focus* incorrectly credited RRU. This should have been noted as a vocational rehabilitation success with special kudos to the worker, insurer, and vocational consultants.

# Substantial handicap analysis

by *Teddy Forester*

The Labor Market Task Force was unable to develop an alternative method for labor market analysis; however, that doesn't mean that the current rules no longer apply when performing a substantial handicap analysis. OAR 436-120-0340(1)(g) discusses the requirements for an analysis of the labor market in evaluating substantial handicap:

"An analysis of the worker's labor market utilizing Employment Department information such as the Occupational Program Planning System (OPPS) and wages-offered data. The insurer may also use other standard labor market reference materials. In cases where Employment Department and other standard labor market data are not sufficient to make a decision about substantial handicap, the insurer shall perform individual labor market surveys as described in OAR 436-120-0420(7)."

Labor market documentation and analysis continue to be a thorny problem in the provision of vocational assistance for injured workers. There appears to be no easy solution. Until we find a solution, the rules require an analysis of the labor market for the injured worker when analyzing the issue of substantial handicap.

If you have any questions or need help in determining the eligibility of an injured worker, RRU staff are "just a phone call away." We'll be glad to consult with anyone on this issue and provide OED job orders to help with the analysis. Call RRU, (503) 947-7568. ■

*Teddy Forester is manager of the Rehabilitation Review Unit. E-mail: Teddy.R.FORESTER@state.or.us, phone: (503) 947-7764*

# Ethical Crossroads — Clarification

by Andre Allen

## Dear Ethical Crossroads:

I believe that your Fall 1998 piece on claim disposition agreements (“Is a CDA in the worker’s best interest?”) contains misleading information. The article states that when a CDA is being considered, the worker’s attorney reviews all claim components with his or her client and assigns a dollar value to each, including “medical treatment, especially surgery. . . .” This suggests that a worker can give up his or her injury-related medical benefits by means of a CDA, which is not the case. Were you perhaps thinking of a disputed claim settlement?

Gary A. Thye, Salem

## Dear Mr. Thye:

You’re quite correct. A worker cannot give up his or her medical benefits by agreeing to a CDA; the cost of medical treatment should not, therefore, be a factor in determining a CDA’s dollar value. On the other hand, if a disputed claim settlement (DCS), or a CDA/DCS combination is being evaluated, the potential cost of medical treatment should be considered. ■

# Worksite Modification Digest — Heavy-duty oil drain caddy

by Mary Hoskins

**Worker disability:** A 36-year-old machine operator had a lumbar fusion following a lifting accident. He is restricted to occasional forward bending and lifting of not more than thirty (30) pounds. He must change positions frequently.

**Work setting:** The worker was unable to return to his regular work and found a new full-time job as a lubrication technician with a medium-size trucking firm.

**Obstacle:** Changing oil in vehicles required the technician to work in awkward positions to remove drain pans and empty fluids. Oil drain pans weigh 60 pounds, and they had to be pulled from under vehicles, then transported and dumped into a storage receptacle.

**Modification:** The Preferred Worker Program purchased a wheeled heavy-duty oil drain caddy to collect and transfer used oil. It has an air-operated evacuation kit that eliminates lifting and dumping of oil containers and permits the user to siphon oil directly into a storage tank.

**Heavy-duty oil drain caddy, delivered:** \$543

**Air-operated evacuation kit:** \$110

**Cost of modification:** *Note:* In addition to the featured modification, other specialized tools and devices were purchased.

**Total: \$653**



*Mary Hoskins is the manager of the Reemployment Assistance Unit in the Benefits Section. E-mail: [Mary.E.Hoskins@state.or.us](mailto:Mary.E.Hoskins@state.or.us), phone: (503) 947-7568*

# Focus on the Investigation Unit

by Martin Gall

**T**he Investigation Unit conducts investigations of complaints alleging abuse of the system by medical providers, insurers, employers, injured workers, vocational consultants, attorneys, and managed care organizations (MCOs), including violations of statutes and administrative rules.

The Investigation Unit staff of five investigators, one intake specialist, and a manager receive complaints from injured workers, doctors, employers, concerned citizens, and others within the workers' compensation community, including work units in the Workers' Compensation Division.

Investigators conduct thorough reviews, gathering facts to determine the validity and seriousness of the complaints. Any portion of a complaint that does not fall under WCD's jurisdiction is referred to the appropriate agency. The complainant is directed to contact that agency directly.

The results of investigations vary. Warning letters are sent to those parties that have violated minor statutes or rules, advising them that future violations may result in sanctions. If the violations are more flagrant, penalties may be issued immediately.

## Unit staff

**Martin Gall** joined the Workers' Compensation Division in September 1988, working as a field auditor for nine years. Gall recently became the Investigation Unit manager, after filling the position on a rotational basis for approximately one year.

**Sandra Savage** has worked for WCD since October 1991, when she was hired as a medical review specialist working on fee disputes and other Division 010 issues. She has been an investigator/auditor in the Investigation Unit since June 1993. Prior to coming to WCD, she worked for nine years as a claims examiner for two different insurance companies, and 3½ years as a legal assistant for an attorney who represented injured workers.

**Joseph Diglio** began working for WCD in 1991 as an investigator/auditor in the Investigation Unit. Prior to that, Diglio held a number of positions over 21 years with the

police department in Los Angeles, California, including those of a patrol officer, community relations officer, training officer, and several detective positions.

**Judy Brunk** was hired in February 1989 as a clerical support person in the Investigation Unit. She moved to the Registration Unit until 1991, then began working in the newly established Medical Review Unit. Brunk then worked in the Sanctions Unit for five years. In January of 1998, Brunk became an investigator/auditor in the Investigation Unit.

**Jim Reynolds** is a native Oregonian and the son of a logger, who grew up in the heart of the Cascade mountains. Jim graduated from the University of Oregon, focused on business management for most of his professional career, and began working for the state of Oregon approximately 3½ years ago as an investigator/auditor.

**Rick Luthe** is an office specialist providing support services to the Investigation Unit and the MCO Program Unit. He has been with WCD since September 1997.

**Bobbi Jones**, an investigator/auditor, and **Angela McCorkle**, intake specialist, complete this unit of eight dedicated staff. You can contact the unit by phone 1-800-422-8778.

*Martin Gall is the Investigation Unit manager. E-mail: [Martin.R.GALL@state.or.us](mailto:Martin.R.GALL@state.or.us), phone: (503) 947-7698*

## Notice - Form 1503

Form 1503 will not be revised as announced in the addendum to Bulletin 238 issued July 31, 1997. A legislative concept proposing elimination of department claim closure has been submitted for possible action by the 1999 Legislature. Pending the outcome of this legislative concept, elimination (or reduced use) of the 1503 and revision of the Notice of Closure are being considered.

## Abuse complaint *continued*

Investigations are open an average of 100 days.

The most common complaints were failure to report or improper reporting of claims-related documents by either the employer, insurer, or medical provider; collecting benefits when able to work; and improper claims processing. See Table 1.

Of the 211 complaint investigations opened in fiscal year 1997 (Table 2), complaints against employers represented 36% of the total. Twenty-nine percent were against workers, 18% involved medical providers, and 14% concerned insurers. Employer pressure not to file a claim and improper reporting were the most common complaints against employers.

**Table 1. Nature of abuse complaints  
Fiscal year 1996 - 1997**

	1996	1997
Failure/improper reporting	40	63
Collecting benefits when able to work	39	49
Improper processing	58	30
Employer pressure to not file claim	30	19
Harassment	21	13
Improper treatment/service	13	8
Discrimination against claimants	2	7
Improper billing	7	6
Drug abuse/using WC system	1	5
Collusion	3	4
Fraudulent claim	17	2
Late payment/non payment	0	1
Unsafe employer practices/environment	1	0
Noncomplying employer	0	0
Improper premium reimbursement	0	0
Miscellaneous	12	4
<b>Total</b>	<b>244</b>	<b>211</b>

**Table 2. Subject of abuse complaints  
Fiscal year 1996 - 1997**

Subject	1996	1997
MD/DO	2 (1%)	16 (8%)
Chiropractor	0 (0%)	2 (1%)
MCO	16 (7%)	10 (5%)
Other medical providers	11 (5%)	10 (5%)
All medical providers	31 (13%)	38 (18%)
Worker	60 (25%)	61 (29%)
Employer	95 (39%)	76 (36%)
Insurer	46 (19%)	30 (14%)
Vocational consultant	8 (3%)	3 (1%)
Attorney	0 (0%)	0 (0%)
Other	6 (2%)	3 (1%)
<b>Total</b>	<b>244 (100%)</b>	<b>21 (100%)</b>

In fiscal year 1997, 194 investigations were closed (Table 3). Of the 130 closed by disposition, 37 were unfounded (28%), and 58 were retained for future reference and review for pattern development. Of those referred to other entities, 48 of the 64 referrals were made to the insurer or self-insured (75%).

For a complete copy of this report, contact Martin Gall. ■

*Martin Gall is the Investigation Unit manager. E-mail: [Martin.R.GALL@state.or.us](mailto:Martin.R.GALL@state.or.us), phone: (503) 947-7698*

**Table 3. Investigations closed  
Fiscal year 1996 - 1997**

<b>Disposed:</b>	
Unfounded	37
Retain for pattern development	58
Warning letter	20
Notification letter	13
Recommendation to other DCBS section	2
Penalty	0
<b>Total disposed</b>	<b>130</b>
<b>Referred to:</b>	
Insurer/self-insurer	48
Other DCBS division	1
Other WCD section	3
Other state agency	5
MCO	4
Other	3
<b>Total referred</b>	<b>64</b>
<b>Total closed</b>	<b>194</b>

# Latino Communications Project receives "Quality of Life Award"

by Mako Hayashi-Mayfield

**T**he Department of Consumer & Business Services' Latino Communications Project (LCP) was recognized as one of 36 honorees for Quality of Life Awards presented by a Marion-Polk organization called Today's Choices: Tomorrow's Community.

On October 29, 1998, an awards dinner was held at Salem's Quality Inn to honor 36 innovative projects that are creating positive change by pursuing a high quality of life for the people of Marion and Polk Counties.

Today's Choices based their awards on the following criteria:

**Vision:** Reflects a pioneering means of response that involves new or untypical partners or provides an innovative approach to a long-standing issue, need, or hope.

**Action:** Improves quality of life through methods, activities, or processes that can serve as models to other organizations, communities, or individuals.

**Change:** Demonstrates positive results, affects a significant number of people, and produces a long-term benefit.

The Department's Latino Communications Project met these criteria by reaching out to the Latino community, addressing special needs and providing information about services. The LCP has provided information about workplace safety and health, safe work practices, workers' compensation claims and other topics. Other LCP efforts have included strategies to provide the best possible



customer service to Latino Oregonians through internal diversity training; education and outreach to the Latino population; a toll-free Spanish 800 number and Spanish Web site; information in Spanish yellow pages and newspapers; forms and pamphlets translated into Spanish; presentations to governmental groups and to the general public; and radio and community-access television programs that have been aired before approximately 200,000 Oregon residents.

The LCP was initiated as a six-month pilot project in the Director's Office in April of 1997. Gabe Silva, formerly an investigator for the Workers' Compensation Division, took over as project manager in September '97. One of the most visible ways the LCP is reaching Oregon's Latino communities is through half-hour television programs called "El Mercado DCBS" on CCTV. The setting is a Latino marketplace, where the owner (Silva) interviews guests from various DCBS divisions and programs, using both Spanish and English. He includes local Latino singers and dancers to interest the audience. These programs are shown on local-access TV stations around Oregon and at presentations and conferences. ■

*Mako Hayashi-Mayfield is the administrative specialist in Operations Section. E-mail: Mako.HAYASHI-MAYFIELD@state.or.us, phone: (503) 947-7644.*

**Don't forget to visit our Web site**

For more information on these and other interesting subjects.

[www.cbs.state.or.us/wcd](http://www.cbs.state.or.us/wcd)

# Who's Who in WCD

## Mary Lou Carbajal – Benefit consultant and so much more

by Carol Helton



Mary Lou Carbajal has been with WCD since 1991. Her original duties were answering the main reception phone line and assisting limited-English-speaking callers. In 1993, she became a benefit consultant, assisting Oregon residents with workers' compensation concerns. In addition to her regular benefit consultant duties, Carbajal handles all phone calls from Spanish-speaking residents and provides written translations for WCD, as well as assisting other department offices when needed.

In January 1997, Carbajal volunteered to participate in a group working with the DCBS Director's Office on Hispanic outreach and communications issues. This group became known as the "Latino Communications Project." (See LCP article on page 12.) The LCP project mission is: *To identify and recommend key strategies that will assist DCBS with providing the best customer service to Latino Spanish-speaking Oregonians.*

Within LCP, Carbajal serves on several subcommittees: translation, Web site, advertising, and statistical. The Translation Committee has been working with a translator to translate documents and review final products before printing. Some documents that have been translated into Spanish include the "What Happens if I'm Hurt On the Job?" brochure and forms 801, 827, 829, and 2837. Carbajal also has appeared on several cable TV informational programs providing workers' compensation information. She helped provide information at the Cinco de Mayo Festival at Waterfront Park in Portland. She has also assisted in other outreach efforts to provide information about the department and workers' compensation.

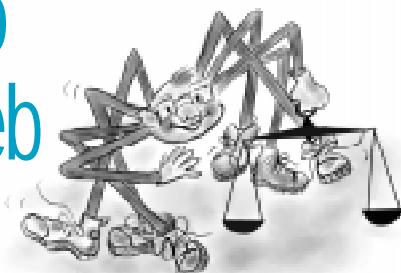
For some time, WCD has had an injured workers' 800 number so that callers may talk to someone about workers' compensation issues in Spanish. A recent accomplishment for the LCP Advertising Committee was getting an 800 phone number for Spanish-speaking parties to use for all department-related issues. The line is answered by a bilingual receptionist in the Director's Office. If the caller needs workers' compensation information, the call is directed to Carbajal.

Carbajal's knowledge and skills, as well as her smile, benefit WCD and all our customers. ■

*Carol Helton is the management assistant in the Benefits Section. E-mail: Carol.E.HELTON@state.or.us, phone: (503) 947-7516*

## What's up on the Web

by Ramona Barnwell



### WCD contested-case orders on the Web

Attention workers' compensation community! A new and exciting addition to the Dispute Resolution, Appeals and Hearings section of WCD's Web site is

contested-case orders for 1997 and 1998. We are in the process of adding the 1996 orders and anticipate they'll be on line by April, 1999. When applicable, orders will have links to the Supreme Court and Court of Appeals. There will also be a text search engine.

Because the Workers' Compensation Supplemental Reporter will no longer be publishing WCD contested-case orders, this information should be especially helpful for vocational consultants, paralegals, researchers, and attorneys.

So, crack those knuckles, limber up your fingers, and visit the WCD Web site at [www.cbs.state.or.us/wcd](http://www.cbs.state.or.us/wcd).

In Focus  
**Guest  
Editorial**

## Claims examiner certification: Mend it, don't end it.

by Jerry Keene  
*Reinisch, Mackenzie, Healey, Wilson & Clark, P.C.*

Every two years, after the legislature meets, busy claims examiners discover they must implement significant changes in the workers' compensation laws. That process is underway again, this time on a matter that will affect every claims examiner in the state. Right now, the entire claims examiner certification program is being reconsidered and major changes will almost certainly occur.

Some have proposed we eliminate the entire certification program. For example, organizations with in-house training programs see it as a costly and unnecessary layer of bureaucracy. Others cite a lack of consistent quality in continuing education programs that examiners leave their offices to attend. These observations are valid, but they largely miss the point. Certification is not about the paper chase for credits, and it is not about the costs or convenience of certification to those who employ claims examiners. This is about the claims processing profession itself.

Because that is exactly what processing has become — *a profession*. Before 1990, regulators were the system's main protection against improper or erroneous benefits decisions. Very few suspensions of temporary benefits or awards of permanent benefits could occur without prior department approval. Since the reforms, however, the system allows carrier closure and rating; current condition denials on many open claims; and unilateral time-loss terminations for everything from modified work refusals to missed doctor's appointments. Every day, examiners now make critical financial decisions that dramatically affect people's lives, subject only to review or litigation after the fact. This means the main thing standing between a worker and arbitrary or improper benefits decisions is no longer a regulator; it is the *professional* judgment of a claims examiner.

It is time for all of us, and especially claims examiners themselves, to recognize workers' compensation processing requires highly specialized training and expertise.



Not just anyone can “profess” to do it, and not just anyone should. A professional standard for certifying claims processors benefits members of the profession themselves and those who must interview and hire them. Not to mention the regulators who must audit them, the lawyers who deal with them, and the injured workers who rely on them.

Who sets the standard? Those suggesting we abolish certification argue that each insurer, self-insurer, or TPA should set and implement its own training standards for its employees. I disagree - or at least, I disagree such arrangements should replace professional certification. Even if every company could afford such programs, this approach reduces the profession to a mere job. Certification would be meaningless. For example, the standards for “SAIF certification” might or might not bear any resemblance to those for “AIG certification,” or “SAMIS certification.”

Instead, the right people to set standards for certifying claims examiners are other claims examiners, just as lawyers administer their own Board of Bar Examiners and doctors their Board of Medical Examiners. To that end, I have worked with Workers' Compensation Claims Association (WCCA) and the Oregon Self-Insurer's Association (OSIA) and others to propose a “Workers' Compensation Board of Examiners” (WBE). We envision seven or eight highly experienced and motivated claims professionals who, as volunteers, would pool their knowledge and contacts to formulate a standardized examination for use by everyone seeking to “certify” new Oregon workers' compensation claims examiners. The test could then be made available for any qualifying group to administer under controlled conditions, whether as part of a private course, an in-house training program, or an association. Of course, current examiners would be “grandfathered” and exempt from doing so. Such a group would also be a logical one to consider how quality *continuing* education should be accomplished and verified.

The department and the Management-Labor Advisory Committee (MLAC) have a bill before the 1999 Legislature.

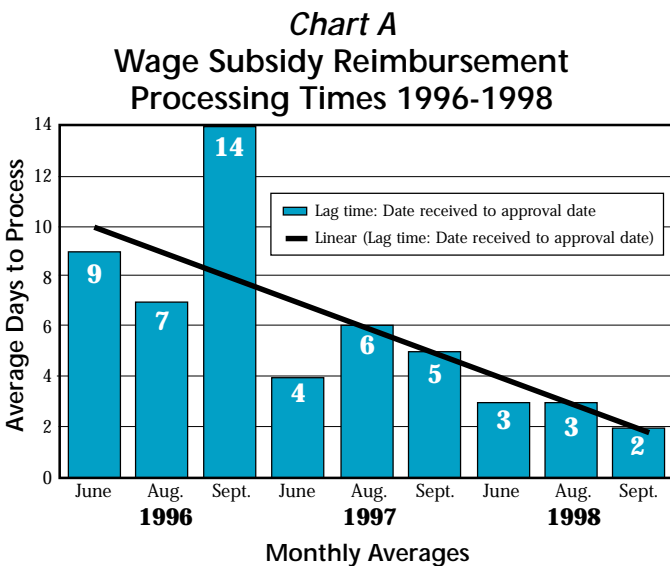
As of this writing, we expect the Legislature to continue certification in some shape or manner, with details likely

Guest editorial *continued on page 15*

# Process improvements

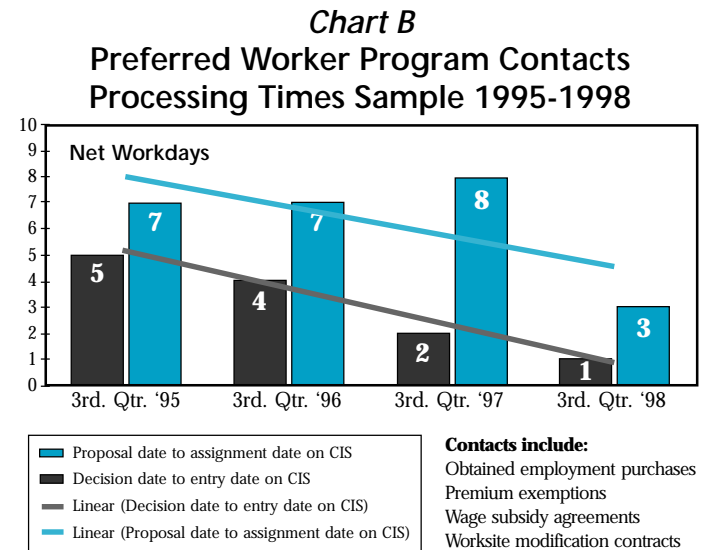
by Carol Helton

The Benefits Section's Support Services Unit (SSU) provides administrative support to three diverse and highly technical program areas related to claim closure and disability benefit determinations, benefit consultation, and return-to-work assistance for preferred workers. Over the past two years, in collaboration with program staff and technical experts, the unit reviewed processes, looking for opportunities to streamline and automate while improving data collection and increasing efficiency, accuracy, and timeliness. We wanted to share this group's efforts to improve as a graphic demonstration of our increased focus on customer service, and keeping administrative costs in check. We think you'll agree that the figures speak for themselves.



Although the number of staff supporting the Reemployment Assistance unit has been reduced from five to four, the support team consistently meets an internally-set work processing time frame of three days beginning on the day the work is received. The average lag time for PWP wage subsidy reimbursement requests (from the date received in Benefits Section to the date approved) has consistently met or exceeded the internal goal since June 1998 (Chart A). Current turnaround time averages two days. **This means that employers receive their money faster.**

Assignment of Preferred Worker Program contracts (including premium exemption, wage subsidy agreements, obtained employment purchases, and worksite



Process improvement *continued on page 16*

## Guest editorial *continued*

left to the department. This is where you come in. Those who ultimately will determine the fate of certification are just now beginning to make up their minds. Now is a time when claims examiners and others can actually have an effect on legal change before it is all over but the grousing. I urge everyone with an interest to make your views known to legislative leaders and to the department.

*Jerry Keene is a partner in the Portland law firm of Reinisch, Mackenzie, Healey, Wilson & Clark, P.C. He teaches a course in Oregon claims processing and is the author of "Basic Workers' Compensation," a claims processing textbook.*

**Note:** This new feature, "In Focus: Guest Editorial," provides a forum for the discussion of issues that affect the workers' compensation community. Editorials reflect the views of the author. All articles are subject to approval by the Workers' Compensation Division executive staff. If you're interested in contributing an article for consideration, contact Jan Miller, communications manager, (503) 947-7723, or e-mail her, Jan.K.MILLER@state.or.us. ■

## Process improvement *continued from page 15*

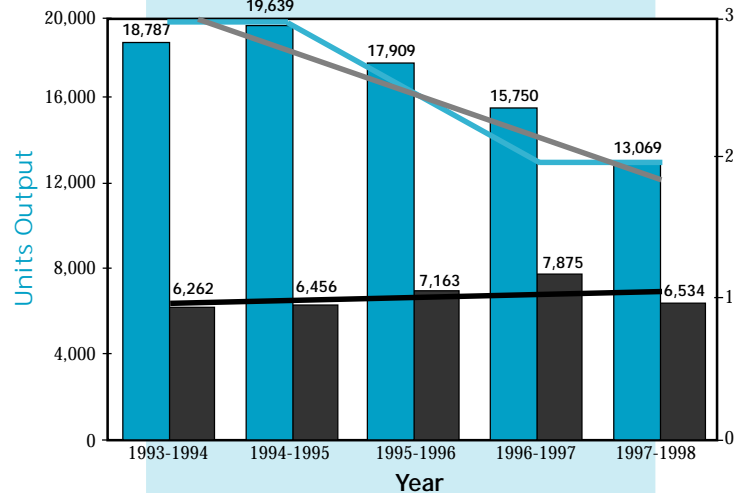
modification) has also improved. Average lag time from the date received in the Benefits Section to the assignment date has been reduced by 80 percent — from a high of five work days to an average of one work day (Chart B). **This means that staff can serve workers and employers more promptly.**

Timelines for updating data on decisions made by RAU staff have been shortened. The average lag time from the date of decision to data entry on the claims system is down from a high of eight work days to three work days (Chart B). **This means we are not only able to process contracts faster and expedite action, but we're able to tell our customers what's happening sooner.**

The Evaluation Support Team continues to consistently enter data and process high numbers of determination orders, requests for additional information (873's), correcting orders, and reviews of non-disabling claims within statutory time frames, even though it's now a two-member team (down from three). The average production rate for determination orders has remained consistently high (Chart C). **This means workers receive their determination orders and insurers receive their 873's in a timely manner. It also means that the division's claims database has valid, up-to-date information essential to all WCD staff who rely on it daily.**

These are just a few examples of our efforts to successfully *do more with less.* ■

**Chart C**  
Evaluation Unit Support Team  
output vs available FTE  
1993-1998



- ◆ **Workload declined by 30 percent during period**
- ◆ **Available FTE declined by 33 percent while output per FTE increased by 4.3 percent**
- ◆ **Figures do not include correcting orders and reviews of non-disabling claims, or other clerical and administrative tasks.**

## Reminder: JCI is assigned claims agent

*by Reg Gregory*

Did you know that as of August 1998 Johnston and Culberson, Inc. (JCI) has been the assigned claims agent for DCBS, managing the claims of injured workers of noncomplying employers?

WCD's Employer Compliance Unit (ECU) continues to be the channel to investigate and refer claims to be managed by the assigned claims agent. Once an investigation is complete and a referral for processing is appropriate, ECU will make the referral. After a referral is made, additional

claims-specific questions can be directed to JCI. The claims are managed out of JCI's Lake Oswego offices at 4900 S.W. Meadows Road, Suite 200, Lake Oswego 97035. Mail to JCI should go to P.O. Box 4449, Portland, OR 97208. JCI's phone number is (503) 697-3137. ■

*Reg Gregory is the manager of the Employer Compliance Unit in the WCD, Compliance Section. E-mail: [Reg.E.GREGORY@state.or.us](mailto:Reg.E.GREGORY@state.or.us), phone: (503) 947-7665*

Department of Consumer & Business Services  
 Workers' Compensation Division and Workers' Compensation Board  
**Index to Active Bulletins**

(Revised December 29, 1998)

*NOTE: This index is updated frequently. A current index is always available (for printing and viewing) on our Web site at: [www.cbs.state.or.us/wcd](http://www.cbs.state.or.us/wcd). You may also request a copy by calling (503) 947-7627.*

<b>No.</b>	<b>Issued</b>	<b>General subject</b>	<b>Revised</b>
26	10/66	Separate Payments of Benefits to Beneficiaries or Dependents	02/72
101	12/73	Worker's and Employer's Report of Occupational Injury or Disease - <b>Form 801</b> ; Addendum 12/96	03/96
102	12/73	Reimbursement from the Retroactive Reserve	03/91
109	05/74	Attorney Fees Payable from Retroactive Reserve Benefits	
111	07/74	Computation of TTD, PTD, and Fatal Benefits as Related to the Average Weekly Wage, In effect from 07/01/98 thru 06/30/99	05/98
112	12/74	Reimbursement of Related Service Costs to Injured Workers Effective 10/1/97	09/97
113	11/74	Reimbursement of Temporary Disability Compensation - Form 1273	04/78
124	06/76	Procedures and Forms Under Vocational Assistance Rules - <b>Forms 440-1081, 1083, 1084, 1592, 2800</b> , addendum 05/98	08/96
132	10/77	Identification of Insurer on Forms and Correspondence	11/89
138	06/79	Employer Assessments/Employee Contributions (Amended 01/91)	06/90
139	12/79	Claim Closure by Insurers/Self-Insured Employers - <b>Form 440-1644, 2807</b> , addendum 07/98	10/96
144	11/80	Premium Assessments - Form 440-910	11/95
147	09/81	Self-Insured Surety Deposits - Forms 440-824, 1810	06/89
151	03/82	List of Authorized Vocational Rehabilitation Providers	01/99
153	03/82	Reimbursement from the Handicapped Workers Reserve	05/84
162	10/82	Guaranty Contracts and Guaranty Contract Cancellations - <b>Form 440-821</b> ; Addendum 05/97	06/96
170	03/84	Lump Sum Payment of Permanent Partial Disability Awards - <b>Form 440-1174</b>	10/95
174	03/85	Documentation Requirements for Reimbursement from Handicapped Workers Reserve	
181	01/86	Recording Vocational Assistance as a Claim Cost	
189	05/87	Preferred Worker Program Under the Reemployment Assistance Reserve, OAR 436-110 <b>Forms 440-2192, 2231, 2190, 1427, 2350, 1930, 1930A, 2344, 3014</b>	10/97
195	01/88	Reimbursement from the Reopened Claims Reserve - <b>Forms 440-1966, 2066</b>	12/94
207	12/90	Payments to Aliens Residing Outside the United States	12/91
209	12/90	Report of Losses Instructions and Reserving Guidelines - <b>Forms 440-2808, 2809, 2810</b>	12/98
210	03/90	Payment of Medical Services on Nondisabling Claims	
220	09/90	Medical Data Reporting	01/98
224	12/90	Palliative Care Requests <b>Form 440-2215</b>	10/96
227	12/90	The attached <b>Form 440-2223</b> - Request for Reconsideration (Rev. 8/98)	08/98
232	03/91	Notice of Acceptance Pursuant to ORS 656.262(6) - <b>Form 40-3058</b>	07/97
233	04/91	Initial Training Programs and Continuing Education for Certified Workers' Compensation Claims Examiners - <b>Form 440-2226</b>	
237	07/91	Insurer's Report, Form 440-1502, Addendum 7/97	05/97
238	11/94	Form and Format for "Insurer Notice of Closure Summary or Request for Determination," <b>Form 440-1503</b> , Addenda 2/95, 7/97	

No.	Issued	General subject	Revised
239	08/91	Attending Physician's Closing Examination and Report - <b>Forms 440-2278, 2279, 2312</b>	07/98
247	05/92	MCO Quarterly Reports	02/98
248	05/92	MCO Geographical Service Areas	
251	09/92	Change of Attending Physician Request - <b>Form 440-2332</b>	
252	09/92	Insurer Medical Exam Request - <b>Form 440-2333</b>	
253	09/92	Form & Format for Fee Dispute Resolution Request - <b>Form 440-2330</b>	10/96
260	04/93	Employer at Injury Program Under the Reemployment Assistance Program - <b>Form 440-360</b>	09/97
271	05/94	Application for Worker Leasing Company License - <b>Form 2466</b>	
273	05/94	Workers' Compensation Insurance Coverage and Reporting Requirements for Worker Leasing Companies, <b>Form 2465</b>	
276	09/94	Effective Date of the Application of OAR 436-60-025(5)(a) and (i)	
277	11/94	Premium Refund to Rehabilitation Facilities, <b>Form 2801</b>	
281	02/95	Requests for Release of Medical Records, <b>Form No. 2476</b> , Addendum issued 3/98	03/97
285	07/95	Contested Case Hearing <b>Forms - 440-2839</b>	11/95
288	12/95	Conversion Factors for Oregon Medical Fee and Relative Value Schedule, effective 1/1/99 - 12/31/99	11/98
290	02/96	Hospital Fee Schedule - Adjusted Cost/Charge Ratios for Oregon Hospitals	09/98
292	08/96	Medical Reporting Forms - <b>Forms 827, 828, 829, 2837</b>	
293	10/96	Form and Format for Request for Administrative Review of Medical Issues - <b>Form 2842</b>	
294	08/96	Overpayment Recoveries on Reimbursable Claims	
297	01/97	Review of vocational assistance return-to-work plans	08/98
298	03/97	Waivers under vocational assistance rules when a worker agrees to a wage that is not as close as possible to the adjusted weekly wage	
300	09/97	Retroactive Reserve Benefits Schedule Effective 10/1/97	
301	11/97	Premium Assessment Rate, effective 1/1/98	
302	01/98	Spanish-language 801 Pilot Project, effective 1/1/98 - <b>Form 440-801s</b>	
303	05/98	Optional Use of Spanish-language Form "Worker's and Employer's Report of Occupational Injury or Disease" - <b>Form 440-801s</b>	
304	05/98	Self-Insured Base Rates and Election of Method Used for Determination of Premium - <b>Forms 440-900, 937</b> - Eff. 07/01/98	
305	08/98	Retroactive Reserve Benefits Schedule Effective 10/1/98	
306	11/98	Premium Assessment Rate, effective 1/1/99	
307	12/98	Spanish language medical reporting forms available - <b>Forms 440-827s, 829s, 2837s</b>	

## Workers' Compensation Board Bulletins

No.	Issued	General subject
CDA	11/95	Claim Disposition Agreement (Compromise and Release)
1-1993	06/93	Physical Security of Hearings
1-1994	03/94	Hearings Division Practice Tips
2-1994	12/94	Form and Format for Carrier's Own Motion Recommendation, <b>Form No. 440-2806</b> . Workers' Compensation Board, Oregon Administrative Rules 438-12-020, 030. Addendum issued 12/95, effective 1/1/96
1-1997	07/97	Revisions to the Board's Request for Hearing <b>Form 438-342</b>

To obtain additional copies of these rules, contact the Workers' Compensation Division at: (503) 947-7627. Current rules are also available on our Web site at: [www.cbs.state.or.us/wcd/docs/rules.htm](http://www.cbs.state.or.us/wcd/docs/rules.htm).

Department of Consumer & Business Services  
Workers' Compensation Division

## Index to Current Oregon Administration Rules – Chapter 436

(updated January 29, 1999)

Rule no.	Subject	Admin order	Contact	Phone
436-001	Procedural Rules Governing Rulemaking and Hearings	98-057	Virgil Osborn	947-7661
436-002	Procedural Rules Governing Contested Case Hearings re: WCD Determinations of Nonsubjectivity	98-053	Virgil Osborn	947-7661
436-009	Oregon Medical Fee and Relative Value Schedule	98-052	Claudia Stone	947-7582
436-010	Medical Services	98-060	Pat Yancey	947-7734
436-015	Managed Care Organizations	98-061	Jan DeWeese	947-7697
436-030	Claims Evaluation & Determination & Reconsideration	97-065	Mary Dora/ Debbie Buchanan	947-7583 947-7747
436-035	Disability Rating Standards	98-055	Sylvia Loftus	947-7544
436-040	Handicapped Workers' Reserve	21-1990	LeRoy McGee	947-7706
436-045	Reopened Claims Program	97-061	LeRoy McGee	947-7706
436-050	Employer/Insurer Coverage Responsibility	98-050	Reg Gregory	947-7665
436-055	Certification of Claims Examiners	94-054	LeRoy McGee	947-7706
436-060	Claims Administration	96-070	Randy Moser	947-7558
436-070	Funding and Reserves	96-050	Jerry Managhan	947-7651
436-075	Retroactive Reserve	97-062	LeRoy McGee	947-7706
436-080	Noncomplying Employers	98-051	Reg Gregory	947-7665
436-085	Premium Assessment; Assessment/Contributions	15-1991	Jerry Managhan	947-7651
436-085-010	Premium Assessment; Assessments/Contributions	94-060	Jerry Managhan	947-7651
436-085-0025	Premium Assessment; Assessments/Contributions	95-056	Jerry Managhan	947-7651
436-100	Workers' Compensation Benefits Offset	97-063	LeRoy McGee	947-7706
436-110	Reemployment Assistance Reserve	97-057	Mary Hoskins	947-7568
436-115	Worksite Redesign Program	97-055	Sharon Dey	947-7407
436-120	Vocational Assistance to Injured Workers	96-073	Teddy Forester	947-7764
436-130	Rehabilitation Facilities	94-051	LeRoy McGee	947-7706

### Workers' Compensation Division Temporary Rules

436-030-0175	Claims Evaluation and Determination and Reconsideration	90-051	Marilyn Odell	947-7717
436-035-0330	Shoulder Joint	98-059	Marilyn Odell	947-7717
*436-035-0500	Disability Rating Standards	98-054	Larry Kroesing	947-7753
*436-035-0500	Disability Rating Standards	98-058	Larry Kroesing	947-7753

\*Rule 035-0500 - temporary rules promulgated for individual claims - are not routinely distributed, but are available upon request.

To obtain additional copies of these rules, contact the Workers' Compensation Division at: (503) 947-7627.

Current rules are also available on our Web site at: [www.cbs.state.or.us/wcd/docs/rules.htm](http://www.cbs.state.or.us/wcd/docs/rules.htm).

**Workers' Compensation Division administrative rules, bulletins, and forms are available on our Web site at:**

[www.cbs.state.or.us/wcd/docs/rules.htm](http://www.cbs.state.or.us/wcd/docs/rules.htm) (rules)

[www.cbs.state.or.us/wcd/docs/ab\\_index.htm](http://www.cbs.state.or.us/wcd/docs/ab_index.htm) (bulletins and forms)

If you'll provide your internet e-mail address, we'll notify you whenever a new or revised rule or bulletin is posted.

Your e-mail address: \_\_\_\_\_

Your phone number: \_\_\_\_\_

- Send e-mail notification of rule and bulletin postings **in addition to** hard copy.
- Send e-mail notification of rule and bulletin postings **instead of** hard copy.

Please photocopy this entire page (so that your mailing address and mail codes are included) and mail to: Forms Coordinator, Workers' Compensation Division Policy Section,  
350 Winter Street NE, Room 21, Salem, OR 97310-1321  
or fax to (503) 947-7037.

## Key telephone numbers

WCD general information: (503) 947-7810

TTY: (503) 947-7993

Workers' Compensation Infoline: 1-800-452-0288

Fraud complaint hotline: 1-800-422-8778



Workers' Compensation Division  
350 Winter St. NE  
Salem, OR 97310

Bulk Rate  
U.S. Postage  
PAID  
Permit No. 81  
Salem, OR