

2009 Safety and Health table updates

Accepted disabling claims, employment, and claims rates, 1987-2008			
Year	Accepted disabling claims	Employment	Claims rate
1987	41,033	1,105,200	3.7
1988	43,660	1,161,100	3.8
1989	39,170	1,214,900	3.2
1990	35,857	1,258,600	2.8
1991	31,479	1,258,600	2.5
1992	30,786	1,280,500	2.4
1993	30,741	1,317,100	2.3
1994	31,530	1,378,800	2.3
1995	30,564	1,431,600	2.1
1996	28,389	1,487,300	1.9
1997	27,922	1,547,800	1.8
1998	27,020	1,576,100	1.7
1999	25,769	1,602,700	1.6
2000	25,325	1,627,600	1.6
2001	24,607	1,616,400	1.5
2002	23,464	1,596,100	1.5
2003	21,823	1,585,800	1.4
2004	22,320	1,630,500	1.4
2005	22,111	1,677,500	1.3
2006	23,370	1,734,400	1.3
2007 *	23,431	1,762,700	1.3
2008 *	21,660	1,749,000	1.2

The number of accepted disabling claims grew over the period 2003-2007 before falling by 8 percent in 2008. Prior to 2003, the number of accepted disabling claims had declined nearly every year since 1988. There were half as many accepted disabling claims in 2003 as in 1988.

The claims rate was at a record low in 2008, with 1.2 accepted disabling claims per 100 workers. The 2008 claims rate is 33 percent of the 1988 claims rate.

* Notes: The 2007 and 2008 employment figures are estimates and will be revised. The 2008 accepted disabling claims figure may be revised slightly.

Permanent partial disability claims, 1987-2008		
Year	Claims with first PPD closure	PPD rate per 100,000 Oregon workers
1987	12,825	1,160
1988	12,147	1,046
1989	13,586	1,118
1990	13,582	1,079
1991	9,803	779
1992	9,460	739
1993	9,193	698
1994	9,362	679
1995	9,369	654
1996	8,919	600
1997	7,922	512
1998	7,652	486
1999	7,329	457
2000	6,939	426
2001	6,912	428
2002	6,759	423
2003	6,259	395
2004	6,361	390
2005	6,278	374
2006	6,354	366
2007	6,328	359
2008	5,984	342

Permanent partial disability indicates the severity of workplace injuries. The number of accepted disabling claims for which permanent partial disability has been awarded declined nearly every year from 1987 through 2003 with an average annual rate of decline of about 5 percent. The greatest decline occurred in 1991 when the number of PPD claims dropped by 28 percent compared to the previous year. From 2003 to 2007 the number of PPD claims grew by an average annual rate of 2 percent. In 2008, however, the number of PPD claims decreased.

The PPD rate, the number of claims with PPD awards per 100,000 workers, declined by 2.8 percent per year from 2003 to 2008 compared to the average annual decline of 7 percent from 1987 through 2003. Again, the greatest decline took place in 1991 when the PPD rate shrank by 28 percent. The PPD rate in 2008 was slightly lower than in 2007.

Note: PPD claims are reported by the year of the first PPD award. The counts don't include PPD claims resolved by claim disposition agreements prior to the closure date. Historical data will change by small amounts.

Compensable fatalities, 1987-2008			
Year	Compensable fatalities	Fatality rate	
1987	78	7.1	<p>There were 45 compensable fatalities in 2008, the most since 2004 when 45 fatalities were also reported. The number of deaths has declined an average of 4 percent per year from 1987 through 2008.</p> <p>The fatality rate, the number of compensable fatalities per 100,000 workers, has declined by an annual rate of 6 percent over the same period.</p> <p>Yearly fatality counts often vary because of multiple-fatality incidents. In 2008, one incident resulted in the deaths of 8 Oregon employees.</p>
1988	81	7.0	
1989	76	6.3	
1990	64	5.1	
1991	65	5.2	
1992	63	4.9	
1993	64	4.9	
1994	55	4.0	
1995	48	3.4	
1996	54	3.6	
1997	43	2.8	
1998	52	3.3	
1999	47	2.9	
2000	45	2.8	
2001	34	2.1	
2002	52	3.3	
2003	41	2.6	
2004	45	2.8	
2005	31	1.8	
2006	37	2.1	
2007	35	2.0	
2008	45	2.6	

Oregon OSHA inspections, federal fiscal years 1988-2008				
Federal fiscal year	Inspections	Workers covered by inspections	Percent in compliance	
1988	5,697	147,414	23.3%	<p>The number of Oregon OSHA inspections per federal fiscal year fluctuates (the federal fiscal year begins each October). The average number of inspections per year from 1988-2008 is 5,235. There were 5,248 inspections in FFY 2008, the highest numbers since FFY 2003.</p> <p>Inspections are classified in several ways. The broadest category identifies each inspection as either a safety inspection or a health inspection. In FFY 2008, 82 percent were safety inspections.</p> <p>Some inspections result in a citation (violations of Oregon or federal standards found at the worksite). When there are no violations of safety or health rules, the inspection is called "in compliance." The percentage of in-compliance inspections was 24 percent in FFY 2008.</p>
1989	5,136	167,432	24.2%	
1990	4,826	164,052	21.4%	
1991	5,506	163,813	18.8%	
1992	5,739	206,170	17.7%	
1993	5,613	245,901	20.1%	
1994	5,022	262,589	20.9%	
1995	5,470	227,412	25.2%	
1996	5,181	195,375	26.2%	
1997	4,555	182,058	28.2%	
1998	5,172	152,324	28.0%	
1999	5,435	168,258	30.7%	
2000	5,069	165,151	28.2%	
2001	5,370	197,722	27.8%	
2002	5,642	196,193	26.1%	
2003	5,355	217,724	26.4%	
2004	5,097	207,463	24.9%	
2005	4,890	274,457	22.2%	
2006	4,873	355,103	26.2%	
2007	5,049	244,111	25.5%	
2008	5,248	221,965	23.7%	

Oregon OSHA consultations, 1988-2008

Year	Number of consultations	Workers reached	Participants in voluntary compliance programs:		Oregon OSHA's consultative services help Oregon employers identify hazards and work practices that could lead to injuries or illnesses. Employers are provided recommendations for correcting identified hazards and for improving their safety and health programs. The number of consultations increased by 21 percent in CY 2008. Consultative services also include the time-intensive process of assisting interested employers as they work toward SHARP recognition, and evaluating worksites for qualification in the Voluntary Protection Program. SHARP is a recognition program that provides guidance and tools for developing an effective safety and health program. The program focuses on the implementation of a system based on management commitment and employee participation. The Voluntary Protection Program was developed by federal OSHA as a way to recognize employers who demonstrate excellence in safety and health management. The key areas are management leadership, employee involvement, worksite analysis, hazard prevention and control, and safety and health training.
			SHARP	VPP	
1988	502	N/A	-	-	
1989	671	N/A	-	-	
1990	943	102,739	-	-	
1991	1,741	250,623	-	-	
1992	2,492	342,696	-	-	
1993	2,089	249,387	-	-	
1994	2,482	256,604	-	-	
1995	2,153	231,113	-	-	
1996	1,854	233,732	4	-	
1997	1,828	153,922	9	1	
1998	2,050	219,565	24	2	
1999	2,127	233,675	42	3	
2000	2,505	241,965	50	4	
2001	2,828	260,695	69	4	
2002	2,457	219,418	75	6	
2003	2,060	230,245	80	9	
2004	2,094	229,130	86	8	
2005	2,124	187,449	104	9	
2006	2,283	221,157	107	13	
2007	2,098	203,369	126	16	
2008	2,540	208,988	142	23	

Safety and health training programs, 1998-2008

Year	Attendance at training sessions	Oregon OSHA has provided education and training to more than 250,000 workers and employers since 1998. These educational forums provide an opportunity to share ideas on occupational safety and health with national experts. The increases in attendance every other year are due to the Governor's Occupational Safety and Health Conference, which is held in odd-numbered years. Conferences are coordinated and presented in partnership with businesses, associations, labor unions, etc. Other than the GOSH conference, there were seven conferences held around Oregon in 2008. These conferences addressed a variety of safety and health issues. In addition to conferences, in 2008 the Public Education Section offered over 702 workshops and on-site trainings on 64 different topics related to safety and health in the workplace.
1998	15,494	
1999	27,104	
2000	19,069	
2001	26,478	
2002	15,844	
2003	26,290	
2004	20,892	
2005	27,129	
2006	22,751	
2007	30,054	
2008	19,754	

Employers' safety committee citations, violations, and penalties, fiscal years 1990-2008

Fiscal year	Citations	Violations	Proposed penalties	In 1990, SB 1197 required safety committees for employers with more than 10 employees and defined situations in which employers with fewer than 10 employees would be required to have safety committees. In 2007, HB 2222 removed all of the specific safety committee requirements from the law and gave the Department of Consumer and Business Services the authority to write rules that require all employers to establish and administer safety committees or hold safety meetings. HB 2222 also allows for alternate forms of safety committees and meetings to address the special needs of small employers, agricultural employers, and employers with mobile work sites. The importance of safety committees is reinforced in Oregon OSHA through a standardized approach to working with employers about safety committees.
1990	128	131	\$13,040	
1991	219	231	24,355	
1992	892	1,024	61,555	
1993	781	963	49,410	
1994	752	925	60,930	
1995	820	980	146,070	
1996	703	858	102,835	
1997	718	878	74,635	
1998	848	953	139,855	
1999	817	1,168	131,890	
2000	679	1,046	150,305	
2001	816	1,274	174,010	
2002	958	1,420	179,085	
2003	956	1,206	141,135	
2004	1,089	1,438	142,340	
2005	1,034	1,379	111,380	
2006	947	1,125	118,775	
2007	961	1,151	131,225	
2008	774	942	\$113,320	

2009 Compensability table updates

Total reported claims, FY 1989-2009				
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%	9,578
2006	21,445	3,516	14.1%	9,672
2007	22,449	3,873	14.7%	9,165
2008	21,734	3,533	14.0%	8,391
2009	18,850	3,329	15.0%	7,301

The denial rate of disabling claims remained fairly constant over the period FY 1993-2005, varying between 16 percent and 18 percent. The denial rate in FY 2006-2009 was slightly lower, varying between 14 percent and 15 percent.

Notes: With few exceptions, insurers do not report accepted nondisabling claims to the department.

Disabling occupational disease claims, FY 1989-2009			
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	3,212	1,941	37.7%
1994	3,289	2,039	38.3%
1995	3,384	2,083	38.1%
1996	3,247	1,926	37.2%
1997	3,349	1,905	36.3%
1998	3,180	1,685	34.6%
1999	2,766	1,597	36.6%
2000	2,890	1,479	33.9%
2001	3,210	1,582	33.0%
2002	3,142	1,780	36.2%
2003	3,275	1,636	33.3%
2004	3,074	1,727	36.0%
2005	3,247	1,670	34.0%
2006	3,182	1,431	31.0%
2007	3,480	1,523	30.4%
2008	2,926	1,339	31.4%
2009	2,662	1,302	32.8%

The denial rate of occupational disease claims was fairly constant over the period FY 1996-2005, varying between 33 percent and 37 percent. The denial rate in FY 2006-2008 was slightly lower, varying between 30 percent and 31 percent before rising to 33 percent in FY 2009.

Although the denial rate was slightly higher, the total number of disabling occupational disease claims reported to the department in FY 2009 was 8.7 percent lower than the previous year.

Over the past five fiscal years, nearly half of disabling occupational disease claims were due to diseases and disorders of the musculoskeletal, connective tissue, and peripheral nervous systems. These claims include rheumatisms, Carpal Tunnel Syndrome, tendonitis, various back or spinal conditions (dorsopathies), and arthritic conditions.

Disabling aggravation claims, 1991-2008

Year	Accepted	Denied	Percent denied	<p>The number of aggravation claims has increased since 2005. The denial rate is now above 50 percent.</p> <p>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.</p>
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	502	571	53.2%	

2009 Claims Processing table updates

Insurer claim acceptance and denial, median time lag days, 1988-2008			
Year	Accepted	Denied	
1988	33	49	<p>In 1990, SB 1197 extended the time allowed for insurers to accept or deny a claim from 60 to 90 days. SB 485 (2001) reduced the allowed time back to 60 days.</p> <p>Since 2002, the median time taken to accept a disabling claim has been about 40 calendar days; the median time to deny a disabling claim has been about 48 days.</p>
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	

Insurer timeliness of acceptance or denial and of first payments, 1990-2008			
Year	Acceptance/ denial timely	First temporary disability payment timely	
1990	85.4%	80.1%	<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. However, it has improved for the past three years, to 92.8 percent in 2008.</p> <p>Timeliness of first payments has also improved since 1990. In 2008, 89.9 percent of the first payments of temporary disability benefits were made timely.</p> <p>Note: These data are self-reported by the insurers. The reports are audited by WCD.</p>
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%	

Claim closures, with insurer closures, 1987-2008

Year	Claim closures	Insurer closures	Percent insurer closures
1987	50,587	18,153	35.9%
1988	50,223	14,194	28.3%
1989	48,732	14,053	28.8%
1990	46,488	14,884	32.0%
1991	38,351	18,483	48.2%
1992	34,506	19,876	57.6%
1993	33,823	19,256	56.9%
1994	34,631	20,192	58.3%
1995	35,657	20,742	58.2%
1996	33,838	20,676	61.1%
1997	31,671	20,949	66.1%
1998	30,810	22,071	71.6%
1999	28,894	22,191	76.8%
2000	27,675	26,287	95.0%
2001	27,033	27,033	100.0%
2002	25,425	25,425	100.0%
2003	23,877	23,877	100.0%
2004	23,916	23,916	100.0%
2005	23,184	23,184	100.0%
2006	24,081	24,081	100.0%
2007	25,098	25,098	100.0%
2008	23,637	23,637	100.0%

The number of total closures, which includes insurers' disabling status reclassifications, has generally trended downward since 1995. The decline has averaged 3 percent per year.

SB 220, passed in 1999, phased out the department's former role in closing claims. After Jan. 1, 2001, insurers, self-insured employers, and third-party administrators have handled all claim closures, so all values since then for insurer closures are 100 percent.

Time lag from injury date to first closure, 1987-2008

Year	Average days	Median days
1987	255	169
1988	260	170
1989	271	181
1990	277	184
1991	271	176
1992	241	152
1993	231	148
1994	229	151
1995	232	155
1996	228	153
1997	224	150
1998	222	156
1999	225	156
2000	230	154
2001	243	160
2002	245	155
2003	239	154
2004	256	153
2005	236	154
2006	240	154
2007	230	149
2008	240	154

The average calendar days from injury to first closure for claims first closed in 2008 was 240 days. The average has fluctuated with no consistent trend since the early 1990s.

The median number of days from injury to first closure was 154 days in 2008. There has been almost no change in the median number of days over the past decade.

Civil penalties issued, 1990-2008

Year	Citations	Penalty amount	Citations and penalties against insurers have been trending upward since 2004. 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.
1990	407	\$158,325	
1991	420	156,775	
1992	506	163,101	
1993	621	166,650	
1994	679	197,025	
1995	525	139,325	
1996	491	140,850	
1997	629	244,175	
1998	813	254,925	
1999	789	243,375	
2000	844	248,875	
2001	738	204,400	
2002	947	301,900	
2003	1,241	343,875	
2004	677	206,675	
2005	745	360,600	
2006	951	588,150	
2007	915	575,800	
2008	1,140	596,775	

Abuse complaint investigations, FY 2002-2009

Fiscal year	Opened	Closed	In FY 2009, 23 investigations were opened concerning complaints of inappropriate actions by employers, providers, insurers, workers, and other parties. The counts exclude inquiries that did not require issuing a director's order or warning notice. In FY 2008, there were 92 such inquiries. These inquiries were usually resolved with educational counseling, referred to other agencies, or dropped after callers withdrew their complaints.
2002	110	93	
2003	87	94	
2004	63	76	
2005	62	70	
2006	20	21	
2007	7	7	
2008	8	8	
2009	23	13	

Workers' compensation information line calls for assistance, 1990-2008

Year	Worker calls	Other calls	Total calls	WCD has an information line to assist workers and others. In 2008, there were more than 6,700 calls from workers with questions about their claims, the claims process, or the workers' compensation system. Seven percent of these calls were fielded by bilingual benefit consultants. The line also received 4,715 calls from insurers, medical providers, attorneys, employers, legislators, and others in 2008.
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 Advocates and Advisory Group table updates

Ombudsman for Injured Workers inquiries, 1999-2008		
Year	Inquiries	The Ombudsman for Injured Workers was created in 1987. Inquiries to the ombudsman come primarily from injured workers, but they are also initiated by attorneys, insurance companies, employers, and others. There were 11,404 inquiries in 2008.
1999	9,492	
2000	10,581	
2001	10,944	
2002	12,685	
2003	14,730	
2004	12,752	
2005	12,809	
2006	12,257	
2007	11,512	
2008	11,404	

Small Business Ombudsman inquiries, 1991-2008		
Year	Inquiries	The office of Small Business Ombudsman was created in 1990. The number of inquiries peaked in 1999 and 2002. There were 1,584 inquiries in 2008.
1991	1,934	
1992	3,655	
1993	3,731	
1994	3,727	
1995	3,877	
1996	3,545	
1997	3,711	
1998	4,514	
1999	5,164	
2000	3,109	
2001	2,502	
2002	5,209	
2003	4,085	
2004	3,883	
2005	3,153	
2006	3,280	
2007	3,785	
2008	1,584	

2009 Medical Care and Benefits table updates

Medical payments by provider type, 2008		
Provider type	Payments (\$ millions)	Percent of total
Medical doctor	\$82.44	28.2%
Hospital outpatient	67.02	22.9%
Hospital inpatient	32.30	11.1%
Other medical provider	29.22	10.0%
Physical therapist	24.33	8.3%
Pharmacy	15.88	5.4%
Radiologist	7.43	2.5%
Chiropractor	7.03	2.4%
Ambulatory surgical center	7.00	2.4%
Medical supplies	5.76	2.0%
Subtotal	278.39	95.3%
Remaining provider types	13.74	4.7%
Total	\$292.13	100.0%

In 2008, an estimated \$292.13 million was paid for workers' compensation medical services. Of this, 28.2 percent was paid to medical doctors.

Note: Other medical provider payments are chiefly for independent medical exams and ambulance services. The remaining provider types are osteopath, home health care, occupational therapist, dentist, nursing home care, acupuncturist, physician assistant, podiatrist, laboratory, optometrist, registered nurse practitioner, psychologist, and naturopath.

Medical payments by service category, 2008		
Service category	Payments (\$ millions)	Percent of total
Physical medicine	\$44.32	15.2%
Evaluation and management	42.92	14.7%
Surgery	36.58	12.5%
Revenue services	35.18	12.0%
Procedural services (ICD-9-CM codes)	27.81	9.5%
Healthcare common procedural services (HCPCS codes)	22.99	7.9%
Radiology	22.26	7.6%
Pharmaceuticals (NDC codes)	16.92	5.8%
Medicine	12.02	4.1%
Oregon specific services (OSC codes)	10.23	3.5%
Ambulatory surgical center facility services	7.07	2.4%
Anesthesia	5.43	1.9%
Durable medical equipments and supplies	3.09	1.1%
Laboratory and pathology	1.81	0.6%
Other Services	3.49	1.2%
Total	\$292.13	100%

As set forth in Oregon Administrative Rule (OAR) 436-009-0040, the insurer shall pay for medical services at the provider's usual fee or in accordance with the fee schedule, whichever is less. Medical services that have no fee schedule are reimbursed at the provider's usual fees.

This table shows total payments and market shares for 11 fee-schedule-regulated service categories and three non-fee-schedule categories. Examples of non-fee schedule-service categories include revenue services, HCPCS (Medicare's national level II codes, detailing supplies and materials), and procedural services (Hospital ICD-9-CM; international classification of diseases 9th revision clinical modification). However, all non-fee-schedule services performed in a hospital setting are subject to the hospital's cost-to-charge ratio. In 2008, the total share of non-fee-schedule services was about 29.4 percent of total medical payments. Oregon specific services accounted for about \$10.2 million, two-thirds of which was spent on reimbursements for Independent Medical Examinations (IMEs) and related services.

Top 15 workers' compensation medical services, 2008				
Service code	Description of service	Payments (\$ millions)	Percent of total	In 2008, the single medical service with the most payments, \$19.1 million, was therapeutic exercises. The top 15 services combined accounted for nearly one-third of all WC medical payments.
97110	Therapeutic exercises	\$19.12	6.5%	
99213	Office/outpatient visit (established patient, 15 min.)	13.81	4.7%	
97140	Manual therapy	10.06	3.4%	
360	Operating room services	8.52	2.9%	
99214	Office/outpatient visit (established patient, 25 min.)	6.61	2.3%	
450	Emergency room	6.52	2.2%	
D0003	Independent medical examination	5.96	2.0%	
99203	Office/outpatient visit (new patient, 30 min.)	3.64	1.2%	
73721	Magnetic resonance image (MRI), joint of lower extremity; w/o dye	3.43	1.2%	
97530	Therapeutic activities	3.34	1.1%	
72148	Magnetic resonance image (MRI), lumbar and spine; w/o dye	3.22	1.1%	
99283	Emergency department visit	2.98	1.0%	
73221	Magnetic resonance image (MRI), joint of upper extremity; w/o dye	2.81	1.0%	
97001	Physical therapy evaluation	2.64	0.9%	
99204	Office/outpatient visit (new patient, 45 min.)	2.62	0.9%	
Subtotal		95.29	32.6%	
Remaining services		196.84	67.4%	
Total		\$292.13	100%	

Top 15 pharmacy payments by drug name, 2008					
Drug name	Drug type	Drug class	Payments (\$ millions)	Percent of total	In 2008, the top 15 pharmaceuticals accounted for 48 percent of total pharmacy payments. Generic drugs made up about 80 percent of the prescriptions dispensed to injured workers and 41 percent of pharmacy payments for prescription medications. Prescription medications accounted for 94 percent of total pharmacy payments. Medical supplies and other non-drug services provided by pharmacy made up for the remaining 6 percent of total pharmacy payments.
Oxycontin	Brand	Analgesics - opioid	\$1.76	11.1%	
Hydrocodone/Acetaminophen	Generic	Analgesics - opioid	0.72	4.6%	
Lyrca	Brand	Anticonvulsants	0.59	3.7%	
Gabapentin	Generic	Anticonvulsants	0.54	3.4%	
Celebrex	Brand	Analgesics - anti-inflammatory	0.51	3.2%	
Oxycodone Hcl Er, Cr	Generic	Analgesics - opioid	0.50	3.1%	
Lidoderm	Brand	Dermatologicals	0.46	2.9%	
Cymbalta	Brand	Antidepressants	0.45	2.8%	
Skelaxin	Brand	Musculoskeletal therapy agents	0.37	2.4%	
Fentanyl	Generic	Analgesics - opioid	0.37	2.3%	
Cyclobenzaprine Hcl	Generic	Musculoskeletal therapy agents	0.29	1.8%	
Morphine Sulfate Er, Cr	Generic	Analgesics - opioid	0.31	1.9%	
Kadian	Brand	Analgesics - opioid	0.25	1.6%	
Topamax	Brand	Anticonvulsants	0.23	1.4%	
Oxycodone-Apap	Generic	Analgesics - opioid	0.22	1.4%	
Subtotal			7.57	48%	
Remaining pharmacy payments			8.30	52%	
Total			\$15.88	100%	

MCO contracts with insurers and self-insured employers, FY 1995-2009

Fiscal year	Insurers	Self-insured employers	Total	<p>At the end of fiscal year 2009, there were four active, certified managed care organizations. These four MCOs had a total of 99 contracts active with insurers and self-insured employers at any time during fiscal year 2009.</p> <p>Note: These figures are based on reports submitted by MCOs and may change as new data are reported.</p>
1995	30	45	75	
1996	32	46	78	
1997	38	49	87	
1998	40	51	91	
1999	38	48	86	
2000	38	50	88	
2001	45	54	99	
2002	40	56	96	
2003	40	62	102	
2004	37	61	98	
2005	38	65	103	
2006	40	68	108	
2007	33	58	91	
2008	33	60	93	
2009	33	66	99	

Employees with accepted disabling claims enrolled in MCOs, 1998-2008

Year	SAIF	Private insurers	Self-insured employers	Overall	<p>The percentage of claimants with accepted disabling claims who have been enrolled in MCOs has varied between 36 percent and 42 percent.</p> <p>Note: The 2002 private insurer figure includes estimated data from the Liberty group.</p>
1998	76.8%	24.5%	23.2%	39.8%	
1999	72.4%	20.9%	21.8%	37.1%	
2000	76.3%	20.1%	27.9%	40.1%	
2001	70.3%	12.3%	26.8%	35.6%	
2002	67.5%	11.7%	27.8%	36.5%	
2003	70.3%	8.2%	30.1%	39.1%	
2004	69.7%	10.4%	30.7%	40.9%	
2005	70.5%	7.8%	32.9%	42.1%	
2006	67.0%	5.7%	33.2%	39.6%	
2007	65.8%	6.7%	34.0%	39.8%	
2008	64.1%	8.4%	33.3%	38.7%	

2009 Indemnity Benefits table updates

Indemnity and medical benefits paid, 1995-2008			
Year paid	Total paid (\$ millions)	Indemnity percent of total	Medical percent of total
1995	\$459.5	56.2%	43.8%
1996	437.8	54.9%	45.1%
1997	431.5	53.0%	47.0%
1998	427.8	51.7%	48.3%
1999	428.6	51.5%	48.5%
2000	446.3	50.3%	49.7%
2001	471.3	50.2%	49.8%
2002	487.2	50.1%	49.9%
2003	477.3	49.6%	50.4%
2004	499.8	48.5%	51.5%
2005	532.0	46.4%	53.6%
2006	554.1	46.7%	53.3%
2007	574.9	46.9%	53.1%
2008	565.1	48.3%	51.7%

Indemnity benefits are temporary disability, permanent partial disability, permanent total disability, vocational assistance, and death benefits and settlements. The share of indemnity benefits has been increasing following a steady decrease from 1995 to 2005.

The data include paid amounts for all claims, not just accepted disabling claims. The total paid does not include payments for temporary disability in the interim before compensability denial or after a department or court order. Total costs exclude payments from the Workers' Benefit Fund, such as the Employer-at-Injury Program, the Preferred Worker Program, and cost-of-living adjustments for death and permanent total disability benefits. Some data are estimated, medical data for the latest year have been adjusted for expected development, and historical data are subject to small changes.

Indemnity benefits paid for accepted disabling claims, 1995-2008		
Year	Benefits paid (\$ millions)	Average benefits
1995	\$244.6	\$7,380
1996	228.6	7,526
1997	216.2	7,430
1998	208.9	7,371
1999	208.9	7,764
2000	210.4	8,130
2001	222.5	8,653
2002	230.3	9,491
2003	222.2	9,711
2004	229.7	10,003
2005	233.0	10,386
2006	243.5	10,340
2007	255.3	10,540
2008	257.9	11,158

Total indemnity benefits were increasing at a 4.6 percent average rate from 2005 to 2007. In the most recent year, the growth slowed, possibly due to economic recession. Similarly, in 2008 the number of disabling claims resolved fell by 4.6 percent following 3.8 percent average growth from 2005 to 2007. Average benefits were stable from 2005-2007, and in 2008 they went up by nearly 6 percent, possibly due to the recession.

Benefits paid for accepted disabling claims do not include payments for temporary disability in the interim before compensability denial or after a department or court order. Some data are estimated, and historical data are subject to small changes.

Indemnity benefits for accepted disabling claims by type, 1995-2008

Year	Time loss (\$ millions)	PPD (\$ millions)	PTD (\$ millions)	Fatal (\$ millions)	Claim disposition agreements (\$ millions)	Disputed claim settlements (\$ millions)	Vocational assistance (\$ millions)
1995	\$95.64	\$60.95	\$13.65	\$8.98	\$47.62	\$9.53	\$8.28
1996	85.32	60.16	13.12	9.61	43.97	8.37	8.09
1997	80.28	55.99	12.61	10.28	42.68	7.94	6.43
1998	80.57	55.78	11.97	10.85	36.30	7.90	5.50
1999	80.95	54.06	11.45	11.07	38.44	8.09	4.83
2000	78.73	55.46	11.03	11.81	38.55	9.92	4.90
2001	88.97	59.24	10.51	12.01	37.72	9.37	4.72
2002	90.02	58.40	9.98	12.30	43.21	11.57	4.80
2003	87.15	58.03	9.54	13.14	39.40	10.34	4.59
2004	88.86	60.91	9.11	13.05	42.00	10.75	5.08
2005	88.36	64.44	8.95	13.62	42.06	10.35	5.22
2006	92.44	63.45	8.54	13.68	50.04	9.90	5.48
2007	99.83	65.10	8.38	14.11	50.58	11.66	5.62
2008	93.68	64.11	7.86	14.10	59.98	12.92	5.23

In 2008, 36 percent of indemnity benefits for accepted disabling claims were temporary disability payments, 25 percent were permanent partial disability (PPD) awards, 28 percent were agreements and settlements, and the remaining 11 percent were paid for permanent total disability (PTD), death, and vocational assistance benefits.

Data are reported by the year of the award, except for vocational assistance purchases and professional services, which are by the year vocational assistance is completed. Temporary disability includes reports by insurers at claim closure and following a vocational assistance training plan, and estimates of unreported data such as for initial claims resolved by claim disposition agreement.

Temporary disability excludes temporary disability in the interim before compensability denial or after a department or court order. Death and PTD benefits shown do not include cost-of-living adjustment paid from the Workers' Benefit Fund. Benefits paid on PTD claims after the worker has died are included in death benefits. Historical data are subject to small changes.

Temporary disability days paid per accepted disabling claim, 1995-2008

Claim closure year	Average days	Average time loss paid	Median days	
1995	60	\$3,065	15	<p>In 2008, the average number of temporary disability days per accepted disabling claim was 63 days, and the average payment was \$4,280.</p> <p>The data are reported by the year of the latest claim resolution including reports by insurers at claim closure and following a training plan, and estimates of unreported data such as for initial claims resolved by claim disposition agreement. Data exclude temporary disability paid before compensability denial or after a department or court order. Data for the latest year have been adjusted for expected development, and historical data will show small changes as claims are reopened and closed.</p>
1996	56	2,946	14	
1997	54	2,891	14	
1998	54	2,982	15	
1999	54	3,117	15	
2000	52	3,134	15	
2001	57	3,549	17	
2002	59	3,813	17	
2003	59	3,971	17	
2004	61	4,006	17	
2005	64	4,133	19	
2006	63	4,067	19	
2007	65	4,370	19	
2008	63	4,280	16	

Average temporary disability days, by type of claim resolution, 1995-2008

Year	Initial claim, CDA	Initial claim, closure	Aggravation and medical condition, closure	Vocational training closure	Any resolution
1995	183	47	94	221	55
1996	180	45	106	195	54
1997	173	42	94	214	50
1998	166	43	86	224	51
1999	173	43	85	208	51
2000	176	42	83	216	50
2001	171	46	97	219	55
2002	193	48	90	241	57
2003	186	47	82	223	56
2004	197	49	83	234	58
2005	201	52	90	223	62
2006	191	51	78	215	60
2007	196	51	101	214	62
2008	209	47	106	214	60

Accepted disabling claims may be resolved multiple times. In 2008, 89 percent of resolutions were initial claim closures, at an average 47 days paid. Five percent were closures of aggravation and medical-condition claims, and average duration was 106 days. One percent were closures after the completion of vocational training, averaging 214 days. Finally, 5 percent were initial claims that ended with a claim disposition agreement rather than closure, at an estimated average of 209 days.

The data are reported for each claim resolution by the year of claim closure or claim disposition agreement. The average days here are calculated per closure rather than per claim as in the previous table.

Permanent partial disability cases and average dollars, 1995-2008

Year	PPD claims	Percentage of closed claims	Average PPD award
1995	9,479	30.8%	\$6,433
1996	8,901	31.6%	6,670
1997	8,047	29.9%	7,064
1998	7,754	29.6%	7,187
1999	7,336	29.7%	7,395
2000	6,937	29.1%	7,777
2001	7,012	29.7%	8,361
2002	6,719	30.3%	8,590
2003	6,238	29.9%	9,099
2004	6,318	30.1%	9,665
2005	6,324	30.8%	10,057
2006	6,387	29.5%	9,720
2007	6,498	29.0%	10,121
2008	6,403	29.7%	11,428

In general, about 30 percent of closed claims receive permanent partial disability awards. The average PPD award has increased at a rate of about 4.2 percent per year since 1995.

These data are reported by the year of the last claim closure; data will change as claims are opened and closed. The average awards include the initial awards made by insurers and the net amounts that were awarded during the appeal process. About 95 percent of claim resolutions are claim closures.

Permanent total disability awards, 1987-2008

Year	Grant	Rescind	Net awards
1987	204	27	177
1988	209	14	195
1989	139	15	124
1990	81	36	45
1991	68	22	46
1992	47	5	42
1993	26	13	13
1994	36	9	27
1995	32	17	15
1996	17	6	11
1997	20	5	15
1998	16	6	10
1999	25	11	14
2000	14	6	8
2001	13	14	-1
2002	23	3	20
2003	14	6	8
2004	20	7	13
2005	20	4	16
2006	18	1	17
2007	15	1	14
2008	10	1	9

The number of permanent total disability awards declined dramatically between 1988 and 1990, when disability rating standards were adopted systemwide. The creation of CDAs in 1990 led to further decline.

PTD grants can be made by insurers or by the department through the appeal process. These counts include the reinstatement of awards that were rescinded by insurers or during earlier appeals. Of the 10 grants in 2008, eight were by insurer closure and the other two grants were by department reconsideration.

Maximum PPD benefits, since July 1986

Dates of injury	Maximum scheduled PPD	Maximum unscheduled PPD	Maximum PPD	
July 1986 - June 1987	\$24,000	\$32,000	-	<p>In 2003, SB 757 revised the PPD award structure, effective January 2005. It eliminated the distinction between scheduled and unscheduled PPD. The new structure reallocates benefits to better reflect earnings loss, providing less-generous benefits to some workers who can return to regular work, and more-generous benefits to those who cannot. The maximum PPD award was increased, but there was no initial increased cost to the entire workers' compensation system.</p> <p>The increase in PPD maximum amounts since 2005 is due to benefit levels now being escalated by the change in the AWW under the new law.</p>
July 1987 - June 1990	27,840	32,000	-	
July 1990 - June 1991	58,560	32,000	-	
July 1991 - June 1992	58,577	60,503	-	
July 1992 - June 1993	60,601	62,592	-	
July 1993 - June 1994	63,631	65,723	-	
July 1994 - June 1995	66,722	68,915	-	
July 1995 - Dec. 1995	67,402	69,617	-	
Jan. 1996 - Dec. 1997	80,640	130,400	-	
Jan. 1998 - Dec. 1999	87,168	138,224	-	
Jan. 2000 - Dec. 2001	98,168	149,033	-	
Jan. 2002 - Dec. 2004	107,328	162,272	-	
-----> Series break				
Jan. 2005 - June 2005		-	\$263,917	
July 2005 - June 2006		-	273,271	
July 2006 - June 2007		-	276,517	
July 2007 - June 2008		-	290,073	
July 2008 - June 2009		-	302,946	
July 2009 - June 2010		-	306,862	

2009 Return-to-Work Assistance table updates

Employer-at-Injury Program placements approved, 1995-2008				
Year	Workers	Employers	Average cost per placement	
1995	3,739	1,191	\$1,326	<p>The Employer-at-Injury Program was created to encourage placement of injured workers into transitional work while they recover from their injuries. Benefits available to employers and their workers include wage subsidy, worksite modification, and purchases. Modifications and purchases are being used more often due to administrative law changes in late 2007.</p> <p>Increasing counts of workers and employers with placements approved since 2005 are evidence that recent law changes are promoting use and access to the program.</p> <p>Note: Data were revised following system updates to reflect administrative rule changes.</p>
1996	6,078	1,348	\$1,245	
1997	8,359	1,513	\$1,180	
1998	10,068	1,791	\$1,167	
1999	9,442	1,837	\$1,132	
2000	7,854	1,580	\$1,215	
2001	8,585	1,644	\$1,290	
2002	6,406	1,236	\$1,411	
2003	5,954	1,334	\$1,477	
2004	6,609	1,496	\$1,472	
2005	6,475	1,491	\$1,553	
2006	7,424	1,624	\$1,604	
2007	7,770	1,798	\$1,788	
2008	8,809	1,993	\$2,034	

Preferred workers, CY 1995-2008				
Calendar year	Eligibilities	Workers using benefits	Percent of eligibilities with benefit use	
1995	4,459	1,334	30%	<p>Preferred workers have permanent work restrictions that prevent return to unmodified regular work. In 2007, there were 2,022 preferred worker eligibilities, the highest number since 2001.</p> <p>Benefit use among preferred workers is difficult to measure because some workers use benefits as soon as possible after eligibility while others may wait for years. There is no time limit on when use may begin. Current statistics exclude some workers using benefits at the injury employer's initiative.</p> <p>Preferred worker statistical data were revised following system updates to reflect administrative rule changes.</p>
1996	3,708	1,104	30%	
1997	3,120	912	29%	
1998	2,946	738	25%	
1999	2,549	644	25%	
2000	2,267	584	26%	
2001	2,375	562	24%	
2002	1,858	492	26%	
2003	1,821	497	27%	
2004	1,779	471	26%	
2005	1,806	459	25%	
2006	1,768	Available Dec. 2009		
2007	2,022	Available Dec. 2010		
2008	1,991	Available Dec. 2011		

Preferred Worker Program contracts started, CY 1995-2008					
Calendar year	Workers starting contracts	Wage subsidies	Worksite modifications	Purchases	
1995	1,379	1,110	418	527	<p>Preferred Worker Program benefits include premium exemption and claim cost reimbursement, plus wage subsidy, worksite modification, and employment purchase contracts or agreements. Workers may use all these benefits, more than one time.</p> <p>Administrative law changes provided for use of program benefits at the injury employer's initiative beginning July 2005 and worksite creation purchases in December 2007. The number of workers starting contracts in 2008 was the highest since 2001.</p> <p>Note: Data were revised following system updates to reflect administrative rule changes.</p>
1996	1,448	1,111	515	638	
1997	1,380	1,063	448	602	
1998	1,273	957	448	668	
1999	979	734	293	462	
2000	871	673	282	344	
2001	718	539	232	310	
2002	594	473	200	250	
2003	620	517	200	235	
2004	620	488	265	249	
2005	594	458	245	252	
2006	573	482	232	225	
2007	603	494	218	237	
2008	690	454	232	583	

Vocational assistance determinations, 1995-2008

Year	Total determinations	Ineligible	Eligible	<p>Insurers determine eligibility or ineligibility for vocational assistance for workers with permanent partial disability who do not return to permanent work with the employer at injury. The department audits claim closures to assure that insurers determine eligibility.</p> <p>In general, workers are eligible for vocational assistance if they have a substantial handicap that prevents re-employment in any job that pays at least 80 percent of the job-at-injury wages.</p> <p>Note: Eligible determinations include insurer letters, eligibility orders, and eligibility restorations. Data may be reported by the insurer several months after the determination.</p>
1995	4,447	3,168	1,279	
1996	4,084	2,975	1,109	
1997	3,547	2,698	849	
1998	3,441	2,647	794	
1999	3,299	2,555	744	
2000	2,421	1,705	716	
2001	2,046	1,291	755	
2002	2,046	1,308	738	
2003	2,108	1,324	784	
2004	2,495	1,723	772	
2005	2,668	1,928	740	
2006	2,439	1,749	690	
2007	2,288	1,538	750	
2008	2,634	1,948	686	

Vocational assistance eligibility closures, plans, and outcomes, 1995-2008

Year	Total eligibility closures	Closed, no plan	Closed, direct employment plan	Closed, training plan	Outcome: return to work	Outcome: maximum services or job ended	Outcome: CDA	Outcome: other
1995	1,403	840	52	511	340	87	631	345
1996	1,242	701	39	502	337	58	582	265
1997	993	515	23	455	248	59	441	245
1998	870	455	6	409	208	50	424	188
1999	777	415	7	355	157	41	354	225
2000	723	396	4	323	171	46	324	182
2001	708	382	4	322	154	46	313	195
2002	782	454	7	321	140	70	394	178
2003	717	418	7	292	123	75	380	139
2004	760	440	5	315	128	60	391	181
2005	728	432	4	292	135	48	370	175
2006	731	408	7	316	143	48	390	150
2007	698	388	3	307	149	44	344	161
2008	661	400	3	258	93	35	377	156

Eligibility closures include insurer eligibility closures and eligibilities where there is a claim disposition agreement in full but no eligibility closure. No-plan closures continue to account for more than 50 percent of eligibility closures. The claim disposition agreement continues to account for 50 percent or more of eligibility closure outcomes.

Note: Data may be reported by the insurer several months after the closure.

2009 Disputes table updates

Appellate review requests and orders, 1991-2008						
Year	Requests on closures	Requests on disabling classifications	Appellate review request rate	Total orders issued	Percent of orders appealed to hearings	<p>The WCD Appellate Review Unit provides administrative review of decisions made by insurers regarding claim closures and classifications of claims as disabling or nondisabling. Effective 2004, insurers may also appeal claim closures when they disagree with findings on impairment by attending physicians.</p> <p>Since 1995, the trend in the number of requests for reconsideration of claim closures has been declining, except for a small increase in 2007. The rate of requests for appellate review declined in 2005 and 2006, following an upward trend since 2000. The appeal rate for appellate review orders reached a record low in 2008.</p>
1991	6,065	26	16.8%	5,953	49.0%	
1992	6,590	73	17.3%	6,508	53.4%	
1993	6,011	87	17.2%	6,029	48.1%	
1994	5,915	99	16.9%	6,026	47.8%	
1995	6,764	152	16.6%	6,563	44.6%	
1996	5,773	128	15.8%	6,299	41.2%	
1997	4,621	100	14.6%	4,790	38.8%	
1998	4,527	123	14.5%	4,582	38.9%	
1999	4,313	126	14.8%	4,544	38.7%	
2000	4,078	132	14.5%	4,244	33.7%	
2001	4,208	142	15.6%	4,253	35.1%	
2002	4,072	188	16.8%	4,290	33.0%	
2003	3,888	205	17.1%	4,187	31.7%	
2004	3,955	186	17.3%	4,110	33.3%	
2005	3,641	182	16.5%	3,935	26.8%	
2006	3,514	198	15.4%	3,731	26.9%	
2007	3,909	186	16.3%	4,057	23.4%	
2008	3,636	147	16.0%	3,859	19.8%	

Medical dispute requests and orders, 1990-2008				
Year	Requests	Orders	Request to order median days	<p>Medical dispute resolution requests and orders had a peak in 1992. They declined sharply after a court decision limited the department's jurisdiction. SB 369 reversed this decision and the numbers have since increased, with 2008 having the most requests and orders overall.</p> <p>In 1999, SB 728 gave authority for determining the compensability of the underlying medical condition or the causal relationship between the accepted condition and the medical service to the Hearings Division. All other medical disputes are handled by the WCD Medical Resolution Team.</p> <p>In 2008, the number of medical dispute requests rose by 82 percent to 3,319; the number of orders rose by 52 percent to 2,740.</p>
1990	1,172	310	28	
1991	1,386	969	112	
1992	1,518	1,412	63	
1993	876	987	44	
1994	466	467	33	
1995	741	469	39	
1996	716	856	120	
1997	878	816	61	
1998	801	816	89	
1999	905	819	84	
2000	991	948	114	
2001	1,181	1,222	69	
2002	1,049	918	81	
2003	1,362	1,293	88	
2004	1,350	1,264	87	
2005	1,456	1,548	75	
2006	1,651	1,745	41	
2007	1,823	1,803	28	
2008	3,319	2,740	24	

Medical dispute issues, by year of request, 2001-2008									
Year	Fees	Medical services	Treatments	Palliative care	MCO issues	Changes of attending physician	Insurer medical exams	Compensability	Interim medical benefits
2001	22.8%	32.8%	8.6%	10.0%	8.2%	2.4%	1.1%	14.1%	-
2002	15.8%	34.3%	11.7%	8.2%	9.3%	1.8%	1.0%	17.6%	0.1%
2003	13.1%	37.1%	10.7%	5.4%	12.7%	0.7%	0.5%	19.5%	0.4%
2004	13.6%	35.0%	9.6%	6.4%	17.0%	1.0%	0.5%	16.7%	0.2%
2005	11.5%	46.7%	7.8%	3.6%	17.2%	1.3%	0.7%	10.9%	0.3%
2006	25.6%	42.7%	7.3%	4.0%	9.0%	1.3%	0.3%	9.7%	0.1%
2007	27.8%	40.2%	8.1%	3.1%	7.9%	0.5%	0.4%	11.8%	0.2%
2008	63.3%	21.1%	5.4%	1.5%	5.8%	0.1%	0.2%	2.5%	0.1%

SB 728 (1999) gave responsibility for disputes in which the compensability of the underlying medical condition is at issue to the Hearings Division. These cases were less than 3 percent of all 2008 medical-dispute-resolution requests. SB 485 (2001) amended the law regarding payment for interim medical benefits (medical services provided before a claim's initial acceptance or denial). It added a process for these disputes.

Vocational dispute requests and resolutions, 1991-2008

Year	Requests	Resolutions	Request to resolution median days	
1991	2,067	2,137	41	<p>The WCD Rehabilitation Review Unit provides administrative review of vocational disputes brought by workers. The number of requests has fallen by about 77 percent since 1991. The decline has resulted chiefly from the decrease in the number of vocational assistance cases.</p> <p>The median number of days to resolve a dispute was 36 days for disputes resolved in 2008, and 85 percent were resolved within the standard of less than 60 days.</p>
1992	1,643	1,725	29	
1993	1,493	1,519	25	
1994	1,389	1,373	24	
1995	1,347	1,304	28	
1996	996	1,037	35	
1997	877	881	32	
1998	716	715	26	
1999	630	681	28	
2000	549	563	35	
2001	511	480	35	
2002	512	530	63	
2003	504	530	56	
2004	551	551	42	
2005	492	485	47	
2006	456	495	30	
2007	468	446	28	
2008	469	500	36	

Vocational dispute resolutions, by outcome, 2001-2008

Year	Agreements	Insurer prevail orders	Worker prevail orders	Other orders	Dismissals	
2001	32.9%	17.4%	10.7%	2.5%	36.5%	<p>The department strives to resolve vocational disputes through agreements, which generally have accounted for less than a third of resolutions.</p>
2002	31.3%	21.7%	13.0%	2.3%	31.7%	
2003	27.9%	28.5%	15.8%	0.8%	27.0%	
2004	30.1%	26.0%	15.1%	2.0%	26.9%	
2005	27.0%	22.9%	10.1%	1.2%	38.8%	
2006	27.3%	27.9%	8.1%	0.8%	36.0%	
2007	28.0%	21.5%	6.5%	0.9%	43.0%	
2008	22.6%	30.4%	9.0%	2.8%	37.0%	

Hearing requests, orders, time lags, and appeal rates, 1987-2008

Year	Requests	Orders	Request to order median days	Appeal rate	
1987	20,397	23,680	224	8.1%	<p>Hearing requests peaked in 1989. There were 9,130 requests in 2006, the lowest on record, and a third of the 1989 figure.</p> <p>Hearing requests have dropped for three primary reasons: fewer injuries and accepted disabling claims; law changes that have reduced litigation about permanent disability; and other reform measures implemented to reduce litigation, including the provision for claim disposition agreements.</p> <p>HB 2900 (1987) required that a hearing be scheduled within 90 days and an order published within 30 days of the hearing. The median time between request and order was 133 days in 2008.</p> <p>Notes: Counts include settlements that were received without a prior hearing request and cases generated in order to record a mediation result. Appeal rates are based on all hearing order types, not just appealable orders.</p>
1988	23,316	26,386	114	9.0%	
1989	27,549	24,890	116	8.7%	
1990	24,018	25,073	147	7.3%	
1991	19,673	21,368	133	12.2%	
1992	17,490	19,580	125	12.6%	
1993	16,422	16,888	119	11.3%	
1994	16,527	15,751	121	11.3%	
1995	14,862	16,798	124	10.6%	
1996	12,351	13,341	120	11.5%	
1997	11,266	11,596	122	12.5%	
1998	11,059	11,271	121	11.7%	
1999	11,084	10,846	124	11.5%	
2000	10,654	10,935	128	11.0%	
2001	11,074	10,269	126	10.6%	
2002	10,679	10,830	128	9.8%	
2003	10,177	10,429	136	10.9%	
2004	9,980	9,531	127	9.6%	
2005	9,297	10,006	146	9.0%	
2006	9,130	9,442	143	9.4%	
2007	9,355	9,261	138	8.6%	
2008	9,173	9,084	133	7.9%	

Percentage of hearing orders involving selected issues, 1987-2008

Year	Permanent disability	Claim denial	Partial denial	Insurer penalty	
1987	46.1%	24.5%	9.3%	14.6%	Permanent disability was the most frequent hearing issue until 1989, when whole claim denial replaced it. For 2006-2008, permanent disability was an issue in less than 5 percent of hearings. Since the late 1980s, partial denial has risen from 9 percent of hearings to over 43 percent, second only to whole claim denial.
1988	39.7%	24.5%	10.4%	16.4%	
1989	31.9%	32.3%	7.3%	16.6%	
1990	33.3%	34.8%	8.8%	14.6%	
1991	18.2%	43.7%	14.5%	10.0%	
1992	15.7%	40.9%	14.7%	7.5%	
1993	12.6%	48.7%	14.5%	10.3%	
1994	11.6%	44.7%	19.9%	12.5%	
1995	10.4%	39.4%	27.5%	12.1%	
1996	11.5%	38.2%	34.4%	8.4%	
1997	10.1%	46.6%	24.6%	5.9%	
1998	7.6%	42.9%	33.4%	7.2%	
1999	7.8%	42.5%	33.9%	7.8%	
2000	7.5%	40.7%	36.2%	7.4%	
2001	6.1%	39.7%	38.7%	8.1%	
2002	6.3%	39.7%	38.9%	6.6%	
2003	5.6%	40.7%	38.0%	7.2%	
2004	6.6%	39.7%	37.8%	7.5%	
2005	5.3%	41.5%	38.1%	7.3%	
2006	4.5%	39.8%	38.7%	7.7%	
2007	4.6%	37.6%	40.6%	8.6%	
2008	4.0%	36.3%	43.5%	7.8%	

Reasons for the relative frequency change of permanent disability were HB 2900 in 1987 (disability standards), SB 1197 in 1990 (department reconsiderations, medical arbiters, and CDAs), and SB 369 in 1995 (limitations on issues and evidence, and the definition of "gainful employment").

Notes: This table does not include all issues. Also, orders may deal with multiple cases, and each case may have multiple issues. Issues are not recorded for cases that are dismissed or withdrawn.

Workers' Compensation Board mediations, 1996-2008

Year	Mediations completed	Percent settled	Percent of settlements resolved by DCS	
1996	128	84.4%	80.9%	The board's mediation program began in June 1996. A mediation is considered settled by a disputed claim settlement if any included case is closed by a DCS. Data through 2005 are based on mediation worksheets; data for 2006-2008 are based on mediation events in the board's system.
1997	250	91.6%	82.0%	
1998	233	90.1%	86.6%	
1999	216	89.8%	83.5%	
2000	280	89.3%	86.6%	
2001	248	85.5%	92.5%	
2002	285	86.3%	84.9%	
2003	241	86.3%	88.4%	
2004	268	84.0%	80.9%	
2005	270	87.0%	81.6%	
2006	356	87.7%	76.9%	
2007	346	89.4%	79.0%	
2008	346	89.6%	75.9%	

Issues in WCB mediations, 1996-2008

Year	Disease	Compensability	Non-WCB issues	
1996	50%	N/A	N/A	"Disease" means compensability of an occupational disease; it includes mental disorder. "Non-WCB issues" includes employment rights, Workers' Compensation Division issues, torts, contracts, and other civil actions. In 2008, the cases resolved by mediation that included compensability as an issue dropped to an all-time low of 79 percent. Cases that included non-WCB issues have ranged from 40 percent to 55 percent since 1996.
1997	50%	90%	40%	
1998	44%	98%	47%	
1999	63%	N/A	46%	
2000	41%	97%	43%	
2001	49%	99%	51%	
2002	42%	95%	55%	
2003	41%	99%	45%	
2004	31%	97%	50%	
2005	67%	94%	47%	
2006	46%	81%	42%	
2007	64%	81%	43%	
2008	72%	79%	43%	

Board review requests, orders, time lags, and appeal rates, 1987-2008

Year	Requests	Orders	Request-to-order median days	Appeal rates
1987	1,719	1,222	259	29.6%
1988	2,151	991	306	12.8%
1989	1,944	1,576	548	13.6%
1990	1,653	3,067	458	17.2%
1991	2,346	2,064	264	23.8%
1992	2,230	2,487	255	27.9%
1993	1,726	1,931	256	19.5%
1994	1,599	1,814	238	20.1%
1995	1,553	1,655	204	17.4%
1996	1,381	1,676	163	17.9%
1997	1,307	1,229	160	18.2%
1998	1,187	1,358	134	18.5%
1999	1,141	1,147	125	19.1%
2000	1,076	1,166	118	21.2%
2001	966	860	110	22.9%
2002	939	818	209	14.5%
2003	996	1,023	161	19.2%
2004	802	912	162	17.9%
2005	796	770	140	13.8%
2006	782	738	167	14.9%
2007	705	701	170	14.4%
2008	625	726	196	14.6%

The number of requests for board review peaked in 1991. Requests have dropped primarily because the number of hearing opinion and orders (judge's decision on the merits) has dropped from the high of more than 7,000 in 1988 to fewer than 2,000 in recent years.

HB 2900 (1987) required a board review to be scheduled within 90 days and an order published within 30 days of the review.

The appeal rate of board-review orders dropped immediately from the 1987 peak. One reason was that HB 2900 changed the court's review standard from de novo to "substantial evidence."

Note: Counts exclude crime-victim and third-party cases, reconsideration orders, and on-remand orders. Appeal rates are based on all board-review order types, not just orders on review.

Board own-motion orders, 1987-2008

Year	BOM orders
1987	612
1988	724
1989	703
1990	962
1991	1,135
1992	1,003
1993	927
1994	845
1995	751
1996	659
1997	616
1998	639
1999	593
2000	555
2001	431
2002	243
2003	395
2004	496
2005	466
2006	183
2007	179
2008	198

In 1987 the legislature (HB 2900) limited worker benefits by own motion. The number of board own-motion orders peaked in 1991.

The 2001 legislature (SB 485) provided for benefits when curative treatment is in lieu of hospitalization, new and omitted medical condition claims, and permanent disability. This may account for the increase in orders in 2003-2005 over 2002.

Lawmakers in 2005 (HB 2294) required that a condition must be compensable before an own-motion claim may be processed, reducing own-motion claims.

Court of Appeals requests, decisions, and time lags, 1987-2008

Year	Requests	Decisions	Request-to-decision median days	
1987	362	287	335	<p>Appeals to the court peaked in 1992; in 2008, the number of appeals, 105, was just 15 percent of the peak.</p> <p>The primary reasons for the subsequent decline are the decreasing numbers of orders on review and the change in the court's review standard.</p> <p>Time lags for court decisions climbed for six straight years between 1996 and 2002. Time lags peaked in 2006 at 482 days (1.3 years).</p> <p>Notes: Decisions exclude court dismissals and remands where the court did not rule on the primary issue or direct a resolution. Time lags exclude dismissals. The decision date is the date of the court's slip opinion.</p>
1988	127	283	323	
1989	214	108	281	
1990	528	178	298	
1991	491	332	293	
1992	695	247	321	
1993	377	285	295	
1994	365	239	286	
1995	288	172	299	
1996	300	175	288	
1997	224	160	318	
1998	251	130	330	
1999	219	126	343	
2000	247	98	376	
2001	197	102	426	
2002	119	111	458	
2003	196	64	457	
2004	163	114	441	
2005	106	80	440	
2006	110	60	482	
2007	101	59	453	
2008	105	47	476	

Median time lag (days) from injury to order, 1987-2008

Year	Hearings	Board	Court	
1987	758	1,067	1,496	<p>Times from injury to order have declined substantially since 1987, in large part due to the change in the mix of issues. Whole-claim denial is generally the first possible issue in a claim and hearings the first level of appeal.</p> <p>Notes: Data are for all order types except Court of Appeals dismissals. The 2008 court lag of 1,455 days equates to 3.96 years.</p>
1988	677	1,098	1,606	
1989	602	1,320	1,512	
1990	617	1,169	1,770	
1991	659	978	1,512	
1992	655	1,047	1,549	
1993	598	966	1,443	
1994	561	870	1,402	
1995	574	817	1,490	
1996	532	763	1,247	
1997	502	723	1,484	
1998	488	716	1,330	
1999	485	685	1,446	
2000	506	721	1,238	
2001	496	714	1,281	
2002	549	811	1,311	
2003	541	780	1,369	
2004	535	806	1,481	
2005	559	827	1,446	
2006	537	831	1,447	
2007	533	834	1,440	
2008	532	855	1,455	

Disputed claim settlements at hearing and board review, 1987-2008

Year	Hearing		Board		The number of DCSs at hearing has dropped significantly since the peak in 1991, but their relative significance has risen. Between 1987 and 2008, DCSs grew from 16 percent to 37 percent of all hearing orders and from 26 percent to 70 percent of all settlements. Note: Since 2000, the board figures include on-remand DCSs.
	DCS cases	Amount (\$ millions)	DCS orders	Amount (\$ millions)	
1987	3,778	\$18.2	N/A	N/A	
1988	4,139	21.6	N/A	N/A	
1989	4,365	22.5	N/A	N/A	
1990	5,374	29.1	N/A	N/A	
1991	6,021	32.6	N/A	N/A	
1992	4,942	25.7	64	\$0.980	
1993	4,700	24.8	84	1.166	
1994	4,100	20.8	64	0.778	
1995	4,455	22.2	52	0.521	
1996	4,001	19.1	55	0.608	
1997	3,846	19.0	49	0.622	
1998	3,921	20.3	35	0.374	
1999	3,721	19.6	40	0.398	
2000	4,019	22.8	55	0.706	
2001	3,899	21.2	68	0.854	
2002	3,931	23.1	68	0.860	
2003	3,703	22.1	71	0.898	
2004	3,219	20.7	62	1.065	
2005	3,401	22.6	60	0.822	
2006	3,176	22.5	45	0.735	
2007	3,276	24.0	48	0.787	
2008	3,324	26.4	41	0.965	

Claim disposition agreements, 1990-2008

Year	CDAs approved	Total amount (\$ millions)	SB 1197 authorized claim disposition agreements in 1990. In 2004, 2,869 CDAs were approved, the fewest since 1991. This decline probably results from the decline in the number of claims. In 2008, more than \$62 million was paid in for CDAs.
1990	362	\$6.9	
1991	2,840	45.6	
1992	3,229	47.0	
1993	3,304	42.5	
1994	3,260	41.8	
1995	3,929	48.6	
1996	3,564	45.0	
1997	3,268	44.3	
1998	3,074	37.7	
1999	3,073	39.7	
2000	3,144	39.9	
2001	3,143	39.3	
2002	3,207	44.9	
2003	3,040	41.2	
2004	2,869	43.8	
2005	2,923	43.7	
2006	2,954	52.2	
2007	3,025	52.1	
2008	3,153	62.2	

Claimant attorney fees and defense legal costs, 1987-2008

Year	Claimant attorney fees (\$ millions)	Defense legal costs (\$ millions)	Claimant attorney fees peaked in 1991 and 1992 at about 49 percent above 1987 fees. Defense legal costs peaked in 1992 and were rising again from 2003-2008, reaching the highest level on record in 2008. Defense legal costs differ from claimant attorney fees in several ways: they include all costs, in addition to fees; they are the actual amounts paid rather than the amounts in rule; they are not reversible on appeal; there may be fees paid to multiple attorneys on a single dispute. Information about series breaks: Break #1. Beginning with 2004, data on fees at the Court of Appeals and in department medical service and vocational assistance disputes were available. For 2004-2006, these added fees were 1.5 percent to 1.9 percent of the total. Break #2. For 2007, data on fees for WCD contested cases at hearing ("Dept. Hrng.") and Board Own Motion were available. Added fees in 2007 were 0.4 percent of total fees. Both fees are estimated.
1987	\$14.4	N/A	
1988	16.3	N/A	
1989	16.6	\$23.4	
1990	17.8	26.1	
1991	21.4	27.0	
1992	21.4	28.2	
1993	19.8	27.2	
1994	18.9	25.7	
1995	19.9	27.4	
1996	17.5	25.3	
1997	16.0	24.3	
1998	16.1	24.2	
1999	15.8	24.2	
2000	16.7	23.9	
2001	16.1	25.7	
2002	17.2	25.3	
2003	17.1	27.1	
----->Series break #1			
2004	17.7	27.7	
2005	18.4	29.4	
2006	19.0	29.7	
----->Series break #2			
2007	19.2	30.2	
2008	21.0	32.4	

Claimant attorney fees, 1987-2008

Year	Hearings (\$ thousands)	Board (\$ thousands)	CDA (\$ thousands)	Reconsideration (\$ thousands)	SB 369 in 1995 limited attorney fees in responsibility disputes, prohibited hearing-awarded fees for issues before the director, and limited fees for reversal of denials before hearing. In early 1999 the board increased the maximum amount of fees that may be awarded out of increased disability awards, disputed claim settlements, and claim disposition agreements. SB 620 changed penalty fees from one-half of the penalty to fees proportional to the benefit. The maximum fee is \$2,000. In 2008, 43 percent of all fees came from CDAs. For information about series breaks see comment in previous table.
1987	\$14,187	\$226	-	-	
1988	15,967	335	-	-	
1989	15,953	656	-	-	
1990	15,902	1,007	\$900	\$1	
1991	13,796	905	6,429	277	
1992	12,505	1,067	7,096	727	
1993	11,145	1,165	6,658	858	
1994	10,400	1,140	6,511	835	
1995	10,859	826	7,315	890	
1996	9,100	857	6,677	825	
1997	8,518	753	5,999	683	
1998	8,863	802	5,664	761	
1999	8,537	612	5,908	764	
2000	9,128	693	6,118	786	
2001	8,540	612	6,115	833	
2002	8,914	626	6,880	785	
2003	8,989	721	6,540	810	
----->Series break #1					
2004	8,886	790	6,787	890	
2005	9,490	762	6,784	994	
2006	9,681	757	7,291	954	
----->Series break #2					
2007	9,648	746	7,621	841	
2008	10,139	912	8,832	764	

Claimant attorney fees from lump-sum settlements, 1989-2008

Year	Hearing DCS (\$ thousands)	Board DCS (\$ thousands)	Lump sum (\$ thousands)	Lump sum percentage	Lump-sum attorney fees are from claim disposition agreements and disputed claim settlements. (CDA attorney fees are shown in the previous table.) Lump-sum fees increased from 25 percent of all attorney fees in 1989 (before CDAs) to 66 percent in 2002. In 1987, DCSs accounted for 23 percent of all hearing fees. This percentage peaked in 2002 at 50 percent; it was 48 percent in 2008. Note: The 1989-1991 board DCS figures are estimates.
1989	\$4,049	\$98	\$4,147	25.0%	
1990	5,222	151	6,273	32.5%	
1991	6,107	136	12,672	59.2%	
1992	4,978	164	12,238	57.2%	
1993	4,708	222	11,588	58.4%	
1994	4,105	143	10,759	57.0%	
1995	4,376	106	11,797	59.3%	
1996	3,787	129	10,593	60.7%	
1997	3,629	121	9,749	61.1%	
1998	3,954	57	9,675	60.1%	
1999	3,787	67	9,762	61.7%	
2000	4,338	168	10,624	63.5%	
2001	4,145	149	10,409	64.7%	
2002	4,407	170	11,457	66.6%	
2003	4,318	196	11,054	64.8%	
2004	3,910	200	10,897	61.6%	
2005	4,316	178	11,278	61.4%	
2006	4,270	146	11,707	61.7%	
2007	4,528	152	12,302	63.9%	
2008	4,842	179	13,807	65.9%	

Maximum out-of-compensation attorney fees

Hearings	<u>1/1988 - 2/1999</u>	<u>2/1999 - present</u>	For PTD, PPD, and time loss, attorney fees are 25 percent of increased compensation award, subject to these limitations. Fees may exceed these limitations in extraordinary circumstances.
PTD	\$4,600	\$12,500	
PPD	2,800	4,600	
Time loss	1,050	1,500	
DCSs	25% of the first \$12,500, 10% of the remainder	25% of the first \$17,500, 10% of the remainder	
Board	<u>1/1988 - 2/1999</u>	<u>2/1999 - present</u>	
PTD	\$6,000	\$16,300	
PPD	3,800	6,000	
Time loss	3,800	5,000	
CDAs	25% of the first \$12,500, 10% of the remainder	25% of the first \$17,500, 10% of the remainder	

2009 Insurance and Self-Insurance table updates

Workers' compensation premiums and rate changes, 1987-2009

Year	Total system written premiums (\$ millions)	Annual change in written premium	Annual pure premium rate changes	Cumulative rate changes since 1990
1987	\$677.0	-	14.5%	
1988	735.5	8.6%	0.0%	
1989	798.8	8.6%	5.2%	
1990	852.6	6.7%	6.2%	
1991	748.1	-12.3%	-12.2%	-12.2%
1992	786.1	5.1%	-11.0%	-21.9%
1993	739.5	-5.9%	-11.4%	-30.8%
1994	731.2	-1.1%	-4.3%	-33.7%
1995	750.3	2.6%	-3.2%	-35.9%
1996	743.0	-1.0%	-1.8%	-37.0%
1997	723.9	-2.6%	-10.5%	-43.6%
1998	664.0	-8.3%	-15.6%	-52.4%
1999	607.6	-8.5%	-4.8%	-54.7%
2000	615.5	1.3%	-2.2%	-55.7%
2001	637.0	3.5%	-3.7%	-57.3%
2002	728.0	14.3%	-0.1%	-57.4%
2003	758.4	4.2%	0.0%	-57.4%
2004	859.0	13.3%	0.0%	-57.4%
2005	907.5	5.6%	0.0%	-57.4%
2006	982.6	8.3%	0.0%	-57.4%
2007*	1,192.9	6.8%	-2.1%	-58.3%
2008	945.7	-9.9%	-2.3%	-59.2%
2009	N/A	N/A	-5.9%	-61.6%

Workers' compensation pure premium rates have decreased 62 percent between 1991 and 2009. Total system written premiums decreased by \$245.0 million between 1990 and 1999; they increased through 2007, before falling again in 2008.

Notes: Although self-insured employers do not pay premiums, the department calculates a simulated premium for each self-insurer. Figures here include these simulated premiums. They also include large-deductible premium credits.

* Also, SAIF Corporation reported that its 2007 written premium amount was artificially inflated due to a policy system conversion, which now recognizes annual written premium at policy inception. SAIF estimated that this one-time adjustment inflated 2007's written premium by \$143.8 million. This inflated figure is included in the total system written premium. It has been removed, however, from the calculation of the annual change in written premium. This was done to better show the real change in premium.

Workers' compensation premium rate ranking, 1986-2008

Year	Rate ranking	Percent study median
1986	6th	137%
1988	8th	142%
1990	8th	149%
1992	22nd	107%
1994	32nd	85%
1996	34th	89%
1998	38th	85%
2000	34th	85%
2002	35th	85%
2004	42nd	79%
2006	42nd	79%
2008	39th	83%

Oregon's average premium rate ranking improved from sixth highest in the nation with a 137 percent of study median in 1986, to 32nd highest with an 85 percent of study median in 1994. In 2008, the ranking was the 39th highest; 83 percent of the study median.

Note: The premium rate ranking is based on the manual rates in the 50 states applied to Oregon's mix of occupations. The use of other occupational distributions will produce different rankings.

Earned large-deductible premium credits, 1996-2008

Year	Premium credits (\$ millions)	Percent of private insurer written premium
1996	\$0.6	0.2%
1997	9.3	2.5%
1998	16.2	4.6%
1999	24.4	7.5%
2000	20.9	6.8%
2001	37.7	12.0%
2002	54.8	16.8%
2003	54.4	16.8%
2004	50.8	14.3%
2005	60.3	16.9%
2006	79.8	20.1%
2007	96.8	21.0%
2008	87.8	22.0%

Earned large-deductible premium credits are credits on employers' workers' compensation premium. Participating employers repay insurers their claims costs up to the deductible amounts. The use of these credits grew rapidly through 2002 then stayed roughly the same through 2004 after which rapid growth started again. In 2008, these credits were equal to 22 percent of private insurers' written premium.

Workers' compensation market share, by insurer type, 1995-2008

Year	SAIF	Private insurers	Self-insured employers	
1995	33.2%	50.4%	16.3%	<p>In 2008, as measured by total system written premiums, SAIF had 43 percent of the market. Private insurers' share was 42 percent. The largest private insurer, Liberty Northwest, had 12 percent of the market and 28 percent of the private insurer market.</p> <p>* Note: SAIF Corporation reported that its 2007 written premium amount was artificially inflated due to a policy system conversion, which now recognizes annual written premium at policy inception. SAIF estimated that this one-time adjustment has inflated 2007's written premium by \$143.8 million. This amount was removed from SAIF's premium in the computation of the 2007 market shares.</p>
1996	32.6%	50.4%	17.0%	
1997	30.9%	52.3%	16.8%	
1998	31.0%	53.2%	15.8%	
1999	31.4%	53.7%	14.9%	
2000	35.7%	50.2%	14.0%	
2001	37.2%	49.3%	13.5%	
2002	41.7%	44.9%	13.4%	
2003	42.5%	42.8%	14.7%	
2004	44.3%	41.4%	14.3%	
2005	46.1%	39.3%	14.6%	
2006	45.8%	40.4%	13.9%	
2007*	42.4%	44.0%	13.6%	
2008	42.6%	42.1%	15.2%	

SAIF Corporation financial characteristics, 1995-2008

Year	Total system written premiums (\$ millions)	Loss ratio	Expense loading factors	Dividends (\$ millions)	
1995	249.3	82.4	1.206	80.2	<p>* SAIF's written premium grew by about 13 percent per year between 1999 and 2006. Starting with 2007 SAIF changed its DPW calculation method from arrears based to total estimated at policy inception. This caused a large one-time jump in 2007. The 2008 figure returned to the normal range.</p> <p>SAIF's loss ratio (incurred losses divided by earned premiums) was 87.5 percent in 2008.</p> <p>SAIF's expense loading factor covers operating expenses, taxes, profit, and contingencies. This factor is multiplied by the pure premium rate to the employer's payroll to determine gross premium. The 2008 factor was 1.204.</p> <p>Between 1998 and 2000, SAIF paid \$492 million in dividends. Little had been paid until the \$60.0 million of 2007. (The 2002 negative dividend figure represents uncashed dividend checks credited back to SAIF.)</p>
1996	242.2	125.6	1.200	50.1	
1997	223.6	66.6	1.193	69.8	
1998	205.7	40.6	1.130	121.1	
1999	191.0	140.4	1.097	211.5	
2000	220.0	166.2	1.103	159.4	
2001	237.0	94.5	1.108	0.1	
2002	303.4	108.9	1.129	-0.6	
2003	322.0	109.5	1.149	0.2	
2004	380.2	123.3	1.203	2.0	
2005	418.3	65.8	1.204	0.0	
2006	449.8	92.9	1.208	0.0	
2007*	588.9	86.4	1.211	60.0	
2008	403.1	87.5	1.204	0.0	

Private insurers' financial characteristics, 1995-2008

Year	Total system written premiums (\$ millions)	Loss ratio	Expense loading factors	Dividends (\$ millions)	
1995	378.4	68.2	1.269	12.5	<p>Private insurers' written premium was about \$399 million in 2008. Although the 2008 premium was lower than in 2007, the written premium has been growing at a rate of more than 4 percent per year.</p> <p>The loss ratio for all private insurers was 71.0 percent in 2008.</p> <p>Each private insurer develops an expense loading factor to cover operating expenses, taxes, profit, and contingencies. These factors are multiplied by the pure premium rate to the employer's payroll to determine gross premium. The average 2008 factor was 1.397, the lowest values since 2004.</p> <p>Over the past five years, private insurers have paid back less than 1 percent of written premium in dividends.</p>
1996	374.8	66.8	1.207	10.3	
1997	378.4	62.2	1.213	9.4	
1998	353.6	71.3	1.232	10.3	
1999	326.0	69.4	1.216	11.6	
2000	309.1	78.4	1.238	10.3	
2001	314.0	88.7	1.272	8.4	
2002	327.0	66.7	1.349	6.0	
2003	324.7	91.2	1.384	3.1	
2004	355.7	88.0	1.382	2.6	
2005	356.7	83.2	1.423	1.4	
2006	396.7	81.1	1.413	2.2	
2007	461.9	69.7	1.415	1.9	
2008	398.5	71.0	1.397	1.1	

WC insurance plan (Assigned Risk Pool) characteristics, 1987-2008

Year	Covered employers	Pool premium (\$ millions)	Percent of written premium	After declining during the late 1990s, the Assigned Risk Pool grew rapidly between 2000 and 2003, from 3 percent to 9 percent of the total premium. Although the number of employers in the pool stayed roughly constant for 2004 through 2007, pool premium, for the period, declined as a percentage of written premium. In 2008 the number of covered employers decreased markedly, as did pool premium.
1987	1,935	\$19.4	3.4%	
1988	1,872	20.1	3.3%	
1989	3,658	28.8	4.2%	
1990	12,765	71.9	9.8%	
1991	11,970	71.7	11.4%	
1992	12,140	50.2	7.7%	
1993	16,056	48.6	8.0%	
1994	18,008	53.1	8.7%	
1995	17,982	49.1	7.9%	
1996	13,627	34.5	5.6%	
1997	12,771	24.7	4.2%	
1998	11,369	21.3	3.8%	
1999	9,739	17.3	3.4%	
2000	7,414	16.5	3.2%	
2001	8,533	25.2	4.9%	
2002	10,981	42.4	7.4%	
2003	12,421	55.6	9.4%	
2004	12,761	57.5	8.4%	
2005	13,054	58.9	8.2%	
2006	12,799	59.4	7.7%	
2007	12,023	55.6	5.8%	
2008	10,617	38.2	5.4%	