## 2011 Medical Care and Benefits table updates

Medical payments by provider type, 2010				
Provider type	Payments (\$ millions)	Percent of total		
Hospital Outpatient	\$86.24	27.5%		
Medical Doctor	58.98	18.8%		
Hospital Inpatient	39.68	12.7%		
Physical Therapist	29.99	9.6%		
Pharmacy	20.80	6.6%		
Other Medical Provider <sup>1</sup>	19.42	6.2%		
Ambulatory Surgical Center	17.60	5.6%		
Chiropractor	7.56	2.4%		
Medical Supplies	7.50	2.4%		
Occupational Therapist	3.29	1.1%		
Subtotal	291.05	92.8%		
Remaining provider types <sup>2</sup>	22.65	7.2%		
Total	\$313.70	100.0%		

In 2010, an estimated \$313.7 million was paid for workers' compensation medical services. This amount is up only slightly from the revised 2009 estimate of \$313 million. Hospital outpatient services accounted for 27.5 percent of payments. 2010 was the second consecutive year in which hospital outpatient expenditures exceeded payments to medical doctors.

The Workers' Compensation Division requires that insurers with 100 or more accepted disabling claims report their medical payment data. New rules in OAR 436-160 (Medical Electronic Data Interchange) are replacing rules under OAR 436-009 (Bulletin 220).

- 1: Other Medical Provider payments are primarily for independent medical exams and ambulance services.
- 2: The Remaining Provider Types are osteopath, home health care, dentist, nursing home care, acupuncturist, physician assistant, podiatrist, laboratory services, optometrist, registered nurse practitioner, psychologist, radiologist, and naturopath.

		Payments	
Group	Service category	(\$ millions)	Percent of total
Physician services	Physical medicine	\$53.07	16.9%
	Evaluation and management	50.31	16.0%
	Radiology	26.14	8.3%
	Major surgery <sup>1</sup>	20.43	6.5%
	Medicine	16.30	5.2%
	Other surgery <sup>2</sup>	9.40	3.0%
	Anesthesia	2.74	0.9%
	Laboratory	2.37	0.8%
Total physican servi	ces	180.76	57.6%
Hospital services <sup>3</sup>	Revenue codes	48.99	15.6%
	Hospital CPT	8.97	2.9%
	Hospital HCPCS	3.43	1.1%
	Other hospital	0.30	0.1%
Total hospital service	es	61.70	19.7%
OSCs, IMEs,	IMEs	8.66	2.8%
and IME-related	Oregon Specific Codes	4.63	1.5%
services	IME-related services	0.42	0.1%
Total OSCs, IMEs a	nd IME-related services	13.71	4.4%
Other services	ASC facility fees	17.57	5.6%
	Pharmaceuticals	19.34	6.2%
	Non-hospital HCPCS <sup>3</sup>	15.67	5.0%
	DME & supplies	4.88	1.6%
	Non-fee schedule NA <sup>3</sup>	0.08	0.02%
Total other services		38.19	12.2%
Total		\$313.70	100.0%

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 not covered by the fee schedule are reimbursed at the provider's usual fees. New rules in effect in 2011 mandate non-fee-schedule payments at 80 percent of the provider's usual fee.

This table shows total payments and percent of total for fee-schedule-regulated service categories and non-fee-schedule categories. Examples of non-fee-schedule service categories include hospital inpatient and facility services, and non-hospital HCPCS (Medicare's national level II codes, detailing supplies and materials). Payments for all non-fee-schedule services performed in a hospital setting are paid a percentage of charges in accordance with Bulletin 290. In 2010, the total share of non-fee-schedule services was about 25 percent of total medical payments. Oregon-specific services accounted for \$13.7 million, nearly two-thirds of which was for Independent Medical Examinations (IMEs) and related services.

- 1: Major surgery includes all services with a 90-day global period.
- 2: Other surgery includes all services with a global period of less than 90 days.
- 3: Non-fee-schedule services.

Top 15 workers' compensation medical services, 2010					
Service code	Description of service	Payments (\$ millions)	Percent of total payments	This table shows the top 15 service codes ranked according to total payments.	
97110 99213 97140 D0003 99214 360 97530 278 99283 99203 120 73721 72148 250 73221	Therapeutic exercises Office/outpatient visit Manual therapy Independent Medical Examination Office/outpatient visit Inpatient Operating Room Services Therapeutic activities Inpatient Medical/Surgical Supplies & Devices Emergency dept visit Office/outpatient visit Inpatient Room and Board - Semi-private MRI - Joint of Lower Extremity MRI - Lumbar Spine Inpatient Pharmacy MRI - Joint of Upper Extremity Subtotal	\$22.68 16.06 12.13 8.66 8.44 8.01 4.67 4.60 4.19 4.10 3.90 3.57 3.36 3.27 3.25	7.2% 5.1% 3.9% 2.8% 2.7% 2.6% 1.5% 1.3% 1.3% 1.2% 1.1% 1.1% 1.0% 35.3%	In 2010, the single medical service with the largest volume of payments, \$22.68 million, was therapeutic exercises. The top 15 services combined accounted for more than one-third of all workers' compensation medical payments.  Three of the top 15 services are categorized as physical medicine, commonly performed by physical therapists. Four are evaluation and management services, either office or emergency room visits. Four are services represented by three-digit revenue codes. These are for hospital inpatient and facility services. Three are MRI services and one is for Independent Medical Examinations.	
	Remaining services Total	202.81 \$313.70	64.7% 100%		

Top 15 pharmacy payments by drug name, 2010					
Drug name	Drug type	Therapeutic class	Payments (\$ millions)	Percent of total	In 2010, the top 15 pharmaceuticals accounted
Oxycontin	Brand	Analgesics - opioid	\$2.70	14.0%	for 54 percent of total
Hydrocodone/Acetaminophen	Generic	Analgesics - opioid	0.94	4.9%	pharmacy payments.
Lyrica	Brand	Anticonvulsants	0.80	4.1%	Generic drugs made up
Gabapentin	Generic	Anticonvulsants	0.76	3.9%	about 80 percent of the
Oxycodone HCL ER, CR	Generic	Analgesics - opioid	0.70	3.6%	prescriptions dispensed
Cymbalta	Brand	Antidepressants	0.70	3.6%	to injured workers and
Lidoderm	Brand	Dermatologicals	0.68	3.5%	39.6 percent of pharmacy
Celebrex	Brand	Analgesics - antiinflammatory	0.57	2.9%	payments for prescription
Fentanyl	Generic	Analgesics - opioid	0.45	2.3%	medications. Prescription
Morphine Sulfate ER, CR	Generic	Analgesics - opioid	0.45	2.3%	medications accounted for
Oxycodone/Acetaminophen	Generic	Analgesics - opioid	0.43	2.2%	98 percent of total pharmacy
Kadian	Brand	Analgesics - opioid	0.33	1.7%	payments. Medical supplies
Provigil	Brand	CNS Stimulant	0.33	1.7%	and other non-drug services
Fentora	Brand	Analgesics - opioid	0.31	1.6%	provided by pharmacies
Cyclobenzaprine HCL	Generic	Musculoskeletal therapy agents	0.30	1.5%	made up for the remaining
Subtotal		-	10.46	54.1%	2 percent of total pharmacy
Remaining pharmacy payments	3	8.88	45.9%	payments.	
Total			\$19.34	100.0%	

MCO contracts with insurers and self-insured employers, FY 1995-2011						
		Self-insured		At the end of fiscal year 2011, there were four active certified		
Fiscal year	Insurers	employers	Total	managed care organizations. These four MCOs had 107 active		
1995	30	45	75	contracts with insurers and self-insured employers at some point		
1996	32	46	78	during fiscal year 2011. In November 2010, a fifth MCO was		
1997	38	49	87	activated but, as of August 2011, had yet to begin business with		
1998	40	51	91	WC insurers or self-insured employers.		
1999	38	48	86	· ·		
2000	38	50	88	Note: These figures are based on reports submitted by MCOs and		
2001	45	54	99	may change as new data are reported.		
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			
2010	32	73	105			
2011	32	75	107			

Employee	Employees with accepted disabling claims enrolled in MCOs, 1998-2010						
Year	SAIF	Private insurers	Self-insured employers	Overall	The percentage of claimants with accepted disabling claims (ADCs) who have been enrolled in MCOs has varied between 36		
1998 1999 2000 2001	76.8% 72.4% 76.3% 70.3%	24.5% 20.9% 20.1% 12.3%	23.2% 21.8% 27.9% 26.8%	39.8% 37.1% 40.1% 35.6%	percent and 42 percent, but has been stable at around 39 percent for the past five years. During those same five years, SAIF's percentage of ADCs enrolled has gone down while the share of private insurers and self-insured employers has increased.		
2001 2002 2003 2004 2005 2006	70.3% 67.5% 70.3% 69.7% 70.5% 67.0%	12.3% 11.7% 8.2% 10.4% 7.8% 5.7%	27.8% 30.1% 30.7% 32.9% 33.2%	36.5% 39.1% 40.9% 42.1% 39.6%	Note: The 2002 private insurer figure includes estimated data from the Liberty group.		
2007 2008 2009 2010	65.8% 64.1% 63.3% 62.6%	6.7% 8.4% 8.9% 7.5%	34.0% 33.3% 39.1% 42.6%	39.8% 38.7% 39.5% 39.7%			