

2011 Safety and Health table updates

Accepted disabling claims, employment, and claims rates, 1987-2010			
Year	Accepted disabling claims	Employment	Claims rate
1987	41,033	1,105,200	3.71
1988	43,660	1,161,100	3.76
1989	39,170	1,214,900	3.22
1990	35,857	1,258,600	2.85
1991	31,479	1,258,600	2.50
1992	30,786	1,280,500	2.40
1993	30,741	1,317,100	2.33
1994	31,530	1,378,800	2.29
1995	30,564	1,431,600	2.13
1996	28,389	1,487,300	1.91
1997	27,922	1,547,800	1.80
1998	27,020	1,576,100	1.71
1999	25,769	1,602,700	1.61
2000	25,325	1,627,600	1.56
2001	24,607	1,616,400	1.52
2002	23,463	1,596,100	1.47
2003	21,823	1,585,800	1.38
2004	22,320	1,630,500	1.37
2005	22,111	1,677,500	1.32
2006	23,370	1,734,400	1.35
2007	23,431	1,762,700	1.33
2008	21,660	1,746,200	1.24
2009	18,949	1,637,400	1.16
2010	18,013	1,621,800	1.11

The number of accepted disabling claims has fallen at an average rate of 2.8 percent annually over the past two decades even as the number of covered employees has risen. An exception to the trend was the period between 2003 and 2007, when the number of ADCs increased by 7 percent, total. Between 2007 and 2010, employment declined by 3.1 percent annually while the number of ADCs declined 9.2 percent.

The claims rate is the percentage of accepted disabling claims among covered employees. The claims rate has also fallen over time. The rate was at a record low in 2010, with just over one accepted disabling claim per 100 workers.

Note: Workers' compensation covered employment figures are based on data from the Employment Department.

CY 2010 figures are subject to revision.

Compensable fatalities, 1987-2010			
Year	Compensable fatalities	Fatality rate	
1987	78	7.1	
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	
2009	31	1.9	
2010	17	1.0	

There were 17 compensable fatalities in 2010, the lowest ever reported.

A large rise in yearly fatality counts can occur because of multiple-fatality incidents. For example, in 2008, one incident resulted in the deaths of eight Oregon workers.

Compensable fatalities are counted in the year they are reported, which will not necessarily correspond to the year of occurrence.

Note: The fatality rate is the number of fatalities per 100,000 workers.

Occupational injuries and illnesses incidence rates, Oregon private sector, 1987-2009

Year	Total cases	Cases with days away from work	DART	<p>These incidence rates are compiled from the Bureau of Labor Statistics' Occupational Injury and Illness Survey, and the data come from the employers' OSHA 300 Log. Beginning with the 2002 BLS survey, incidence rates are based on revised requirements for recording occupational injuries and illnesses. Due to the revised requirements, the rates since the 2002 survey may not be comparable with those of prior years.</p> <p>The total-cases incidence rate is a measure of all recordable workplace injuries and illnesses for every 100 full-time employees. The cases-with-days-away-from-work incidence rate shows the cases that resulted in absences from work. The DART rate is a broader measure that includes <u>d</u>ays <u>a</u>way from work, <u>r</u>estriction, or <u>j</u>ob <u>t</u>ransfer. These three rates fell about 28 percent between 2002 and 2009.</p>
1987	10.9	4.8	-	
1988	11.1	4.9	-	
1989	10.6	4.3	-	
1990	10.1	3.9	-	
1991	9.1	3.4	-	
1992	9.1	3.3	-	
1993	9.0	3.3	-	
1994	8.7	3.0	-	
1995	8.8	2.9	-	
1996	7.8	2.6	-	
1997	7.8	2.3	-	
1998	6.9	2.1	-	
1999	7.0	2.1	-	
2000	6.3	1.9	-	
2001	6.2	1.9	-	
----->	series break			
2002	6.0	1.9	3.2	
2003	5.6	1.9	3.1	
2004	5.8	1.9	3.1	
2005	5.4	1.7	2.9	
2006	5.3	1.7	2.8	
2007	5.1	1.7	2.8	
2008	4.6	1.5	2.5	
2009	4.4	1.4	2.3	

Oregon OSHA inspections, federal fiscal years 1988-2010

Federal fiscal year	Inspections	Workers covered by inspections	Percent in compliance	<p>The average number of inspections per year from 1988 to 2010 is 5,250.</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 2010, 82.2 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 worksite is called "in-compliance." The percentage of in-compliance inspections was 27 percent in FFY 2010.</p> <p>Both the number of inspections and the compliance rate have remained relatively unchanged over the period under consideration.</p>
1988	5,697	147,414	23.3%	
1989	5,136	167,432	24.2%	
1990	4,826	164,052	21.4%	
1991	5,506	163,807	18.8%	
1992	5,739	206,170	17.7%	
1993	5,613	245,929	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	221,994	23.7%	
2009	5,541	212,361	24.0%	
2010	5,260	132,240	27.3%	

Oregon OSHA citations, violations, and proposed penalties, federal fiscal years 1988-2010				
Federal fiscal year	Citations	Violations	Penalties (\$ millions)	
1988	4,368	15,735	\$1.9	<p>Oregon OSHA issues a citation to an employer when one or more violations of Oregon or federal standards are found. The penalties listed here are the initial or proposed penalties levied when the citation was issued and do not reflect changes made due to the settlement of an appeal.</p> <p>The average number of violations per citation has changed little since 1983. The average number before 1996 was four violations per citation; the average since has been three.</p> <p>The average number of serious violations per citation has varied even less since 1988, with the average consistently close to one.</p>
1989	3,892	12,364	1.5	
1990	3,794	14,009	2.8	
1991	4,472	17,118	2.8	
1992	4,721	19,424	3.2	
1993	4,485	17,611	4.7	
1994	3,970	15,292	4.6	
1995	4,093	15,302	5.8	
1996	3,823	12,434	2.9	
1997	3,269	10,359	3.9	
1998	3,725	11,366	2.4	
1999	3,767	11,433	3.0	
2000	3,642	11,094	2.3	
2001	3,879	12,701	2.4	
2002	4,170	12,703	2.1	
2003	3,940	11,700	2.3	
2004	3,827	11,805	2.4	
2005	3,805	11,376	2.0	
2006	3,595	10,020	2.4	
2007	3,759	10,495	2.4	
2008	4,004	10,627	2.5	
2009	4,213	11,587	3.1	
2010	3,824	10,330	1.7	

Oregon OSHA consultations, 1988-2010					
Year	Consultations opened	Employees affected	Participants in recognition programs:		
			SHARP	VPP	
1988	502	N/A	-	-	<p>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. 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. There have been more than 2,500 consultations each year since 2008.</p> <p>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.</p> <p>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.</p>
1989	671	N/A	-	-	
1990	943	102,739	-	-	
1991	1,741	250,623	-	-	
1992	2,491	342,683	-	-	
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	233,665	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	2,542	209,525	142	23	
2009	2,898	268,631	161	24	
2010	2,693	159,280	196	27	

Safety and health training programs, 1998-2010

Year	Attendance at training sessions	
1998	15,494	<p>Oregon OSHA has provided education and training to thousands of workers and employers each year. These educational forums provide an opportunity to share ideas on occupational safety and health with national experts. The increases in attendance in odd-numbered years are due to the Governor's Occupational Safety and Health Conference. These conferences are coordinated and presented in partnership with businesses, associations, labor unions, etc.</p> <p>In 2010, there were seven conferences held around Oregon. They addressed a variety of safety and health issues. In addition to conferences, in 2010, the Public Education Section offered more than 559 workshops and on-site trainings on 44 different topics related to safety and health in the workplace.</p>
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	
2009	30,874	
2010	18,580	

2011 Compensability table updates

Total reported claims, FY 1989-2011				
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	18,874	3,408	15.3%	7,221
2010	17,068	3,017	15.0%	6,656
2011	17,029	2,644	13.4%	5,794

The number of disabling claims has declined by an average of 3.4 percent per year since FY 1989, although there has been considerable year-to-year variability. The number fell 12 percent in FY 2009 and 10 percent more in FY 2010. Accepted disabling claims were essentially unchanged in 2011, although total disabling claims were down again. One explanation for the decrease in disabling claims is the decrease in employment that has accompanied the current recession.

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

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

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

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

Disabling occupational disease claims, FY 1989-2011			
Fiscal year	Accepted	Denied	Percent denied
1989	3,980	2,041	33.9%
1990	3,496	2,761	44.1%
1991	3,068	2,115	40.8%
1992	3,101	2,293	42.5%
1993	3,217	1,939	37.6%
1994	3,305	2,037	38.1%
1995	3,446	2,089	37.7%
1996	3,446	1,965	36.3%
1997	3,591	1,993	35.7%
1998	3,329	1,768	34.7%
1999	2,884	1,657	36.5%
2000	3,064	1,524	33.2%
2001	3,250	1,590	32.9%
2002	3,218	1,794	35.8%
2003	3,341	1,646	33.0%
2004	3,164	1,751	35.6%
2005	3,447	1,698	33.0%
2006	3,681	1,555	29.7%
2007	3,660	1,560	29.9%
2008	3,378	1,428	29.7%
2009	2,996	1,378	31.5%
2010	2,317	1,239	34.8%
2011	2,143	1,012	32.1%

The denial rate of occupational disease claims has shown a steady decline averaging 1.4 percent per year since 1990.

The total number of disabling occupational disease claims reported to the department has also generally declined over the period, although with considerable variability. In FY 2011, it was more than 7 percent lower than the previous year.

Historical data are subject to small changes.

Disabling aggravation claims, 1991-2010

Year	Accepted	Denied	Percent denied	
1991	2,042	1,675	45.1%	<p>After a claim has been closed, an injured worker is entitled to additional compensation for worsened conditions resulting from the original injury. The number of these aggravation claims has generally declined over the past two decades, hovering around 1,000 since 2004. However, the number of these claims that have been denied has not declined as rapidly. As a result, the denial rate is now almost 55 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>
1992	2,201	1,514	40.8%	
1993	2,099	1,337	38.9%	
1994	1,915	1,171	37.9%	
1995	1,593	907	36.3%	
1996	1,565	950	37.8%	
1997	1,351	993	42.4%	
1998	1,172	763	39.4%	
1999	1,038	730	41.3%	
2000	876	618	41.4%	
2001	902	575	38.9%	
2002	773	535	40.9%	
2003	717	483	40.3%	
2004	563	416	42.5%	
2005	549	340	38.2%	
2006	523	432	45.2%	
2007	518	534	50.8%	
2008	506	566	52.8%	
2009	447	554	55.3%	
2010	438	533	54.9%	

2011 Claims Processing table updates

Insurer claim acceptance and denial, median time lag days, 1988-2010			
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 days to 90 days. SB 485 (2001) reduced the allowed time back to 60 days.</p> <p>Between 2001 and 2002, there was a significant drop in the median number of days taken to accept and deny claims. Since then, the median has remained at or below 42 days for claim acceptance and at or below 51 days for claim denial.</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	
2009	41	48	
2010	42	49	

Insurer timeliness of acceptance or denial and of first payments, 1990-2010			
Year	Acceptance/ denial timely	First temporary disability payment timely	
1990	85.4%	80.1%	<p>Insurer timeliness is measured by the rates at which claims are accepted or denied, and indemnity payments are made, in accordance with rules and statutes.</p> <p>Insurer performance on timeliness of acceptance or denial of claims improved between 1990 and 1994, to 96.1 percent, after which it generally declined to a low of 89.5 percent in 2005. However, it has improved for the past four years, to more than 93 percent in 2009 and 2010.</p> <p>Timeliness of first payments has also improved since 1990. In 2009 and 2010, more than 91 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%	
2009	93.6%	91.1%	
2010	93.3%	91.5%	

Civil penalties issued, 1990-2010			
Year	Citations	Penalty amount	
1990	407	\$158,325	<p>The number of citations against insurers had been trending upward for the past two decades, but dropped below 1997 levels in 2010. Total penalties assessed had shown a similar increase with a dramatic drop in recent years.</p> <p>Not included in these statistics are stipulated agreements. These may encompass various violations of rules and statutes under ORS Chapters 656 and 731 and set up various performance expectations.</p>
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	
2009	739	404,525	
2010	526	286,525	

Calls to the workers' compensation information line, 1990-2010				
Year	Worker calls	Other calls	Total calls	
1990	23,263	N/A	N/A	<p>WCD has an information line to assist workers and others (800-452-0288).</p> <p>Calls for assistance have steadily declined over the past two decades. In 2010, there were fewer than 5,000 calls from workers with questions about their claims, the claims process, or the workers' compensation system.</p> <p>The line also received 3,750 calls from insurers, medical providers, attorneys, employers, legislators, and others in 2010.</p> <p>Cases requiring language translation or worker advocacy are referred to the Office of the Ombudsman for Injured Workers.</p>
1991	21,475	N/A	N/A	
1992	15,181	N/A	N/A	
1993	18,243	N/A	N/A	
1994	19,678	7,575	27,253	
1995	17,503	6,699	24,202	
1996	16,938	7,701	24,639	
1997	15,737	8,425	24,162	
1998	14,960	8,098	23,058	
1999	13,711	7,930	21,641	
2000	12,155	6,490	18,645	
2001	11,662	6,936	18,598	
2002	10,000	7,056	17,056	
2003	9,813	7,397	17,210	
2004	10,129	7,703	17,832	
2005	9,463	6,270	15,733	
2006	7,898	6,056	13,954	
2007	7,359	4,947	12,306	
2008	6,713	4,715	11,428	
2009	5,446	4,214	9,660	
2010	4,717	3,750	8,467	

2011 Advocates and Advisory Group table updates

Ombudsman for Injured Workers inquiries, 1999-2010		
Year	Inquiries	The Office of 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 10,187 inquiries in 2010, an average of about 41 per working day.
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	
2009	11,624	
2010	10,817	

Small Business Ombudsman inquiries, 1991-2010		
Year	Inquiries	The Office of the Ombudsman for Small Business was created in 1990. The number of inquiries peaked in 1999 and 2002. There were 915 inquiries in 2010.
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	1,204	
2010	915	

2011 Medical Care and Benefits table updates

Medical payments by provider type, 2010			
Provider type	Payments (\$ millions)	Percent of total	<p>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.</p> <p>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).</p> <p>1: Other Medical Provider payments are primarily for independent medical exams and ambulance services.</p> <p>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.</p>
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 ¹	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 ²	22.65	7.2%	
Total	\$313.70	100.0%	

Medical payments by service category, 2010			
Group	Service category	Payments (\$ 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 ¹	20.43	6.5%
	Medicine	16.30	5.2%
	Other surgery ²	9.40	3.0%
	Anesthesia	2.74	0.9%
	Laboratory	2.37	0.8%
Total physician services		180.76	57.6%
Hospital services ³	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 services		61.70	19.7%
OSCs, IMEs, and IME-related services	IMEs	8.66	2.8%
	Oregon Specific Codes	4.63	1.5%
	IME-related services	0.42	0.1%
Total OSCs, IMEs and IME-related services		13.71	4.4%
Other services	ASC facility fees	17.57	5.6%
	Pharmaceuticals	19.34	6.2%
	Non-hospital HCPCS ³	15.67	5.0%
	DME & supplies	4.88	1.6%
	Non-fee schedule NA ³	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. 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.
97110	Therapeutic exercises	\$22.68	7.2%	
99213	Office/outpatient visit	16.06	5.1%	
97140	Manual therapy	12.13	3.9%	
D0003	Independent Medical Examination	8.66	2.8%	
99214	Office/outpatient visit	8.44	2.7%	
360	Inpatient Operating Room Services	8.01	2.6%	
97530	Therapeutic activities	4.67	1.5%	
278	Inpatient Medical/Surgical Supplies & Devices	4.60	1.5%	
99283	Emergency dept visit	4.19	1.3%	
99203	Office/outpatient visit	4.10	1.3%	
120	Inpatient Room and Board - Semi-private	3.90	1.2%	
73721	MRI - Joint of Lower Extremity	3.57	1.1%	
72148	MRI - Lumbar Spine	3.36	1.1%	
250	Inpatient Pharmacy	3.27	1.0%	
73221	MRI - Joint of Upper Extremity	3.25	1.0%	
Subtotal		110.89	35.3%	
Remaining services		202.81	64.7%	
Total		\$313.70	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 for 54 percent of total pharmacy payments. Generic drugs made up about 80 percent of the prescriptions dispensed to injured workers and 39.6 percent of pharmacy payments for prescription medications. Prescription medications accounted for 98 percent of total pharmacy payments. Medical supplies and other non-drug services provided by pharmacies made up for the remaining 2 percent of total pharmacy payments.
Oxycontin	Brand	Analgesics - opioid	\$2.70	14.0%	
Hydrocodone/Acetaminophen	Generic	Analgesics - opioid	0.94	4.9%	
Lyrca	Brand	Anticonvulsants	0.80	4.1%	
Gabapentin	Generic	Anticonvulsants	0.76	3.9%	
Oxycodone HCL ER, CR	Generic	Analgesics - opioid	0.70	3.6%	
Cymbalta	Brand	Antidepressants	0.70	3.6%	
Lidoderm	Brand	Dermatologicals	0.68	3.5%	
Celebrex	Brand	Analgesics - antiinflammatory	0.57	2.9%	
Fentanyl	Generic	Analgesics - opioid	0.45	2.3%	
Morphine Sulfate ER, CR	Generic	Analgesics - opioid	0.45	2.3%	
Oxycodone/Acetaminophen	Generic	Analgesics - opioid	0.43	2.2%	
Kadian	Brand	Analgesics - opioid	0.33	1.7%	
Provigil	Brand	CNS Stimulant	0.33	1.7%	
Fentora	Brand	Analgesics - opioid	0.31	1.6%	
Cyclobenzaprine HCL	Generic	Musculoskeletal therapy agents	0.30	1.5%	
Subtotal			10.46	54.1%	
Remaining pharmacy payments			8.88	45.9%	
Total			\$19.34	100.0%	

MCO contracts with insurers and self-insured employers, FY 1995-2011

Fiscal year	Insurers	Self-insured employers	Total	
1995	30	45	75	<p>At the end of fiscal year 2011, there were four active certified managed care organizations. These four MCOs had 107 active contracts with insurers and self-insured employers at some point during fiscal year 2011. In November 2010, a fifth MCO was activated but, as of August 2011, had yet to begin business with WC insurers or self-insured employers.</p> <p>Note: These figures are based on reports submitted by MCOs and may change as new data are reported.</p>
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	
2010	32	73	105	
2011	32	75	107	

Employees with accepted disabling claims enrolled in MCOs, 1998-2010

Year	SAIF	Private insurers	Self-insured employers	Overall	
1998	76.8%	24.5%	23.2%	39.8%	<p>The percentage of claimants with accepted disabling claims (ADCs) who have been enrolled in MCOs has varied between 36 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.</p> <p>Note: The 2002 private insurer figure includes estimated data from the Liberty group.</p>
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	63.3%	8.9%	39.1%	39.5%	
2010	62.6%	7.5%	42.6%	39.7%	

2011 Indemnity Benefits table updates

Indemnity and medical benefits paid, CY 1995-2010			
Year	Total paid (\$ millions)	Indemnity percent	Medical percent
1995	\$455.0	56.3%	43.7%
1996	\$435.1	54.7%	45.3%
1997	\$426.9	53.0%	47.0%
1998	\$429.0	51.3%	48.7%
1999	\$428.9	51.1%	48.9%
2000	\$446.4	49.9%	50.1%
2001	\$468.0	50.2%	49.8%
2002	\$487.2	50.2%	49.8%
2003	\$483.9	48.9%	51.1%
2004	\$506.8	47.8%	52.2%
2005	\$538.3	45.8%	54.2%
2006	\$564.9	45.9%	54.1%
2007	\$574.6	46.8%	53.2%
2008	\$577.9	49.2%	50.8%
2009	\$605.9	48.3%	51.7%
2010	\$596.6	47.4%	52.6%

Total paid went down in 2010, the first decrease since 2003. Also since 2003, indemnity benefits paid have been around 46 percent to 49 percent of total paid.

Total paid is indemnity plus medical benefits for accepted and denied, disabling and nondisabling claims. Most of this is paid by insurers from premium. A small amount is reimbursement from the Workers' Benefit Fund. Total paid does not include most payments under the Re-employment Assistance Program, nor cost-of-living adjustments from the Retroactive Program.

Indemnity benefits are temporary disability, permanent partial disability, permanent total disability, vocational assistance, and death benefits, plus agreements and settlements. Temporary disability excludes most payments before compensability denial or after a department or court order; this applies to all the tables.

Some data are estimated. Historical data are subject to small changes.

Indemnity benefits paid for accepted disabling claims, CY 1995-2010		
Year	Benefits paid (\$ millions)	Average benefits
1995	\$243.9	\$7,340
1996	\$227.4	7,473
1997	\$214.5	7,360
1998	\$208.4	7,343
1999	\$208.1	7,724
2000	\$209.8	8,094
2001	\$221.8	8,613
2002	\$231.4	9,522
2003	\$223.3	9,736
2004	\$230.3	10,013
2005	\$233.1	10,380
2006	\$244.7	10,375
2007	\$254.5	10,483
2008	\$269.7	11,650
2009	\$275.7	13,208
2010	\$266.1	13,908

Indemnity benefits paid for accepted disabling claims decreased in 2010. The last time that happened was 2003.

Average indemnity paid went up in 2010, but the rate of increase was more in line with past trends compared to the unusual rise in 2009. This average is indemnity paid divided by the number of claim resolutions in the year. The remaining tables provide details about indemnity benefit types and claim resolutions for accepted disabling claims.

Some payment data are estimated. Historical data are subject to small changes.

Indemnity paid for accepted disabling claims by benefit type, CY 1995-2010

Year	Temporary disability (\$ millions)	PPD (\$ millions)	PTD (\$ millions)	Death (\$ millions)	Claim disposition agreements (\$ millions)	Disputed claim settlements (\$ millions)	Vocational assistance (\$ millions)
1995	\$95.09	\$59.64	\$13.64	\$9.00	\$47.67	\$10.60	\$8.28
1996	83.65	59.66	13.12	9.61	44.14	9.12	8.09
1997	78.71	55.03	12.61	10.28	42.93	8.55	6.40
1998	79.85	55.15	11.97	10.85	36.33	8.72	5.50
1999	80.24	53.29	11.45	11.07	38.50	8.74	4.83
2000	78.05	54.69	11.03	11.81	38.58	10.73	4.90
2001	87.94	58.87	10.51	12.01	37.79	9.99	4.72
2002	90.94	57.82	9.98	12.30	43.23	12.36	4.80
2003	87.83	57.52	9.54	13.14	39.64	11.02	4.59
2004	89.73	60.12	9.11	13.05	42.03	11.19	5.08
2005	88.41	63.36	8.95	13.62	42.13	11.43	5.22
2006	93.24	63.06	8.54	13.68	50.08	10.65	5.48
2007	99.47	63.67	8.38	14.23	50.79	12.16	5.84
2008	105.57	61.32	7.86	14.10	61.04	13.88	5.94
2009	108.97	60.21	7.37	14.35	61.65	16.89	6.26
2010	102.89	54.33	6.94	14.01	63.47	18.76	5.66

In 2010, 39 percent of indemnity benefits for accepted disabling claims were temporary disability payments, 20 percent were permanent partial disability (PPD) awards, 31 percent were agreements and settlements, and the remaining 10 percent were paid for permanent total disability (PTD), death, and vocational assistance benefits. The percentage of agreements and settlements was the highest since at least 1995, and the percentage of PPD was the lowest.

Data are reported by the year of the insurer closure or order by the department or court. 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 data is partial for benefit changes after a department or court order. Some death and PTD benefits are estimated and neither includes cost-of-living adjustments 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.

Workers' Benefit Fund payments by benefit type, CY 1995-2010

Year	PTD (\$ millions)	Death (\$ millions)	EAIP disabling claims (\$ millions)	EAIP nondisabling claims (\$ millions)	PWP worker initiated (\$ millions)	PWP employer initiated (\$ millions)	PWP claim costs reimbursed (\$ millions)
1995	\$29.39	\$31.96	\$4.95	\$0.01	\$6.19		\$3.13
1996	28.30	32.95	6.29	1.29	7.91		3.03
1997	28.19	34.72	6.63	3.21	8.87		3.01
1998	27.99	35.88	7.62	4.04	8.46		3.45
1999	27.61	36.79	6.78	3.82	7.23		3.71
2000	27.60	38.42	5.82	3.68	5.86		3.01
2001	26.28	38.82	7.02	4.00	5.77		3.19
2002	24.97	39.21	5.74	3.24	4.99		2.56
2003	23.35	38.22	5.78	2.99	4.41		2.27
2004	21.94	37.53	6.37	3.33	5.71		2.31
2005	21.49	36.95	6.75	3.29	5.03	\$0.01	2.19
2006	20.57	36.92	7.92	3.95	4.58	1.05	2.04
2007	19.85	35.66	9.49	4.35	4.13	1.61	2.28
2008	19.42	35.80	12.48	5.70	4.58	1.85	2.34
2009	18.83	36.26	12.81	5.79	3.72	1.86	2.67
2010	17.70	35.48	10.79	5.11	2.82	1.51	2.68

The Workers' Benefit Fund provides funds for several programs that assist employers and injured workers. Assessment revenues, not insurance premiums, fund these programs. Employers and workers each pay half the assessment. The two major programs are the Retroactive Program and the Re-employment Assistance Program.

The Retroactive Program pays cost-of-living increases to workers or their beneficiaries based on changes in average wages. The two major benefits paid are for permanent total disability and death. In 2010, the Retroactive Program provided an estimated \$53 million for PTD and death benefits. Since at least 1995, the majority of PTD and death benefits have been paid from this program.

The Re-employment Assistance Program provides incentives for injured workers to return to work, through the Employer-at-Injury Program (EAIP) and the Preferred Worker Program (PWP). Benefits common to both are wage subsidies, worksite modifications, and employment purchases. Total payments for EAIP first exceeded PWP in 2000 and, since 2008, have been at least double total payments for PWP.

Workers who have not been released to regular work but can return to transitional jobs are eligible for the EAIP. Use of this program allows many claims to remain nondisabling even though the workers have medical restrictions. For more details, see the return-to-work tables. Generally, EAIP payments for nondisabling claims have been about half that for disabling claims.

Workers who have a permanent disability and are unable to return to regular work are eligible for the PWP benefits, which may be initiated by either the worker or the employer. In addition, claim cost reimbursement is paid for preferred workers who suffer new injuries. PWP claim cost reimbursements are included in all tables that have statistics about indemnity or medical benefits paid.

Historical data are subject to small changes.

Claim resolutions, CY 1995-2010

Year	Initial claim, CDA	Initial claim, closure	Aggravation and medical condition, closure	Vocational training closure	Total claim resolutions
1995	736	30,432	1,822	240	33,230
1996	801	27,975	1,379	274	30,429
1997	865	26,737	1,254	289	29,145
1998	834	26,042	1,260	242	28,378
1999	951	24,557	1,227	209	26,944
2000	898	23,755	1,068	198	25,919
2001	960	23,482	1,109	203	25,754
2002	928	22,162	1,025	188	24,303
2003	946	20,797	984	205	22,932
2004	912	20,877	1,023	189	23,001
2005	955	20,361	943	199	22,458
2006	1,055	21,419	919	194	23,587
2007	1,165	22,022	875	219	24,281
2008	1,242	20,815	897	196	23,150
2009	1,380	18,454	839	201	20,874
2010	1,207	16,956	782	185	19,130

Accepted disabling claims may resolve multiple times. The trend for total claim resolutions has been down, from roughly 33,000 in 1995 to 19,000 currently.

Claim types are initial claims, aggravation, new or omitted medical condition, and vocational training. Resolutions are by claim closure or claim disposition agreement. Most claim resolutions are closures on initial claims.

For each of the past five years, there have been more than 1,000 initial claims that have a CDA rather than claim closure. These counts exclude CDAs for nondisabling claims and for closed disabling claims.

The trend for aggravation and medical condition closures has been a decline in their numbers. The count for 2010 is less than half of that for 1995.

Vocational training closures have been relatively stable since 1999. Some vocational training claims resolve by CDA. They aren't counted in this table.

Historical data are subject to small changes.

Average temporary disability days paid by type of claim resolution, 1995-2010

Year	Initial claim, CDA	Initial claim, closure	Aggravation and medical condition, closure	Vocational training closure	All claim resolutions
1995	217	48	118	212	57
1996	205	46	106	203	54
1997	186	43	98	221	52
1998	180	44	86	234	52
1999	177	44	85	219	52
2000	176	43	82	220	51
2001	173	46	94	223	54
2002	199	48	92	258	58
2003	189	48	78	224	57
2004	192	49	86	237	58
2005	198	51	85	231	60
2006	186	49	72	216	58
2007	170	50	97	236	59
2008	199	52	85	220	63
2009	195	60	78	261	71
2010	209	59	106	234	72

The average days of temporary disability paid for initial claim closures was 59 in 2010. This is slightly lower than the historical peak reached in the previous year. The trend since 2000 has been an increase in the average days.

Temporary disability payments are not reported for initial claims that resolve by CDA. We estimate 209 average days paid for them in 2010.

Since 2009, the average for all claim resolutions has been more than 70 days paid. As new claims have been decreasing, older and longer-duration claims have increased in proportion. Otherwise, the trend is largely driven by days paid for initial claim closures, which are the majority of claim resolutions.

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

Historical data are subject to small changes.

Treatment and recovery duration indicators, accepted disabling initial claims, CY 1995-2010

Year	Claim closures				Claim disposition agreements			
	0-60 days	61-180 days	181 days - two years	More than two years	0-60 days	61-180 days	181 days - two years	More than two years
1995	11,160	11,191	7,584	497	6	55	537	138
1996	11,809	9,097	6,629	440	8	81	555	157
1997	11,610	8,865	5,875	387	16	118	592	139
1998	10,810	8,875	6,033	324	11	88	614	121
1999	9,925	8,537	5,758	337	12	92	712	135
2000	9,501	8,429	5,524	300	7	112	643	136
2001	9,170	8,088	5,855	369	12	111	705	132
2002	8,683	7,649	5,497	333	6	95	647	180
2003	8,131	7,191	5,152	323	8	98	672	168
2004	7,536	7,687	5,269	384	15	89	630	178
2005	7,565	7,211	5,241	344	8	93	644	210
2006	7,924	7,810	5,335	350	10	114	727	204
2007	8,380	7,730	5,530	382	9	92	836	228
2008	7,396	7,486	5,541	392	13	118	844	267
2009	6,079	6,481	5,487	407	13	141	987	239
2010	6,082	5,883	4,630	361	21	136	812	238

As a measurement of treatment and recovery duration, this table shows the time elapsed from the first date covered by temporary disability benefits to the medically stationary date. Unlike statistics about days of temporary disability paid, this measure also includes time when the injured worker would not have been scheduled to work, and when the injured worker did some work before becoming medically stationary. However, it does not include time when the worker was in a transitional job, if that work started before temporary disability payments began. Claims may have duration of zero days when no temporary disability was paid.

There may be a correlation between duration of more than 181 days and the incidence of Permanent Partial Disability awards. An initial claim resolved by CDA releases rights to PPD; no PPD benefits are awarded. There has been an increasing trend for initial claims that have estimated duration at higher levels to be resolved by CDA. This may be related to the decrease in counts of claims with PPD (see PPD table on following page).

Temporary disability for resolved accepted disabling claims, CY 1995-2010

Year	Resolved claims	Average days	Average dollars	Median days	
1995	31,544	62	\$3,099	17	<p>Since at least 1995, the trend for the annual number of resolved accepted disabling claims has been declining counts. The figure of 18,668 in 2010 is a historical low.</p> <p>In 2010, the average number of temporary disability days paid per accepted disabling claim, counting all resolutions for a claim, was 75 days. This is the same as the previous year, though the trend has been up since 2000, escalating in 2008.</p> <p>The average temporary disability payment was \$5,424 for claims resolved in 2010. Average benefits are a function of the benefit maximum, the average wages of injured workers, and the average days paid across all resolutions for a claim. Benefit maximums are adjusted annually with changes in average wages. Average days and dollars paid for the latest year have been adjusted for expected development.</p> <p>The data are reported by the year of the latest claim resolution. Historical data will show small changes as claims are reopened and closed.</p>
1996	28,990	59	2,955	15	
1997	27,795	56	2,893	15	
1998	27,047	55	2,986	16	
1999	25,589	55	3,127	17	
2000	24,681	53	3,134	16	
2001	24,555	57	3,554	17	
2002	23,040	60	3,887	18	
2003	21,772	59	3,993	18	
2004	21,846	61	4,060	18	
2005	21,367	63	4,151	19	
2006	22,535	60	4,083	19	
2007	23,262	61	4,255	19	
2008	22,199	65	4,698	20	
2009	20,073	75	5,461	25	
2010	18,673	75	5,539	23	

Permanent partial disability, CY 1995-2010

Year	Claims resolved by closure, with PPD	Percentage of closed claims, with PPD	Average PPD award	
1995	9,458	30.7%	\$6,365	<p>In general, about 30 percent of claims that resolve by closure receive permanent partial disability awards. Annual counts of closed claims with PPD have declined from almost 9,500 in 1995 to about 5,200 in 2010.</p> <p>In 2010, the average award for those claims was \$11,123. Much of the increase in average PPD benefits since 1995 is due to statutory increases. The effects of a 2003 law change that instituted a formula for increased benefit levels began to account for most PPD awards in 2006.</p> <p>Closed claims do not include initial claims resolved by CDA, none of which receive a PPD award but all of which release future PPD liability. The trend for claims resolved by initial-claim CDA has been up, which may account for some of the decline in PPD claims. Although the number of CDA resolutions decreased in 2010, they were still more than 6 percent of all claims resolved, as in the previous year.</p> <p>These data are reported by the year of the last claim closure. The average awards include the initial awards made by insurers and the net amounts that were awarded during the appeal process, summed over all claim closures. Data will change as claims are opened and closed.</p>
1996	8,892	31.5%	6,590	
1997	8,022	29.8%	7,005	
1998	7,727	29.5%	7,093	
1999	7,288	29.6%	7,320	
2000	6,904	29.0%	7,737	
2001	6,970	29.5%	8,286	
2002	6,684	30.2%	8,545	
2003	6,197	29.8%	9,059	
2004	6,270	30.0%	9,533	
2005	6,249	30.6%	9,917	
2006	6,318	29.4%	9,478	
2007	6,324	28.6%	9,644	
2008	6,015	28.7%	10,033	
2009	5,781	30.9%	10,429	
2010	5,205	29.8%	11,123	

Permanent total disability awards, 1987-2010

Year	Grant	Rescind	Net awards	
1987	204	27	177	<p>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.</p> <p>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 23 grants in 2010, 22 were by insurer closure.</p>
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	
2009	13	0	13	
2010	23	0	23	

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 has been no increased cost to the 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	
July 2010 - June 2011	-	-	314,061	
July 2011 - June 2012	-	-	322,929	

2011 Return-to-Work Assistance table updates

Employer-at-Injury Program placements approved, CY 1995-2010						
Year	Disabling claim placements	Nondisabling claim placements	Total worker placements	Employers	Mean cost per placement	
1995	3,734	4	3,738	1,190	\$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. SB 369 of 1995 allowed benefits to become available for nondisabling claims.</p> <p>Higher counts of workers and employers with placements after 2005 are evidence that recent law changes are promoting use and access to the program, despite declining claim counts. Modifications and purchases are being used more often due to administrative law changes in late 2007.</p> <p>Historical data are subject to small changes. Disabling and nondisabling placements are counted by current claim status.</p>
1996	4,288	1,790	6,078	1,348	\$1,245	
1997	4,455	3,904	8,359	1,513	\$1,180	
1998	4,985	5,083	10,068	1,791	\$1,167	
1999	4,385	5,057	9,442	1,837	\$1,132	
2000	3,581	4,273	7,854	1,579	\$1,215	
2001	4,216	4,370	8,586	1,646	\$1,290	
2002	3,312	3,094	6,406	1,235	\$1,411	
2003	3,098	2,856	5,954	1,333	\$1,477	
2004	3,514	3,095	6,609	1,499	\$1,472	
2005	3,492	2,983	6,475	1,494	\$1,553	
2006	3,903	3,521	7,424	1,626	\$1,604	
2007	4,327	3,443	7,770	1,800	\$1,787	
2008	5,051	3,764	8,815	1,993	\$2,066	
2009	5,058	3,550	8,608	2,005	\$2,164	
2010	4,449	3,121	7,570	1,866	\$2,113	

Preferred workers, CY 1995-2010				
Year	Eligibilities	Eligibilities with benefit use	Percent of eligibilities with benefit use	
1995	4,459	1,334	29.9%	<p>Preferred workers have permanent work restrictions that prevent return to unmodified regular work. Preferred worker eligibilities in 2007 and 2008 were at their highest number since 2001, but declined to a record low in 2010.</p> <p>Eligibility entitles a preferred worker to many years - unlimited since December 2007 - in which to begin using benefits. Counts of eligibilities with benefit use do become relatively stable within about three years of the eligibility date. The percent of eligibilities with benefit use fell below 29 percent in 1998, averaged 25.8 percent for more than a decade, then fell to a record low of 18.8 percent in 2008.</p> <p>Historical data are subject to small changes.</p>
1996	3,708	1,104	29.9%	
1997	3,120	912	29.2%	
1998	2,946	738	25.1%	
1999	2,549	644	25.3%	
2000	2,267	584	25.8%	
2001	2,375	562	23.7%	
2002	1,858	492	26.6%	
2003	1,821	497	27.3%	
2004	1,780	480	27.0%	
2005	1,805	472	26.1%	
2006	1,765	463	26.2%	
2007	2,021	537	26.6%	
2008	1,983	372	18.8%	
2009	1,655	Available August 2012		
2010	1,397	Available August 2013		

Preferred Worker Program contracts started, CY 1995-2010

Year	Workers starting one or more 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 2010 was the lowest on record.</p> <p>Workers may start contracts in multiple years. Historical data are subject to small 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	604	495	218	237	
2008	695	462	231	582	
2009	539	339	187	415	
2010	488	296	170	382	

Vocational assistance determinations, CY 1995-2010

Year	Total determinations	Ineligible	Eligible	
1995	4,447	3,168	1,279	<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. Eligible determinations include insurer letters, eligibility orders, and eligibility restorations.</p> <p>Although the total number of determinations in 2010 was the lowest on record (about half the previous year), most of the change was among the ineligible workers. HB 2705 (2009) allows forgoing a determination when the worker has a regular work release.</p> <p>Data may be reported by the insurer several months after the determination.</p>
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	1,929	740	
2006	2,439	1,749	690	
2007	2,288	1,539	754	
2008	2,663	1,959	704	
2009	2,267	1,626	641	
2010	1,134	565	569	

Vocational assistance eligibility closures, plans, and outcomes, CY 1995-2010

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	697	410	5	282	109	45	377	166
2009	673	376	12	285	95	69	332	177
2010	628	339	10	279	81	62	343	142

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.

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

Employment and wage recovery advantage for return-to-work program users, FY 1997-2011

Fiscal year	Employment				Wage recovery			
	Employer-at-Injury Program	Preferred Worker Program	Vocational assistance	All return-to-work programs	Employer-at-Injury Program	Preferred Worker Program	Vocational assistance	All return-to-work programs
1997	7	24	24	10	3	24	17	4
1998	5	23	28	11	2	22	27	9
1999	3	22	28	10	2	21	25	9
2000	6	24	30	12	6	22	26	12
2001	5	24	24	11	5	15	19	11
2002	4	21	21	9	8	18	28	14
2003	3	20	35	10	9	20	27	14
2004	4	23	35	11	8	14	33	14
2005	4	24	29	11	5	29	19	12
2006	6	29	34	13	9	33	26	16
2007	5	23	31	10	6	20	40	12
2008	4	27	39	11	4	27	30	11
2009	4	27	35	11	3	24	41	11
2010	6	26	21	12	6	28	28	14
2011	6	32	34	12	6	28	17	14

The department analyzes data from the Oregon Employment Department to calculate percentage-point differences in employment and wage-recovery rates between workers with accepted disabling claims who used return-to-work programs and similar workers who did not. The measures are based on wages reported in the 13th quarter after the disabling injury or exposure, when most workers have recuperated and used return-to-work programs. Since 2000, at least 87 percent of the program use at that point has been the Employer-at-Injury Program.

2011 Disputes table updates

Appellate review requests and orders, 1991-2010						
Year	Requests on closures	Percent of closures appealed	Requests on disability classifications	Total orders issued	Percent of cases appealed to hearings	
1991	6,014	16.5%	26	5,896	49.0%	<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; it is currently at its lowest level. This is largely due to the decline in the number of closures.</p> <p>Requests are a count of the disputed closures, regardless of the number of amending closures that are disputed. A case is a proceeding to resolve a disputed closure or disability classification, regardless of the number of amending orders by ARU.</p>
1992	6,535	20.0%	73	6,463	53.4%	
1993	5,937	18.5%	87	5,954	48.1%	
1994	5,839	18.0%	99	5,953	47.8%	
1995	6,543	20.1%	152	6,420	44.6%	
1996	5,352	18.1%	128	5,857	41.2%	
1997	4,306	15.2%	100	4,452	38.8%	
1998	4,228	15.3%	123	4,282	38.9%	
1999	4,025	15.5%	126	4,263	38.7%	
2000	3,833	15.3%	132	3,988	33.7%	
2001	3,979	16.0%	142	4,021	30.7%	
2002	3,906	16.7%	188	4,122	29.6%	
2003	3,749	17.1%	205	4,037	28.2%	
2004	3,800	17.2%	186	3,950	29.1%	
2005	3,531	16.4%	182	3,824	25.3%	
2006	3,424	15.2%	198	3,637	24.1%	
2007	3,788	16.4%	186	3,941	23.1%	
2008	3,527	16.1%	149	3,743	19.2%	
2009	3,409	17.5%	147	3,598	21.6%	
2010	2,978	16.6%	167	3,215	22.0%	

Medical dispute requests and orders, 1990-2010				
Year	Requests	Orders	Request-to-order median days	
1990	1,172	310	28	<p>Medical dispute resolution requests have fluctuated with court decisions and legislative changes. They declined sharply after a court decision limited the department's jurisdiction. SB 369 reversed this decision and the numbers have since increased.</p> <p>In 1999, SB 728 gave authority to the Hearings Division to determine the compensability of the underlying medical condition or the causal relationship between the accepted condition and the medical service. All other medical disputes are handled by the WCD Medical Resolution Team.</p> <p>In 2008, the number of requests nearly doubled; this was due primarily to the initiation of alternative dispute resolution, which has resolved medical fee disputes quickly.</p> <p>In 2010, the number of medical dispute orders was 2,665. The median number of request-to-order days was 11 days.</p>
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	
2009	3,047	3,822	16	
2010	2,948	2,665	11	

Medical dispute issues, by year of request, 2006-2010

Year	Fees	Medical services	Treatments	Palliative care	MCO issues	Changes of attending physician	Independent medical exams	Compensability	Interim medical benefits
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%
2009	56.2%	23.5%	6.9%	1.2%	8.0%	0.5%	0.4%	3.0%	0.4%
2010	58.6%	19.5%	6.4%	1.3%	9.1%	0.6%	0.4%	4.1%	0.1%

SB 728 (1999) gave responsibility to the Hearings Division for disputes in which the compensability of the underlying medical condition is at issue. These cases were 4.1 percent of all 2010 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, 1991-2010

Year	Requests	Resolutions	Request-to-resolution median days
1991	2,067	2,137	41
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	504	36
2009	451	432	34
2010	306	323	35

The WCD Rehabilitation Review Unit provides administrative review of vocational disputes brought by workers. The number of requests has fallen since 1991, chiefly because of the decrease in the number of vocational assistance cases.

The median number of days to resolve a dispute was 35 days for disputes resolved in 2010, and 85 percent were done within the standard of less than 60 days.

Vocational dispute resolutions, by outcome, 2006-2010

Year	Agreements	Insurer prevail orders	Worker prevail orders	Other orders	Dismissals
2006	27.3%	27.9%	8.1%	0.8%	36.0%
2007	28.0%	21.5%	6.5%	0.9%	43.0%
2008	22.4%	30.2%	8.9%	3.6%	34.9%
2009	25.9%	22.5%	8.8%	3.9%	38.9%
2010	21.1%	21.7%	9.0%	3.1%	45.2%

The department strives to resolve vocational disputes through agreements, but agreements as a percentage of outcomes have shown a declining trend.

Hearing requests, orders, time lags, and appeal rates, 1987-2010

Year	Requests	Orders	Request to order median days	Appeal rate
1987	20,397	23,680	224	8.1%
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%
2009	8,568	9,044	141	7.8%
2010	8,183	8,580	134	8.0%

Hearing requests peaked in 1989. There were 8,183 requests in 2010, the lowest on record and about 30 percent of the 1989 figure.

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.

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 134 days in 2010.

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 except WCD contested cases, not just appealable orders.

All data exclude safety cases.

Percentage of hearing orders involving selected issues, 1987-2010

Year	Permanent disability	Claim denial	Partial denial	Insurer penalty
1987	46.1%	24.5%	9.3%	14.6%
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%
2009	3.9%	35.8%	44.8%	7.3%
2010	3.5%	34.3%	47.3%	6.9%

Permanent disability was the most frequent hearing issue until 1989, when whole claim denial replaced it. For 2008-2010, permanent disability was an issue in 4 percent or less of hearings. Since 1990, partial denial has risen from 9 percent to more than 47 percent of hearings orders.

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, so these percentages are based on opinion and order cases and settlements.

Workers' Compensation Board mediations, 1996-2010

Year	Mediations completed	Percent settled	Percent of settlements resolved by DCS	
1996	128	84%	81%	<p>The board's mediation program began in June 1996.</p> <p>The 91 percent settlement rate of 2010 was the second highest on record.</p> <p>A mediation is considered settled by a disputed claim settlement if any included case is closed by a DCS.</p> <p>Data through 2005 are based on mediation worksheets; data for 2006 and after are based on mediation events in the board's data system.</p>
1997	250	92%	82%	
1998	233	90%	87%	
1999	216	90%	84%	
2000	280	89%	87%	
2001	248	85%	93%	
2002	285	86%	85%	
2003	241	86%	88%	
2004	268	84%	81%	
2005	270	87%	82%	
2006	356	88%	77%	
2007	346	89%	79%	
2008	398	90%	76%	
2009	487	89%	80%	
2010	439	91%	81%	

Issues in WCB mediations, 1996-2010

Year	Disease	Compensability	Non-WCB issues	
1996	50%	N/A	N/A	<p>"Disease" means compensability of an occupational disease; it includes mental disorder.</p> <p>"Non-WCB issues" includes employment rights, Workers' Compensation Division issues, torts, contracts, and other civil actions.</p> <p>In 2008, the cases resolved by mediation that included compensability as an issue dropped to an all-time low of 79 percent. The percentage of mediations that included non-WCB issues has ranged from 2010's record-low 35 percent to 55 percent.</p>
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%	
2009	73%	80%	44%	
2010	68%	83%	35%	

Board review requests, orders, time lags, and appeal rates, 1987-2010

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	721	196	14.6%
2009	601	582	172	12.9%
2010	588	614	187	12.4%

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 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, 1987-2010

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
2009	166
2010	213

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. These actions 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 numbers of own-motion claims.

Court of Appeals requests, decisions, and time lags, 1987-2010

Year	Requests	Decisions	Request-to-decision median days	
1987	362	287	335	<p>Appeals to the court peaked in 1992; in 2010, the number of appeals, 76, was just 11 percent of the peak value.</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), and reached a record-high 573 days (1.6 years) in 2010.</p> <p>Notes: Decisions exclude court dismissals and remands where the court did not rule on the primary issue nor 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	
2009	75	38	553	
2010	76	48	573	

Median time lag (days) from injury to order, 1987-2010

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 2010 court lag of 1,570 days equates to 4.3 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	541	855	1,455	
2009	564	890	1,790	
2010	581	867	1,570	

Disputed claim settlements at hearing and board review, 1987-2010

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 2010, DCSs grew from 16 percent to 39 percent of all hearing orders and from 26 percent to 73 percent of all settlements. Total DCS proceeds exceeded the 1991 peak for the first time in 2010. Note: Since 2000, the board figures include DCSs approved after a remand or dismissal by the Court of Appeals.
	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	3,325	26.4	54	1.395	
2009	3,614	31.2	38	0.795	
2010	3,349	32.8	45	1.131	

Claim disposition agreements, 1990-2010

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. Since that time, the number of CDAs approved and total dollar amounts have risen. A record \$65.7 million was paid in CDAs in 2010.
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	3,050	52.5	
2008	3,182	62.6	
2009	3,446	64.6	
2010	3,304	65.7	

Claimant attorney fees and defense legal costs, 1987-2010

Year	Claimant attorney fees (\$ millions)	Defense legal costs (\$ millions)	<p>Claimant attorney fees peaked in 1991 and 1992 at about 49 percent above 1987 fees; they didn't reach that level again until 2009.</p> <p>Defense legal costs peaked in 1992 and were rising again after 2002, reaching the highest level on record in 2010.</p> <p>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; and there may be fees paid to multiple attorneys on a single dispute.</p> <p>Information about series breaks:</p> <p>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.</p> <p>Break #2. For 2007, data on fees for WCD contested cases at hearing and Board Own Motion were available. Added fees in 2007 were 0.4 percent of total fees. Own motion fees are estimated.</p>
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	19.3	30.2	
2008	21.1	32.4	
2009	22.3	37.9	
2010	22.6	38.3	

Claimant attorney fees, 1987-2010

Year	Hearings (\$ thousands)	Board (\$ thousands)	CDA (\$ thousands)	Reconsideration (\$ thousands)	<p>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.</p> <p>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.</p> <p>SB 620 in 2003 changed penalty fees from one-half of the penalty to fees proportional to the benefit. The maximum fee is \$2,000.</p> <p>HB 3345 increased maximum fees in responsibility and penalty disputes, as well as providing for fees in a few additional areas.</p> <p>In 2010, 40 percent of all claimant attorney fees came from CDAs.</p> <p>For information about series breaks see comment in previous table.</p>
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	9,647	746	7,692	814	
2008	10,139	951	8,856	707	
2009	11,295	778	9,129	670	
2010	11,603	980	9,008	576	

Claimant attorney fees from lump-sum settlements, 1989-2010

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, a level reached again in 2008. In 1989, DCSs accounted for 26 percent of all hearing fees. This percentage peaked in 2002 at 50 percent; it reached 50 percent again in 2010. 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	63.6%	
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	61.5%	
2006	4,270	146	11,710	61.7%	
2007	4,528	152	12,373	64.1%	
2008	4,847	226	13,966	66.3%	
2009	5,508	150	14,873	66.8%	
2010	5,814	178	15,000	66.5%	

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 allowed 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	

2011 Insurance and Self-Insurance table updates

Workers' compensation premiums and rate changes, 1987-2011

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	766.7	-18.9%	-5.9%	-61.6%
2010	729.1	-4.9%	-1.3%	-62.1%
2011	N/A	N/A	-1.8%	-62.8%

Total system written premiums exceeded \$1 billion in 2007. During the most recent recession and its aftermath, premiums have fallen sharply. The \$729.1 million in CY 2010 is 31 percent below the 2007 high.

Workers' compensation pure premium rates have declined almost 13 percent since 2006. There has not been an increase in the pure premium rate for 21 years.

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 for private insurers.

* 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 in 2007 and 2008. This was done to better show the real change in premium.

Workers' compensation average premium rate ranking, 1986-2010

Year	Rate ranking	Percent of study median rate
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%
2010	41st	83%

Oregon's average premium rate ranking was the 41st highest in the nation in 2010. The average premium index was 83 percent of the national study median. Oregon's average premium has been between 79 percent and 85 percent of the national median in almost every study since 1994.

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, 1996-2010

Year	Premium credits (\$ millions)	Percent of private insurer written premium	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 2004, the use shows rapid growth, peaking in 2007. Although the amount of these credits has dropped by 34 percent over the past three years, premium credits as a percentage of private insurer premium has continued to increase as total premium has declined. In 2010, these credits were equal to about 24 percent of private insurers' 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%	
2009	75.7	23.8%	
2010	63.6	23.6%	

Workers' compensation market share, by insurer type, 1995-2010

Year	SAIF	Private insurers	Self-insured employers	In 2010, as measured by total system written premiums, SAIF had 45 percent of the market. Private insurers' share was 37 percent, its lowest share since 1981. The largest private insurer, Liberty Northwest, had 9 percent of the market and 23 percent of the private insurer market. * 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.
1995	33.2%	50.4%	16.3%	
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%	
2009	40.8%	41.5%	17.7%	
2010	44.9%	37.0%	18.1%	

SAIF Corporation financial characteristics, 1995-2010

Year	Total system written premiums (\$ millions)	Loss ratio	Expense loading factors	Dividends (\$ millions)	* 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 of \$143.8 million, so the "true" premium in 2007 was about \$445.1 million. After this adjustment, CY 2010 shows the first increase in written premium since 2006. SAIF's loss ratio (incurred losses divided by earned premiums) was 98.6 percent in 2010. 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 2010 factor was 1.119, the lowest figure since 2003. In 2010, SAIF paid more than \$200 million in dividends. (The 2002 negative dividend figure represents uncashed dividend checks credited back to SAIF.)
1995	249.3	82.4	1.206	80.2	
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	
2009	312.9	88.6	1.201	0.0	
2010	327.4	98.6	1.195	200.5	

Private insurers' financial characteristics, 1995-2010

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 (including large-deductible premiums) was about \$270 million in CY 2010, 41 percent below the 2007 figure, and the lowest figure since 1984.</p> <p>The loss ratio for all private insurers (incurred losses divided by earned premiums) was 109.1 percent in 2010. This is the first time the loss ratio has been above 100 since 1984.</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 and applied to the employer's payroll to determine gross premium. The average 2010 factor was 1.363.</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	
2009	318.3	66.2	1.362	2.9	
2010	269.9	109.1	1.363	1.1	

WC insurance plan (Assigned Risk Pool) characteristics, 1987-2010

Year	Covered employers	Pool premium (\$ millions)	Percent of written premium	
1987	1,935	\$19.4	3.4%	<p>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. Since 2008, the number of covered employers has decreased markedly, as has pool premium.</p>
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%	
2009	9,242	24.3	4.5%	
2010	7,828	18.0	3.4%	