

2015 Compensability and Claims Processing table updates

Reported claims (thousands of claims), FY 1989-2015				
Fiscal year	Accepted disabling	Denied disabling	Percent denied disabling	Denied nondisabling
1989	40.5	6.6	14.1%	8.0
1990	35.9	9.5	21.0%	10.6
1991	31.2	8.0	20.5%	12.4
1992	28.6	7.5	20.8%	12.9
1993	29.1	6.0	17.1%	13.4
1994	29.7	6.2	17.3%	13.3
1995	29.7	6.5	18.0%	13.4
1996	27.4	6.0	17.9%	14.1
1997	26.9	5.5	17.0%	14.8
1998	26.0	5.4	17.1%	15.0
1999	24.9	5.2	17.4%	14.7
2000	24.4	4.9	16.7%	13.7
2001	23.9	4.7	16.5%	13.9
2002	22.1	4.7	17.5%	13.0
2003	21.5	4.4	17.1%	11.7
2004	20.0	4.1	17.1%	10.2
2005	21.0	4.0	16.1%	9.5
2006	21.4	3.5	14.1%	9.5
2007	22.4	3.9	14.7%	9.1
2008	21.7	3.5	14.0%	8.3
2009	18.9	3.4	15.3%	7.2
2010	17.2	3.1	15.5%	6.5
2011	17.2	2.8	14.1%	5.9
2012	15.9	2.6	13.8%	5.4
2013	19.2	3.2	14.4%	6.7
2014	16.6	2.7	14.1%	5.2
2015	20.1	3.1	13.5%	6.4

The department requires insurers to report accepted disabling and denied claims within 14 days of the compensability decision. These counts reflect the initial decisions on those claims, as well as data entry patterns for the reports. The number of disabling claims has declined by an average of 3.1 percent per year since FY 1989, although there has been considerable year-to-year variability. The FY 2015 counts of accepted and denied are typical of recent years' compensability decisions.

The denial rate of disabling claims has generally declined since FY 1992, although with some variability. Counts of denied nondisabling claims have also declined, again with some variability.

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

Disabling aggravation claims, CY 1991-2014			
Year	Accepted	Denied	Percent denied
1991	2,042	1,675	45.1%
1992	2,201	1,514	40.8%
1993	2,099	1,337	38.9%
1994	1,915	1,171	37.9%
1995	1,593	907	36.3%
1996	1,565	950	37.8%
1997	1,351	993	42.4%
1998	1,172	763	39.4%
1999	1,038	730	41.3%
2000	876	618	41.4%
2001	902	575	38.9%
2002	773	535	40.9%
2003	717	483	40.3%
2004	563	416	42.5%
2005	549	340	38.2%
2006	523	432	45.2%
2007	518	534	50.8%
2008	506	566	52.8%
2009	447	554	55.3%
2010	438	533	54.9%
2011	340	510	60.0%
2012	361	476	56.9%
2013	285	434	60.4%
2014	254	360	58.6%

After a claim has been closed, an injured worker is entitled to additional compensation for worsened conditions resulting from the original injury. The number of these aggravation claims has generally declined during the past two decades. However, the number of these claims that have been denied has not declined as rapidly. As a result, the denial rate is now 58.6 percent.

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

Disabling occupational disease claims (thousands of claims), FY 1989-2015

Fiscal year	Accepted	Denied	Percent denied
1989	4.0	2.0	33.9%
1990	3.5	2.8	44.1%
1991	3.1	2.1	40.8%
1992	3.1	2.3	42.5%
1993	3.2	1.9	37.6%
1994	3.3	2.0	38.1%
1995	3.4	2.1	37.7%
1996	3.4	2.0	36.3%
1997	3.6	2.0	35.7%
1998	3.3	1.8	34.7%
1999	2.9	1.7	36.5%
2000	3.1	1.5	33.2%
2001	3.3	1.6	32.9%
2002	3.2	1.8	35.8%
2003	3.3	1.6	33.0%
2004	3.2	1.8	35.6%
2005	3.4	1.7	33.0%
2006	3.7	1.6	29.7%
2007	3.7	1.6	29.9%
2008	3.4	1.4	29.5%
2009	3.2	1.4	30.9%
2010	2.7	1.3	32.7%
2011	2.5	1.1	30.3%
2012	2.3	1.0	29.8%
Jul-Dec 2012	1.2	0.6	33.9%
-----> series break			
Jan-Jun 2013	1.0	0.4	29.9%
2014	1.6	0.8	33.5%
2015	1.6	0.7	30.0%

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

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

Historical data are subject to small changes.

Insurer claim acceptance and denial, median time lag days, 1988-2014

Year	Accepted	Denied
1988	33	49
1989	35	43
1990	31	35
1991	35	39
1992	40	45
1993	34	48
1994	40	48
1995	43	50
1996	44	60
1997	50	66
1998	52	64
1999	49	62
2000	49	61
2001	46	60
2002	40	50
2003	40	51
2004	39	45
2005	41	48
2006	41	48
2007	40	47
2008	41	48
2009	41	46
2010	42	49
2011	42	48
2012	41	47
2013	44	49
2014	44	49

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

Between 2001 and 2002, there were significant drops in the median number of days taken to accept and deny claims. Since then, the median has remained at or below 44 days for claim acceptance and at or below 51 days for claim denial.

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

Insurer timeliness of acceptance or denial and of first payments, 1990-2014

Year	Acceptance or denial timely	First 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. Recent performance has been in the 93 percent to 94 percent range.</p> <p>Timeliness of first payments has also improved since 1990. Since 2007, performance has been in the 90 percent to 92 percent range.</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%	
2011	94.2%	91.8%	
2012	93.5%	90.5%	
2013	93.9%	89.8%	
2014	93.9%	89.6%	

Civil penalties issued, 1990-2014

Year	Number of Citations	Total Penalties Assessed	Average penalty per citation	
1990	407	\$158,325	\$389.00	<p>In 2011 the number of citations against insurers, and total penalties assessed, began to increase. In 2014 there were \$768,525 in penalties, an average of \$683 per citation, both of which are historic peaks.</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	\$373.27	
1992	506	163,101	\$322.33	
1993	621	166,650	\$268.36	
1994	679	197,025	\$290.17	
1995	525	139,325	\$265.38	
1996	491	140,850	\$286.86	
1997	629	244,175	\$388.20	
1998	813	254,925	\$313.56	
1999	789	243,375	\$308.46	
2000	844	248,875	\$294.88	
2001	738	204,400	\$276.96	
2002	947	301,900	\$318.80	
2003	1,241	343,875	\$277.10	
2004	677	206,675	\$305.28	
2005	745	360,600	\$484.03	
2006	951	588,150	\$618.45	
2007	915	575,800	\$629.29	
2008	1,140	596,775	\$523.49	
2009	739	404,525	\$547.40	
2010	526	286,525	\$544.72	
2011	661	369,500	\$559.00	
2012	744	398,700	\$535.89	
2013	1,290	755,600	\$585.74	
2014	1,125	768,525	\$683.13	

Calls to the workers' compensation information line, 1990-2014

Year	Worker calls	Other calls	Total calls
1990	23,263	N/A	N/A
1991	21,475	N/A	N/A
1992	15,181	N/A	N/A
1993	18,243	N/A	N/A
1994	19,678	7,575	27,253
1995	17,503	6,699	24,202
1996	16,938	7,701	24,639
1997	15,737	8,425	24,162
1998	14,960	8,098	23,058
1999	13,711	7,930	21,641
2000	12,155	6,490	18,645
2001	11,662	6,936	18,598
2002	10,000	7,056	17,056
2003	9,813	7,397	17,210
2004	10,129	7,703	17,832
2005	9,463	6,270	15,733
2006	7,898	6,056	13,954
2007	7,359	4,947	12,306
2008	6,713	4,715	11,428
2009	5,446	4,214	9,660
2010	4,717	3,750	8,467
2011	2,714	1,918	4,632
2012	3,177	2,086	5,263
2013	3,617	2,997	6,614
2014	3,521	2,589	6,110

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

Calls for assistance have declined more steeply than claims, with some variation. In 2014, there were more than 3,500 calls from workers with questions about their claims, the claims process, or the workers' compensation system.

The line also received almost 2,600 calls from insurers, medical providers, attorneys, employers, legislators, and others in 2014.

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