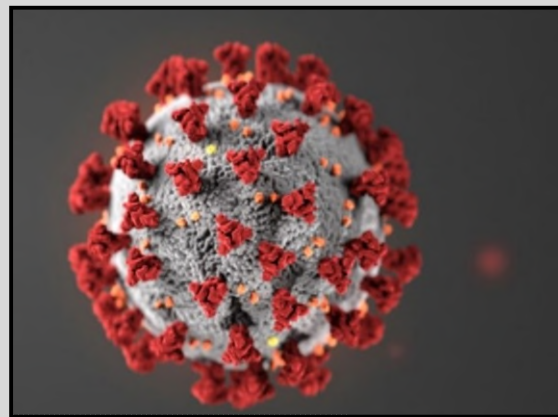


2021 Annual Report



Workers' Disability Compensation Agency



Gretchen Whitmer, Governor
State of Michigan

Susan Corbin, Director
Department of Labor and Economic Opportunity

Jack A. Nolish, Director
Workers' Disability Compensation Agency

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Overview

Prior to the initial enactment of workers' compensation law in Michigan in 1912, there were few social safety nets or other insurance programs to protect the worker or their dependents. A worker who was injured in the course of his or her employment could sue the employer in a civil or "tort" action. Court action was the same remedy available to



any person injured under other circumstances. Pursuing a civil action in tort such as negligence, however, has certain problems. It requires the worker prove that the injury occurred because the employer was negligent. The employer could then assert one or more of three important defenses: (1) that the worker was also negligent, (2) that the worker knew of the dangers involved and "assumed the risk," or (3) that the injury occurred because of the negligence of a "fellow employee." Under this system it was very difficult and costly for workers to recover against their employers. If they did win, however, they could receive damages similar to other civil actions such as non-economic losses (pain and suffering, loss of consortium) with little means for the employer to predict the outcome.

With the rise of industrialization and developments in tort law, Michigan in 1912, along with most other states, adopted a Workmen's Compensation Act. Once referred to as the "grand bargain," the new law was essentially a "no-fault" system. In this new system, workers exchanged their right to bring a civil action in the court system for an administrative system that no longer required proof of employer negligence, eliminated the employer's three indicated and provided (1) certain wage loss benefits, (2) medical treatment subject to cost containment rules, and (3) limited vocational rehabilitation services. Recovery under the workers' compensation act is limited to these three areas, no matter how serious the injury. There is no additional compensation for pain and suffering.

The cases are adjudicated by the appointed Workers' Compensation Board of Magistrates and the first level of appeal is to another appointed body, the Workers' Disability Compensation Appeals Commission. Beyond the administrative adjudication, appeals to the Court of Appeals and Supreme Court are only by leave granted. Employers are protected from most other injury claims by employees since the benefits under the Workers' Disability Compensation Act are deemed to be the employee's "exclusive remedy."

Nearly all employers in Michigan are covered by workers' compensation. This includes both public and private employers. In fact, when talking about workers' compensation, it is easier to discuss the exceptions. There are a few classes of workers who are covered by federal laws and are not covered by the Workers' Disability Compensation Act of Michigan. Employees of the federal government (such as postal workers, employees at a veteran's administration hospital, or members of the armed forces) are covered by federal laws. People who work on interstate railroads are covered by the Federal Employers Liability Act. Seamen on navigable waters are covered by the Merchant Marine Act of 1920, and people loading and unloading vessels are covered by the Longshoremen's and Harbor Workers' Compensation Act. Virtually all other workers and employers are subject to Michigan's law.

Certain very small employers are exempt. If a private employer has three or more employees at any one time or employs one or more workers for 35 or more hours per week for 13 or more weeks, the employer is subject to the Workers' Disability Compensation Act (Section 115). Larger financially sound employers may be approved as self-insurers and smaller employers in like industries may be approved for participation in one the Agency approved group self-insurer programs. Special arrangements may be approved for major construction projects to allow for single coverage of all employees on a specific site.

2021 Highlights

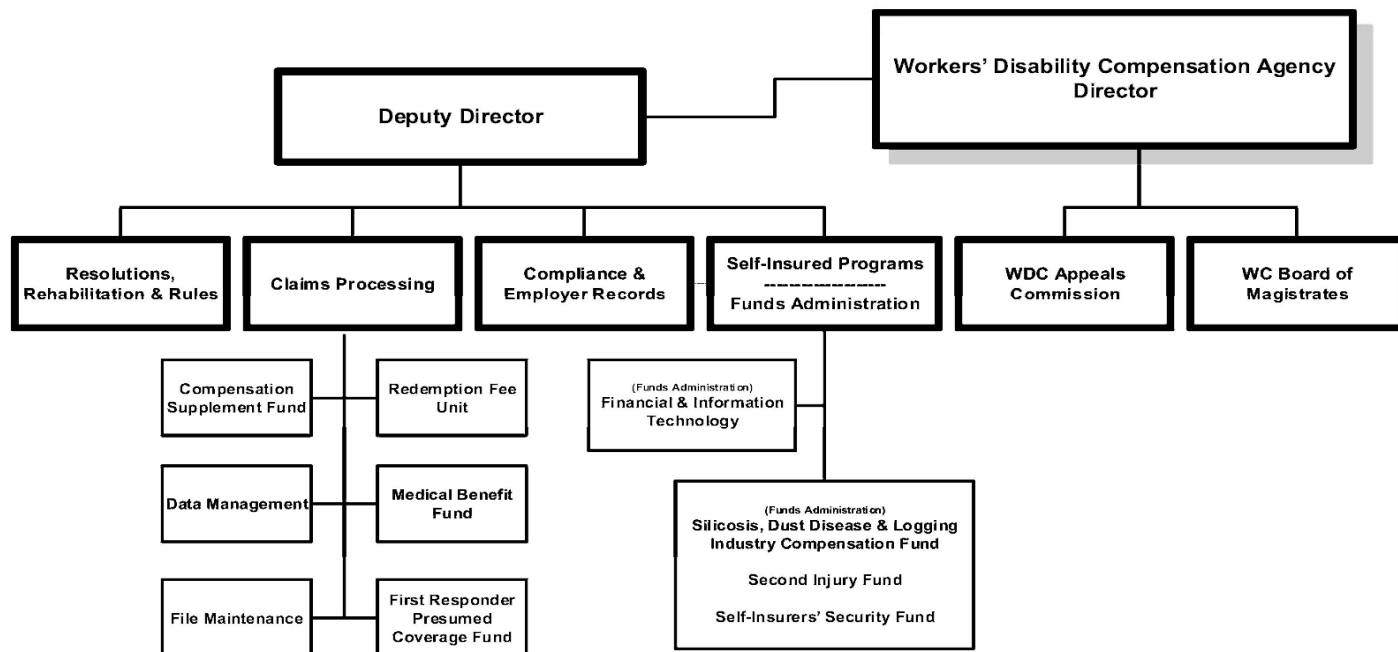
- Continued use of the word “unprecedented” more frequently than ever before.
- Continued high level of remote working by staff (approximately 90%) successfully maintaining agency operations while in the midst of the Covid-19 Pandemic.
- Re-opened all hearing sites to in-person trials and other hearings with appropriate masking & social distancing requirements.
- P The Christopher R. Slezak First Responder Presumed Coverage Fund was amended by the legislature to include expanded range of cancers presumed to be work related for certain categories of first responders. MCL 418.405(2). Passage of both the Lawful Sports Betting Act and the Lawful Internet Gaming Act enabling use of some of those revenues to provide limited funding for the fund.
- Completed and implemented updates to the Agency general rules and health care services rules.
- Completed and implemented new rule sets for the Board of Magistrates and Appeals Commission in light of the executive reorganization of the adjudication process for Workers’ Disability Compensation cases.
- Continued expanded use of the state’s secure electronic document filing (FTS).
- Participated in development of LEO departmental re-opening plans.
- Continued development of “WORCS 2.0,” the replacement for the antiquated agency data system.

What to look for in 2022

- Expansion of electronic filing.
- Development and Implementation of WORCS 2.0 data system.
- Safe return of staff to on-site work including continuing remote and hybrid work options where appropriate and in accord with agency administrative efficiency.
- Continued in-person hearings at all hearing sites consistent with state and federal COVID-19 pandemic guidelines.

Organization Chart

Workers' Disability Compensation Agency



How to Contact Us

The agency is located at:

Michigan Dept. of Labor and Economic Opportunity
Workers' Disability Compensation Agency
2501 Woodlake Circle
Okemos, Michigan 48864

The mailing address is:

Michigan Dept. of Labor and Economic Opportunity
Workers' Disability Compensation Agency
P.O. Box 30016
Lansing, Michigan 48909

Telephone (toll free): 888-396-5041

Website address: www.michigan.gov/wdca

Administration

The mission of the Workers' Disability Compensation Agency is to efficiently administer the Workers' Disability Compensation Act of Michigan and provide prompt, courteous and impartial service to all customers.

Workers' compensation is the system used to provide wage replacement, medical, and rehabilitation benefits to workers who suffer a work-related injury. Unlike some states that operate a fund for payment of benefits, the State of Michigan does not ordinarily pay workers' compensation benefits. Most employers in Michigan purchase an insurance policy from a private insurance company or they are authorized to operate as self-insurers.

Nearly all employers in Michigan are subject to the Workers' Disability Compensation Act. The law requires that every covered employer must provide some way of assuring that benefits are paid to its workers if they become injured while on the job. Most employers do this by purchasing an insurance policy from a private insurance company.

Goals:

- ◆ Ensure that employees that have suffered a work-related injury or occupational disease are provided correct wage loss replacement, medical and vocational rehabilitation services during periods of disability, and that the benefits are paid timely and accurately.
- ◆ In conjunction with the participants in the system, provide leadership to ensure more efficient regulation and delivery of workers' compensation benefits.
- ◆ Coordinate with the WC Board of Magistrates and WDC Appeals Commission on the handling of contested claims through their informal and formal dispute resolution process for employers, insurance carriers, injured workers, and health care providers.
- ◆ Monitor compliance with the agency's Health Care Services Rules (cost containment fees) to ensure that the cost of providing health care services to injured workers remains reasonable and that injured workers have access to quality health care statewide.
- ◆ Monitor the financial position of all individual and group self-insurers to ensure their ability to meet future payment of benefits on a timely basis.
- ◆ Maintain a historical insurance coverage record system for 300,475 active employers subject to the Workers' Disability Compensation Act.
- ◆ Monitor and enforce employers' compliance with the requirements for insurance coverage.
- ◆ Maintain agency records in accord with statutory requirements and in compliance with state general archive requirements.

The Workers' Disability Compensation Agency website contains a variety of information, forms, documents and statistics regarding the agency and its functions. The address is www.michigan.gov/wdca.

Claims Processing

The Claims Processing Division maintains a current and historical claims/case records system. Its objective is to ensure that employees that have suffered work related injuries are provided correct wage loss replacement and that both voluntary claims and litigated cases are processed in a timely manner.

This division performs a variety of functions relating to workers' compensation claims. The program is broken down into six major sections:

- ❖ **Compensation Supplement Fund** - The Compensation Supplement Fund was established to provide a cost-of-living adjustment to workers who were injured between 9/1/65 and 12/31/79. The staff reviews and processes all applications for reimbursement submitted by insurers and self-insurers on a quarterly basis. In 2021, the Compensation Supplement Fund reimbursed insurers and self-insurers \$900,964.33 for supplemental benefits paid on 1,978 claims.
- ❖ **Data Management** - The Data Management section is responsible for reviewing, evaluating and data entering all claims forms required by the statute. The staff also manually audits all opinions, orders and voluntary pay agreements as well as certain forms that cannot be audited by the system. In 2021, the staff data entered 108,962 claims forms.
- ❖ **File Maintenance** - The File Maintenance staff prepares all agency mail for scanning or digital imaging (which includes automatic date stamping). The preparation includes opening, sorting, screening, downloading through File Transfer Service (FTS) and matching agency forms and correspondence. In addition, this section is responsible for scanning all agency mail. In 2021, the section processed 445,705 forms and correspondence relating to claim, case and insurance records. This section is also responsible for housing and maintaining workers' compensation cases that are in open payment status. In addition, the staff prepares closed files for Records Center and recalls them when necessary. In 2021, approximately 5,966 claims/cases were retired.

First Responder Presumed Coverage Fund (FRPCF) - The First Responder Presumed Coverage Fund (FRPCF) is a fund that became legislative law effective January 14, 2015. The FRPCF was created to examine, audit and determine the presumptive cancer coverage of injured full-time fire fighters and their eligibility for benefit payments as provided in Sections 418.405 and 418.315 of the Workers' Disability Compensation Act.

In accordance with the provisions outlined in Section 418.405 of the WDCA, in order to submit an application for wage loss and/or medical benefits, the employee must be a member of a fully paid fire department or public fire authority and be compensated on a full-time basis; have been employed for 60 months or more in the active service of the

department or public fire authority; must be diagnosed with any respiratory tract, bladder, skin, brain, kidney, blood, thyroid, testicular, prostate or lymphatic cancer; must be employed in the active service of the department or public fire authority at the time the cancer manifests itself, and be exposed to the hazards incidental to fire suppression, rescue or emergency medical services in the performance of his or her work related duties; and the employee must first apply for and do all things necessary to qualify for any pension benefits to which he or she may be entitled to. The FRPCF will expend or make payment of benefits from the fund only for the purpose for paying claims as prescribed and authorized under Sections 418.405(2) and 418.405(7).

In November 2021, PA2021, 117 & 129 were enacted renaming the fund to the "Christopher R. Slezak First Responder Presumed Coverage Fund." The eligibility for benefits provided by the fund was expanded to include fire/crash rescue officers, part-time paid on-call and volunteer firefighters. Ovarian, breast and non HPV cervical cancers were added to the list of diagnosed illnesses presumed to be work-related. The changes will take effect January 1, 2022.

The First Responders Presumed Coverage Fund received 11 new applications for benefits in 2021. Total benefits paid by the Fund from January 1, 2021 through December 31, 2021 totaled \$952,597.58.

- ❖ **Medical Benefits Fund** - The Medical Benefits Fund was established to reimburse insurance carriers that continue to pay medical benefits awarded an injured employee while the magistrate's decision is appealed. If case results in the award being affirmed, the carrier will provide all medical benefits due under the provisions of the award, less any benefits already provided for. If the award is overturned, the carrier will be reimbursed from the Medical Benefits Fund for the amount of expenses incurred providing the medical benefits during the appeal process. Medical benefits will be provided as of the date of the award and will continue until final determination of the appeal or for a shorter period if specified in the award.
- ❖ **Redemption Fees/FOIA/Subpoena/Human Resources/Finance/Budget** - This section is responsible for auditing and collecting all redemption fees. In 2021, \$586,400 in Redemption Fees was collected. This section also processes all FOIA and Subpoena requests for the agency. In 2021 the agency received 3,450 FOIA requests and 1,686 Subpoena requests. This unit also handle human resource functions, finance and budget requests.

Compliance and Employer Records

The Compliance and Employer Records Division works to ensure that all employers subject to the Michigan Workers' Disability Compensation Act have complied with the requirements by securing workers' compensation coverage either through a policy of insurance or through approved self-insured authority.

The division maintains the current and historical record system for 300,475 employers. This includes coverage records on self-insurers, employers with insurance, and employers who have excluded themselves from the Act. In addition, this division has the responsibility to enforce employers' compliance with insurance requirements of the statute.

The major objectives of this program are:

- To keep an accurate insurance coverage record;
- To identify the responsible insurance carriers for employers listed on applications for mediation or hearing;
- To communicate with those employers who fail to maintain insurance coverage, using the civil process to enforce such compliance if the employer fails to comply even after being advised of the requirements of the statute by division staff.

Since 1983, workers' compensation insurance premiums in Michigan have been set in the marketplace. This means that different insurance companies charge different premiums. Research done by the insurance commissioner suggests that employers should "shop around" for the best deal on insurance. All workers' compensation insurance policies provide the same coverage. However, some cost more than others and some companies provide more services than others. Employers should shop for the best price and the most service from their workers' compensation insurance company.

In addition, the agency has been penalizing employers when they allow their workers' compensation coverage to lapse. To date, the agency has collected approximately 5 million in fines as a result of these lapses in coverage.

Self-Insured Programs

The Workers' Disability Compensation Act permits employers to request authority to self-insure and assume responsibility for direct payment of benefits to injured workers. The Act also permits providers of claims adjusting, underwriting and loss control services to apply and be approved by the agency to provide these services to approved self-insurers.

Two types of self-insured authority are permitted by the Act. Individual employers may be approved as self-insurers or, two or more employers in the same industry may apply for group self-insured authority. Statutory requirements, administrative rules and agency policy require annual renewal applications and various monitoring and approval tasks throughout the year.

Self-Insured Programs conducts initial regulatory reviews on employer self-insured applications and in the formation of group self-insured programs; provides guidance through the approval, formation, and review process; and issues decisions that detail the required security and exposure limiting devices based on statutory authority and the agency's established policy. Initial and annual regulatory reviews are also conducted on service company applications. The staff works to resolve all issues and disputes generated by self-insured employers by telephone, informal meetings and through the formal hearing process. The division also provides information to the public relevant to self-insured concepts and notifies self-insured employers and other interested parties of changes in the statute, administrative rules, and departmental policy.

This division also provides final approval for distributions of surplus funds not needed to pay claims or administrative expenses to members of approved group self-insured programs. This process requires the review and assessment of documents provided in support of the specific request made by the group programs. Surplus return authorizations range between \$75,000,000 and \$85,000,000 on average annually. These are funds returned to the members of the various groups, pursuant to the bylaws and operating procedures, reducing the cost of their workers' compensation program in Michigan and therefore reducing their overall business costs.

Resolutions, Rehabilitation and Rules (R3)

The R3 Division performs a wide variety of functions mandated in sections 418.315 and 418.319 of the Workers' Disability Compensation Act of 1969, as amended. These sections are essential to keeping injury-related medical care costs in Michigan among the lowest in the country and overseeing the application of vocational rehabilitation services to Michigan's injured workers.

Health Care Services (HCS) functions include: (1) Rule Development, Review and Revision, (2) Evaluation, (3) Carrier Review & Data Reporting, and (4) Information and Education. Here is a brief summary of each category:

♦ *Rule Development, Review and Revision* - The Act and the Workers' Compensation Health Care Services Rules identify policies for coverage and reimbursement to health care providers. Health care trends and policies are researched and developed by staff and Health Care Services (HCS) Advisory Committee members in accordance with nationally recognized standards of practice and reimbursement methodologies. Practitioner reimbursement is based upon resource-based relative value scale (RBRVS).

♦ *Evaluation* - The evaluation process consists of compiling carrier data and analyzing charges, payments, health care procedures and medical diagnosis along with direct feedback from employers, healthcare providers, employee reps and payors during bi-monthly advisory committee meetings. The results of the feedback and data analysis are used to decide reimbursement levels, utilization parameters, and rules updates. Provider and carrier compliance is also monitored through the case samples and billing reports provided by these parties upon request or as a function of the mediation process.

♦ *Carrier's Review Certification & Data Reporting* - The healthcare services online reporting system allows for web-based submission of a carrier's professional healthcare review program application and annual medical payment report as required by HCS Rules. The system emails an annual filing reminder to the carriers and service companies and has significantly decreased both staff and customer hours used for filing and processing of paperwork. A carrier's professional review process is certified by staff to assure that appropriate medical review criteria are utilized according to rule requirements. Carriers must also attest that professional review staff are licensed and certified as required by Workers' Compensation Health Care Services Rules.

♦ *Information and Education* - The R3 team responds to numerous telephone and written inquiries for assistance, ranging from legislative constituent concerns, clarification of statute and rules, and assistance in resolving differences between carriers and providers. Team members provide educational seminars regarding the application of the rules, billing procedures, carrier and provider responsibilities and statutory rights.

The Vocational Rehabilitation division provides oversight of vocational services for Michigan's injured workers, as well as review and approval of vocational rehabilitation service providers, and informal dispute resolution. When there are disputes, the vocational hearing process begins with an application for mediation or hearing submitted to the Agency by any party. The director can refer the

dispute to one of his/her representatives to conduct an initial vocational rehabilitation hearing. The goal of this initial, informal hearing is to facilitate a voluntary agreement between the parties regarding the appropriate course of vocational rehabilitation for the injured worker. If the parties cannot reach an agreement, the director will hold a formal hearing, and a record will be made.

Another key segment of the R3 Team is the contested case division, which handles contested/litigated case processing functions for the Agency. In 2021, this division administered close to 28,000 case file actions including case openings, closings, redemption orders, magistrate dispositions and forms processing.

The R3 Team provides Alternative Dispute Resolution (i.e. Mediation) services on specified statutory, vocational, and health care cases in an effort to resolve issues between the parties prior to scheduling on the trial docket. In 2021, over 1,300 mediation hearings were held. Dispute resolution services are consistently able to resolve 96% of health care disputes, and 36% of statutory dispute issues annually.

A customer service 1-800 line, provides callers such as claimants, insurance adjusters, attorneys, and others, direct phone contact with an R3 and/or Agency team member. The agency's 800-line fielded almost 11,000 calls during 2021.

Finally, the R3 Team manages the rule promulgation process for all Agency divisions, which includes rule updates, additions, or rescissions as necessary. In 2021, four rule sets were updated for the Workers' Disability Compensation Agency General Rules, the Workers' Disability Compensation Appeals Commission General Rules, the Workers' Disability Compensation Agency Board of Magistrates General Rules, and the Health Care Services Ruleset.

Funds Administration

The Funds Administration Division consists of the Second Injury Fund; the Silicosis, Dust Disease and Logging Industry Compensation Fund; and the Self-Insurers' Security Fund. The Funds, created in Chapter 5 of the Workers' Disability Compensation Act, are managed by a board of trustees. The board is made up of two trustees that are appointed by the Governor with the advice and consent of the Senate. The first represents employers authorized to act as self-insurers in Michigan and the second represents the insurance industry. The third trustee is the director of the Workers' Disability Compensation Agency.

The Funds Administration is 100% funded by insurers who write workers' compensation policies in the state of Michigan, and employers who self-insure their workers' compensation risk. These assessments cover all benefits paid and all administrative costs incurred by the Funds Administration.

During 2021 the Funds Administration handled 1,064 cases and ended the calendar year with 1,016 open files. Detailed information regarding the Funds Administration can be found in the Funds Administration Overview located on the Workers' Disability Compensation Agency's web site at www.michigan.gov/wdca.

Workers' Compensation Board of Magistrates

Section 213 of Public Act 103 of 1985 authorizes the Workers' Compensation Board of Magistrates. By statute, the Board of Magistrates originally consisted of 30 members appointed by the Governor and confirmed by the Senate, and responsible for hearing and deciding contested cases filed after March 31, 1986.

In 2011, the Board of Magistrates was transferred to the Michigan Office of Administrative Hearings and Rules until 2019 when Executive Order 2019-13 created the Workers' Compensation Board of Magistrates transferring the Board back to the Workers' Disability Compensation Agency (WDCA). The Workers' Compensation Board of Magistrates remains an independent agency with oversight by the WDCA.

Each magistrate must be a licensed attorney in Michigan, and either pass an exam or have five years of experience in workers' compensation. A magistrate cannot be reappointed after serving a total of 12 years.

Magistrates decide claims at the formal hearing level of the contested claims process of the workers' compensation system. All resolutions require a formal written order or opinion with findings of fact and conclusions of law. Parties to a decision may stipulate to modify or correct a decision within 30 days. Additionally, the board is responsible for hearing any dispute meeting the requirements for the Small Claims Division established under Section 841 of Public Act 103 of 1985. The magistrates must also approve the settlement of Workers' Compensation claims by conducting Redemption hearings.

Workers' Disability Compensation Appeals Commission

The Workers' Disability Compensation Appeals Commission was created by Executive Order 2019-13. Its goal is to judiciously serve Michigan's employees, employers, and insurers by expeditiously addressing and impartially resolving appeals of disputed decisions by the Board of Magistrates and the Director involving workers' compensation benefits.

There are three commissioners, a significant reduction from 2019 and previously. All commissioners are licensed attorneys, appointed by the governor and confirmed by the Senate. All current commissioners have extensive experience with workers' compensation appeals.

The Commission reviews a magistrate's decision to determine if the findings of fact are supported by competent, material, and substantial evidence, and whether there have been any legal mistakes. Only findings specifically appealed are reviewed.

Parties who do not agree with an opinion rendered by the Appeals Commission may seek an appeal to the Michigan Court of Appeals, and later the Michigan Supreme Court. However, such an appeal is not automatic; a court must grant "leave" to appeal before they will consider a case.

During 2021, the Commission consolidated its offices with those of the Agency at its facility in Okemos. This has created an environment better suited to collaboration between the commissioners, and should increase their productivity as 2022 unfolds. New administrative rules were promulgated in 2021, to make both paper and electronic filings easier and more cost-effective. Procedures used to process appeals were clarified and made more user-friendly.

The WDCAC is now located at:

Workers' Disability Compensation Appeals Commission
2501 Woodlake Circle
Okemos, MI 48864

The mailing address is:

Workers' Disability Compensation Appeals Commission
P.O. Box 30468
Lansing, MI 48909

Other Important Information:

Phone: 517-284-9312
Fax: 517-284-5391
Email: LEO-WDCAC@michigan.gov
Website: michigan.gov/wdcac
FTS Mailbox: WCMIWDCAC

Statistics & Charts

**MI DEPT OF LABOR AND ECONOMIC OPPORTUNITY
WORKERS' DISABILITY COMPENSATION AGENCY
State Average Weekly Wage Chart**

Year	SAWW	90% of SAWW (Maximum)	2/3 of SAWW*	50% of SAWW (Minimum Benefit for Death Cases)	25% of SAWW (Minimum Benefit for Specific Loss and T&P)
2022	1163.79	1048.00	775.86	581.90	290.95
2021	1083.33	975.00	722.22	541.67	270.83
2020	1037.10	934.00	691.40	518.55	259.28
2019	1022.92	921.00	681.95	511.46	255.73
2018	999.31	900.00	666.21	499.66	249.83
2017	965.62	870.00	643.75	482.81	241.41
2016	935.00	842.00	623.33	467.50	233.75
2015	910.71	820.00	607.14	455.36	227.68
2014	893.44	805.00	595.63	446.72	223.36
2013	886.56	798.00	591.04	443.28	221.64
2012	860.34	775.00	573.56	430.17	215.09
2011	823.35	742.00	548.90	411.68	205.84
2010	828.73	746.00	552.49	414.37	207.18
2009	834.79	752.00	556.53	417.40	208.70
2008	820.04	739.00	546.69	410.02	205.01
2007	803.17	723.00	535.45	401.59	200.79
2006	784.31	706.00	522.87	392.16	196.08
2005	765.12	689.00	510.08	382.56	191.28
2004	744.49	671.00	496.33	372.25	186.12
2003	724.96	653.00	483.31	362.48	181.24
2002	715.11	644.00	476.74	357.56	178.78
2001	714.46	644.00	476.31	357.23	178.62
2000	678.23	611.00	452.15	339.12	169.56
1999	644.06	580.00	429.37	322.03	161.02
1998	614.10	553.00	409.40	307.05	153.53
1997	591.18	533.00	394.12	295.59	147.80
1996	581.39	524.00	387.59	290.70	145.35
1995	554.22	499.00	369.48	277.11	138.56
1994	527.29	475.00	351.53	263.65	131.82
1993	506.80	457.00	337.87	253.40	126.70
1992	489.01	441.00	326.01	244.51	122.25
1991	477.40	430.00	318.27	238.70	119.35
1990	474.22	427.00	316.15	237.11	118.56
1989	454.15	409.00	302.77	227.08	113.54
1988	440.77	397.00	293.85	220.39	110.19
1987	433.91	391.00	289.27	216.96	108.48

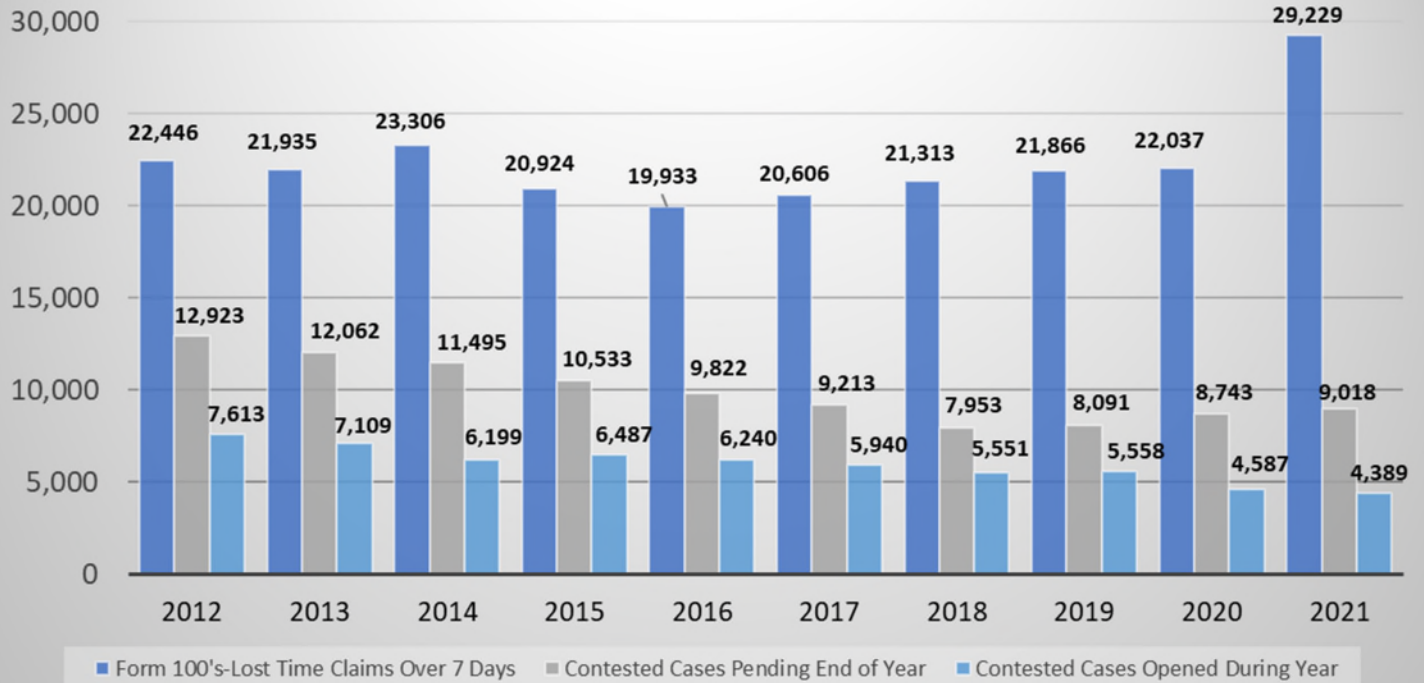
*Discontinued fringe benefits may not be used to raise the weekly benefits above this amount.
Attorney fees may not be based on a benefit rate higher than this amount.

**MI DEPT OF LABOR AND ECONOMIC OPPORTUNITY
WORKERS' DISABILITY COMPENSATION AGENCY
State Average Weekly Wage Chart**

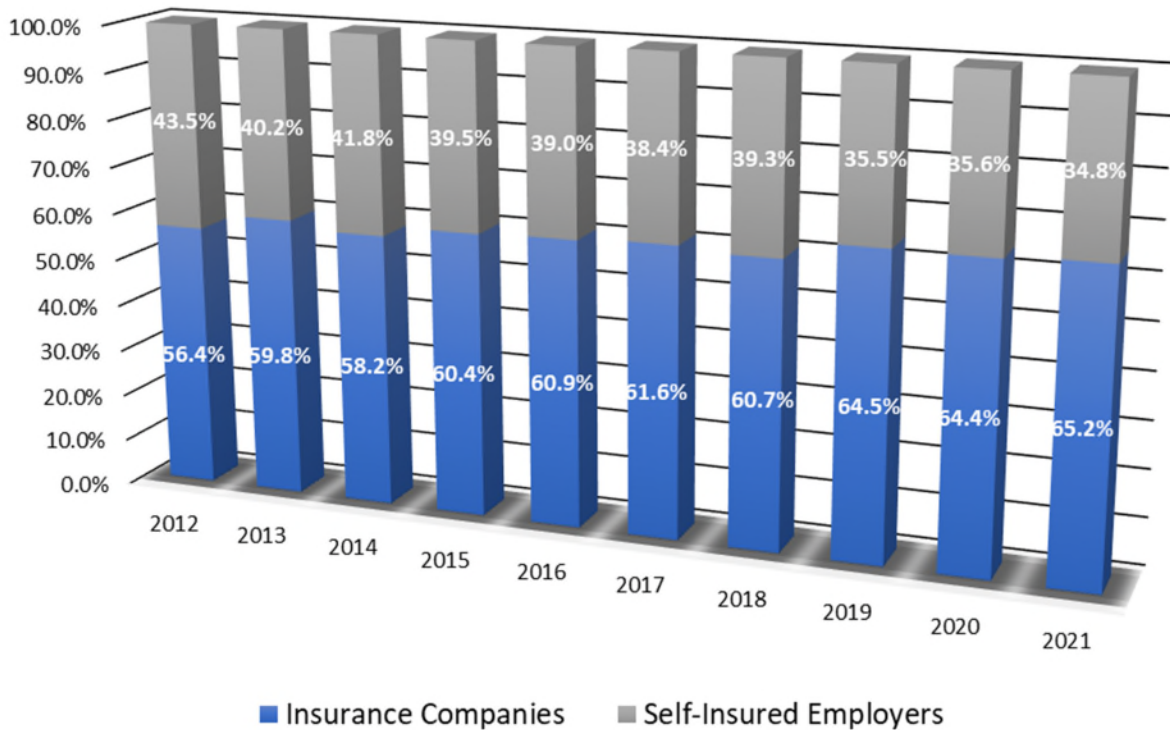
Year	SAWW	90% of SAWW (Maximum)	2/3 of SAWW*	50% of SAWW (Minimum Benefit for Death Cases)	25% of SAWW (Minimum Benefit for Specific Loss and T&P)
1986	414.70	374.00	276.47	207.35	103.68
1985	397.48	358.00	264.99	198.74	99.37
1984	370.65	334.00	247.10	185.33	92.66
1983	358.89	324.00	239.26	179.45	89.72
1982	340.45	307.00	226.97	170.23	85.11

*Discontinued fringe benefits may not be used to raise the weekly benefits above this amount. Attorney fees may not be based on a benefit rate higher than this amount.

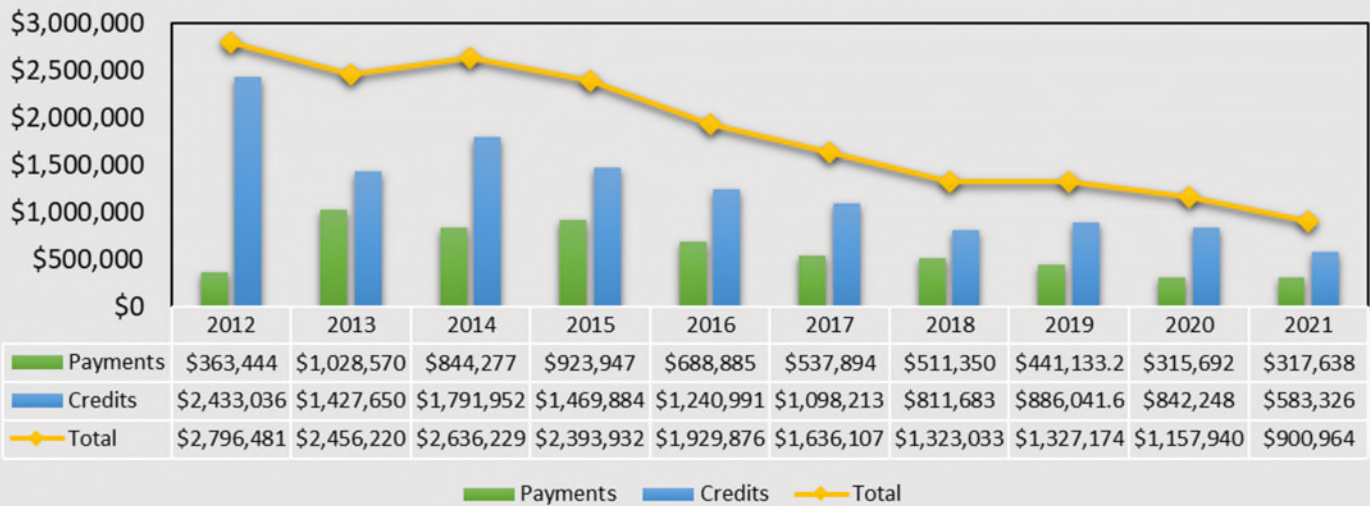
Claims/Case Trends



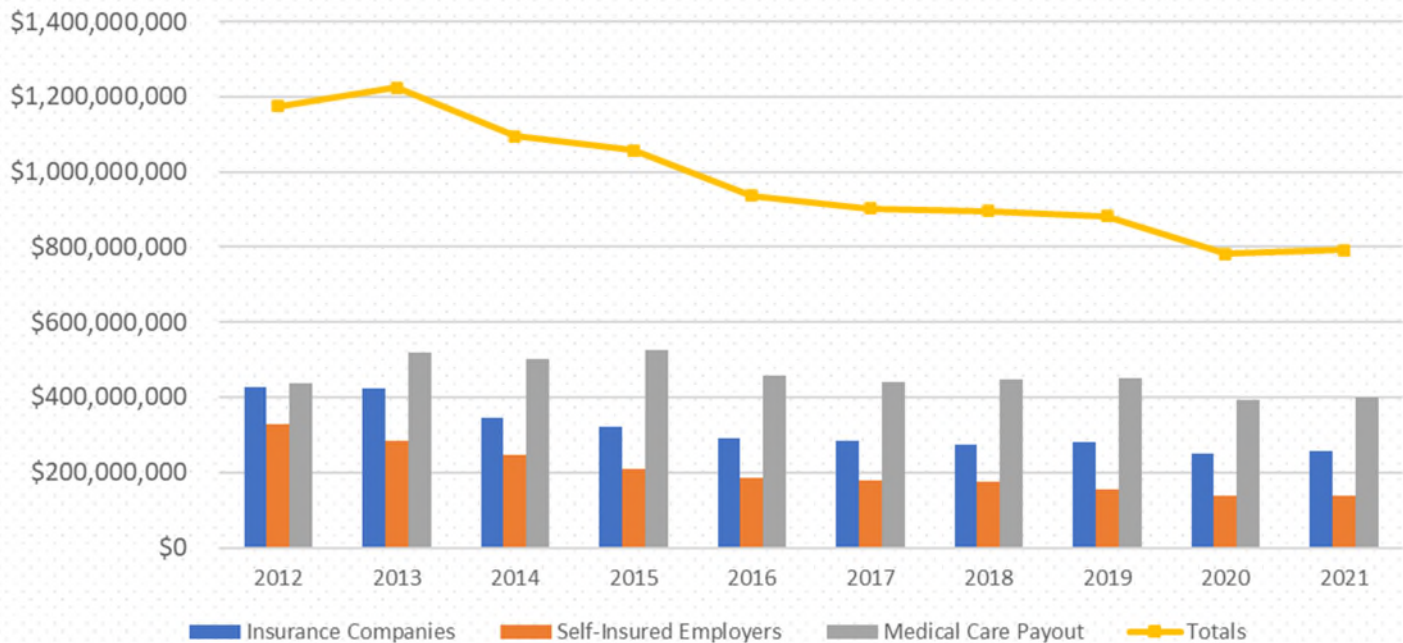
Indemnity Payments



Compensation Supplement Fund Reimbursements



Payout in Workers' Compensation Benefits and Medical Care

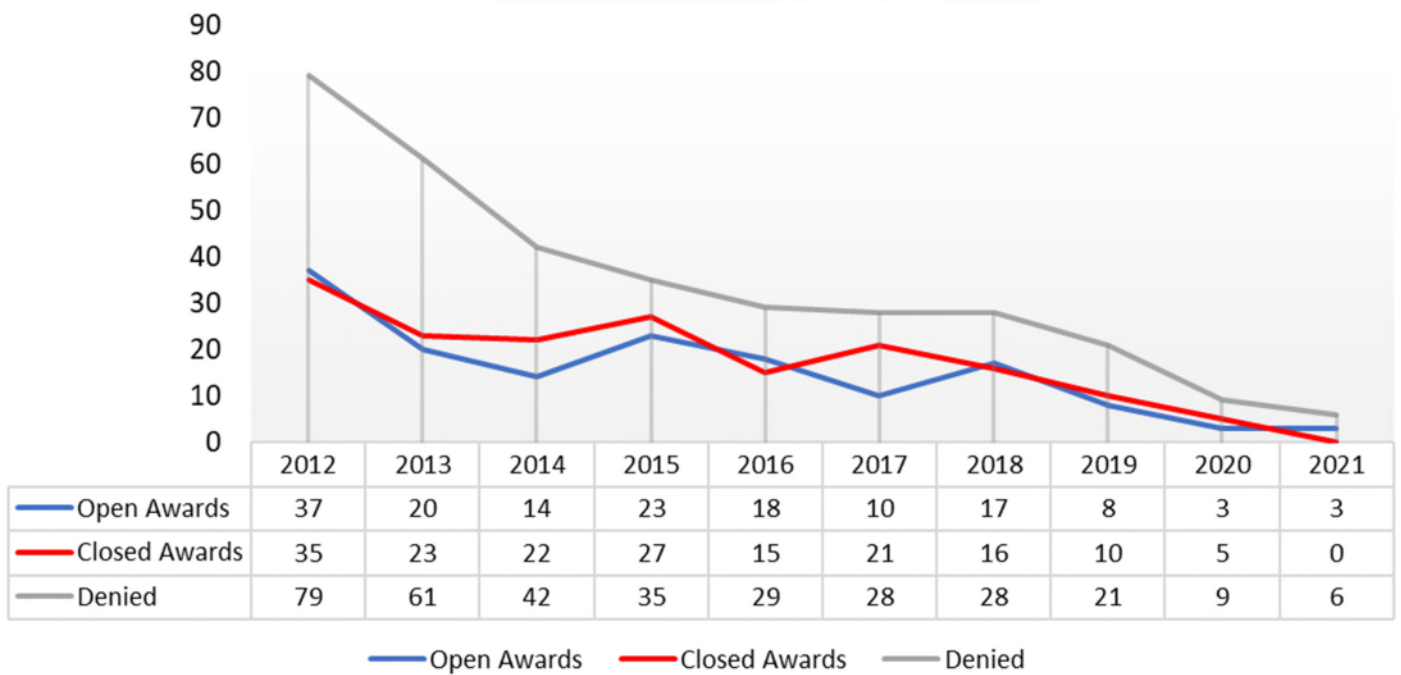


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Insurance Companies	\$426,597,098	\$422,374,275	\$344,774,705	\$320,890,950	\$292,645,398	\$283,874,041	\$272,917,664	\$279,354,552	\$248,867,863	\$256,173,031
Self-Insured Employers	\$330,130,842	\$283,845,745	\$247,666,346	\$210,130,766	\$187,224,450	\$177,087,512	\$176,581,655	\$153,659,517	\$137,862,180	\$136,884,584
Medical Care Payout	\$435,965,803	\$518,203,384	\$502,072,179	\$526,290,415	\$457,193,743	\$442,009,167	\$446,700,852	\$450,041,746	\$394,688,848	\$399,161,986
Totals	\$1,175,145,406	\$1,224,423,404	\$1,094,513,230	\$1,057,312,131	\$937,063,591	\$902,970,720	\$896,200,171	\$883,055,815	\$781,418,891	\$792,219,601

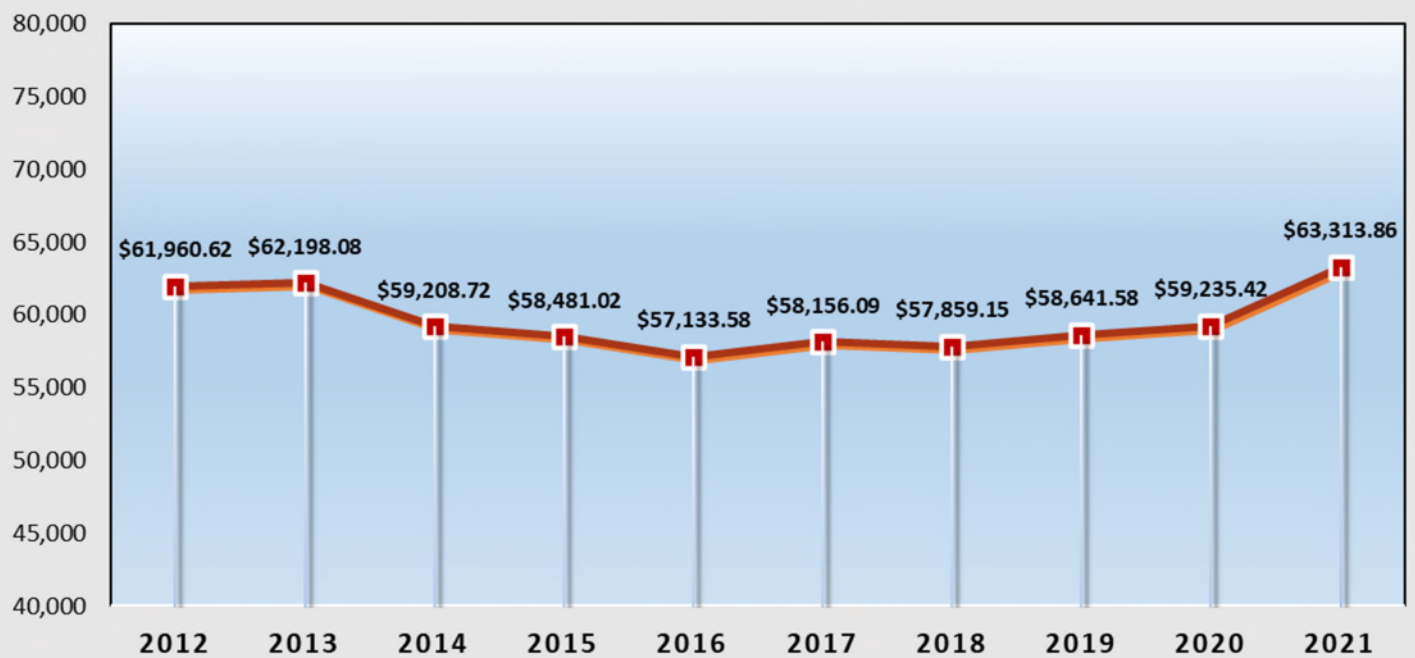
Magistrate Case Disposition Chart										
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Redemptions	7,446	6,786	6,180	5,486	4,936	4,579	4,429	3,821	2,801	2,845
Opinions**	209	169	119	118	96	96	105	58	28	10
Other Dispositions	2,403	2,018	1,800	1,929	1,718	1,588	2,027	1,326	870	951
Total	10,058	8,973	8,099	7,533	6,750	6,263	6,561	5,205	3,699	3,806
** Includes granted open, granted closed, denied and miscellaneous opinions										

Magistrate Aged Case Disposition Chart										
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
0 - 12 Months	6,325	5,899	5,618	5,042	4,753	4,614	4,345	4,514	3,713	3,678
13 – 18 Months	1,952	2,054	1,868	1,757	1,617	1,473	1,483	1,398	1,679	1,435
19 – 24 Months	1,212	1,204	1,140	1,072	884	837	852	827	1,288	1,058
Over 24 Months	2,732	2,316	2,323	2,166	2,110	1,734	878	1,023	1,724	2,565
Total	12,221	11,473	10,949	10,037	9,364	8,658	7,558	7,762	8,404	8,736

Workers' Compensation Trends



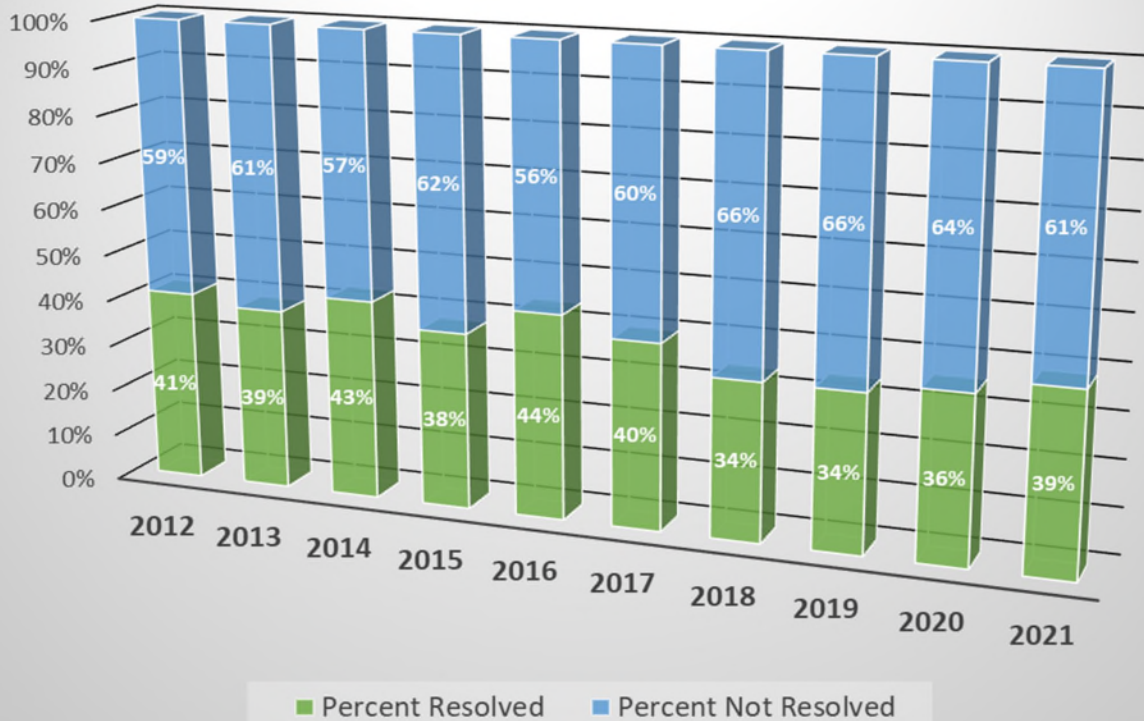
Average Redemption Amounts



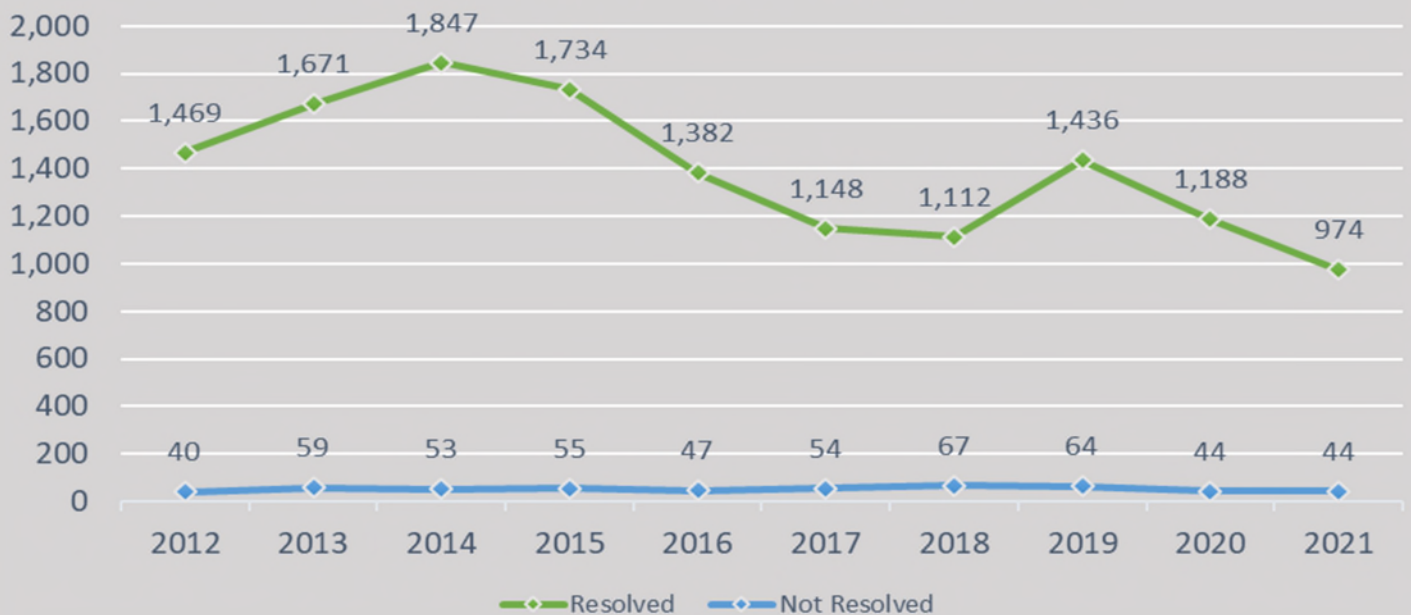
Mediation Dispositions

(Not Including VR & Health Care Rule Hearings)

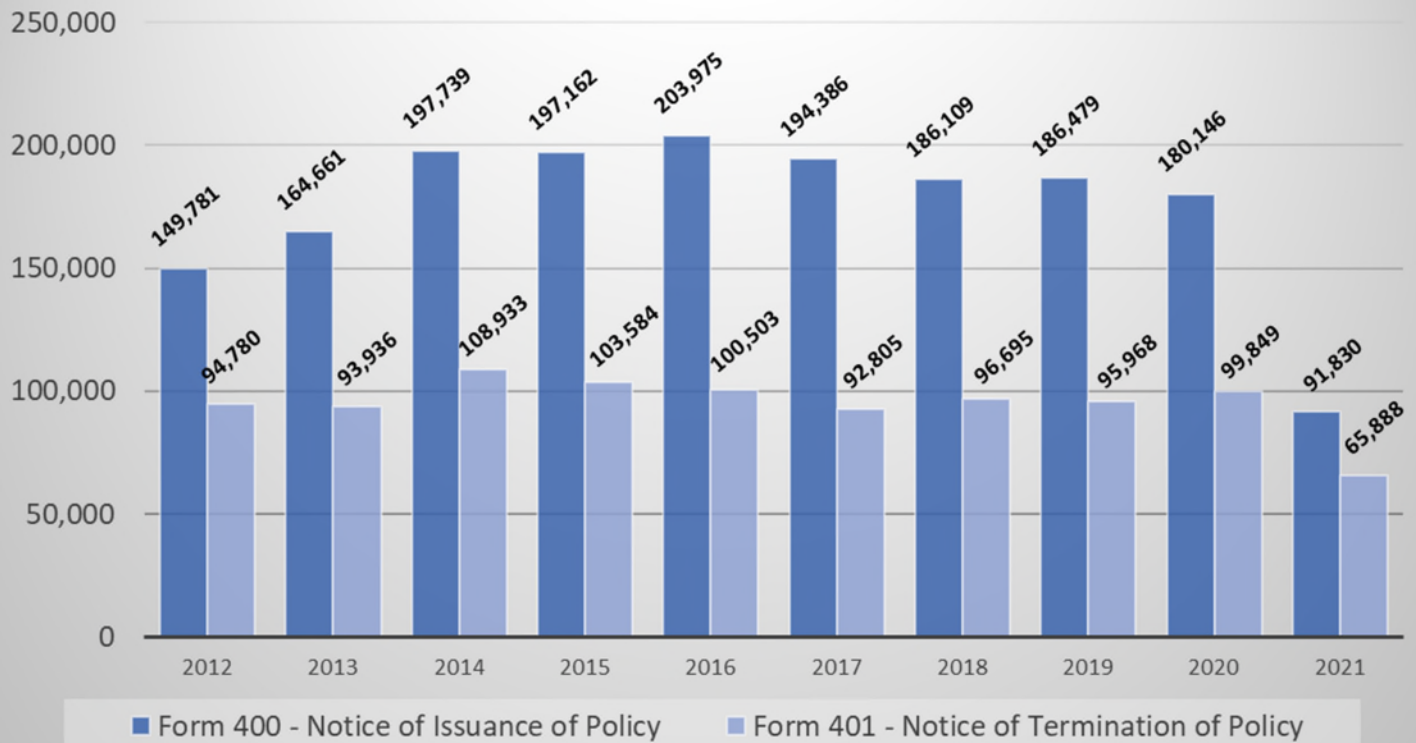
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Resolved	704	447	508	429	475	379	306	293	195	268
Not Resolved	1,006	690	687	692	593	564	606	559	343	420



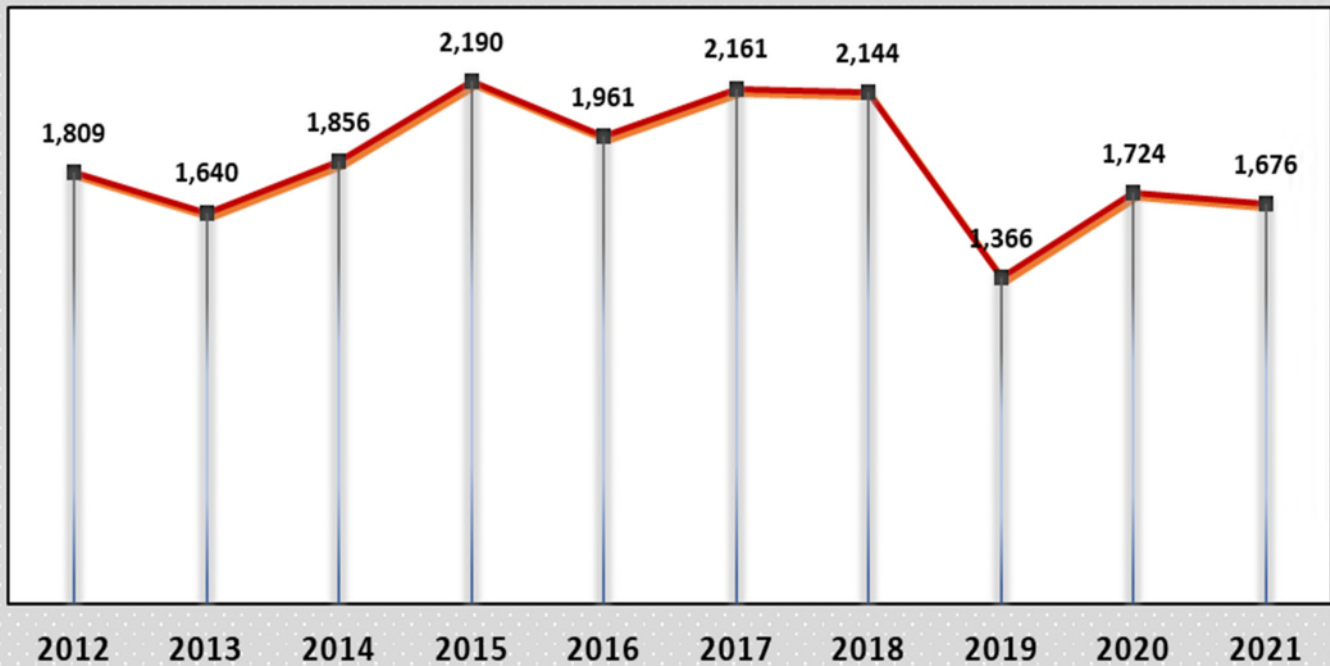
Health Care Hearing Dispositions

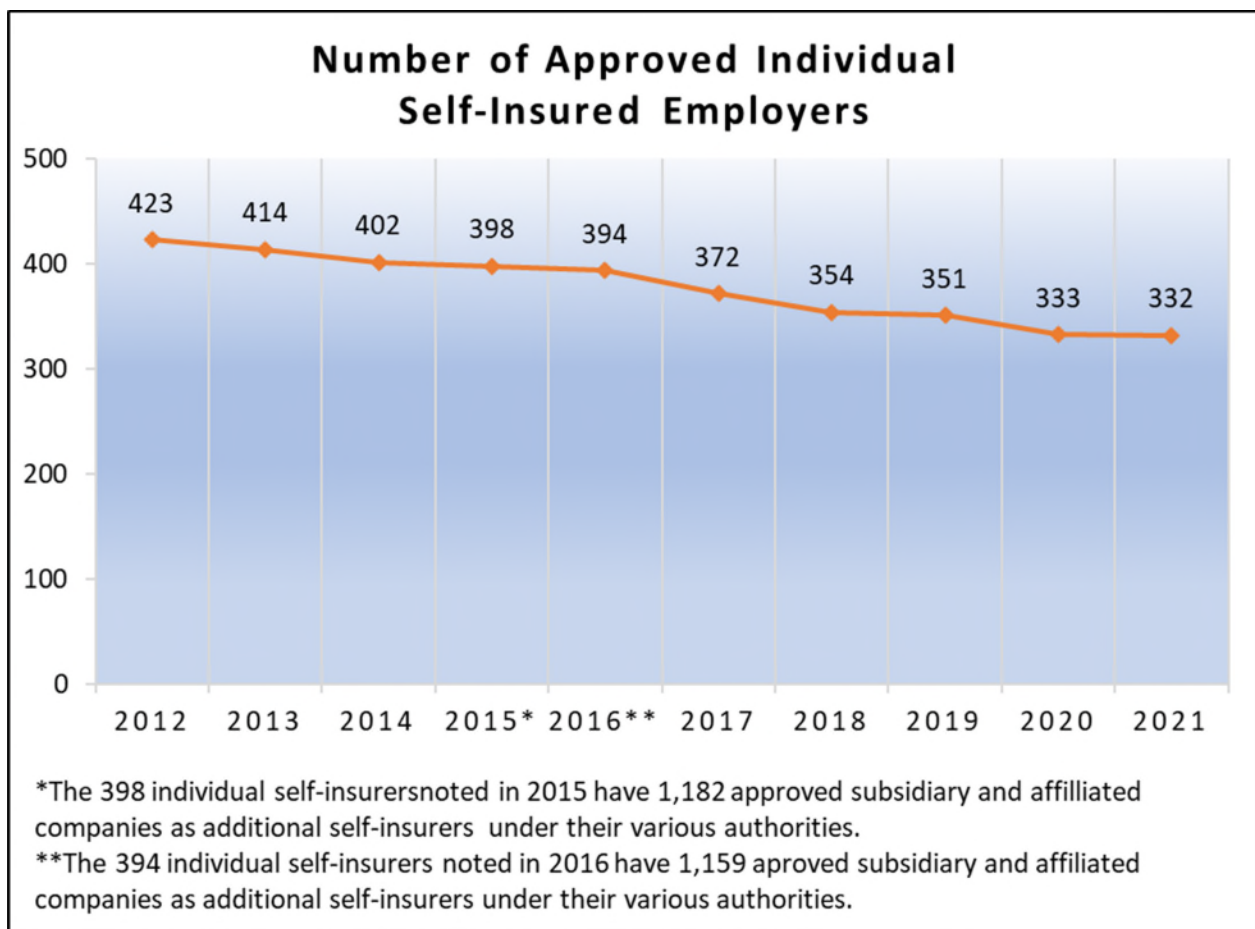
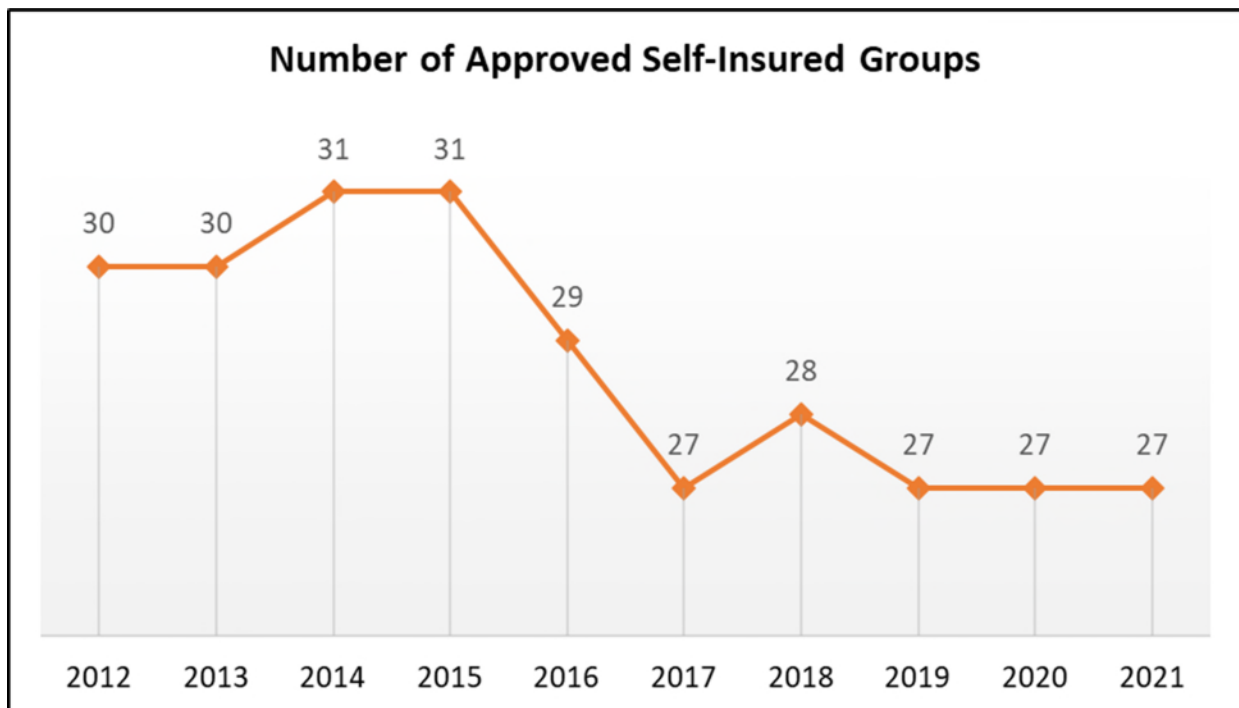


Forms 400 & 401 Received

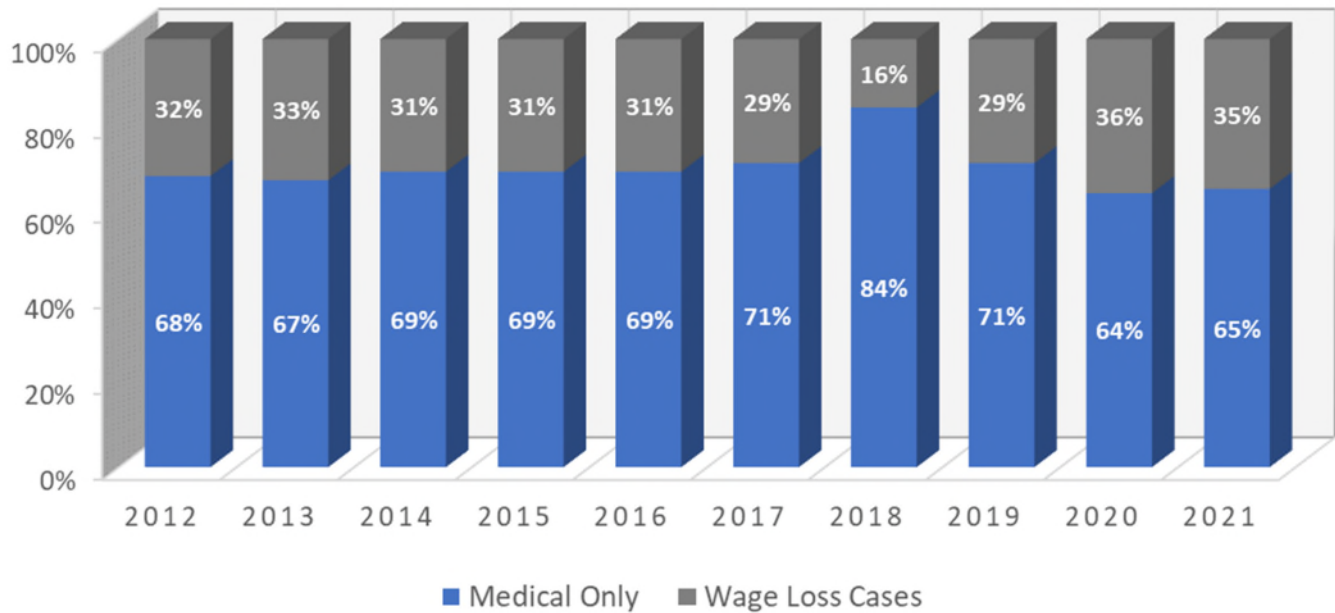


Exclusion Forms Processed

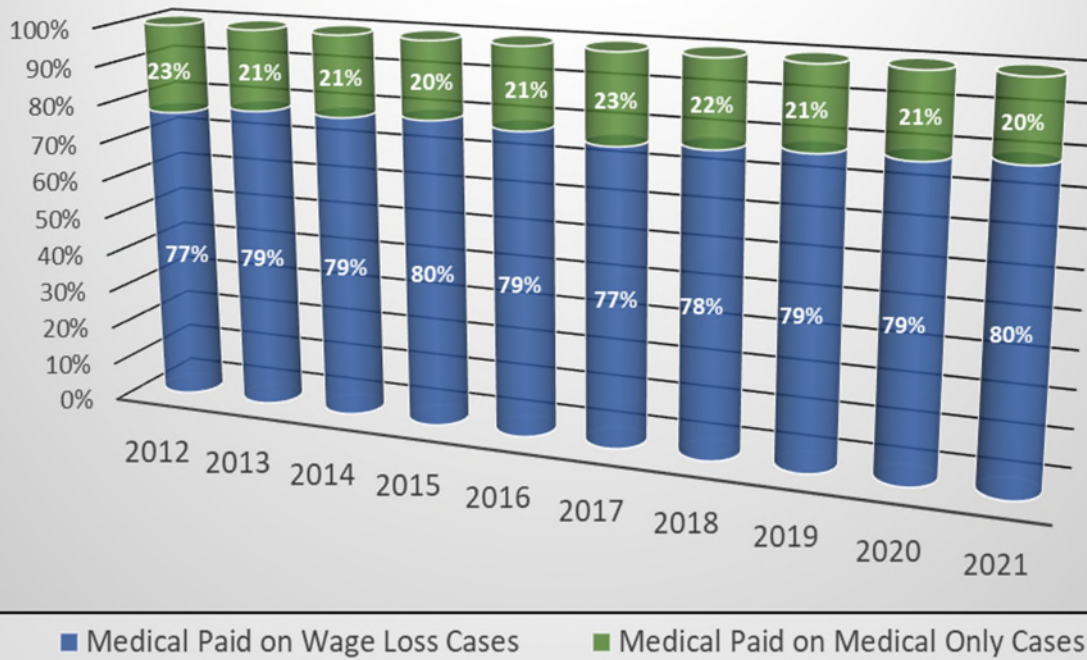




Workers' Compensation Cases - By Case Type



Health Care Costs - Percent Paid by Case Type



Workers' Disability Compensation Agency Annual Health Care Costs 2011-2021

WORKERS' DISABILITY COMPENSATION AGENCY										
	JAN - DEC	JAN - DEC	JAN - DEC	JAN - DEC	JAN - DEC	JAN - DEC	JAN - DEC	JAN - DEC	JAN - DEC	JAN - DEC
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
MEDICAL PAID ON MEDICAL ONLY CASES										
Number of Cases	117,511	140,579	134,635	127,901	125,669	119,365	253,602	123,171	92,953	87,110
Amount Paid	\$99,961,450	\$106,347,745	\$107,648,726	\$103,998,692	\$97,735,771	\$102,562,089	\$97,830,022	\$94,695,373	\$83,075,585	\$79,138,474
Cost/Case	\$851	\$756	\$800	\$813	\$778	\$859	\$386	\$769	\$894	\$908
% of Total Cases	68%	67%	69%	69%	69%	71%	84%	71%	64%	65%
% of Total Cost	23%	21%	21%	20%	21%	23%	22%	21%	21%	20%
MEDICAL PAID ON WAGE LOSS CASES										
Number of Cases	56,453	70,119	60,558	57,901	55,226	48,098	47,650	49,506	52,129	47,556
Amount Paid	\$336,004,353	\$411,855,639	\$394,423,454	\$422,291,723	\$359,457,972	\$339,447,079	\$348,870,830	\$355,346,373	\$311,613,263	\$320,023,512
Cost/Case	\$5,952	\$5,874	\$6,513	\$7,293	\$6,509	\$7,057	\$7,322	\$7,178	\$5,978	\$6,729
% of Total Cases	32%	33%	31%	31%	31%	29%	16%	29%	36%	35%
% of Total Cost	77%	79%	79%	80%	79%	77%	78%	79%	79%	80%
TOTAL										
Total No. of Cases	173,964	210,698	195,193	185,802	180,895	167,463	301,252	172,677	145,082	134,666
Amount Paid	\$435,965,803	\$518,203,384	\$502,072,179	\$526,290,415	\$457,193,743	\$442,009,167	\$446,700,852	\$450,041,746	\$394,688,848	\$399,161,986
Cost/Case	\$2,506	\$2,459	\$2,572	\$2,833	\$2,527	\$2,639	\$1,483	\$2,606	\$2,720	\$2,964
Avg medical only per company reporting >\$0:	\$151,917	\$152,866	\$152,046	\$145,895	\$140,425	\$150,628	\$151,440	\$142,614	\$128,799	\$121,192
Avg medical on wage loss cases per co. reporting	\$483,460	\$558,276	\$517,616	\$544,973	\$476,103	\$467,009	\$526,200	\$494,911	\$443,262	\$457,176
FIGURES REPRESENT PAYMENTS MADE IN ANY GIVEN ANNUAL REPORT PERIOD										
2021 numbers represent 99.5% of carriers reporting.										

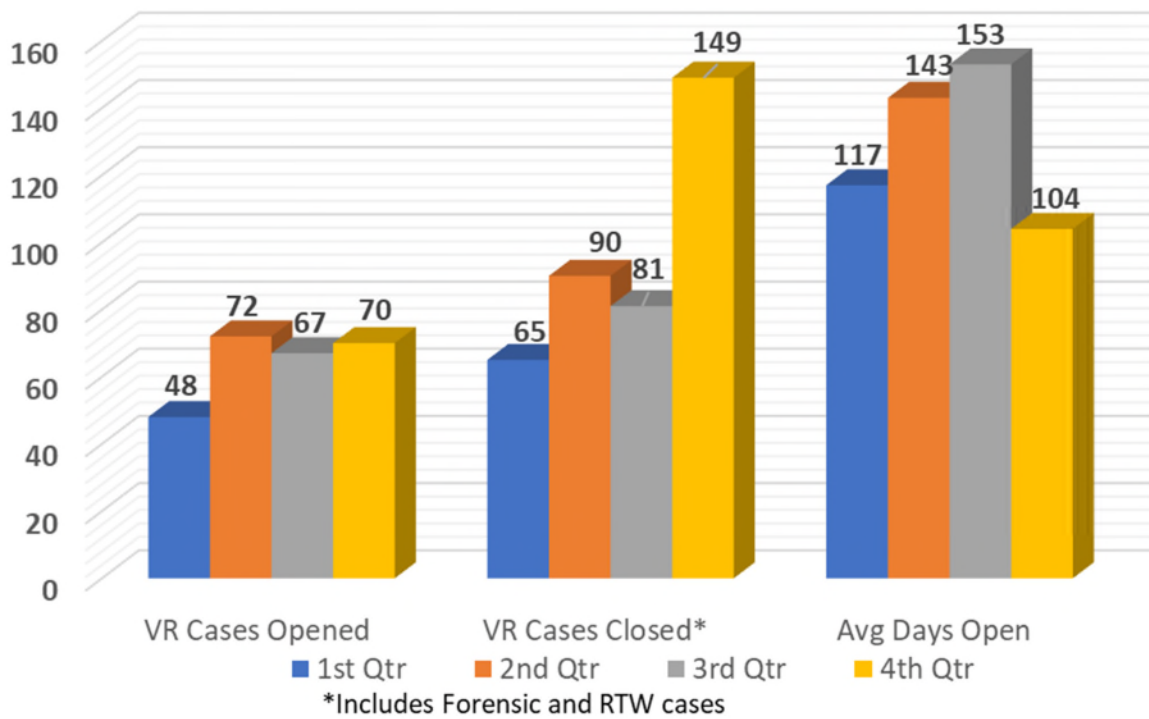
Historical Health Care Costs by Insurance Type

	Medical Only Counts	Medical Paid on Medical Only cases	Wage Loss Case Count	Medical paid on Wage Loss cases only	Total all Cases	Total Paid all cases
TOTALS (BY TYPE) 2021						
GROUP SELF- INSURERS	8,626	\$7,302,148	3,359	\$23,176,604	11,985	\$30,478,752
INSURANCE COMPANY	52,042	\$50,132,304	30,425	\$224,209,639	82,467	\$274,341,943
INDIVIDUAL SELF-INSURERS	26,442	\$21,704,022	13,688	\$71,923,874	40,130	\$93,627,896
STATUTORY FUNDS			84	\$713,395	84	\$713,395
TOTALS (BY COLUMN)	87,110	\$79,138,474	47,556	\$320,023,512	134,666	\$399,161,986

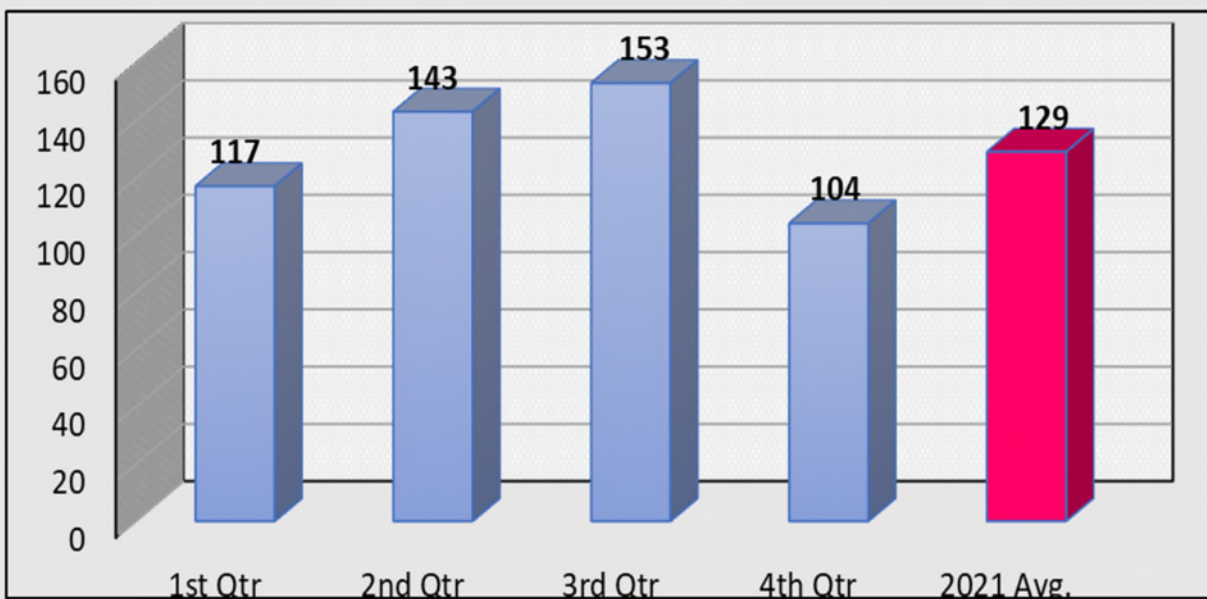
	Medical Only Counts	Medical Paid on Medical Only cases	Wage Loss Case Count	Medical paid on Wage Loss cases only	Total all Cases	Total Paid all cases
TOTALS (BY TYPE) 2020						
GROUP SELF-INSURERS	9,533	\$6,987,666	4,672	\$29,096,113	14,205	\$36,083,779
INSURANCE COMPANY	57,229	\$56,774,483	32,631	\$215,080,340	89,860	\$271,854,823
INDIVIDUAL SELF-INSURERS	26,191	\$19,313,436	14,734	\$66,722,305	40,925	\$86,035,741
STATUTORY FUNDS			92	\$714,506	92	\$714,506
TOTALS (BY COLUMN)	92,953	\$83,075,585	52,129	\$311,613,263	145,082	\$394,688,848

	Medical Only Counts	Medical Paid on Medical Only cases	Wage Loss Case Count	Medical paid on Wage Loss cases only	Total all Cases	Total Paid all cases
TOTALS (BY TYPE) 2019						
GROUP SELF-INSURERS	12,670	\$8,659,874	3,640	\$26,326,837	16,310	\$34,986,711
INSURANCE COMPANY	73,295	\$62,988,387	32,161	\$249,860,250	105,456	\$312,848,637
INDIVIDUAL SELF-INSURERS	37,206	\$23,047,112	13,601	\$78,294,954	50,807	\$101,342,066
STATUTORY FUNDS			104	\$864,332	104	\$864,332
TOTALS (BY COLUMN)	123,171	\$94,695,373	49,506	\$355,346,373	172,677	\$450,041,746

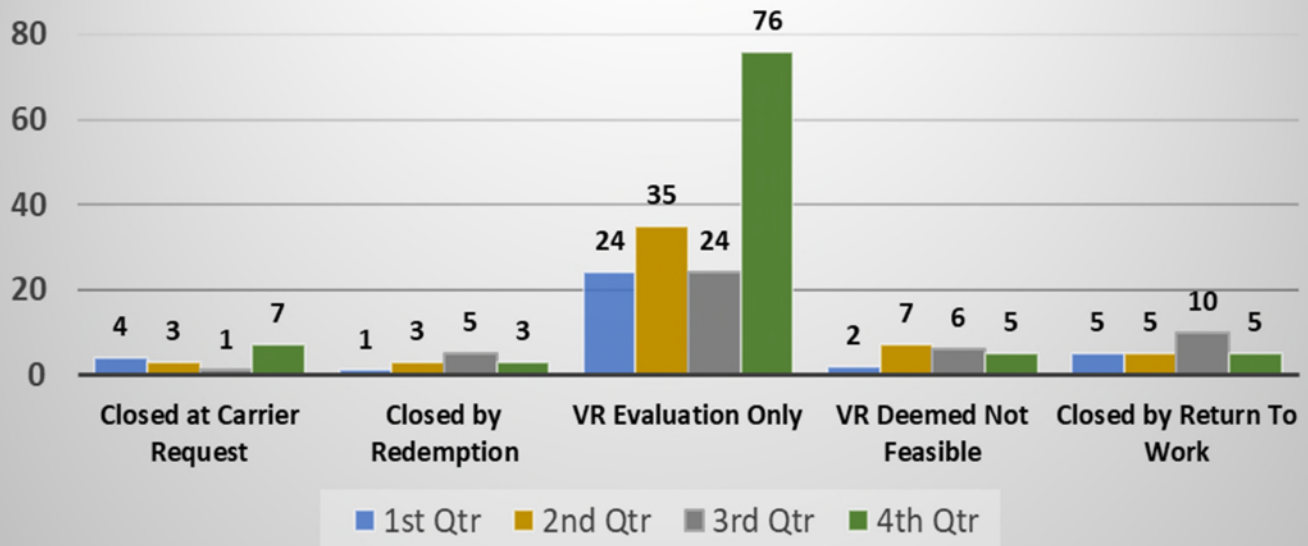
2021 Vocational Rehabilitation Case Activity



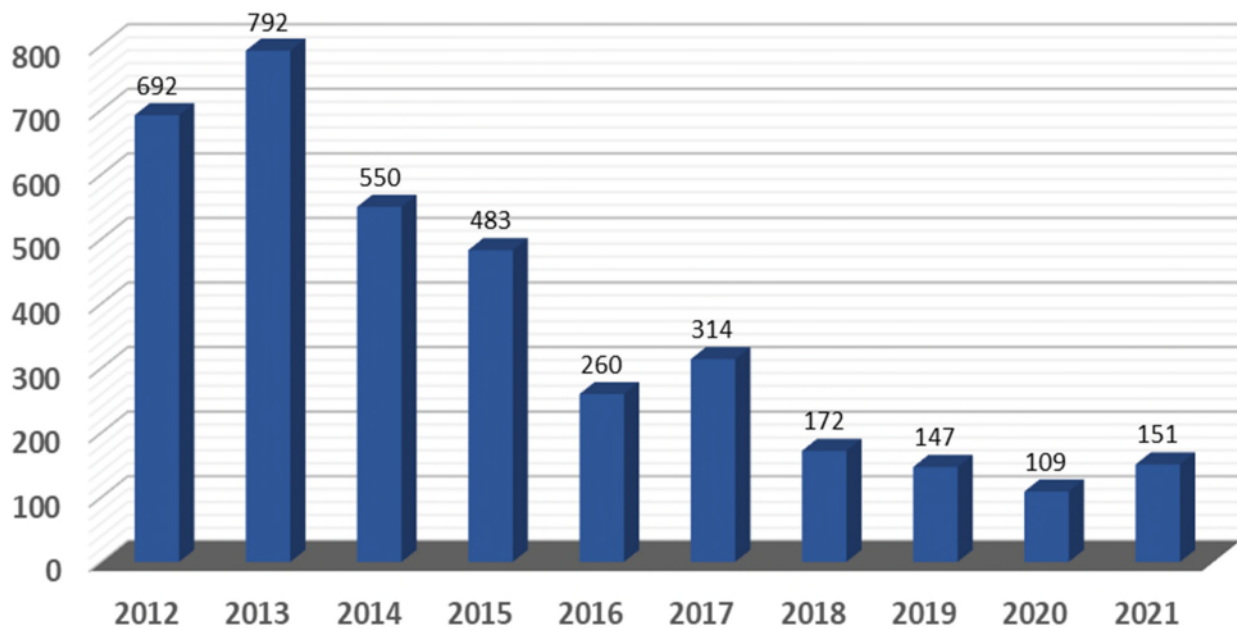
Average Number of Days From Injury to Referral for Vocational Rehabilitation Services 2021

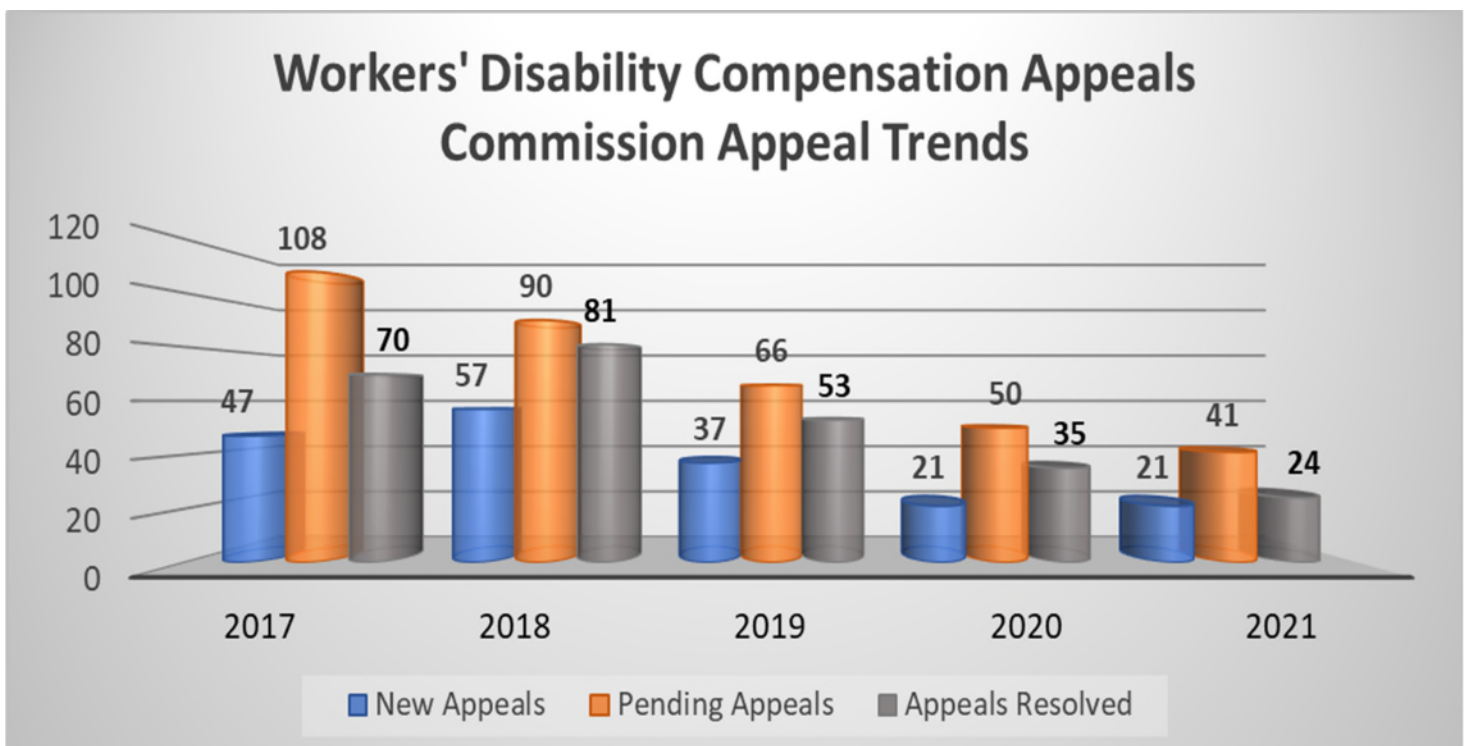
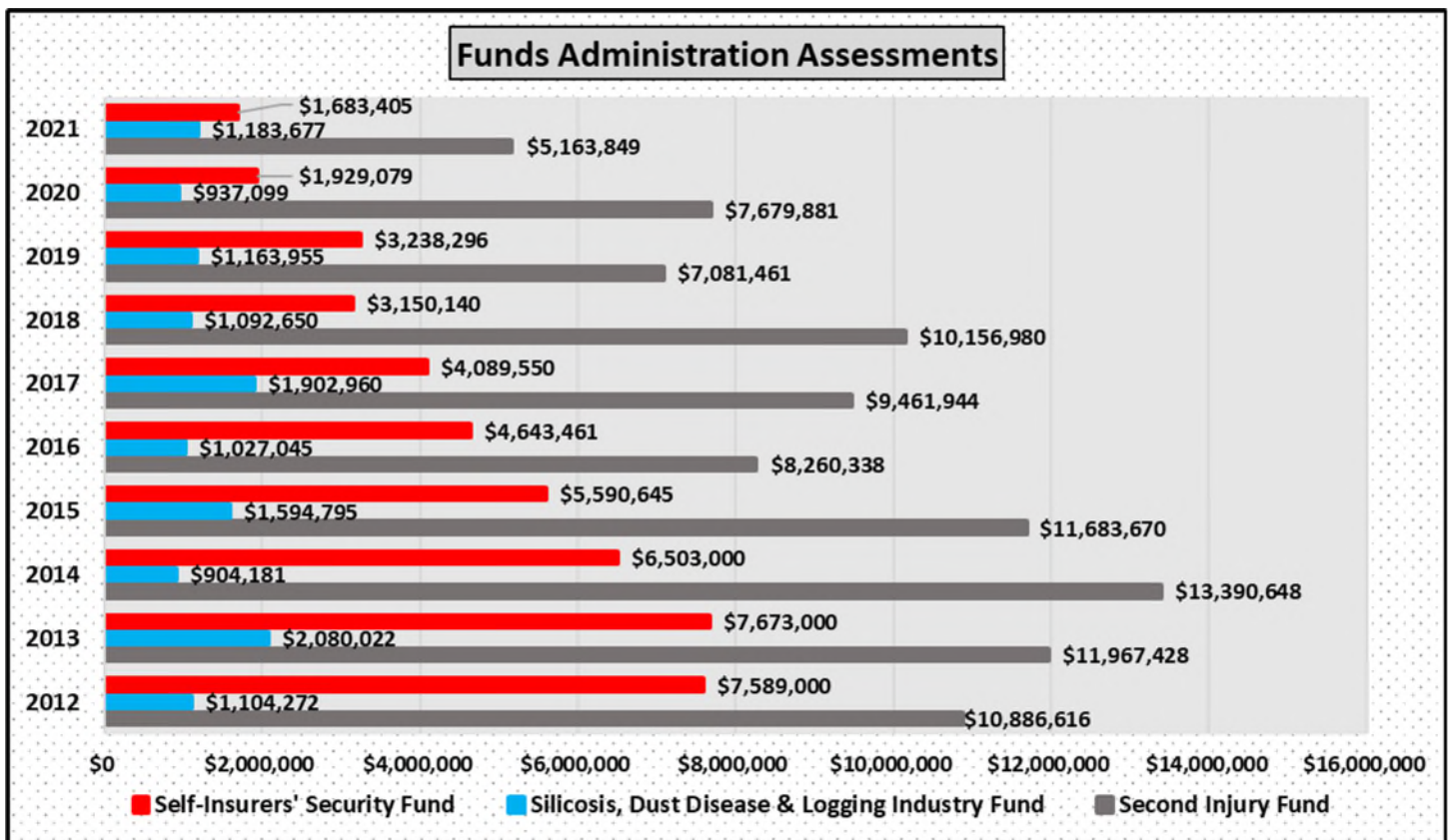


2021 Vocational Rehabilitation Case Closures



Annual Wage Earning Capacity (WEC) Evaluation Activity





Information/Publications Available on our Website

Most Frequently Accessed

- [Insurance coverage look-up for businesses](#)
- [Forms \(claims, litigation, employer\)](#)
- [Frequently Asked Questions](#)
- [Calculation Program](#)
- [Health Care Services Fees and Manuals](#)

General Information/Publications

- Annual Reports (2019 – 2021)
- [Employer Insurance Requirements \(Booklet\)](#)
- Funds Administration Overview
- [Summary of Your Rights and Responsibilities Under Workers' Disability Compensation \(Pamphlet\)](#)
- [Vocational Rehabilitation for Injured Workers \(Pamphlet\)](#)

Associated Workers' Compensation Listings

- Approved Vocational Rehabilitation Facilities
- Individual Self-Insured Employer List
- Self-Insured Group List
- Service Company List

Litigation Information

- [Board of Magistrates Opinions](#)
- [Workers' Disability Compensation Appeal Commission Opinions](#)

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Request forms at: 888-396-5041