

Workers' Compensation **FOCUS**

The world of EDI is fast approaching Don't get left behind!

by Gayle Parrish

A lot is happening in our ongoing efforts to prepare for electronic-data-interface (EDI) reporting of insurers in the areas of proof of coverage and claims reporting and the rules that govern each. Proof of coverage e-reporting, once implemented, will use International Association of Industrial Accident Boards and Commissions (IAIABC) Release 2 and is tentatively slated for initial production use in October 2002. For more information, contact Gayle Parrish, (503) 947-7626, or send e-mail to gayle.m.parrish@state.or.us.

On the claims e-reporting track, WCD began identifying business needs in June. In addition, a new IAIABC Combined Claims-Product standard is being analyzed for use. By October, we hope to finalize business needs and kick off the claims EDI project. Rae Howe is the claims EDI project sponsor. She can be reached at (503) 947-7602 for questions.

Rules to administer EDI in the Oregon workers' compensation environment were drafted by WCD and submitted to the secretary of state for comment. Representatives from the insurance industry and self-insured companies dedicated many hours to the development of rules over the course of many meetings with WCD personnel in May and June. WCD thanks these companies for their contributions to the final product.

Finally, if you have missed our past quarterly EDI update meetings for self-insureds, third-party administrators, and insurers, mark your calendars for August 5. Topics covered included status updates on all EDI projects and participants have an opportunity for question and answers. It's not too late to register. Contact Elaine Gionet, (503) 947-7644, or send e-mail to her, elaine.m.gionet@state.or.us. There is no cost, but we need to know how many are attending so that we can prepare handouts. Check out details on our division Web site, www.oregonwcd.org. ■

*Gayle Parrish is a management analyst for the Workers' Compensation Division.
E-mail: gayle.m.parrish@state.or.us
Phone: (503) 947-7626*

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The ABCs of WCD

Terms and abbreviations in this issue

Form 827 – Workers' and Physician's Report for Workers' Compensation Claims

Includes first report of injury, report of aggravation, notice of change of attending physician, progress report, closing report, and palliative care request.

Oregon Administrative Rules (OAR)

Rules and regulations from DCBS, filed with the secretary of state, used to administer workers' compensation laws in Oregon.

Oregon Revised Statutes (ORS)

Statutes published by the Legislative Counsel Committee that include ORS 656, the Oregon Workers' Compensation Law, and ORS 654, the Oregon Safe Employment Act. ■



Key telephone numbers and Web address

WCD general information: (503) 947-7810

TTY: (503) 947-7993

Workers' Compensation Infoline: (800) 452-0288

Fraud Complaint: (800) 452-0288

Ombudsman for Injured Workers: (503) 378-3351

TTY (503) 947-7189, (800) 927-1271

www.oregonwcd.org

Editor

Kara Null
WCD Communications
& Training
Phone: (503) 947-7523
E-mail: kara.r.null@state.or.us

WCD administrator

John Shilts

WCD Communications & Training manager

Jan Miller
WCD Communications
& Training

Editing

Dian Cox
DCBS Communications

Design and production

Rosie Baker
DCBS Communications



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Administrator's notebook

Measuring up ...

by John L. Shilts

During this election year, we who work for state government, are sometimes asked, "What are you doing to make life better for Oregonians?"

Just why *are* we here?

Sometimes we get so caught up in numbers and paperwork that we forget the important purpose of the workers' compensation system, and why we — WCD — exist. We all know that, by law, Oregon employers must carry workers' compensation insurance or be self-insured. Why? Because workers' compensation insurance is meant to protect workers' health and financial well-being by paying for medical treatment and lost wages while shielding employers from liability lawsuits. Employers pay premiums to workers' compensation insurance companies to finance the benefits paid to injured workers. The big picture is that the workers' compensation system is the safety net for all Oregonians, employers and workers alike, in case of work-related injuries or occupational disease; it significantly lessens financial burdens.

How do we know how the system *is* really *doing*? The answer: We don't — not unless we measure 'outcomes,' which are the effects of our system's services and requirements on individuals, families, and communities.

Oregon has a head start on this. The Oregon Benchmarks were developed several years ago by public, private, and nonprofit organizations "to pursue a shared vision of a better future as a people, as a place, and as

an economy." These benchmarks challenge DCBS as a state agency to develop performance measures that help lead us to high-level results.

The Department of Consumer and Business Services and its divisions, including WCD, are determining new ways to measure our impact and link our goals to the Oregon Benchmarks. Developing measures that link to the Oregon Benchmarks or other high-level outcomes provide a way for us and others to measure the contributions of WCD and the workers' compensation system. Of course, developing measures is only the first step — analyzing the data obtained from the measures and making appropriate changes where needed are the main objectives, although not easy ones to accomplish.

According to the Oregon Progress Board, "A single agency or even a group of agencies cannot control the direction of an Oregon Benchmark, but they can have direct influence in achieving the desired result — a healthy future for all Oregonians." And that is why we're here. ■

John Shilts is the administrator of Workers' Compensation Division.

E-mail: john.l.shilts@state.or.us

Phone: (503) 947-7810



In future issues of *Focus*, we will look at how well Oregon is accomplishing workers' compensation objectives such as ensuring employers are purchasing workers' compensation insurance, that payment of benefits to workers are accurate and timely, and that workers are returning to work as soon as possible and at a reasonable wage. ■

Managers appointed to new positions

by Jan Miller



The faces aren't new, but roles have changed. **Jerry Managhan**, former Compliance Section manager, is now WCD's deputy administrator, replacing Tom Mattis, who took the position of deputy administrator of the Division of Finance and Corporate Securities.

Appointed deputy administrator in April of this year, Jerry Managhan had served as manager of the Compliance Section since spring of 2001. In previous years, Jerry was the assistant manager of the Compliance Section, and worked in different capacities within WCD since 1983. Before coming to WCD, he spent six years as an independent insurance auditor and also performed loss-control services for insurers. Jerry has a bachelor's degree in business from the University of Montana.



Mary Schwabe, former manager of the Benefits and Policy Services Section is now WCD's Compliance Manager. Mary Schwabe has 22 years of workers' compensation experience, including 18 years with WCD, where she has held management positions in the Field Audit Unit and administrator's office. As manager of the Compliance Section,

Mary oversees the largest program in WCD, which includes benefit consultation, insurer audits, employer compliance, investigations and sanctions, contested cases, licensing and certifications, and reimbursement programs. She also conducts management, team, and process training. Mary recently completed the Certificate of Public Management program at Willamette University.

Jerry's and Mary's leadership skills are recognized throughout the department. Both have strong beliefs in customer service and stakeholder involvement in policy and rulemaking.

Jerry can be reached by phone, (503) 957-7501, or by e-mail Jerry.R.Managhan@state.or.us.

To contact Mary, phone (503) 947-7651, or send e-mail to Mary.V.Schwabe@state.or.us. ■

Jan Miller is the communications manager for WCD.

E-mail: jan.k.miller@state.or.us

Phone: (503) 947-7723



Tips on Notices of Closure

by Carol Helton

When permanent partial disability (PPD) has been re-evaluated and subsequent notices of closure (NOCs) are issued, insurers and third-party closing agents have been using inconsistent methods of reporting the resultant disability on the NOCs they issue. This discrepancy has drawn attention among both agency and external stakeholders unable to interpret the originator's intent.

Initially, cases reopened for an authorized training program (ATP) were the primary basis for applying rules about re-evaluating permanent disability. (As you recall, ATPs based on unscheduled permanent disability were the only situations in which impairment and social/vocational factors were redetermined.) Recently, however, we've seen an increase in claim closures in which PPD has been re-evaluated and a subsequent notice of closure issued. This is due (at least partly) to increased acceptance of new medical conditions and reopening of claims in "board's own motion" status (eligible prior to 1/1/02).

The goal of subsequent NOCs, from the WCD perspective, is to demonstrate that current objective findings and/or social/vocational factors have been reviewed and compared with the Div. 035 Standards for Rating Disability, and there has or has not been a change in the findings on which prior awards were granted, valued, and paid.

Identifying the least confusing and most consistent means of conveying that information on both the NOC and NOC worksheet is the primary purpose of this article.

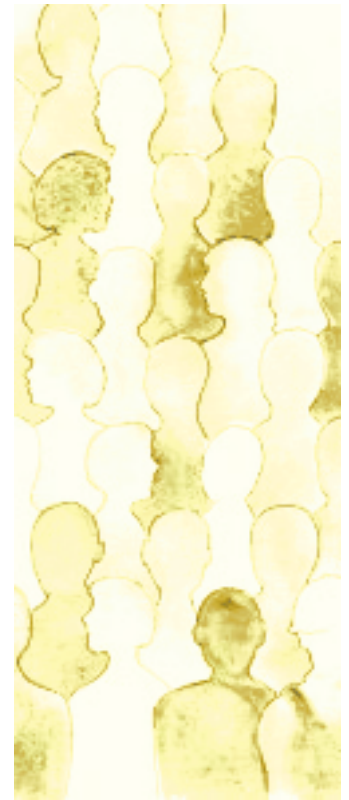
Affirming existing PPD: For situations in which the PPD was previously granted and review of newly-provided findings indicates there is no change in that award:

- The NOC Worksheet (order types 1800, 1222, 1223, etc.) should show, in Block 3, the process of computing the new findings and provide a brief statement that the current evaluation of impairment results in no PPD greater than what has already been granted. No entry in Block 5 is needed.

- The NOC itself should contain a statement indicating the total PPD to date and that no award in excess of what already exists is due.

Increasing PPD: When PPD was previously granted and results of a current examination reveal impairment greater than the prior award:

- The NOC Worksheet (order types 1832, 1802, 1801, etc.) should show, in Block 3, computation of the new findings and comparison of the percent and degrees for the two impairments. Block 5 should be completed only for the body part or parts for which PPD was previously granted and which are affected by current findings. The total due to date, including anything resulting from the current evaluation, should appear in the "Total (percent/degrees/dollars)" columns, and the amount of increase is entered in the "Net Change (percent/degrees/dollars)" columns preceded by a plus sign (+).
- The NOC order should contain a statement noting both the total amount of PPD (in percent, degrees, and dollars) due as a result of all awards to this point in the claim, and the amount of increase (in dollars) for this open period.



Tips on Notices of Closure *continued on Page 6*



Decreasing PPD: When PPD was previously granted and results of a current examination reveal impairment less than the prior award:

- The NOC Worksheet (order types 1832, 1802, 1801, etc.) should show, in Block 3, computation of the new findings and comparison of the percent and degrees for the two impairments. Block 5 should demonstrate only the body part or part for which PPD was previously granted and are affected by the current findings. Both must be true for that to appear on the worksheet. The total due to date, taking into consideration any changes resulting from the current evaluation, should appear in the “Total (percent/degrees/dollars)” columns and the amount of decrease should be entered in the “Net Change (percent/degrees/dollars)” columns preceded by a minus sign (–).
- The NOC order should contain a statement noting both the total amount of PPD (in percent, degrees, and dollars) due as a result of all awards to that point in the claim, and the fact that no increased award of impairment results from treatment or activities during the current open period.

If there is a decrease in PPD — whether to the particular body part originally impaired or by conversion to a more proximal body part — resulting in an overpayment, the NOC would only indicate lack of an increase.

Additional fine points of this process (e.g., impact of the legislature having corrected the error in Tier 2 of the PPD dollars-per-degree rate schedule on existing awards, impact of changes in dollars-per-degree rate schedule for dates of injury before 1/1/92, etc.) occur infrequently and create opportunity for both error and learning. If you have difficulty with any aspect of these processes, please call me, and I’ll do all I can to help. ■

Carol Helton is the technical issues coordinator in the Compliance Section.

E-mail: carol.e.belton@state.or.us

Phone: (503) 947-7526

Audit tips offered

by Mary McCarron

Terminated injured workers and temporary partial disability (TPD)

Payments for TPD shall be reduced or end in cases in which an injured worker has been terminated from employment for violation of work rules or for other disciplinary reasons. Insurers must accomplish this by carefully following the rules regarding temporary partial disability compensation in OAR 436-060-0030, specifically, in Section 6. If the auditor finds during a compliance audit that the insurer has not obtained appropriate file documentation, the insurer will be required to issue a TPD check to the worker *months after the claim has been closed*.

Compliance auditors find most TPD errors occur when workers are terminated from employment *prior* to receiving a modified work release. In order to reduce TPD, OAR 436-060-0030(6) requires the insurer to obtain the attending physician’s approval of the modified job *that would have been offered* to the worker

had the worker not been terminated from employment for violation of work rules or other disciplinary reasons. The rule outlines the required documentation to be obtained *prior* to requesting the physician’s approval and is basic documentation for any modified job. The required documentation:

1. The employer has a written policy of offering modified work to injured workers.
2. The physical tasks of the modified job have been outlined.
3. The starting date, wages, and hours that would be offered are documented.

Careful review of this rule and the required documentation can assist insurers in accurately paying TPD. ■

Mary McCarron is a compliance field auditor in the Compliance Section.

E-mail: mary.e.mccarron@state.or.us

Phone: (503) 947-7709

Educational workshops offered by WCD

by Amy Holliday

The Benefit Consultation Unit (BCU) offers multiple training workshops to provide updates on statutes, rules, and bulletins, continuing education, and information for parties wanting to learn more about workers' compensation. The workshops:

801 Form – Describes worker's and employer's responsibilities in filing a claim for injury or occupational disease. This workshop also explains medical services, reimbursement for nondisabling claims under \$500, and the 801 versus incident report.

Time Loss – Explains how to calculate average weekly wage, supplemental disability, and count the three-day wait. The training also clarifies temporary disability during modified duty, employment termination, and what to do when an employee refuses light duty. Other subjects include the wage-averaging method, assumed wage, and calculating wages for temporary or leased employees.

Timely Payment and Reporting – Timely reporting for workers, employers, medical providers, and insurers. The training also includes insurer requirements for reporting to WCD, timely pay periods, and lump-sum payment of permanent partial disability (PPD) awards.

Permanent Total Disability and Death Benefits – Addresses the worker's burden of proof for permanent total disability (PTD), the insurer's responsibilities, and the calculation of PTD. This workshop also explains benefits for fatal claims and death benefits during PTD.

Designation of Paying Agent and Monetary Adjustment (ORS 656.307) – Explains when designation of a paying agent is appropriate and when a claim cannot be included. The training also describes the insurer's responsibilities and criteria used to determine which party to designate. Other subjects include proration of benefits, worker's entitled benefits, and monetary adjustments between insurers.

Worker-Requested Medical Examination (WRME) – Describes the qualifications for an exam and the responsibilities of the worker, insurer, and division. The workshop also explains how the division determines which physician can perform the exam, reporting requirements, and fees and reimbursements.

Rules Update – Addresses changes to Division 060 administrative rules including supplemental disability, modified work offers, and qualifications for a WRME.

These workshops were created to provide the industry with updated information regarding law and rule changes, rights and responsibilities, and reporting requirements. BCU offers these trainings free of charge at a location of the requestor's choice, tailored to meet the audience's needs.

To schedule a training, please call Ada Waymire, (800) 452-0288, ext. 7565, or send e-mail to ada.l.waymire@state.or.us. ■


Amy Holliday is a benefit consultant in the Compliance Section.

E-mail: amy.l.holliday@state.or.us

Phone: (503) 947-7561



Who's Who in WCD



Debra Buchanan, manager of the Medical Review Unit

by Mike Clampitt

In chatting with Debbie Buchanan, manager of the Medical Review Unit, you come to realize that she is someone who is passionate about her work. But those who know Debbie will tell you she has always maintained an enthusiastic attitude no matter where life has taken her. Raised in Arizona and California, Debbie embarked on a nursing career after the birth of her son, working for five years in an acute-care hospital and several more years in private practice.

Debbie reflects the career ladder that a number of employees have followed at WCD, moving from technical positions into managerial posts. Debbie came to the division in 1989 as a disability analyst in the former Evaluation Section. After serving there for three years, she was among the vanguard of evaluators to transition into the newly established Appellate Review Unit. Her strong medical background and ability to assimilate new rules and procedures made Debbie a valuable asset to the unit in those formative days.

In 1995, Debbie took a year to serve as co-supervisor of the Evaluation Section before returning to the Appellate Review Unit, where she was appointed the

medical arbiter coordinator. Finding the medical arbiter process still in its infancy, Debbie focused her attention on recruiting and training doctors, instituting a quality assurance program, and educating the public. To a large extent, the current success of the medical arbiter process can be traced to Debbie's innovative leadership during this period.

Debbie became the Appellate Review Unit manager in 1997, with responsibility for overseeing the reconsideration process (first level of appeal of claim closures). According to Debbie, statutory changes and case law have transformed the reconsideration process into a highly complex system. "Putting all the pieces of the process together in the right order is crucial," notes Debbie, who sees the reduction of appeals of Reconsideration Orders in recent years as an encouraging sign. In July, Debbie began her new role as Medical Review Unit Manager. Debbie adheres to a "value added" philosophy whereby the administrative process is helpful to the parties not a hindrance.

Debbie holds a bachelor of arts degree in business management and communications from Western Baptist College and is also on the Department of Justice list of mediators/facilitators. In her personal life, Debbie has been married for 25 years and has a daughter in college and a son working in the medical field. ■

*Michael Clampitt is the medical arbiter coordinator with the Appellate Review Unit in the Reemployment and Dispute Resolution Services Section.
E-mail: michael.p.clampitt@state.or.us
Phone: (503) 947-7763*



Footnote: The newly named Reemployment and Dispute Resolution Services Section has had a number of changes in management over the last few months. Barbara Smith, former Reemployment Assistant Unit (RAU) manager is now the section's assistant manager. Jerry Rutherford, former reemployment consultant, is the new RAU manager. Jim Van Ness is the new acting manager of the Appellate Review Unit, filling the vacancy left by Debbie Buchanan.

Return to Work

Job Match works!

by Ursulla Bischoff

The Workers' Compensation Division is pleased to announce Job Match, a Web site designed to help employers and Preferred Workers connect.

Job Match works like this: Employers who want to hire a Preferred Worker can go to WCD's Web site describe their job opening, and enter a contract name. They just push the "submit" button and their information is added to the new Job Match Web site by our staff, where it for four weeks. Employers may call to have the announcement time frame shortened or extended. Preferred Workers can use the Web site to view available jobs and contact the employer when they find listings for which they are qualified.

You can find Job Match by going to www.oregonwcd.org and double-clicking on the green Preferred Worker Job Match button in the upper right-hand corner of the page. If you need more information about the Preferred Worker Program or Job Match, call (800) 445-3948 or (503) 947-7588 or visit our Return to Work pages at www.oregonwcd.org/docs/returntowork.html.

Preferred Worker
Job Match

Read more about Job Match and benefits of the Preferred Worker Program in "What's up on the Web" on page 13. ■

Ursulla Bischoff is the assistant manager of the Reemployment Assistance Unit.

E-mail: ursulla.j.bischoff@state.or.us

Phone: (503) 947-7518

Employer-at-Injury Program (EAIP) Update

by Barbara Smith

Q. The physician gives the injured worker specific restrictions for a period of time. The next time the worker sees the doctor, the restriction note from the doctor just says "continue light duty." Does WCD assume the doctor means to continue the previous specific restrictions?

A. Yes, if the worker already has specific restrictions, WCD will assume the doctor's orders to continue light duty refer to the specific restrictions already given. If, however, no specific restrictions have been given, and the physician says the worker is "released for light duty," clarification is needed.

Q. The physician says the worker has specific restrictions for "one to two weeks." Does the employer decide whether the restrictions are in place for one week or two weeks?

A. Yes, the physician is allowing the worker and employer limited discretion regarding the duration of the restrictions. The restrictions are valid for at least one week and no more than two weeks. Because EAIP eligibility ends when the worker no longer has restrictions, the employer should document how long the worker actually worked within the restrictions and when the worker returned to regular work.

Q. The worker's restrictions are actually signed by the physician assistant (PA), not the attending physician. Is this acceptable for use of the EAIP?

A. Yes, restrictions signed by a PA are acceptable for the EAIP. In many medical offices, it is the PA who sees patients for follow-up appointments, and it is therefore the PA who orders the restrictions.

EAIP Update continued on Page 10

Changes are afoot at the Employment Department!

by Andre Allen

The Oregon Employment Department is in the process of replacing the Occupational Employment Statistics (OES) coding system with the Standard Occupational Classification (SOC) system developed by the federal government. OED is converting its Oregon Labor Market Information System (OLMIS) Web site to SOC and plans to complete the changeover by early 2003. That will increase occupational titles in OLMIS from 733 to 821 under the new coding system.

Vocational-assistance providers may be inconvenienced initially. Just over 50 percent of OES titles used in Oregon correspond directly to new SOC titles. That means nearly half of the SOC occupational categories will **not** correspond directly to OES titles. To help users find occupational information, OLMIS provides a search-by-occupational-title feature.

The *Oregon Occupational Projections Handbook* and *Oregon Comprehensive Analysis File*, resources used extensively by vocational-assistance providers, will no longer be published in hard copy; however, the information contained in them will be available on the OLMIS site by the end of the year.

The Oregon Automated Reporting System (OARS), which collects and reports wage information from job orders submitted by employers, will be converted to SOC titles

by June 2003 to correspond with implementation of OED's iMatchSkills program. Initially, only SOC titles that are one-to-one matches with OES titles will have Oregon wage information in the *OARS Wage Reports*. Wage data will be compiled for the other SOC titles as employers place job orders with iMatchSkills and additional wage information becomes available. Therefore, it will take OED a year to gather sufficient data to publish *OARS Wage Reports* that include all SOC titles, and wage information for a full 12-month period. *OARS Wage Reports* will continue to be available in hard copy and in pdf format.

Currently, *Oregon Wage Information* publications, which summarize wage data gathered through employer surveys, contain statewide wage information for more than 600 SOC titles and regional information for SOC titles for which data is available.

For additional information visit the OLMIS Web site or contact Brenda Turner, occupational economist, Brenda.P.Turner@state.or.us or (503) 947-1233. ■

*Andre Allen is a vocational consultant with the Rehabilitation Review Unit in Medford.
E-mail: andre.b.allen@state.or.us
Phone: (541) 776-6032*

EAIP Update *continued*

Q. A worker's physician says the worker is limited to four hours of regular work per day for two weeks, then six hours per day for two weeks, and regular work after that as tolerated by the worker. When does the EAIP end?

A. Assuming the worker's regular work shift is eight hours long, the EAIP ends after the two-week period of six hours of regular work per day. "As tolerated by the worker" isn't a restriction and WCD would not treat it as such upon audit.

Q. An insurer finds, when it is preparing to request EAIP reimbursement, that it doesn't have the worker's restrictions on file. The worker was injured on his regular job and his attending physician told him to do light duty. The worker told the employer what the doctor said, and the employer gave him work in the office. If

the insurer documents what the worker said the doctor said, is that sufficient documentation of restrictions?

A. No. The documentation must come directly from the medical provider. Before requesting reimbursement, the insurer should ask the attending physician for a copy of the chart notes from the worker's appointment. If the notes contain specific restrictions, and the transitional work was appropriate, the insurer can submit for reimbursement. It is also not acceptable to have the doctor write restrictions after the fact. They need to have been in place when the transitional work was begun. ■

*Barbara Smith is the assistant manager of the Reemployment & Dispute Resolution Services Section.
E-mail: barbara.r.smith@state.or.us
Phone: (503) 947-7568*

Worksite modification

Dolly lightens ladder work

by Bob Williams

Worker disability:

A 41-year-old fire-extinguisher technician had a bad fall from a ladder while installing sprinklers. The fall ruptured his L5 vertebral disc and resulted in a 25-pound-maximum restriction on lifting and carrying.

Work setting:

The employer at injury brought the worker back into regular work, but the technician had problems lifting and carrying 24-foot extension ladders, which weigh more than 45 pounds. The technician, who generally worked alone, had no one to help him carry a ladder on the job. Compounding the problem was the necessity to use relatively heavy fiberglass extension ladders, which prevented possible electrical shock. The lighter aluminum ladders do not have shock-protection composition.

Obstacle:

When servicing overhead extinguisher nozzles, the technician had to lift the heavy ladder from his work van's ladder rack and carry it 100-300 feet to the worksite.

Modification:

To get the ladder off the van rack, the Preferred Worker Program purchased a ladder-lowering rack that moved the ladder from the top of the van, over the side, and down to shoulder height. This allowed the technician to lift one end at a time to set the ladder on the ground. Lifting only one end at a time meant that he had to lift only half the weight of the ladder, which was just within his lifting limitations. Once the ladder was on the ground, the technician attached a simple, lightweight, wheeled dolly that bore half the ladder weight to the worksite.

The technician changed the manner in which he handled heavy equipment and used tools to cut his lifting by half.

Cost of modification:

The ladder dolly cost \$35 plus shipping. The EZ-One EZ-Ladder Loader was retail priced at \$1,008. ■

*Bob Williams is a reemployment consultant in the Reemployment and Dispute Resolution Services Section.
E-mail: robert.t.williams@state.or.us
Phone: (503) 947-7573*



EZ-Ladder Loader



Ladder dolly

Retraining Winners

by Warren Patterson

A Dream Job ...

Allison* was employed as a shipping and receiving clerk for a Bend manufacturer when she developed carpal tunnel syndrome in 1999. She underwent surgery and the resulting restrictions did not allow her to return to her regular work or to her previous occupation.

Allison's case was referred to vocational consultant Bob Stone of Cooley/Associates, who, with assistance from Lin Gardiner of the Department of Human Resources/Community Partnership Team, developed a professional-skills training plan through Chemeketa Community College. Allison's training prepared her for employment in customer service and administrative assistance in a social service office. After training, she got a job as an office specialist at Senior and Disabled Services Division in LaPine, earning \$10.21 an hour.

In November 2001, Allison moved to the Portland area and was hired by Warm Spirit, Inc. as a customer service field representative with administrative duties. She is earning \$12.00 an hour and her benefits include 10 paid holidays, 10 paid sick days, and 10 paid vacation days.

After two months of employment, Allison said, "This is a dream job. The people I work with are wonderful, kind, and understanding. We all work toward one goal. I could not have paid anyone to find me a more wonderful company to be part of. I thank whoever and whatever it was that put me in the right place at the right time."

Submitted by Bob Stones of Cooley/Associates in Bend and Lynn Baxter of SAIF

A Change for the Better ...

Susan* injured her left shoulder working as a ranch hand, feeding 22 cattle. She was injured when several bales of hay, weighing 75-100 pounds each, fell on her from a haystack. As a result of the injury, Susan had two surgeries on her shoulder and is permanently restricted to light-duty work.

Vocational counselor Lisa Broten helped Susan select the vocational goal of office manager/administrative assistant. Susan attended Columbia Gorge Community College for the academic portion of the plan and received professional-skills training at Northern Oregon Correctional Facility.

Susan was such a good student and trainee that the correctional facility offered her a position as a corrections technician before her training ended. She began her new job in October 2001, earning \$11.58 per hour, plus benefits.

In a team effort, the corrections facility utilized the Preferred Worker Program to subsidize Susan's wages for the first six months and to modify her workstation by providing an ergonomic chair. Oregon Vocational Rehabilitation Services assisted with worksite modifications that included Microsoft Office Suite software, a jelly arm pad, and a keyboard with smaller keys and a track-ball.

Submitted by Lynn Baxter of SAIF and Lisa Broten of Wallace & Associates

*Warren Patterson is a vocational consultant in the Reemployment and Dispute Resolution Services Section.
E-mail: warren.patterson@state.or.us
Phone: (503) 947-7768*

The cooperation of the vocational professionals in these cases resulted in these success stories. Please send rehabilitation stories to Warren Patterson c/o RRU, Workers' Compensation Division, 350 Winter St. NE, Rm. 27, Salem, OR 97301-3879, or send e-mail to warren.patterson@state.or.us

**Names have been changed to protect the privacy of the workers.*

What's up on the Web

The best things in life are free ... including Preferred Worker Job Match!

by Ramona Barnwell

WCD is pleased to introduce a new, free Web service! Job Match, a part of the Preferred Worker Program, will connect Oregon employers who want to fill jobs with preferred workers who are looking for jobs.

Preferred workers can review job postings free of charge, and qualified employers can post job openings free of charge.

Employers who would like to use Preferred Worker Program incentives and hire a preferred worker post job openings on our new Job Match site. Jobs are posted for four weeks unless the employer requests a shortened or extended expiration date.

If a preferred worker qualifies, he or she contacts the employer as indicated in the "How to apply" section of the job posting.

For an employer to use Job Match and the Preferred Worker Program, he or she must be an Oregon employer, have and maintain Oregon workers' compensation insurance, and hire a preferred worker. Program incentives:

- Exemption for up to three years from paying workers' compensation insurance premiums on a preferred worker.



- Reimbursement for the cost of any new injury claim that occurs during the premium exemption period and workers' compensation rates will not be increased because of this injury.
- Half the preferred worker's gross wages paid by the program during the first six months of employment.
- Items that an employer requires the preferred worker to have so that he or she can do the job. Purchases may include tuition, books, fees, tools and equipment, clothing and moving expenses.
- Modification of the worksite to overcome the preferred workers' injury-caused limitations so they can do the job. This can include tools, equipment, and worksite redesign.

You can find Job Match at www.oregonwcd.org/jobmatch.html. If you need more information about Job Match or the Preferred Worker Program, call (800) 445-3948 or (503) 947-7588. ■

Ramona Barnwell is WCD's Web coordinator in the Communications & Training Section.

E-mail: ramona.e.barnwell@state.or.us

Phone: (503) 947-7637

Focus on

The 3rd Annual Workers' Compensation Educational Conference

by Jan Miller

What's bigger than a breadbox and packed with quality? WCD's Educational Conference! This year will be the third annual conference "designed with you in mind." The conference format was developed by the International Workers' Compensation Foundation (IWCF) about 11 years ago and is offered in several states.

IWCF is a non-profit organization established in 1988 to provide research, education, and communication to the workers' compensation community. IWCF financially backs the conference but encourages each state to tailor its programs to its needs. WCD brought this conference to Oregon three years ago in response to requests from throughout the workers' comp system for more training and information.

In Oregon, we've made diligent efforts to let you, the workers' comp community, tell us what you need in educational programs for this conference through conference and training-workshop evaluations, focus groups, input from staff ombudsman-office inquiries, and Web site input.

The conference also offers continuing-education credit for insurance agents, vocational providers, attorneys, claims examiners, disability managers, and claims managers.

A variety of concurrent sessions and informational booths allow participants to get the answers they need. Participating vendors not only exhibit the latest in services, equipment and materials, but also help keep registration costs down for attendees.

This year's conference will be October 21 and 22 at the Portland Marriott downtown. The conference committee led by Billie Healy, WCD's conference and training coordinator, is planning this event. Suggestions from those who have attended the conference included having basic and advanced programs and tracks devoted to interest groups, such as insurers, medical providers, and employers.

We're listening! So mark your calendars for this educational event. Each year gets better – thanks to you! ■

Jan Miller is the communications and training manager for WCD.

E-mail: jan.k.miller@state.or.us

Phone: (503) 947-7723

Small Business Fair coming in September

by Linda Repp

Federal, state, local, and nonprofit agencies have again organized the Oregon Small Business Fair to provide information about the rules, regulations, and other provisions with which businesses must comply. It is a one-stop shopping destination for information on what a person needs to know to start a business and to keep that business operating. The fair will be Saturday, September 14, 8:30 a.m. to 3 p.m., at Portland Community College, Southeast Center, 2850 S.E. 82nd Avenue, Portland. There is no charge to attend this event.

In addition to information booths, there will be hour-long workshops taught by agency representatives, attorneys, and CPAs covering topics of interest to small businesses.

The following are examples of workshop topics:

- Where Do I Start?
- The Art of Selling
- Why Small Businesses Fail?
- How to Advertise Your Businesses
- What Do Financial Statements Say About Your Business?



For more information about the business fair, call (503) 947-7664, or visit www.oregonwcd.org. ■

Linda Repp is a senior investigator with the Employer Compliance Unit in the Compliance Section.

E-mail: linda.e.repp@state.or.us

Phone: (503) 947-7664

The Physician's First Report of Injury

by Fred Bruyns and Cindy Lapp

Oregon law requires doctors to report injuries to the insurer or self-insured employer within 72 hours of the first service rendered. The law also requires the Workers' Compensation Division to establish medical-report forms, and the division has prescribed Form 827 to be used as the "First report of injury or disease." "First report" is the first of several filing reasons listed on Form 827, "Worker's and Physician's Report for Workers' Compensation Claims."

A key piece of information the physician must obtain from the injured worker is the employer's name. Identification of the employer's workers' compensation insurer (or self-insurance status) may prove impossible if the employer's name is not provided on Form 827 or what is provided isn't the legal name or a registered "doing business as" name. For example, if the worker says he or she works for Jim and Jo Smith, but really works for Smith Trucking, Inc., identification of the responsible insurer may be impossible. Missing or incomplete employer information is probably the primary reason filing of the "First report" is delayed. Although the division has a number of resources (described at the end of this article) to help identify the responsible insurer or self-insured employer, these help features rely on an accurate employer name as a starting point.

Lawmakers recognized the importance of early medical reports by establishing the 72-hour time limit. Rapid and accurate reporting is important for several reasons:

- The injured worker cannot receive temporary disability compensation unless authorized by his or her attending physician. Late or incomplete reports can result in late payment or even lost income to the worker.
- The insurer or self-insured employer usually determines whether to accept or deny a worker's claim based wholly or partially on the medical information it receives, and late receipt of information may delay the compensability decision. Medical bills are usually not paid while the compensability decision is "deferred."

- For any injury that occurs on or after January 1, 2002, the insurer or self-insured employer has 60 days to accept or deny the workers' compensation claim. (The law was changed by the 2001 legislature; formerly, insurers had 90 days.) Late or incomplete reporting by the physician can limit the insurer's ability to properly investigate the claim, potentially resulting in denial of a claim that would have been accepted given adequate investigation.

The worker may not know which workers' compensation insurer covers his or her employer. If the worker cannot provide this information, the physician should contact the worker's employer. If this is not successful, the division has a number of resources that should help:

- Look up current insurance coverage for the employer online: www4.cbs.state.or.us/ex/wcd/cov/search/index.cfm
- Call the Workers' Compensation Division's Employer Index: (503) 947-7814
- Send e-mail requests: wcd.employerinfo@state.or.us

In some cases, the employer will not have workers' compensation coverage, either because it is not required to have coverage under Oregon law or because it is not in compliance with the law. If the Workers' Compensation Division confirms that no coverage can be found for the employer, division staff will ask you to send a copy of Form 827 and associated medical reports to:

Workers' Compensation Division

Employer Compliance Unit
350 Winter St. NE, Room 27
Salem, OR 97301-3879

Fred Bruyns is the rules coordinator in the Policy Section.

*E-mail: fred.b.bruyns@state.or.us
Phone: (503) 947-7717*

Cindy Lapp is an employer compliance clerk in the Compliance Section.

*E-mail: cindy.m.lapp@state.or.us
Phone: (503) 947-7672*

Accurate and timely reporting to the insurer or self-insured employer is critical for efficient claim processing.

Disability Rating Standards —

Guidelines for rating PPD for lumbar strain and herniated disc

by Russ Pascoe

This is one in a series of articles begun in summer 2000 that addresses the evaluation and rating of specific accepted conditions for permanent partial disability (PPD) under Oregon's Workers' Compensation.

This article addresses the rating of permanent partial disability involving the impairments of lumbar strain and herniated disc. The steps taken to analyze and rate the partial disability are outlined and then referenced utilizing Oregon's Administrative Rules, Division 35, the Dictionary of Occupational Titles (DOT), and AMA's *Guides to the Evaluation of Permanent Impairment* (Third Edition Revised).

Claim history: The worker experienced a back injury when lifting a box of books at work on January 15, 2000. The insurer's accepted conditions were lumbar strain and a herniated disc at the L4-5 level. The worker underwent surgery, a L4-5 discectomy. The worker went through extensive physical therapy and was released to modified work.

Closing examination: OAR 436-035-0007(1)(7)(8): The attending physician reported the following objective findings for the compensable conditions of lumbar strain and herniated disc:

Active range of motion

Lumbar

- Flexion: 40 degrees
- Extension: 20 degrees
- Right lateral flexion: 20 degrees
- Left lateral flexion: 20 degrees

Other findings

- A partial loss of plantar sensation in the right foot.
- Strength was measured as 5/5 in the lower extremities.

Determining scheduled impairment

The first step in addressing this claim is a review and determination of the scheduled impairment award.

Loss of sensation: OAR 436-035-0200(1): The worker is entitled to 5 percent for the partial loss of plantar sensation in the right foot.

Strength: OAR 436-035-0007(19)(a): There is no strength loss so the worker is not entitled to an impairment value.

Summary of scheduled impairment: There are no other objective findings of scheduled impairment, and therefore, the worker would be entitled to a total scheduled permanent partial disability award of 5 percent, based on the loss of sensation to the right foot.

Determining unscheduled impairment

Lumbar ranges of motion: OAR 436-035-0360(19)(20)(21)(22): The second step in determining impairment values is adding up all these percentages of PPD:

	Degrees	=	% of PPD
Flexion	40		4
Extension	20		2
Right lateral flexion	20		1
Left lateral flexion	20		1
Total			8 %

Surgery: OAR 436-035-0350(2): The worker underwent surgical intervention, consisting of L4-5 discectomy, which is valued at **9 percent**.

Summary of unscheduled impairment: OAR 436-035-0007(18): There were no other objective findings of unscheduled impairment noted. Therefore, the unscheduled impairment values are combined in descending order to equal = **16 percent**.

Determining social/vocational factors

OAR 436-035-0280 through OAR 436-035-0310 establishes the guidelines for administering the rules governing social/vocational factors. In this example, the claimant did not return to regular work, and therefore, is entitled to social/vocational factors. These rules outline how to assemble the factors relating to unscheduled disability. In accordance with OAR 436-035-0280(1), we must first determine the appropriate values for age, education, and highest specific vocational preparation (SVP), as of the date of issuance. These values are added together, then multiplied by the appropriate adaptability value, as found in the table under OAR 436-035-0310(6).

Age: (OAR 436-035-0290(2)) The worker was 39 years old at date of issuance, so the value is **0**.

Education: (OAR 436-035-0300(2)(a)) The worker did hold a high school diploma or a GED certificate at the date of issuance. Value of **0**.

Specific vocational preparation: (OAR 436-035-0300(3)) The worker's SVP value is the highest SVP of any job that the worker has met in the five years prior to the date of issuance. The SVP range is from 1 to 9, associated with each *Dictionary of Occupational Title* (DOT) code. At the time of injury, this worker was working as a shipping and receiving clerk (DOT 222.387-050), SVP of 5. However, this worker worked as an inspector (DOT 619.381-010), SVP of 6, within the five years prior to the date of issuance. Therefore, in accordance with OAR 436-035-0300(3) and (4), the worker's SVP of 6 receives a value of **2**.

Summary of social/vocational factors: (OAR 436-035-0280(4)) The age, education, and SVP values are added for a total value of **2**.

Determining adaptability

In order to determine the worker's adaptability, the worker's base functional capacity (BFC) and the worker's residual functional capacity (RFC) must be ascertained.

BFC: (OAR 436-035-0310) First, the worker's BFC is established by using the classifications found in OAR 436-035-0310(4). The highest strength category assigned in the DOT, for the most physically demanding job that the worker has successfully performed in the five years prior to the date of issuance, is to be selected. In this case, the highest strength for the worker is as a shipping and receiving clerk (DOT 222.387-050) at a *medium* BFC.

RFC: (OAR 436-035-0310) The RFC is determined by the attending physician's release or the preponderance of medical opinion, which includes, but is not limited to, a second-level physical capacity evaluation (PCE). In this example, the worker is currently capable of *medium/light* RFC duties, as evidenced by the attending physician's opinion.

Summary of adaptability: (OAR 436-035-0310(6)) A comparison of BFC to RFC is completed utilizing the chart in the above cited rule; the adaptability factor is **2**.

Calculating final unscheduled impairment values

Step 1: (OAR 436-035-0280(6)) Multiply the age and education value of 2 by the adaptability factor of 2 to get a product of **4**.

Step 2: (OAR 436-035-0280(7)) Add the low back impairment value of 16 percent to the product from Step 1, for a total of **20 percent**.

Calculating monetary award

Scheduled award: (ORS 656.214) First, convert the 5 percent value for the right foot to 6.75 degrees. Then, multiply the 6.75 degrees by \$511.29, for a total scheduled permanent partial disability award, due to the worker of **\$3,451.21**.

Unscheduled award: (OAR 656.214) First, convert the 20 percent value for the low back to 64 degrees. Then, multiply the 64 degrees by \$153, for a total unscheduled permanent partial disability award, due to the worker, of **\$9,792**.

Final step: Once the scheduled and the unscheduled awards are determined, all that is required is to add the two awards together to get the final award due to the worker. In this particular example, the total PPD award would be \$13,243.21. ■

*Russ Pascoe is an appellate reviewer in the Re-employment and Dispute Resolution Services Section.
E-mail: russell.w.pascoe@state.or.us
Phone: (503) 947-7754*

Subscription services offered through WCD

by Kara Null

The Workers' Compensation Division is pleased to offer two subscription services to suit your needs. The first is our electronic notification service, which has grown significantly in subscriptions over the past year. When you sign up for this notification service, WCD sends an e-mail to alert you that new or revised rules, bulletins, newsletters, training notices, and other information have been posted on the Web site. The electronic notification service is free, and you may subscribe by going to www.oregonwcd.org and selecting "E-mail Notification Service" on the left side of the page. From there, follow the instructions on how to join. If you need help with the electronic notification service, please call Ramona Barnwell, (503) 947-7637.

WCD is also offering its yearly paper subscription service. This subscription service allows you to receive, by mail, paper copies of new and revised rules, bulletins, and laws issued by WCD.

There are two options for subscriptions to paper copies. The first is for new and revised rules and bulletins for claims processing, coverage and assessments, general interest/other, and medical and vocational/re-employment assistance, which costs \$30 per subscription

period. The second is for new and revised medical and vocational/re-employment assistance rules and bulletins, which costs \$15 per subscription period. Fees are based on WCD's costs for printing, mailing, and processing, in accordance with ORS 192.440. Notices of proposed rules will continue to be mailed without charge unless a fee is established by rulemaking, as required by ORS 183.335(7).

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Kara Null is the communications coordinator in the Communications & Training Section.

E-mail: kara.r.null@state.or.us

Phone: (503) 947-7523



**Please visit our
Web site**

for more information on Oregon's
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Workers' Compensation Division (WCD) Subscription Service

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WCD publishes only OAR 436, but as a courtesy will provide complete sets of OAR 438, the Workers' Compensation Board (WCB) rules. To obtain specific Divisions of 438, contact WCB. To obtain the following OARs, contact the Director's Office of DCBS (440), and the Insurance Division (836). All OARs are available from the Secretary of State, Archives Division, (503) 373-0701 or visit arcweb.sos.state.or.us/banners/rules.htm.

Category	Rule Division	Rule title (complete list)	Related bulletins and forms (partial list only) To obtain a complete active bulletin index, call (503) 947-7627.
Claims Processing	436-030	Claims Evaluation, Determination & Reconsideration	B. 139: Claim Closure by Insurers and Self-Insured Employers/Forms 1503, 1644, 2807 B. 227: Request for Reconsideration -Form 2223
	436-035	Disability Rating Standards	
	436-040	Handicapped Workers' Reserve	
	436-045	Reopened Claims Program	B. 195: Reopening of "own motion" claims under ORS 656.278, closure of own motion claims, and reimbursement from the Reopened Claims Program
	436-055	Certification of Claims Examiners	
	436-060	Claims Administration	B. 101: Worker's and Employer's Report of Occupational Injury or Disease - Forms 801, 801W B. 111 (annual): Computation of TTD, PTD, and Fatal Benefits as Related to the Average Weekly Wage B. 112 (annual): Reimbursement of Related Service Costs to Injured Workers B. 232: Notice of Claim Acceptance B. 237: Insurer's Report, Form 1502
	436-075	Retroactive Reserve	B. 102: Reimbursement from the Retroactive Reserve B. 323: Retroactive Program benefits schedule
	436-100	Workers' Compensation Benefits Offset	
	436-140	Construction Carve-Out Programs	
436-150	Workers' Benefit Fund Claims Program		
Coverage and Assessments	436-050	Employer/Insurer Coverage Responsibility	B. 162: Filing of Guaranty Contracts, Guaranty Contract Cancellations, Reinstatement Notices, and Endorsements B. 147: Self-Insured Surety Deposits B. 209: Report of Losses Instructions and Reserving Guidelines B. 326: Self-insured base rates and election of method used for determination of premium
	436-070	Funding and Reserves	
	436-080	Noncomplying Employers	
	436-085	Premium Assessment; Assessment/Contributions	B. 144: Premium assessments - Form 910 B. 321: Premium assessment rate
General interest/other	436-001	Procedural Rules Governing Rulemaking and Hearings	B. 285: Contested Case Hearing Form 2839
Medical	436-009	Oregon Medical Fee and Relative Value Schedule	B. 220: Medical data reporting B. 290 (semiannual): Hospital Fee Schedule
	436-010	Medical Services	B. 239: Attending Physician's Closing Examination and Report B. 281: Requests for Release of Medical Records - Form 2476 B. 292: Worker's and Physician's Report - Form 827
	436-015	Managed Care Organizations	B. 247: MCO Quarterly Reports B. 248: MCO Geographical Service Areas
Vocational/ Reemployment Assistance	436-105	Employer-at-Injury Program	B. 260: Employer at Injury Program - Form 2360
	436-110	Preferred Worker Program	B. 189: Preferred Worker Program
	436-120	Vocational Assistance to Injured Workers	B. 124: Required forms and procedures/Forms 1081, 1083, 2800 et al B. 151: List of Authorized Vocational Rehabilitation Providers
	436-130	Rehabilitation Facilities	

All WCD rules and bulletins are available free of charge on our Web site at www.oregonwcd.org.

Workers' Compensation Division

Central Reception (503) 947-7810

Workers' Compensation Infoline (800) 452-0288

350 Winter St. NE, Salem, OR 97301-3879

Administration

John Shilts, administrator 947-7500
Jerry Managhan, deputy administrator 947-7501
FAX 947-7514
Dan McNally, executive assistant 947-7502
Anita Mendiola, management assistant 947-7505

Communications & Training Section

Jan Miller, manager 947-7723
Training, conferences 947-7622
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Mary Schwabe, manager 947-7651
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Phil Jarvis, manager 947-7600
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- Reconsideration of claim closure
- Review of non-disabling status

Medical Review Unit 947-7816

- Medical fee, medical treatment, and palliative care disputes

Reemployment Assistance Unit 947-7585

- Employer-at-Injury Program
- Preferred Worker Program (800) 445-3948

Rehabilitation Review Unit 947-7816

- Return-to-work plans and vocational disputes

Medford Region Office (541) 776-6032

Small Business Ombudsman

John Booton (503) 378-4209

Ombudsman for Injured Workers

Maria Carraher (503) 378-3351
Toll-free (800) 927-1271

Oregon Workers' Compensation Division e-mail addresses

Administration

Administrator John.L.Shilts@state.or.us
Deputy administrator..... Jerry.R.Managhan@state.or.us
Executive assistant Daniel.J.McNally@state.or.us
Management assistant..... Anita.Mendiola@state.or.us

Communications & Training Section

Communications manager Jan.K.Miller@state.or.us
Training/Conferences Billie.J.Healy@state.or.us
Web site information Ramona.E.Barnwell@state.or.us

Compliance Section

Manager Mary.V.Schwabe@state.or.us
Assistant manager Kathy.Thomas@state.or.us
General questions..... workcomp.questions@state.or.us

Operations Section

Manager Phil.M.Jarvis@state.or.us
Assistant manager Rae.Howe@state.or.us

Policy Section


Manager Kevin.Willingham@state.or.us

Reemployment & Dispute Resolution Services Section

Manager Nancy.H.Bieber@state.or.us
Assistant manager Barbara.R.Smith@state.or.us

Clip and save — phone and e-mail addresses

Pages 21 and 22 are perforated so that you can remove and post them for quick reference. ■



Third Annual
Workers' Compensation
Oregon Educational Conference
October 21-22, 2002
Portland Marriott Downtown

This conference offers something for everyone involved with the workers' compensation system. The general session will cover topics of interest to the entire community. Workshops will be presented in tracks by areas of interest. And there will be agency information booths where your specific concerns can be addressed.

Basics of workers' compensation in Oregon

Whether you are new to workers' compensation, new to Oregon, or just want to refresh your basic skills, these workshops are perfect for you! They offer a comprehensive overview of the Oregon workers' compensation system. We'll begin with some background information, followed by a look at the roles of the principal parties involved in claims as we "walk through" the claim process. Oregon's unique return-to-work assistance programs will be explained.

For insurance professionals

There is nothing more powerful than meeting and exceeding your customer's expectations. Workers' compensation claims managers, claims adjusters, and claims administrators will expand their knowledge of effective ways to work with employers, avoiding errors in claim-processing, procedures to follow for disputed claims, and recent case law. Workshops will delve into the specifics of such important new issues as voluntary reopenings, worker-requested medical exams, interim medical benefits, and updates on electronic data interchange (EDI).

For employer representatives

Business owners, risk managers, human resource professionals — what is your role in the workers' compensation system? What are your rights and responsibilities? How do you manage a claim efficiently and effectively? Get answers to these questions and more. Examine the perspectives of injured workers and insurers. Unravel the mysteries of the interaction between civil-rights law and workers' compensation law. Explore the possibilities of return-to-work programs and learn about resources for employers.

For medical service providers

What does the claims process mean for the medical service provider? Office staff, nurses, physician aides, physicians, and therapists will benefit from workshops that address specific subjects, such as using Forms 827/3245, billing, interim medical benefits, disputes, palliative and curative care, treatment plans, and notifications. We also offer an in-depth look at the issues of medical privacy addressed in the Health Insurance Portability and Accountability Act (HIPAA).

For vocational and rehabilitation professionals

Rehabilitation and vocational service providers will fine-tune their professional development by keeping up to date on the use of the 1998 Standard Occupational Classifications System as well as vocational and return-to-work rules. Workshops will show how to use Employment Department labor-market information in providing vocational and return-to-work assistance to injured workers.

For injured workers/representatives

Cutting-edge information is crucial when financial and legal issues come to the forefront. Injured workers, attorneys, and union representatives will benefit from updates on worker-requested medical exams and supplemental disability benefits created by SB 485. The Workers' Compensation Board will present current case studies. Workshops will explore the relationship between injured workers and their employers, and explain what happens when an insurer declares bankruptcy.

Visit our Web site for more information. To receive a registration packet, please contact Tawnya Swanson, (503) 947-7511, tawnya.swanson@state.or.us, or use the electronic service on the Oregon WCEC page at www.oregonwcd.org. ■



Outside Oregon

Illinois Workers' Compensation Act turns 90!

2002 marks the 90th year of the workers' compensation law in Illinois. Before workers' compensation laws took effect, injured workers filed lawsuits in court to resolve injury disputes. The process was prolonged and uncertain, with huge risks to both employers and employees.

In 1909, one of the worst coal mine disasters in U.S. history occurred in Cherry, Illinois, where a fire killed 259 men and boys. In response, the legislature met in a special session and created a commission to study the best way to handle industrial accidents.

That led to the passage of an Illinois workers' compensation law, which took effect May 1, 1912. The law contained two important compromises. Employees gave up their right to sue and potentially win awards in court. Employers gave up their common law defenses in exchange for limits on their liabilities.

That first law was quite limited, applying only to a few industries and allowing employers to opt out of its provisions. The new law didn't even make the front page of the newspapers, which were focused on the sinking of the Titanic.

Over time, the law became mandatory and extended to nearly all employees. Court cases set precedents on a vast number of difficult issues. And nine decades later, Illinois' evolutionary process continues, resolving injury disputes quickly and fairly.

Note: Oregon's first workers' compensation law passed in 1913 and became effective July 1, 1914. ■



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