Workers’ Compensation Flowchart

(This is an overview. Some programs and processes are not covered.)

On-the-job injury or occupational disease claim

Worker notifies employer and completes worker section of Form 801

Employer reports claim to insurer within 5 days

Worker goes to HCP and completes worker section of Form 827

HCP reports claim to insurer within 3 days.

Nondisabling/disabling classification

Nondisabling means no time loss authorized.

Disabling means time loss authorized or likelihood of permanent disability.

Insurer begins TTD or TPD payments if authorized by attending HCP, within 14 days of employer’s knowledge date (EKD) and continues at 14-day intervals unless the claim is denied.

Insurer, within 60 days of EKD, must accept or deny claim and report both disabling and all denied claims to WCD within 14 days of decision.

Claim accepted — TTD or TPD payments, if any, continue at 14-day intervals for as long as attending physician verifies worker’s inability to work or until claim closes.

Claim denied — Insurer issues denial letter. TTD or TPD payments stop. Worker, within 60 days (up to 180 days with cause), may request a hearing. See “Opinion and Order issued.”

Worker or insurer, within 30 days of Order on Reconsideration, may request WCB hearing.*

Order on Reconsideration issued within 18 working days (up to 60 days longer if additional information needed).

Reconsideration — Insurer, within 7 days of claim closure or worker, within 60 days of claim closure, may request review by WCD.

PPD — Insurer, within 30 days of NOC, must begin payment of award, if any.*

PPD — If worker cannot return to regular work and has PPD, WCD issues a card that allows worker to offer hiring incentives to Oregon employers.

PWP — If worker cannot return to regular work and has PPD, WCD issues a card that allows worker to offer hiring incentives to Oregon employers.

NOC — Insurer, within 14 days, determines extent of worker’s disability, including PPD, if any, and closes claim.

Insurer receives knowledge that worker is medically stationary or claim otherwise qualifies for closure.

Vocational assistance, if eligible, may be provided at any time after claim acceptance.

CDA — Worker and insurer may agree to settle at any time, subject to WCB approval.

Opinion and Order issued

Denial reversed — Return to claim processing at “claim accepted.” Insurer, within 30 days, may request WCB review. (See “Order on Review issued.”)

Denial affirmed — Worker, within 30 days, may request WCB review.*

Worker or insurer, within 30 days, may request WCB review.*

Order on Review issued

Worker or insurer, within 30 days, may appeal to Court of Appeals (review for errors of law or substantial evidence).*

Court of Appeals decision issued

May appeal to Supreme Court (discretionary review for errors of law or substantial evidence).

Abbreviations

801: Worker’s Report of Injury
827: First Medical Report of WC Claims
CDA: Claim Disposition Agreement (Compromise and Release)
HCP: Health Care Provider
NOC: Notice of Closure
PPD: Permanent Partial Disability
PWP: Preferred Worker Program
TTD: Temporary Total Disability
TPD: Temporary Partial Disability
WCB: Workers’ Compensation Board
WCD: Workers’ Compensation Division

* Some compensation is stayed (not paid) during appeal (see ORS 656.313)