California Workers' Compensation Institute

Spotlight Report

California Workers' Compensation Claims Monitoring Update: Medical and Indemnity Development, AY 2009 – AY 2021 Claims

Bob Young and Stacy L. Jones **September 2022**

Background

About 15 years ago, following a series of legislative changes to the California workers' compensation system enacted in the early 2000s, CWCI published a series of studies that monitored claim development trends based on paid loss data from the Institute's Industry Research Information System (IRIS) database.[1] After the release of its claims monitoring report in April 2016,[2] the Institute, in response to requests from our members, developed an online application to allow member company employees access to data that can be used to examine and compare industrywide data on key metrics and provide a more comprehensive, interactive experience based on CWCI research.

The Institute's latest update, released in June of this year, provides data on amounts paid on AY 2009 through AY 2021 claims, valued as of December 31, 2021. The results included in this report provide a subset of findings from the current version of the application. Because indemnity claims accounted for 35% of the 2009 – 2021 claims included in the Claims Monitoring Application, but 95% of the losses,[3] the report focuses on results for indemnity claims.

Data and Methods

To create consistency in the types of claims examined across injury years, claims in this analysis were defined separately for each development period. The dollar values were truncated at $1 million to reduce the impact of outliers. Claims with less than $35 in total medical payments during the development period, claims with negative total indemnity payments during the development period, and claims where the months from the injury date to December 31, 2021 were less than the number of months in the development period were excluded.

Any claim with indemnity payments during a development period was included as an indemnity claim. For example, if a claim had its first indemnity payment in the 15th month post injury, it was included in the indemnity claim analysis for development periods of 24 months or greater, but not in the shorter development periods. Medical payments include reimbursements for treatment, drugs, durable medical equipment, medical-legal services, and medical cost containment classified as medical payments (e.g., medical case management).

[1] IRIS is CWCI's proprietary transactional database of insured and self-insured policies and their associated claims. Version 23B of the database, used for the latest version of the claims monitoring application, contains detailed data on employee and employer characteristics, medical service data, benefits, and administrative cost details on more than 7.6 million California workers' compensation claims.
[2] Young, B., Ireland, J. California Workers' Compensation Claim Monitoring, Medical & Indemnity Development, AY 2005- 2014. CWCI Research Update, April 2016.
[3] CWCI IRIS database, Version 2021Q4.

However, medical cost containment payments classified as a loss adjustment expense under the Uniform Statistical Reporting Plan (e.g., network management fees) are not included in the medical category.

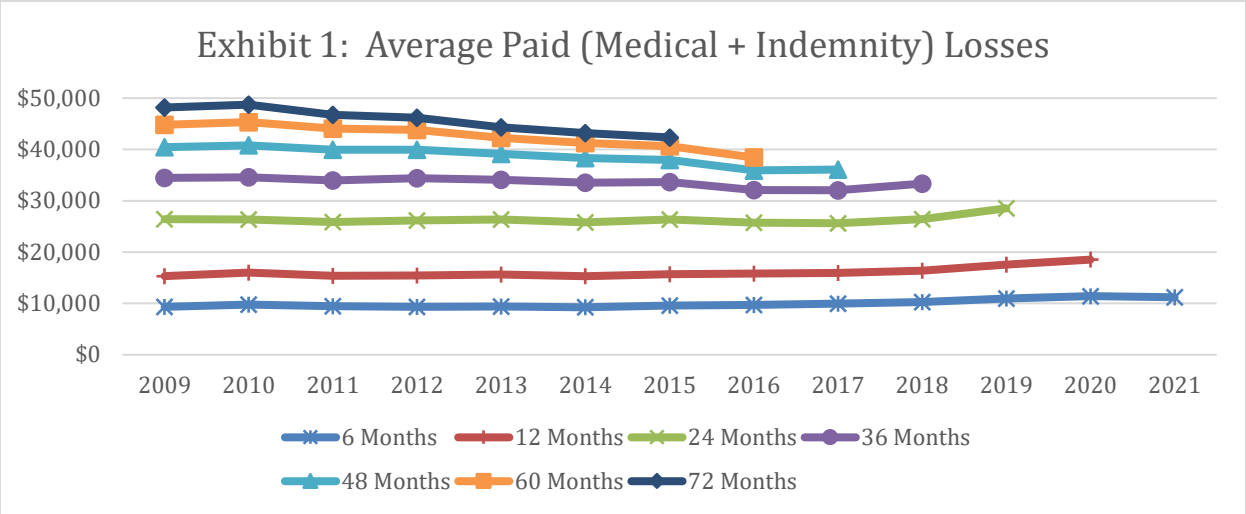
Further detail can be found in the Claims Monitoring Interactive Application, which debuted in September 2017 and is updated twice a year to allow users to examine current industrywide trends in average medical payments, average paid indemnity, and combined medical and indemnity payments broken out by accident year at 9 different development periods ranging from 3 to 72 months post injury for all claims or for indemnity claims alone.

The application also allows users to drill down to obtain data by region and industry and to display results on heat maps that highlight regional differences. In addition, the medical payment data can be broken out to show the average amounts paid for specific medical cost components: Medical Treatment; Pharmacy; Medical Cost Containment; Medical-Legal; and "Other Medical," a catch-all category that includes not only treatment expenses such as those paid directly to the injured worker, but future medical awards and expenses such as interpreter fees and copy services. The indemnity payments included in the application include temporary disability (TD), permanent disability (PD), supplemental job displacement benefits (SJDB), and death benefits.

Findings

Average Paid Loss Trends, Total Losses AY 2009 – AY 2021

Exhibit 1 displays the average paid loss trends for California workers' compensation indemnity claims from AY 2009 through AY 2021 at seven different levels of development. The average loss payment trends at 48 months (AY 2009 – AY 2017); 60 months (AY 2009 – AY 2016); and 72 months (AY 2009 – AY 2015) reflect claim development on older indemnity claims which were more heavily impacted by the 2012 reforms included in SB 863, and they continue to hold steady or decline. On the other hand, the average loss trends at 6 months (AY 2009 – AY 2021); 12 months (AY 2009 – AY 2020); 24 months (AY 2009 – AY 2019) and 36 months (AY 2009 – AY 2018), which reflect less development and include newer claims, have all been trending up over the last 3 to 4 years.



Data on AY 2017, AY 2018 and AY 2019 claims show that for claims reported in the three years prior to the pandemic, average paid losses at 6-, 12- and 24- months have been increasing, with both the average paid medical and average paid indemnity trending up. After accounting for the increased loss payments at the shorter-term

valuations for claims from those 3 accident years, the average indemnity paid on a lost time claim between AY 2014 and AY 2019, rose 24.0% at 6 months, 22.5% at 12 months, and 17.2% at 24 months, while average paid medical on these claims rose 13.9% at 6 months, 7.6% at 12 months, and 5.2% at 24 months.

The paid loss trend for the most mature indemnity claims shows that average total loss payments at 72 months fell 12.1% from $48,166 in AY 2009 to $42,342 in AY 2015. This was the combined effect of a 20.6% drop in average paid medical losses and a 1.9% drop in average paid indemnity.

AY 2010 was the peak year for average paid losses at 36-, 48-, 60-, and 72-months post injury, while at 6, 12, and 24 months of development total paid losses were highest in more recent years (AY 2020 for the 6- and 12-month valuation and AY 2019 for the 24-month valuation).

Average Loss Trends by Industry, AY 2009 - AY 2018 Claims at 36 Months

Exhibit 2 shows the average total benefits (medical + indemnity) paid at 3 years post injury for indemnity claims from four major industry sectors (clerical; construction; agriculture; and health care), with the horizontal line noting the statewide average for all industries.

Average total loss payments for construction sector indemnity claims are consistently among the highest in the state, with the most recent 36-month data showing that construction claims from AY 2018 averaged $50,372, or 1-1/2 times the statewide average of $33,344. The average loss on 2018 construction industry indemnity claims at 36 months was also 36.7% more than the $36,838 average for clerical claims, which ranked second across the entire 10-year span shown in Exhibit 2.

The agriculture and health care sectors include a large proportion of relatively low-paid workers, and from AY 2009 through AY 2018, the total benefits received by injured workers in these two sectors were well below the statewide average. For example, in AY 2018, total benefit payments on indemnity claims from the agriculture sector averaged $29,240, or 12.3% below the statewide average, while the total payments on health care indemnity claims averaged $29,252, or 12.3% below the statewide average.

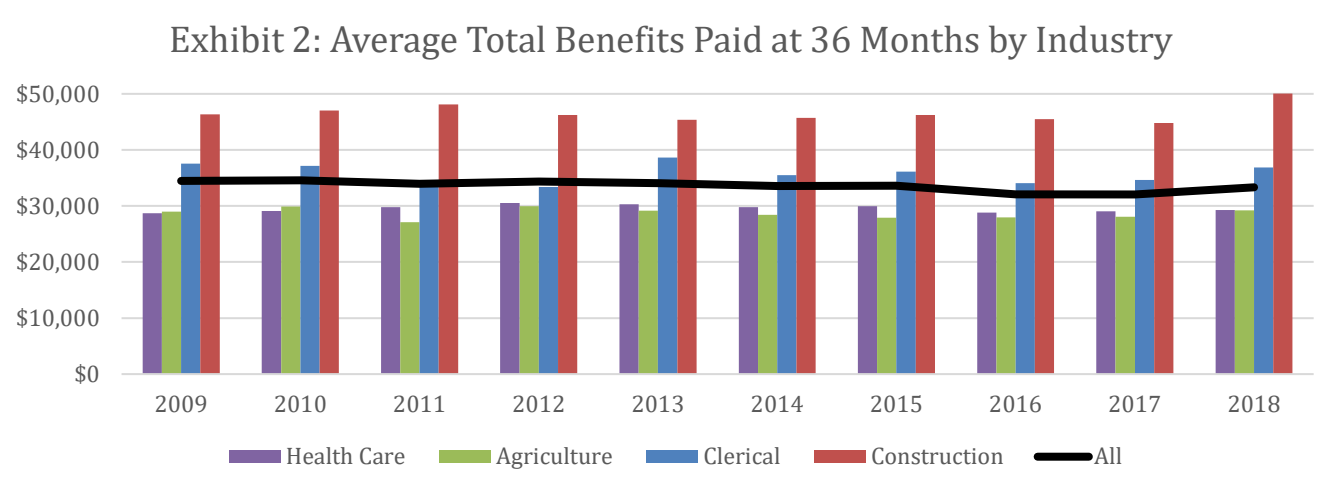
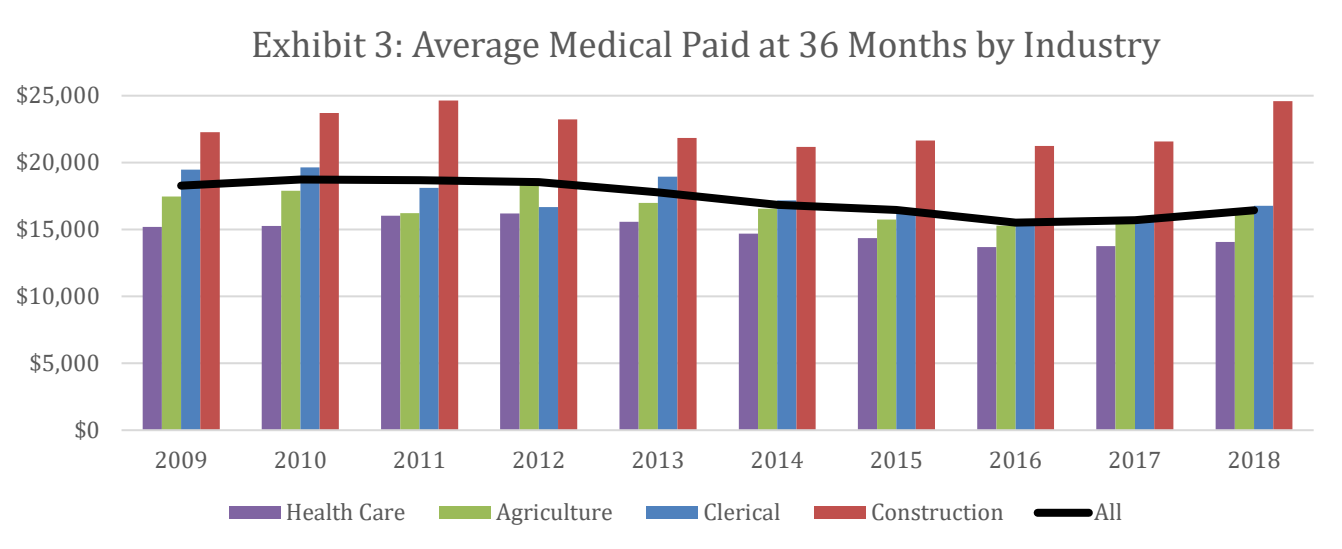


Exhibit 3 compares AY 2009 – AY 2018 average total medical benefits at 36 months of development for all indemnity claims and for indemnity claims from the same four industries used in Exhibit 2.



As was the case with the average total losses, among these four industry sectors average medical losses were highest for construction claims across the entire 10-year period. The most recent 36-month valuation shows construction claims averaged $24,599 in AY 2018, 49.6% more than the $16,446 average for all indemnity claims statewide. Notably among the AY 2009 – 2018 indemnity claims, the average medical at 36 months post injury was consistently lowest among health care workers, and in AY 2018 they averaged $14,078, or 14.4% below the statewide average. On the other hand, the 36-month average paid medical losses for both agricultural and clerical workers were much more in line with the statewide average, coming in at $16,559 and $16,774 respectively.

Since TD payments are based on a worker's at-injury wages, subject to the minimums and maximums set by the state, and TD benefits comprise most of the indemnity paid within the first 36 months of an injury, the breakdown of average TD payments by industry sector is greatly affected by the average weekly wages within each sector.

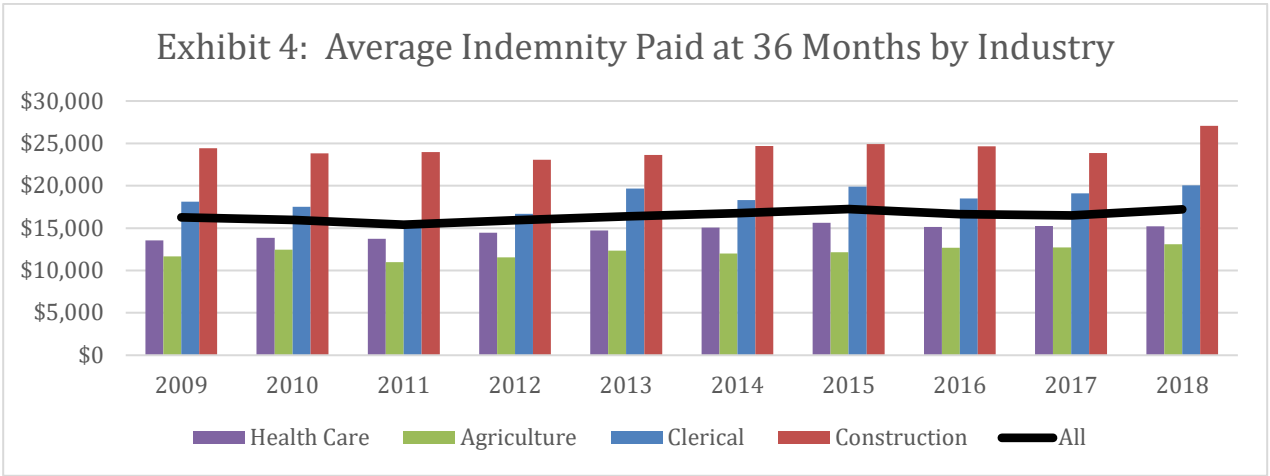
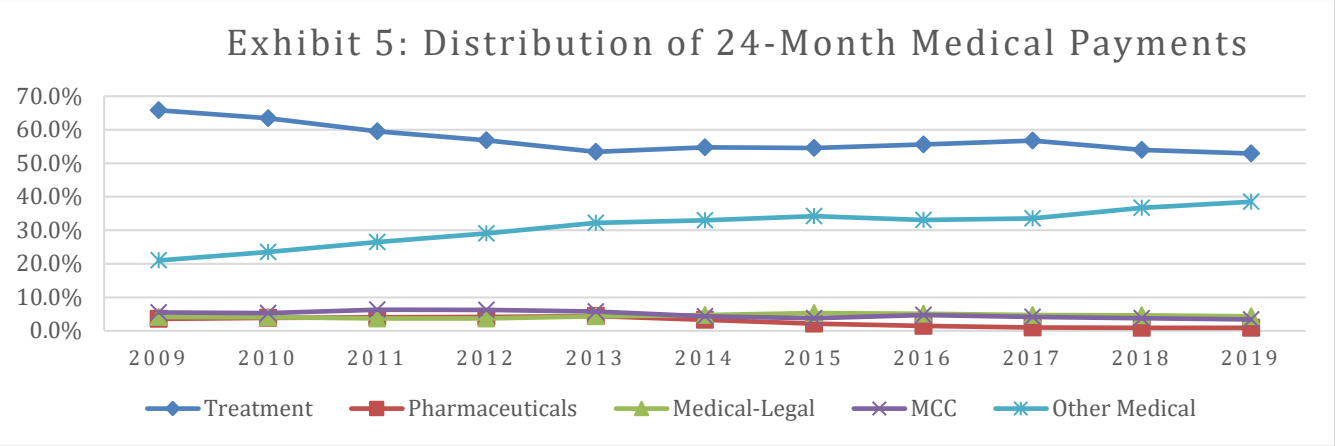


Exhibit 4 shows that agricultural workers, who are among the lowest paid workers in the state, and many of whom cannot afford to be off work for extended periods, had the lowest average indemnity payments across the entire 10-year span shown, with the most recent 36-month results from AY 2018 showing they averaged $13,095 in indemnity payments, which was 23.9% less than the statewide average of $17,205 for all indemnity claims. Similarly, workers in the health care sector averaged $15,217 in indemnity payments on their AY 2018 claims at the 36-month benchmark, which was 11.6% below the statewide average. On the other end of the scale, construction workers again received the highest average indemnity payments, with the 36-month data showing they averaged $27,058 in total indemnity payments on their AY 2018 claims, or 57.3% more than the statewide average.

Distribution of Medical Costs: In addition to providing updates on total medical payments, CWCI monitors average payment for five medical cost components:

- Medical Treatment, which includes physician and non-physician fees, hospital and ambulatory surgery center fees, lab and pathology fees, durable medical equipment, and medical transportation.
- Prescription Drugs
- Medical-Legal services
- Medical Cost Containment expenses that are not otherwise categorized as loss adjustment expenses
- "Other Medical" expenses, a "catch-all" category that includes payments made directly to injured workers; payments for future medical; interpreter fees; and copy service fees.

Since 2009, legislative and regulatory changes (i.e., Official Medical Fee Schedule revisions, mandatory UR and IMR, the Prescription Drug Formulary, and more recently, the revised Medical-Legal Fee Schedule) have led to a shift in the distribution of medical payments. The medical components tend to be expended at different points within the life of an indemnity claim (e.g., medical cost containment expenses are highest in the early stages, while medical-legal expenses are higher after the first 2 years) the Claims Monitoring Application allows users to view the distribution of medical costs at 9 valuation points ranging from 3 to 72 months post injury. For example, Exhibit 5 shows changes in the distribution of medical payments among the 5 medical components at 24 months for AY 2009–AY 2019 claims.



Treatment expense has consistently represented the largest share of the medical payments, and it continues to do so even though between AY 2009 and AY 2019, treatment expense declined from 65.8% to 52.9% of the 24-month medical payments, with most of that decline occurring between AY 2009 and AY 2013. Over that same 11-year span, "Other Medical" expenses' share of the medical losses registered the largest increase, climbing from 21.0%

in AY 2009 to 38.5% in AY 2019. The other 3 medical cost components all represent a much smaller share of the payments at 24 months, and all 3 have seen their share of the medical dollars decline since AY 2009. Most notably pharmaceuticals' share of the 24-month medical payments, which increased from 3.6% in AY 2009 to a peak of 4.4% in AY 2013, fell to just 0.9% in AY 2019. Given the steady decline between 2015 and 2019, this was likely the combined effect of the adoption of evidence-based treatment standards enforced via UR and IMR, and the adoption of the opioid and pain management guidelines in late 2017 and the MTUS formulary in 2018.

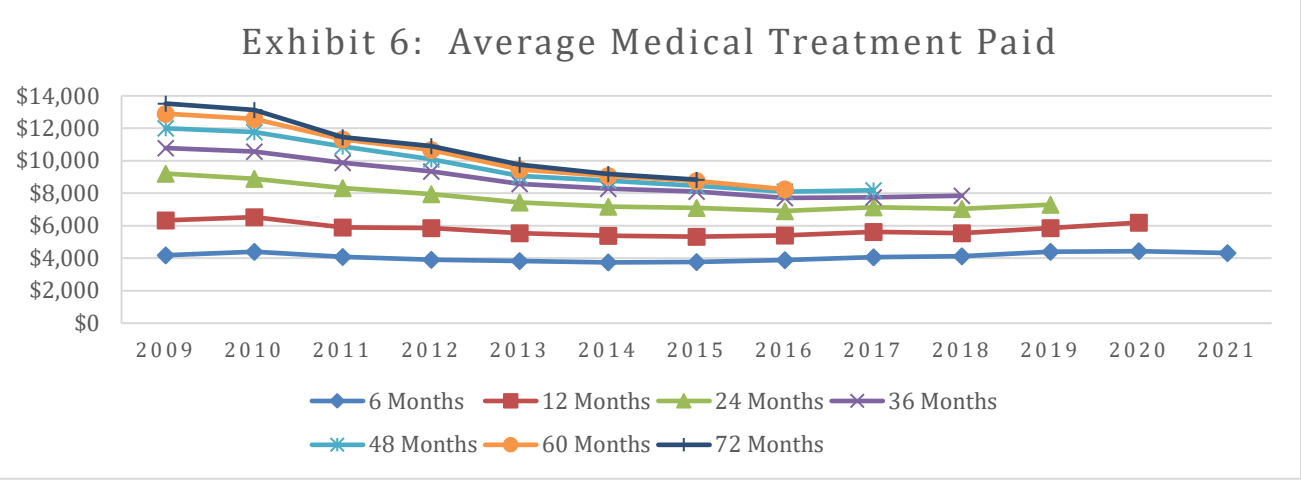
Medical-legal expenses as a percentage of the 2-year medical payments were fairly stable between 2009 and 2019, though they did climb from 4.1% in 2009 to 5.3% in 2015 before declining back down to 4.3% in 2019. With the implementation of the revised Medical-Legal Fee Schedule[4] in April 2021, however, that share may increase beginning in AY 2021, as CWCI research[5] has found that the increase in aggregate medical-legal fees in the first 7 months after the schedule took effect far exceeded the 25% increase that had been anticipated by the DWC.

Medical-cost containment expenses increased from 5.5% of the medical payments at 24 months in AY 2009 to a peak of 6.3% in AY 2011, but they have registered a fairly steady decline since then, falling to 3.4% in AY 2019 – the low point for that 11-year period.

Medical Cost Component Payment Trends at 6- to 72-Month Valuation Points, AY 2009–AY 2021 Claims

The following exhibits break out the average payment trends for each of the five medical care components, displaying the results for AY 2009 through 2021 claims at 7 key valuation points: 6-, 12-, 24-, 36-, 48-, 60- and 72-months post injury. Comparing the data points vertically shows how the average paid losses (medical + indemnity) for claims within a given accident year developed over time, while comparing the data points horizontally shows how the average amount paid at each of the 7 benchmarks changed across accident years.

Medical Treatment: The more developed data on older claims included in Exhibit 6 shows that since the AY 2009 peak, the average amounts paid for medical treatment expenses on AY 2010 – 2016 claims at 36-, 48-, 60- and 72-months have trended down, while the 36-month results for AY 2017 and 2018, and the 48-month data for AY 2017 indicate medical treatment expenses reversed course and started back up in 2017.



[4] Title 8, CCR §§9793, 9794 and 9795.
[5] Jones, S. An Early Look at the Impact of the New Medical-Legal Fee Schedule. CWCI Research Update, July 2022.

In contrast, the less developed data on newer claims show average 6-month medical treatment payments bottomed out in 2014, then trended up for 6 years, including AY 2020 (the first year of the pandemic) before they fell slightly in AY 2021. Average 12-month medical treatment payments show a similar pattern, hitting a low of $5,329 in AY 2015, then trending up to $6,196 in AY 2020 (the most recent year for which 12-month data was available).

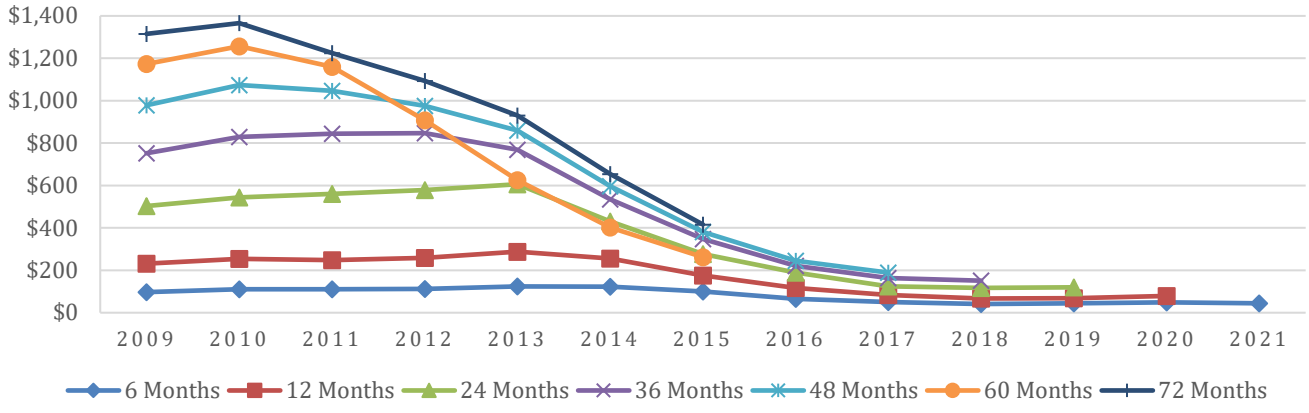
Since AY 2009, the long-term change in the average amounts paid per claim for treatment at the 7 levels of development displayed in Exhibit 3 have ranged between an increase of 3.3% at the 6-month valuation to a decline of 36.1% at the 60-month valuation.

Pharmacy: The average amount paid per indemnity claim for prescription drugs at 6 months ranged from $41 to $49 between AY 2018 and 2021, with the most recent data showing the 6-month average fell from $49 to $44 in AY 2021. At the 12-month valuation, however, the average paid per claim increased for the second year in a row in AY 2020, climbing from $69 to $79.

Exhibit 7 shows that the major decline in average prescription payments at 6 months occurred during the 3-year span between AY 2014 ($123) and AY 2017 ($51). The 48-, 60-, and 72-month valuations provide a look at the trends for more developed data, showing that average prescription payments per claim peaked in AY 2010, while the average payments between that point and the most recent valuation declined 82.4% at the 48-month benchmark; 79.2% at the 60-month benchmark; and 69.5% at the 72-month benchmark.

A review of the payment data within each accident year shows claims from older years (AY 2009 - 2013) experienced their most significant growth in prescription drug payments between 12- and 24-months post injury, though the growth rate for these expenses between the first and third years began to decline in AY 2013 (the first year following enactment of SB 863) and continued to trend down in subsequent years.

Exhibit 7: Average Pharmaceuticals Paid



Medical-Legal: Prior to 2013, the medical-legal process was also used to resolve disputes over the medical necessity of requested treatment services, but SB 863 mandated that medical necessity disputes be resolved via IMR,[6] so since IMR took effect there has been a shift in the types of issues addressed in medical-legal evaluations. Although many claims involve an initial medical-legal evaluation within the first 12 months of the date of injury, Exhibit 8 shows that most medical-legal services are provided after the first year. This is typically when disputes

[6] IMR took effect on 1/1/13 for injuries on or after that date, and as of 7/1/13 for all dates of injury.

arise over issues such as the extent of permanent disability or the apportionment of permanent disability between occupational and non-occupational causation factors, so the number of follow-up reports and other evaluations continue to increase as the claims age.

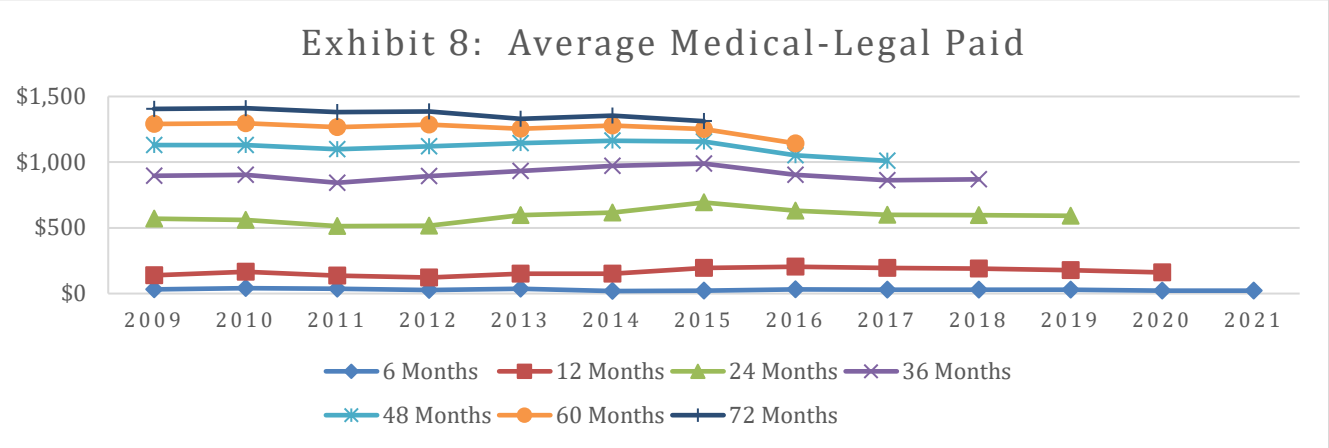
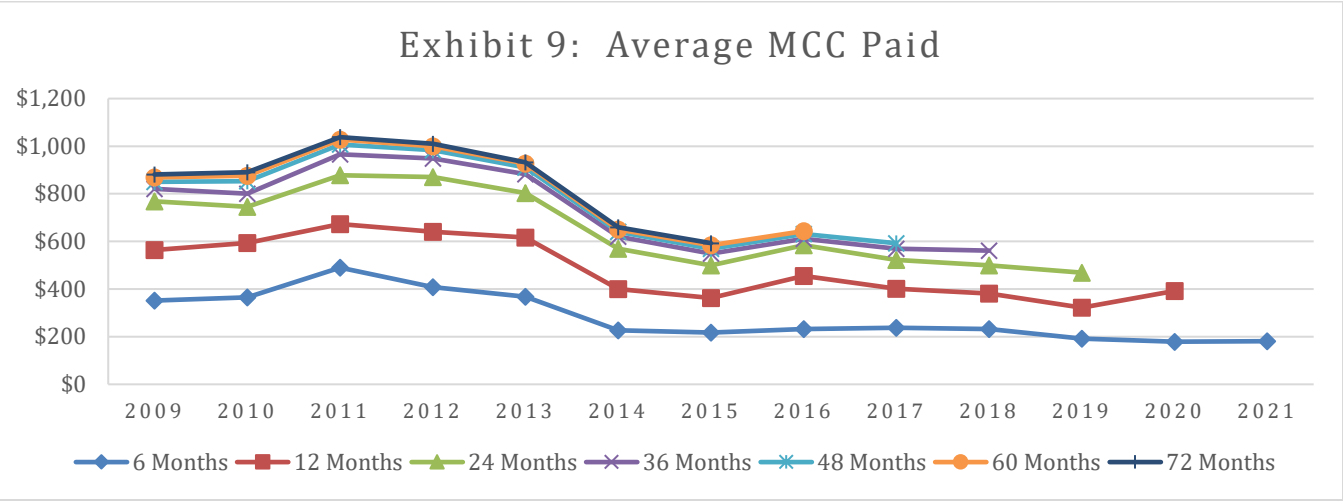


Exhibit 8 also reveals that first-year medical-legal payments ranged from $122 on AY 2012 claims to $204 on AY 2016 claims but were $161 in AY 2020 (the most recent year available). On the other hand, at 72 months, average medical-legal payments per claim ranged from $1,312 in AY 2015 to $1,411 in AY 2010. The growth in medical-legal payments as claims age also can be seen in the Claims Monitoring App's medical payment detail which can be used to compare medical-legal payments as a proportion of total medical loss payments at various valuation points. For example, medical-legal payments represented between 1.4% and 2.6% of first-year loss payments between AY 2009 and AY 2020, but 5.2% to 6.2% of the paid medical dollars at 72 months on the AY 2009 – AY 2015 claims.

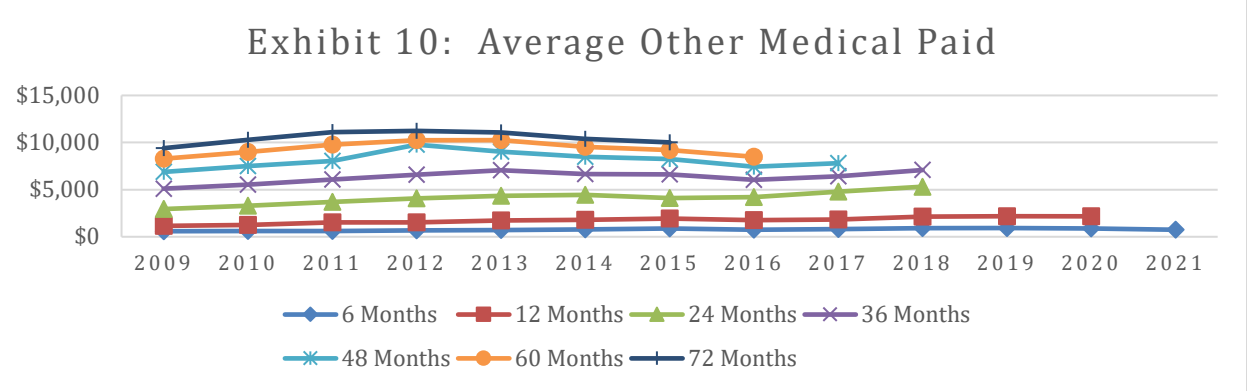
Medical Cost Containment: Payments for UR, IMR, and MPN access fees led to relatively high medical cost containment payments on AY 2009 to AY 2013 claims, but as shown in Exhibit 9, average MCC payments fell sharply in AY 2014. The most recent data show first-year MCC payments as a percent of medical payments ranged from 7.4% to 7.9% on AY 2011 – 2013 claims but were down to 4.3% on AY 2020 claims.



Many MCC expenses occur early in the life of a claim, but as the claim ages, expenditures on medical cost containment diminish and MCC accounts for a declining share of the total medical paid on an indemnity claim.

Exhibit 9 shows that at 12 months post injury MCC payments averaged $392, or 4.3% of the total medical payments on AY 2020 claims, but they averaged $561, or 3.4% of paid medical losses on AY 2018 claims at 36 months, and $593, or 2.8% of total paid medical on AY 2015 claims at 72 months.

Other Medical: Since AY 2009, payments for "Other Medical" costs which include everything from payments directly to injured workers, future medical payments, interpreter fees, and copy service fees, have accounted for a growing share of the total medical dollars paid within the first 36 months of the life of a claim; while on older claims with 72 months of development, they have been the number one medical cost component in California workers' compensation since AY 2012, when they surpassed treatment costs.



The average payment data displayed in Exhibit 10 show "other medical" payments within the first year increased from $1,156 (13.7% of total medical payments) in AY 2009 to $2,178 in AY 2020 (24.2% of total medical), while at 36 months they increased from $5,105 in AY 2009 (27.8% of total medical losses) to $7,081 in AY 2018 (42.9% of total medical. With the steady growth in other medical, the combined reimbursements for medical treatment and other medical represented 90.4% of total medical payments on AY 2018 claims at the 36-month valuation.

Indemnity Payment Trends

Indemnity benefits include payments for temporary disability (TD), permanent partial or permanent total disability (PPD or PTD), the supplemental job displacement benefit (SJDB), life pensions, and death benefits. Under California law, TD benefits are set at two-thirds of the injured worker's at-injury wages, subject to minimums and maximums that are adjusted annually based on increases in the state average weekly wage.[7] Between AY 2009 and AY 2021, these adjustments led to a net increase of 41.6% in the maximum weekly TD rate (from $958.01 for AY 2009 claims to $1,356.31 for AY 2021 claims) which over time has fueled higher average indemnity payments.

TD is due if a worker is off work for more than three days or hospitalized due to their injury, and for most injuries, a maximum of 104 weeks' worth of TD can be paid within 5 years of the injury date, so TD is the most common indemnity payment and accounts for most of the indemnity payments in the early stages of a claim. It usually takes longer for a worker to become eligible for other types of indemnity benefits, most of which are not paid until after a doctor deems the injured worker's medical condition to be permanent and stationary and determines the existence and extent of any permanent disability. As a result, average indemnity payments at 6-, 12- and 24-months are most heavily influenced by TD payments, while the other types of indemnity (PD, SJDB, death) have a greater impact on the longer-term valuations (36-, 48-, 60- and 72-months).

[7] LC §4453 (a)(10)

Exhibit 11 shows the average indemnity paid per claim from AY 2009 through AY 2021 at valuation points ranging from 6- to 72-months post injury.

Exhibit 11: Average Paid for Indemnity Benefits @ 6, 12, 24-, 36-, 48-, 60- & 72-Months Post Injury, AY 2009 - AY 2021 Indemnity Claims

Accident Year	Avg Paid @ 6 Months	Avg Paid @ 12 Months	Avg Paid @ 24 Months	Avg Paid @ 36 Months	Avg Paid @ 48 Months	Avg Paid @ 60 Months	Avg Paid @ 72 Months
2009	$4,131	$6,954	$12,531	$16,259	$18,780	$20,622	$21,995
2010	$4,293	$7,233	$12,340	$15,968	$18,577	$20,439	$21,792
2011	$4,189	$7,004	$11,924	$15,405	$17,922	$19,648	$20,811
2012	$4,251	$7,128	$12,257	$15,927	$18,331	$20,034	$21,042
2013	$4,422	$7,470	$12,807	$16,369	$18,710	$20,114	$21,022
2014	$4,379	$7,407	$12,930	$16,772	$19,120	$20,540	$21,449
2015	$4,682	$7,827	$13,571	$17,251	$19,462	$20,737	$21,579
2016	$4,764	$7,924	$13,344	$16,647	$18,580	$19,799	
2017	$4,809	$7,921	$13,139	$16,495	$18,586		
2018	$4,934	$8,168	$13,632	$17,205			
2019	$5,431	$9,073	$15,150				
2020	$5,795	$9,507					
2021	$5,848						
% Change in Two Latest AYs	0.9%	4.8%	11.1%	4.3%	.03%	- 4.5%	0.6%
AY 09-End Point % Change	41.6%	36.7%	20.9.%	5.8%	-1.0%	- 4.0%	-1.9%

Prior CWCI research found that after increasing steadily from AY 2005 – 2010, average first-year indemnity payments declined slightly in AY 2011, then increased again in AY 2012 and AY 2013.[8] For the most part, the older claims in the updated application show that same trend, as average first-year indemnity payments per lost-time claim climbed steadily from AY 2013 through AY 2021, registering a 1-year increase of 4.8% between AY 2019 and 2020, pushing the average to a record $9,507, for a net increase of 36.7% since AY 2009.

The most recent claims in the study sample with 72 months of indemnity payment data were from AY 2015. Exhibit 11 shows indemnity payments on these claims averaged $4,682 at 6 months post-injury (which at that early stage of claim development were primarily TD), while indemnity payments on these claims averaged $21,579 at the 72-month valuation, when there was a broader mix of indemnity benefits, including PD. Beginning in AY 2013, PD payments on indemnity claims were subject to SB 863 reforms that included new minimum and maximum PD payments, a revised PD rating formula, removal of the diminished future earnings capacity modifier, a requirement that the AMA Guide's impairment ratings be multiplied by a 1.4 whole person impairment modifier, and the deletion of psyche, sleep, and sexual dysfunction add-ons in most cases. Despite those changes, a comparison of average indemnity payments at 72 months on AY 2009 through AY 2015 claims

[8] Ireland, J. California Workers' Comp Medical & Indemnity Benefit Trends, AY 2005-2014. CWCI Research Update, August 2015.

shows remarkable stability (varying less than 5.7% across the 7-year span, ranging between $20,811 and 21,995) and that average indemnity payments at 72 months declined by 1.9% between AY 2009 and AY 2015.

Summary

This report documents a relatively steep decline in average medical payments between AY 2009 and AY 2016, largely fueled by declining reimbursements for treatment, pharmaceuticals, and medical cost containment. The less developed results from more recent years indicate that the average amounts paid for treatment and "other medical" expenses at 12- and 24-months are up significantly since AY 2016, though the 12- and 24- month average payments for prescription drugs and medical cost containment remain well below the AY 2016 levels, so there has been a redistribution of the medical dollars among the 5 medical components in recent years. Medical-legal payments at the 12- and 24-month benchmarks have been stable, though that stability is likely to be short-lived as the revised medical-legal took effect in April 2021 and Institute research from earlier this year showed the increase in medical-legal costs under the new schedule have far exceeded the 25% increase anticipated by the DWC.

The report also shows fairly steady growth in indemnity payments over the past decade, though much of that growth, especially within the 24 months post injury, can be linked to the annual increases in the minimum and maximum TD rates, which are tied to increases in the state average weekly wage. However, the less developed results from more recent accident years indicate that both average medical and average indemnity benefits are now trending up, and that is likely to continue as the increase in TD rates for AY 2022 injuries was more than 13.5% due to the record increase in the state average weekly wage as the California economy rebounded from the pandemic-induced recession.

The breakdown of 36-month loss payments on AY 2009 through AY 2018 claims by industry shows that claims from the Construction sector were consistently well above the statewide average, both in terms of average medical and indemnity payments, while payments to clerical workers have tended be in line with the statewide averages. On the other hand, both medical and indemnity losses tended to be below the statewide averages for workers in the Health Care and Agriculture sectors, where many of the injured workers are employed in relatively low-paid jobs that would make it more difficult for them to be off work for extended periods.

The data used for this report was compiled from CWCI's Claims Monitoring Application, which the Institute developed in 2017 to enable our members to access detailed, industrywide loss development data. The current version of the application was posted on our website in June 2022 and includes data on AY 2009 through AY 2021 claims, valued as of December 31, 2021. To make sure the data is current, CWCI updates the application twice a year, so the next revision, scheduled for later this year, will include claims and payment data through June 2022.

The results highlighted in this report represent just a sampling of the industrywide data that is available on the Claims Monitoring Application. The application has been designed as an interactive tool, so CWCI members are encouraged to visit the application and familiarize themselves with the different types of data that are available and the various options for creating customized views and analyses. Any member who would like to access the latest data and graphics can log on to www.cwci.org and click the Interactive Research Tools button from the dropdown menu under the Research tab at the top of the home page. A brief video tutorial is also posted to guide members on how to use the application, or members who have questions are welcome to call the Institute at 510-251-9470.

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California Workers' Compensation Institute

The California Workers' Compensation Institute, incorporated in 1964, is a private, nonprofit organization of insurers and self-insured employers conducting and communicating research and analyses to improve the California workers' compensation system. Institute members include insurers that collectively write 80% of California workers' compensation direct written premium, as well as many of the largest public and private self-insured employers in the state. Additional information about CWCI research and activities is available on the Institute's website (www.cwci.org).

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