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[CRITERIA FOR MEASUREMENT OF CLAIMS MANAGEMENT PROCESSES AND SUGGESTED COMPARISON GROUPS]

Note to potential bidders on RFP 13-1: This document contains a discussion about how to make as meaningful as possible comparisons between Washington's results on the research questions contained in Section II of the RFP and contains the logic for a choice of 15 jurisdictions for potential comparisons with the outcomes for Washington.

Criteria for Measurement of Claims Management Processes

And

Suggested Comparison Groups

The Goals of Workers' Compensation Claims Management - Given the legislative intent of the Washington Industrial Insurance Act (Title 51 RCW), legislative intent sections throughout Title 51 and written legislative intent sections attached to revisions and pilots added to Title 51 over the past few years, it would appear that the goal of Title 51 specifically related to claims management includes:

"Most of the cost that employers pay for industrial insurance should go to the worker with the least cost as possible to the public; that the remedy for the worker should be certain and prompt¹; that the director shall supervise the providing of prompt and efficient care and treatment at the least cost consistent with promptness and efficiency, without discrimination or favoritism²; that the system should be designed to focus on achieving the best outcomes for injured workers³; including improved successful return to work⁴."

Criteria for Measuring Claims Management Outcomes – The workers' compensation system in Washington is somewhat unique in the method used for providing benefits to workers. Payment of benefits is allowed only by a government agency, the Department of Labor and Industries (often called an "exclusive state fund"). Only three other states in the U.S. use this method (North Dakota, Ohio, and Wyoming), although most of the Canadian provinces are more similar to Washington in this regard. All other states allow private employers to provide workers' compensation insurance coverage, and some (about 26) also have state funds that provide such coverage. The only exception to the payment of benefits by the exclusive state fund is for large, financially stable employers who request the ability to pay their own claims and to whom the department gives the authority to do so (often called "self insurance"). All other states with the exception of North Dakota also allow self insurance. Given this uniqueness, the measurement of claim management outcomes in Washington is the evaluation of the promptness, fairness, efficiency, and effectiveness of benefit decisions made by the Department of Labor and Industries and the various self insurers authorized to pay their own claims. Promptness refers to how quickly key claim decisions are made; fairness refers to whether or not decisions made are non-

¹ See 51.04.010

² See 51.04.030(1)

³ See 51.04.062

⁴ See 51.32.099

biased and consistent across claims; efficiency refers to whether the cost of the Washington system produces acceptable claim outcomes in comparison to other systems; and lastly, effectiveness refers to whether the claim outcomes meet legislative intent.

Given Washington’s unique characteristics, what are logical criteria for use in evaluating the handling of workers’ compensation claims by both the department and self insurers in Washington? While claims management involves making literally hundreds of decisions on most lost time claims over the course of the time they are open, this evaluation will focus on those decisions that are most important to achieve the best outcomes for workers and employers: : decisions on whether their claim is covered or not ; decisions on benefits paid and primary services provided; decisions on assistance in returning to work; decisions when there are disagreements on a claim; and decisions about the reopening and closing of claims. Each of the following criteria will be applied to both decisions made by the department on self insured claims and on state fund claims; and decisions made by self-insured employers. And within state fund claim decisions, results will be looked at separately for retrospective and non-participant plan employers provided the number of claims in the samples are large enough to make valid comparisons (sample sizes and details will be covered in the methodology section).

The following criteria are suggested:

For prompt decisions about coverage and the payment of benefits and services (Research questions 1T1, 1T2, 1T5, 1T6, 1T7, 1T8, 1T9, and 1T11): logical criteria for evaluation are statutory criteria; comparisons to most common practices and best practices; and if workers and employers are satisfied with the timeliness of these decisions. Comparisons to what other jurisdictions are able to accomplish will help put Washington’s findings into context⁵. For prompt provision and payment of medical care: (Research question 1T3) logical criteria for evaluation are statutory payment criteria; comparisons to most common practices and best practices; and if workers and physicians are satisfied with the timeliness of payments to physicians. Again, comparisons to what other jurisdictions are able to accomplish will help put Washington’s findings into context⁶.

For prompt resolution of disagreements about which benefits are payable or which services are covered: (Research questions 2T1, 2T2, 2T3, 2T4, and 2T5) Logical criteria are statutorily required timelines; comparisons to what other jurisdictions are able to accomplish and if workers and employers are satisfied with the timeliness of decisions made after they file a disagreement.

For prompt recovery, return to work, and closure (Research questions , 1T4, 1T10, and 1T12: To measure timely physical recovery, the disability durations for specified diagnoses can be compared to the recommended disability durations listed in one of the national resources on this subject

⁵ On the measures of promptness of decisions of coverage and payment, the “most common practices” source would be the WC Laws publication which annually surveys the states to determine their statutory requirements in a number of areas and for “best practices” sources are Key Performance Measures published by the Association of Workers Compensation Boards of Canada (AWCBC) and the most recent edition of CompScope™ published by the Workers Compensation Research Institute in addition to any other private standards of best practices to which the successful consultants may have available to them.

⁶ Sources for comparison of prompt payment for medical care are other state statutes that define acceptable payment timelines as listed in the WC Laws, published by the Workers’ Compensation Research Institute and best practices by private payors based on consultant’s experience.

commonly used in workers compensation cases⁷. This will allow consultants to look at both timely and appropriate medical treatment and recovery. The best proxy for measuring recovery and return to work is the time from injury to return to work. Much research has been done documenting that the longer an injured worker remains off work, the greater the permanent disability even when severity of injury is taken into consideration⁸. Additionally, research also suggests that workers who return to work, even in a reduced physical capacity recover more quickly and have less permanent residuals. However, so many variables affect physical recovery and return to work that outcome comparisons are problematic. (especially so for occupational disease, head injuries, back and carpal tunnel syndrome). Additionally, few if any jurisdictions actually measure and report “return to work” on workers’ compensation claims. This is true of Washington as well.

The best the industry can do at present is to use information on duration of temporary workers compensation disability published by the National Council on Compensation Insurance (NCCI); by the Workers’ Compensation Research Institute (WCRI); or by individual states that publically report this data. Even then, the comparisons will reflect more than simply the claims management practices within each jurisdiction. They will also reflect industry and injury mix within jurisdictions (states with more employees working in hazardous industries will likely have longer durations on average as will states that have more serious injuries); type, amount, and quality of medical care (which varies tremendously⁹); the unemployment rate (which is a proxy for job availability for workers); education, skill level, and demographics of the injured worker population¹⁰; and statutory construction (for example different states have different waiting periods before benefits can begin and some states limit temporary benefits to a specified number of weeks).

For timeliness of decision making when a department decision is disputed (Research questions 2F1, 2F5 : criteria for measurement is simply the time it takes the department to issue an “award” or decision from the time they get a protest or request for reconsideration of a decision they have made with which the worker or employer disagrees; and if workers and employers feel the timeline from filing of a dispute to the resolution of that dispute is reasonable. Where possible, comparisons will be made with other jurisdictions.

For fairness of claims management decisions and dispute resolution processes (Research questions 1F1, 1F2, 1F3, 2F2, 2F3, 2F4): criteria for measuring fairness are twofold. First is measuring the “perception” of fairness of those the department serves: workers; employers; and physicians. In other words, simply asking them if they believe the process was fair and decision arrived at was fair The other is measuring the “consistency and equity” with which the department makes claim decisions; are those decisions made in a consistent manner free of bias, favoritism, or

⁷Work Loss Data Institute’s Official Disability Guidelines (ODG) or the American College of Occupational and Environmental Medicine disability duration guidelines

⁸ See for example Borba, Phil S. and Mike Helvacian. June 2006. Factors That Influence the Amount and Probability of Permanent Partial Disability Benefits, Workers Compensation Research Institute, Cambridge, MA

⁹ See for example Wang, Dongchun, K. Mueller, D. Hasimoto, S. Belton, and X. Zhao, 2008. Interstate Variations in Medical Practice Patterns for Low Back Conditions, Workers Compensation Research Institute, Cambridge, MA.

¹⁰ See for example Fox,S., P. Borba, and T. Liu. 2005. Return-to-Work Outcomes of Injured Workers: Evidence from California, Massachusetts, Pennsylvania, and Texas, Workers Compensation Research Institute, Cambridge, Ma..

discrimination? Attempts will be made to review cases with similar issues that the department has had to decide to see if the factual situations are close enough to determine if those decisions were made consistently and in compliance with statutes, case law, administrative procedures and department policies and procedures regardless of employer funding type (self insured, retrospective and non-participant plans), age or gender of the injured worker¹¹.

Effectiveness of complaint and dispute resolution (Research questions 2E1, 2E2, 2E3, 2E4, and 2E5): Effective complaint and dispute resolution systems are ones where workers and employers believe they got a fair evaluation of their complaint or dispute in a timely manner without a lot of expense. This can be measured by using the two “fairness” and “timely” criteria above and by evaluating how many cases continue through the more costly and time consuming appeals processes. Lastly, the steps in the dispute resolution process and the time to resolution can be compared to other jurisdictions that have publically available information to determine if the effectiveness can be improved.

Other Evaluation Points: In addition to evaluating the promptness, fairness and effectiveness of claims management practices, the legislature would also like to know about: the timeliness, responsiveness and accuracy of department communication with workers and employers; the efficiency of the department’s current claims management organization and service delivery models; differences in claims organization and service delivery for retrospective rating plan participants and non-participants and how these differences might impact rating plan refunds; and if current initiatives improve service delivery, meet the needs of current and future workers and employers and improve public education and outreach and if their results are measurable. Criteria for evaluation of these issues are:

For timeliness, responsiveness and accuracy of department communication with workers and employers: (Research questions 3T1, 3T2, 3R1, 3R2, 3R3, 3R4, 3A, 3S1, 3S2, 3S3, 3C1 and 3C2) Timeliness and responsiveness can be measured by asking workers and employers if they believe they get the information they need from the department when they need it, if they understand it, and if it answers the question or concern they asked about. They can also be asked about their satisfaction with the opportunity for face to face meetings with department representatives. Accuracy is measured by reviewing a sample of documents, forms, or web based information regularly used by the department to communicate to workers and employers to see if it is consistent with the statute, administrative rules and department policies and procedures, and complies with state guidelines on the use of plain language.

¹¹ Research has shown that a workers age, gender and marital status can have an impact on the duration and severity of disability, timeliness and success of return to work, and attachment to the labor force. Fenn, P. 1981. Sickness duration, residual disability and income replacement: An empirical analysis, Economic Journal 9: 158-173; Johnson, W., R. Butler, and M. Baldwin, 1994. First spells of work absences among Ontario workers. In Thompson and Chaykowski (eds.) Research in Canada WC. Ontario, Canada, IRC Press; and Gallizzi, M. and L. Boden, 1996. What are the most important factors that affect return to work? Evidence from Wisconsin. Workers Compensation Research Institute; Cambridge, MA. Terry Thomason; John F. Burton, Jr., Journal of Labor Economics, Vol. 11, No. 1, Part 2: U.S. and Canadian Income Maintenance Programs (Jan., 1993), pp. S1-S37, Economic Effects of Workers' Compensation in the United States: Private Insurance and the Administration of Compensation Claims

For the efficiency of the department’s current claims management organization and service delivery models (Research questions 4(1), 4(2), and 4(3)): Since there is no standard definition for “claims management organization” and “service delivery model” one was created after discussions with the department, consultants and JLARC staff. Claims management organization will refer to how the department organizes its resources to manage the claim functions. Specifically, how does the department organize themselves to pay, manage and keep track of both state fund and self insured claim functions; how many FTE’s do they have for each of these functions; and what is the resulting workload and budget. Service delivery would then refer to how they are organized to deliver those claims services to workers and employers. For example, do they have individual claim units organized by customer; by region, by employee, by severity of injury, by benefit type, etc.; are the units self contained to deliver all the claims services or do they all use centralized specialized units for return to work activities, vocational referrals, pension payments, reserving, etc. With these definitions and criteria, once the claims management organization and service delivery processes are charted and understood, they can be compared to other exclusive state funds, other states that monitor claims paid by self insurers, and to currently available information and expertise of the consultants on private sector claim organization and service delivery to explain differences and compare outcomes where they are publically available. Lastly, one can look to the overall efficiency of the workers’ compensation system by comparing the ranking of Washington to other states on the macro measures of benefits and costs per \$100 of payroll¹² and the premiums charged to employers¹³. In other words, how does Washington’s system compare with other states on both the level of benefits delivered to workers for what it costs employers and workers in Washington.¹⁴?

For differences in claims organization and service delivery for retrospective rating plan participants and non-participants and how these differences might impact rating plan refunds: (Research questions 5(1), 5(2), 5(3), and 5(4), 6(1), 6(2), 6(3)): criteria for evaluation are (1) comparing any differences in claim organization or service delivery as defined above between retrospective rating plan participants with non-participants based on interviews and discussion with the department and stakeholders¹⁵; (2) describing how any differences in organization and/or service delivery may impact premium rates paid by retrospective rating plan participants and non retrospective participants, or refunds earned for retro participants. This will require describing how premiums and refunds are determined and calculating differences in financial incentives for a hypothetical set of employers¹⁶, in the same industries, with the same injuries and the same past experience with the same claim outcomes and see what the differences are in ultimate premiums paid and refunds earned and (3) interviewing both claim managers, department account managers and

¹² As reported by the National Academy of Social Insurance (NASI) and/or John Burton’s publication entitled *Workers Compensation Incurred Benefits*.

¹³ As reported in the 2012 *Oregon Premium Rate Ranking Report*

¹⁴ Washington is the only state where employees actually pay some of the costs of the workers compensation system. If researchers in the National Academy of Social Insurance and the Oregon Rate Ranking report do not take that into consideration in their comparison, this comparison may not be possible.

¹⁵ One potential difference in service delivery is the manner in which the Fast File pilot unit interacts with retro employers vs non retro employers.

¹⁶ Using hypothetical examples because it would be difficult to identify actual retro and non retro employers that would be in the same industries, with the same injuries, and exact same claims experience. This exercise will provide a clear illustration of differences in financial incentives.

retrospective plan managers about the potential causes of any differences in outcomes identified¹⁷ for retrospective and non-retrospective plan employers. Causes may relate to differences in claims organization and structure, to differences caused by the different plan terms and financial incentives, differences in resources available to retrospective employers vs. non retrospective employers, or to differences in the employer size or industry mix that tend to participate in the retrospective rating plan.

For the determination of current initiatives and if they improve service delivery, meet the needs of current and future workers and employers and improve public education and outreach; and if their results are measurable - There are two initiatives to be evaluated (with possibly two more to be added at a later date). These are the “File Fast Unit Pilot” and the “Building a Better Customer Experience” initiative.

For the File Fast Unit Pilot (Research questions 7FF1, 7FF2, 7FF3, 7FF4, 7FF5, and 7FF6) – Criteria for evaluation will be whether the claims handled in this unit in comparison to those handled in other claim units have improved the speed of reporting of claims, improved the timeliness of initial coverage decisions and initial payments, claim closures and reduced temporary disability. Whether there are greater opportunities for worker and employer education and outreach about the importance of return to work on worker recovery and employer costs in this unit compared to others, and whether current measures of the success of this unit used by the department are appropriate.

For Building a Better Customer Experience: (Research questions 7B1, 7B2, 7B3, 7B4, 7B5, 7B6, 7B7, and 7B8) – Criteria for evaluation of this initiative will be if workers, employers, and physicians (those groups the department lists as their customers): feel the people they interact with at the department listen to them; find them helpful and courteous; find the tools available to them for information from the department easy to use and helpful; feel their interactions have improved in the past two years; and how those customers would rank of the quality of their interaction with the department overall. If possible, this would then be compared to the same or similar question(s) being asked in other jurisdictions¹⁸.

Comparison Groups

Intra State Comparisons - For comparisons within the state of Washington, data will be divided into sets by employer insurance plan, meaning (1) state fund claims where the employer had a retrospective rated policy at the time of injury, (2) state fund claims where the employer was not participating in a retrospective rating plan, and (3) claims where their employer was self insured at the time of injury. Additionally, comparisons of claim outcomes will be made at two different time periods for these groups due to the need to obtain recent outcomes where one can see decisions that are made early in the life of a claim (such as decisions about coverage and initial payments) and more mature claims where you can measure outcomes that occur only after the claim has been open for some time (such as dispute resolution outcomes).

¹⁷ The outcomes may be for timeliness, duration, fairness or other issues analyzed from the data runs and claim file reviews.

¹⁸ Ipsos-Reid has done a customer satisfaction survey in multiple jurisdictions, including Washington. However, to date they have not done any comparisons of their results across jurisdictions. Other comparisons may be available from other states that do customer surveys, but these would be few and likely not exclusive state funds.

Comparisons With Other Jurisdictions or With National Standards - As mentioned previously, comparing workers compensation outcomes is challenging when we attempt to compare different claims administrators or insurers across jurisdictions. There are no two workers compensation jurisdictions that are exactly alike, with the same set of laws, administrative rules, claim handling policies and procedures, and the same set of worker claims, so direct comparisons are impossible for cost and most worker outcomes across jurisdictions let alone for entities handling claims within different jurisdictions.

However, how long it takes for some claims management action (such as time to first payment) is less complicated, but would still be influenced by factors other than the quality of claims management such as: different jurisdictional laws (for example some states define prompt payment as 14 days from notice of disability, some 21 or 28 days from disability, and still others do not have any statutory definition or requirement for prompt payment); industry mix (for example agriculture, logging and construction claims may have reporting delays and medical treatment delays due to gender and cultural differences of workers, as well as language barriers for some workers in those occupations, and the geographic location of workers, which may be more rural); and employer size (the larger the employer, the more flexibility they have to provide in house medical services and to modify jobs reducing the frequency and duration of claims needing an initial payment). Additionally, attempts to compare claims management outcomes across jurisdictions presents its own data access challenges since most states have significant private sector claims management and competitive state funds (which compete for business and are unlikely to share their organizational structure, service delivery model or outcome data) and many states do not collect or publically report any data on claim outcomes for the state as a whole let alone different insurance plan participants.

Given the challenges for external comparison of claim management outcomes and the realization that direct and totally valid comparisons with other states and/or other claims management organizations are likely not available, how do we know if Washington's results are the best they can be? First, we limit the external comparisons to those jurisdictions that are most closely like Washington in their industry mix, wages, unemployment rate (most likely the states of Idaho and Nebraska); insurance structure (other exclusive state funds or jurisdictions which are North Dakota, Ohio, Wyoming and British Columbia); with whom Washington probably competes for business (the adjacent state of Oregon); or that is considered a "best in class" (Wisconsin¹⁹). Not all these state will have publically available outcome results for the same decision points we are measuring:

- (1) Time from injury to date of claim acceptance
- (2) Time from injury to date of claim denial

¹⁹ Wisconsin is generally considered a "best in class" workers compensation system because: they have few large changes in public policy due to a very active and well respected advisory council therefore, their system is stable in both policy and costs; because of this stability, there is less "gaming" of the system by participants; all administrative decisions, including the initial dispute resolution hearing are made in the same government agency and are consistent and guided by administrative law; and with the exception of their rapidly rising medical costs, their outcomes for prompt payments, benefit levels, disability durations, and litigations rates are among the best.

- (3) Time from initial medical service to date of initial medical payment
- (4) Time from date of injury to date of first payment of temporary benefits
- (5) Duration of temporary total disability benefits
- (6) Time from injury to the closing of a lost time claim
- (7) Time from the filing of a protest or request for reconsideration to the department decision
- (8) Customer's satisfaction with the timeliness, responsiveness and quality of the department's decisions.

Second, we look to the results of the WC Laws publication by the Workers Compensation Research Institute that shows the most common practices among all states on statutory time frames for initial payments. Lastly, we look at the current outcomes reported by the Association of Workers Compensation Boards of Canada and those reported in the Workers Compensation Research Institute's *CompScope™* publication (which benchmarks about 60+ outcomes across 16 states as well as computes the results for a 16 state median).

Choice of Comparison States

Attempting to get the same information with which the evaluation is being done in this study for Washington from all states would be cost prohibitive. Even attempting to contact each agency in all states or glean from their public information available on the web would be difficult and time consuming. Therefore, a method was developed to identify the jurisdictions that make the most sense with which to attempt to compare Washington. These will be the states that a contractor would spend time researching which measures of timeliness, satisfaction and agency action are likely comparable across these states.

Appendix A demonstrates the number of employees (in thousands) for all states according to the Bureau of Labor Statistics for the top ten non-farm industries²⁰ as of April of 2012. If we calculate the corresponding percentage of workers of the total non-farm employment for that month for each state (see Appendix B), we find not only that these industries comprise 80% of the non-farm workers in Washington, but that the states of Idaho, Nebraska and North Carolina are most like Washington (industrially) at this snapshot in time. Second method to look at how similar states were to Washington in terms of their frequency of injuries and similar rates of lost time claims due to occupational injuries and illnesses based on Bureau of Labor Statistics data for 2010, results in the addition of Connecticut, Hawaii, Iowa, Montana, Vermont and West Virginia (see Appendix C). Using those states in Table 1, adding adjacent jurisdictions (Oregon, Idaho and the adjacent jurisdiction of British Columbia to which Washington is often compared); and the state of Wisconsin (which is regarded as a "best in class" for many workers' compensation outcomes, we have fifteen (15) potential jurisdictions with which to compare Washington's outcomes. These would be Connecticut, Hawaii, Idaho, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oregon, Vermont, West Virginia, Wisconsin, Wyoming and British Columbia. Of course this does not yet guarantee

²⁰ BLS reports on non-farm industry mix in this series. Although the department reported in June 21 of 2012 that agriculture was the second most voluminous industry according to claims filed, they also reported it was not one of the largest industries in Washington according to numbers employed.

they will have any publically available data for such comparisons, nor does it guarantee that any such comparisons will be totally valid and meaningful comparisons. Any such comparisons will have to contain multiple caveats to clarify any differences that may be explained by factors that are not controlled for in such comparisons. These caveats would cover explanations of differences in injury mix across states for comparison time periods, differences in statutory timeframes or limits on durations, etc. Some of these factors such as differences in maximum weekly benefit rate for temporary total disability, difference in waiting periods and retroactive payment periods, differences in limits on temporary total disability benefits, and differences in permanent partial disability structures are listed as pertinent demographics of comparison states in the table on the next page.

Table 1 – Demographics of Comparison States

| State | % of Population Between 19 and 65 | M/F % Mix | % of households with at least 1 FT worker | % Unemployed | Maximum Weekly Benefit Rate for TTD | Waiting Period for Lost Time Benefit Payments/Retroactive Payment Period | Limits on Temporary Total Benefits | Unscheduled Permanent Partial Disability Structure | Included in CompScope benchmarking study (2011) | Reason For Choice As Potential Comparison State | | | |
|------------------|--|-----------|---|--------------|--|--|-------------------------------------|--|---|--|----------------------------|--|-----------------------|
| | | | | | | | | | | Exclusive State Fund | Similar Industry Mix (BLS) | Similar rate of cases away from work (BLS) | Adjacent Jurisdiction |
| Connecticut | 62% | 49/51 | 80% | 8.50% | \$1,168.00 | 3/7 | None | Impairment | | | | x | |
| Hawaii | 59% | 48/52 | 75% | 6.40% | \$747.00 | 3/none | None | Impairment | | | | x | |
| Idaho | 59% | 50/50 | 80% | 7.50% | \$594.90 | 5/14 | None | Loss of Wage Earning Capacity | | | x | | x |
| Iowa | 62% | 49/51 | 82% | 5.30% | \$1,457.00 | 3/14 | None | Loss of Wage Earning Capacity | x | | | x | |
| Montana | 61% | 50/50 | 76% | 6.40% | \$649.00 | 4/21 | None | Bifurcated Approach | | | | | |
| Nebraska | 60% | 49/51 | 83% | 4.00% | \$710.00 | 7/42 | None | Loss of Wage Earning Capacity | | | x | | |
| North Carolina | 61% | 48/52 | 75% | 9.60% | \$862.00 | 7/21 | 500 weeks | Bifurcated Approach | x | | x | | |
| North Dakota | 63% | 49/51 | 84% | 3% | \$905.00 | 5/5 | 104 weeks | Wage Loss | | x | | | |
| Ohio | 62% | 49/51 | 75% | 7.20% | \$809.00 | 7/14 | None | Wage Loss | | x | | | |
| Oregon | 62% | 49/51 | 74% | 8.70% | \$1,120.55 | 3/14 | None | Wage Loss | | | | | x |
| Vermont | 66% | 50/50 | 80% | 5.00% | \$1,122.00 | 3/10 | None | Impairment | | | | x | |
| Washington | 62% | 50/50 | 76% | 8.50% | \$1,123.78 | 3/14 | None | Impairment | | x | | | |
| West Virginia | 61% | 49/51 | 70% | 7.40% | \$711.38 | 3/7 | 104 weeks | Impairment | | | | x | |
| Wisconsin | 61% | 49/51 | 84% | 7.30% | \$854.00 | 3/7 | None | Bifurcated Approach | x | Considered one of the "Best in Class" | | | |
| Wyoming | 61% | 50/50 | 75% | 5.60% | \$815.00 | 3/8 | 24 months | Loss of Wage Earning Capacity | | x | | | |
| British Columbia | n/a | n/a | n/a | n/a | \$974.21* | No waiting period | None | n/a | | x | | | x |
| Sources: | Kaiser Family Foundation Health Facts http://www.statehealthfacts.org/comparecat.jsp?cat=1&rgn=6&rgn=1 | | | BLS 7/2012 | Derived from WCRI WC State Laws 1/1/2012 | As reported in WCRI WC Laws for 1/2012 | As reported by Barth and Niss, 1999 | WCRI CompScope 2012 | BLS 7/2012 | BLS 2010 Incident rates and cases away from work | | | |
| Key: | n/a = not available | | | | | | | | | | | | |
| | * Canadian dollars | | | | | | | | | | | | |

