

# General Overview of Claims Processing, Appeals, and Timelines

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# Topics

- How long a worker has to file a claim
- Timeline for claim reporting
- Timeline for claim processing
- Claim acceptance – what happens
- Claim denial – what happens, and what is the burden of proof to overturn the denial
- Reporting of claims to WCD

# Worker's Time to File the Claim - Injuries

- 90 days for an injury, unless
  - The employer knew of the injury or death
  - The worker died within 180 days from the date of the accident, or
  - The worker or beneficiaries of the worker establish good cause for failure to give notice within 90 days after the accident
- If there is knowledge, death, or good cause, consistent with the criteria above, the claim must be filed within one year after the date of the accident

# Worker's Time to File the Claim – Occupational Disease

- The later of the following:
  - One year from the date the worker first discovered, or in the exercise of reasonable care should have discovered, the occupational disease; or
  - One year from the date the worker becomes disabled or is informed by a physician that the worker is suffering from an occupational disease.
- If disease results in death, one year from the date that the worker's beneficiary first discovered, or in the exercise of reasonable care should have discovered, that the cause of the worker's death was due to an occupational disease.

# Claim Reporting to Insurer

Employer has 5 days from their knowledge of a claim to report to insurer

Medical provider has 3 business days to report the claim to the insurer

# Claim Processing Timeframes

- Insurer must investigate the claim and issue an acceptance or denial within 60 days of the employer's notice or knowledge of the claim.
- Temporary disability paid within 14 days if the worker has a work release from an authorized provider.  
Exceptions:
  - Claim is denied within the first 14 days
  - Three day waiting period (usually the first three days of time loss are not paid)

# Claim Acceptance

Classified as “disabling” or “nondisabling”

- Disabling: Disability compensation or death benefits due/expected
- Nondisabling: Medical only

Disabling claims:

- Once the claim qualifies for closure, the insurer has 14 days to issue a Notice of Closure
- The worker has 60 days to request reconsideration (appeal) of the claim closure

# Claim Denial

- Worker has 60 days to request a hearing on a denial (disabling and nondisabling)
- Burden of proof at hearing depends on whether there is a presumption



# Presumptions & Burden of Proof

- Three current presumptions:
  - Heart and lung - ORS 656.802(4)
  - Cancer - ORS 656.802(5)
  - Acute stress disorder and PTSD - ORS 656.802(6)

# Presumptions & Burden of Proof

The way the presumption works is dictated by language in statute. Currently:

- Limited group of workers
- If the worker qualifies, and if the worker is diagnosed with one of the qualifying diseases, condition is presumed to be from the worker's employment
- The employer can overcome this presumption with certain clear and convincing evidence

# No Presumption & Burden of Proof

Worker must prove both legal and medical causation by a preponderance of the evidence

- Legal causation: the worker engaged in potentially causative work activities
- Medical causation: whether those work activities caused the worker's condition (material or major cause – see next slide)

# Medical Causation

Injury – work was a material contributing cause of the disability or need for treatment.

- Combined condition? Employer must show work was never the major contributing cause of the disability or need for treatment of the combined condition.

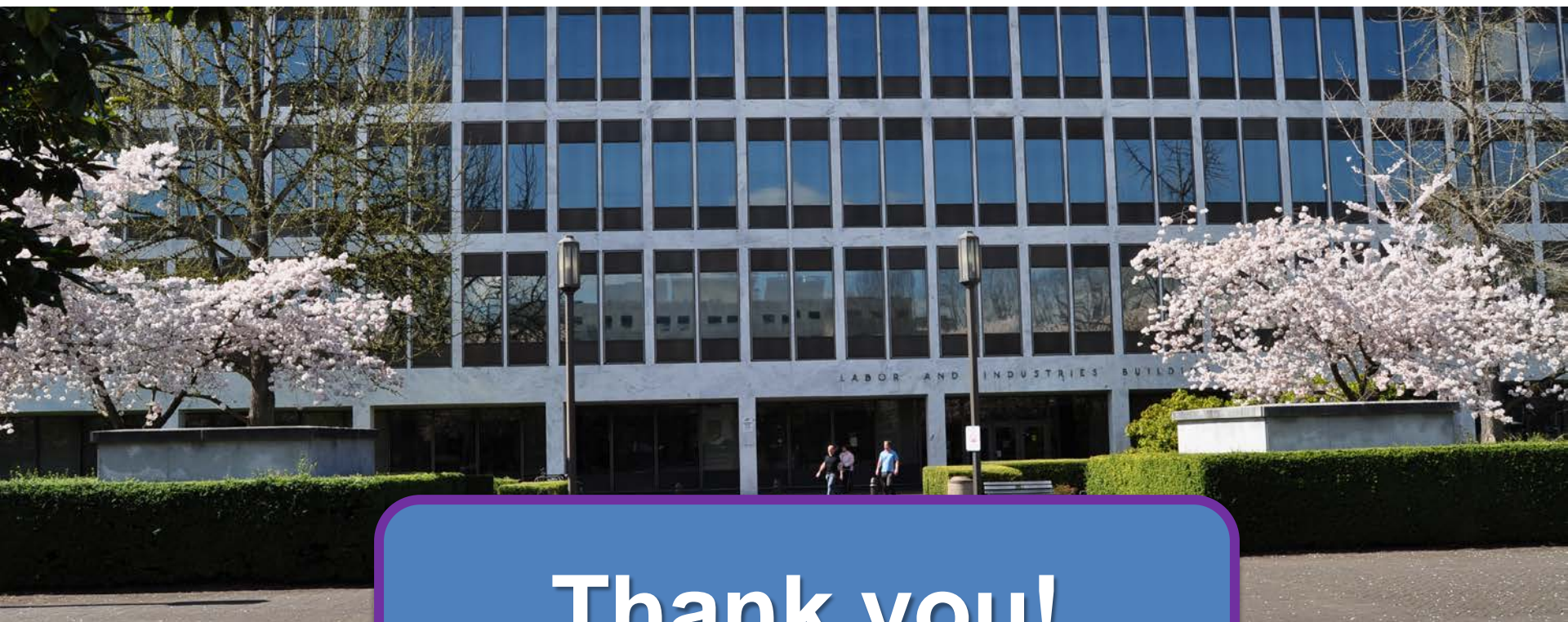
Occupational disease - employment conditions must be the major contributing cause of the disease. Mental disorders have additional requirements.

# Claim Reporting to WCD

After the claim is accepted or denied, the insurer has **14 days** to report the claim to WCD, unless it is accepted as nondisabling (medical services only).



**Questions?**



**Thank you!**