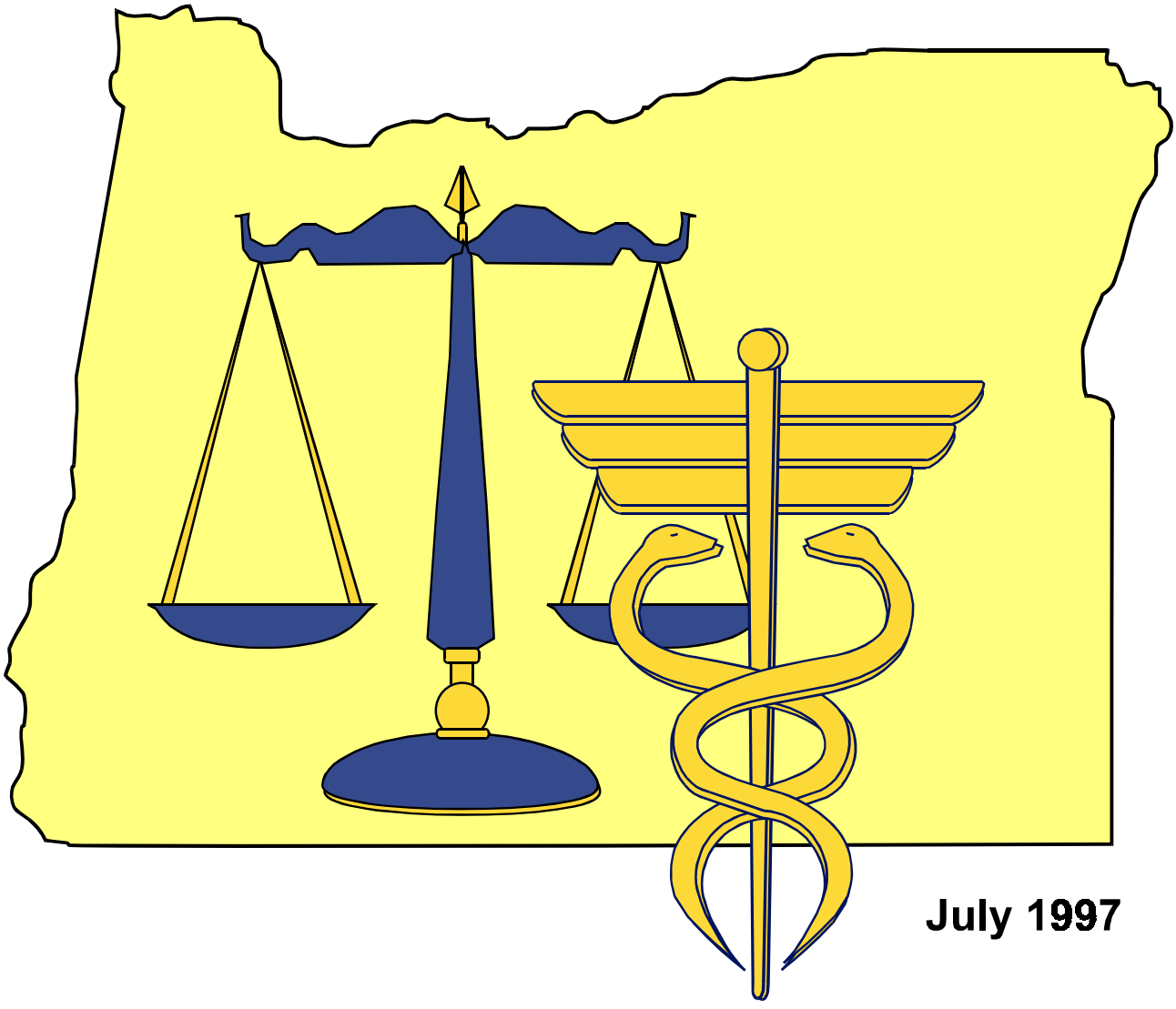
Oregon Workers' Compensation
Medical Dispute Activity
Fiscal Year 1996

Research & Analysis Section
Oregon Department of Consumer
& Business Services



July 1997

Oregon Workers' Compensation
Medical Dispute Activity, Fiscal Year 1996

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Introduction

Workers' compensation medical dispute resolution within the Department of Consumer & Business Services is provided by the Medical Review Unit of the Workers' Compensation Division. This unit provides dispute resolution for insurers, medical providers, and injured workers through the implementation of an administrative process as mandated by Oregon Revised Statute and Administrative Rule.

Under Workers' Compensation Law, insurers, medical providers, and injured workers may request review of disputes by the director. Review may be requested for disputes related to fees, medical treatment, palliative care, changes of attending physician, or requests for additional insurer medical exams (IMEs). Standards for submission of these requests are defined by Administrative Rule and by Bulletin.

In February of 1990 a new section of the Workers' Compensation Division, the Medical Review and Abuse Section, began resolving these medical disputes. As a result of the reorganization of the Workers' Compensation Division early in 1992, two issues, previously the responsibility of the Medical Review and Abuse Section, were moved to the Benefits Section. The Medical Review and Abuse Section was reorganized and renamed the Medical Review Unit. This unit now resolves disputes related to palliative care, medical treatment, and fees. The Benefits Section currently resolves disputes related to changes of attending physician and requests for additional IMEs.

This statistical report presents information regarding the medical dispute activity in the areas of palliative care, medical treatment, fees, change of attending physician, and IMEs for fiscal year 1996 (FY96). The data include disputes received, disputes resolved, backlog, processing time, and appeals of the orders. More detailed information is available upon request from the Research & Analysis Section of the Department of Consumer & Business Services.

Highlights

- In FY96, 906 medical disputes were received by the Workers' Compensation Division (WCD). Of these, 393 (43 percent) were fee disputes/unpaid medical bill complaints, 368 (41 percent) were treatment disputes, 72 (8 percent) were palliative care disputes, 53 (6 percent) were changes of attending physician disputes, and 20 (2 percent) were insurer medical exam (IME) requests.

- An average of 76 disputes were received per month in FY96 ranging from a low of 53 in February 1996 to a high of 115 in September 1995.

- A total of 596 medical disputes were resolved in FY96 averaging 50 per month. Monthly resolutions ranged from a low of 25 in July 1995 to a high of 67 in February 1996.

- Of the 596 disputes resolved in FY96, 326 (55 percent) were dismissed, 125 (21 percent) were approved, 136 (23 percent) were disapproved, and nine (2 percent) were partially approved.

- Of the 596 resolutions in FY96, 232 (39 percent) resolved fee disputes/unpaid medical bill complaints, 258 (43 percent) were treatment dispute orders, 32 (5 percent) resolved palliative care disputes, 52 (9 percent) were change of attending physician orders, and 22 (4 percent) resolved IME requests.

- The total number of processing days from the initial receipt of the dispute to resolution averaged 97 days in FY96 as compared to 37 days in FY95 for those disputes resolved by order. Fee dispute orders averaged 113 days from receipt to resolution while medical treatment orders averaged 97 days and palliative care orders averaged 85 days.

- Outside physician reviewers were utilized for 153 (29 percent) of the 522 fee, palliative care and medical treatment dispute orders issued in FY96. The time lag from the date that the outside review was established by WCD to the date that the reviewer's report was received averaged 40 days.

- Of the 596 orders issued in FY96, 86 (14 percent) were appealed. Of the 82 appeals that have been resolved, 38 orders (46 percent) were affirmed, eight (10 percent) were remanded, five (6 percent) were reversed, and two (2 percent) were set aside. The remaining 36 percent were either settled by stipulation, dismissed, or withdrawn.

- The backlog of unresolved disputes at the beginning of FY96 (July 1, 1995) was 57, of which 11 were beyond the statutory or nonstatutory time lines. By the beginning of FY97 (July 1, 1996) the backlog had increased to 367 with 264 beyond the statutory or nonstatutory time lines.

- In FY96, 117 disputes involving MCOs were received. This represented 13 percent of all the disputes received that year. Eighty-five percent were medical treatment disputes, 11 percent fee/unpaid disputes, and 4 percent palliative care disputes.

- In FY96, 134 issue-related general requests were received averaging 11 a month. Of these requests, 85 (63 percent) were related to palliative care, 13 (10 percent) to medical treatment, and 26 (19 percent) to fees.

- In FY96, 118 requests related to palliative care, fees, treatment, change of attending physician or insurer medical exams were resolved by a general letter of response. This resulted in an average of 10 general resolutions a month.

Medical Dispute Activity

Disputes received

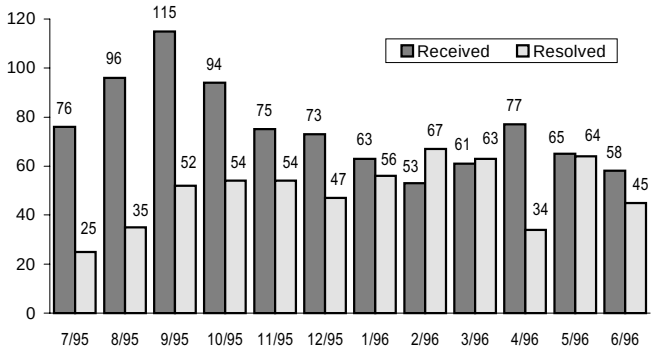
A total of 906 requests for dispute resolution were received during FY96 compared to 430 received during FY95. Overall, disputes increased in FY96 by 111 percent. Disputes relating to fee/unpaid bills increased 90 percent, treatment disputes increased 226 percent, palliative care disputes increased 76 percent and disputes relating to insurer medical exams (IMEs) decreased 23 percent.

A number of factors have had an impact on medical dispute activity during FY96. The increase in treatment disputes may be due to a provision of SB369 granting exclusive jurisdiction over all medical treatment disputes to the director, including treatment that the injured worker has received or will receive as well as treatment the worker is currently receiving. The increase in palliative care disputes may result from a provision of SB369 allowing the worker (not just the worker's attending physician) to request approval for palliative care if the insurer denies the care. More specific language in the administrative rules on considerations for approving or denying requests for additional IMEs may have caused the decrease in IME related disputes. Other factors which could have caused an overall decrease in disputes appear to have had less impact. These include a decline in the number of accepted claims, and the impact of managed care organizations and their own dispute resolution processes.

Fee disputes and unpaid medical bill complaints comprised the largest category of requests for dispute resolution. In FY96, 393 of the 906 disputes received (43 percent) were fee disputes/unpaid medical bills. Treatment disputes were the second most frequent type of request totaling 368 (41 percent) in FY96. Palliative care disputes were a distant third with 72 (8 percent) received.

An average of 76 disputes were received a month ranging from a low of 53 in February 1996 to a high of 115 received in September 1995. Again, fee disputes/unpaid medical bills were the most frequent requests averaging 33 per month during FY96. Treatment disputes averaged 31 per month while palliative care disputes averaged six per month (see Appendix Table 3).

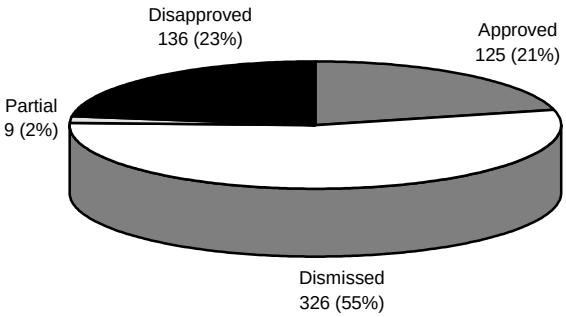
Figure 1. Medical dispute activity, FY96



Disputes resolved

During FY96, 596 disputes were resolved averaging 50 orders per month. Monthly resolutions ranged from a low of 25 in July 1995 to a high of 67 in February 1996. The number of resolutions was 310 less than the number received during the same period. Of the 596 orders issued, 326 (55 percent) were orders of dismissal, 125 (21 percent) were orders of approval, 136 (23 percent) were disapprovals, and nine (2 percent) were partial approvals.

Figure 2. Medical dispute orders, FY96



Treatment dispute orders made up 258 (43 percent) of the 596 orders issued in FY96. One hundred fifteen (45 percent) of the 258 treatment dispute orders were dismissals, 59 (23 percent) approved the physician's treatment, 81 (31 percent) disapproved the treatment, and three (1 percent) partially approved the treatment.

Text Table 1. Medical dispute activity, FY91-96

	Change phys	Fee dispute	IME	Pall care	Treat dispute	**Total**
Received						
FY91	110	898	58	285	184	1,535
FY92	85	886	41	156	326	1,494
FY93	73	583	28	177	339	1,200
FY94	35	287	25	47	177	571
FY95	43	207	26	41	113	430
FY96	53	393	20	72	368	906
Resolved						
FY91	72	856	42	245	82	1,297
FY92	115	1,060	55	175	321	1,726
FY93	81	685	33	183	396	1,378
FY94	36	313	25	58	225	657
FY95	41	218	26	42	106	433
FY96	52	232	22	32	258	596

Text Table 2. Medical dispute orders by issue, FY96

	Change phys	Fee dispute	IME	Pall care	Treat dispute	**Total**
Approved	15	35	12	4	59	125
Disapproved	9	29	3	14	81	136
Partial Appr	0	5	0	1	3	9
Dismissed	28	163	7	13	115	326
Total	52	232	22	32	258	596

Two hundred thirty two (39 percent) of the 596 orders resolved fee disputes/unpaid medical bill complaints. Additional reimbursement was approved by 35 (15 percent) of the fee dispute/unpaid medical bill orders, disapproved by 29 (13 percent), and partially approved by five (2 percent). The remaining 163 (70 percent) were dismissed (see Appendix Table 6).

Change of attending physician orders were third in frequency with 52 (9 percent) of the orders issued during FY96. Twenty eight (54 percent) of the 52 change of attending physician orders were dismissals, 15 (29 percent) were approved, and nine (17 percent) were disapproved (see Appendix Table 6).

Processing times

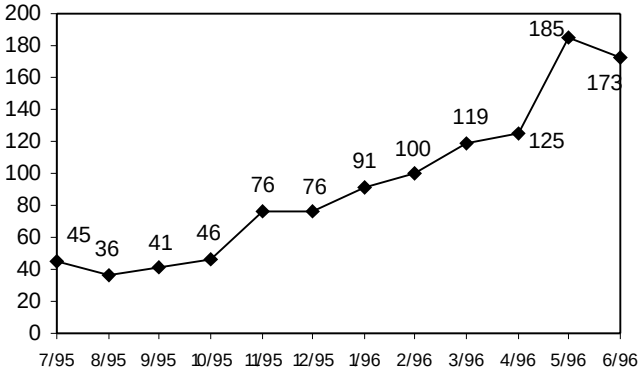
The total number of processing days from the initial receipt of the dispute to resolution for orders issued in FY96 averaged 97 days, compared to 51 days for orders issued in FY94 and 37 days for FY95 orders. Fee dispute orders averaged 113 days from receipt to resolution in FY96, medical treatment dispute orders averaged 97 days, and palliative care orders averaged 85 days.

A portion of this processing time can be attributed to the involvement of outside physician reviewers. These reviewers or panels of reviewers may be appointed by the department to review the disputed fee, treatment or palliative care.

Text Table 3. Average processing days for orders, FY92-96

	Change phys	Fee dispute	IME	Pall care	Treat dispute	**Total**
FY92	94	172	67	71	167	143
FY93	51	57	44	43	77	60
FY94	50	47	31	53	59	51
FY95	58	27	33	35	52	37
FY96	62	113	33	85	97	97

Figure 3. Average processing days by month, FY96



Of the 522 fee, palliative care and medical treatment orders issued in FY96, 153 (29 percent) utilized outside physician review. The length of time from the date of the department's letter establishing the outside review to the date that the physician's report was received averaged 40 days in FY96. This was an increase of 11 days from FY95 (see Appendix Table 12).

Appeals

Fee disputes, treatment disputes, palliative care, and change of attending physician orders are appealed to the director of the Department of Consumer & Business Services for review, while most IME orders are appealed to the Workers' Compensation Hearings Division. Of the 596 palliative care, treatment dispute, fee dispute, change of attending physician, and insurer medical exam orders issued in FY96, 86 (14 percent) were appealed. As of March 21, 1997, 82 of these appeals had been resolved. Thirty eight (46 percent) of the resolved appeals were affirmed, five (6 percent) were reversed, eight (10 percent) were remanded, and two (2 percent) were set aside. The remaining 36 percent were either settled by stipulation (4 percent), dismissed (9 percent) or withdrawn (23 percent) (see Appendix Table 14).

Text Table 4. Results of appeals of FY96 orders

	Change phys	Fee dispute	IME	Pall care	Treat dispute	**Total**	
Affirmed	0	8	0	0	30	38	46%
Reversed	0	2	0	1	2	5	6%
Set aside	0	1	0	0	1	2	2%
Remanded	1	1	0	2	4	8	10%
Stipulation	0	1	0	1	1	3	4%
Dismissed	0	0	0	1	6	7	9%
Withdrawn	0	6	0	1	12	19	23%
Total	1	19	0	6	56	82	100%

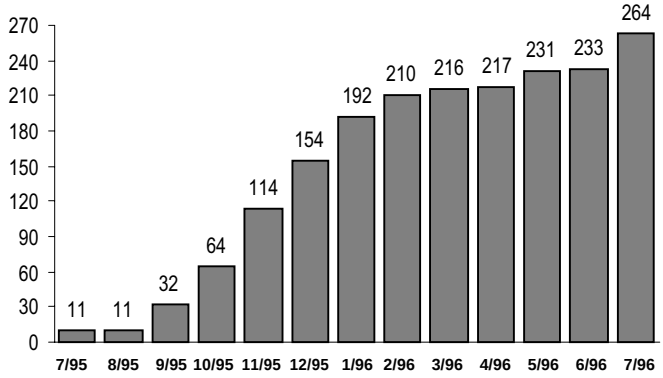
Unresolved disputes

At the beginning of FY96 (July 1, 1995), 57 medical disputes were unresolved. Of those, 11 (19 percent) were beyond the statutory or nonstatutory time lines for resolution while 46 (81 percent) were still within these time lines. At the beginning of FY97 (July 1, 1996), 367 disputes were unresolved with 264 (72 percent) of these beyond the time lines. Thus, there was an increase of 253 disputes in the backlog of disputes beyond the statutory or nonstatutory time lines during FY96. (See Appendix Table 15 and Table 16.) The increase in the backlog of disputes is undoubtedly due in part to the 111 percent increase in dispute resolution requests received.

Text Table 5. Unresolved medical disputes, FY95-96

	July 1, 1995	July 1, 1996
Beyond time line	11 (19%)	264 (72%)
Within time line	46 (81%)	103 (28%)
Total	57 (100%)	367 (100%)

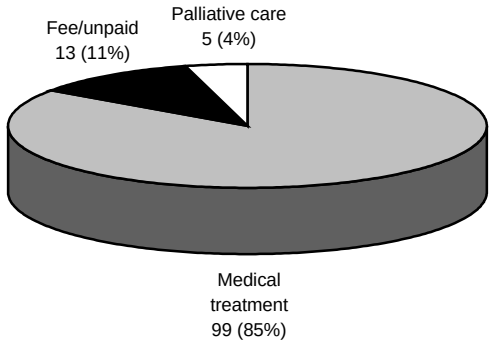
Figure 4. Unresolved disputes beyond time lines, FY96



Disputes involving managed care organizations

Workers' Compensation Division received 117 disputes involving MCOs during FY96. This represented 13 percent of all of the disputes received that year. These disputes came to the department primarily because the MCO did not have a dispute resolution process in place at the time of the dispute, or the dispute was being appealed to the department following a decision in the MCO.

Figure 5. Disputes involving managed care organizations, FY96



The 117 disputes involved five MCOs – Managed Healthcare NW, Providence Vantage MCO, Oregon Health Systems, Health Future Enterprises, and Kaiser Foundation Health Plan. Eighty-five percent were medical treatment disputes, 11 percent fee/unpaid disputes, and 4 percent palliative care disputes (see Appendix Table 18).

Issue-related general requests received

A total of 134 general issue-related informational requests were received in FY96 averaging 11 a month. These requests did not require a director's order to resolve. Eighty-five (63 percent) of these requests were related to palliative care. Questions related to treatment comprised 13 (10 percent) of the issue-related general requests, and questions related to fees and unpaid bills made up 26 (19 percent) of these requests (see Appendix Table 4).

Issue-related general resolutions

During FY96, 118 general letters were issued in response to requests related to palliative care, treatment, fees, change of attending physician, and insurer medical exams. This resulted in an average of 10 issue-related general requests resolved each month during this period of time (see Appendix Table 8).

Appendix

Laws Relating to Medical Dispute Resolution

Senate Bill 1197, effective July 1, 1990, directed the Department of Insurance & Finance (now the Department of Consumer & Business Services) to provide a dispute resolution process for medically-related disputes. In part, the intent of the bill was to reduce litigation by placing the responsibility for medical decisions on medical personnel in the Workers' Compensation Division.

Statutory authority to resolve medical disputes has been given to the director under Oregon Revised Statutes (ORS) 656.245, 656.248, 656.260, 656.325, and 656.327.

Following a court decision in October, 1993, the director no longer had jurisdiction over disputes involving proposed medical treatment. This contributed to the decline in requests for medical dispute resolution in FY94. However, Senate Bill 369, effective June 7, 1995 brought this jurisdiction back to the director. This may have contributed to the increase in treatment dispute activity during FY96.

Senate Bill 369 also allowed the worker (not just the worker's attending physician) to request approval for palliative care if the insurer denied the care. The increase in palliative care disputes received in FY96 is consistent with this new law.

Oregon Administrative Rules (OAR) have been developed to carry out the statutory provisions and responsibilities. Guidelines for administering the delivery of and payment for medical services to injured workers within the workers' compensation system are established by OAR Chapter 436, Divisions 9 and 10.

Specific procedures for the submission of medical disputes are identified by the Divisions 9 and 10 rules and by bulletin. For example, OAR 436-10-0008 describes the administrative review process for the resolution of palliative care disputes and medical services disputes. Guidelines for choosing and changing medical providers are described in OAR 436-10-0220, OAR 436-10-0270 describes the insurer's rights and duties regarding medical examinations, and OAR 436-09-0008 provides procedures for resolving fee disputes.

Definition of Terms

- Medical dispute – A dispute that arises out of a formal decision relating to palliative care, medical provider fees, medical treatment, requests for an additional change of attending physician or additional IME.
  - Palliative care – The attending physician (or injured worker) requests approval of palliative care to enable the worker to continue current employment after the worker has become medically stationary.
  - Fee dispute/unpaid medical bills – A dispute between the insurer and medical provider regarding the amount of a fee for medical services. Usually the medical provider requests reimbursement on an unpaid or reduced bill.
  - Medical treatment dispute – The insurer or worker claims that the medical provider's treatment is inappropriate, excessive, ineffectual, or in violation of the administrative rules.
  - Change of attending physician – The worker requests an additional change of attending physician beyond the two changes allowed in the administrative rules.
  - Insurer medical exam (IME) – The insurer requests an additional medical exam of the worker beyond the three allowed in the administrative rules.
- Issue-related general request – Requests not considered valid disputes or of a more general nature relating to palliative care, medical provider fees, medical treatment, changes of attending physician, or medical exams of the worker. These requests are resolved by a general informational letter.
- Dispute outcomes – Medical disputes are resolved by a Director's order. Outcomes of medical dispute orders are described below.
  - Approval – Includes ordering payment to the provider, approving palliative care, approving all of the medical provider's treatment, or approving an additional change of attending physician or IME.
  - Disapproval – Includes disapproving any additional payment to the provider, disapproving the requested palliative care, disapproving all of the medical provider's treatment, or disapproving an additional change of attending physician or IME.

- Partial – Part but not all of the request for additional reimbursement, palliative care, or treatment has been approved.

- No bona fide dispute – No substantial evidence exists to create a bona fide treatment dispute. It is usually due to the absence of a dissenting medical opinion from the insurer.

- Dismissal – The director dismisses the dispute for a variety of reasons including inappropriate or incomplete submission of the dispute, untimely submission, or the dispute is withdrawn by the requesting party.

The backlog of unresolved disputes may either be beyond or within the statutory or nonstatutory time lines. These time lines, as defined in FY96, are described below by type of dispute.

- Change of attending physician and IME – Requests for an additional change of attending physician or medical exam remaining unresolved over 45 days from the date of initial receipt. This has been established by policy rather than by statute or administrative rule.

- Fee dispute – Fee disputes or complaints of unpaid medical bills remaining unresolved over 60 days from the date of initial receipt. This 60-day period has been established as policy by the Medical Review Unit. Neither statute nor administrative rule specifies a time line for this type of dispute.

- Palliative care – Requests for palliative care remaining unresolved over 30 days from the date of initial receipt if an outside physician review was not necessary. If, however, an outside review was necessary, this time frame was extended to 75 days. These time lines were established by administrative rule, in effect until May 3, 1996. After May 3, 1996, neither statute nor administrative rule specified a time line for this type of dispute.

- Treatment dispute – Treatment disputes remaining unresolved over 60 days from date of initial receipt. This period of time has been established by statute (ORS 656.327).

Limitations of the Data

A data system was developed in March of 1991 to track medical dispute resolution activity of the Medical Review and Abuse Section. The original intent of this system was to report basic information regarding the receipt and resolution of medical disputes. It was not designed to track work flow in the dispute resolution process. The system is, therefore, limited in the amount of information that it is capable of tracking. Additionally, because the system was not originally intended to track requests of a more general nature, FY91 and FY92 data presented here do not reflect the entire activity of this section.

As the needs of the newly formed Medical Review and Abuse Section changed and with the later reorganization of the Workers' Compensation Division, policy and procedural changes became necessary to meet these needs and the needs of the population served. A modification of the data system in late 1991 enhanced its ability to track a broader range of activity. Requests that were more generally related to palliative care, fees, treatment, change of attending physician, and IMEs not previously tracked by the system began to be tracked at this time. A few data definitions changed as a result of this evolving process. Additional enhancements to the data system in FY94 were made to track medical disputes involving managed care organizations (MCOs). For the above reasons, statistical comparisons of dispute activity from year to year are limited.

Procedural changes during FY92 and at the beginning of FY93 resulted in shifts in the data. Some requests that would have been resolved by order in FY91 were resolved by general letters in FY92. On the other hand, some requests that would have been resolved by general letters in FY92 were resolved by orders of dismissal in FY93.

Appendix Tables

Table 1. Dispute resolution requests received FY91 - FY96

		Year of receipt						
		FY91	FY92	FY93	FY94	FY95	FY96	Total
Issue								
Change physician	N	110	85	73	35	43	53	399
	%	7.2	5.7	6.1	6.1	10.0	5.8	6.5
Fee/unpaid	N	898	886	583	287	207	393	3254
	%	58.5	59.3	48.6	50.3	48.1	43.4	53.0
IME	N	58	41	28	25	26	20	198
	%	3.8	2.7	2.3	4.4	6.0	2.2	3.2
Palliative care	N	285	156	177	47	41	72	778
	%	18.6	10.4	14.8	8.2	9.5	7.9	12.7
Treatment dispute	N	184	326	339	177	113	368	1507
	%	12.0	21.8	28.2	31.0	26.3	40.6	24.6
Grand total	N	1535	1494	1200	571	430	906	6136
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Table 2. Issue-related general requests received FY91 - FY96

		Year of receipt						
		FY91	FY92	FY93	FY94	FY95	FY96	Total
Issue								
General change	N	3	32	6	1	2	8	52
Physician	%	1.9	3.0	1.2	0.2	0.6	6.0	2.0
General fee/unpaid	N	77	398	119	84	82	26	786
	%	47.8	37.3	23.4	20.4	23.8	19.4	29.9
General IME	N	1	21	5			2	29
	%	0.6	2.0	1.0			1.5	1.1
General palliative care	N	19	437	213	266	248	85	1268
	%	11.8	41	41.9	64.6	71.9	63.4	48.3
General treatment	N	61	179	165	61	13	13	492
	%	37.9	16.8	32.5	14.8	3.8	9.7	18.7
Grand total	N	161	1067	508	412	345	134	2627
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section
Note: Includes all requests that were resolved after Sept 91 by a general letter.

Table 3. Dispute resolution requests by month of receipt FY96

Issue	Jul-95	Aug-95	Sep-95	Oct-95	Nov-95	Dec-95	Jan-96	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Total	Ave
Change physician	7	8	12	4	4	2	3	1	2	3	3	4	53	4.4
Fee/unpaid	28	34	45	40	29	40	26	21	30	48	31	21	393	32.8
IME	1	1	3	4	2	3	2	0	1	2	1	0	20	1.7
Palliative care	2	5	2	6	4	6	5	8	7	5	13	9	72	6.0
Treatment dispute	38	48	53	40	36	22	27	23	21	19	17	24	368	30.7
All disputes	76	96	115	94	75	73	63	53	61	77	65	58	906	75.5

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Table 4. Issue-related general requests by month of receipt FY96

Issue	Jul-95	Aug-95	Sep-95	Oct-95	Nov-95	Dec-95	Jan-96	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Total	Ave
Gen change Physician	0	0	0	0	0	1	0	1	1	2	1	2	8	0.7
Gen fee/unpaid	0	0	2	0	1	1	2	2	5	3	4	6	26	2.2
Gen IME	0	0	0	0	0	0	0	0	0	1	1	0	2	0.2
Gen pall care	17	27	16	17	7	0	0	0	0	0	1	0	85	7.1
Gen treatment	0	5	0	0	4	0	1	2	0	1	0	0	13	1.1
All gen issues	17	32	18	17	12	2	3	5	6	7	7	8	134	11.2

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Table 5. Resolutions of disputes and general issue-related requests FY91 - FY96

		Year of resolution						
		FY91	FY92	FY93	FY94	FY95	FY96	Total
Outcome								
Approved	N	377	427	334	172	103	125	1538
	%	29.1	14.7	17.4	16.0	13.2	17.5	17.7
Disapproved	N	459	486	221	118	85	136	1505
	%	35.4	16.7	11.5	11.0	10.9	19.0	17.3
Partial	N		43	63	25	8	9	148
	%		1.5	3.3	2.3	1.0	1.3	1.7
No BFD	N	7	3	15	7			32
	%	0.5	0.1	0.8	0.7			0.4
Dismissed	N		1	425	203	124	246	999
	%		0.0	22.1	18.9	15.9	34.5	11.5
Dismd/withdrwn	N	425	741	300	125	111	80	1782
	%	32.8	25.5	15.6	11.6	14.2	11.2	20.5
Dismd/at hrngs	N	28	29	20	7	2		86
	%	2.2	1.0	1.0	0.7	0.3		1.0
Stipulation	N	1						1
	%	0.1						0.0
Gen letter	N		1178	546	416	347	118	2605
	%		40.5	28.4	38.8	44.5	16.5	30.0
Grand total	N	1297	2908	1924	1073	780	714	8696
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Note: General letter resolutions tracked since Sept 91. Dismissals tracked since July 92.

Table 6. Resolutions of disputes by issue
FY91 - FY96

			Year of resolution						
			FY91	FY92	FY93	FY94	FY95	FY96	Total
Issue	Outcome								
Change Physician	Approved	N	35	65	25	8	13	15	161
		%	48.6	56.5	30.9	22.2	31.7	28.8	40.6
	Disapproved	N	19	16	11	7	5	9	67
		%	26.4	13.9	13.6	19.4	12.2	17.3	16.9
	Dismissed	N			39	20	20	28	107
		%			48.1	55.6	48.8	53.8	27.0
	Dismd/withdrwn	N	16	33	6	1	3		59
		%	22.2	28.7	7.4	2.8	7.3		14.9
	Dismd/at hrngs	N	2	1					3
		%	2.8	0.9					0.8
	Subtotal	N	72	115	81	36	41	52	397
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Fee/unpaid	Outcome								
	Approved	N	258	201	144	74	26	35	738
		%	30.1	19.0	21.0	23.6	11.9	15.1	21.9
	Disapproved	N	227	255	85	35	34	29	665
		%	26.5	24.1	12.4	11.2	15.6	12.5	19.8
	Partial	N		14	15	13	5	5	52
		%		1.3	2.2	4.2	2.3	2.2	1.5
	Dismissed	N		1	185	82	60	106	434
		%		0.1	27	26.2	27.5	45.7	12.9
	Dismd/withdrwn	N	359	575	239	103	92	57	1425
		%	41.9	54.2	34.9	32.9	42.2	24.6	42.4
	Dismd/at hrngs	N	12	14	17	6	1		50
		%	1.4	1.3	2.5	1.9	0.5		1.5
	Subtotal	N	856	1060	685	313	218	232	3364
		%	100	100	100	100	100	100	100
IME	Outcome								
	Approved	N	15	19	22	11	12	12	91
		%	35.7	34.5	66.7	44	46.2	54.5	44.8
	Disapproved	N	14	13	2	6	6	3	44
		%	33.3	23.6	6.1	24	23.1	13.6	21.7
	Partial	N					1		1
		%					3.8		0.5
	Dismissed	N			7	7	6	7	27
		%			21.2	28	23.1	31.8	13.3
	Dismd/withdrwn	N	13	23	2	1	1		40
		%	31	41.8	6.1	4	3.8		19.7
	Subtotal	N	42	55	33	25	26	22	203
		%	100	100	100	100	100	100	100

(continued)

Table 6. Resolutions of disputes by issue
FY91 - FY96 - Continued

			Year of resolution						
			FY91	FY92	FY93	FY94	FY95	FY96	Total
Issue	Outcome								
Palliative Care	Approved	N	40	53	32	18	17	4	164
		%	16.3	30.3	17.5	31.0	40.5	12.5	22.3
	Disapproved	N	183	107	26	17	15	14	362
		%	74.7	61.1	14.2	29.3	35.7	43.8	49.3
	Partial	N		5	2	3		1	11
		%		2.9	1.1	5.2		3.1	1.5
	Dismissed	N			115	19	6	9	149
		%			62.8	32.8	14.3	28.1	20.3
	Dismd/withdrwn	N	18	7	7	1	4	4	41
		%	7.3	4.0	3.8	1.7	9.5	12.5	5.6
	Dismd/at hrngs	N	4	3	1				8
		%	1.6	1.7	0.5				1.1
	Subtotal	N	245	175	183	58	42	32	735
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Treatment Dispute	Outcome								
	Approved	N	29	89	111	61	35	59	384
		%	35.4	27.7	28	27.1	33	22.9	27.7
	Disapproved	N	16	95	97	53	25	81	367
		%	19.5	29.6	24.5	23.6	23.6	31.4	26.4
	Partial	N		24	46	9	2	3	84
		%		7.5	11.6	4	1.9	1.2	6.1
	No BFD	N	7	3	15	7			32
		%	8.5	0.9	3.8	3.1			2.3
	Dismissed	N			79	75	32	96	282
		%			19.9	33.3	30.2	37.2	20.3
	Dismd/withdrwn	N	19	99	46	19	11	19	213
		%	23.2	30.8	11.6	8.4	10.4	7.4	15.3
	Dismd/at hrngs	N	10	11	2	1	1		25
		%	12.2	3.4	0.5	0.4	0.9		1.8
	Stipulation	N	1						1
		%	1.2						0.1
	Subtotal	N	82	321	396	225	106	258	1388
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Grand total	N		1297	1726	1378	657	433	596	6087
	%		100	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section
Note: Dismissals tracked since July 92.

Table 7. Resolutions of disputes by month resolved
FY96

			Jul-95	Aug-95	Sep-95	Oct-95	Nov-95	Dec-95	Jan-96	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Total
Issue	Outcome														
Change Physician	Approved	N	1	1			6	1				1	3	2	15
		%	25.0	25.0			54.5	14.3				33.3	100.0	100.0	28.8
	Disapproved	N	1			2	2	1	1	1		1			9
		%	25.0			20.0	18.2	14.3	100.0	50.0		33.3			17.3
	Dismissed	N	2	3	5	8	3	5		1		1			28
		%	50.0	75.0	100.0	80.0	27.3	71.4		50.0		33.3			53.8
	Subtotal	N	4	4	5	10	11	7	1	2		3	3	2	52
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		100.0	100.0	100.0	100.0
Fee/unpaid	Outcome														
	Approved	N	4	3	1		3	2	4		2	4	11	1	35
		%	25.0	27.3	6.7		25.0	14.3	14.8		5.7	36.4	34.4	4.8	15.1
	Disapproved	N	3			3	1	1	3	3	3	2	6	4	29
		%	18.8			21.4	8.3	7.1	11.1	12.5	8.6	18.2	18.8	19.0	12.5
	Partial	N	1		1			1	1	1					5
		%	6.3		6.7			7.1	3.7	4.2					2.2
	Dismissed	N	3	6	7	7	5	7	14	11	17	4	13	12	106
		%	18.8	54.5	46.7	50.0	41.7	50.0	51.9	45.8	48.6	36.4	40.6	57.1	45.7
	Dismd/with-drwn	N	5	2	6	4	3	3	5	9	13	1	2	4	57
		%	31.3	18.2	40.0	28.6	25	21.4	18.5	37.5	37.1	9.1	6.3	19.0	24.6
	Subtotal	N	16	11	15	14	12	14	27	24	35	11	32	21	232
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
IME	Outcome														
	Approved	N		2		3	3	1			1	1		1	12
		%		66.7		75.0	75.0	50.0			100.0	100.0		100.0	54.5
	Disapproved	N						1	1				1		3
		%						50.0	50.0				50.0		13.6
	Dismissed	N		1	1	1	1		1	1			1		7
		%		33.3	100.0	25.0	25.0		50.0	100.0			50.0		31.8
	Subtotal	N		3	1	4	4	2	2	1	1	1	2	1	22
		%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(continued)

Table 7. Resolutions of disputes by month resolved
FY96 - Continued

			Jul-95	Aug-95	Sep-95	Oct-95	Nov-95	Dec-95	Jan-96	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Total
Palliative Care	Outcome														
	Approved	N					1			2		1			4
		%					50.0			50.0		20.0			12.5
	Disapproved	N		1	1	2		3	1	1	3	1		1	14
		%		100.0	50.0	66.7		100.0	50.0	25.0	60.0	20.0		25.0	43.8
	Partial	N												1	1
		%												25.0	3.1
	Dismissed	N			1		1		1	1	1	1	1	2	9
		%			50.0		50.0		50.0	25.0	20.0	20.0	100.0	50.0	28.1
	Dismd/with-	N				1					1	2			4
	drwn	%				33.3					20.0	40.0			12.5
	Subtotal	N		1	2	3	2	3	2	4	5	5	1	4	32
		%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Treatment Dispute	Outcome														
	Approved	N	2	5	3	3	6	4	8	11	3	3	7	4	59
		%	40.0	31.3	10.3	13	24.0	19.0	33.3	30.6	13.6	21.4	26.9	23.5	22.9
	Disapproved	N	1	3	9	8	11	9	8	9	5	5	9	4	81
		%	20.0	18.8	31.0	34.8	44.0	42.9	33.3	25.0	22.7	35.7	34.6	23.5	31.4
	Partial	N						1	2						3
		%						4.8	8.3						1.2
	Dismissed	N	2	6	15	12	7	6	4	14	10	5	8	7	96
		%	40	37.5	51.7	52.2	28.0	28.6	16.7	38.9	45.5	35.7	30.8	41.2	37.2
	Dismd/with-	N		2	2		1	1	2	2	4	1	2	2	19
	drwn	%		12.5	6.9		4.0	4.8	8.3	5.6	18.2	7.1	7.7	11.8	7.4
	Subtotal	N	5	16	29	23	25	21	24	36	22	14	26	17	258
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Grand total	N		25	35	52	54	54	47	56	67	63	34	64	45	596
	%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Table 8. General letter resolutions by month resolved FY96

		Jul-95	Aug-95	Sep-95	Oct-95	Nov-95	Dec-95	Jan-96	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Total
Issue														
Gen change	N							1			1	4		6
Physician	%							16.7			50.0	50.0		5.1
Gen fee/unpaid	N			1			1	4		2	1	2	1	12
	%			4.2			50.0	66.7		100.0	50.0	25.0	33.3	10.2
Gen IME	N											1	1	2
	%											12.5	33.3	1.7
Gen pall care	N	17	24	18	17	7		1	1					85
	%	94.4	100.0	75.0	100.0	70.0		16.7	50					72.0
Gen treatment	N	1		5		3	1		1			1	1	13
	%	5.6		20.8		30.0	50.0		50.0			12.5	33.3	11.0
Grand total	N	18	24	24	17	10	2	6	2	2	2	8	3	118
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Table 9. Average number of processing days (all resolutions) by fiscal year resolved, FY91 - FY96

		FY91	FY92	FY93	FY94	FY95	FY96	Total
Issue								
Change physician	Number	72	115	81	36	41	52	397
	Mean	80.0	96.9	50.5	49.9	58.4	61.7	71.5
Fee/unpaid	Number	791	1059	685	313	218	232	3298
	Mean	134.7	138.9	56.5	47.1	27.2	112.9	102.9
IME	Number	41	55	33	25	26	22	202
	Mean	86.1	73.1	44.3	30.9	33.3	33.1	56.3
Palliative care	Number	245	175	183	58	42	32	735
	Mean	84.8	71.1	43.3	53.2	34.7	85.4	65.9
Treatment dispute	Number	82	321	396	225	106	258	1388
	Mean	128.9	144.0	77.2	58.9	52.0	97.5	94.6
All resolved	Number	1231	1725	1378	657	433	596	6020
Disputes	Mean	119.6	128.1	60.0	51.2	37.3	97.3	92.8

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section
Note: Processing days calculated from receipt of the dispute to resolution for all resolutions.

Table 10. Average number of processing days on disputes resolved by order by fiscal year resolved, FY91 - FY96

		FY91	FY92	FY93	FY94	FY95	FY96	Total
Issue								
Change physician	Number	54	81	81	36	41	52	345
	Mean	80.5	93.6	50.5	49.9	58.4	61.7	67.9
Fee/unpaid	Number	424	470	685	313	218	232	2342
	Mean	156.6	171.5	56.5	47.1	27.2	112.9	99.3
IME	Number	28	32	33	25	26	22	166
	Mean	84.5	67.0	44.3	30.9	33.3	33.1	50.2
Palliative care	Number	223	165	183	58	42	32	703
	Mean	86.7	71.3	43.3	53.2	34.7	85.4	65.9
Treatment dispute	Number	52	211	396	225	106	258	1248
	Mean	157.5	166.5	77.2	58.9	52.0	97.5	94.4
All resolved	Number	781	959	1378	657	433	596	4804
Disputes	Mean	128.9	143.1	60.0	51.2	37.3	97.3	89.2

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Note: Processing days calculated from receipt of the dispute to resolution for orders only.

Table 11. Average number of processing days by month resolved FY96

		Jul-95	Aug-95	Sep-95	Oct-95	Nov-95	Dec-95	Jan-96	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Total
Issue														
Change physician	Number	4	4	5	10	11	7	1	2		3	3	2	52
	Mean	116.5	31.0	49.8	40.4	58.8	66.9	174.0	72.5		76.7	65.0	53.5	61.7
Fee/unpaid	Number	16	11	15	14	12	14	27	24	35	11	32	21	232
	Mean	22	30.7	38.7	38.1	82.1	81.6	75.8	123	124.7	122.8	238.2	186.8	112.9
IME	Number		3	1	4	4	2	2	1	1	1	2	1	22
	Mean		50.0	28.0	27.5	28.0	20.5	41.5	29.0	47.0	18.0	36.0	39.0	33.1
Palliative care	Number		1	2	3	2	3	2	4	5	5	1	4	32
	Mean		109.0	57.0	42.7	149	49.0	35.5	39.8	97.0	135.6	67.0	119.0	85.4
Treatment disp	Number	5	16	29	23	25	21	24	36	22	14	26	17	258
	Mean	59.6	34.3	39.6	57.3	85.1	87.4	113.0	94.2	121.8	141.7	148.3	191.7	97.5
All resolved	Number	25	35	52	54	54	47	56	67	63	34	64	45	596
Disputes	Mean	44.6	36.3	40.7	46.2	77.2	77.3	90.8	99.6	120.2	125.3	184.6	173.4	97.3

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Note: Processing days calculated from receipt of the dispute to resolution for orders only.

Table 12. Average number of processing days for phases of resolution involving physician reviewers by year resolved FY95 & FY96

		FY95			FY96			FY95 & FY96		
		To establish	To panel report	To outcome	To establish	To panel report	To outcome	To establish	To panel report	To outcome
Issue										
Fee/unpaid	Number	1	1	1	3	3	3	4	4	4
	Mean	1.0	0.0	7.0	26.3	45.3	75.0	20.0	34.0	58.0
Palliative	Number	22	22	22	7	7	7	29	29	29
Care	Mean	16.9	21.6	9.0	58.3	15.3	79.4	26.9	20.1	26
Treatment	Number	56	55	55	143	143	143	199	198	198
Dispute	Mean	32.3	32.1	17.7	34.8	40.8	49.8	34.1	38.4	40.9
All panel	Number	79	78	78	153	153	153	232	231	231
Issues	Mean	27.6	28.7	15.1	35.7	39.7	51.6	32.9	36.0	39.3

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Note: To establish = average number of days from receipt of the dispute to the date panel was established. To panel report = average number of days from date panel was established to the date the panel's report was received. To outcome = average number of days from receipt of the panel's report to the date the dispute was resolved.

Table 13. Status of appeals of orders issued FY96

			Pending	Resolved	Total
Appeal	Issue				
Director	Change	N		1	1
	Physician	%		100.0	100.0
	Fee/unpaid	N	2	19	21
		%	9.5	90.5	100.0
	Palliative	N		6	6
	Care	%		100.0	100.0
	Treatment	N	2	56	58
	Dispute	%	3.4	96.6	100.0
Grand total	N		4	82	86
	%		4.7	95.3	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

Note: Appeal data current through 3/21/97.

Table 14. Results of appeals of orders issued FY96

			Affirmed	Reversed	Set aside	Stip	Dismissed	Withdrawn	Remand	Total
Appeal	Issue									
Director	Change	N							1	1
	Physician	%							100.0	100.0
	Fee/unpaid	N	8	2	1	1		6	1	19
		%	42.1	10.5	5.3	5.3		31.6	5.3	100.0
	Palliative	N		1		1	1	1	2	6
	Care	%		16.7		16.7	16.7	16.7	33.3	100.0
	Treatment	N	30	2	1	1	6	12	4	56
	Dispute	%	53.6	3.6	1.8	1.8	10.7	21.4	7.1	100.0
Grand total		N	38	5	2	3	7	19	8	82
		%	46.3	6.1	2.4	3.7	8.5	23.2	9.8	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section
Note: Appeal data current through 3/21/97.

Table 15. Unresolved disputes as of 07-01-95

	Beyond time line		Within time line		Total	
	N	%	N	%	N	%
Issue						
Change physician	4	57.1	3	42.9	7	100.0
Fee/unpaid	3	12.0	22	88.0	25	100.0
IME	1	50.0	1	50.0	2	100.0
Palliative care			3	100.0	3	100.0
Treatment dispute	3	15.0	17	85.0	20	100.0
Grand total	11	19.3	46	80.7	57	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section
Note: Change physician, IME time line = 45 days from receipt.
Fee/unpaid time line = 60 days from receipt.
Palliative care time line = 30 days (no panel) or 75 days (panel) from receipt.
Treatment time line = 60 days from receipt.

Table 16. Unresolved disputes as of 07-01-96

	Beyond time line		Within time line		Total	
	N	%	N	%	N	%
Issue						
Change physician	3	37.5	5	62.5	8	100.0
Fee/unpaid	140	75.3	46	24.7	186	100.0
Palliative care	29	67.4	14	32.6	43	100.0
Treatment dispute	92	70.8	38	29.2	130	100.0
Grand total	264	71.9	103	28.1	367	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section
Note: Change physician, IME time line = 45 days from receipt.
Fee/unpaid time line = 60 days from receipt.
Palliative care time line = 30 days (no panel) or 75 days (panel) from receipt.
Treatment time line = 60 days from receipt.
Table includes disputes that have been deferred.

Table 17. Backlog of disputes beyond time lines FY96

		Jul-95	Aug-95	Sep-95	Oct-95	Nov-95	Dec-95	Jan-96	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Jul-96
Issue														
Change	Sum	4	0	5	6	6	3	2	1	0	4	1	1	3
Physician	%	36.4	0.0	15.6	9.4	5.3	1.9	1.0	0.5	0.0	1.9	0.4	0.4	1.2
Fee/unpaid	Sum	3	5	14	23	49	74	95	100	113	104	114	114	140
	%	27.3	45.5	43.8	35.9	43.0	48.1	49.5	48.1	53.3	48.8	50.4	50.0	54.1
IME	Sum	1	2	0	0	0	0	0	0	0	0	0	0	0
	%	9.1	18.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Palliative	Sum	0	2	4	6	7	9	9	13	16	19	21	24	29
Care	%	0.0	18.2	12.5	9.4	6.1	5.8	4.7	6.3	7.5	8.9	9.3	10.5	11.2
Treatment	Sum	3	2	9	29	52	68	86	96	87	90	95	94	92
Disp	%	27.3	18.2	28.1	45.3	45.6	44.2	44.8	45.7	40.3	41.5	41.1	40.3	34.8
Month totals	Sum	11	11	32	64	114	154	192	210	216	217	231	233	264
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section
Note: Change physician, IME time line = 45 days from receipt.
Fee/unpaid time line = 60 days from receipt.
Palliative care time line = 30 days (no panel) or 75 days (panel) from receipt.
Treatment time line = 60 days from receipt.
Table includes disputes that have been deferred.

Table 18. Disputes with MCO involvement, FY96

		Fee/unpaid	Palliative care	Treatment dispute	Total
MCO					
Managed	N	7	1	39	47
Healthcare NW	%	14.9	2.1	83.0	100.0
Providence	N	3	2	53	58
Vantage	%	5.2	3.4	91.4	100.0
Health Future	N	1	2	4	7
	%	14.3	28.6	57.1	100.0
Oregon Health	N	1		3	4
Systems	%	25.0		75.0	100.0
Kaiser	N	1			1
	%	100.0			100.0
Grand total	N	13	5	99	117
	%	11.1	4.3	84.6	100.0

Source: Oregon Department of Consumer & Business Services, Research & Analysis Section

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