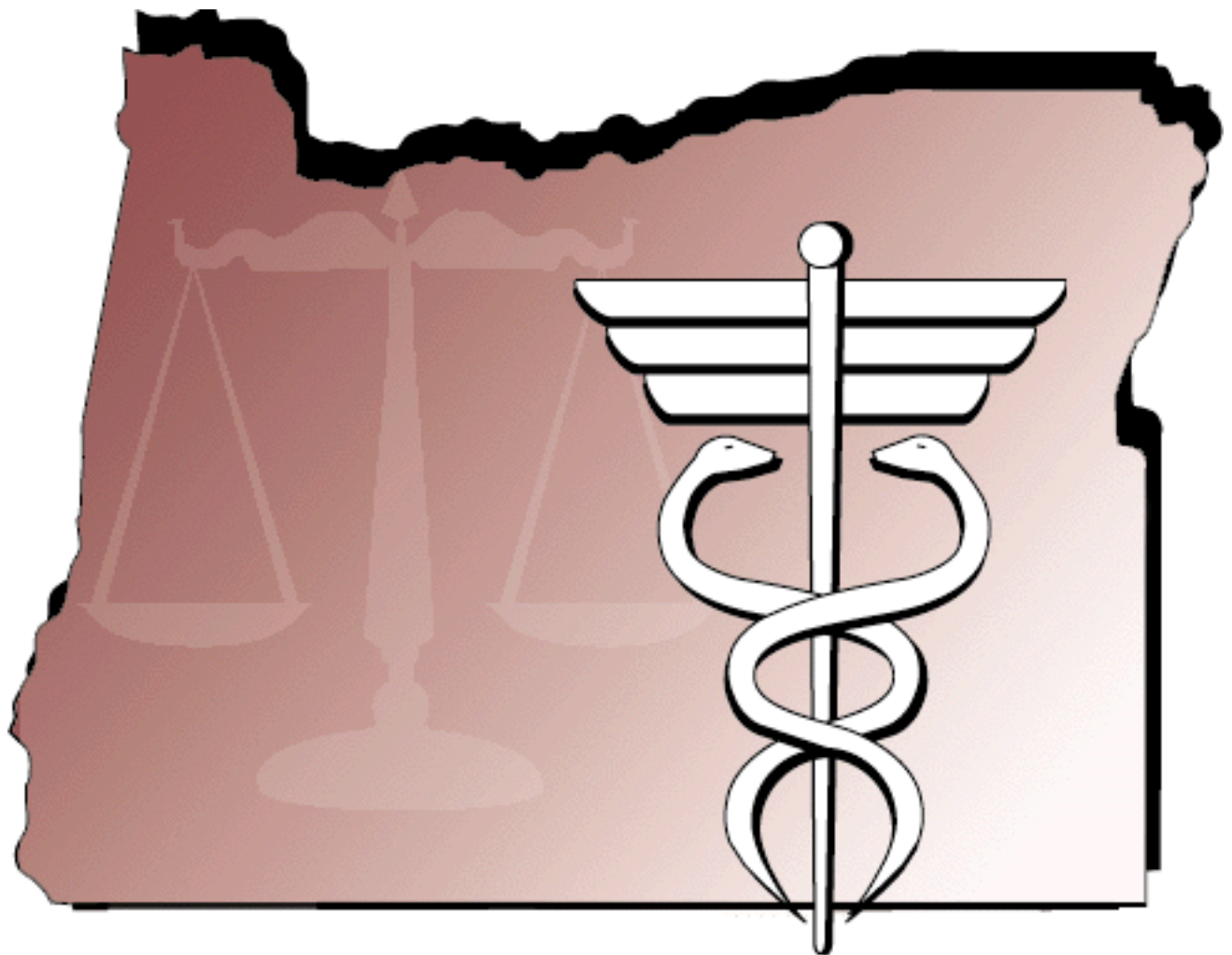


**Oregon Workers' Compensation  
Medical Dispute Activity**

**Fiscal Year 1997**

**Research & Analysis Section  
Oregon Department of Consumer  
& Business Services**



**May 1999**

# Oregon Workers' Compensation Medical Dispute Activity, Fiscal Year 1997

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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, was created to resolve medical disputes. In 1992,

during the reorganization of the Workers' Compensation Division, 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 also reorganized and then renamed the Medical Review Unit. This unit now resolves disputes related to palliative care, medical treatment, medical services 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 1997 (FY97). The data include disputes received, disputes resolved, processing times, appeals of the orders, backlog, general request and reconsiderations. More detailed information is available upon request from the Research & Analysis Section of the Department of Consumer & Business Services.

## Highlights

- In FY97, 731 medical disputes were received by the Workers' Compensation Division (WCD). Of these, 312 (43 percent) were fee disputes/unpaid medical bill complaints, 226 (31 percent) were treatment disputes, 77 (11 percent) were medical service disputes, 63 (9 percent) were palliative care disputes, 37 (5 percent) were changes of attending physician disputes, and 16 (2 percent) were insurer medical exam (IME) requests.
- An average of 61 disputes were received per month in FY97 ranging from a low of 42 in August 1996 to a high of 99 in June 1997.
- A total of 921 medical disputes were resolved in FY97 averaging 77 per month. Monthly resolutions ranged from a low of 51 in June 1997 to a high of 111 in July 1996.
- Of the 921 disputes resolved in FY97, 438 (48 percent) were dismissed, 221 (24 percent) were approved, 211 (23 percent) were disapproved, and 29 (3 percent) were partially approved.
- Of the 921 resolutions in FY97, 426 (46 percent) resolved fee disputes/unpaid medical bill complaints, 283 (31 percent) were treatment dispute orders, 100 (11 percent) resolved palliative care disputes, 57 (6 percent) were medical service disputes, 40 (4 percent) were change of attending physician orders, and 15 (2 percent) were resolved IME requests.
- The total number of processing days from the initial receipt of the dispute to resolution averaged 116 days in FY97 as compared to 97 days in FY96 for those disputes resolved by order. Treatment disputes averaged 147 days, fee dispute orders averaged 109 days from receipt to resolution while palliative care and medical services disputes averaged 105 days.
- Outside physician reviewers were utilized for 140 (37 percent) of the 383 palliative care and medical treatment dispute orders issued in FY97. The time lag from the date that the outside review was established by WCD to the date that the reviewer's report was received average 29 days.
- Of the 921 orders issued in FY97, 125 (14 percent) were appealed. Of the 117 appeals that have been resolved, 43 orders (37 percent) were affirmed, 11 (9 percent) were remanded or reversed and remanded, 9 (8 percent) were reversed, and six (5 percent) were either set aside or resulted in a partial outcome. The remaining 41 percent were either settled by stipulation, dismissed, or withdrawn.
- The backlog of unresolved disputes at the beginning of FY97 (July 1, 1996) was 371, of which 256 were beyond the statutory or nonstatutory time lines. By the beginning of FY98 (July 1, 1997) the backlog had decreased to 177 with 45 beyond the statutory or nonstatutory time lines.
- In FY97, 114 disputes involving MCOs were received. This represented 16 percent of all the disputes received that year. Sixty-three percent were treatment disputes, 13 percent fee/unpaid disputes, 13 percent palliative care disputes, and 11 percent were medical service disputes.
- In FY97, 127 issue-related general requests were received averaging 11 a month. Of these requests, seven (6 percent) were related to palliative care, 29 (23 percent) to general treatment, and 75 (59 percent) to fees.
- In FY97, 135 requests related to palliative care, fees, medical services, treatment, change of attending physician or insurer medical exams were resolved by a general letter of response. This resulted in an average of 11 general resolutions a month.

## Medical Dispute Activity

### Disputes received

Disputes received decreased by 20 percent from FY96 to FY97. A total of 731 issue requests for dispute resolution were received during FY97 compared to 915 received during FY96. Disputes relating to treatment decreased by 38 percent, change of physician disputes decreased by 30 percent, disputes relating to fee/unpaid bills decreased by 21 percent, insurer medical exams disputes (IMEs) decreased by 20 percent and palliative care disputes decreased by 13 percent.

The decrease in palliative care and fee disputes is misleading due to a new issue introduced in FY97. The new issue, medical services disputes, captures those disputes that formerly were categorized as palliative care or fee disputes but, in reality, did not fit in either of them.

Fee disputes and unpaid medical bill complaints comprised the largest category of requests for dispute resolution. In FY97, 312 of the 731 disputes received (43 percent) were fee disputes/unpaid medical bills. Treatment disputes were the second most frequent type of request totaling 226 (31 percent) in FY97. Medical services disputes were the third most frequent type of request with a total of 77 (11 percent) and palliative care disputes were fourth with a total of 63 (9 percent).

**Text Table 1. Medical dispute activity, FY92-97**

	Change physn	Fee	IME	Pall care	Med* serv	Treat	Total
<b>Received</b>							
FY92	85	886	41	156	—	325	1,493
FY93	73	581	28	177	—	339	1,198
FY94	35	287	25	47	—	177	571
FY95	44	207	26	41	—	113	431
FY96	53	395	20	72	9	366	915
FY97	37	312	16	63	77	226	731
<b>Resolved</b>							
FY92	115	1060	55	175	—	320	1,725
FY93	81	683	33	183	—	396	1,376
FY94	36	313	25	58	—	225	657
FY95	41	218	26	42	—	106	433
FY96	52	232	22	32	—*	257	595
FY97	40	426	15	100	57	283	921

\*Medical services was not defined as an issue until December 1996.

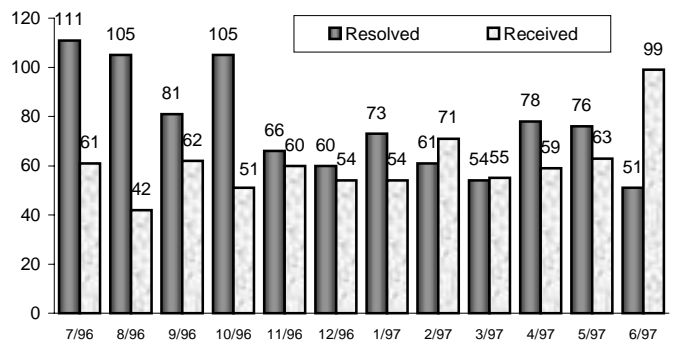
An average of 61 disputes were received a month ranging from a low of 42 in August 1996 to a high of 99 received in June 1997 (see Figure 1). Again, fee disputes/unpaid medical bills were the most frequent requests averaging 26 per month during FY97. Treatment disputes averaged 19 per month while palliative care and medical services disputes

averaged five and six, respectively, per month (see Appendix Table 3).

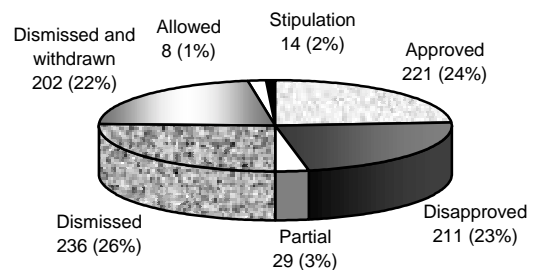
### Disputes resolved

During FY97, 921 disputes were resolved averaging 77 orders per month. Monthly resolutions ranged from a low of 51 in June 1997 to a high of 111 in July 1996. The number of resolutions was 190 more than the number received during the same period due in part to the large backlog of unresolved disputes from FY96. Of the 921 orders issued, 438 (48 percent) were orders of dismissal, 221 (24 percent) were orders of approval, 211 (23 percent) were disapprovals, and 29 (3 percent) were partial approvals. The remaining 2 percent were either allowed or were stipulations.

**Figure 1. Medical dispute activity, FY97**



**Figure 2. Medical dispute orders, FY97**



In FY97, 426 (46 percent) of the 921 orders resolved fee disputes/unpaid medical bill complaints (see Text Table 2). Additional reimbursement was approved by 89 (21 percent) of the fee dispute/unpaid medical bill orders, disapproved by 73 (17 percent), and partially approved by 19 (4 percent). The remaining 245 (58 percent) were dismissed (see Appendix Table 6).

Treatment dispute orders made up 283 (31 percent) of the 921 orders issued in FY97. One hundred twenty-nine (46 percent) of the 283 treatment dispute orders were dismissals, 69 (24 percent) approved the physician's treatment, 75 (27 percent) disapproved the treatment, and nine (3 percent) partially approved the treatment.



**Text Table 2. Medical dispute orders by issue, FY97**

	Change physn	Fee	IME	Pall care	Med serv	Treat	Total
Approved	16	89	8	21	18	69	221
Disapproved	13	73	4	29	17	75	211
Partial Appr.	0	19	0	1	0	9	29
Allowed	5	0	3	0	0	0	8
Stipulation	0	0	0	10	3	1	14
Dismissed	6	245	0	39	19	129	438
<b>Total</b>	<b>40</b>	<b>426</b>	<b>15</b>	<b>100</b>	<b>57</b>	<b>283</b>	<b>921</b>

Palliative care orders were third in frequency with 100 (11 percent) of the orders issued during FY97. Thirty-nine (39 percent) of the 100 change of palliative care orders were dismissals, 21 (21 percent) were approved, twenty-nine (29 percent) were disapproved, 10 (10 percent) were stipulations (see Appendix Table 6).

### Processing times

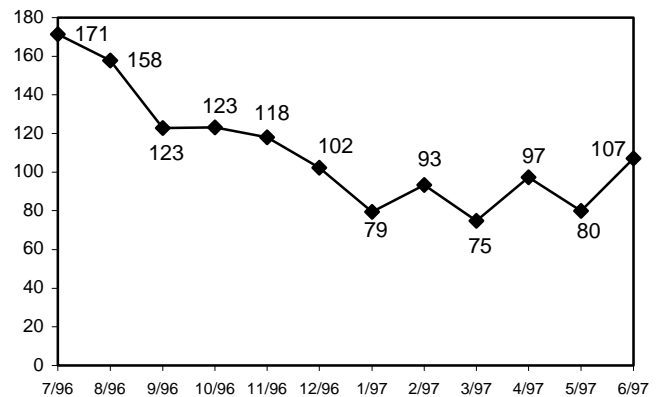
The total number of processing days from the initial receipt of the dispute to resolution for orders issued in FY97 averaged 116 days, compared to 37 days for orders issued in FY95 and 97 days for FY96 orders. Treatment dispute orders averaged 147 days from receipt to resolution in FY97, fee dispute orders averaged 109 days, palliative care averaged 115 days, medical services orders averaged 105 days and change of physician orders averaged 60 days.

**Text Table 3. Average processing days for orders, FY93-97**

	Change phys	Fee	IME	Pall care	Med serv	Treat	Total
FY93	51	57	44	43	NA	77	60
FY94	50	47	31	53	NA	59	51
FY95	58	27	33	35	NA	52	37
FY96	62	113	33	85	NA	97	97
FY97	60	109	28	105	105	147	116

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. Of the 383 palliative care and medical treatment orders issued in FY97, 140 (37 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 29 days in FY97. This was an increase of four days from FY96 (see Appendix Table 12).

**Figure 3. Average processing days by month, FY97**



### Appeals

Fee disputes, treatment disputes, medical services 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 921 palliative care, medical services dispute, treatment dispute, fee dispute, change of attending physician, and insurer medical exam orders issued in FY97, 125 (14 percent) were appealed. As of September 4, 1997, 117 of these appeals had been resolved. Forty-three (37 percent) of the resolved appeals were affirmed, nine (8 percent) were reversed, 11 (9 percent) were remanded or reversed and remanded, and 6 (5 percent) were either set aside or resulted in a partial outcome. The remaining 41 percent were either settled by stipulation (6 percent), dismissed (3 percent) or withdrawn (32 percent) (see Appendix Table 14).

**Text Table 4. Results of appeals of FY97 orders**

	Fee	Pall care	Med serv	Treat	Total
Affirmed	16	7	3	17	43
Reversed	3	1	0	5	9
Remand	1	0	1	8	10
Withdrawn	12	5	5	15	37
Dismissed	4	0	0	0	4
Stipulation	3	1	0	3	7
Other	2	0	0	1	3
Rev. & remand	0	0	1	0	1
Partial	1	0	1	1	3
<b>Total</b>	<b>42</b>	<b>14</b>	<b>11</b>	<b>50</b>	<b>117</b>

### Unresolved disputes

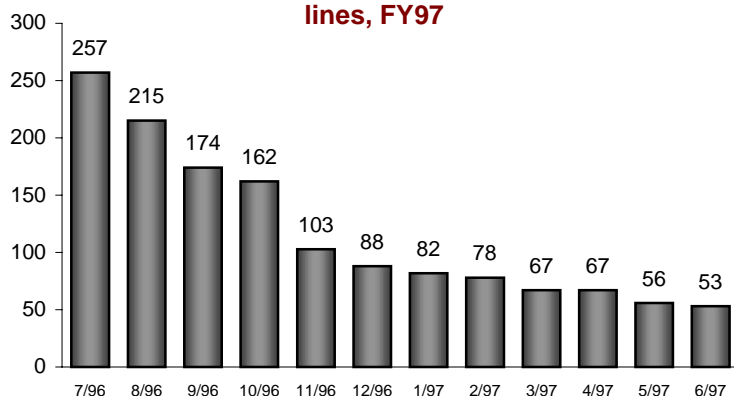
At the beginning of FY97 (July 1, 1996), 371 medical disputes were unresolved. Of those, 256 (69 percent) were beyond the statutory or nonstatutory time lines for resolution while 115 (31 percent) were still within these time lines.

At the beginning of FY98 (July 1, 1997), 177 disputes were unresolved with 45 (25 percent) of these beyond the time lines. Thus, there was a decrease of 211 disputes in the backlog of disputes beyond the statutory or nonstatutory time lines during FY97. (See Appendix Table 15 and Table 16.)

**Text Table 5. Unresolved medical disputes, FY96-97**

	July 1, 1996	July 1, 1997
Beyond time line	256 (69%)	45 (25%)
Within time line	115 (31%)	132 (75%)
Total	371 (100%)	177 (100%)

**Figure 4. Unresolved disputes beyond time lines, FY97**



### Disputes involving managed care organizations

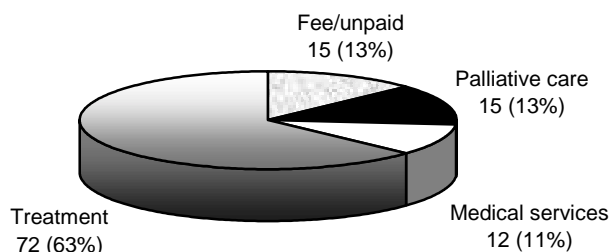
The Workers' Compensation Division received 114 disputes involving MCOs during FY97. This represented 16 percent of all of the disputes received that year. These disputes came to the department primarily because the MCO did not have a dispute resolution process in place at the time of the dispute, or the dispute was being appealed to the department following a decision in the MCO.

The 114 disputes involved seven MCOs – Managed Healthcare NW, Providence Vantage MCO, Oregon Health Systems, Comco, Health Masters of Oregon, Health Future Enterprises, and Kaiser Foundation Health Plan. Sixty-three percent were treatment disputes, 13 percent fee/unpaid disputes, 13 percent palliative care disputes, and 11 percent medical services disputes (see Appendix Table 18). Managed Healthcare NW and Providence Vantage accounted for 89 percent of all disputes involving MCOs.

### Issue-related general requests received

A total of 127 general issue-related informational requests were received in FY97 averaging 11 a month. These requests did not require a director's order to resolve. Seven (6 percent) of these requests were related to palliative care.

**Figure 5. Disputes involving managed care organizations, FY97**



Questions related to treatment comprised 29 (23 percent) of the issue-related general requests, and questions related to fees and unpaid bills made up 75 (59 percent) of these requests (see Appendix Table 2).

### Issue-related general resolutions

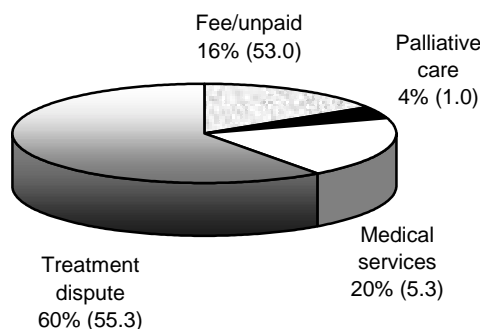
During FY97, 135 general letters were issued in response to requests related to palliative care, treatment, fees, change of attending physician, medical services, and insurer medical exams. This resulted in an average of 11 issue-related general requests resolved each month during this period of time (see Appendix Table 8).

### Reconsiderations

Reconsiderations are issues where the medical review unit reconsiders their own order. There are currently four categories of reconsiderations. Fee, palliative care, and treatment reconsiderations were added and tracked beginning July 1996. Medical services reconsiderations were added in January 1997. Due to this six-month gap, the data for medical reconsiderations, FY97, are incomplete.

There were 25 reconsiderations for FY97. The majority (60 percent) of these were treatment disputes reconsiderations. At the beginning of FY98, one reconsideration issue was unresolved. Fifty-nine percent of all reconsiderations were upheld, 33 percent were denied (no action was taken), and only 7 percent either reversed or modified the original order.

**Figure 6. Reconsiderations, FY97**



The average number of processing days in parenthesis.



### 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.

Effective October 4, 1997 Senate Bill 118, reacting to the "Guardado" decision, allowed only one reconsideration per claim closure.

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.

## Appendix B

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### 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, medical services 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.
- Medical services disputes – Any issue which is not a palliative care issue such as disputes about which services a worker is entitled to.
- 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, medical services 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.
  - ▲ Stipulation – When a written agreement is reached between all parties to a dispute usually arrived at through mediation.
  - ▲ Allowed – Formerly subsumed under dismissal, used only for change of attending physician and IME issues when statutory limitation regarding number of changes has not been exceeded.
  - ▲ 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. (No longer used. Since FY95 these outcomes have been defined as dismissals.)
  - ▲ 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.
  - Reconsiderations – Added in July 1996. Used when MRU reviews their own orders pertaining to any of the medical disputes.
- 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, FY92 data presented here does not reflect the entire activity of this section.

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). In 1996 medical services disputes was added as a new issue. This issue was split off from some issues formerly defined as palliative care and fee disputes. In 1997 a new order outcome, allowed, was added. This outcome is used to describe some outcomes that formerly had been subsumed under dismissal. 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.

Shifts in data from previous years are the result of record updates to correct incomplete data or errors.

## Appendix D

**Table 1. Dispute resolution requests received, FY92-FY97**

Issue		Year of receipt						
		FY92	FY93	FY94	FY95	FY96	FY97	Total
Change physician	N	85	73	35	44	53	37	327
	%	5.7	6.1	6.1	10.2	5.8	5.1	6.1
Fee/unpaid	N	886	581	287	207	395	312	2668
	%	59.3	48.5	50.3	48.0	43.2	42.7	50.0
IME	N	41	28	25	26	20	16	156
	%	2.7	2.3	4.4	6.0	2.2	2.2	2.9
Palliative care	N	156	177	47	41	72	63	556
	%	10.4	14.8	8.2	9.5	7.9	8.6	10.4
Medical services	N	n/a	n/a	n/a	n/a	9	77	86
	%	---	---	---	---	1.0	10.5	1.6
Treatment	N	325	339	177	113	366	226	1546
	%	21.8	28.3	31.0	26.2	40.0	30.9	29.0
Grand Total	N	1493	1198	571	431	915	731	5339
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Medical services were not defined as an issue until December 1996.

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

**Table 2. Issue-related general requests received, FY92-FY97**

Issue		Year of receipt						
		FY92	FY93	FY94	FY95	FY96	FY97	Total
Change physician	N	31	6	1	2	8	8	56
	%	2.9	1.2	0.2	0.6	6.0	6.3	2.2
Fee/unpaid	N	396	117	83	82	26	75	779
	%	37.2	23.2	20.2	23.8	19.5	59.1	30.1
IME	N	21	4	0	0	2	5	32
	%	2.0	0.8	0.0	0.0	1.5	3.9	1.2
Palliative care	N	437	213	266	248	84	7	1255
	%	41.1	42.3	64.7	71.9	63.2	5.5	48.5
Medical services	N	n/a	n/a	n/a	n/a	0	3	3
	%	---	---	---	---	0.0	2.4	0.1
Treatment	N	179	164	61	13	13	29	459
	%	16.8	32.5	14.8	3.8	9.8	22.8	17.8
Grand Total	N	1064	504	411	345	133	127	2584
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: General medical services were not tracked until January 1997.

Due to rounding percentage totals may not equal 100.

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

**Table 3. Dispute resolution requests by month of receipt, FY97**

Issue	Month of receipt												Total	AVR
	Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97		
Change physician	2	7	1	3	5	2	2	3	3	2	2	5	37	3.1
Fee/unpaid	28	20	24	20	18	21	13	36	26	26	29	51	312	26.0
ME	1	1	2	2	1	3	3	2	0	0	0	1	16	1.3
Palliative care	12	2	6	6	8	3	3	7	2	5	4	5	63	5.3
Medical services	4	3	2	4	5	7	11	4	6	5	10	16	77	6.4
Treatment	14	9	27	16	23	18	22	19	18	21	18	21	226	18.8
All Disputes	61	42	62	51	60	54	54	71	55	59	63	99	731	60.9

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

**Table 4. Issue-related general requests by month of receipt, FY97**

Issue	Month of receipt												Total	AVR
	Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97		
Change physician	0	1	1	1	1	0	1	1	0	1	1	0	8	0.7
Fee/unpaid	5	4	3	4	11	6	5	9	5	7	9	7	75	6.3
ME	1	0	1	0	1	0	0	1	0	1	0	0	5	0.4
Palliative care	0	2	1	2	0	1	0	0	0	0	1	0	7	0.6
Medical services	0	0	0	0	0	0	1	0	1	1	0	0	3	0.3
Treatment	2	2	0	3	1	1	2	2	4	9	3	0	29	2.4
All general issues	8	9	6	10	14	8	9	13	10	19	14	7	127	10.6

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

Note: General medical services were not tracked until January 1997.

**Table 5. Resolutions of disputes and general issue-related requests, FY92-FY97**

Outcome		Year of resolution						Total
		FY92	FY93	FY94	FY95	FY96	FY97	
Approved	N	427	334	172	103	125	221	1382
	%	14.7	17.4	16.0	13.2	17.6	20.9	16.4
Disapproved	N	486	221	118	85	134	211	1255
	%	16.7	11.5	11.0	10.9	18.8	20.0	14.9
Partial	N	42	63	25	8	9	29	176
	%	1.4	3.3	2.3	1.0	1.3	2.7	2.1
No bona fide dispute	N	3	15	7	n/a	n/a	n/a	25
	%	0.1	0.8	0.7	---	---	---	0.3
Dismissed	N	1	423	203	124	247	236	1234
	%	0.0	22.1	18.9	15.9	34.7	22.3	14.6
Dismissed and withdrawn	N	741	300	125	111	80	202	1559
	%	25.5	15.6	11.7	14.2	11.2	19.1	18.5
Dismissed at hearings	N	29	20	7	2	0	0	58
	%	1.0	1.0	0.7	0.3	0.0	0.0	0.7
Stipulation	N	0	0	0	0	0	14	14
	%	0.0	0.0	0.0	0.0	0.0	1.3	0.2
General letter	N	1176	541	415	347	117	135	2731
	%	40.5	28.2	38.7	44.5	16.4	12.8	32.4
Allowed	N	0	0	0	0	0	8	8
	%	0.0	0.0	0.0	0.0	0.0	0.8	0.1
Grand total	N	2905	1917	1072	780	712	1056	8442
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Abatement orders and their corresponding issues were counted.  
 No bona fide disputes, since FY95, were counted as dismissed.  
 Due to rounding percentage totals may not equal 100.

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

Table 6. Resolutions of disputes by issue, FY92-FY97

Issue	Outcome		Year of resolution						
			FY92	FY93	FY94	FY95	FY96	FY97	Total
Change physician	Approved	N	65	25	8	13	15	16	142
		%	56.5	30.9	22.2	31.7	28.8	40.0	38.9
	Disapproved	N	16	11	7	5	9	13	61
		%	13.9	13.6	19.4	12.2	17.3	32.5	16.7
	Dismissed	N	0	39	20	20	28	6	113
		%	0.0	48.1	55.6	48.8	53.8	15.0	31.0
	Dismissed & withdrawn	N	33	6	1	3	0	0	43
		%	28.7	7.4	2.8	7.3	0.0	0.0	11.8
	Dismissed at hearing	N	1	0	0	0	0	0	1
		%	0.9	0.0	0.0	0.0	0.0	0.0	0.3
	Allowed	N	0	0	0	0	0	5	5
		%	0.0	0.0	0.0	0.0	0.0	12.5	1.4
	Subtotal	N	115	81	36	41	52	40	365
		%	100.0	100.0	100.0	100.0	100.0	100.0	100
Fee/unpaid	Outcome								
	Approved	N	201	144	74	26	35	89	569
		%	19.0	21.1	23.6	11.9	15.1	20.9	19.4
	Disapproved	N	255	85	35	34	29	73	511
		%	24.1	12.4	11.2	15.6	12.5	17.1	17.4
	Partial	N	14	15	13	5	5	19	71
		%	1.3	2.2	4.2	2.3	2.2	4.5	2.4
	Dismissed	N	1	183	82	60	106	105	537
		%	0.1	26.8	26.2	27.5	45.7	24.6	18.3
	Dismissed & withdrawn	N	575	239	103	92	57	140	1206
		%	54.2	35.0	32.9	42.2	24.6	32.9	41.1
	Dismissed at hearing	N	14	17	6	1	0	0	38
		%	1.3	2.5	1.9	0.5	0.0	0.0	1.3
	Subtotal	N	1060	683	313	218	232	426	2932
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	
IME	Outcome								
	Approved	N	19	22	11	12	12	8	84
		%	34.5	66.7	44.0	46.2	54.5	53.3	47.7
	Disapproved	N	13	2	6	6	3	4	34
		%	23.6	6.1	24.0	23.1	13.6	26.7	19.3
	Partial	N	0	0	0	1	0	0	1
		%	0.0	0.0	0.0	3.8	0.0	0.0	0.6
	Dismissed	N	0	7	7	6	7	0	27
%		0.0	21.2	28.0	23.1	31.8	0.0	15.3	

(cont.)



## Appendix D (cont.)

**Table 6. Resolutions of disputes by issue, FY92-FY97 (cont.)**

			Year of resolution						
			FY92	FY93	FY94	FY95	FY96	FY97	Total
IME	Dismissed & withdrawn	N	23	2	1	1	0	0	27
		%	41.8	6.1	4.0	3.8	0.0	0.0	15.3
	Allowed	N	0	0	0	0	0	3	3
		%	0.0	0.0	0.0	0.0	0.0	20.0	1.7
	Subtotal	N	55	33	25	26	22	15	176
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Palliative care	Outcome								
	Approved	N	53	32	18	17	4	21	145
		%	30.3	17.5	31.0	40.5	12.5	21.0	24.6
	Disapproved	N	107	26	17	15	14	29	208
		%	61.1	14.2	29.3	35.7	43.8	29.0	35.3
	Partial	N	5	2	3	0	1	1	12
		%	2.9	1.1	5.2	0.0	3.1	1.0	2.0
	Dismissed	N	0	115	19	6	9	33	182
		%	0.0	62.8	32.8	14.3	28.1	33.0	30.8
	Dismissed & withdrawn	N	7	7	1	4	4	6	29
		%	4.0	3.8	1.7	9.5	12.5	6.0	4.9
	Dismissed at hearing	N	3	1	0	0	0	0	4
		%	1.7	0.5	0.0	0.0	0.0	0.0	0.7
	Stipulation	N	0	0	0	0	0	10	10
		%	0.0	0.0	0.0	0.0	0.0	10.0	1.7
	Subtotal	N	175	183	58	42	32	100	590
		%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Medical services	Outcome							
Approved		N	NA	NA	NA	NA	NA	18	18
		%	---	---	---	---	---	31.6	31.6
Disapproved		N	NA	NA	NA	NA	NA	17	17
		%	---	---	---	---	---	29.8	29.8
Dismissed		N	NA	NA	NA	NA	NA	15	15
		%	---	---	---	---	---	26.3	26.3
Dismissed & withdrawn		N	NA	NA	NA	NA	NA	4	4
		%	---	---	---	---	---	7.0	7.0
Stipulation		N	NA	NA	NA	NA	NA	3	3
		%	---	---	---	---	---	5.3	5.3
Subtotal		N	NA	NA	N/A	NA	NA	57	57
		%	---	---	---	---	---	100.0	100.0

(cont.)

Table 6. Resolutions of disputes by issue, FY92-FY97 (cont.)

Treatment	Outcome		Year of resolution						Total
			FY92	FY93	FY94	FY95	FY96	FY97	
Approved	N	89	111	61	35	59	69	424	
	%	27.8	28.0	27.1	33.0	23.0	24.4	71.9	
Disapproved	N	95	97	53	25	79	75	424	
	%	29.7	24.5	23.6	23.6	30.7	26.5	71.9	
Partial	N	23	46	9	2	3	9	92	
	%	7.2	11.6	4.0	1.9	1.2	3.2	15.6	
No bona fide dispute	N	3	15	7	0	0	0	25	
	%	0.9	3.8	3.1	0.0	0.0	0.0	4.2	
Dismissed	N	0	79	75	32	97	77	360	
	%	0.0	19.9	33.3	30.2	37.7	27.2	61.0	
Dismissed & withdrawn	N	99	46	19	11	19	52	246	
	%	30.9	11.6	8.4	10.4	7.4	18.4	41.7	
Dismissed at hearing	N	11	2	1	1	0	0	15	
	%	3.4	0.5	0.4	0.9	0.0	0.0	2.5	
Stipulation	N	0	0	0	0	0	1	1	
	%	0.0	0.0	0.0	0.0	0.0	0.4	0.2	
Subtotal	N	320	396	225	106	257	283	1587	
	%	100.0	100.0	100.0	100.0	100.0	100.0	269.0	
Grand Total	N	1725	1376	657	433	595	921	5707	
	%	30.2	24.1	11.5	7.6	10.4	16.1	100.0	

Note: Medical services were not defined as an issue until December 1996.  
 Due to rounding percentage totals may not equal 100.

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

## Appendix D (cont.)

**Table 7. Resolutions of disputes by month resolved, FY97**

Issue	Outcome		Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97	Total	
Change physician	Approved	N	0	3	3	2	4	0	1	1	2	0	0	0	16	
		%	0.0	50.0	60.0	66.7	100.0	0.0	25.0	50.0	66.7	0.0	0.0	0.0	40.0	
	Disapproved	N	1	3	0	0	0	1	2	1	1	2	2	0	13	
		%	100.0	50.0	0.0	0.0	0.0	50.0	50.0	50.0	33.3	40.0	50.0	50.0	0.0	32.5
	Dismissed	N	0	0	2	1	0	1	0	0	0	1	1	0	6	
		%	0.0	0.0	40.0	33.3	0.0	50.0	0.0	0.0	0.0	20.0	25.0	0.0	15.0	
	Allowed	N	0	0	0	0	0	0	1	0	0	2	1	1	5	
		%	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	0.0	40.0	25.0	100.0	12.5	
	Subtotal	N	1	6	5	3	4	2	4	2	3	5	4	1	40	
		%	100	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	10	14	5	12	2	4	7	1	3	19	8	4	89
%			15.9	27.5	10.6	18.2	10.0	28.6	20.0	6.3	12.0	48.7	27.6	19.0	20.9	
Disapproved		N	9	11	6	13	1	1	7	2	6	4	9	4	73	
		%	14.3	21.6	12.8	19.7	5.0	7.1	20.0	12.5	24.0	10.3	31.0	19.0	17.1	
Partial		N	0	2	3	1	0	1	2	2	0	1	2	5	19	
		%	0.0	3.9	6.4	1.5	0.0	7.1	5.7	12.5	0.0	2.6	6.9	23.8	4.5	
Dismissed		N	18	12	13	15	9	2	12	3	5	11	5	0	105	
		%	28.6	23.5	27.7	22.7	45.0	14.3	34.3	18.8	20.0	28.2	17.2	0.0	24.6	
Dismissed & withdrawn		N	26	12	20	25	8	6	7	8	11	4	5	8	140	
		%	41.3	23.5	42.6	37.9	40.0	42.9	20.0	50.0	44.0	10.3	17.2	38.1	32.9	
Subtotal		N	63	51	47	66	20	14	35	16	25	39	29	21	426	
	%	100	100	100	100	100	100	100	100	100	100	100	100	100.0		
IME	Outcome															
	Approved	N	0	2	1	0	1	1	1	1	1	0	0	0	8	
		%	0.0	100.0	100.0	0.0	50.0	100.0	25.0	100.0	50.0	0.0	0.0	0.0	53.3	
	Disapproved	N	0	0	0	1	1	0	2	0	0	0	0	0	4	
		%	0.0	0.0	0.0	100.0	50.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	26.7	
	Allowed	N	0	0	0	0	0	0	1	0	1	1	0	0	3	
		%	0.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	50.0	100.0	0.0	0.0	20.0	
	Subtotal	N	0	2	1	1	2	1	4	1	2	1	0	0	15	
		%	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.	

(cont.)

Table 7. Resolutions of disputes by month resolved, FY97 (cont.)

Palliative care	Outcome		Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97	Total
			N	%	N	%	N	%	N	%	N	%	N	%	N
Approved	N		1	5	3	3	2	3	2	2	0	0	0	0	21
	%		10.0	26.3	37.5	37.5	22.2	25.0	28.6	25.0	0.0	0.0	0.0	0.0	21.0
Disapproved	N		2	9	3	1	4	4	3	2	0	1	0	0	29
	%		20.0	47.4	37.5	12.5	44.4	33.3	42.9	25.0	0.0	25.0	0.0	0.0	29.0
Partial	N		0	0	0	0	1	0	0	0	0	0	0	0	1
	%		0.0	0.0	0.0	0.0	11.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Dismissed	N		5	4	1	4	1	4	2	3	2	2	5	0	33
	%		50.0	21.1	12.5	50.0	11.1	33.3	28.6	37.5	50.0	50.0	83.3	0.0	33.0
Dismissed & withdrawn	N		2	1	1	0	1	1	0	0	0	0	0	0	6
	%		20.0	5.3	12.5	0.0	11.1	8.3	0.0	0.0	0.0	0.0	0.0	0.0	6.0
Stipulation	N		0	0	0	0	0	0	0	1	2	1	1	5	10
	%		0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.5	50.0	25.0	16.7	100.0	10.0
Subtotal	N		10	19	8	8	9	12	7	8	4	4	6	5	100
	%		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
Medical services	Outcome														
	Approved	N	NA	NA	NA	NA	1	4	5	4	0	1	3	0	18
	%		---	---	---	---	100.0	50.0	62.5	23.5	0.0	20.0	25.0	0.0	31.6
Disapproved	N		NA	NA	NA	NA	0	3	0	5	0	0	8	1	17
	%		---	---	---	---	0.0	37.5	0.0	29.4	0.0	0.0	66.7	33.3	29.8
Dismissed	N		NA	NA	NA	NA	0	1	2	6	1	4	1	0	15
	%		---	---	---	---	0.0	12.5	25.0	35.3	33.3	80.0	8.3	0.0	26.3
Dismissed & withdrawn	N		NA	NA	NA	NA	0	0	1	1	1	0	0	1	4
	%		---	---	---	---	0.0	0.0	12.5	5.9	33.3	0.0	0.0	33.3	7.0
Stipulation	N		NA	NA	NA	NA	0	0	0	1	1	0	0	1	3
	%		---	---	---	---	0.0	0.0	0.0	5.9	33.3	0.0	0.0	33.3	5.3
Subtotal	N		NA	NA	NA	NA	1	8	8	17	3	5	12	3	57
	%		---	---	---	---	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(cont.)

## Appendix D (cont.)

**Table 7. Resolutions of disputes by month resolved, FY97 (cont.)**

Treatment	Outcome		Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97	Total
			N	%	N	%	N	%	N	%	N	%	N	%	N
Approved		N	8	9	3	7	9	1	4	7	2	10	5	4	69
		%	21.6	33.3	15.0	25.9	30.0	4.3	26.7	41.2	11.8	41.7	20.0	19.0	24.4
Disapproved		N	9	10	9	6	9	8	2	1	6	6	6	3	75
		%	24.3	37.0	45.0	22.2	30.0	34.8	13.3	5.9	35.3	25.0	24.0	14.3	26.5
Partial		N	1	1	1	0	1	0	0	1	0	1	2	1	9
		%	2.7	3.7	5.0	0.0	3.3	0.0	0.0	5.9	0.0	4.2	8.0	4.8	3.2
Dismissed		N	12	6	4	8	9	11	3	6	2	4	6	6	77
		%	32.4	22.2	20.0	29.6	30.0	47.8	20.0	35.3	11.8	16.7	24.0	28.6	27.2
Dismissed & withdrawn		N	7	1	3	6	2	3	6	2	7	3	6	6	52
		%	18.9	3.7	15.0	22.2	6.7	13.0	40.0	11.8	41.2	12.5	24.0	28.6	18.4
Stipulation		N	0	0	0	0	0	0	0	0	0	0	0	1	1
		%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.8
Subtotal		N	37	27	20	27	30	23	15	17	17	24	25	21	283
		%	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	111	105	81	105	66	60	73	61	54	78	76	51	921
		%	12.1	11.4	8.8	11.4	7.2	6.5	7.9	6.6	5.9	8.5	8.3	5.5	100.0

Note: Medical services tracking began in December 1996.  
 Abatement orders and their corresponding issues were not counted.  
 Due to rounding percentage totals may not equal 100.

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

Table 8. General letter resolutions by month resolved, FY97

Issue		Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97	Total
Change physician	N	0	2	1	2	1	0	0	2	0	0	1	0	9
	%	0.0	14.3	20.0	10.0	20.0	0.0	0.0	20.0	0.0	0.0	4.5	0.0	6.7
Fee/unpaid	N	4	10	4	11	2	4	13	5	12	7	9	4	85
	%	66.7	71.4	80.0	55.0	40.0	66.7	92.9	50.0	85.7	50.0	40.9	80.0	63.0
IME	N	1	0	0	1	0	1	0	0	1	0	1	0	5
	%	16.7	0.0	0.0	5.0	0.0	16.7	0.0	0.0	7.1	0.0	4.5	0.0	3.7
Palliative care	N	0	0	0	4	0	1	1	1	0	0	1	0	8
	%	0.0	0.0	0.0	20.0	0.0	16.7	7.1	10.0	0.0	0.0	4.5	0.0	5.9
Medical services	N	n/a	n/a	n/a	n/a	0	0	0	1	0	1	0	0	2
	%	---	---	---	---	0.0	0.0	0.0	10.0	0.0	7.1	0.0	0.0	1.5
Treatment	N	1	2	0	2	2	0	0	1	1	6	10	1	26
	%	16.7	14.3	0.0	10.0	40.0	0.0	0.0	10.0	7.1	42.9	45.5	20.0	19.3
Grand Total	N	6	14	5	20	5	6	14	10	14	14	22	5	135
	%	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

Note: Abatement orders and their corresponding issues were not counted.  
 General medical services were not tracked until January 1997.  
 Due to rounding percentage totals may not equal 100.

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



**Table 9. Average number of processing days (all resolutions)  
by fiscal year resolved, FY92-FY97**

Issue		FY92	FY93	FY94	FY95	FY96	FY97	Total
Change physician	Number	115	81	36	41	52	40	365
	Mean	96.9	50.5	49.9	58.4	61.7	60.4	68.6
Fee/unpaid	Number	1059	683	313	218	232	426	2931
	Mean	138.9	56.6	47.1	27.2	112.9	108.6	95.1
IME	Number	55	33	25	26	22	15	176
	Mean	73.1	44.3	30.9	33.3	33.1	27.7	47.0
Palliative care	Number	175	183	58	42	32	100	590
	Mean	71.1	43.3	53.2	34.7	85.4	104.7	64.6
Medical services	Number	n/a	n/a	n/a	n/a	n/a	57	57
	Mean	---	---	---	---	---	104.6	104.6
Treatment	Number	320	396	225	106	257	283	1587
	Mean	144.1	77.2	58.9	52.0	97.3	146.6	102.0
All resolved disputes	Number	1724	1376	657	433	595	921	5706
	Mean	128.1	60.1	51.2	37.3	97.3	116.2	90.8

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

**Table 10. Average number of processing days on disputes resolved by order by fiscal year resolved, FY92-FY97**

Issue		FY92	FY93	FY94	FY95	FY96	FY97	Total
		Change physician	Number	81	81	36	41	52
	Mean	93.6	50.5	49.9	58.4	61.7	60.4	64.9
Fee/unpaid	Number	470	683	313	218	232	426	2342
	Mean	171.5	56.6	47.1	27.2	112.9	108.6	90.7
IME	Number	32	33	25	26	22	15	153
	Mean	67.0	44.3	30.9	33.3	33.1	27.7	41.8
Palliative care	Number	165	183	58	42	32	90	570
	Mean	71.3	43.3	53.2	34.7	85.4	114.7	65.4
Medical services	Number	n/a	n/a	n/a	n/a	n/a	54	54
	Mean	---	---	---	---	---	104.9	104.9
Treatment	Number	210	396	225	106	257	282	1476
	Mean	166.7	77.2	58.9	52.0	97.3	147.1	102.2
All resolved disputes	Number	958	1376	657	433	595	907	4926
	Mean	143.1	60.1	51.2	37.3	97.3	117.5	88.1

Note: Processing days were calculated from receipt of the dispute to resolution for orders only. Medical services were not defined as an issue until December 1996.

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

**Table 11. Average number of processing days by month resolved, FY97**

Issue		Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97	Total
		Change physician	Number	1	6	5	3	4	2	4	2	3	5	4
	Mean	78.0	86.5	39.0	87.0	63.0	43.5	65.3	79.0	37.3	58.0	33.0	69.0	60.4
Fee/unpaid	Number	63	51	47	66	20	14	35	16	25	39	29	21	426
	Mean	187.9	149.8	107.0	115.5	90.8	90.9	74.0	77.2	68.2	55.4	50.9	89.9	108.6
IME	Number	0	2	1	1	2	1	4	1	2	1	0	0	15
	Mean	0.0	27.0	17.0	20.0	33.5	45.0	25.3	21.0	21.0	48.0	0.0	0.0	27.7
Palliative care	Number	10	19	8	8	9	12	7	8	4	4	6	5	100
	Mean	158.4	113.3	96.8	129.3	123.8	151.0	110.4	61.3	30.5	74.5	45.5	8.2	104.7
Medical services	Number	NA	NA	NA	NA	1	8	8	17	3	5	12	3	57
	Mean	---	---	---	---	93.0	126.5	115.9	107.0	95.0	94.8	88.6	96.3	104.6
Treatment	Number	37	27	20	27	30	23	15	17	17	24	25	21	283
	Mean	149.1	229.4	196.9	147.7	148.2	83.0	76.5	115.6	104.2	179.7	125.2	151.3	146.6
All resolved disputes	Number	111	105	81	105	66	60	73	61	54	78	76	51	921
	Mean	171.3	157.7	122.8	123.1	118.0	102.3	79.4	93.3	74.8	97.2	79.9	107.1	116.2

Note: Processing days were calculated from receipt of the dispute to resolution for orders only. Medical services tracking began in December 1996.

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

## Appendix D (cont.)

**Table 12. Average number of processing days for phases of resolution involving physician reviewers by year resolved FY96 & FY97**

Issue		FY96			FY97			FY96 & FY97		
		To establish	To panel report	To outcome	To establish	To panel report	To outcome	To establish	To panel report	To outcome
Fee/unpaid	Number	3	3	3	0	0	0	3	3	3
	Mean	54.0	22.0	70.7	0.0	0.0	0.0	54.0	22.0	70.7
Palliative care	Number	7	7	7	22	22	22	29	29	29
	Mean	58.3	15.3	79.4	64.9	22.1	55.1	63.3	20.4	61.0
Treatment	Number	142	142	142	119	118	118	261	260	260
	Mean	49.8	25.1	50.2	95.6	30.2	85.5	70.7	27.4	66.2
All panel issues	Number	152	152	152	141	140	140	293	292	292
	Mean	50.3	24.6	51.9	90.8	28.9	80.7	69.8	26.7	65.7

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.

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

**Table 13. Status of appeals of orders issued, FY97**

Appeal	Issue		Pending	Resolved	Total
Director	Fee/unpaid	N	4	42	46
		%	8.7	91.3	100.0
	Palliative care	N	2	14	16
		%	12.5	87.5	100.0
	Medical services	N	1	11	12
		%	8.3	91.7	100.0
	Treatment	N	1	50	51
		%	2.0	98.0	100.0
Grand total	N	8	117	125	
	%	6.4	93.6	100.0	

Note: Appeal data is current through September 1998.

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

Table 14. Results of appeals of orders issued, FY97

Appeal	Issue		Affirmed	Reversed	Remand	Withdrawn	Dismissed	Stipulation	Other	Rev. & remand	Partial	Total
Director	Fee paid	N	16	3	1	12	4	3	2	0	1	42
		%	38.1	7.1	2.4	28.6	9.5	7.1	4.8	0.0	2.4	100.0
	Palliative care	N	7	1	0	5	0	1	0	0	0	14
		%	50.0	7.1	0.0	35.7	0.0	7.1	0.0	0.0	0.0	100.0
	Medical services	N	3	0	1	5	0	0	0	1	1	11
		%	27.3	0.0	9.1	45.5	0.0	0.0	0.0	9.1	9.1	100.0
	Treatment	N	17	5	8	15	0	3	1	0	1	50
		%	34.0	10.0	16.0	30.0	0.0	6.0	2.0	0.0	2.0	100.0
Grand total		N	43	9	10	37	4	7	3	1	3	117
		%	36.8	7.7	8.5	31.6	3.4	6.0	2.6	0.9	2.6	100.0

Note: Appeal data is current through 9/4/1998.

Due to rounding percentage, totals may not equal 100.

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

Table 15. Unresolved disputes as of July 1, 1996

Issue	Beyond time line		Within time line		Total	
	N	%	N	%	N	%
	Change physician	4	44.4	5	55.6	9
Fee/unpaid	141	75.0	47	25.0	188	100.0
Palliative care	22	52.4	20	47.6	42	100.0
Medical services	3	33.3	6	66.7	9	100.0
Treatment	86	69.9	37	30.1	123	100.0
Grand total	256	69.0	115	31.0	371	100.0

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.

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

Table 16. Unresolved disputes as of July 1, 1997

Issue	Beyond time line		Within time line		Total	
	N	%	N	%	N	%
	Change physician	1	16.7	5	83.3	6
Fee/unpaid	6	8.1	68	91.9	74	100.0
IME	0	---	1	100.0	1	100.0
Palliative care	2	33.3	4	66.7	6	100.0
Medical services	6	21.4	22	78.6	28	100.0
Treatment	30	48.4	32	51.6	62	100.0
Grand total	45	25.4	132	74.6	177	100.0

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.

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

**Table 17. Backlog of disputes beyond time lines, FY97**

Issue		Jul-96	Aug-96	Sep-96	Oct-96	Nov-96	Dec-96	Jan-97	Feb-97	Mar-97	Apr-97	May-97	Jun-97
Change Physician	Sum	4	7	3	4	3	1	5	4	2	3	2	2
	%	1.6	3.3	1.7	2.5	2.9	1.1	6.1	5.1	3.0	4.5	3.6	3.8
Fee/unpaid	Sum	142	108	81	67	26	24	22	16	14	12	11	11
	%	55.3	50.2	46.6	41.4	25.2	27.3	26.8	20.5	20.9	17.9	19.6	20.8
IME	Sum	0	0	0	0	0	0	0	0	0	0	0	0
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Palliative Care	Sum	22	22	21	19	15	11	3	2	2	2	3	1
	%	8.6	10.2	12.1	11.7	14.6	12.5	3.7	2.6	3.0	3.0	5.4	1.9
Medical services	Sum	3	4	9	13	14	17	14	13	8	11	10	6
	%	1.2	1.9	5.2	8.0	13.6	19.3	17.1	16.7	11.9	16.4	17.9	11.3
Treatment	Sum	86	74	60	59	45	35	38	43	41	39	30	33
	%	33.5	34.4	34.5	36.4	43.7	39.8	46.3	55.1	61.2	58.2	53.6	62.3
Month totals	Sum	257	215	174	162	103	88	82	78	67	67	56	53
	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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.  
 Due to rounding percentage, totals may not equal 100.

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

**Table 18. Disputes with MCO involvement, FY97**

		Change physician	Fee/unpaid	IME	Palliative care	Medical services	Treatment	Total
<b>MCO</b>								
Managed Healthcare NW	N	0	7	0	8	4	30	49
	%	0.0	14.3	0.0	16.3	8.2	61.2	100.0
Providence Vantage	N	0	6	0	5	5	36	52
	%	0.0	11.5	0.0	9.6	9.6	69.2	100.0
Health/Masters	N	0	1	0	0	0	0	1
	%	0.0	100.0	0.0	0.0	0.0	0.0	100.0
Health Future	N	0	1	0	0	0	1	2
	%	0.0	50.0	0.0	0.0	0.0	50.0	100.0
Oregon Health Systems	N	0	0	0	1	2	2	5
	%	0.0	0.0	0.0	20.0	40.0	40.0	100.0
Kaiser	N	0	0	0	1	1	2	4
	%	0.0	0.0	0.0	25.0	25.0	50.0	100.0
Comco	N	0	0	0	0	0	1	1
	%	0.0	0.0	0.0	0.00	0.00	100.0	100.0
Grand total	N	0	15	0	15	12	72	114
	%	0	13.0	0	13.0	11.0	63.0	100.0

Note: Due to rounding percentage, totals may not equal 100.  
 Source: Oregon Department of Consumer & Business Services, Research & Analysis Section