

American Academy of Orthopaedic Surgeons



Workers' Comp Survey



Final Report

Prepared by:
Heidi Schmalz, MA
Department of Research and Scientific Affairs

September 18, 2001

Table of Contents

EXECUTIVE SUMMARY	3
INTRODUCTION/RATIONALE.....	4
METHODOLOGY	4
SURVEY RESULTS	5
QUESTION 1: IN WHICH STATE DO YOU PRACTICE?	5
QUESTION 2: DO YOU SEE WORKERS' COMP PATIENTS?	5
QUESTION 2A: IF YES, DO YOU LIMIT OR OTHERWISE CONTROL THE NUMBER AND/OR TYPE OF WORKERS' COMPENSATION PATIENTS YOU SEE IN YOUR PRACTICE?.....	5
QUESTION 2B: IF NO, PLEASE DESCRIBE WHY NOT:	6
QUESTION 3: CAN YOU NEGOTIATE FEES FOR WORKERS' COMP IN YOUR STATE?	6
QUESTION 4: DO YOU NEED TO BE CERTIFIED TO TREAT WORKERS' COMP PATIENTS?.....	7
QUESTION 5: IS THERE ADEQUATE PHYSICIAN REPRESENTATION ON THE WORKERS' COMP BOARD?.....	8
QUESTION 6: DO YOU FEEL THAT THERE IS AN ADEQUATE APPEALS MECHANISM IN YOUR STATE FOR DIFFICULT WORKERS' COMP REIMBURSEMENT ISSUES?.....	9
QUESTION 7: ARE YOUR WORKERS' COMP CLAIMS PROMPTLY PAID?.....	10
QUESTION 8: IF YOUR STATE USES PHYSICIAN PANELS, ARE THEY CLOSED?.....	10
QUESTION 9: IS THERE A PREAUTHORIZATION PROCESS?.....	11
QUESTION 9A: IF YES, DOES THE PREAUTHORIZATION PROCESS SIGNIFICANTLY DELAY CARE?.....	11
QUESTION 10: HOW DOES YOUR WORKERS' COMP REIMBURSEMENT COMPARE TO OTHER FORMS OF REIMBURSEMENT (MEDICARE, PRIVATE INSURANCE, ETC.)?	12
QUESTION 11: PLEASE RANK THE FOLLOWING ISSUES YOU EXPERIENCE WITH THE WORKERS' COMPENSATION SYSTEM:..	13
APPENDIX A: SURVEY TOOL	15
APPENDIX B: TABLES	16
APPENDIX C: OPEN-ENDED RESPONSES	31
APPENDIX D: UNITED STATES CENSUS REGIONS	49
APPENDIX E: TABLES BY STATE.....	50

Executive Summary

Survey Results

- Nearly all respondents treat workers' comp patients.
- Overall, 38% of respondents limit or control the types of workers' comp patients they see.
- Only 20% of respondents are able to negotiate fees for workers' comp in their state.
- The majority of respondents (72%) do not need to be certified to treat workers' comp patients.
- Nearly three-fourths of respondents feel that physician representation is inadequate on the workers' comp board.
- A majority of respondents (70%) were dissatisfied with the appeals mechanism in their state for difficult workers' comp reimbursement issues.
- Overall, half of respondents indicated their workers' comp claims are paid promptly. Responses varied greatly, however, by region.
- More than one third (38%) of respondents indicated their state's physician panels are closed.
- Nearly all respondents (94%) indicated that there is a preauthorization process, which delays care to some extent (99% experienced delays).
- Just over half of respondents indicated that their workers' comp reimbursement is higher compared to other forms of reimbursement.
- Administrative hassles associated with the workers' comp system were considered problematic by nearly all respondents (92%). More than 80% felt that delayed reimbursement was a problem and 71% indicated inadequate reimbursement was a problem.

Introduction/Rationale

The *Workers Comp Fax Back Survey* is a questionnaire developed by the AAOS Department of Health Policy to determine the extent of problems orthopaedic surgeons experience with the workers' compensation system. The results of this survey will provide vital information regarding the current system and how the problems vary by region.

Methodology

The *Workers' Comp* Questionnaire survey instrument was distributed via mail July 9, 2001 to all Academy members in the US and Canada (N=24,297). The total number of completed questionnaires received by July 29, 2001 was 1270 for a response rate of 5%.

The individual forms were hand entered and the data tabulated and analyzed by the AAOS Department of Research and Scientific Affairs. The electronic data files will be confidentially kept by the Research Department, and the questionnaires returned to Health Policy.

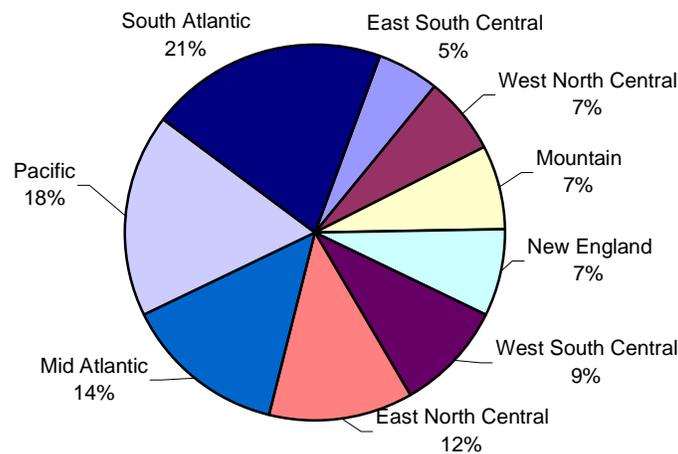
Although this survey was developed to evaluate information by state, data were insufficient for statistical analysis by state. Responses were grouped into United States Census Regions, and analyses in this report focus on the overall distribution of responses to each question by region. All responses are depicted in percentages, and the statistical significance of group differences was determined using the chi-square test. The margin of error for the results of this study, with a 95% confidence level, is $\pm 3\%$.

Survey Results

Question 1: In which state do you practice?¹

Because there were insufficient responses from each of the states, data was aggregated into US Census Regions (See Appendix D.) The largest representation is from the South Atlantic and Pacific regions (21% and 18%, respectively). The smallest group is the East South Central region, representing 5% of the total number of respondents. The distribution of respondents is as follows:

In which state do you practice?



Question 2: Do you see workers' comp patients?

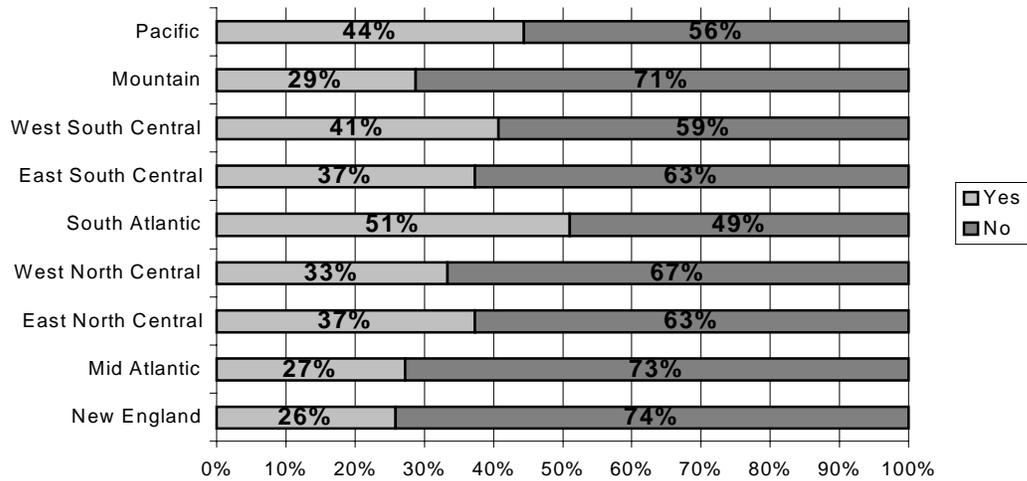
Nearly all (98%) of respondents treat workers' comp patients. As there were too few respondents indicating they did not, further analysis by census region was not possible.

Question 2a: If yes, do you limit or otherwise control the number and/or type of workers' compensation patients you see in your practice?

Overall, 38% of all respondents do limit or control the types of patients they see. Significant differences were found by census region (at the .001 level). Half of respondents from the South Atlantic region reported limiting or controlling their workers' comp patients, whereas just over one-fourth of the Mid Atlantic and New England regions do.

¹ See Appendix D for US Census Regions
© 2001 AAOS

Question 2a: Do you limit or control the number/type of Workers' comp patient?



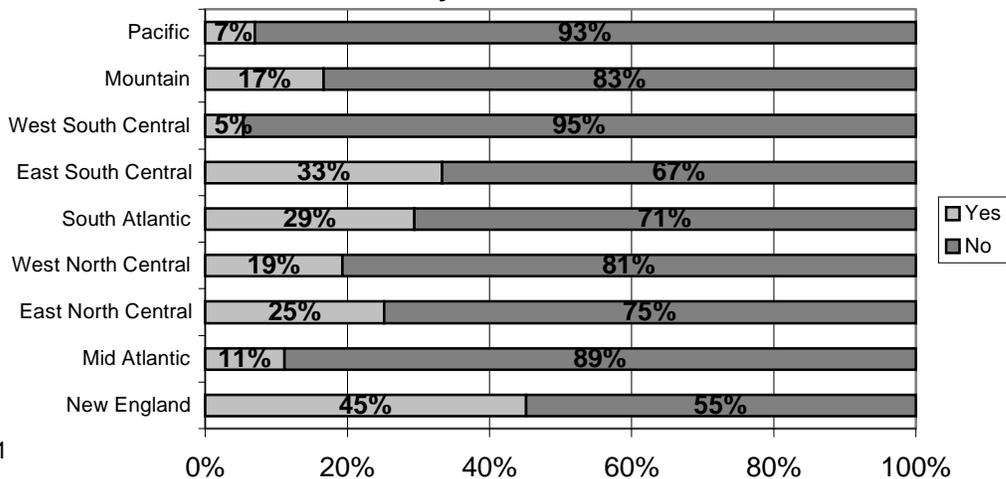
Question 2b: If no, please describe why not:

Many respondents entered comments for this item, regardless of whether they answered question 2 as “No”. (See Appendix C). Only 25 of these comments, however, are from orthopaedists who do not treat workers’ comp patients. Nine comments focused on the extra work, hassles, paperwork, etc. required from workers comp. Eight orthopaedists indicated they were in a pediatric practice, and therefore did not deal with workers comp cases. Four comments specified low reimbursement, and four orthopaedists were retired.

Question 3: Can you negotiate fees for workers’ comp in your state?

Very few practices in the West South Central and Pacific regions (5% and 7%, respectively) can negotiate fees for workers’ comp, yet nearly half of respondents in the New England region indicated they are able to. (Differences between census regions were found to be significant at the .001 level.)

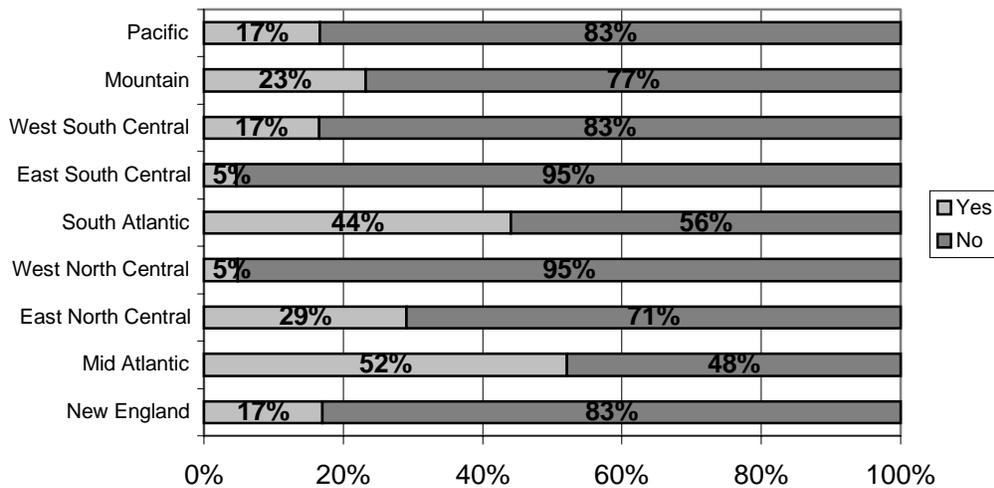
Question 3: Can you negotiate fees for workers' comp in your state?



Question 4: Do you need to be certified to treat workers' comp patients?

Overall, the majority of respondents do not need to be certified to treat workers' comp patients (72% answered 'No'). However, statistically significant differences were found across regions (significant at the .001 level). Only 5% of respondents in the East South Central and West North Central regions need to be certified, whereas more than half (52%) of those practicing in the Mid Atlantic region and 44% of those in the South Atlantic region do.

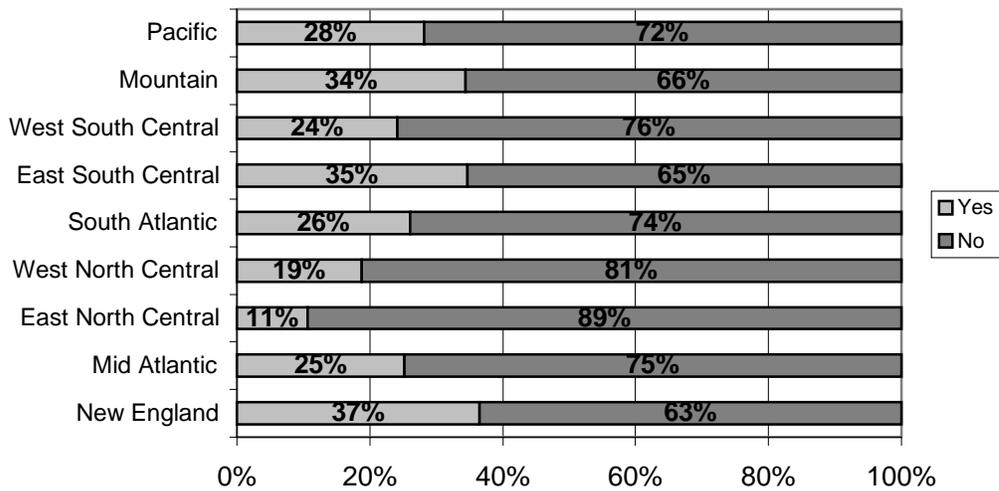
Question 4: Do you need to be certified to treat workers' comp patients?



Question 5: Is there adequate physician representation on the workers' comp board?

Overall, a majority of respondents (74%) felt that physician representation is inadequate on the workers' comp board, although variability between regions is evident. A larger percentage of respondents in the East and West North Central regions (89% and 81%, respectively) expressed dissatisfaction with physician representation, but considerably fewer respondents in the New England, East South Central, and Mountain regions felt it was inadequate. (Differences are significant at the .05 level).

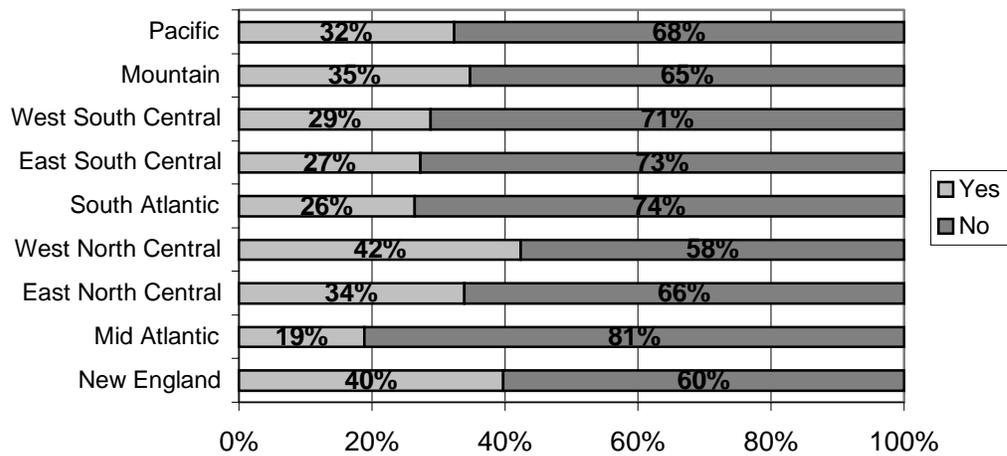
Question 5: Is there adequate physician representation on the workers' comp board?



Question 6: Do you feel that there is an adequate appeals mechanism in your state for difficult workers' comp reimbursement issues?

Overall, only 30% of respondents felt that the appeals mechanism for difficult workers' comp issues was adequate. Respondents in the West North Central and New England states are more satisfied (42% and 40% in agreement), compared to 19% of the Mid Atlantic region. Differences across regions were found to be statistically significant (at the .01 level).

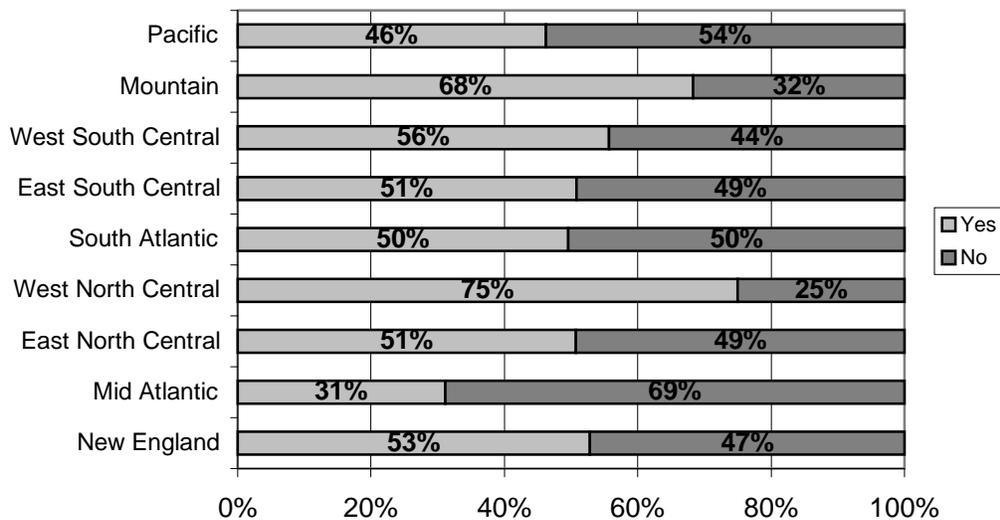
Question 6: Do you feel that there is an adequate appeals mechanism in your state for difficult workers' comp reimbursement issues?



Question 7: Are your workers' comp claims promptly paid?

Responses to this item were evenly split, 51% reported that they are paid promptly, 49% are not. Responses varied greatly, however, by region (statistically significant at .001 level.) Practices in the Mountain and West North Central regions are more likely to be paid promptly than in other regions; the Mid Atlantic region the least likely (31% are paid promptly).

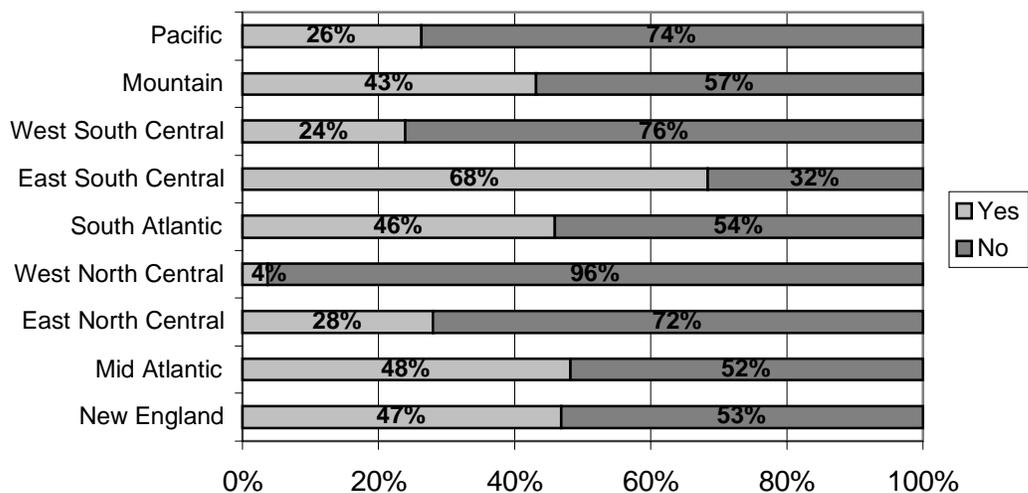
Question 7: Are your workers' comp claims promptly paid?



Question 8: If your state uses physician panels, are they closed?

This item received a smaller number of responses (N=556) due to the condition stated in the question, "If your state uses physician panels..." More than one-third (38%) of respondents

Question 8: If your state uses physician panels, are they closed?



completing this item indicated their physician panels are closed. Responses by census region, however, are quite varied. Only one respondent (4%) in the West North Central region indicated closed panels, compared to the East South Central region, where 68% indicated panels are closed. Differences across census region are significant at the .001 level.

Question 9: Is there a preauthorization process?

Nearly all respondents (94%) indicated that there is a preauthorization process. A breakdown by regions resulted in data cells too small for additional analyses.

Question 9: Is there a preauthorization process?

Census Region	% Yes	% No	total
New England	92%	8%	91
Mid Atlantic	91%	9%	166
East North Central	88%	12%	147
West North Central	93%	7%	81
South Atlantic	96%	4%	248
East South Central	95%	5%	63
West South Central	96%	4%	113
Mountain	91%	9%	87
Pacific	97%	3%	216
Total	94%	6%	1212

Question 9a: If yes, does the preauthorization process significantly delay care?

Nearly all respondents found that the preauthorization process does delay care to some extent. The Mid Atlantic and New England regions have the largest percentage of respondents indicating significant delays all the time. However, statistical significance was not determined due to insufficient data in each sub-category.

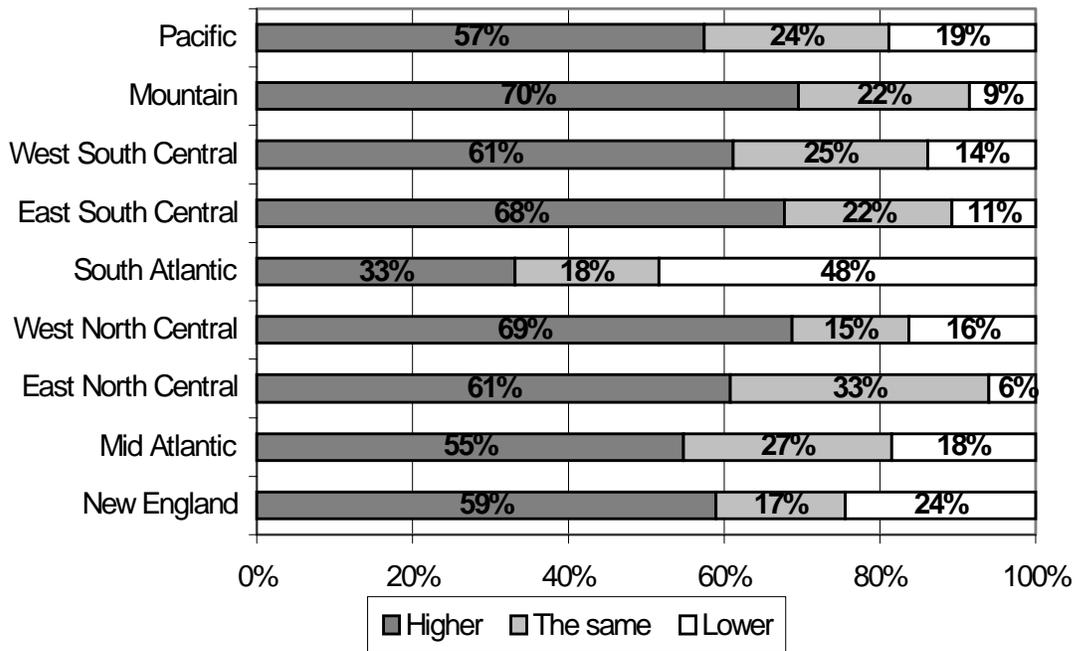
Question 9a: If yes, does the preauthorization process significantly delay care?

Census Region	% always	% Frequently	% Sometimes	% Not at all	Total
New England	30%	35%	35%	0%	83
Mid Atlantic	37%	36%	25%	1%	148
East North Central	21%	43%	35%	1%	127
West North Central	13%	45%	39%	3%	75
South Atlantic	24%	47%	27%	2%	235
East South Central	12%	53%	32%	3%	59
West South Central	25%	39%	35%	1%	109
Mountain	20%	27%	52%	1%	79
Pacific	23%	42%	35%	1%	207
Total	24%	41%	33%	1%	1122

Question 10: How does your workers' comp reimbursement compare to other forms of reimbursement (Medicare, private insurance, etc.)?

Over half (55%) of all respondents to this item (N=1181) indicated that their workers' compensation reimbursement is higher than others forms. Twenty-three percent indicated it was the same, and 22% noted it was lower. Significant variations were found across regions (significant at the .001 level), the South Atlantic region noticeably so.

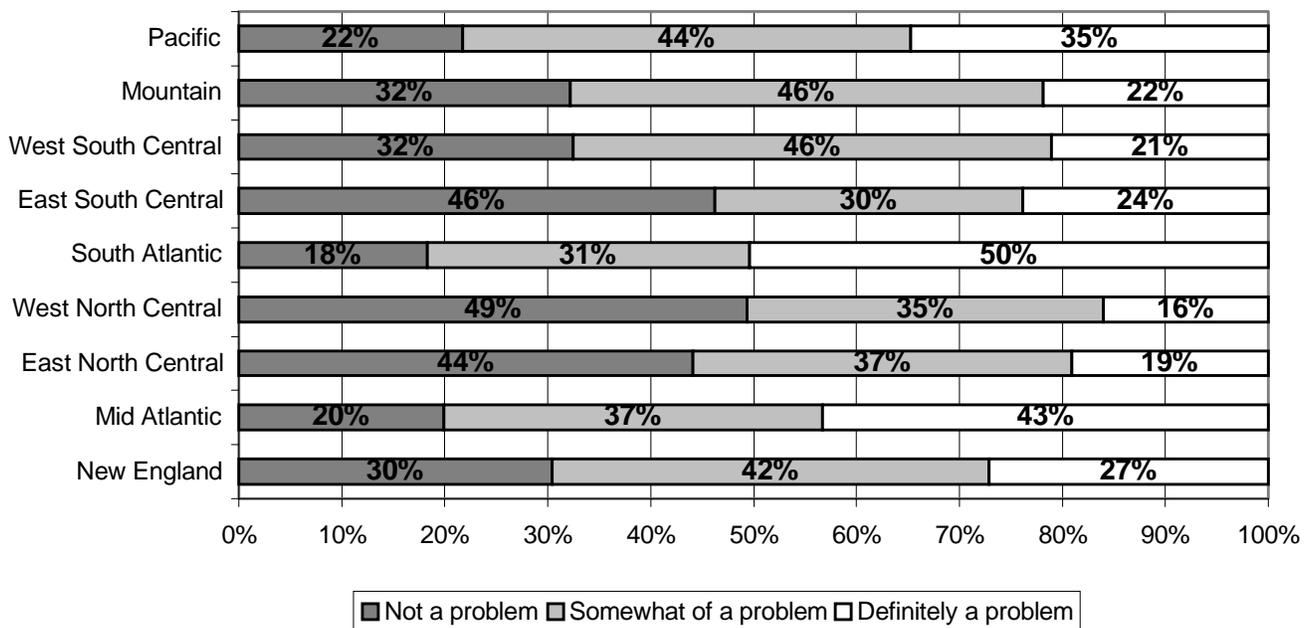
Question 10: How does your workers' comp reimbursement compare to other forms of reimbursement?



Question 11: Please rank the following issues you experience with the workers' compensation system:

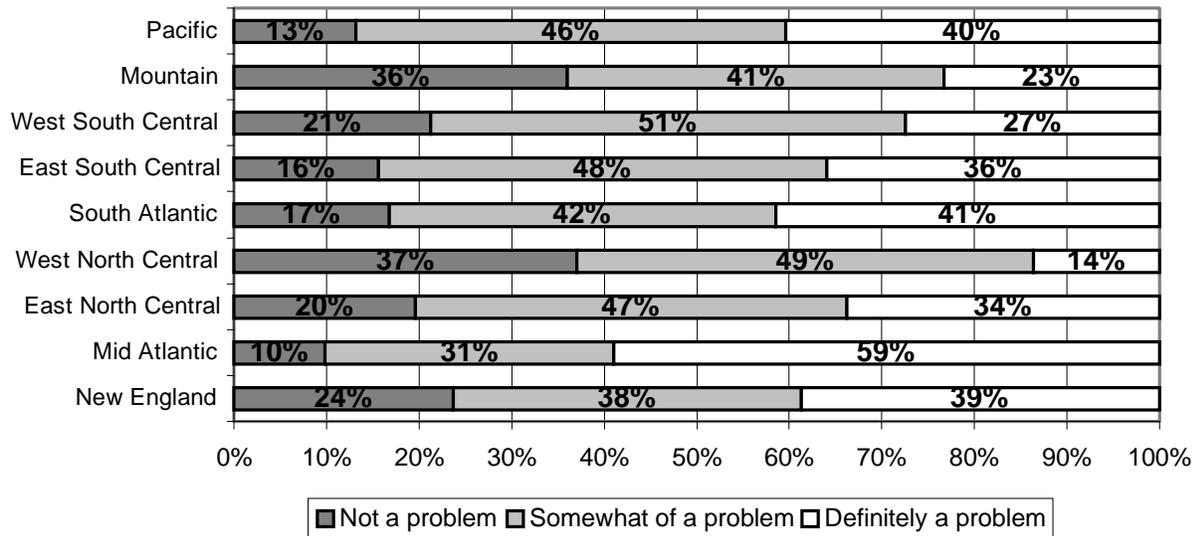
Inadequate reimbursement was considered a definite problem for 33% of respondents. An additional 38% felt it that it was somewhat of a problem. The South Atlantic, Mid Atlantic, and Pacific regions were more likely to have problems with reimbursement than other regions. Nearly half of the East South Central, East North and West North Central regions, however, indicated that reimbursement is not a problem. (Differences between census region were significant at the .001 level.)

11a: Inadequate reimbursement



Overall, delayed reimbursement was a greater problem than inadequate reimbursement; in fact, 81% of respondents found delayed reimbursement a problem to some degree. Significant differences were found across regions, with the Mid Atlantic, Pacific, South Atlantic, and East South Central regions indicating the most problems. (Significant at .001 level.)

11b: Delayed reimbursement



Most respondents (94%) indicated they experienced administrative hassles to some degree with the workers' compensation system. Sixty-one percent felt there was a definite problem, and one-third felt the system was somewhat of a problem. Analysis by region was not possible, due to insufficient data in sub-categories.

Question 11c: Please rank the following issue you experience with the workers' comp system: Administrative Hassles.

Census Region	% Not	% Somewhat	% Definitely	Total
New England	4%	34%	62%	92
Mid Atlantic	3%	29%	68%	174
East North Central	7%	34%	59%	153
West North Central	5%	37%	59%	82
South Atlantic	5%	37%	59%	251
East South Central	6%	33%	61%	66
West South Central	4%	32%	63%	114
Mountain	15%	43%	42%	88
Pacific	5%	28%	68%	217
Total	5%	33%	61%	1237

WORKERS' COMP FAX BACK SURVEY

PLEASE FAX TO 847-823-7520 by July 15, 2001

Please take the time to fill out this survey. Your assistance is greatly appreciated. Access to orthopaedic surgeons for workers involved in workers compensation is a serious problem in many states. Please type or print legibly.

- 1) What state do you practice in? _____
- 2) Do you see workers' comp patients? Yes No

If no, please describe why not: _____

If yes, do you limit or otherwise control the number and/or type of workers' compensation patients you see in your practice? Yes No

- 3) Can you negotiate fees for workers' comp in your state? Yes No

- 4) Do you need to be certified to treat workers' comp patients? Yes No

- 5) Is there adequate physician representation on the workers' comp board? Yes No

- 6) Do you feel that there is an adequate appeals mechanism in your state for difficult workers' comp reimbursement issues? Yes No

- 7) Are your workers' comp claims promptly paid? Yes No

- 8) If your state uses physician panels, are they closed? Yes No

- 9) Is there a preauthorization process? Yes No
If yes, does the preauthorization process significantly delay care? Yes No

- 10) How does your workers' compensation reimbursement compare to other forms of reimbursements (Medicare, private insurance, etc.)? High Average Low

- 11) Please rank the following issues you experience with the workers' comp system:

Inadequate reimbursement Most Serious Medium Least Serious

Delayed reimbursement Most Serious Medium Least Serious

Administrative hassles Most Serious Medium Least Serious

Other issues: _____

Appendix B: Tables

Table 1

Question 1: In which state do you practice?

Census	New England	N	94
Division			7.4%
	Mid Atlantic	N	177
			14.0%
	East North	N	156
	Central		12.3%
	West North	N	84
	Central		6.6%
	South Atlantic	N	255
			20.1%
	East South	N	67
	Central		5.3%
	West South	N	120
	Central		9.5%
	Mountain	N	91
			7.2%
	Pacific	N	222
			17.5%
Total	N		1266
			100.0%

Table 2

Question 2: Do you see workers' compensation patients?

	Yes	No
N	1233	30
	97.6%	2.4%

Table 2.1

**Question 2: Do you see workers' compensation patients?
by Region**

		Yes		No		Total
Census Division		N		N		
	New England	94	100.0%	0	.0%	100.0%
	Mid Atlantic	174	98.9%	2	1.1%	100.0%
	East North Central	153	98.7%	2	1.3%	100.0%
	West North Central	81	96.4%	3	3.6%	100.0%
	South Atlantic	243	95.7%	11	4.3%	100.0%
	East South Central	67	100.0%	0	.0%	100.0%
	West South Central	113	95.8%	5	4.2%	100.0%
	Mountain	89	98.9%	1	1.1%	100.0%
	Pacific	216	97.7%	5	2.3%	100.0%

Table 2a

Question 2a: If yes, do you limit or otherwise control the number and/or type of workers' compensation patients you see in your practice?

	Yes	No	Total
N	466	750	1216
	38.3%	61.7%	100.0%

Table 2a.1

Question 2a: If yes, do you limit or otherwise control the number and/or type of workers' compensation patients you see in your practice? by Region

		Yes		No		Total
Census Division		N		N		
Census Division	New England	23	25.8%	66	74.2%	100.0%
	Mid Atlantic	47	27.2%	126	72.8%	100.0%
	East North Central	56	37.3%	94	62.7%	100.0%
	West North Central	27	33.3%	54	66.7%	100.0%
	South Atlantic	122	51.0%	117	49.0%	100.0%
	East South Central	25	37.3%	42	62.7%	100.0%
	West South Central	46	40.7%	67	59.3%	100.0%
	Mountain	25	28.7%	62	71.3%	100.0%
	Pacific	95	44.4%	119	55.6%	100.0%

Table 3

Question 3: Can you negotiate fees for worker' comp in your state?

	Yes	No	Total
N	244	971	1215
	20.1%	79.9%	100.0%

Table 3.1

**Question 3: Can you negotiate fees for worker' comp in your state?
by Region**

		Yes		No		Total
		N		N		
Census Division	New England	42	45.2%	51	54.8%	100.0%
	Mid Atlantic	19	11.1%	152	88.9%	100.0%
	East North Central	36	25.2%	107	74.8%	100.0%
	West North Central	15	19.2%	63	80.8%	100.0%
	South Atlantic	73	29.4%	175	70.6%	100.0%
	East South Central	22	33.3%	44	66.7%	100.0%
	West South Central	6	5.3%	107	94.7%	100.0%
	Mountain	14	16.7%	70	83.3%	100.0%
	Pacific	15	7.0%	200	93.0%	100.0%

Table 4

Question 4: Do you need to be certified to treat workers' comp patients?

	Yes	No	Total
N	334	862	1196
	27.9%	72.1%	100.0%

Table 4.1

**Question 4: Do you need to be certified to treat workers' comp patients?
by Region**

		Yes		No		Total
		N		N		
Census Division	New England	15	17.0%	73	83.0%	100.0%
	Mid Atlantic	87	52.1%	80	47.9%	100.0%
	East North Central	43	29.1%	105	70.9%	100.0%
	West North Central	4	4.9%	78	95.1%	100.0%
	South Atlantic	108	44.1%	137	55.9%	100.0%
	East South Central	3	4.7%	61	95.3%	100.0%
	West South Central	18	16.5%	91	83.5%	100.0%
	Mountain	20	23.3%	66	76.7%	100.0%
	Pacific	34	16.7%	170	83.3%	100.0%

Table 5

Question 5: Is there adequate physician representation on the workers' comp board?

	Yes	No	Total
N	221	623	844
	26.2%	73.8%	100.0%

Table 5.1

**Question 5: Is there adequate physician representation on the workers' comp board?
by Region**

		Yes		No		Total
Census Division		N		N		
	New England	23	36.5%	40	63.5%	100.0%
	Mid Atlantic	27	25.2%	80	74.8%	100.0%
	East North Central	8	10.7%	67	89.3%	100.0%
	West North Central	9	18.8%	39	81.3%	100.0%
	South Atlantic	50	26.0%	142	74.0%	100.0%
	East South Central	17	34.7%	32	65.3%	100.0%
	West South Central	20	24.1%	63	75.9%	100.0%
	Mountain	22	34.4%	42	65.6%	100.0%
	Pacific	45	28.1%	115	71.9%	100.0%

Table 6

Question 6: Do you feel that there is an adequate appeals mechanism in your state for difficult workers' comp reimbursement issues?

	Yes	No	Total
N	324	757	1081
	30.0%	70.0%	100.0%

Table 6.1

Question 6: Do you feel that there is an adequate appeals mechanism in your state for difficult workers' comp reimbursement issues? by Region

		Yes		No		Total
		N		N		
Census Division	New England	31	39.7%	47	60.3%	100.0%
	Mid Atlantic	30	18.9%	129	81.1%	100.0%
	East North Central	39	33.9%	76	66.1%	100.0%
	West North Central	28	42.4%	38	57.6%	100.0%
	South Atlantic	60	26.4%	167	73.6%	100.0%
	East South Central	15	27.3%	40	72.7%	100.0%
	West South Central	30	28.8%	74	71.2%	100.0%
	Mountain	25	34.7%	47	65.3%	100.0%
	Pacific	65	32.3%	136	67.7%	100.0%

Table 7

Question 7: Are your workers' comp claims promptly paid?

	Yes	No	Total
N	592	581	1173
	50.5%	49.5%	100.0%

Table 7.1

**Question 7: Are your workers' comp claims promptly paid?
by Region**

		Yes		No		Total
		N		N		
Census Division	New England	47	52.8%	42	47.2%	100.0%
	Mid Atlantic	51	31.1%	113	68.9%	100.0%
	East North Central	71	50.7%	69	49.3%	100.0%
	West North Central	60	75.0%	20	25.0%	100.0%
	South Atlantic	121	49.6%	123	50.4%	100.0%
	East South Central	32	50.8%	31	49.2%	100.0%
	West South Central	59	55.7%	47	44.3%	100.0%
	Mountain	56	68.3%	26	31.7%	100.0%
	Pacific	93	46.3%	108	53.7%	100.0%

Table 8

Question 8: If your state uses physician panels, are they closed?

	Yes	No	Total
N	213	345	558
	38.2%	61.8%	100.0%

Table 8.1

**Question 8: If your state uses physician panels, are they closed?
by Region**

		Yes		No		Total
		N		N		
Census Division	New England	15	46.9%	17	53.1%	100.0%
	Mid Atlantic	40	48.2%	43	51.8%	100.0%
	East North Central	14	28.0%	36	72.0%	100.0%
	West North Central	1	3.7%	26	96.3%	100.0%
	South Atlantic	56	45.9%	66	54.1%	100.0%
	East South Central	26	68.4%	12	31.6%	100.0%
	West South Central	11	23.9%	35	76.1%	100.0%
	Mountain	19	43.2%	25	56.8%	100.0%
	Pacific	30	26.3%	84	73.7%	100.0%

Table 9

Question 9: Is there a preauthorization process?

	Yes	No	Total
N	1138	78	1216
	93.6%	6.4%	100.0%

Table 9.1

**Question 9: Is there a preauthorization process?
by Region**

		Yes		No		Total
Census Division		N		N		
	New England	84	92.3%	7	7.7%	100.0%
	Mid Atlantic	151	91.0%	15	9.0%	100.0%
	East North Central	130	88.4%	17	11.6%	100.0%
	West North Central	75	92.6%	6	7.4%	100.0%
	South Atlantic	237	95.6%	11	4.4%	100.0%
	East South Central	60	95.2%	3	4.8%	100.0%
	West South Central	109	96.5%	4	3.5%	100.0%
	Mountain	79	90.8%	8	9.2%	100.0%
	Pacific	209	96.8%	7	3.2%	100.0%

Table 9a

Question 9: If yes, does the preauthorization process significantly delay care?

	Always	Frequently	Sometimes	Not at all	Total
N	271	463	375	17	1126
	24.1%	41.1%	33.3%	1.5%	100.0%

Table 9a.1

**Question 9: If yes, does the preauthorization process significantly delay care?
by Region**

		Always		Frequently		Sometimes		Not at all		Total
		N		N		N		N		
Census Division	New England	25	30.1%	29	34.9%	29	34.9%	0	.0%	100.0%
	Mid Atlantic	55	37.2%	54	36.5%	37	25.0%	2	1.4%	100.0%
	East North Central	27	21.3%	54	42.5%	45	35.4%	1	.8%	100.0%
	West North Central	10	13.3%	34	45.3%	29	38.7%	2	2.7%	100.0%
	South Atlantic	56	23.8%	110	46.8%	64	27.2%	5	2.1%	100.0%
	East South Central	7	11.9%	31	52.5%	19	32.2%	2	3.4%	100.0%
	West South Central	27	24.8%	43	39.4%	38	34.9%	1	.9%	100.0%
	Mountain	16	20.3%	21	26.6%	41	51.9%	1	1.3%	100.0%
	Pacific	47	22.7%	86	41.5%	72	34.8%	2	1.0%	100.0%

Table 10

Question 10: How does your workers' compensation reimbursement compare to other forms of reimbursements (Medicare, private insurance, etc.)?

	Higher	The same	Lower	Total
N	655	272	258	1185
	55.3%	23.0%	21.8%	100.0%

Table 10.1

**Question 10: How does your workers' compensation reimbursement compare to other forms of reimbursements (Medicare, private insurance, etc.)?
by Region**

		Higher		The same		Lower		Total
		N		N		N		
Census Division	New England	53	58.9%	15	16.7%	22	24.4%	100.0%
	Mid Atlantic	92	54.8%	45	26.8%	31	18.5%	100.0%
	East North Central	90	60.8%	49	33.1%	9	6.1%	100.0%
	West North Central	55	68.8%	12	15.0%	13	16.3%	100.0%
	South Atlantic	79	33.2%	44	18.5%	115	48.3%	100.0%
	East South Central	44	67.7%	14	21.5%	7	10.8%	100.0%
	West South Central	66	61.1%	27	25.0%	15	13.9%	100.0%
	Mountain	57	69.5%	18	22.0%	7	8.5%	100.0%
	Pacific	116	57.4%	48	23.8%	38	18.8%	100.0%

Table 11

Question 11: Please rank the following issues you experience with the workers' comp system:

		Not a problem	Somewhat of a problem	Definitely a problem	Total
Inadequate reimbursement	N	360	472	404	1236
		29.1%	38.2%	32.7%	100.0%
Delayed reimbursement	N	234	527	465	1226
		19.1%	43.0%	37.9%	100.0%
Administrative hassles	N	69	412	760	1241
		5.6%	33.2%	61.2%	100.0%

Table 11a

**Question 11: Please rank the following issues you experience with the workers' comp system:
Inadequate reimbursement by Region**

		Inadequate reimbursement						
		Not a problem	Somewhat of a problem		Definitely a problem		Total	
		N		N		N		
Census Division	New England	28	30.4%	39	42.4%	25	27.2%	100.0%
	Mid Atlantic	34	19.9%	63	36.8%	74	43.3%	100.0%
	East North Central	67	44.1%	56	36.8%	29	19.1%	100.0%
	West North Central	40	49.4%	28	34.6%	13	16.0%	100.0%
	South Atlantic	46	18.3%	79	31.3%	127	50.4%	100.0%
	East South Central	31	46.3%	20	29.9%	16	23.9%	100.0%
	West South Central	37	32.5%	53	46.5%	24	21.1%	100.0%
	Mountain	28	32.2%	40	46.0%	19	21.8%	100.0%
	Pacific	47	21.8%	94	43.5%	75	34.7%	100.0%

Table 11b

**Question 11: Please rank the following issues you experience with the workers' comp system:
Delayed reimbursement by Region**

		Delayed reimbursement						
		Not a problem		Somewhat of a problem		Definitely a problem		
		N		N		N		Total
Census Division	New England	22	23.7%	35	37.6%	36	38.7%	100.0%
	Mid Atlantic	17	9.8%	54	31.2%	102	59.0%	100.0%
	East North Central	29	19.6%	69	46.6%	50	33.8%	100.0%
	West North Central	30	37.0%	40	49.4%	11	13.6%	100.0%
	South Atlantic	42	16.7%	105	41.8%	104	41.4%	100.0%
	East South Central	10	15.6%	31	48.4%	23	35.9%	100.0%
	West South Central	24	21.2%	58	51.3%	31	27.4%	100.0%
	Mountain	31	36.0%	35	40.7%	20	23.3%	100.0%
	Pacific	28	13.1%	99	46.5%	86	40.4%	100.0%

Table 11c

**Question 11: Please rank the following issues you experience with the workers' comp system:
Administrative hassles by Region**

		Administrative hassles						Total
		Not a problem		Somewhat of a problem		Definitely a problem		
		N		N		N		
Census Division	New England	4	4.3%	31	33.7%	57	62.0%	100.0%
	Mid Atlantic	5	2.9%	50	28.7%	119	68.4%	100.0%
	East North Central	11	7.2%	52	34.0%	90	58.8%	100.0%
	West North Central	4	4.9%	30	36.6%	48	58.5%	100.0%
	South Atlantic	12	4.8%	92	36.7%	147	58.6%	100.0%
	East South Central	4	6.1%	22	33.3%	40	60.6%	100.0%
	West South Central	5	4.4%	37	32.5%	72	63.2%	100.0%
	Mountain	13	14.8%	38	43.2%	37	42.0%	100.0%
	Pacific	10	4.6%	60	27.6%	147	67.7%	100.0%

Appendix C: Open-Ended Responses

Table C1

Question 2b: Do you see worker's comp patients? If no, please describe why not:

Retired	number	4
	percent	16.0%
Pediatric practice	number	8
	percent	32.0%
Too much hassle	number	9
	percent	36.0%
Low reimbursement	number	4
	percent	16.0%
Limited practice/license	number	1
	percent	4.0%
Other	number	3
	percent	12.0%

Please note that comments were entered for item 2b regardless of whether they answered item 2 as “No”. The comments presented in the above table and following verbatim listing are strictly from respondents who indicated they *do not* see workers' comp. patients. Full comments for item 2b are included in the listing following this summary.

Verbatim comments for item 2b (If question 2 answered “no”):

Semi retired practice limited to amputee patients. Any WC patients someone else handles paper work.

I retired.

Reimbursment too low.

Ped ortho

My license is limited to charity cases.

I see only those required to maintain ER/Hospital privlages. I quit accepting work comp due to low reimbursment and paperwork overlo

Retired from practice.

Difficult to deal with.

Pediatric ortho practice.

Pediatric practice.

Millitary practice.

Too much hassle.

Pediatric ortho practice.

Peds ortho only.

Too much paperwork/hassle.

Pediatric Orthopaedist.

1) Two attorneys on each case is offensive and liability is too great. 2) No support from other specialties such as vascular surgery

W.C. does not help patients + does not reimburse well enough.

I see only pediatric patients.

Retired from practice.

Too much paper work for office staff and myself.

Pediatric ortho practice.

Paperwork, low for schedule.

Florida had not changed, it's reimbursement since the 1980. This year orthopaedic by 13% measure paperwork. Not worth the time. Also

Too much bother with case managers, attorneys, unhappy patients and employers.

Number of cases listed: 25

All comments from item 2b, regardless of how Question 2 was answered:

2b)if no, why not?

I treat those valid injuries. I discharge those objective injuries

1 Worker's deserve care, 2 Fee schedule payment while not good is better than managed care

1. Two attorneys on each case is offensive and liability is too great. 2. No support from other specialties such as Vascular surgery, infectious disease

20% of m practice

50% of our practice is WC

Able to accommodate them

Access I guaranteed at our clinic

Active Occ med. participation

Actually pays well

Actually seek out WC patients

Adequate pay compensate for increased paperwork and secondary gain of some injured workers

Adequate relative reimbursement

Adequately reimbursed

All are foot/ankle related

All cases welcome

All patients deserve good care

Although they are difficult they are still the source of decent income

At least at this point happy to see

At present, demands are not excessive

Because they pay much more than other injuries

Best payer

Best Payer

Best payer

Best payer

Best payer

Best payer

Best payer group in my state

Best payer group in my state
Best payer in area
Best payer in area
Best payer in CA
Best payer in state
Best payer in the state
best payer, least red-tape
Best paying insurance we have
Best paying plan in the state
Best reimbursement in the state, better than BC/BS
Better overall reimbursement
Better pay schedule than HMO's
Better payer in my practice
Business is Business
Can accommodate number of pts I need to see
Community need, we might
Comp fees are better than most private fees
Comp not a problem
Comp pays better than any other injuries
Comp pays better than HMO
Comparatively good reimbursement
Compensate policy - Marshfield Clinic
Controls are usually placed by insurance companies trying not to see too many injuries
Current personal litigation or unaccepted cases are declined. I do not take claims
Currently building my practice
Currently have a nice salaries comp/not comp
Currently they are better payers than PPO's
Currently they are the best payers
Demand for Comp services is not extreme
Despite extra paperwork, WC is still one of the best payers
Dictated by outside interest
Do not get many referrals
Do not have any need to limit patients
Do not treat backs or old claims
Doesn't seem to be a problem
Don't see back injuries or neck injuries
Don't see enough to do so
Don't see that many
Don't see that many
Don't see that many
Don't see very many
Duty to see all comers
Employer agreement of evaluate patients
Encourage referral of Foot/Ankle problems
Fair payer mix
Fair reimbursement
Feel it is a needed service
Florida had not changes its reimbursement since 1980. This year orthopaedics by 13% massive paperwork. Not worth the time.

From all patients as needed
Full fare patients
General orthopaedic office
Generally we experience little problems
Glad to see them
Good patients mostly
Good payer
Good payer source
Good payer, high volume
Good question
Good questions
Good reimbursement
Good reimbursement
Good reimbursement
Happy to see any patients
Has not seen necessary for patient mix
Hasn't been a problem
Have not found it necessary
Have not thought about it
Have openings in office
Haven't considered it
High demand - Good pay
Higher paying in NY state
Higher reimbursement levels
Highest payer
Highest reimbursement at all carrier
HMO
Hospital/group policy need volume
I am a hand surgeon and most of my practice is W/C
I am a hand surgeon, see only W/C hand problems
I am new to town
I am semi-retired
I am the only orthopaedist in the area for several large manufacturers
I cannot turn anyone away
I didn't know you could. I thought choosy picking was illegal
I do "General Orthopaedics" never will see all patients
I do hand surgery
I do mostly med./legal work comp evaluations
I do not limit access to my patients.
I do not limit or control any group of patients seen based upon insurance type
I do not see a need for it
I do not see chronic low back pain W C
I don't know
I don't feel the need to limit the number
I don't know
I don't limit access to my patients
I don't mind seeing worker's comp patients
I don't see HMO and most PPO
I don't see pts whose insurance pays the FL W/C see schedule

I don't see that many
I don't take HMO
I enjoy caring for W/C patients are hope to ex paid my practice is this results
I feel obligated to see them
I feel this is an important part of practice in hand/upper extremity
I feel this is an important part of practice in hand/upper extremity
I fired one company
I have a set schedule for workers comp
I have set no limits on scheduling patients
I have the time
I just see the people as they need to be seen, regardless of insurance status
I like Comp
I like helping workers and we are a training canter
I like patients
I like to access patients
I like to treat workman's comp patients
I limit total number of patients and clinical types
I love w/c
I mainly do general ortho
I need the practice
I no longer prefer surgery
I only see a few WC patients either through the ER or the personal request. I would prefer to see none
I practice general ortho
I practice underlying ankle
I refuse HMO's, so comp replace the patients
I retired
I see all comers
I see all general orthopaedics
I see all patients who need care of Hippocratic, not bottom line governs my practice
I see all patients,, regardless of insurance type
I see any patients that requires care regarding of their circumstances
I see anyone who needs to be seen
I see no reason
I see only pediatric patients
I see only those required to maintain ER hospital privileges. I quit accepting work comp due to low reimbursement and paperwork overload
I see the as service to primary physicians
I take all comers
I want corker's comp cases
I will evaluate and treat all active cases
I will see an W/C injury except for surgical spine cases
I would like to see more
I would like to see more patients
I'm a hand surgeon WC comes between that treatment
In NT work comp are good payers
Increase volume
It certainly self limits because of the visits
It has become a large part of the practice

It has become an increasing referral basis
It is a major part of my practice
It is an important part of the practice and to the community
It is not a burden
It is our best payment source
It's 40% of our practice
It's good business
It's the best part of my practice
Large part of my practice
Larger number of cases that pay well
Largest source of spine patient, best reimbursement
Like to do workman's comp pts
Limit 2nd opinions, prescreen all 2nd opinions so I can accept those that I feel I can help/often
Limit on number of back pts
Limit to type of injuries I generally treat
Limited only by scope of current practice
Majority of my patients are worker's comp, pays better
Members are not excessive
Military practice
More is better
Most are emergency room patients or are referred by their primary care doctor and I don't refuse them
Most are referred through the ER which creates an obligation to see them
Most are sent to panel doctors
Most are sent to panel doctors
Most have been surrounded by primary and need our services
Most injury related
Most interesting cases, better than HMOs
Most Neco for be feen at least once and certainly to require authorization and good reimbursement
Most severe injuries, unjustly treated in Emp. Industrial clinics
Multiple referral sources hard to control
Must see all or none
My group is the only Ortho clinic in our area. We see all WC pts in our area
My letter of 11/29/99 explains why I do not see more W.C. patients. I refuse to be owned or controlled by either side, and that is the way it should be
My license is limited to charity cases
My practice fills with other patients
My specialty see otthopaedic patients only
NC W/C fee schedule - High reimbursement
Need income
Need pts and always have good reimbursement
Need the business
Need the volume to maintain practice volume
Need them
Need work
Negotiate surgical fees
Never had the idea, don't discriminate against any group

New Practice

No applicant litigation patients

No back pain patients

No backs

No control, take what comes until the worse Patient pulls the case and seeks it else were

No current problems

No desire to regulate patient mix

No federal work comp

No limits on any part of practice

No longer treat patients, retired

No low back pains

No need

No need

No need

No need to

No need to control this paper flow

No need to limit

No need to yet

No particular reason

No questions, no evaluations

No reason

No reason

No reason

No reason to

No reason to compensation is realistic

No reason to do so

No reason to do that

No reason to limit

No reason to limit anyone

No reason to limit or control

No reason to limit or control; One of better plans in state.

No worker comp back

No workers comp neck/back require

Not a big case of my practice

Not a large volume, payment is better than commercial insurance

Not a overwhelming 90% of patients

Not a sound business practice to do so

Not dedicated by volume

Not dictated by volume

Not excessive amount, highest RVU sale in our managed care state

Not necessary

Not necessary

Not necessary

Not necessary at this point

Not overwhelmed

Not possible due to hard surgery practice for a St care

Not seeing too many W C patients

Not that busy

Not that many
Not that many
Not that many that it is a problem
Not yet, but we are considering this measure
Number is about 15-20%
Number is small 10%
Office will see any worker's comp patient
Office will see any worker's comp patients
On salary and incentive - Heavy surgery level WC not the turmoil burden it could be
Only a small number seek me out
Only makes up 20% of patients load
Only Ortho group in our community
Only Ortho surg seeing W C
Only orthopaedic complaints
Only orthopaedics cases
Only orthopaedist in our town and 97% reimbursement
Open procedure
Our clinic sees all pts referred to us regardless of payer source
Our office takes all comers without restrictions
OWCP dept labor, is the worst
Paperwork, low fee schedule
Part of the practice
Patient care is not based on payer
Patients regardless of source need to be seen
Patients require access to care
Patients self limit
Patients with hand injuries
Pay better than HMOs
Pay better than privates or Medicare
Pay is reasonable
Pays well
Pays well
Pays well
Pays well despite hassles
Pays well, despite hassles
Pays well, most have injuries that are real and need care
Ped Ortho
Ped Ortho practice
Pediatric ortho practice
Pediatric ortho practice
Pediatric orthopaedist
Pediatric orthopaedist
Pediatric Practice
Peds ortho only
Poor cash flow secondary to reduce reimbursement
Practice open to new patients
Practice Philosophy
Previous commitments to employers, good fair reimbursement
Previously operated BWC back patients

Private services for companies
Pt mix is appropriate
Reasonable fee schedule
Reasonable fees compared to HMOs
Reasonable payment
Reasonable reimbursement
Reasonable reimbursement
Referrals from PMD
Reimburse better than insurance
Reimbursement better than Medicare and most commercial ins.
Reimbursement for care is reasonable and reliable
Reimbursement good
Reimbursement is better than insurance companies
Reimbursement is better. I try not to turn away any patient
Reimbursement is good
Reimbursement is negotiable/PCP referrals are not directing care
Reimbursement Too low
Relatively easy system to work with
Represent a large of my practice, good reimbursement
Require referral
Restricted by type of injury only
Restricted Practice - Hip and Knee
Retired
retired from practice
Rural area - have to see what comes in
Rural setting
Rural/industrial area - no perceived need to limit
Same as pay to see them
Save 2nd opinion of w do not retired
See all of them
See all orthopaedic related injuries
See all patients
See any orthopaedic related injuries
See no Fed-Comp, too much paperwork
See no reason to
See number 10
Seen for evaluation only, not treatment
Self limiting
Self regulated
Set fee schedule pays better than managed care
Significant aspect of practice Marketing
Significant part of my practice
Significant volume
Significant volume
Significant volume and I do not screen referrals
Small Area
Small community, Need to serve the needs of the community
Small town, no choice
Solo orthopaedic provider

Spine surgeons see lots of WC!
Still good reimbursement administrative burden is reasonable
Still growing practice
Still pay better than Medicaid/Medicare more hassle but still worth it
Superior reimbursement makes it worth while
Surgeons Trauma
System ok at present
Take all covered requests
Take them as they come
Tend to pay better than most
The clinic accepts all patients
The hassle factor is not too bad in Texas
The only restriction, no referral ,train attorneys
The volume is not overwhelming
There is a need to be met
There is no need. I don't see chronic back pain
There is no reason why I should
There's no reason to turn away patients
These are a few companies with whom I will not work except for emergency room calls
They are filtered through our Occ med. department
They are generally good patients
They are not overly burdensome so far.
They make up a minority of my practice
They need care
They pay 80-100%
They pay better per visit than other patients
They pay better than HMO's
They pay better than HMO's
They pay so little I'm trying to raise it up in volume
This is a large volume for me with decent reimbursement
To maintain volume
Too hard to implement system
Too much bother with case managers, attorneys , patients and employers
Too much hassle
Too much paperwork for office staff and myself
Too much paperwork/hassle
Treat all patients similarly
Treat and see patients only when needed
Tremendous paperwork etc.
Trying to limit is too technically difficult. Being on BK cell. We have to treat all patients
University practice
Usually acute injuries clients see chronic Worker's Comp
Usually Good source of revenue and to satisfy referring docs
Usually not too overwhelming
Vital part of our practice
W C pays better than most manage care companies
W.C. does not help patients and does not reimburse well
W.C. is one of the highest payer in CO
W/c best reimbursement in state

W/C is best payer in MO
W/c is the best payer in our state (Note RI is very low on the other pay sales
W/C pop the best all the insurances
WC in NY is one of the best insurance products
WC patients are the last true patients
We are all exempt inuires
We are considering limit their number
We are not yet over whelmed by them yet
We are only Ortho group in area
We can negotiate surgery fees
We do not actively pursuing W/C pts
We do not limit access to any insurance group except out of state Medicare
We do not limit ourselves to a number. We will however ask for prepayment on complex cases
We don't control any type of patients
We don't see that many
We don't turn away patients
We essentially see all comers
We have a good relationship with area employers
We have a w/c Clinic at hospital
We have OC med. MDs in place
We have selected contracts
We have to be called and payment authorized before we see the patient
We like w/c pts
We prefer workers comp since they pay better
We see all comers req. vouchers of the financial implications
We see all of them
We see all patients
We see all pts
We see all worker's comp patients that all
We see everyone
We see total joint cases only
We take all comers
We treat all patients equally
We treat all types of trauma/IME evaluations
We treat our patients equally
We treat patients - Not insurance companies
We try to accommodate injured workers to return the to work more quickly
We welcome W/C patients - Better payer mix
We would like to increase our worker's comp patients population
Well compensated
Well controlled system to F/U
Which to difficult to deal with
Why limit any type of patients
Why limit?
Why should I
Why should I do that? Business is Business
Why should I limit a certain patient, whose insurance reimburses well
Why should I. They need care also

Why should I?
Why should I?
Why should I?
Why should I? General ortho practice
Why should we?
Why would it?
Why?
Why?
Will see first come first serve
Won't see very complex cases
Work at hospital occupational health system
Work comp has best reimbursement rates
Work comp is employer plan 3 doc's. Fee for service
Work Comp locally remarks one of may best payers
Work comp pays well
Work Comp see for service patients
Work comp-patients are a part of a Hand Surg practice
Work load is not excessive
Worker Comp says better than most PPOs
Worker' s comp pays reasonably well
Worker's comp is our best payer. We welcome them
Worker's comp is the best pay in our member
Worker's comp LNI pays as well or better than many managed care, Medicare plans
Worker's Comp patients in the Metro are still good. Texas is a mess administration
Worker's comp pays better
Worker's Comp pays more than Medicare or HMO
Worker's comp pays well
Worker's comp pays well
Worker's comp pays well
Workload is not excessive
Young practice

Other issues:

1 Most Ortho do not understand disability rates and should have no part
1 uncooperative employers when getting pts back to work. 2. Huge amounts of paperwork and legal hassles
3 separate entities want copies of our notes
60 day wait to accept claim often delays cases
A lot of abuse by physicians and attorneys
Adjusters making medical decision paperwork getting lost
After 28years in practice in Wyoming I'm Fed up with W.C. The legislature is firmly in the business
After authorization required and trans ost comp discontinuous payments if case belongs Legal
All payment is excessive payments utter hassle!! Coding and rebuilding a nightmare.
All the paperwork involved and lawyers
All though I practice in the state of Mississippi over 1/2 of my worker's comp patients are covered by the Longs... act
Am a general orthopaedic practitioner
As in all other areas a few insurers cause the majority of the hassles
Attorneys are driving American industry out of country. Ortho need to partner with industry to help keep down the costs for worker's comp
Auth to RX pt adjuster just is
Authorization for MRI study or surgery can take over a year
Back requires 2nd opinion
Basically things are pretty good in VA
Better fee schedule
Biggest problem is delay in claims that postpone treatment causing harm to workers
Bundling issues, where to send clai, must attach medical records to every claim
Buried by the paperwork. Incompetent claim mgrs. .
Cancel surgeries just prior to surgery because delay in authorization on peer review
Care in NJ is directed by case manager
Carrier or advisory intermediary frequently downcode bills
Carriers differ; some expedite payment and issues; some linger
Case manager wanting information that has been sent to the carrier
Case managers some are good for the system, others only add needs beauracracy, same for the companies between work comp.
Chiropractors treating all ortho disease limits treatment when they are done
Claims approval may take 90 days, which results in deleterious outcome for many patients
Claims managers are poorly trained and over whelmed
Closed panels - quite an issue
Closed panels becoming more of a problem
Communication between nurse cases, mgrs, w/c ins. And employer needs to be improved
Communication is a real problem especially between Federal Worker's Comp
Communication is prominent
Controversial of care (injury) based on positive drug screens without documentation of intoxication or random drug screening
Coverage for degenerative conditions aggravate by work related injury definitely a problem
Currently considering not seeing L and T pts.

Dale

Delay in obtaining preauthorization for testing consults, etc.

Delay in patient care is fostered by poor efficiency of system ultimately affecting patient outcome and results

Delay in treatment authorization

Delay is approval for treatment. Then harassment on other and to get back to work

Delay of actual treatment such as therapy or pain.

Denial of appropriate care. Patients come in after delay in getting to appropriate specialist.

Denial of care

Denied of tests and therapies is now routine . All workers are being forced to retain attorneys. Many works are fired as soon as they return to work

Depending on carrier

Despite poor reimbursement, more paperwork, poor vocational programs, too much stuff on legal, no cost of living increase for years

Difficult dealing with demands of WC, personnel and employer, many, many phone calls

Disputed claims delay payment, cause extra work both medical and administrative and lead to unpaid medical services and unwanted expectations

Doctor can't bring action when employer denies payment only patients can bring action patient has no money and no incentive to see that

Downcoding and binding

Downcoding by reviewers. A clerk tells you how to practice

Enables paper work. Heads to forms, depositions and Oc trial

Enables paperwork leads to forms, depositions and occ trial

Even with a negotiated legal fee, or hassles notices denial for annually treatment therapy

Ever meet a WC patient that was Happy or did not have a lawyer

Excessive paperwork, problems with continual care

Extensive paper work. Discouraging patients outcomes

Extreme paper work demands. Claim managers who have minimal education pretend second guess all Dr treatment business

Fill the schedule

Fixed prices controls, not adequate compensated for legal hassles

For an honest/fair orthopaedist in NY workman's Comp is a nightmare and a financial loss

Frequent court appearance to get reimbursement

Frequently care/evaluations/surgical decisions /denials are made by physiatrist with no surgical experience

Gate keepers physician still sees patients even though Ortho is treating

Getting authorizations for tests and surgery, often times messages left nor returned

Governor pro-employer

Hassle factor, seen to be friction of certain companies and certain adjusters. Many companies and adjusters are fine to work with. Many adjusters "steal" patients by transferring them to largers centers. This is a difficult problem

Hassle factors - Rehab workers lawyers different physician to patients relationship etc.

Heavy burden of paper work

Honesty among some orthopaedists a real problem and sooner or later will have to be addressed

I am dropping W C from my practice soon!

I am not entirely aware of how well reimbursement is

I hate the 5-15% cut 3rd party payers take. No payment is over 5 years. Ins companies are getting too powerful, patients care is definitely suffering

I only see ER kinds of pts because so many are malingerers or secondary can block their legitimate progress with surgery. Not to mention the authorization hassles
I will not accept Florida Work Comp unless a major carrier
Idaho not as good as VT
If claims are disputed by carriers
If they drag reimbursement paperwork hassles will make it a losing proposition
IME denies without oversight
IME doctors are biased to the insurer
IME hired us
In general workman's comp in North Carolina is satisfactory
In New Jersey where I formerly practiced problems were minimal
Inability to change reimbursement rates, or certainly appealed fees
Inability to change reimbursement rates, or challenge appealed fees
Inadequate training of insurance adjusters
Inappropriate doctor shopping by claims adjusters
Inappropriate doctor supplying by claims adjusters
Increased paperwork not required to treat patients
Insistence on provision of permanent impairment ratings
Insurance Co adjusters dictate management
Insurance companies are stealing the money for providers care. It is probably hopeless for insured workers
Insurance companies delay approving treatment too often by delaying actions which are legal
Insurance companies have essentially forced us to sign on as providers for discounted workers comp plans. If we don't sign up we are not likely to get the reimbursement.
Insurance companies ignore rules re: late payments and interest charges
It is only getting worse, esp., reimbursement
It is so obtrusive that I am closing it out of my spine practice
Law allows denial for perspective problems. IME bought off by Co lack of physician
Lawyers basically keep out of the system
Lien filing mechanism inadequate to control insurance company abuses
Litigants and Lawyers avoid getting better as long as possible
Lowest physician reimbursement in US, especially regarding foot/ankle care
Luckily I have got patients with carriers but mostly the fees schedules are terrible
Managed care aspect of workers comp
Many carriers demand an MRI before authorization
Many MDs refuse to care for worker's comp
Many patients don't wish to get well
MCD's add more problems than solve them
MCO additional layer of bureaucracy and reduces reimbursement to providers
Member of Md WC fee committee since its inflation
Money wasted on other parts of the system such as IME s which pay more than for taking care of the patient. The advanced Nature of the system is a problem.
Most panel physicians are company based
Most panel physicians are company biased
Most WC carriers refer their authorization to case manager or utilization which in return we have to give and for all the info again to CM. It would be nice to eliminate their double work
MRI scans require reauthorization, Bogus IMEs using out of state physicians
Multitude of people requesting information
My state is steadily progressing to a point where care will be taken out of the community

orthopaedists to the w/c doctor and quality of care will suffer
Need additional categories, insurance companies vary as to level of reimbursement and level of authority of the physician. Some are networks, some are not.
Need case management, paperwork more
New law coming into effect which will affect rates
No process list to serve patients
No reason to limit
No response to billing/Notification of denied, delayed claims, even with second requests
Non-qualified Mds working, specialist decisions . Non-qualified personnel, Case managers overruling specialists
Not a problem compared to BC/BS or lovelace
Not uniform from insurance carrier to insurance carrier, multiple insurers
Not well compensated for report, phone calls and paperwork
Not with the hassle anymore
Now medical people decide where surgery is authorized! Ditto for non surgeons
Nurse case managers
Nurse case managers making decisions about referral if, when, what with out my knowledge or consent
Nurses make decision on surgery. Never had one referred
Often difficult to get confirmation that it is a work related and work related injury
Often duplicate effect between carrier and case manager
opts of unsanctified middleman
Our W C laws were overworked
Out of state arbitrary treatment reviews by other orthopaedic surgeons not familiar with the proposal of treatment
Out of state work comp, does not routinely reimburse
Out of state workers compasses Esp Washington are very difficult and demeaning to Pt doctors
Paperwork and depositions
Paperwork burden, extensive, workers comp claim responsible
Paperwork is necessarily excessive
Paperwork not getting calls returned promptly by adjusters of companies. Having a short limit on faxing
Patients already run because urgent care needed are denied follow up care referred to another physician carrier's choice not patience's choice.
Patient's compliance
Patients have prohibited all fusion's per IBP frank inability
Patients that are not objective as they are often priorities of BWE
Pays will be for surgery, pays poorly for office visits
Personal problems with rehab visits
Physician forced to take on complicated, time consuming, non-surgical cases w/o adequate reimbursement or choice
Physician network try to reduce low, fixed worker's comp fee schedule
Plethora of forms to be filled out
Political reality - greed Vs fairness
Politically controlled by the insurance costs and individual adjustments. Who decide exactly how pts get treated. I have had many cases and examples
Poorly informed on issues related to WC process rules
Pre cert. with internal criteria not acceptable
Private insurance denies treatment for certain until a W/C denial is made.

Private insurers us a great state sponsored carrier. Reasonable to deal with. Neighbor – Washington has a state administrator plan that is horrible to deal with
Prompt payment needed
Pt should be allowed to use qualified physician
Pts who don't want to get better and too many middle men and people to communicate to
Questionable cases is often difficult
Quite often patients also don't get treatment they require
Rapidly changing and if things continue (higher management and lower fees) may not be
Rare legal hassles. We have an excellent system state family warm insurer and premiums are low for employers
Rare legal hassles. We have an excellent system. State finals warn insurers and premiums are low for employers
Rate vary in the work/comp area to the degree that I'm not sure this generation will provide data useful rationally
Rates directly controlled by legislature
Rates of Medicare, HMO, PPO, so bad in settlement
Reauthorization decisions often decline after 24hrs, pre-op cancel surgery to last minute
Recently the L and T carriers are down-grading office visits.
Recount legislation periods for RBRVS reimbursement. Provider networks and more paperwork
Remarkable amount of paperwork, this system has evolved into a welfare system for injured workers
Restricted networks that are not revealed to the patient at onset of treatment and that are arbitrary
Retired
Retired from practice
Review changing code #s, One company that will not pay fee schedule fax x-rays
Review organizations request copy of report from me when insurance company received it before
Second opinion the day before surgery to late to give opening on schedule, too late to fill
Seriously gain, lingering injury. Biggest headache
Should be a minimum of payment for a no show. Payment should be required of the patient if a comp appt is made without an excuse
Significantly increased time with paperwork and response to attorney requests
Some physicians have unusually close relationship to the carrier
Sometimes, surgery is authorized and then denied retrospectively
State comp insurance has deliberately decided not to pay new pt visits
State sets a five fee for IME regardless of extent of case
Sub contractor Montana Health system
System motivates patients to extend timeout of work. Often lawyer driven
Taking care of worker's injured in Maryland
Terrible way to practice really sad
The authorization process causes delays in pt care more often than not
The entire system requires the MD to serve as a baby sitter for extremely unmotivated patients, must have greater financial incentive to return to work.
The insurance company chose me and then they send patients elsewhere
The majority if these questions concern financial concern, not patient care. Out financial department handles these matters
The medical director in achieving has been more political than fortunately
The patients don't do as well to soon, day gain
The patients don't got adequate care as they are up at workers comp
The state should send patients to regular appointments and not require preauthorization of pts.
The w/c Board is skewed toward the employers and insurers with the doctors and patients left to

accent their policies w/o any means

The W/C insurance companies employ review companies that downcode bills. The appeal costs more than the downcoding, so the bad guys usually win by default.

The work comp attitude is certainly patient

There are now proposing a negotiate fee schedule for WC reimbursement. We will simultaneously pull out of WC if this passes.

They provide 25-30% of practice

They still use outdated CPT codes for policies fracture care

They wish to adopt RBRVs with no need for administrative burdens

Too liberal of payout per week, pt. Has no incentive to return to work.

Too many parties involved with WC cases. No physician disputed in WC board that's meaningful

Too much extra paperwork with reimbursement

Too much paperwork, adjusters lose claims and medical records

Too much paperwork. Adjusters and case managers requesting duplicate info and forms

TX WC cases of people not employed in CT unlikely to be paid at all

Unfairly adjust coding to reduce reimbursement usually the review companies do this

Unknowingly get managed care fees due to association with other ins. Companies.

Occasional downcoding of service

US got employees - Jacksonville FL office which is such a hassle. I will not take any more of these patients

Uses state attorneys to cause over more difficult issues during the TWCC for \$30 or so for adverse ruling against them in payment issues. The TWCC in TX does not give consistent solution to the issues.

VT has a fee schedule. W/c carriers with pay as the VT schedule or 100% of charges depends on carrier. Way better than Federal program

Want as much W.C business as I can get

WC companies cancel surgery if they can get it one quicker something else

We are reimbursed on 10% over Medicare 13/70 Ortho surgeons have left the state as a result

We have no record of that bill. They must throw paperwork away. Separation of bills and paperwork

We make a unique relationship with WCB that works

We only see L and T patients because of moral obligations

We unit the number of Work Comp pts as much as possible. There seems to be no recourse.

Wide variation in reimbursement for various courses

Work comp denials should be sent to the office by written correspondence

Work comp is paid much better in Iowa than others, therefore subject to abuse "hired guns"

Worker's comp is a mess

Worker's cop requires higher volume, added paperwork, involvement with legal issues

Appendix D: United States Census Regions

New England: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island

Mid Atlantic: New York, New Jersey, and Pennsylvania

East North Central: Ohio, Illinois, Indiana, Wisconsin, and Michigan

West North Central: Minnesota, Iowa, Missouri, Nebraska, North Dakota, South Dakota, and Kansas

South Atlantic: Florida, Virginia, Maryland, Washington, D.C., West Virginia, Georgia, North Carolina, South Carolina, and Delaware

East South Central: Kentucky, Tennessee, Alabama, and Mississippi

West South Central: Arkansas, Louisiana, Texas, and Oklahoma

Mountain: Montana, Nevada, Colorado, Utah, Arizona, Wyoming, and Idaho, New Mexico

Pacific: Oregon, Washington, California, Hawaii, and Alaska

Appendix E: Tables by State

Table 2.1

**Question 2: Do you see workers' compensation patients?
by State**

State	Yes		No		Total
	N	%	N	%	
AK	2	100.0%	0	.0%	100.0%
AL	16	100.0%	0	.0%	100.0%
AR	17	100.0%	0	.0%	100.0%
AZ	17	94.4%	1	5.6%	100.0%
CA	125	96.9%	4	3.1%	100.0%
CO	22	100.0%	0	.0%	100.0%
CT	24	100.0%	0	.0%	100.0%
DC	5	100.0%	0	.0%	100.0%
DE	6	100.0%	0	.0%	100.0%
FL	93	91.2%	9	8.8%	100.0%
GA	29	100.0%	0	.0%	100.0%
HI	7	100.0%	0	.0%	100.0%
IA	7	100.0%	0	.0%	100.0%
ID	9	100.0%	0	.0%	100.0%
IL	34	97.1%	1	2.9%	100.0%
IN	26	100.0%	0	.0%	100.0%
KS	13	86.7%	2	13.3%	100.0%
KY	12	100.0%	0	.0%	100.0%
LA	16	100.0%	0	.0%	100.0%
MA	36	100.0%	0	.0%	100.0%
MD	22	100.0%	0	.0%	100.0%
ME	10	100.0%	0	.0%	100.0%
MI	17	100.0%	0	.0%	100.0%
MN	16	94.1%	1	5.9%	100.0%
MO	28	100.0%	0	.0%	100.0%
MS	12	100.0%	0	.0%	100.0%
MT	6	100.0%	0	.0%	100.0%
NC	34	100.0%	0	.0%	100.0%
ND	4	100.0%	0	.0%	100.0%
NE	11	100.0%	0	.0%	100.0%
NH	9	100.0%	0	.0%	100.0%
NJ	29	100.0%	0	.0%	100.0%
NM	10	100.0%	0	.0%	100.0%
NV	4	100.0%	0	.0%	100.0%
NY	92	97.9%	2	2.1%	100.0%
OH	49	98.0%	1	2.0%	100.0%
OK	12	100.0%	0	.0%	100.0%
OR	32	100.0%	0	.0%	100.0%
PA	53	100.0%	0	.0%	100.0%
RI	5	100.0%	0	.0%	100.0%
SC	19	90.5%	2	9.5%	100.0%
SD	2	100.0%	0	.0%	100.0%
TN	27	100.0%	0	.0%	100.0%
TX	68	93.2%	5	6.8%	100.0%

Table 2.1

**Question 2: Do you see workers' compensation patients?
by State (cont.)**

		Yes		No		
State		N		N		Total
UT		14	100.0%	0	.0%	100.0%
VA		21	100.0%	0	.0%	100.0%
VT		10	100.0%	0	.0%	100.0%
WA		50	98.0%	1	2.0%	100.0%
WI		27	100.0%	0	.0%	100.0%
WV		14	100.0%	0	.0%	100.0%
WY		7	100.0%	0	.0%	100.0%

Table 2a.1

**Question 2a: If yes, do you limit or otherwise control the number and/or type of workers' compensation patients you see in your practice?
by State**

State	Yes		No		Total
	N	%	N	%	
AK	0	.0%	2	100.0%	100.0%
AL	7	43.8%	9	56.3%	100.0%
AR	4	23.5%	13	76.5%	100.0%
AZ	8	47.1%	9	52.9%	100.0%
CA	46	37.1%	78	62.9%	100.0%
CO	4	18.2%	18	81.8%	100.0%
CT	3	13.0%	20	87.0%	100.0%
DC	4	80.0%	1	20.0%	100.0%
DE	1	16.7%	5	83.3%	100.0%
FL	69	75.0%	23	25.0%	100.0%
GA	10	35.7%	18	64.3%	100.0%
HI	7	100.0%	0	.0%	100.0%
IA	3	42.9%	4	57.1%	100.0%
ID	4	50.0%	4	50.0%	100.0%
IL	10	29.4%	24	70.6%	100.0%
IN	6	24.0%	19	76.0%	100.0%
KS	7	53.8%	6	46.2%	100.0%
KY	4	33.3%	8	66.7%	100.0%
LA	7	43.8%	9	56.3%	100.0%
MA	14	41.2%	20	58.8%	100.0%
MD	6	28.6%	15	71.4%	100.0%
ME	1	10.0%	9	90.0%	100.0%
MI	8	50.0%	8	50.0%	100.0%
MN	3	18.8%	13	81.3%	100.0%
MO	8	28.6%	20	71.4%	100.0%
MS	5	41.7%	7	58.3%	100.0%
MT	0	.0%	6	100.0%	100.0%
NC	9	26.5%	25	73.5%	100.0%
ND	1	25.0%	3	75.0%	100.0%
NE	4	36.4%	7	63.6%	100.0%
NH	3	37.5%	5	62.5%	100.0%
NJ	6	20.7%	23	79.3%	100.0%
NM	5	50.0%	5	50.0%	100.0%
NV	0	.0%	4	100.0%	100.0%
NY	20	21.7%	72	78.3%	100.0%
OH	26	53.1%	23	46.9%	100.0%
OK	6	50.0%	6	50.0%	100.0%
OR	17	53.1%	15	46.9%	100.0%
PA	21	40.4%	31	59.6%	100.0%
RI	1	20.0%	4	80.0%	100.0%
SC	6	33.3%	12	66.7%	100.0%
SD	1	50.0%	1	50.0%	100.0%
TN	9	33.3%	18	66.7%	100.0%

Table 2a.1

**Question 2a: If yes, do you limit or otherwise control the number and/or type of workers' compensation patients you see in your practice?
by State (cont.)**

		Yes		No		
State		N		N		Total
TX		29	42.6%	39	57.4%	100.0%
UT		3	23.1%	10	76.9%	100.0%
VA		8	38.1%	13	61.9%	100.0%
VT		1	11.1%	8	88.9%	100.0%
WA		25	51.0%	24	49.0%	100.0%
WI		6	23.1%	20	76.9%	100.0%
WV		9	64.3%	5	35.7%	100.0%
WY		1	14.3%	6	85.7%	100.0%

Table 3.1

**Question 3: Can you negotiate fees for worker' comp in your state?
by State**

State	Yes		No		Total
	N	%	N	%	
AK	0	.0%	2	100.0%	100.0%
AL	6	37.5%	10	62.5%	100.0%
AR	2	11.8%	15	88.2%	100.0%
AZ	4	23.5%	13	76.5%	100.0%
CA	11	8.9%	113	91.1%	100.0%
CO	2	10.5%	17	89.5%	100.0%
CT	7	30.4%	16	69.6%	100.0%
DC	2	40.0%	3	60.0%	100.0%
DE	4	66.7%	2	33.3%	100.0%
FL	50	50.0%	50	50.0%	100.0%
GA	7	25.0%	21	75.0%	100.0%
HI	0	.0%	7	100.0%	100.0%
IA	2	28.6%	5	71.4%	100.0%
ID	1	11.1%	8	88.9%	100.0%
IL	17	56.7%	13	43.3%	100.0%
IN	10	43.5%	13	56.5%	100.0%
KS	0	.0%	12	100.0%	100.0%
KY	0	.0%	11	100.0%	100.0%
LA	1	6.3%	15	93.8%	100.0%
MA	32	88.9%	4	11.1%	100.0%
MD	3	13.6%	19	86.4%	100.0%
ME	0	.0%	10	100.0%	100.0%
MI	1	5.9%	16	94.1%	100.0%
MN	1	6.3%	15	93.8%	100.0%
MO	10	38.5%	16	61.5%	100.0%
MS	3	25.0%	9	75.0%	100.0%
MT	0	.0%	6	100.0%	100.0%
NC	2	5.9%	32	94.1%	100.0%
ND	0	.0%	4	100.0%	100.0%
NE	2	18.2%	9	81.8%	100.0%
NH	3	33.3%	6	66.7%	100.0%
NJ	15	51.7%	14	48.3%	100.0%
NM	2	22.2%	7	77.8%	100.0%
NV	1	33.3%	2	66.7%	100.0%
NY	2	2.2%	89	97.8%	100.0%
OH	0	.0%	50	100.0%	100.0%
OK	1	8.3%	11	91.7%	100.0%
OR	4	12.5%	28	87.5%	100.0%
PA	2	3.9%	49	96.1%	100.0%
RI	0	.0%	5	100.0%	100.0%
SC	0	.0%	20	100.0%	100.0%
SD	0	.0%	2	100.0%	100.0%
TN	13	48.1%	14	51.9%	100.0%
TX	2	2.9%	66	97.1%	100.0%

Table 3.1

**Question 3: Can you negotiate fees for worker' comp in your state?
by State (cont.)**

		Yes		No		
State		N		N		Total
UT		4	28.6%	10	71.4%	100.0%
VA		4	21.1%	15	78.9%	100.0%
VT		0	.0%	10	100.0%	100.0%
WA		0	.0%	50	100.0%	100.0%
WI		8	34.8%	15	65.2%	100.0%
WV		1	7.1%	13	92.9%	100.0%
WY		0	.0%	7	100.0%	100.0%

Table 4.1

**Question 4: Do you need to be certified to treat workers' comp patients?
by State**

State	Yes		No		Total
	N		N		
AK	1	50.0%	1	50.0%	100.0%
AL	0	.0%	16	100.0%	100.0%
AR	1	5.9%	16	94.1%	100.0%
AZ	1	5.9%	16	94.1%	100.0%
CA	16	13.1%	106	86.9%	100.0%
CO	9	45.0%	11	55.0%	100.0%
CT	7	33.3%	14	66.7%	100.0%
DC	0	.0%	4	100.0%	100.0%
DE	0	.0%	6	100.0%	100.0%
FL	89	91.8%	8	8.2%	100.0%
GA	4	13.8%	25	86.2%	100.0%
HI	0	.0%	6	100.0%	100.0%
IA	0	.0%	7	100.0%	100.0%
ID	3	33.3%	6	66.7%	100.0%
IL	2	6.1%	31	93.9%	100.0%
IN	5	20.8%	19	79.2%	100.0%
KS	1	7.1%	13	92.9%	100.0%
KY	0	.0%	12	100.0%	100.0%
LA	1	7.1%	13	92.9%	100.0%
MA	3	9.1%	30	90.9%	100.0%
MD	5	22.7%	17	77.3%	100.0%
ME	0	.0%	10	100.0%	100.0%
MI	3	17.6%	14	82.4%	100.0%
MN	1	5.9%	16	94.1%	100.0%
MO	2	7.4%	25	92.6%	100.0%
MS	1	10.0%	9	90.0%	100.0%
MT	1	20.0%	4	80.0%	100.0%
NC	4	12.5%	28	87.5%	100.0%
ND	0	.0%	4	100.0%	100.0%
NE	0	.0%	11	100.0%	100.0%
NH	1	11.1%	8	88.9%	100.0%
NJ	6	20.7%	23	79.3%	100.0%
NM	2	20.0%	8	80.0%	100.0%
NV	0	.0%	4	100.0%	100.0%
NY	78	87.6%	11	12.4%	100.0%
OH	32	68.1%	15	31.9%	100.0%
OK	1	8.3%	11	91.7%	100.0%
OR	3	11.1%	24	88.9%	100.0%
PA	3	6.1%	46	93.9%	100.0%
RI	3	60.0%	2	40.0%	100.0%
SC	1	5.0%	19	95.0%	100.0%
SD	0	.0%	2	100.0%	100.0%
TN	2	7.7%	24	92.3%	100.0%
TX	15	22.7%	51	77.3%	100.0%

Table 4.1

**Question 4: Do you need to be certified to treat workers' comp patients?
by State (cont.)**

		Yes		No		
State		N		N		Total
UT		3	21.4%	11	78.6%	100.0%
VA		3	14.3%	18	85.7%	100.0%
VT		1	10.0%	9	90.0%	100.0%
WA		14	29.8%	33	70.2%	100.0%
WI		1	3.7%	26	96.3%	100.0%
WV		2	14.3%	12	85.7%	100.0%
WY		1	14.3%	6	85.7%	100.0%

Table 5.1

**Question 5: Is there adequate physician representation on the workers' comp board?
by State**

State		Yes		No		Total
		N	%	N	%	
AK		0	.0%	1	100.0%	100.0%
AL		8	66.7%	4	33.3%	100.0%
AR		2	22.2%	7	77.8%	100.0%
AZ		7	53.8%	6	46.2%	100.0%
CA		36	39.1%	56	60.9%	100.0%
CO		4	26.7%	11	73.3%	100.0%
CT		6	37.5%	10	62.5%	100.0%
DC		2	50.0%	2	50.0%	100.0%
DE		1	20.0%	4	80.0%	100.0%
FL		9	10.6%	76	89.4%	100.0%
GA		18	69.2%	8	30.8%	100.0%
HI		0	.0%	6	100.0%	100.0%
IA		0	.0%	2	100.0%	100.0%
ID		1	14.3%	6	85.7%	100.0%
IL		0	.0%	13	100.0%	100.0%
IN		1	7.7%	12	92.3%	100.0%
KS		1	10.0%	9	90.0%	100.0%
KY		1	9.1%	10	90.9%	100.0%
LA		1	12.5%	7	87.5%	100.0%
MA		4	16.7%	20	83.3%	100.0%
MD		3	30.0%	7	70.0%	100.0%
ME		2	33.3%	4	66.7%	100.0%
MI		1	10.0%	9	90.0%	100.0%
MN		5	45.5%	6	54.5%	100.0%
MO		2	14.3%	12	85.7%	100.0%
MS		1	16.7%	5	83.3%	100.0%
MT		1	33.3%	2	66.7%	100.0%
NC		6	33.3%	12	66.7%	100.0%
ND		0	.0%	4	100.0%	100.0%
NE		0	.0%	5	100.0%	100.0%
NH		3	50.0%	3	50.0%	100.0%
NJ		5	33.3%	10	66.7%	100.0%
NM		1	12.5%	7	87.5%	100.0%
NV		0	.0%	2	100.0%	100.0%
NY		16	26.2%	45	73.8%	100.0%
OH		5	17.2%	24	82.8%	100.0%
OK		5	41.7%	7	58.3%	100.0%
OR		3	14.3%	18	85.7%	100.0%
PA		6	19.4%	25	80.6%	100.0%
RI		5	100.0%	0	.0%	100.0%
SC		1	5.9%	16	94.1%	100.0%
SD		1	50.0%	1	50.0%	100.0%
TN		7	35.0%	13	65.0%	100.0%

Table 5.1

**Question 5: Is there adequate physician representation on the workers' comp board?
by State (cont.)**

		Yes		No		
State		N		N		Total
TX		12	22.2%	42	77.8%	100.0%
UT		4	44.4%	5	55.6%	100.0%
VA		6	42.9%	8	57.1%	100.0%
VT		3	50.0%	3	50.0%	100.0%
WA		6	15.0%	34	85.0%	100.0%
WI		1	10.0%	9	90.0%	100.0%
WV		4	30.8%	9	69.2%	100.0%
WY		4	57.1%	3	42.9%	100.0%

Table 6.1

Question 6: Do you feel that there is an adequate appeals mechanism in your state for difficult workers' comp reimbursement issues? by State

State		Yes		No		Total
		N		N		
AK		1	50.0%	1	50.0%	100.0%
AL		6	46.2%	7	53.8%	100.0%
AR		4	28.6%	10	71.4%	100.0%
AZ		7	46.7%	8	53.3%	100.0%
CA		37	31.9%	79	68.1%	100.0%
CO		6	35.3%	11	64.7%	100.0%
CT		7	33.3%	14	66.7%	100.0%
DC		1	20.0%	4	80.0%	100.0%
DE		3	50.0%	3	50.0%	100.0%
FL		8	8.5%	86	91.5%	100.0%
GA		17	63.0%	10	37.0%	100.0%
HI		0	.0%	7	100.0%	100.0%
IA		2	33.3%	4	66.7%	100.0%
ID		3	42.9%	4	57.1%	100.0%
IL		7	30.4%	16	69.6%	100.0%
IN		6	31.6%	13	68.4%	100.0%
KS		4	40.0%	6	60.0%	100.0%
KY		0	.0%	11	100.0%	100.0%
LA		3	21.4%	11	78.6%	100.0%
MA		6	20.0%	24	80.0%	100.0%
MD		9	47.4%	10	52.6%	100.0%
ME		7	87.5%	1	12.5%	100.0%
MI		1	7.7%	12	92.3%	100.0%
MN		5	35.7%	9	64.3%	100.0%
MO		10	47.6%	11	52.4%	100.0%
MS		5	45.5%	6	54.5%	100.0%
MT		0	.0%	3	100.0%	100.0%
NC		12	50.0%	12	50.0%	100.0%
ND		1	25.0%	3	75.0%	100.0%
NE		5	55.6%	4	44.4%	100.0%
NH		4	50.0%	4	50.0%	100.0%
NJ		6	26.1%	17	73.9%	100.0%
NM		1	12.5%	7	87.5%	100.0%
NV		1	33.3%	2	66.7%	100.0%
NY		17	19.3%	71	80.7%	100.0%
OH		12	30.0%	28	70.0%	100.0%
OK		2	16.7%	10	83.3%	100.0%
OR		14	48.3%	15	51.7%	100.0%
PA		7	14.6%	41	85.4%	100.0%
RI		3	60.0%	2	40.0%	100.0%
SC		2	10.5%	17	89.5%	100.0%
SD		1	50.0%	1	50.0%	100.0%

Table 6.1

Question 6: Do you feel that there is an adequate appeals mechanism in your state for difficult workers' comp reimbursement issues? by State (cont.)

		Yes		No		
State		N		N		Total
TN		4	20.0%	16	80.0%	100.0%
TX		21	32.8%	43	67.2%	100.0%
UT		3	25.0%	9	75.0%	100.0%
VA		6	30.0%	14	70.0%	100.0%
VT		4	66.7%	2	33.3%	100.0%
WA		13	27.7%	34	72.3%	100.0%
WI		13	65.0%	7	35.0%	100.0%
WV		2	15.4%	11	84.6%	100.0%
WY		4	57.1%	3	42.9%	100.0%

Table 7.1

**Question 7: Are your workers' comp claims promptly paid?
by State**

State	Yes		No		Total
	N		N		
AK	1	50.0%	1	50.0%	100.0%
AL	7	43.8%	9	56.3%	100.0%
AR	12	80.0%	3	20.0%	100.0%
AZ	11	68.8%	5	31.3%	100.0%
CA	55	48.2%	59	51.8%	100.0%
CO	16	84.2%	3	15.8%	100.0%
CT	13	59.1%	9	40.9%	100.0%
DC	1	20.0%	4	80.0%	100.0%
DE	4	66.7%	2	33.3%	100.0%
FL	40	40.0%	60	60.0%	100.0%
GA	18	66.7%	9	33.3%	100.0%
HI	1	14.3%	6	85.7%	100.0%
IA	6	85.7%	1	14.3%	100.0%
ID	5	62.5%	3	37.5%	100.0%
IL	13	43.3%	17	56.7%	100.0%
IN	17	73.9%	6	26.1%	100.0%
KS	11	78.6%	3	21.4%	100.0%
KY	3	30.0%	7	70.0%	100.0%
LA	10	66.7%	5	33.3%	100.0%
MA	12	35.3%	22	64.7%	100.0%
MD	9	40.9%	13	59.1%	100.0%
ME	7	70.0%	3	30.0%	100.0%
MI	7	41.2%	10	58.8%	100.0%
MN	10	62.5%	6	37.5%	100.0%
MO	21	80.8%	5	19.2%	100.0%
MS	6	54.5%	5	45.5%	100.0%
MT	3	60.0%	2	40.0%	100.0%
NC	19	61.3%	12	38.7%	100.0%
ND	4	100.0%	0	.0%	100.0%
NE	6	54.5%	5	45.5%	100.0%
NH	4	44.4%	5	55.6%	100.0%
NJ	19	65.5%	10	34.5%	100.0%
NM	5	50.0%	5	50.0%	100.0%
NV	2	66.7%	1	33.3%	100.0%
NY	17	19.3%	71	80.7%	100.0%
OH	19	41.3%	27	58.7%	100.0%
OK	7	58.3%	5	41.7%	100.0%
OR	11	39.3%	17	60.7%	100.0%
PA	15	31.9%	32	68.1%	100.0%
RI	4	80.0%	1	20.0%	100.0%
SC	11	57.9%	8	42.1%	100.0%
SD	2	100.0%	0	.0%	100.0%
TN	16	61.5%	10	38.5%	100.0%
TX	30	46.9%	34	53.1%	100.0%

Table 7.1

**Question 7: Are your workers' comp claims promptly paid?
by State (cont.)**

		Yes		No		
State		N		N		Total
UT		10	71.4%	4	28.6%	100.0%
VA		13	65.0%	7	35.0%	100.0%
VT		7	77.8%	2	22.2%	100.0%
WA		25	50.0%	25	50.0%	100.0%
WI		15	62.5%	9	37.5%	100.0%
WV		6	42.9%	8	57.1%	100.0%
WY		4	57.1%	3	42.9%	100.0%

Table 8.1

**Question 8: If your state uses physician panels, are they closed?
by State**

State	Yes		No		Total
	N	%	N	%	
AK	1	100.0%	0	.0%	100.0%
AL	6	54.5%	5	45.5%	100.0%
AR	0	.0%	2	100.0%	100.0%
AZ	3	30.0%	7	70.0%	100.0%
CA	13	21.0%	49	79.0%	100.0%
CO	10	71.4%	4	28.6%	100.0%
CT	7	58.3%	5	41.7%	100.0%
DC	1	100.0%	0	.0%	100.0%
DE	0	.0%	2	100.0%	100.0%
FL	20	37.0%	34	63.0%	100.0%
GA	18	66.7%	9	33.3%	100.0%
HI	0	.0%	1	100.0%	100.0%
ID	1	25.0%	3	75.0%	100.0%
IL	4	50.0%	4	50.0%	100.0%
IN	1	11.1%	8	88.9%	100.0%
KS	0	.0%	2	100.0%	100.0%
KY	1	25.0%	3	75.0%	100.0%
LA	0	.0%	5	100.0%	100.0%
MA	5	45.5%	6	54.5%	100.0%
MD	2	33.3%	4	66.7%	100.0%
ME	0	.0%	2	100.0%	100.0%
MI	2	28.6%	5	71.4%	100.0%
MN	0	.0%	6	100.0%	100.0%
MO	1	9.1%	10	90.9%	100.0%
MS	1	50.0%	1	50.0%	100.0%
MT	0	.0%	1	100.0%	100.0%
NC	2	40.0%	3	60.0%	100.0%
NE	0	.0%	6	100.0%	100.0%
NH	0	.0%	3	100.0%	100.0%
NJ	8	53.3%	7	46.7%	100.0%
NM	1	20.0%	4	80.0%	100.0%
NV	0	.0%	1	100.0%	100.0%
NY	7	19.4%	29	80.6%	100.0%
OH	5	26.3%	14	73.7%	100.0%
OK	1	20.0%	4	80.0%	100.0%
OR	9	50.0%	9	50.0%	100.0%
PA	25	78.1%	7	21.9%	100.0%
RI	3	100.0%	0	.0%	100.0%
SC	3	37.5%	5	62.5%	100.0%
SD	0	.0%	2	100.0%	100.0%
TN	18	85.7%	3	14.3%	100.0%
TX	10	29.4%	24	70.6%	100.0%
UT	3	50.0%	3	50.0%	100.0%
VA	7	53.8%	6	46.2%	100.0%

Table 8.1

**Question 8: If your state uses physician panels, are they closed?
by State (cont.)**

		Yes		No		
State		N		N		Total
VT		0	.0%	1	100.0%	100.0%
WA		7	21.9%	25	78.1%	100.0%
WI		2	28.6%	5	71.4%	100.0%
WV		3	50.0%	3	50.0%	100.0%
WY		1	33.3%	2	66.7%	100.0%

Table 9.1

**Question 9: Is there a preauthorization process?
by State**

State	Yes		No		Total
	N	%	N	%	
AK	2	100.0%	0	.0%	100.0%
AL	14	87.5%	2	12.5%	100.0%
AR	17	100.0%	0	.0%	100.0%
AZ	17	100.0%	0	.0%	100.0%
CA	122	96.1%	5	3.9%	100.0%
CO	21	95.5%	1	4.5%	100.0%
CT	22	95.7%	1	4.3%	100.0%
DC	5	100.0%	0	.0%	100.0%
DE	3	50.0%	3	50.0%	100.0%
FL	95	95.0%	5	5.0%	100.0%
GA	28	100.0%	0	.0%	100.0%
HI	6	85.7%	1	14.3%	100.0%
IA	6	85.7%	1	14.3%	100.0%
ID	7	87.5%	1	12.5%	100.0%
IL	30	90.9%	3	9.1%	100.0%
IN	25	100.0%	0	.0%	100.0%
KS	12	100.0%	0	.0%	100.0%
KY	10	90.9%	1	9.1%	100.0%
LA	12	80.0%	3	20.0%	100.0%
MA	35	97.2%	1	2.8%	100.0%
MD	21	100.0%	0	.0%	100.0%
ME	8	80.0%	2	20.0%	100.0%
MI	14	93.3%	1	6.7%	100.0%
MN	16	94.1%	1	5.9%	100.0%
MO	27	96.4%	1	3.6%	100.0%
MS	12	100.0%	0	.0%	100.0%
MT	5	100.0%	0	.0%	100.0%
NC	30	90.9%	3	9.1%	100.0%
ND	4	100.0%	0	.0%	100.0%
NE	9	81.8%	2	18.2%	100.0%
NH	7	77.8%	2	22.2%	100.0%
NJ	27	100.0%	0	.0%	100.0%
NM	10	100.0%	0	.0%	100.0%
NV	4	100.0%	0	.0%	100.0%
NY	88	97.8%	2	2.2%	100.0%
OH	48	100.0%	0	.0%	100.0%
OK	11	91.7%	1	8.3%	100.0%
OR	31	100.0%	0	.0%	100.0%
PA	36	73.5%	13	26.5%	100.0%
RI	5	100.0%	0	.0%	100.0%
SC	20	100.0%	0	.0%	100.0%
SD	1	50.0%	1	50.0%	100.0%
TN	24	100.0%	0	.0%	100.0%
TX	69	100.0%	0	.0%	100.0%

Table 9.1

**Question 9: Is there a preauthorization process?
by State (cont.)**

		Yes		No		
State		N		N		Total
UT		14	100.0%	0	.0%	100.0%
VA		21	100.0%	0	.0%	100.0%
VT		7	87.5%	1	12.5%	100.0%
WA		48	98.0%	1	2.0%	100.0%
WI		13	50.0%	13	50.0%	100.0%
WV		14	100.0%	0	.0%	100.0%
WY		1	14.3%	6	85.7%	100.0%

Table 9a.1

**Question 9: If yes, does the preauthorization process significantly delay care?
by State**

State	AK	Always		Frequently		Sometimes	
		N	%	N	%	N	%
AK	AK	0	.0%	0	.0%	2	100.0%
AL	AL	0	.0%	9	64.3%	4	28.6%
AR	AR	1	5.9%	7	41.2%	9	52.9%
AZ	AZ	3	17.6%	4	23.5%	10	58.8%
CA	CA	18	14.8%	48	39.3%	55	45.1%
CO	CO	3	14.3%	5	23.8%	12	57.1%
CT	CT	4	18.2%	9	40.9%	9	40.9%
DC	DC	3	60.0%	1	20.0%	0	.0%
DE	DE	1	33.3%	1	33.3%	1	33.3%
FL	FL	31	33.0%	50	53.2%	13	13.8%
GA	GA	4	14.3%	8	28.6%	16	57.1%
HI	HI	3	50.0%	3	50.0%	0	.0%
IA	IA	0	.0%	3	50.0%	3	50.0%
ID	ID	1	14.3%	4	57.1%	2	28.6%
IL	IL	7	25.9%	10	37.0%	10	37.0%
IN	IN	4	16.0%	9	36.0%	11	44.0%
KS	KS	1	8.3%	7	58.3%	3	25.0%
KY	KY	2	22.2%	5	55.6%	2	22.2%
LA	LA	1	8.3%	3	25.0%	8	66.7%
MA	MA	16	45.7%	12	34.3%	7	20.0%
MD	MD	4	19.0%	13	61.9%	3	14.3%
ME	ME	1	12.5%	3	37.5%	4	50.0%
MI	MI	1	7.1%	7	50.0%	6	42.9%
MN	MN	5	31.3%	5	31.3%	5	31.3%
MO	MO	3	11.1%	15	55.6%	9	33.3%
MS	MS	2	16.7%	6	50.0%	4	33.3%
MT	MT	1	20.0%	2	40.0%	2	40.0%
NC	NC	2	6.7%	14	46.7%	12	40.0%
ND	ND	0	.0%	1	25.0%	3	75.0%
NE	NE	0	.0%	3	33.3%	6	66.7%
NH	NH	2	28.6%	2	28.6%	3	42.9%
NJ	NJ	3	11.5%	8	30.8%	14	53.8%
NM	NM	3	30.0%	2	20.0%	5	50.0%
NV	NV	2	50.0%	0	.0%	2	50.0%
NY	NY	49	57.0%	33	38.4%	4	4.7%
OH	OH	13	27.1%	26	54.2%	9	18.8%
OK	OK	1	9.1%	4	36.4%	5	45.5%
OR	OR	8	26.7%	11	36.7%	10	33.3%
PA	PA	3	8.3%	13	36.1%	19	52.8%
RI	RI	1	20.0%	2	40.0%	2	40.0%
SC	SC	3	15.0%	11	55.0%	6	30.0%
SD	SD	1	100.0%	0	.0%	0	.0%
TN	TN	3	12.5%	11	45.8%	9	37.5%
TX	TX	24	34.8%	29	42.0%	16	23.2%

Table 9a.1

**Question 9: If yes, does the preauthorization process significantly delay care?
by State (cont.)**

		Always		Frequently		Sometimes	
State		N		N		N	
UT		2	14.3%	4	28.6%	8	57.1%
VA		1	5.0%	6	30.0%	12	60.0%
VT		1	16.7%	1	16.7%	4	66.7%
WA		18	38.3%	24	51.1%	5	10.6%
WI		2	15.4%	2	15.4%	9	69.2%
WV		7	50.0%	6	42.9%	1	7.1%
WY		1	100.0%	0	.0%	0	.0%

Table 9a.1

**Question 9: If yes, does the preauthorization process significantly delay care?
by State (cont.)**

		Not at all		
State		N		Total
AK		0	.0%	100.0%
AL		1	7.1%	100.0%
AR		0	.0%	100.0%
AZ		0	.0%	100.0%
CA		1	.8%	100.0%
CO		1	4.8%	100.0%
CT		0	.0%	100.0%
DC		1	20.0%	100.0%
DE		0	.0%	100.0%
FL		0	.0%	100.0%
GA		0	.0%	100.0%
HI		0	.0%	100.0%
IA		0	.0%	100.0%
ID		0	.0%	100.0%
IL		0	.0%	100.0%
IN		1	4.0%	100.0%
KS		1	8.3%	100.0%
KY		0	.0%	100.0%
LA		0	.0%	100.0%
MA		0	.0%	100.0%
MD		1	4.8%	100.0%
ME		0	.0%	100.0%
MI		0	.0%	100.0%
MN		1	6.3%	100.0%
MO		0	.0%	100.0%
MS		0	.0%	100.0%
MT		0	.0%	100.0%
NC		2	6.7%	100.0%
ND		0	.0%	100.0%
NE		0	.0%	100.0%
NH		0	.0%	100.0%
NJ		1	3.8%	100.0%
NM		0	.0%	100.0%
NV		0	.0%	100.0%
NY		0	.0%	100.0%
OH		0	.0%	100.0%
OK		1	9.1%	100.0%
OR		1	3.3%	100.0%
PA		1	2.8%	100.0%
RI		0	.0%	100.0%
SC		0	.0%	100.0%
SD		0	.0%	100.0%
TN		1	4.2%	100.0%
TX		0	.0%	100.0%

Table 9a.1

**Question 9: If yes, does the preauthorization process significantly delay care?
by State (cont.)**

		Not at all		
State		N		Total
UT		0	.0%	100.0%
VA		1	5.0%	100.0%
VT		0	.0%	100.0%
WA		0	.0%	100.0%
WI		0	.0%	100.0%
WV		0	.0%	100.0%
WY		0	.0%	100.0%

Table 10.1

**Question 10: How does your workers' compensation reimbursement compare to other forms of reimbursements (Medicare, private insurance, etc.)?
by State**

State		Higher		The same		Lower		Total
		N		N		N		
AK		1	50.0%	1	50.0%	0	.0%	100.0%
AL		12	75.0%	4	25.0%	0	.0%	100.0%
AR		6	37.5%	6	37.5%	4	25.0%	100.0%
AZ		14	82.4%	3	17.6%	0	.0%	100.0%
CA		80	65.6%	30	24.6%	12	9.8%	100.0%
CO		15	75.0%	3	15.0%	2	10.0%	100.0%
CT		20	83.3%	4	16.7%	0	.0%	100.0%
DC		1	25.0%	1	25.0%	2	50.0%	100.0%
DE		5	83.3%	1	16.7%	0	.0%	100.0%
FL		10	10.4%	6	6.3%	80	83.3%	100.0%
GA		19	67.9%	6	21.4%	3	10.7%	100.0%
HI		1	16.7%	1	16.7%	4	66.7%	100.0%
IA		7	100.0%	0	.0%	0	.0%	100.0%
ID		5	55.6%	4	44.4%	0	.0%	100.0%
IL		28	84.8%	5	15.2%	0	.0%	100.0%
IN		19	73.1%	6	23.1%	1	3.8%	100.0%
KS		7	50.0%	5	35.7%	2	14.3%	100.0%
KY		5	45.5%	1	9.1%	5	45.5%	100.0%
LA		10	62.5%	5	31.3%	1	6.3%	100.0%
MA		10	30.3%	3	9.1%	20	60.6%	100.0%
MD		10	45.5%	3	13.6%	9	40.9%	100.0%
ME		8	80.0%	2	20.0%	0	.0%	100.0%
MI		3	17.6%	9	52.9%	5	29.4%	100.0%
MN		10	58.8%	2	11.8%	5	29.4%	100.0%
MO		20	74.1%	4	14.8%	3	11.1%	100.0%
MS		4	36.4%	5	45.5%	2	18.2%	100.0%
MT		1	25.0%	2	50.0%	1	25.0%	100.0%
NC		13	41.9%	15	48.4%	3	9.7%	100.0%
ND		1	33.3%	0	.0%	2	66.7%	100.0%
NE		10	90.9%	1	9.1%	0	.0%	100.0%
NH		7	77.8%	2	22.2%	0	.0%	100.0%
NJ		20	66.7%	6	20.0%	4	13.3%	100.0%
NM		7	70.0%	3	30.0%	0	.0%	100.0%
NV		3	75.0%	1	25.0%	0	.0%	100.0%
NY		50	55.6%	22	24.4%	18	20.0%	100.0%
OH		24	49.0%	23	46.9%	2	4.1%	100.0%
OK		8	72.7%	3	27.3%	0	.0%	100.0%
OR		23	85.2%	4	14.8%	0	.0%	100.0%
PA		22	45.8%	17	35.4%	9	18.8%	100.0%
RI		5	100.0%	0	.0%	0	.0%	100.0%
SC		4	21.1%	5	26.3%	10	52.6%	100.0%
SD		0	.0%	0	.0%	1	100.0%	100.0%
TN		23	85.2%	4	14.8%	0	.0%	100.0%

Table 10.1

**Question 10: How does your workers' compensation reimbursement compare to other forms of reimbursements (Medicare, private insurance, etc.)?
by State (cont.)**

		Higher		The same		Lower		
State		N		N		N		Total
TX		42	64.6%	13	20.0%	10	15.4%	100.0%
UT		10	76.9%	2	15.4%	1	7.7%	100.0%
VA		14	77.8%	3	16.7%	1	5.6%	100.0%
VT		3	33.3%	4	44.4%	2	22.2%	100.0%
WA		11	24.4%	12	26.7%	22	48.9%	100.0%
WI		16	69.6%	6	26.1%	1	4.3%	100.0%
WV		3	21.4%	4	28.6%	7	50.0%	100.0%
WY		2	40.0%	0	.0%	3	60.0%	100.0%

Table 11a

**Question 11: Please rank the following issues you experience with the workers' comp system:
Inadequate reimbursement by State**

		Inadequate reimbursement						
		Not a problem		Somewhat of a problem		Definitely a problem		
State		N		N		N		Total
AK		1	50.0%	1	50.0%	0	.0%	100.0%
AL		8	50.0%	8	50.0%	0	.0%	100.0%
AR		3	17.6%	11	64.7%	3	17.6%	100.0%
AZ		11	68.8%	5	31.3%	0	.0%	100.0%
CA		25	20.2%	74	59.7%	25	20.2%	100.0%
CO		2	9.1%	11	50.0%	9	40.9%	100.0%
CT		9	37.5%	13	54.2%	2	8.3%	100.0%
DC		1	20.0%	1	20.0%	3	60.0%	100.0%
DE		5	83.3%	1	16.7%	0	.0%	100.0%
FL		2	2.0%	16	15.7%	84	82.4%	100.0%
GA		8	27.6%	18	62.1%	3	10.3%	100.0%
HI		0	.0%	0	.0%	7	100.0%	100.0%
IA		5	71.4%	2	28.6%	0	.0%	100.0%
ID		4	50.0%	3	37.5%	1	12.5%	100.0%
IL		19	57.6%	8	24.2%	6	18.2%	100.0%
IN		15	57.7%	8	30.8%	3	11.5%	100.0%
KS		5	38.5%	6	46.2%	2	15.4%	100.0%
KY		2	16.7%	3	25.0%	7	58.3%	100.0%
LA		6	35.3%	9	52.9%	2	11.8%	100.0%
MA		3	8.8%	12	35.3%	19	55.9%	100.0%
MD		1	4.8%	11	52.4%	9	42.9%	100.0%
ME		8	80.0%	2	20.0%	0	.0%	100.0%
MI		3	17.6%	8	47.1%	6	35.3%	100.0%
MN		8	47.1%	5	29.4%	4	23.5%	100.0%
MO		15	53.6%	10	35.7%	3	10.7%	100.0%
MS		4	33.3%	3	25.0%	5	41.7%	100.0%
MT		2	33.3%	2	33.3%	2	33.3%	100.0%
NC		18	52.9%	13	38.2%	3	8.8%	100.0%
ND		0	.0%	2	50.0%	2	50.0%	100.0%
NE		6	60.0%	3	30.0%	1	10.0%	100.0%
NH		2	22.2%	6	66.7%	1	11.1%	100.0%
NJ		11	39.3%	11	39.3%	6	21.4%	100.0%
NM		1	10.0%	7	70.0%	2	20.0%	100.0%
NV		2	50.0%	2	50.0%	0	.0%	100.0%
NY		22	24.4%	34	37.8%	34	37.8%	100.0%
OH		16	32.0%	23	46.0%	11	22.0%	100.0%
OK		6	50.0%	5	41.7%	1	8.3%	100.0%
OR		18	56.3%	9	28.1%	5	15.6%	100.0%
PA		1	1.9%	18	34.0%	34	64.2%	100.0%
RI		4	80.0%	1	20.0%	0	.0%	100.0%
SC		0	.0%	7	35.0%	13	65.0%	100.0%
SD		1	50.0%	0	.0%	1	50.0%	100.0%
TN		17	63.0%	6	22.2%	4	14.8%	100.0%

Table 11a

**Question 11: Please rank the following issues you experience with the workers' comp system:
Inadequate reimbursement by State (cont.)**

		Inadequate reimbursement						
		Not a problem		Somewhat of a problem		Definitely a problem		
State		N		N		N		Total
TX		22	32.4%	28	41.2%	18	26.5%	100.0%
UT		4	28.6%	6	42.9%	4	28.6%	100.0%
VA		9	42.9%	8	38.1%	4	19.0%	100.0%
VT		2	20.0%	5	50.0%	3	30.0%	100.0%
WA		3	5.9%	10	19.6%	38	74.5%	100.0%
WI		14	53.8%	9	34.6%	3	11.5%	100.0%
WV		2	14.3%	4	28.6%	8	57.1%	100.0%
WY		2	28.6%	4	57.1%	1	14.3%	100.0%

Table 11b

**Question 11: Please rank the following issues you experience with the workers' comp system:
Delayed reimbursement by State**

		Delayed reimbursement						
		Not a problem		Somewhat of a problem		Definitely a problem		
State		N		N		N		Total
AK		1	50.0%	1	50.0%	0	.0%	100.0%
AL		4	25.0%	7	43.8%	5	31.3%	100.0%
AR		2	12.5%	12	75.0%	2	12.5%	100.0%
AZ		4	25.0%	10	62.5%	2	12.5%	100.0%
CA		13	10.5%	70	56.5%	41	33.1%	100.0%
CO		8	38.1%	9	42.9%	4	19.0%	100.0%
CT		5	20.8%	12	50.0%	7	29.2%	100.0%
DC		1	20.0%	1	20.0%	3	60.0%	100.0%
DE		1	16.7%	4	66.7%	1	16.7%	100.0%
FL		12	11.9%	39	38.6%	50	49.5%	100.0%
GA		5	17.2%	16	55.2%	8	27.6%	100.0%
HI		0	.0%	1	14.3%	6	85.7%	100.0%
IA		3	42.9%	4	57.1%	0	.0%	100.0%
ID		3	33.3%	4	44.4%	2	22.2%	100.0%
IL		6	19.4%	13	41.9%	12	38.7%	100.0%
IN		10	40.0%	11	44.0%	4	16.0%	100.0%
KS		1	7.7%	9	69.2%	3	23.1%	100.0%
KY		1	11.1%	3	33.3%	5	55.6%	100.0%
LA		4	25.0%	11	68.8%	1	6.3%	100.0%
MA		4	11.4%	9	25.7%	22	62.9%	100.0%
MD		1	4.5%	8	36.4%	13	59.1%	100.0%
ME		6	60.0%	4	40.0%	0	.0%	100.0%
MI		2	11.8%	9	52.9%	6	35.3%	100.0%
MN		6	35.3%	7	41.2%	4	23.5%	100.0%
MO		11	39.3%	14	50.0%	3	10.7%	100.0%
MS		0	.0%	6	50.0%	6	50.0%	100.0%
MT		2	40.0%	1	20.0%	2	40.0%	100.0%
NC		7	20.6%	19	55.9%	8	23.5%	100.0%
ND		2	50.0%	2	50.0%	0	.0%	100.0%
NE		6	60.0%	3	30.0%	1	10.0%	100.0%
NH		3	33.3%	2	22.2%	4	44.4%	100.0%
NJ		5	17.2%	14	48.3%	10	34.5%	100.0%
NM		3	30.0%	3	30.0%	4	40.0%	100.0%
NV		1	25.0%	2	50.0%	1	25.0%	100.0%
NY		6	6.5%	21	22.8%	65	70.7%	100.0%
OH		3	6.0%	24	48.0%	23	46.0%	100.0%
OK		4	33.3%	6	50.0%	2	16.7%	100.0%
OR		7	23.3%	8	26.7%	15	50.0%	100.0%
PA		6	11.5%	19	36.5%	27	51.9%	100.0%
RI		2	40.0%	2	40.0%	1	20.0%	100.0%
SC		6	31.6%	7	36.8%	6	31.6%	100.0%
SD		1	50.0%	1	50.0%	0	.0%	100.0%
TN		5	18.5%	15	55.6%	7	25.9%	100.0%

Table 11b

**Question 11: Please rank the following issues you experience with the workers' comp system:
Delayed reimbursement by State (cont.)**

		Delayed reimbursement						
		Not a problem		Somewhat of a problem		Definitely a problem		
State		N		N		N		Total
TX		14	20.3%	29	42.0%	26	37.7%	100.0%
UT		6	42.9%	6	42.9%	2	14.3%	100.0%
VA		6	28.6%	8	38.1%	7	33.3%	100.0%
VT		2	20.0%	6	60.0%	2	20.0%	100.0%
WA		7	14.0%	19	38.0%	24	48.0%	100.0%
WI		8	32.0%	12	48.0%	5	20.0%	100.0%
WV		3	21.4%	3	21.4%	8	57.1%	100.0%
WY		4	57.1%	0	.0%	3	42.9%	100.0%

Table 11c

**Question 11: Please rank the following issues you experience with the workers' comp system:
Administrative hassles by State**

		Administrative hassles						
		Not a problem		Somewhat of a problem		Definitely a problem		
State		N		N		N		Total
AK		1	50.0%	1	50.0%	0	.0%	100.0%
AL		2	12.5%	6	37.5%	8	50.0%	100.0%
AR		0	.0%	9	52.9%	8	47.1%	100.0%
AZ		4	25.0%	8	50.0%	4	25.0%	100.0%
CA		5	4.0%	49	39.2%	71	56.8%	100.0%
CO		1	4.5%	11	50.0%	10	45.5%	100.0%
CT		0	.0%	10	41.7%	14	58.3%	100.0%
DC		0	.0%	3	60.0%	2	40.0%	100.0%
DE		1	16.7%	3	50.0%	2	33.3%	100.0%
FL		2	2.0%	22	21.8%	77	76.2%	100.0%
GA		3	10.3%	12	41.4%	14	48.3%	100.0%
HI		0	.0%	0	.0%	7	100.0%	100.0%
IA		0	.0%	2	28.6%	5	71.4%	100.0%
ID		1	11.1%	6	66.7%	2	22.2%	100.0%
IL		4	11.8%	10	29.4%	20	58.8%	100.0%
IN		2	7.7%	13	50.0%	11	42.3%	100.0%
KS		0	.0%	4	28.6%	10	71.4%	100.0%
KY		0	.0%	4	36.4%	7	63.6%	100.0%
LA		2	12.5%	7	43.8%	7	43.8%	100.0%
MA		1	2.9%	5	14.3%	29	82.9%	100.0%
MD		1	4.5%	8	36.4%	13	59.1%	100.0%
ME		2	20.0%	6	60.0%	2	20.0%	100.0%
MI		1	5.9%	6	35.3%	10	58.8%	100.0%
MN		3	17.6%	2	11.8%	12	70.6%	100.0%
MO		1	3.6%	13	46.4%	14	50.0%	100.0%
MS		1	8.3%	5	41.7%	6	50.0%	100.0%
MT		1	16.7%	0	.0%	5	83.3%	100.0%
NC		3	8.8%	17	50.0%	14	41.2%	100.0%
ND		0	.0%	1	25.0%	3	75.0%	100.0%
NE		0	.0%	7	70.0%	3	30.0%	100.0%
NH		1	11.1%	1	11.1%	7	77.8%	100.0%
NJ		1	3.4%	16	55.2%	12	41.4%	100.0%
NM		0	.0%	4	40.0%	6	60.0%	100.0%
NV		1	25.0%	1	25.0%	2	50.0%	100.0%
NY		2	2.2%	18	19.6%	72	78.3%	100.0%
OH		2	4.0%	12	24.0%	36	72.0%	100.0%
OK		1	8.3%	6	50.0%	5	41.7%	100.0%
OR		4	12.5%	6	18.8%	22	68.8%	100.0%
PA		2	3.8%	16	30.2%	35	66.0%	100.0%
RI		0	.0%	3	60.0%	2	40.0%	100.0%
SC		0	.0%	11	57.9%	8	42.1%	100.0%
SD		0	.0%	1	50.0%	1	50.0%	100.0%
TN		1	3.7%	7	25.9%	19	70.4%	100.0%

Table 11c

**Question 11: Please rank the following issues you experience with the workers' comp system:
Administrative hassles by State (cont.)**

		Administrative hassles						
		Not a problem		Somewhat of a problem		Definitely a problem		
State		N		N		N		Total
TX		2	2.9%	15	21.7%	52	75.4%	100.0%
UT		2	14.3%	8	57.1%	4	28.6%	100.0%
VA		1	4.8%	12	57.1%	8	38.1%	100.0%
VT		0	.0%	6	66.7%	3	33.3%	100.0%
WA		0	.0%	4	7.8%	47	92.2%	100.0%
WI		2	7.7%	11	42.3%	13	50.0%	100.0%
WV		1	7.1%	4	28.6%	9	64.3%	100.0%
WY		3	42.9%	0	.0%	4	57.1%	100.0%