



DEPARTMENT OF
LABOR
& INDUSTRIAL RELATIONS

2014

Missouri Division of Workers' Compensation

Annual Report



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Introduction

The Missouri Workers' Compensation Law is the exclusive remedy for the employers and employees to adjudicate and resolve disputes relating to injuries, illnesses or occupational diseases that arise out of and in the course of employment. Senate Bill 1, 97th Gen. Assembly, 1st Reg. Sess. (2013), made several changes to the law, effective January 1, 2014 (SB 1)¹. Occupational diseases were added to the exclusive remedy provision under the law as set out in §§287.120.1 and 287.120.2. In addition, §287.067.2 was amended to state that an injury or death by occupational disease is compensable only if the occupational exposure was the prevailing factor in causing both the resulting medical condition and disability.

Any reference to employers includes the workers' compensation insurance carrier, Division of Workers' Compensation (Division) approved individual self-insured employer or group trusts, as the case may be. The workers' compensation law applies to all employers that have five or more employees. Construction industry employers who erect, demolish, alter or repair improvements are subject to the law if they employ one or more employees. Partners and sole proprietors may individually elect to obtain coverage. The law does exempt a very small and very specific group of employees, which includes farm laborers, domestic servants, certain real estate agents and direct sellers and commercial motor-carrier owner-operators. Please refer to §287.090 for additional information.

All employers subject to the law must insure their entire workers' compensation obligations or liabilities under the law with an insurance carrier that is authorized to provide such services in the state of Missouri by the Missouri Department of Insurance, Financial Institutions and Professional Registration, or meet the requirements of the Division to be granted self-insurance authority. SB 1 amended §287.280.1 to permit an employer to insure in whole or in part their employer liability, under a policy of insurance or a self insurance plan. SB 1 also grants an employer the option to reject mesothelioma liability and if the employer rejects this liability, the exclusive remedy provision of the Workers' Compensation Law does not apply. SB 1 grants the employer the option to accept mesothelioma liability by either insuring their liability by purchasing insurance coverage with an insurance carrier; qualifying as a self-insurer; or by becoming a member of a group insurance pool that complies with the requirements of §287.223. This section creates the Missouri Mesothelioma Risk Management Fund.

¹ Throughout the Annual Report, changes made to the Law by SB 1 are referenced, where applicable. All references are to Missouri Revised Statutes, RSMo (2014) unless otherwise stated.



The Division administers the Workers' Compensation Law. The Division has eight adjudication offices equipped to render services to employees and employers. The Division carries out its responsibilities through several programs and units, located primarily in Jefferson City, that provide services to all stakeholders. An administrative tax, not to exceed two percent, is imposed on employers to fund the administrative expenses of the Division associated with the administration of the Missouri Workers' Compensation Law.

Under the Missouri Workers' Compensation Law, an injured employee is entitled to receive medical benefits, temporary total disability benefits (TTD), and permanent partial disability (PPD) or permanent total disability benefits (PTD), respectively. The TTD benefits generally equal two-thirds of the injured employee's average weekly wage not to exceed a maximum rate set by the legislature. The average weekly wage is determined by examining various pay periods immediately preceding the date of injury. SB 1 established a new definitional provision contained in §287.020(11) relating to "occupational diseases due to toxic exposure" to include the following: mesothelioma, asbestosis, berylliosis, coal worker's pneumoconiosis, bronchiolitis obliterans, silicosis, silicotuberculosis, manganism, acute myelogenous leukemia, and myelodysplastic syndrome.

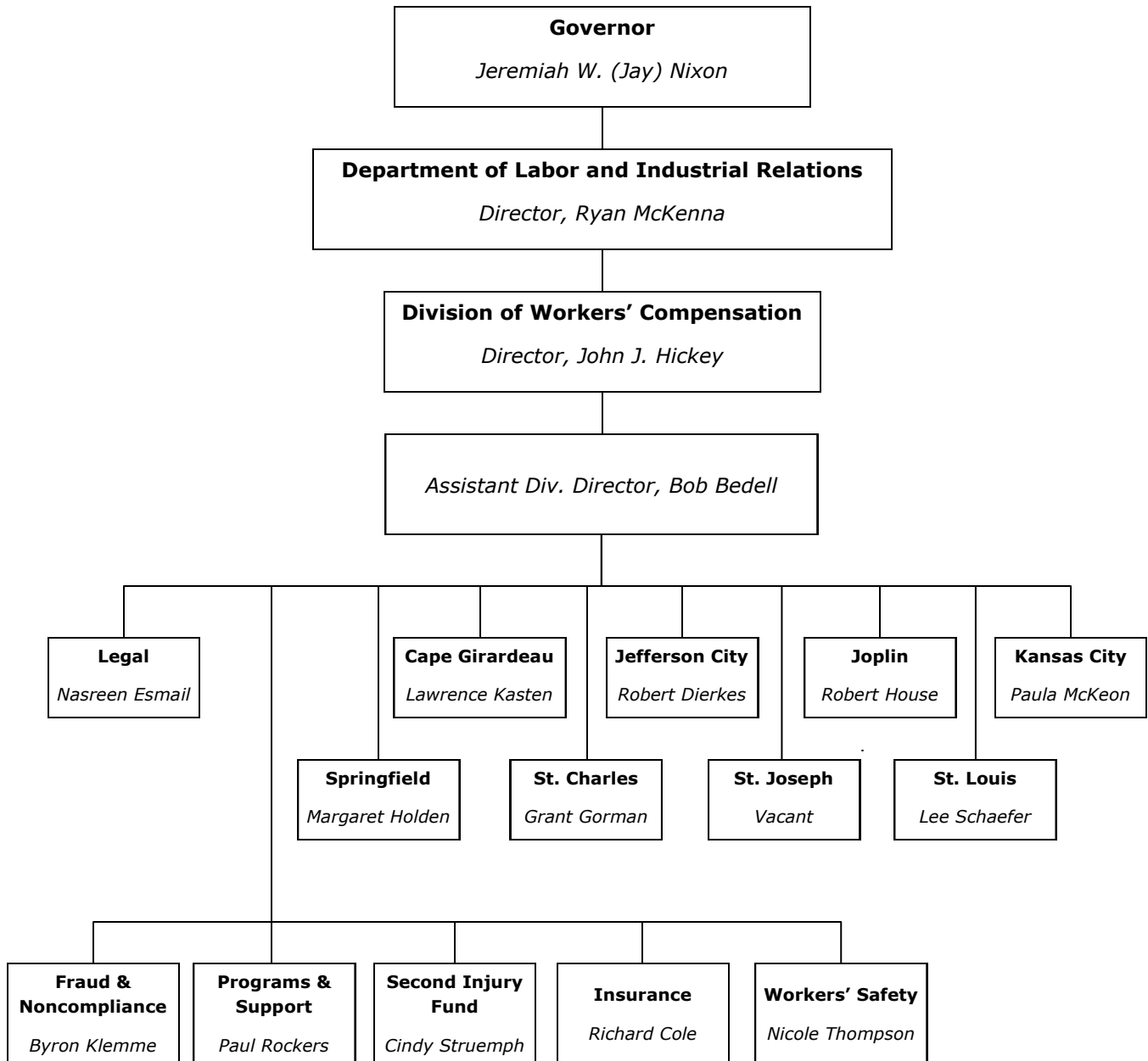
For all claims filed on or after January 1, 2014, for occupational diseases due to toxic exposure that result in PTD or death, an employee is entitled to such amount due to employee during his life based upon an award of PTD and death; except that the PTD and death shall only be paid when the enhanced benefits have been exhausted. The enhanced benefit for occupational disease due to toxic exposure *not including mesothelioma* is an amount equal to 200% of the state average weekly wage (SAWW) as of the date of diagnosis for 100 weeks. The enhanced benefit for occupational disease due to toxic exposure that *is diagnosed to be mesothelioma*, is an amount equal to 300% of the SAWW for 212 weeks. §287.200.4, *et seq.*

This report, as required by §287.680 briefly describes each of the programs and units and summarizes the transactions and proceedings undertaken for the year 2014. This report includes the statistical information collected by the Division where applicable².

² All tables, figures and data in this report were derived from documents filed and information reported to the Division of Workers' Compensation as required by law, unless otherwise noted. The techniques and analysis used are appropriate and reasonable based upon information currently available and as reported to the Division.



Organizational Chart





Biographies



Ryan McKenna

Director, Department of Labor & Industrial Relations

Ryan McKenna was named the Director of the Missouri Department of Labor and Industrial Relations in December 2013 by Governor Jay Nixon. Prior to his appointment, McKenna represented the constituents of Jefferson County in the Missouri Senate since 2006 and he was a member of the Missouri House of Representatives from 1998 to 2004. During his time as Senator, he served on several senate committees, including the Jobs, Economic Development and Local Government Committee. A Jefferson County native, McKenna is a graduate of Missouri State University and worked as a union laborer on highway and bridge construction before being elected to the General Assembly.



John J. Hickey

Director, Division of Workers' Compensation

John J. Hickey was appointed to serve as the Division of Workers' Compensation Director of the Missouri Department of Labor in 2011. Prior to this appointment, Hickey served as the employee representative commissioner on the Labor and Industrial Relations Commission for nine years. Hickey also represented the 80th District in the Missouri House of Representatives from 1993 to 2002. Hickey served on both the Workers' Compensation Committee and Labor Committee for 10 years and was Chairman for seven years.



Administration

DIVISION OF WORKERS' COMPENSATION

Bob Bedell, *Assistant Director*

The Assistant Director reports to the Division Director and is responsible for the day-to-day operations of most units within the Division. This position works closely with management staff to optimize daily operations and ensure the Division's mission and goals are achieved.

PROGRAMS & SUPPORT

Paul Rockers, *Manager*

The Programs and Support Unit receives all filings made by the parties with the Division. This unit's functions include claims processing, database management, case review, imaging, electronic data interchange (EDI) monitoring, fulfilling copy work requests, and responding to inquiries by the Social Security Administration. This unit also oversees the Customer Service Unit, which handles all calls to the Division on the toll-free line, as well as, oversees the records in the Division's file room which are transferred to the Secretary of State's Office.

INSURANCE

Richard Cole, *Manager*

The Insurance Unit oversees roughly 29 percent of the workers' compensation insurance market as many employers take advantage of the option to self-insure their obligations. Missouri has stringent requirements that need to be met prior to granting self-insurance authority to an employer, including requirements that relate to financial stability, loss history, safety, and claims handling process. The unit's functions consist of reviewing applications, overseeing the existing self-insured entities, and conducting claims audits.

LEGAL

Nasreen Esmail, *Chief Legal Counsel*

The Legal Unit provides legal advice and assistance to the Division Director and various units and programs within the Division. The Legal Unit oversees the Religious Exception Program, Medical Fee Dispute Program, Line of Duty Compensation Fund, Proof of Coverage, and the Dispute Management Unit. The unit responds to subpoenas and requests for records, complaints referred by other agencies, constituent requests, and all email inquiries sent to the Division's website. In addition to various other duties, the unit also drafts proposed rules and amendments to the existing regulations to be filed with the Joint Committee on Administrative Rules and Secretary of State's office upon approval by the Department and the Labor and Industrial Relations Commission.

WORKERS' SAFETY PROGRAM

Nicole Thompson, *Manager*

The Missouri Workers' Safety Program helps employers improve workplace safety and reduce workers' compensation costs by ensuring that Missouri businesses have access to individualized safety and health services by certifying the safety programs of insurance carriers



and maintaining a registry of certified safety consultants. MWSP also certifies the safety programs of physical rehabilitation facilities and evaluates the safety programs of self-insured businesses and trusts.

DISPUTE MANAGEMENT

Glenn Easley, *Mediator*

This unit is responsible for providing information and attempting to resolve disputes between employers/insurers/Third-Party Administrators and injured employees prior to a Claim for Compensation being filed with the Division. The Division's information specialists receive calls from various stakeholders with questions about workers' compensation law, procedural requirements or status of a particular case. These calls are made on the toll-free number maintained by the Division. Referrals are made to this unit when it appears that the issues can be resolved at the early stages of a case by providing early intervention assistance. Written requests for mediation from injured workers are also received by the Mediator to determine if any disputes can be resolved by telephone conferences, rather than a personal appearance at one of the adjudication offices.

SECOND INJURY FUND

Cindy Struemph, *Manager*

The Second Injury Fund Unit is responsible for the billing and collection of the Second Injury Fund (SIF) surcharge and supplemental surcharge as well as processing SIF benefit payments. When an employee is eligible for SIF benefits and a compromise settlement has been approved or an award has been issued by the Administrative Law Judge, the Division processes payments to the injured worker. The SIF Unit also pursues recoveries of overpayments made on permanent total disability cases and certifies vocational rehabilitation providers.

FRAUD & NONCOMPLIANCE

Byron Klemme, *Investigation Manager*

The Fraud and Noncompliance Unit is responsible for investigating alleged fraud and non-compliance in workers' compensation. This unit investigates allegations of fraud by employees, employers, attorneys, insurers or physicians. Noncompliance includes the failure by employers to carry workers' compensation insurance, or to post notice of workers' compensation at the workplace. Appropriate cases of fraud and noncompliance are referred to the Missouri Attorney General's Office for prosecution.

ADJUDICATION

The Division's statutory responsibility to adjudicate and resolve disputes under the law is fulfilled by the eight adjudication offices throughout the state of Missouri. The Administrative Law Judges, court reporters, docket clerks, and assistants provide the services to the parties of the case who appear at the scheduled docket settings in each respective office. The Division offers various docket settings to assist with the timely resolution of workers' compensation claims. The Division also schedules evidentiary hearings on medical fee disputes, crime victims' compensation cases, and tort victims' compensation cases.



Assessments & Expenditures

Workers' Compensation Administrative Fund Tax and Surcharge

As required by §287.690 and §287.716 the State of Missouri imposes a workers' compensation administrative tax on all workers' compensation insurance carriers and self-insured employers and an administrative surcharge on every workers' compensation deductible plan policyholder insured in Missouri. Section 287.690 authorizes the imposition of an administrative tax not to exceed two percent and §287.716 authorizes the imposition of an administrative surcharge at the same rate as the administrative tax. The revenue from the administrative tax and administrative surcharge is used to fund expenses associated with the administration of Missouri's Workers' Compensation Law. The Director of the Division determines the rates for the subsequent calendar year by October 31, using the formula set forth in §287.690.

Year	Premium Base	WC Assessment Rate	Revenue Collected*
2005	\$2,038,285,101	0.00%	\$4,910,336
2006	\$2,011,936,403	0.00%	\$1,637,961
2007	\$1,935,620,269	1.00%	\$11,836,057
2008	\$1,694,928,423	1.00%	\$15,066,584
2009	\$1,514,085,982	0.50%	\$8,694,109
2010	\$1,323,493,497	1.00%	\$12,296,302
2011	\$1,351,278,216	1.00%	\$12,064,890
2012	\$1,431,904,829	1.00%	\$13,516,121
2013	\$1,513,481,654	1.00%	\$14,826,739
2014	Not yet available	1.00%	\$16,146,088

Source: Missouri Department of Insurance, Financial Institutions and Professional Registration and Missouri SAM II Financial System.

* Note: Although the Premium Tax Rate for some calendar years was set at 0.0 percent, insurance companies still remitted workers' compensation taxes, which may have represented delinquent taxes or adjustment amounts.

BALANCE of fund on January 1, 2014	\$ 11,151,643
Revenue:	
Tax & Surcharge Collections	16,146,088
Interest	59,329
Miscellaneous Receipts	662,938
Total Revenue	\$ 16,868,355
Expenditures:	
Administrative Costs	15,671,180
Total Expenditures	\$ 15,671,180
BALANCE of fund on December 31, 2014	\$ 12,348,818

Source: Missouri SAM II Financial System



Second Injury Fund Surcharge

Section 287.715 provides for the collection of an annual surcharge not to exceed 3 percent from every authorized self-insurer and every workers' compensation policyholder insured in Missouri. To address the solvency issues facing the SIF, §287.715.6 authorizes the Division Director to collect a supplemental SIF surcharge not to exceed 3 percent for calendar years 2014 to 2021, of policyholder's or self-insured's workers' compensation net deposits, net premiums or net assessments of the previous policy year. The surcharge collected is deposited to the credit of the SIF and used to pay benefit and expense liabilities of the SIF per the prioritization schedule established pursuant to §287.220(15). Like the workers' compensation administrative tax and surcharge, the surcharge rate is calculated by October 31 for the subsequent year by the Director of the Division using the formula set forth in §287.715.2. The Division notifies the commercial carriers and self-insurers of the surcharge and supplemental surcharge percents that have been imposed.

Year	Premium Base	SIF Assessment Rate	Revenue Collected
2005	\$2,038,285,101	3.50%	\$72,990,094
2006	\$2,011,936,403	3.00%	\$62,150,267
2007	\$1,935,620,269	3.00%	\$68,264,360
2008	\$1,694,928,423	3.00%	\$54,769,650
2009	\$1,514,085,982	3.00%	\$53,324,593
2010	\$1,323,493,497	3.00%	\$40,862,081
2011	\$1,351,278,216	3.00%	\$40,938,834
2012	\$1,431,904,829	3.00%	\$42,574,366
2013	\$1,513,481,654	3.00%	\$44,111,298
2014	Not yet available	3.0% Surcharge & 3.0% Supplemental Surcharge	\$80,312,196

Source: Missouri Department of Insurance, Financial Institutions and Professional Registration and Missouri SAM II Financial System.

BALANCE of fund on January 1, 2014	\$2,704,633*
Revenue:	
Surcharge Collections	80,312,196
Interest	41,117
Miscellaneous Receipts	78,315
Total Revenue	\$80,431,628
Expenditures:	
Benefit Disbursements	72,296,314
Administrative Costs	4,198,941
Total Expenditures	\$76,495,255
BALANCE of fund on December 31, 2014	\$6,641,006*

*does not include approximately \$53,860,199 in awards/settlements that have been issued that are currently being held for payment due to the financial condition of the fund.



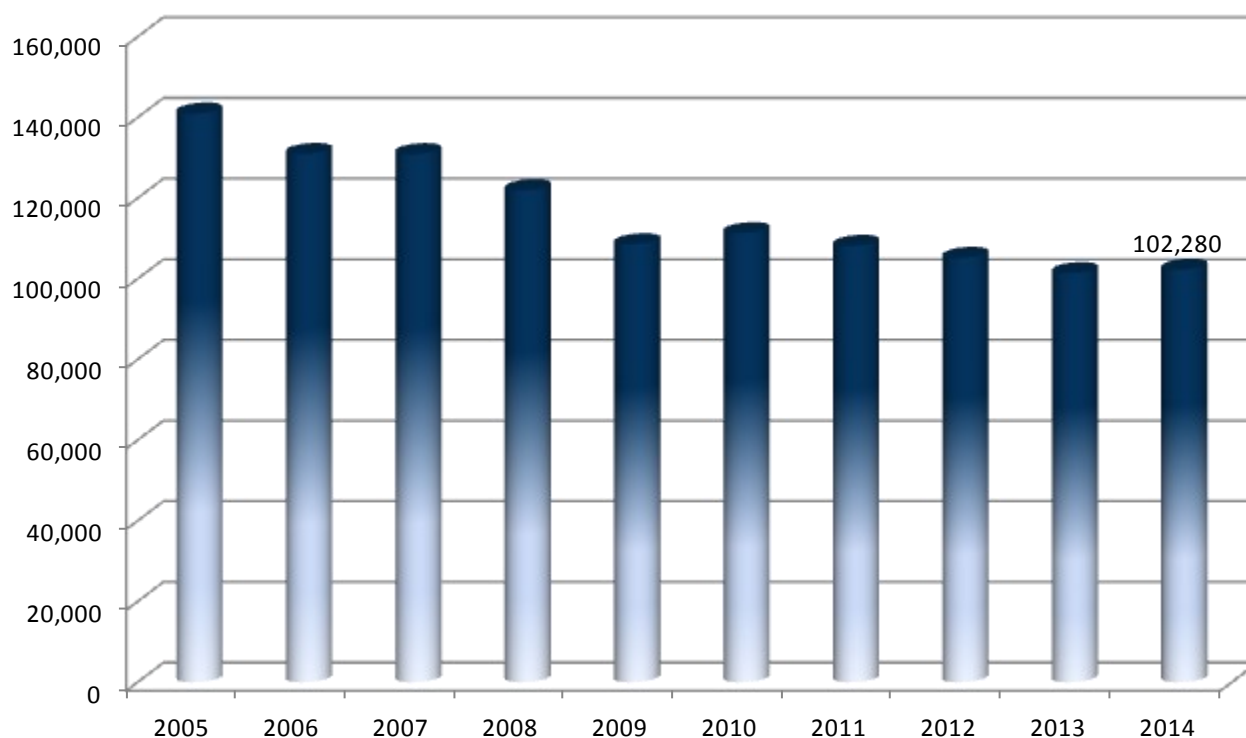
Workers' Compensation

First Reports of Injury (FROIs)

Every injury and occupational disease occurring in Missouri, except "first aid" cases not requiring medical treatment or lost time from work must be reported to the Division. The injury must be reported by the employer or his insurer within 30 days after having knowledge of the injury. The employer must report all injuries to its insurance carrier or third party administrator within five days of the date of the injury or within five days of the date on which the injury was reported to the employer by the employee, whichever is later. Since July 1995, the Division has received FROIs by electronic data interchange (EDI). This process minimizes errors, ensures timeliness in reporting, and reduces costs for the reporting entities and the Division. In 2014, 98 percent of FROIs were filed electronically (through EDI or the web). The increase in EDI filings has also significantly reduced the average time to process FROIs. In 2000, the average time to process FROIs was 14.5 days and by 2014, the average time to process decreased to 1.38 days.

Total FROI filings have generally decreased an average of just under three percent a year from 2005 to 2014, though there were slight increases in 2010 and 2014.

First Reports of Injury Filed 2005 - 2014





First Reports of Injury (FROIs) by County - 2014

County	FROIs	County	FROIs	County	FROIs
Adair	396	Grundy	147	Perry	490
Andrew	79	Harrison	101	Pettis	937
Atchison	84	Henry	335	Phelps	613
Audrain	502	Hickory	37	Pike	322
Barry	725	Holt	44	Platte	1,750
Barton	140	Howard	84	Polk	236
Bates	120	Howell	610	Pulaski	603
Benton	136	Iron	91	Putnam	32
Bollinger	47	Jackson	13,581	Ralls	48
Boone	3,886	Jasper	2,911	Randolph	453
Buchanan	2,191	Jefferson	1,747	Ray	153
Butler	733	Johnson	620	Reynolds	94
Caldwell	40	Knox	41	Ripley	69
Callaway	888	Laclede	655	Saline	496
Camden	583	Lafayette	388	Schuyler	19
Cape Girardeau	1,269	Lawrence	417	Scotland	47
Carroll	53	Lewis	284	Scott	845
Carter	43	Lincoln	502	Shannon	50
Cass	1,326	Linn	216	Shelby	116
Cedar	119	Livingston	297	St. Charles	4,998
Chariton	65	Macon	226	St. Clair	49
Christian	662	Madison	134	St. Francois	1,037
Clark	72	Maries	43	St. Louis City	5,895
Clay	5,016	Marion	778	St. Louis County	19,953
Clinton	251	McDonald	393	Ste. Genevieve	259
Cole	1,541	Mercer	78	Stoddard	319
Cooper	217	Miller	374	Stone	169
Crawford	234	Mississippi	169	Sullivan	143
Dade	60	Moniteau	176	Taney	1,306
Dallas	86	Monroe	107	Texas	336
Daviess	53	Montgomery	119	Vernon	367
DeKalb	56	Morgan	161	Warren	318
Dent	210	New Madrid	302	Washington	218
Douglas	73	Newton	396	Wayne	85
Dunklin	340	Nodaway	346	Webster	305
Franklin	1,588	Oregon	76	Worth	14
Gasconade	145	Osage	155	Wright	184
Gentry	81	Ozark	99	OUT OF STATE	789
Greene	6,578	Pemiscot	216	Missing	19



FROIs by Industry - 2014

<u>Industry</u>	<u>FROIs</u>	<u>Percent</u>
Healthcare and Social Assistance	19,575	19.1
Manufacturing	14,117	13.8
Retail Trade	11,222	11.0
Public Administration	9,271	9.1
Educational Services	8,596	8.4
Accommodation and Food Services	6,243	6.1
Construction	5,609	5.5
Transportation and Warehousing	5,403	5.3
Wholesale Trade	4,421	4.3
Administrative and Waste Services	4,135	4.0
Professional, Scientific, and Technical Service	2,848	2.8
Other Services (Except Public Administration)	2,179	2.1
Arts, Entertainment, and Recreation	1,849	1.8
Finance and Insurance	1,592	1.6
Utilities	1,461	1.4
Information	1,280	1.3
Real Estate and Rental and Leasing	1,169	1.1
Agriculture, Forestry, Fishing and Hunting	976	1.0
Management of Companies and Enterprises	123	0.1
Mining	112	0.1
Missing	99	0.1
Total	102,280	100



FROIs by Body Part

Body Part	FROIs	Percent
HEAD	10,927	10.7
Eyes	3,521	3.5
Soft Tissue	2,289	2.2
Mouth/Nose/Teeth	1,093	1.1
Face/Skull	1,022	1.0
Ears	325	0.3
Facial Bones	340	0.3
Brain	584	0.6
Multiple Head Injury	1,753	1.7
NECK	1,635	1.6
Soft Tissue	902	0.9
Vertebrae/Disc	196	0.2
Spinal Cord	18	0.0
Larynx/Trachea	24	0.0
Multiple Neck Injury	495	0.5
UPPER EXTREMITIES	38,267	37.4
Fingers/Thumbs	12,839	12.5
Wrists/Hands	11,220	11.0
Upper Arms/Shoulders	7,336	7.2
Elbows/Lower Arms	5,787	5.7
Multiple Upper Extremities	1,085	1.0
TRUNK	15,395	15.1
Back	10,303	10.1
Abdomen/Groin/Buttocks	1,769	1.8
Chest	1,447	1.4
Lungs/Internal Organs	1,068	1.0
Pelvis/Sacrum & Coccyx	205	0.2
Spinal Cord/Disc	134	0.1
Heart	96	0.1
Multiple Trunk	373	0.4
LOWER EXTREMITIES	18,780	18.4
Knees/Lower Legs	9,019	8.8
Ankles/Foot/Feet	6,646	6.5
Hips/Upper Legs	1,534	1.5
Toes/Great Toes	871	0.9
Multiple Lower Extremities	710	0.7
BODY SYSTEMS	1,224	1.2
MULTIPLE BODY PARTS	14,103	13.8
WHOLE BODY	57	0.1
NO PHYSICAL INJURY	1,200	1.2
OTHER OR UNSPECIFIED	692	0.7
Total	102,280	100

FROIs by Age and Gender

As in previous years, approximately 55 percent of injuries reported to the Division in 2014 were for males. 20-29 year old males regained the status of being the demographic with the most reported injuries during the calendar year.

Gender	Age Group	FROIs	Percent
Male	Unknown	589	0.6
Male	10-15	46	0.0
Male	16-19	1,418	1.4
Male	20-29	12,385	12.1
Male	30-39	12,097	11.8
Male	40-49	11,757	11.5
Male	50-59	12,154	11.9
Male	60-69	4,884	4.8
Male	70-79	554	0.5
Male	80-89	85	0.1
Female	Unknown	441	0.4
Female	10-15	38	0.0
Female	16-19	1,139	1.1
Female	20-29	9,761	9.5
Female	30-39	9,064	8.9
Female	40-49	9,592	9.4
Female	50-59	10,886	10.6
Female	60-69	4,410	4.3
Female	70-79	600	0.6
Female	80-89	75	0.1
Unknown	Unknown	6	0.0
Unknown	10-15	0	0.0
Unknown	16-19	10	0.0
Unknown	20-29	76	0.1
Unknown	30-39	67	0.1
Unknown	40-49	50	0.1
Unknown	50-59	60	0.1
Unknown	60-69	29	0.0
Unknown	70-79	4	0.0
Unknown	80-89	3	0.0
Total		102,280	100

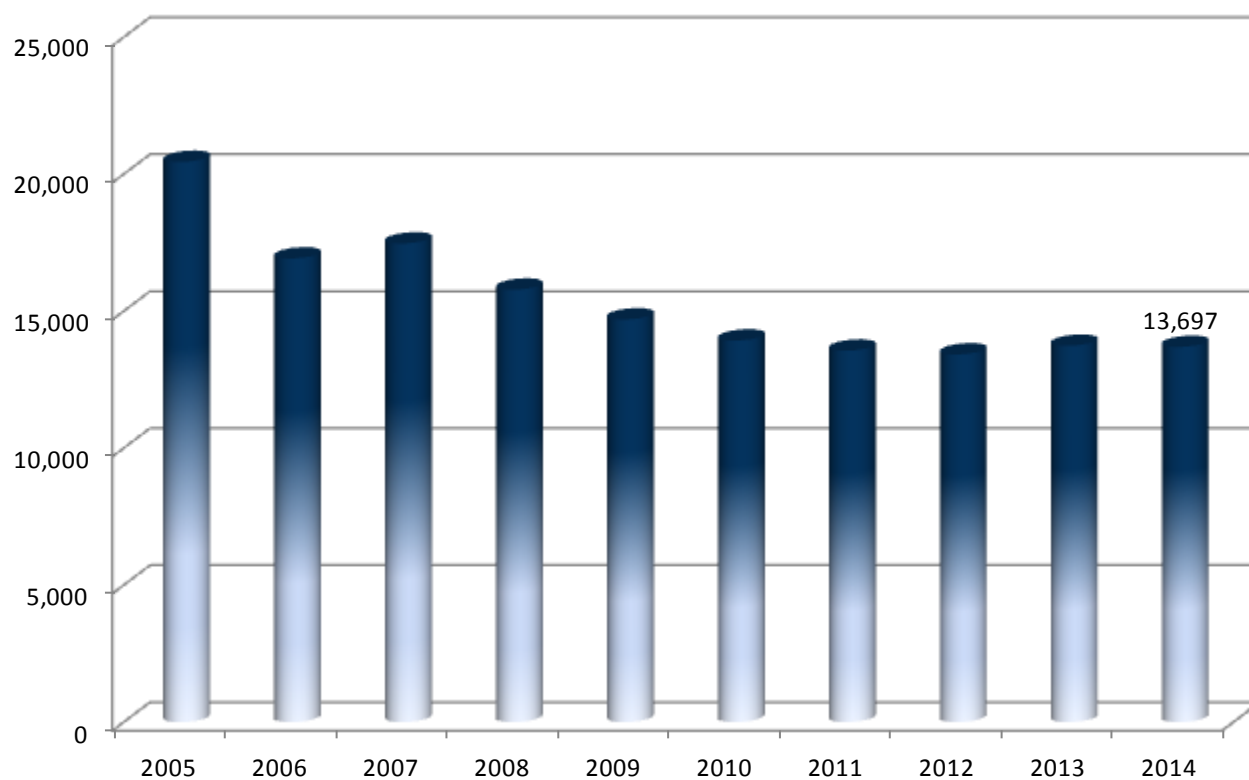


Claims for Compensation

An employee may file a Claim for Compensation with the Division if he/she believes they are not receiving benefits they are entitled to under the Missouri Workers' Compensation Law. An employee may obtain legal representation to file a Claim for Compensation with the Division. The filing of a Claim initiates a contested case proceeding where the Administrative Law Judge (ALJ) has the authority to determine the issues in dispute.

In 2014, the Division received 13,697 claims for compensation filed against employers and insurers. This is a .4 percent decrease from the number of claims filed in 2013, which is negligible. Despite slight increases in claim filings in 2007 and 2013; the Division has seen an overall decrease in claim filings since 2005 of 33 percent.

Claims for Compensation Filed 2005 - 2014





Claims by Industry

<u>Industry</u>	<u>Claims</u>	<u>Percent</u>
Manufacturing	2,331	17.0
Health Care and Social Assistance	1,610	11.8
Public Administration	1,509	11.0
Transportation and Warehousing	1,162	8.5
Retail Trade	1,086	7.9
Construction	1,057	7.7
Administrative and Waste Services	668	4.9
Wholesale Trade	646	4.7
Educational Services	587	4.3
Accommodation and Food Services	581	4.2
Professional, Scientific, and Technical Services	349	2.5
Other Services (Except Public Administration)	283	2.1
Utilities	209	1.5
Arts, Entertainment, and Recreation	196	1.4
Information	178	1.3
Finance and Insurance	149	1.1
Real Estate and Rental and Leasing	149	1.1
Agriculture, Forestry, Fishing and Hunting	76	0.6
Mining	20	0.1
Management of Companies and Enterprises	4	0.0
Missing	847	6.2
Total	13,697	100

Claims by Body Part

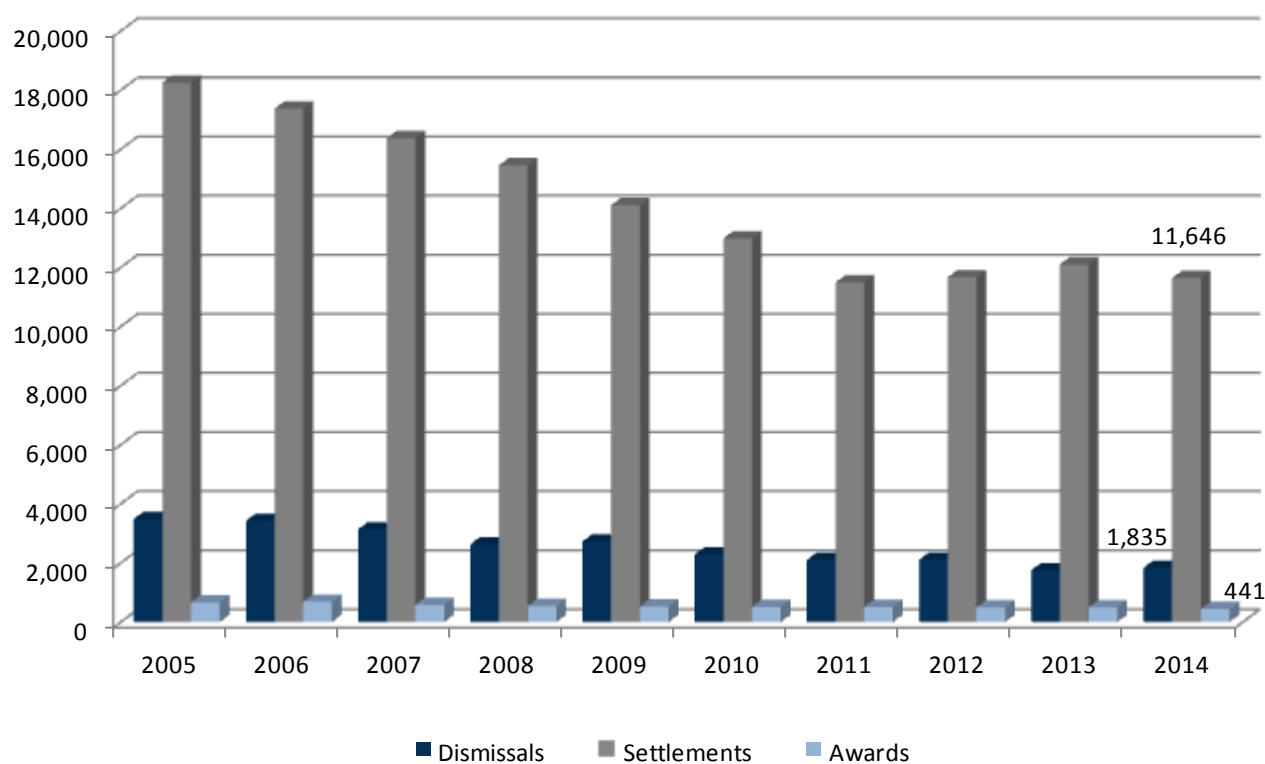
<u>Body Part</u>	<u>Claims</u>	<u>Percent</u>
HEAD	32	0.2
Eyes	11	0.1
Ears	6	0.0
Soft Tissue	2	0.0
Brain	7	0.1
Mouth/Nose/Teeth	1	0.0
Multiple Head Injury	5	0.0
NECK	6	0.0
Soft Tissue	5	0.0
Larynx, Trachea	1	0.0
UPPER EXTREMITIES	248	1.8
Upper Arms/Shoulders	107	0.7
Wrists/Hands	66	0.5
Elbows/Lower Arms	16	0.1
Fingers/Thumbs	9	0.1
Multiple Upper Extremities	50	0.4
TRUNK	91	0.7
Back	63	0.5
Abdomen/Groin/Buttocks	14	0.1
Lungs/Internal Organs	4	0.0
Chest	5	0.0
Heart	1	0.0
Spinal Cord/Disc	1	0.0
Multiple Trunk	3	0.0
LOWER EXTREMITIES	144	1.1
Knees/Lower Legs	84	0.7
Ankles/Foot/Feet	35	0.3
Hips/Upper Legs	6	0.0
Toes/Great Toes	1	0.0
Multiple Lower Extremities	18	0.1
BODY SYSTEMS	2	0.0
MULTIPLE BODY PARTS	13,133	95.9
WHOLE BODY	36	0.3
NO PHYSICAL INJURY	3	0.0
OTHER OR UNSPECIFIED	2	0.0
Total	13,697	100



In 2014, 13,922 Claims for Compensation filed against employers and insurers were resolved by the Division's ALJs. Claims may be resolved through the issuance of an award, a compromise settlement, or a dismissal. As of December 31, 2014, nearly 25,500 Claims for Compensation were pending before the Division.

Case resolution time frames vary considerably for each resolution type, with cases proceeding to an evidentiary hearing before an ALJ and the issuance of an award taking longer to resolve than settlements and dismissals. For cases resolved with the issuance of an award in 2014, it took an average of 36 months from the date the claim was filed to reach a resolution. For settlements, the average time was 21 months and for dismissals, 29 months.

Claims for Compensation Resolutions 2005 - 2014



Note: Numbers on graph may not total number in text as there can be multiple resolutions on a single case if multiple employers or insurers are involved. The number in text is an unduplicated count of cases resolved.

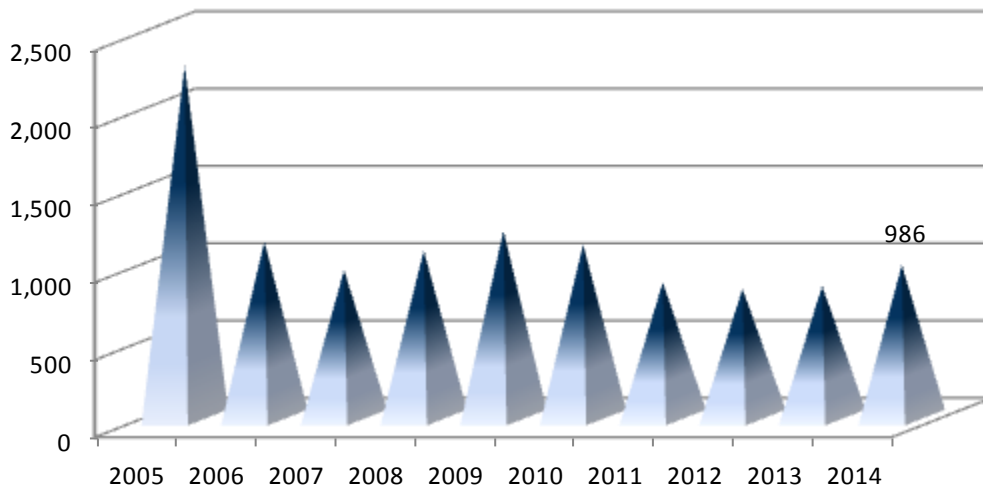


Occupational Diseases

Missouri Workers' Compensation Law defines an occupational disease as an identifiable disease arising with or without human fault out of and in the course of employment. §287.067(1). To be compensable under Chapter 287, the occupational exposure must be the prevailing factor in causing both the resulting medical condition and disability. SB 1, effective January 1, 2014, added occupational disease to the exclusive remedy provisions set forth in §§ 287.120.1 and 287.120.2. Please refer to the Introduction, pages 3 and 4 for an explanation of the changes made by SB 1 to occupational diseases.

In 2014, 986 claims were filed for occupational diseases. Occupational disease claims, in general, have decreased significantly since the law changes in 2005.

Occupational Disease Claims 2005 - 2014



2014 Occupational Disease Cases Due to Toxic Exposure

<u>Toxic OD</u>	<u>FROIs*</u>	<u>Claims**</u>
Acute Myelogenous Leukemia	1	1
Asbestosis	40	3
Manganism	1	0
Mesothelioma	5	2
Silicosis	0	2
Total	47	8

*Information reported to the Division on a FROI is confidential pursuant to §287.380
 **Claims filed may include injuries reported to the Division based on a FROI filing.



Occupational Disease Claims by Injury

<u>Occupational Disease</u>	<u>Claims</u>	<u>Percent</u>
All Other Occupational Disease NOC	593	60.1
Carpal Tunnel Syndrome	214	21.7
Mental Stress	57	5.8
Loss of Hearing	44	4.5
Respiratory Disorders	32	3.3
Poisoning—Chemical	11	1.1
Dermatitis	9	0.9
Contagious Disease	7	0.7
Asbestosis	5	0.5
Cancer	4	0.4
Mental Disorder	4	0.4
Silicosis	3	0.3
Dust Disease NOC	1	0.1
Hepatitis C	1	0.1
Poisoning - Metal	1	0.1
Total	986	100

Occupational Disease Claims by Industry

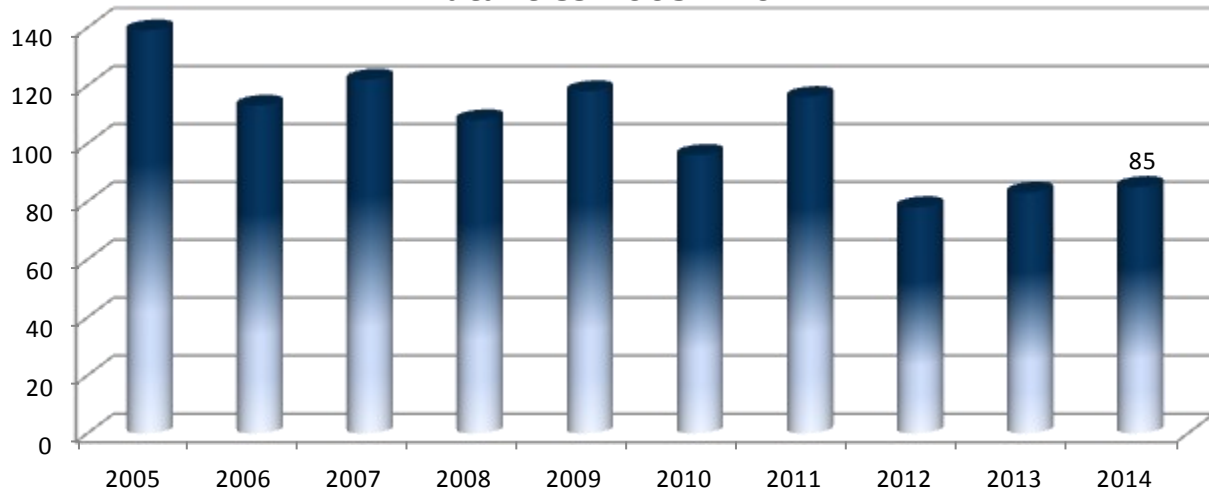
<u>Industry</u>	<u>Claims</u>	<u>Percent</u>
Manufacturing	281	28.5
Public Administration	91	9.2
Health Care and Social Assistance	75	7.6
Construction	56	5.7
Retail Trade	56	5.7
Transportation and Warehousing	50	5.1
Wholesale Trade	34	3.5
Administrative and Waste Services	33	3.4
Finance and Insurance	30	3.0
Accommodation and Food Services	29	3.0
Educational Services	25	2.5
Information	21	2.1
Other Services (Except Public Administration)	18	1.8
Professional, Scientific and Technical Services	17	1.7
Arts, Entertainment, and Recreation	16	1.6
Utilities	15	1.5
Agriculture, Forestry, Fishing, and Hunting	8	0.8
Real Estate and Rental and Leasing	6	0.6
Mining	2	0.2
Missing	123	12.5
Total	986	100



Fatalities

In 2014, 85 (work related) injuries resulted in fatalities. These may have been reported to the Division through either a FROI or through the filing of a Claim for Compensation. The injury may or may not be determined to be a compensable injury that caused the death of the injured worker.

Fatalities 2005 - 2014



Fatalities by Industry

<u>Industry</u>	<u>Cases</u>	<u>Percent</u>
Transportation and Warehousing	16	18.8
Manufacturing	11	12.9
Missing	11	12.9
Construction	9	10.6
Retail Trade	8	9.4
Administrative and Waste Services	7	8.3
Wholesale Trade	5	5.9
Public Administration	4	4.7
Other Services	3	3.5
Educational Services	3	3.5
Professional	3	3.5
Accommodation and Food Services	1	1.2
Finance and Insurance	1	1.2
Utilities	1	1.2
Health Care and Social Assistance	1	1.2
Information	1	1.2
Total	85	100

Fatalities by Age & Gender

<u>Age Group</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Missing	5	0	5
20-29	10	1	11
30-39	10	1	11
40-49	16	2	18
50-59	20	1	21
60-69	13	1	14
70-79	3	0	3
80-89	2	0	2
Total	79	6	85



Second Injury Fund

Second Injury Fund Claims

In 1943, the Missouri Workers' Compensation Law was amended to benefit the physically handicapped and individuals with a previous disability. The amendment helped employers by limiting liability to only the current injury that results in permanent total disability. The SIF encourages employment by permitting persons to be employed without exposing employers to any liability for previous disabilities.

When an employee sustains a compensable work injury prior to January 1, 2014, and the combined effect of the work-related injury and prior disability results in permanent total disability (PTD), or increased permanent partial disability (PPD), the employer at the time of the last injury, is liable only for compensation due from the most recent injury. The remaining compensation owed to the employee is paid from the SIF.

The following benefit types are available from the SIF for injuries occurring prior to January 1, 2014, PPD, PTD, Rehabilitation benefits, Second Job Wage Loss benefits, Medical and Death Benefit expenses for injured employees of uninsured employers.

SB 1 made several changes to the SIF. The changes are:

- (a) authorizes the Division to have an annual actuarial study done with the first study to be completed by July 1, 2014;
- (b) eliminates PPD claims against the SIF on or after January 1, 2014 and provides for the PTD claims to be covered as long as the prior disability meets certain established conditions;
- (c) provides for PTD benefits against the SIF to employees employed in a sheltered workshop;
- (d) eliminates the uninsured medical and death benefits to be paid from the SIF and also the second job wage loss benefits on or after January 1, 2014;
- (e) establishes a prioritization schedule for payment of SIF liabilities;
- (f) states that no compensation is payable from the SIF when an employee files a Claim for Compensation under the Workers' Compensation Law of another state for the injury or accident or occupational disease;
- (g) provides for the suspension of life payments to be made from the SIF when the employee is able to obtain suitable gainful employment or be self-employed.

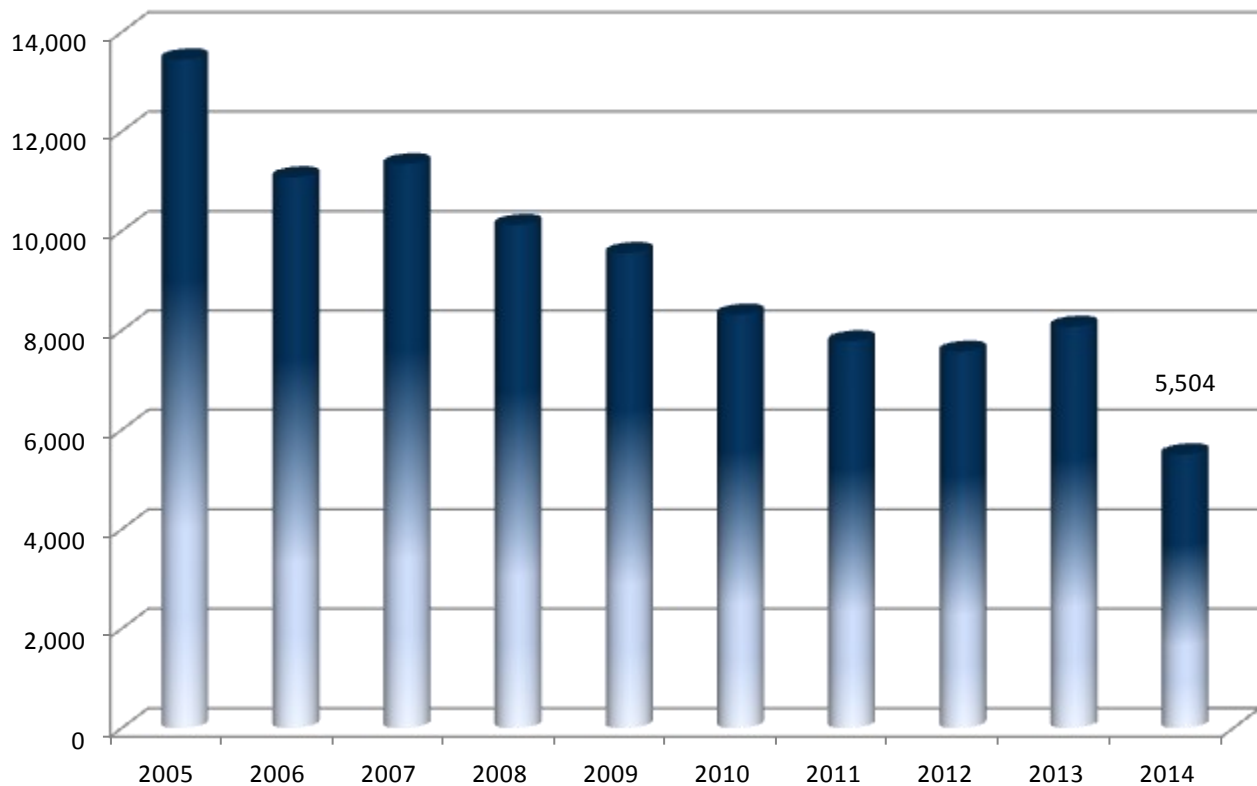
Based upon a claim filed against the SIF, for an injury that occurs after January 1, 2014, or for a subsequent compensable injury which is an occupational disease filed after January 1, 2014, the determination of any PTD liability against the SIF will be based upon the conditions set forth in §287.220.3(2) being met. The liability of the SIF requires a determination of the date of the occurrence of a compensable injury.



The Missouri State Treasurer's Office is the custodian of the SIF. The Missouri Attorney General's Office defends the claims made against the SIF. The Division is responsible for the billing and collection of the SIF surcharge. The Division requisitions warrants from the State Treasurer's Office for payment to be made to the employee or dependents who have been awarded SIF benefits pursuant to an award issued by or settlement approved by an ALJ. In 2014, there were 5,504 claims filed against the SIF. This is a 31.8 percent decrease in claim filings from 2013. The Division has seen an overall decrease of 59.1 percent in SIF claim filings since 2005.

No claims for PPD occurring after January 1, 2014 shall be filed against the SIF. Claims for PTD filed against the SIF are regarded as compensable only when the conditions set forth in §287.220.3(2) are met.

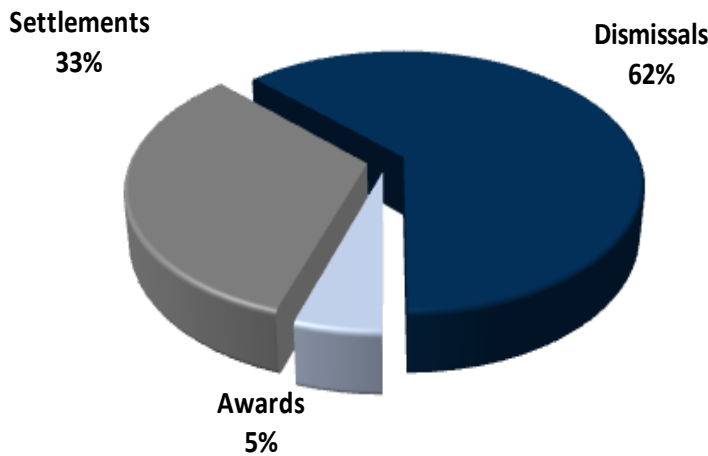
Second Injury Fund Claims 2005 - 2014





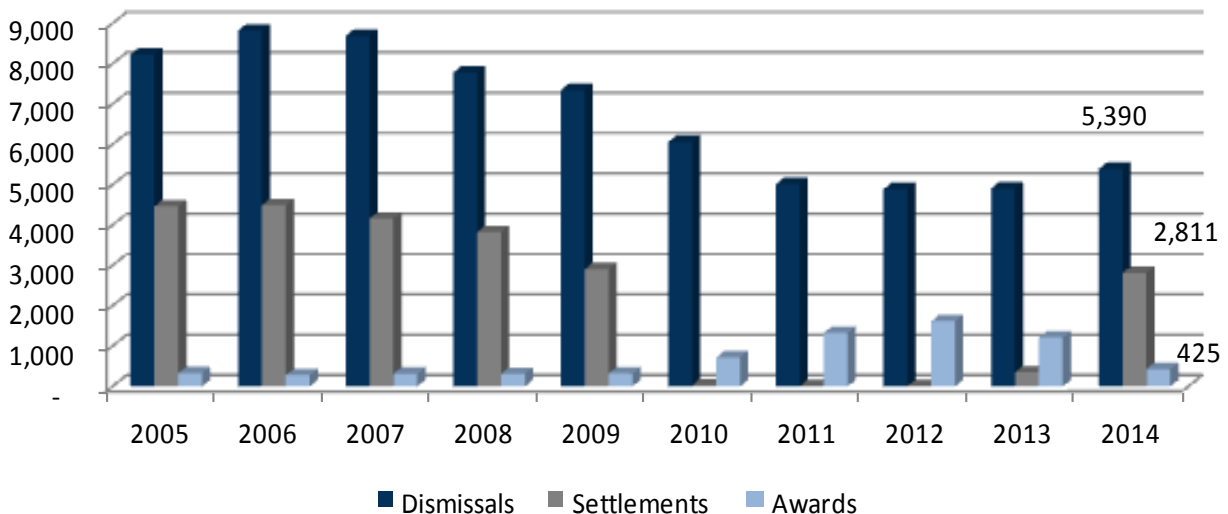
Second Injury Fund Claim Resolutions - 2014

In 2014, 8,626 Claims for Compensation filed against the SIF were resolved by dismissal, settlement, or issuance of an award. Approximately 5 percent of the resolutions were the result of hearings before ALJs, resulting in the issuance of awards. All awards issued by ALJs after a hearing may not necessarily result in SIF benefits being awarded to claimants. An ALJ may also determine the SIF owes no compensation benefits. As of January 1, 2015, there were 28,663 open SIF claims pending before the Division.



Second Injury Fund Claim Resolutions 2005 - 2014

Approximately 65.2 percent of all SIF claims were resolved each calendar year prior to 2009 based upon a dismissal, 32.5 percent were resolved through a settlement reached by the parties and approved by an ALJ, and the remaining 2.3 percent proceeded to an evidentiary hearing before an ALJ resulting in the issuance of an award. In 2014 62.49 percent were through dismissals, 32.59 percent through settlements and 4.92 percent by issuance of an award.

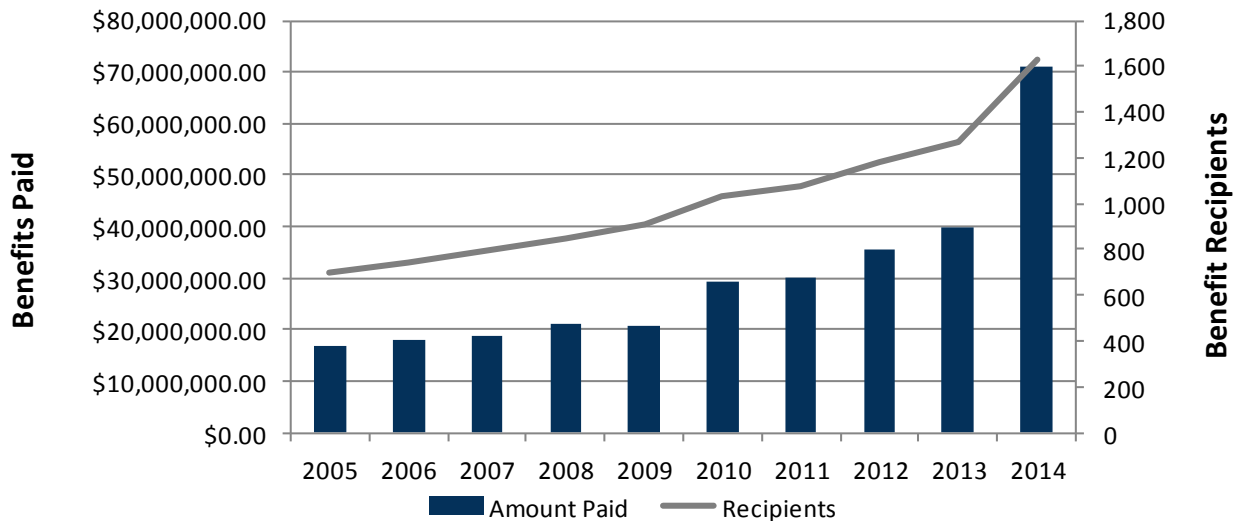




Second Injury Fund Benefit Payments*

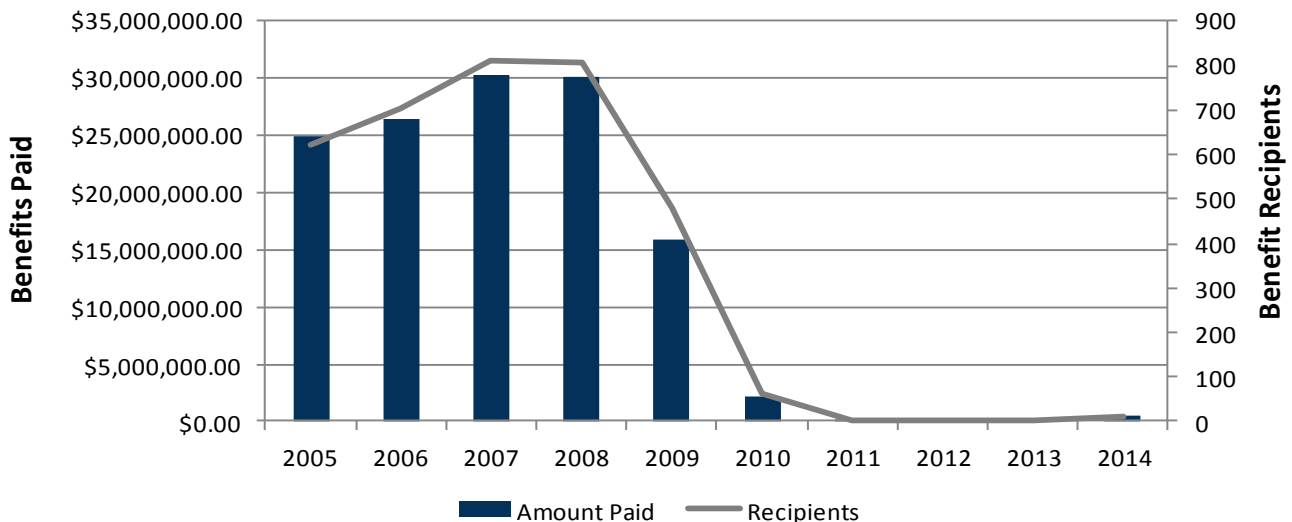
Permanent Total Disability Benefits (Lifetime Payments)

In 2014, \$71,273,192.68 in permanent total (PTD) benefits (lifetime benefits) were paid to 1,628 recipients. This is a 79 percent increase from the PTD benefits paid in 2013 (\$39.8 million).



Permanent Total Disability Benefits (Lump Sum Payments)

In 2014, \$388,735.50 in PTD lump sum benefits were paid to 11 recipients.

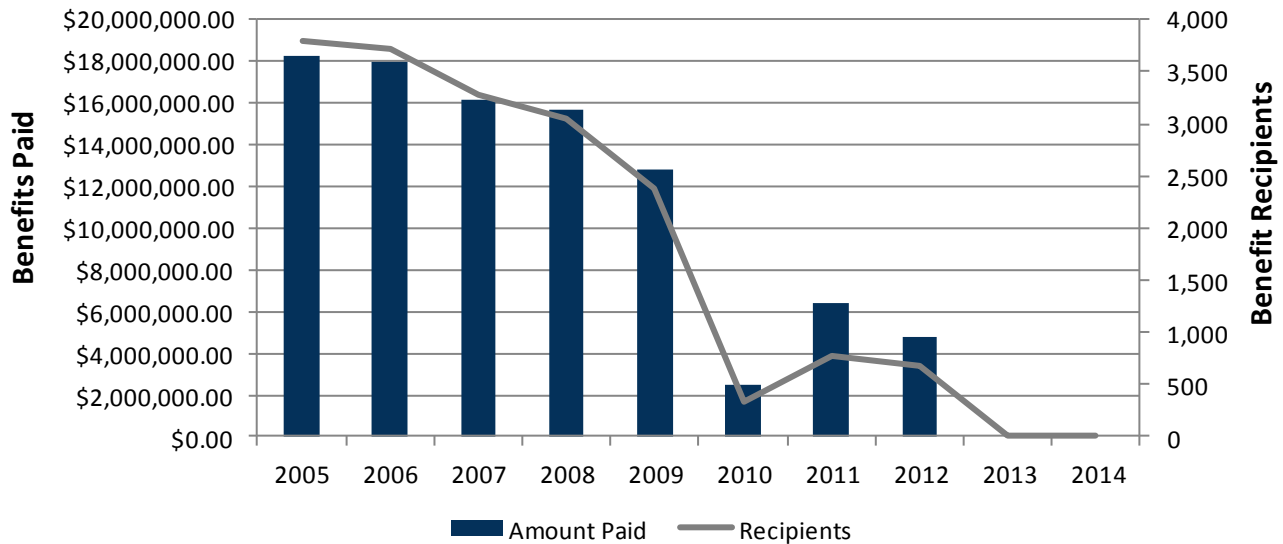


*Note: Benefit payments from DWC AICS system and may differ slightly from SAM II amounts.



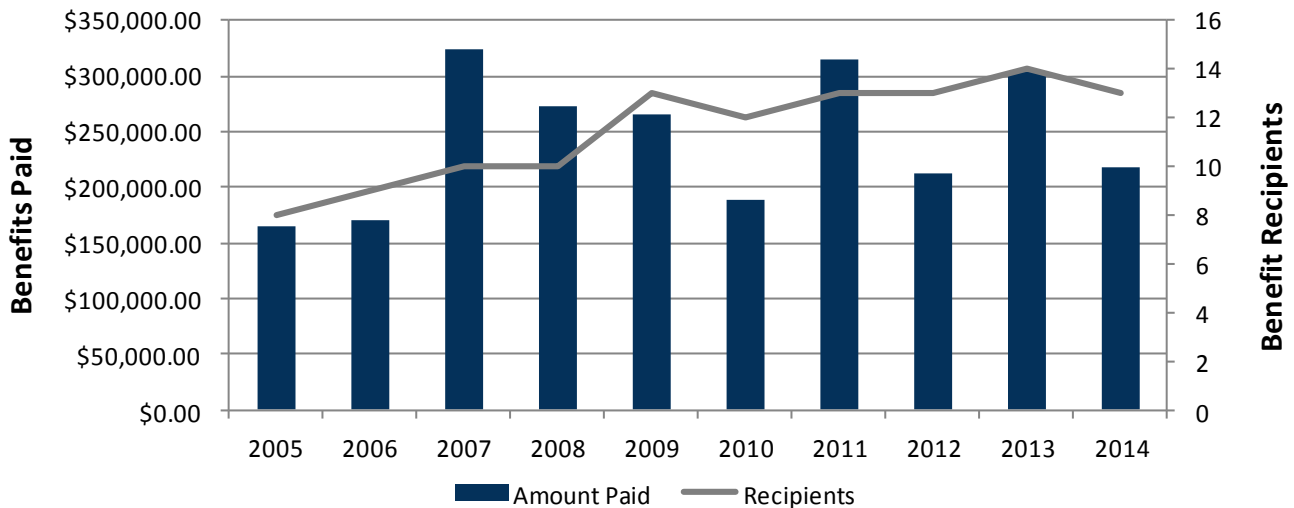
Permanent Partial Disability Benefits

In 2014, the SIF did not pay any permanent partial disability (PPD) benefits. The prioritization schedule established in §287.220.15 calls for the payment of the permanent partial disability benefits after the expenses and PTD benefit payments have been made.



Death Benefits

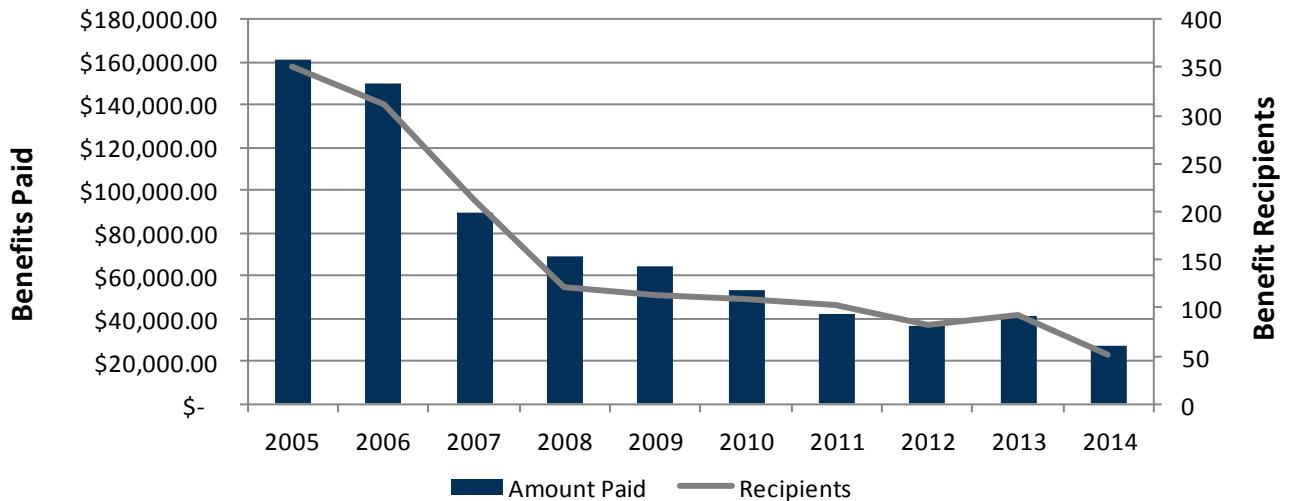
The survivors of 13 injured employees received bi-weekly death benefits totaling \$218,690.29 from the SIF in 2014 due to a work-related death of an employee while working for an uninsured employer. The recipients received the benefits prior to the start of calendar year 2014.





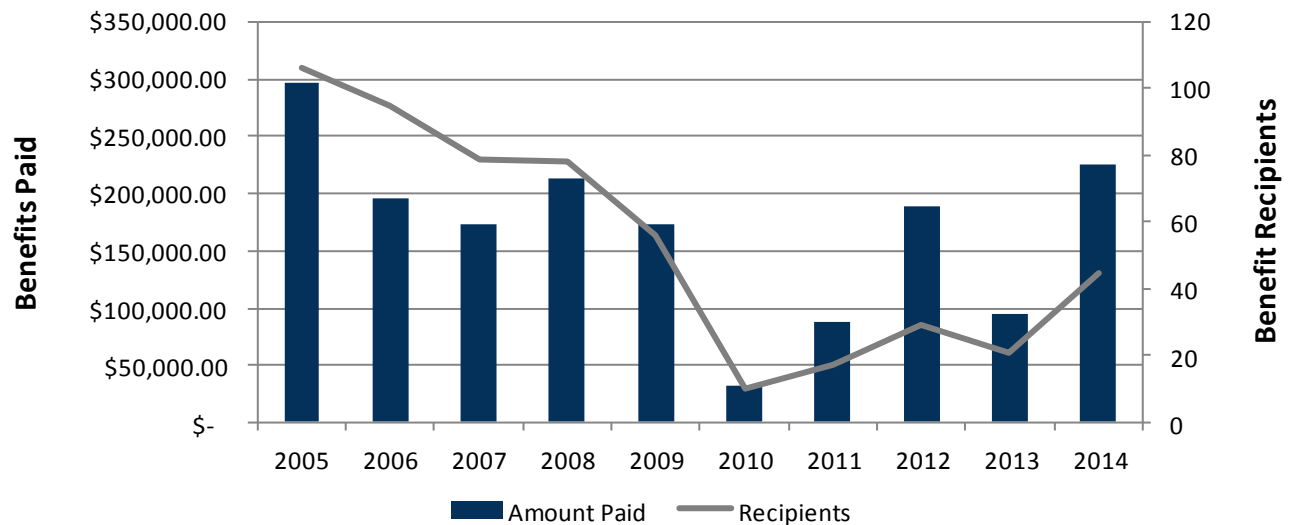
Rehabilitation Benefits

The SIF paid approximately \$27,040 to injured employees for rehabilitation benefits in 2014. This amount covered weekly benefits for 52 injured workers. Rehabilitation benefits were down 34 percent from 2013.



Second Job Wage Loss Benefits

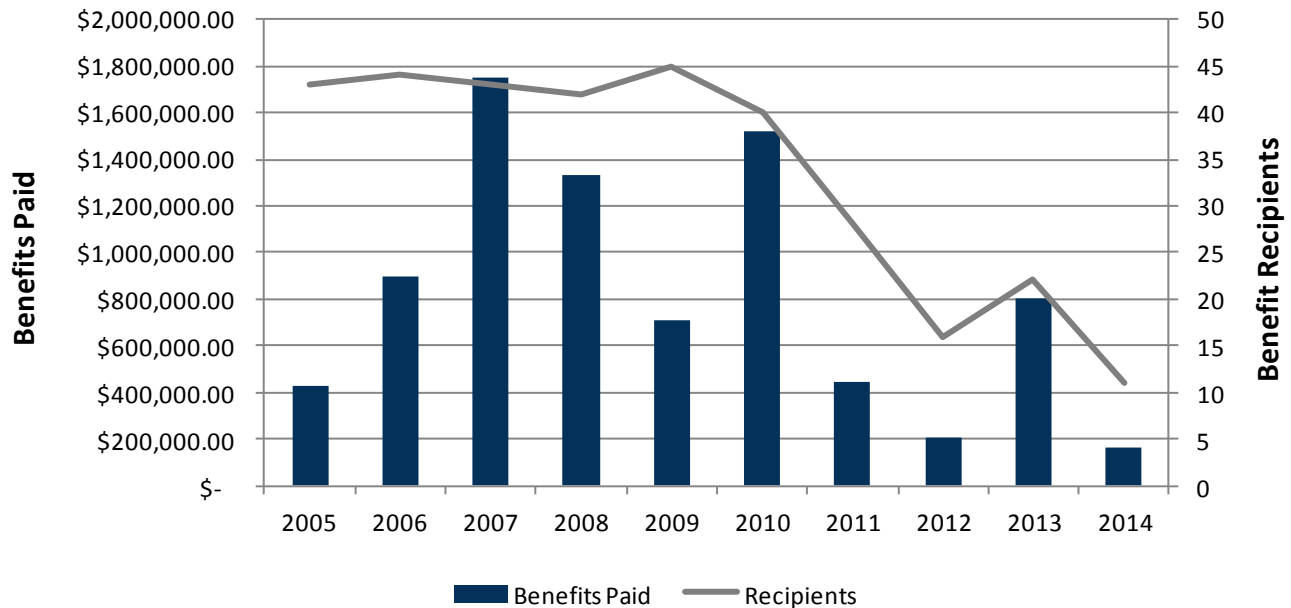
Forty-five injured employees received second job wage loss benefits from the SIF in 2014. The amount paid in 2014, \$225,640.38, was almost two and a half times greater than the amount paid in 2013. The average lump sum payment in 2014 was \$5,014.23, a 25.9 percent increase from the \$3,983.57 average lump sum payment in 2013.





Medical Benefits

Medical benefits paid from the SIF in 2014 totaled \$163,014.99. Eleven recipients received benefits, down from 22 in 2013.



Second Injury Fund Recovery Payments

Pursuant to §287.150 the SIF shall be subrogated to the rights of any recoveries received by an employee from a third party in any case in which the SIF has paid benefits to the injured employee. In 2014, there were two cases in which the SIF recovered a total amount of \$13,471.89 as subrogation reimbursement.

Section 287.220 provides for the recovery of monies paid from the SIF for medical or death expenses when the employer fails to carry the required workers' compensation insurance coverage. In 2014, \$29,310.02 was collected from 22 employers.

In addition, an amount of \$25,798.20 was collected from employees and/or dependents and their attorneys respectively, who were paid Permanent Total Disability benefits pursuant to an award. This amount represents overpayments that were recovered either by the Division or by the Missouri Attorney General's Office after an employee's death.



Fraud & Noncompliance

The Fraud and Noncompliance Unit investigates allegations of workers' compensation fraud and noncompliance perpetrated by a person or entity. Section 287.128 prohibits certain conduct in connection with the workers' compensation process. Such prohibited conduct includes (but is not limited to):

- failure of an employer to insure its workers' compensation liability;
- knowingly filing multiple claims for the same occurrence with intent to defraud;
- knowingly making a false claim for the payment of health care benefits; and
- knowingly making a false or fraudulent material statement for obtaining or denying a benefit.

At the conclusion of the investigation by the Fraud and Noncompliance Unit, the findings are presented to the Division Director who may refer the file to the Missouri Attorney General's Office for possible prosecution.

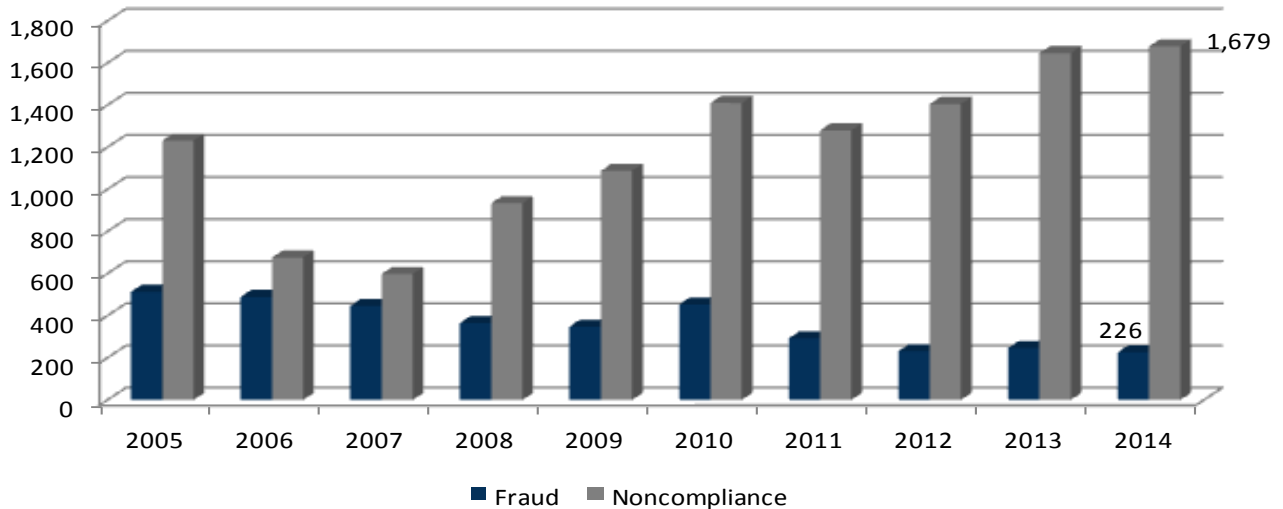
The records, reports, recordings, photographs, and documentation submitted by any person to the unit are confidential and not subject to Missouri's open records laws, although an exception exists to allow the release of records to a local, state, or federal law enforcement authority.

Any person who knowingly files a false or fraudulent workers' compensation claim for payment of benefits; any insurance company or self-insurer who knowingly and intentionally refuses to comply with known and legally indisputable obligations with intent to defraud; or any person who prepares or provides a false/forged certificate of insurance as proof of coverage, is guilty of a class D felony and may be fined up to \$10,000 or double the value of the fraud, whichever is greater. A person who commits any other violation included in §287.128 is guilty of a class A misdemeanor and may be fined up to \$10,000 or double the value of the fraud, whichever is greater. Any employer failing to insure its liability is guilty of a class A misdemeanor and may be fined up to three times the annual premium the employer would have paid had such employer been insured or up to \$50,000, whichever is greater. A subsequent instance of noncompliance is a class D felony.



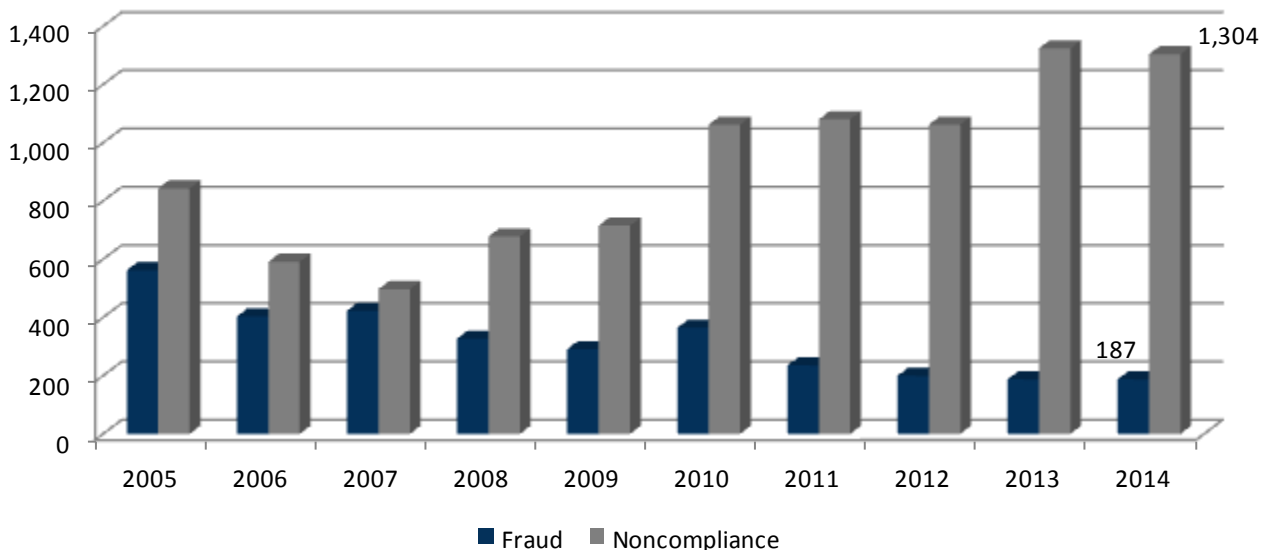
Fraud & Noncompliance Cases Received 2005 - 2014

In 2014, the Fraud and Noncompliance Unit received a total of 1,905 new cases of alleged workers' compensation fraud or noncompliance. This is a .6 percent increase over the number of case received in 2013. In general, cases received for investigation have been increasing annually since 2007.



Fraud & Noncompliance Cases Administratively Closed 2005 - 2014

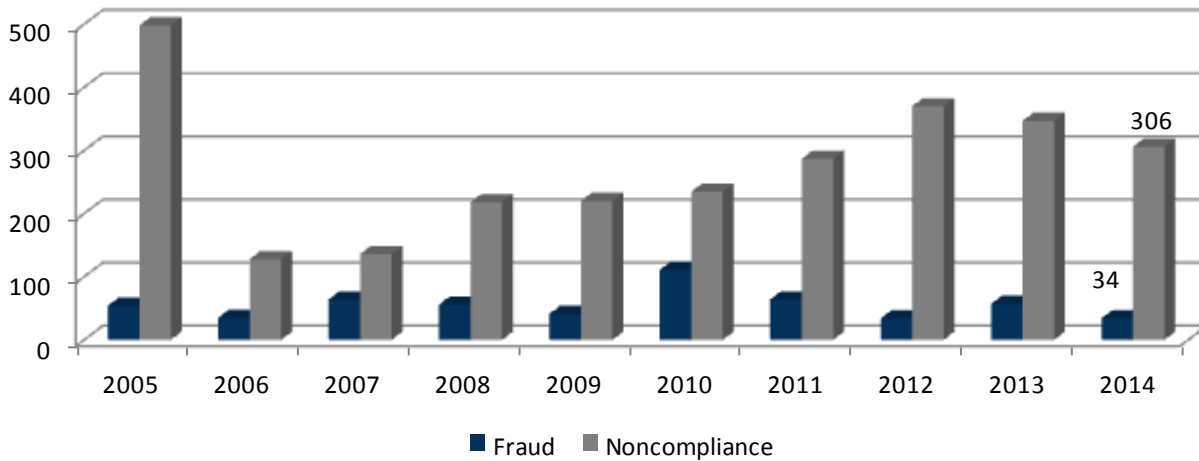
After an investigation, a case can be administratively closed due to inaccurate complaints or lack of evidence. In 2014, 1,491 cases were administratively closed. This is a 1.3 percent decrease from the number of cases administratively closed in 2013.





Fraud & Noncompliance Cases Referred to the Attorney General's Office 2005 - 2014

Since 2005 approximately 27 percent of cases closed annually are referred to the Missouri Attorney General's Office (AGO) for prosecution. In 2014, 340 cases were referred to the AGO.



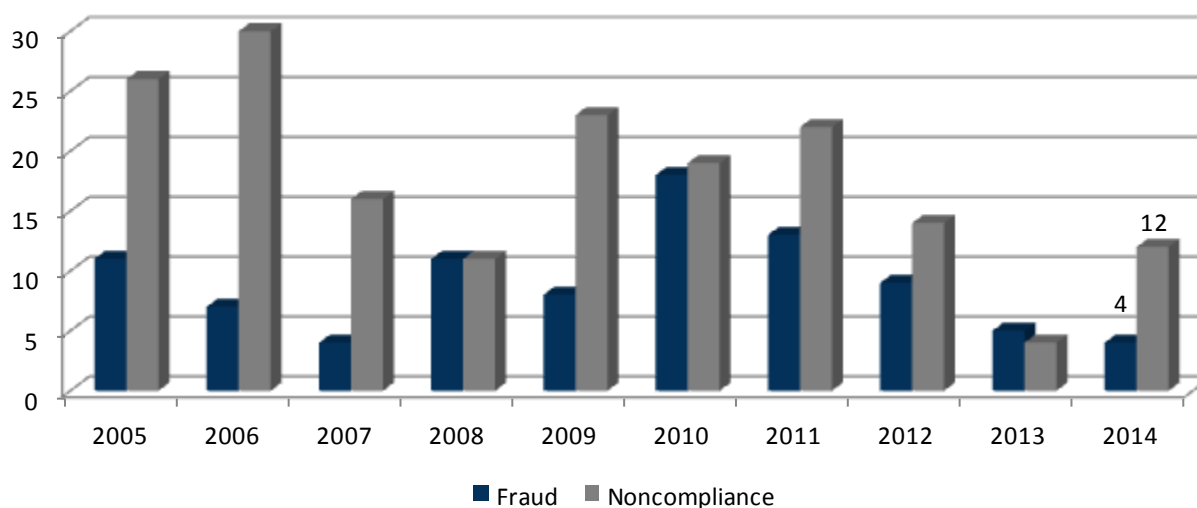
Fraud & Noncompliance Referrals to AGO by Party or Industry

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
Fraud											
Attorney	0	1	2	0	0	0	0	0	1	0	4
Employee	31	22	24	18	16	13	12	10	22	15	183
Employer	21	12	37	36	24	48	50	23	34	18	303
Insurance Carrier/ Agent	2	0	0	2	1	50	2	1	0	0	58
Other	0	0	1	0	0	0	0	0	0	1	2
Noncompliance											
Construction	162	48	45	74	38	56	37	59	51	52	622
Government	3	0	0	1	1	0	1	1	3	0	10
Healthcare	39	1	7	4	17	6	25	31	37	33	200
Manufacturing	12	5	1	3	6	17	14	9	7	5	79
Retail	228	57	63	116	133	141	183	251	237	202	1,611
Trucking/ Transportation	31	10	7	6	7	14	22	13	11	8	129
Other	23	7	13	14	18	1	5	6	1	6	94
Total	552	163	200	274	261	346	351	404	404	340	3,295



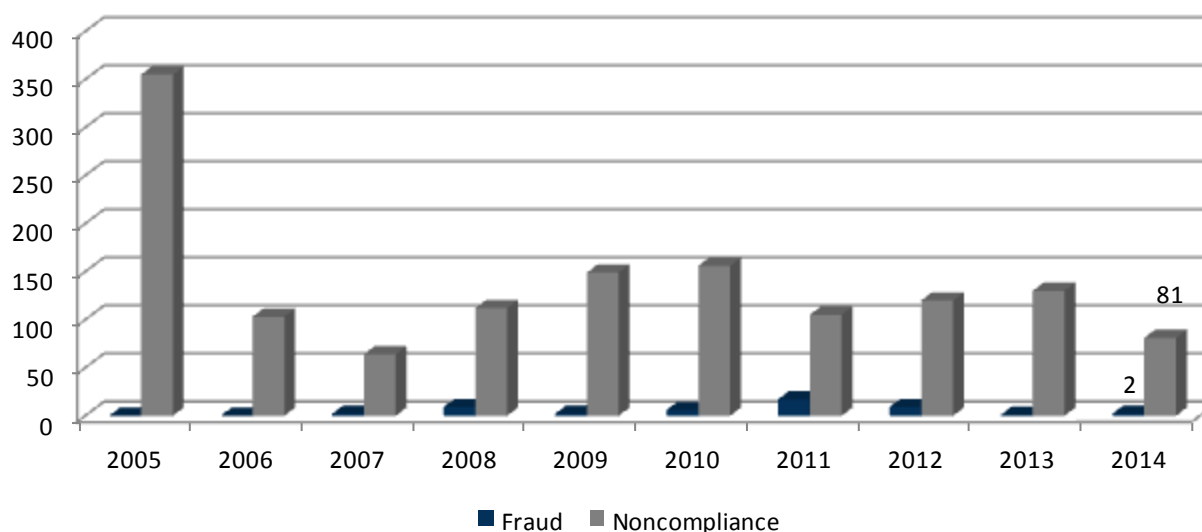
Successful Fraud & Noncompliance Prosecutions 2005 - 2014

In 2014, the Attorney General’s Office successfully prosecuted four fraud and twelve noncompliance cases.



Deferred Prosecution & Hold Harmless Agreements 2005 - 2014

In lieu of prosecution, the Attorney General’s Office will enter into deferred prosecution agreements and/or hold harmless agreements with businesses or individuals accused of workers’ compensation fraud or noncompliance. In 2014, there were 83 resolutions, resulting in a 37 percent decrease in these types of resolutions compared to 2013.



*Note: Numbers for 2014 have not been finalized with AGO’s office as of the writing of this report. Actual counts may be higher.



Penalties Received*

Since 2001, the Division has collected over \$7.3 million in penalties from prosecuted employees, employers, and insurance companies.

<u>Year</u>	<u>Fraud</u>	<u>Noncompliance</u>	<u>Total</u>
2001	\$0.00	\$263,821.56	\$263,821.56
2002	\$102,500.00	\$335,646.07	\$438,146.07
2003	\$0.00	\$418,521.10	\$418,521.10
2004	\$4,100.00	\$574,059.47	\$578,159.47
2005	\$2,200.00	\$821,419.77	\$823,619.77
2006	\$1,827.98	\$632,740.39	\$634,568.37
2007	\$4,237.58	\$299,948.45	\$304,186.03
2008	\$4,483.50	\$412,823.85	\$417,307.35
2009	\$3,392.00	\$605,412.28	\$608,804.28
2010	\$7,936.38	\$574,741.19	\$582,677.57
2011	\$123,397.78	\$469,849.83	\$593,247.61
2012	\$13,905.49	\$452,696.44	\$466,601.93
2013	\$11,718.00	\$570,749.98	\$582,467.98
2014**	\$3,392.00	\$605,412.28	\$608,804.28

* Penalties received include those imposed in previous years. Many penalties are paid in monthly installments over several years.

** Amounts for 2014 have not been finalized with the MO AGO's office as of the writing of this report. Totals are likely to increase as penalties collected late in the year are reported to DWC.



Insurance

Section 287.280 requires an employer, who is subject to chapter 287, RSMo to insure their entire liability under the workers' compensation law, on either an individual or group basis, by either purchasing insurance coverage through a carrier authorized by the Department of Insurance, Financial Institutions and Professional Registration or by meeting the Division's requirements to self-insure. An employer may insure in whole or in part their employer liability under a policy of insurance or a self-insurance plan. Upon receiving approval from the Division to self-insure, an employer becomes financially responsible for all workers' compensation liabilities incurred. Under the statute, employers can self-insure individually or as a group. The Division granted individual employers authority to self-insure their workers' compensation liabilities beginning in 1936. The Division approved self-insurance authority to groups in 1982.

The Division's Insurance Unit is responsible for authorizing and regulating all self-insured employers in Missouri. The unit must ensure that all self-insured employers comply with chapter 287, RSMo, and follow the regulation 8 CSR 50-3.010. The unit's primary functions consist of approving applications to self-insure submitted by employers, providing oversight and assistance to current self-insured entities, ensuring that annual reports are timely submitted to the Division, evaluating security posted, conducting audits to examine case management practices for compliance with statutory requirements and the Division's established guidelines and safety audits.

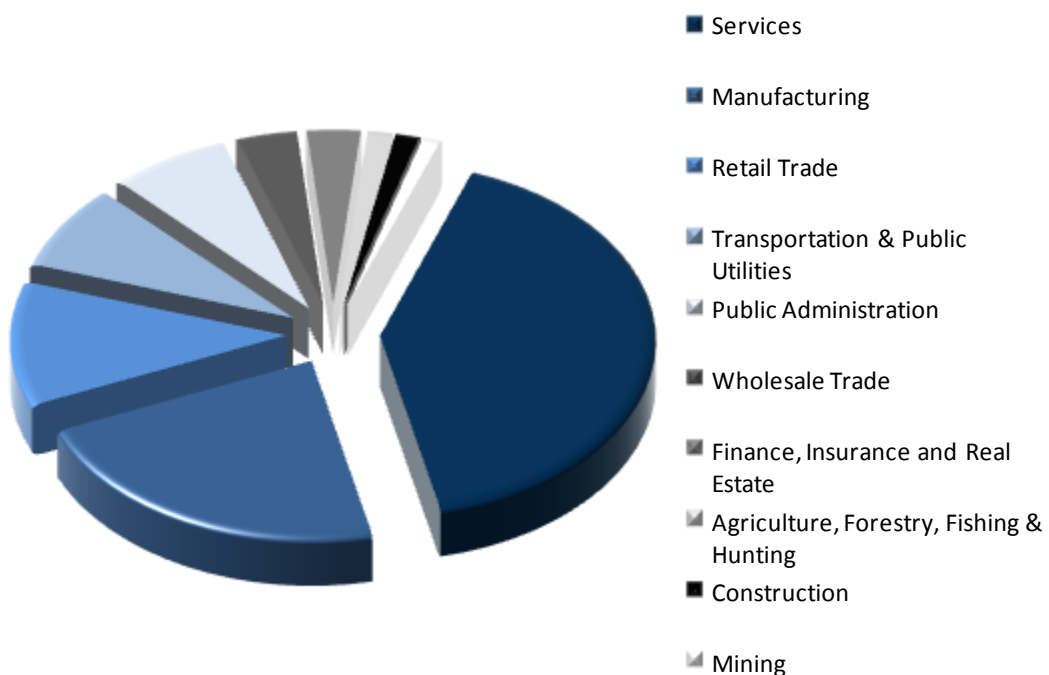
	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Individual Self-Insurers	295	293	288	289
Group Trusts	24	22	21	20
Individual Member Employers in Group Trusts	2,863	2,742	2,555	2,674
Covered SI Employees	773,143	663,607	651,771	667,321
Covered SI Payroll	\$26,218,147,749	\$25,785,265,617	\$25,301,065,506	\$25,908,930,219
SI Payroll as Percent of All Covered Payroll	26.56%	25.06%	Data available August 2015	Data not yet available

Source: Missouri Division of Workers' Compensation. National Academy of Social Insurance, Workers' Compensation: Benefits, Coverage, and Costs, 2012. Note: Numbers provided are based on counts as of January 1 of the indicated year.



2014 Individual Self-Insured Employers by Industry

<u>Industry</u>	<u>Companies</u>	<u>Percent</u>
Services	123	42.6
Manufacturing	62	21.4
Retail Trade	32	11.1
Transportation & Public Utilities	22	7.6
Public Administration	20	6.9
Wholesale Trade	10	3.5
Finance, Insurance and Real Estate	9	3.1
Agriculture, Forestry, Fishing & Hunting	4	1.4
Construction	4	1.4
Mining	3	1.0
Total	289	100





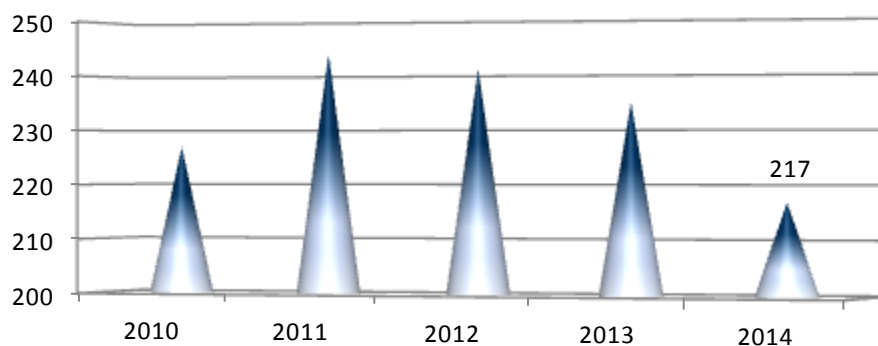
Legal Unit

The Legal Unit provides legal advice and assistance to the Division Director and the various units and programs within the Division. The legal unit also oversees the Religious Exception Program, Medical Fee Dispute Program, Dispute Management Unit, Line of Duty Compensation Fund, and Proof of Coverage. In addition to other general duties, the unit also drafts proposed rules and amendments to the existing regulations.

The Religious Exception Program receives, reviews, and responds to all questions related to granting workers' compensation exceptions to employers and employees who are members of a recognized religious sect or division (as defined by federal law) who are conscientiously opposed to acceptance of benefits of any public or private insurance in various contexts. In 2014, the unit received 77 applications for religious exception in which 77 employees working for 31 different employers qualified for a religious exception.

The Medical Fee Dispute Program allows health care providers to file an application for reimbursement of disputed and outstanding charges and fees relating to treatment and services provided to injured employees. In 2014, the unit processed 219 applications for direct payment and 1,211 applications for payment of additional reimbursement. Since September 1, 2006, the Division has administratively reviewed "reasonableness" disputes where the amount in dispute was \$1,000 or less. The Medical Fee Dispute Program received 217 applications for "reasonableness" disputes under \$1,000 in 2014. Requests for an Administrative Ruling were submitted in 59 cases. The Division's Mediator received records and corresponded with the parties in 41 Medical Fee Dispute cases that resulted in these cases being resolved without the need for issuing a formal Administrative Ruling. Administrative Rulings were issued in 12 cases.

**Reasonableness Medical Fee Disputes
Filed 2010-2014**
(Less than \$1,000)





SB 1 inserted a statute of limitations period in §287.140.4 for filing an application for payment of additional reimbursement of medical fees pursuant to 8 CSR 50-2.030. It is: Two years from the date of the first notice of dispute of medical charge was received by the health care provider if the services were provided before July 1, 2014; and one year from the date the first notice of dispute of medical charge was received by the health care provider if the services were provided after July 1, 2014. Notice is presumed to occur no later than 5 business days after transmission by certified US mail.

The Unit received approximately 336 requests for assistance through the Division's website from various stakeholders and customers. The Unit takes pride in educating, calling and responding to all written and verbal requests for information relating to the law and general inquiries that are received. The Unit responded to approximately 85 constituent requests and 75 requests for Proof of Workers' Compensation Insurance Coverage.



Line of Duty Compensation Fund

The Line of Duty Compensation Fund provides benefits for firefighters, volunteer firefighters, law enforcement officers, air ambulance pilots, air ambulance registered professional nurses, and emergency medical technicians who are killed in the line of duty.

In 2014, the 97th Gen. Assembly 2d Reg. Sess. (2014) made changes to §287.243.2 (5) by revising the term "Killed in the line of duty." This is a major substantive change made by SB 852. "Killed in the line of duty", is defined to mean the loss of a person's life when:

- (a) Death is caused by an accident or the willful act of violence of another;
- (b) The law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter is in the active performance of his or her duties in his or her respective profession and there is a relationship between the accident or commission of the act of violence and the performance of the duty, even if the individual is off duty; the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter is traveling to or from employment; or the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter is taking any meal break or other break which takes place while that individual is on duty;
- (c) Death is the natural and probable consequence of the injury; and
- (d) Death occurs within three hundred weeks from the date the injury was received.

The term excludes death that results from the willful misconduct or intoxication.

In order to receive benefits, the death must have occurred on or after June 19, 2009. The estate of the deceased must file a Claim for Compensation for Line of Duty Compensation Benefits with the Division within one year from the date of death. After a Claim is filed, the Division starts an investigation for substantiation of matters set forth in the Claim. The Division coordinates with the employer and reviews documents submitted by the employer and claimant. After completion of the investigation, the Division Director issues an Administrative Determination either granting or denying line of duty compensation benefits. Pursuant to §287.243.7 any person who is aggrieved by the decision issued by the Division on the Claim for Compensation for Line of Duty Compensation Benefits may apply for an evidentiary hearing before an Administrative Law Judge. If no request for an evidentiary hearing is made within 30-days of the date of the decision, the Administrative Determination becomes the final award in the case and no appeal may be made to the Division or Commission or to the courts.



If compensation is granted, a \$25,000 compensation benefit is paid to the claimant, subject to appropriation. The compensation is in addition to any other pension rights, death benefits, or other compensation that claimant may otherwise be entitled to by law. The employers and workers' compensation insurers do not have subrogation rights against any compensation that is awarded for claims filed against the Line of Duty Compensation Fund.

The State Treasurer is the custodian of the Line of Duty Compensation Fund and approves the disbursements from the fund.

To date, 32 Claims for Compensation for Line of Duty Compensation Benefits have been filed with the Division. The Division Director has issued an Administrative Determination Granting Line of Duty Compensation Benefits in 31 cases.



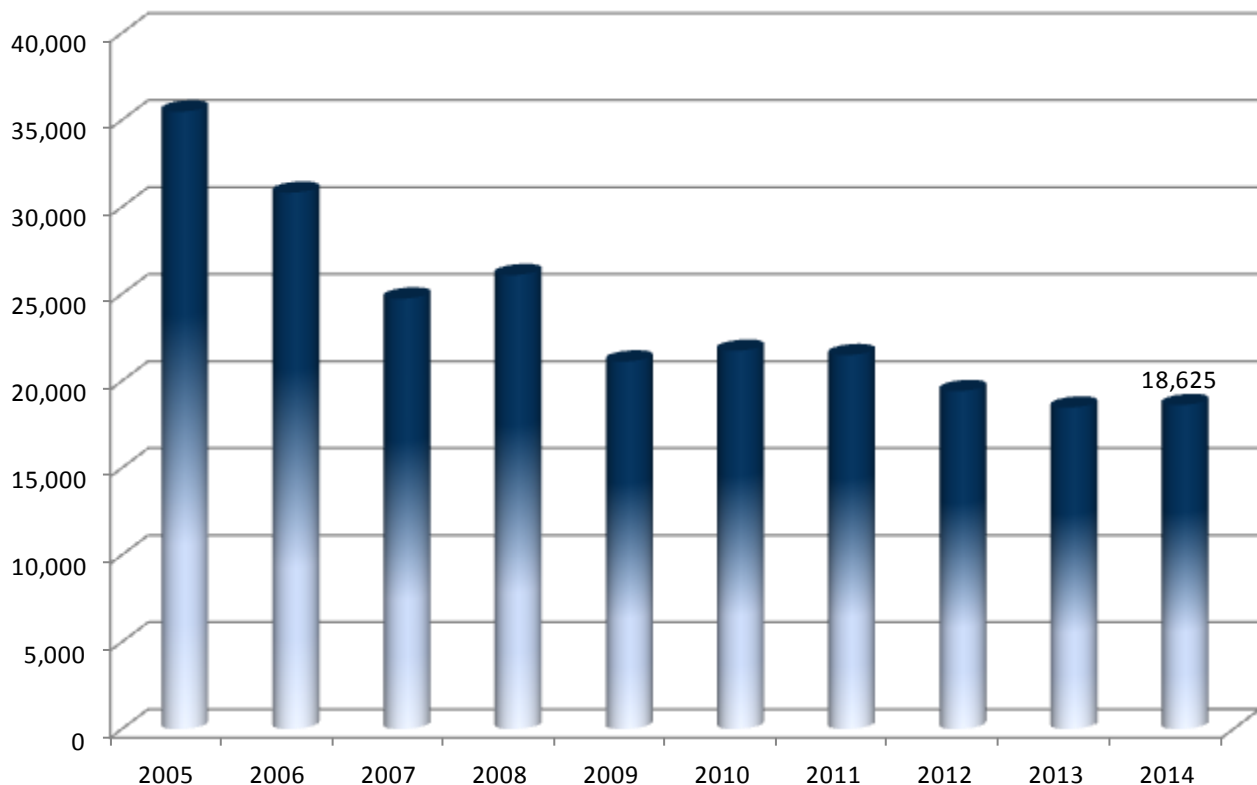
Customer Service

Division Toll-Free Line

The Division is required to maintain a public information program that provides assistance to all parties governed by the Missouri Workers' Compensation Law including injured employees, employers, insurers, and lawyers. The Division maintains a toll-free number for any person to call the Division with questions relating to the Workers' Compensation Law. The unit employs information specialists to respond to calls received on the toll-free line.

Calls on the toll-free line have generally been decreasing since 2004. However, the Division's 2 information specialists handled a total of 18,625 calls in 2014, a .77 percent increase from the 18,482 calls handled in 2013.

Toll-Free Line Calls 2005 - 2014





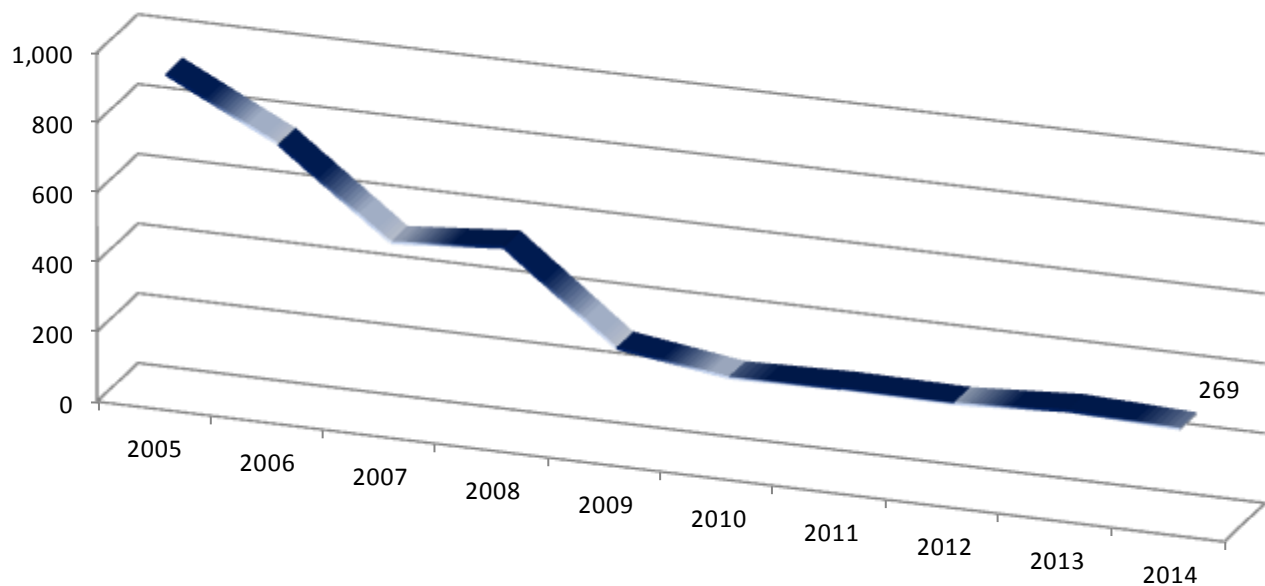
Dispute Management

The Dispute Management Program offers early intervention services and mediates disputes that arise between the parties soon after a workplace injury occurs. The Division has one Mediator who assists parties in resolving medical treatment and lost wage disputes. This is a voluntary process. When one of the parties does not agree to mediate, the party originally requesting mediation services is advised that he or she may take further steps if the problem persists, including requesting a docket setting with an administrative law judge (ALJ). The Dispute Management Unit does not provide voluntary mediation services if a Claim for Compensation has been filed with the Division as the filing of a claim initiates a contested case proceeding.

Voluntary Mediation

Referrals for voluntary dispute management have been decreasing since 2005, but have largely leveled off for the past four years. In 2014, there were 269 referrals for voluntary mediation, a 4.3 percent decrease from 2013.

Referrals for Voluntary Dispute Management Assistance 2005 - 2014





Cause of Referrals

Cases will be referred to the dispute management unit when it appears a mediator may be able to resolve the issue without a formal proceeding. In 2014, the most common cause for a dispute referral was issues relating to permanent partial disability.

<u>Cause</u>	<u>Count</u>	<u>Percent</u>
PPD Issues	81	19.0
Other	76	17.8
Eligibility for TTD	61	14.3
Employee Request for Medical Treatment	58	13.6
Unpaid Medical Bills	41	9.6
Need for Medical Treatment	35	8.2
Denial of Benefits	25	5.9
Question Benefit Amounts	24	5.6
Employer Not Reporting Injury	12	2.8
Mileage Reimbursement	10	2.3
Wage at Injury	3	0.7
Permanent Disability	1	0.2
Total	427	100

Note: A case may have more than one cause for referral.

Source of Referrals

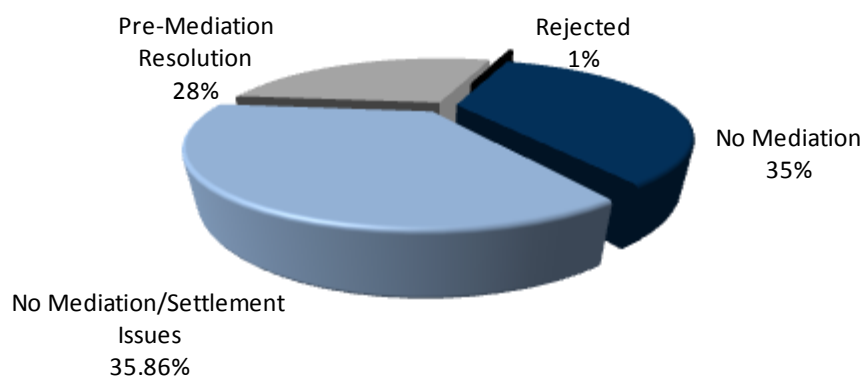
The most common source of dispute management referral in 2014 was by phone calls to the Division either through the Division's information hotline or by directly calling the mediator, accounting for just over 82 percent of all referrals.

<u>Source of Referral</u>	<u>Count</u>	<u>Percent</u>
Phone Call	115	42.8
DWC Information Specialist (800 Line)	106	39.4
Other	23	8.5
Dispute Management Conference Request	14	5.2
Notification of Rights Letter	11	4.1
Total	269*	100

*This number does not include referrals from previous years that had not been closed as of January 1, 2014

Voluntary Dispute Referral Outcomes

In 2014, the dispute management unit closed a total of 198 referred cases, which includes cases that were still being worked on from prior years.





Workers' Safety Program

All insurance carriers writing workers' compensation insurance in Missouri must provide comprehensive safety engineering and management services to employers. The Workers' Safety Program certifies and audits these services, investigates complaints of inadequate loss control services, monitors the impact of those services on Missouri employers, and offers additional safety assistance when needed. The Workers' Safety Program maintains a registry of certified safety consultants and engineers who can offer independent safety services to Missouri employers. The Program also oversees the 10-hour Construction Safety Training Program that requires all employees on a public works project to have 10 hours of safety training prior to working on the project. The Program also conducts site visits with self-insured businesses and trusts to ensure that they have acceptable safety programs that meet the requirements for self-insurance and certifies the safety programs of rehabilitation facilities who are participating in the SIF rehab benefit program.

In 2014, the Program conducted 59 site visits, certified 116 insurance carrier groups with comprehensive safety engineering and management programs, and certified a total of 219 safety consultants or engineers including 135 new safety consultants or engineers.

Site Visits by Type

Type	Visits	Percent
Request	1	1.7
Insurance Carrier Evaluations	8	13.6
Ergonomic	5	8.5
Rehabilitation Facilities (for SIF Unit)	20	33.9
Self-Insurance Audits (for Insurance Unit)	25	42.3
Total	59	100



Adjudication

The Division's statutory responsibility to adjudicate and resolve disputes under the law is fulfilled by the eight adjudication offices throughout the state of Missouri. The administrative law judges (ALJs), court reporters, docket clerks, and assistants provide the services to the parties to the case who appear at the scheduled docket settings in each respective office. The Division has streamlined the rendition of services by standardizing several forms that the parties utilize to request a docket setting. The Division offers various docket settings, such as voluntary settlement conference; prehearing; mediation; §287.203 hearing (to contest termination of compensation); hardship hearing; hearing upon final award; and notice to show cause or dismissal settings. The various docket settings are briefly summarized below. The Division also schedules evidentiary hearings on medical fee disputes, crime victims' compensation cases, and tort victims' compensation cases.

A case is set for a **voluntary settlement conference** with an ALJ after the employer/insurer has filed a First Report of Injury (FROI) with the Division, or after the employee has initiated a case through the Dispute Management Unit. A voluntary settlement conference may be set by written request of a party by completing a Division-approved form, or it may be set at the discretion of the Division.

A **pre-hearing** is a proceeding before an ALJ to discuss issues in a case in which a claim for compensation has been filed. A pre-hearing may be requested when:

- The parties want to present a settlement agreement for approval;
- Disputes or other issues arise that must be resolved in order for the case to proceed;
- The parties have a good-faith belief that a brief meeting with an ALJ will help in moving the case more expeditiously to settlement or final hearing.

A **mediation** is a setting in which the parties and their attorneys, if they are represented, meet with an ALJ to discuss issues in a confidential manner, identify areas of agreement and facilitate a compromise settlement of a claim to avoid proceeding to a hearing. A mediation may be set upon the written request of a party, provided that an ALJ finds that the issues have been sufficiently developed to make the mediation meaningful. It is the intent of the Division to conduct a mediation before the parties incur the expense of any expert medical depositions.

A **hardship hearing** is an evidentiary hearing held before an ALJ when the employee alleges that he or she is not at maximum medical improvement, is in need of medical treatment, or entitled to temporary total disability (TTD) benefits, and the employer is not providing such treatment or benefits. The hearing may alternatively be based on the termination of benefits under §287.203. A hardship hearing is a hearing in which the employee is requesting the issuance of a temporary or partial award. A temporary or partial award addresses issues of medical treatment and payment of temporary disability benefits. If a party requests the issuance of a final award and makes it an issue at the hearing, and the evidence presented so merits, a final award may be issued.



A **hearing requesting issuance of a final award** is an evidentiary hearing held before an ALJ. Evidence is offered, testimony is presented, and a verbatim record is made for the reviewing tribunal. A final hearing may be requested when the employee has reached maximum medical improvement or the case is otherwise ready for final resolution.

All parties must appear at the hearing and be ready to proceed with the presentation of evidence on all issues. An ALJ may grant a continuance of the final hearing only upon a showing of good cause or by consent of the parties. A continuance will generally not be granted for conflicts after the attorney has cleared the hearing date in advance.

In cases where §287.203 applies, the ALJ shall issue an award, including findings of facts and rulings of law, within 90 days of the last day of the hearing. For all other hearings (except hearings on the medical fee disputes reasonableness cases) an ALJ shall issue the award within 90 days of the last day of the hearing. The hearing shall be concluded within 30 days of the commencement of the hearing, except in extraordinary circumstances.

If the ALJ determines that any proceedings have been brought, prosecuted, or defended without reasonable grounds, the ALJ may assess the whole cost of the proceedings upon the party who brought, prosecuted, or defended them. The ALJ shall not issue a written award if the case is settled or dismissed after a hearing and before the award is issued.

Compromise settlements between the parties must be approved by an ALJ in order to be valid. An ALJ will approve a settlement agreement pursuant to §287.390 as valid and enforceable as long as:

- The settlement is not the result of undue influence or fraud;
- The employee fully understands his or her rights and benefits;
- The employee voluntarily agrees to accept the terms of the agreement; and
- The settlement is in accordance with the rights of the parties.

All stipulations for compromise settlement submitted for approval must be accompanied by copies of all available medical rating reports, surgical notes, and radiological reports, or progress notes showing a diagnosis, or statement from the employer/insurer's attorney indicating that the injury is of such a minor nature that no medical report is necessary. Stipulations for compromise settlement in an acceptable format may be presented for approval by mail or in person.

An order of **default judgment or dismissal** may be issued in the following circumstances:

- Default Hearings and Awards – A case may be set for default judgment upon the request of the employee if the employer/insurer has failed to appear and/or defend the claim.
- Voluntary Dismissals - A claim for compensation may be voluntarily dismissed by the employee as to any party, or the case as a whole.
- Dismissal for Failure to Prosecute – Cases in which no party has requested a setting in one year will automatically be set on a dismissal docket. The claim for compensation may be dismissed for failure to prosecute if, after notice to the parties, the claimant or the claimant's attorney fails to show good cause as to why the claim should not be dismissed.



Docket Settings & Hearings

Office/Docket Location	Counties Covered	Setting Types				Hearing Types	
		Conference	Pre-Hearing	Mediation	Dismissal	Hardship	Final
Cape Girardeau Office							
Bloomfield	Stoddard	28	55	101	22	1	6
Cape Girardeau	Bollinger, Cape Girardeau, Perry	218	167	413	86	20	18
Caruthersville	Dunklin, Pemiscot	70	35	191	39	0	0
Farmington	St. Francois, St. Genevieve	153	97	259	66	14	30
Festus	Jefferson	161	78	380	158	5	12
Ironton	Iron, Madison, Reynolds, Washington	86	59	114	23	2	12
New Madrid	New Madrid	78	90	95	24	2	2
Popular Bluff	Butler, Carter, Ripley, Wayne	86	71	278	49	3	7
Sikeston	Mississippi, Scott	99	101	219	57	4	16
Jefferson City Office							
Boonville	Cooper, Howard	31	133	0	4	2	0
Camdenton JC	Camden, Hickory, Morgan	132	508	0	14	2	5
Columbia	Boone	363	1,260	0	53	16	19
Eldon (Held in J.C.)	Miller	33	170	0	2	0	4
Fulton (Held in J.C.)	Callaway	113	501	0	9	8	38
Hannibal	Clark, Lewis, Marion, Pike, Ralls	174	876	2	3	1	5
Hermann	Gasconade	15	115	0	10	0	1
Jefferson City	Cole, Maries, Moniteau, Osage	244	757	671	20	18	28
Kirksville	Adair, Knox, Putnam, Schuyler, Scotland, Sullivan	105	283	0	1	2	0
Macon	Linn, Macon, Shelby	95	146	0	2	0	4
Marshall	Saline	76	220	3	13	1	15
Mexico	Audrain, Montgomery	94	569	0	11	1	1
Moberly	Chariton, Monroe, Randolph	122	364	1	14	0	7
Rolla	Crawford, Dent, Phelps	165	615	0	16	0	6
Sedalia	Benton, Pettis	185	420	6	5	1	7



Missouri Division of Workers' Compensation

Office/Docket Location	Counties Covered	Setting Types				Hearing Types	
		Conference	Pre-Hearing	Mediation	Dismissal	Hardship	Final
Joplin Office							
Joplin	Jasper	368	1,812	332	31	3	25
Lamar	Barton, Cedar, Dade, Vernon	85	474	0	20	0	0
Monett	Barry, Lawrence	143	816	0	19	0	0
Neosho	McDonald, Newton	88	387	0	10	0	0
Kansas City Office							
Clinton	Bates, Henry, Johnson, St. Clair	77	46	0	77	2	3
Kansas City	Cass, Jackson, Southern Platte	1,083	287	1,974	2,291	130	535
Lexington	Lafayette, Ray	74	9	1	37	0	1
Springfield Office							
Branson	Stone, Taney	110	239	59	15	0	2
Lebanon	Laclede, Pulaski, Wright	162	230	78	9	0	0
Springfield	Christian, Dallas, Greene, Polk, Webster	609	1,955	512	295	17	77
West Plains	Douglas, Howell, Oregon, Ozark, Shannon, Texas	128	148	51	10	0	4
St. Charles Office							
St. Charles	St. Charles	266	5,184	607	174	14	70
Union/Washington	Franklin	108	1,923	194	62	3	23
Warrenton	Lincoln, Warren	47	904	123	38	3	16
St. Joseph Office							
Bethany	Daviess, Harrison	21	18	0	3	0	0
Chillicothe	Caldwell, Carroll, Livingston	67	71	4	13	0	1
Maryville	Atchison, Gentry, Holt, Nodaway, Worth	103	80	5	9	0	0
St. Joseph	Andrew, Buchanan, Clinton, DeKalb	384	885	142	125	10	33
Trenton	Grundy, Mercer	29	25	3	1	1	0
St. Louis Office							
St. Louis	City of St. Louis, St. Louis County	1,515	14,586	4,742	513	32	390
TOTALS		8,393	37,769	11,560	4,453	318	1,423

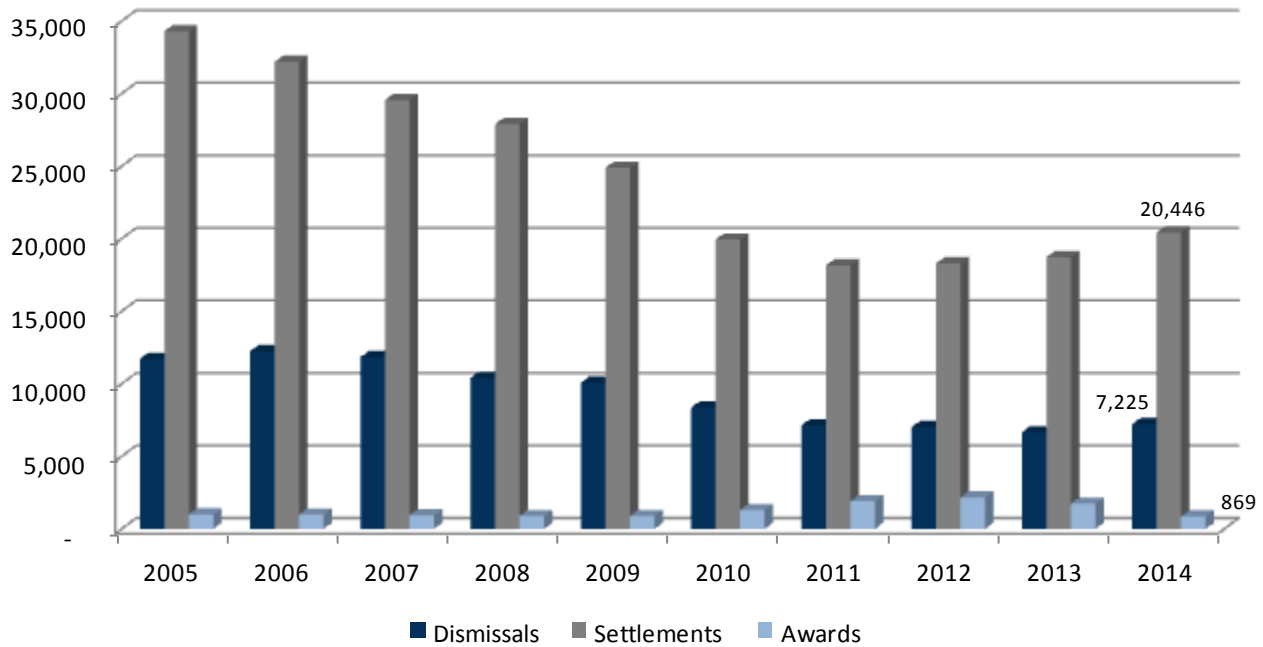
* Note: Last minute cancellations of scheduled hearings, due to settlement or requests for continuance, are not recorded in the DWC database. Therefore, the number of hearings actually conducted is less than shown here.



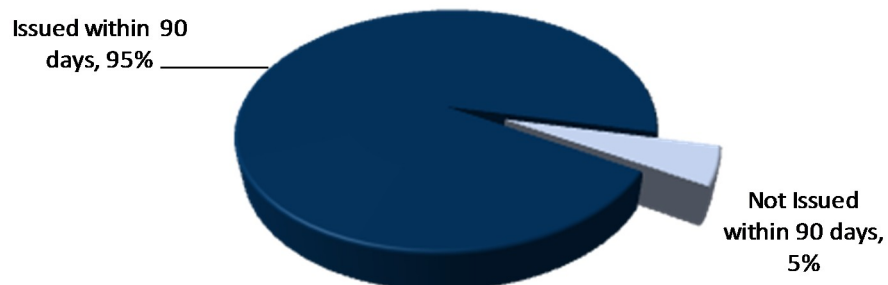
Case Resolutions

In 2014, 28,540 workers' compensation cases were resolved by an ALJ. The number of settlements reached increased by 9.1%, while the number of awards issued decreased by 50.4% and the number of dismissals increased by 8.4% from 2013.

Workers' Compensation Case Resolutions 2005 - 2014



Section 287.460 requires all awards to be issued by the administrative law judge within 90 days of the last day of the hearing on the case. The hearing is generally concluded within 30 days of the commencement of the hearing, unless there are "extraordinary circumstances where a lengthy trial or complex issues necessitate a longer time than 90 days." In 2014, 95 percent of all awards were issued within the statutory time frame.





Tort Victims' Compensation Fund

The Missouri Tort Victims' Compensation Fund (the Fund) was established by legislation passed in 1987. Revenue into the Fund is generated by a portion of money paid as punitive damages in civil lawsuits in Missouri. In 2001, the Missouri General Assembly enacted legislation authorizing claims to be made against the Fund, giving the Division the duty to evaluate those claims, and set up criteria for the evaluation of those claims.

The purpose of the Fund is to help compensate people who have been injured due to the negligence or recklessness of another (such as in a motor vehicle collision or a hunting accident), and who have been unable to obtain full compensation because the party at fault had no insurance, or inadequate insurance, or has filed for bankruptcy, or for other reasons specified in the law.

In 2010, there were 101 claims filed during the Annual Claims Period. 85 claims were successful claims. The value of individual successful claims ranged from \$20,000.00 to \$300,000.00, totaling \$16,935,060.39 in aggregate. There was \$345,275.00 available to pay claims on June 30, 2011, thus each claimant received about two cents for each dollar awarded.

Eighty-eight claims were filed during the 2011 Annual Claims Period. There were 70 successful claims. The value of individual successful claims ranged from \$10,000.00 to \$300,000.00, and the aggregated total was \$11,993,995.90. On June 30, 2013, there was \$495,000.00 available to pay claims. Therefore, each claimant received more than 4.12 cents for each dollar awarded.

56 claims were filed during the 2012 Annual Claims Period, 51 of which were successful. The value of the individual successful claims ranged from \$16,273.62 to \$300,000.00, and the aggregated total was \$9,582,378.78. Additionally, hearings were requested in two of the claims that had been filed during the 2011 Annual Claims Period. Those hearings were not pursued in a timely fashion and, as a final ruling had not yet been made, those two claims were excluded from the 2011 Annual Claims Period payout. By Rule, these claims were added to the 2012 Annual Claims Period once the rulings became final, for payout along with the successful 2012 Annual Claims, raising the aggregated total of individual claims to \$10,182,378.78. No payments have yet been made on the 2012 Annual Claims Period cases.

In 2013, 53 claims were filed during the 2013 Annual Claims Period, 44 of which were successful. The value of individual successful claims ranged from \$5,000.00 to \$300,000.00, and the aggregated total was \$6,544,204.92. No payments have been made on the 2013 Annual Claims Period cases.

There were 39 claims filed during the 2014 Annual Claims Period and are currently under administrative review. The balance of the fund as of December 31, 2014 was \$215,050.04.

Crime Victims' Compensation Fund

Effective Aug. 28, 2007, the Missouri Crime Victims' Compensation Fund was transferred from the Division to the Missouri Department of Public Safety (DPS). Based upon the revisions made to §595.036 by HB 1299, any party aggrieved by the decision of the DPS made on Claims filed on or after August 28, 2014, may file a petition with the Administrative Hearing Commission. In 2014, there were 35 hearings and prehearings held by the Division's Administrative Law Judges, which was a decrease from the 42 hearings held in 2013.



Accomplishments & Initiatives

REMOTE ELECTRONIC CLAIMS AUDIT

To take advantage of improvements in technology, the Division's Insurance Unit established procedures in 2010 for its claims auditors to conduct remote electronic claims audits if a self-insured employer or group trust's third party administrator (TPA) maintains its case files electronically. This eliminates travel time and related expenses while maintaining the integrity of the claims audit and audit report. Since 2013, a number of additional TPA's have added partial electronic access which enables the auditors to conduct part of the audit electronically, thus reducing the amount of time and related expenses of the on-site audit. Since initiated in 2010, electronic and partially electronic audits have increased from 5.7% to 13.9% of audits conducted in CY 2014.

ELECTRONIC DATA DISTRIBUTION

The Division continues to achieve success based upon the implementation of the electronic transmission of docket notices to parties who voluntarily sign up to receive notices electronically. In 2014, almost 145,000 docket notices were sent out resulting in a savings of around \$500,000 for the Division. The Division reached out to Trading Partners such as insurance companies and TPAs and offered them the ability to submit supplemental reports in the case electronically.

SENATE BILL 1

CY2014 marked the first year of the implementation of the changes made by SB1. The Division undertook numerous measures to minimize the disruption in the delivery of services to the stakeholders and to ensure the continued administration of its overall responsibilities. The Division conducted presentations, both internally and externally, to educate the community about the changes made to the various provisions in the Workers' Compensation Law. Revisions were made to the Division's internal processes, forms and the website to better inform and serve the customers. Outreach to the national organizations to coordinate issues that impact upon the Division's programs continues.

DWC MODERNIZATION/GAP ANALYSIS

In early Fall 2013, DWC and ITSD created a Project Assessment Quotation (PAQ) to refresh analysis created in 2009 in preparation for a modernization project. The objectives of the PAQ were to obtain recommendations and a roadmap for how to modernized DWC's current computer systems and to provide a feasibility study to include a cost benefit analysis. The contractor was directed to analyze the DWC business and technical needs, complete the research needed, present options, make recommendations, and provide a high-level plan to implement the recommendation.



As part of the Gap Analysis, all current functions were reviewed to make sure that all business processes were captured. These functions include current computer system processes as well as a large number of manual processes. Additionally, data stored outside of the current computer system was identified with recommendations to integrate this outlying data to one all inclusive database. In the process of analysis, recommendations for combining several similar business processes to eliminate redundancies of work were made. The streamlined business functions will lead to efficiencies for both the State of Missouri and external stakeholders. The resulting computer system will be built on the latest technology platforms that allow Workers' Compensation the ability to retire and outdated legacy system. The Gap Analysis was completed in the first half of 2014.



Interstate Comparison

Workers' Compensation Premium Rate Rankings

Missouri employers pay, on average, the 31st lowest workers' compensation premium rates in the nation. Missouri's premium rate index is \$1.98 per \$100 of payroll or 107 percent of the national median, which was \$1.85 in 2014. This is a two percent decrease from the national median in 2012.

2014 Ranking	2012 Ranking	State	Index Rate	Percent of study median	Effective Date
1	3	California	3.48	188%	January 1, 2014
2	2	Connecticut	2.87	155%	January 1, 2014
3	7	New Jersey	2.82	152%	January 1, 2014
4	5	New York	2.75	148%	January 1, 2014
5	1	Alaska	2.68	145%	January 1, 2014
6	6	Oklahoma	2.55	137%	1/1/2013 State Fund, 1/1/2014 Private
7	4	Illinois	2.35	127%	January 1, 2014
8	14	Vermont	2.33	125%	April 1, 2013
9	30	Delaware	2.31	125%	December 1, 2013
10	15	Louisiana	2.23	120%	January 1, 2014
11	8	Montana	2.21	119%	July 1, 2013
12	9	New Hampshire	2.18	118%	January 1, 2014
13	10	Maine	2.15	116%	April 1, 2013
14	19	Idaho	2.01	109%	January 1, 2014
17	13	Washington	2.00	108%	January 1, 2014
17	16	South Carolina	2.00	108%	September 1, 2013
17	12	Pennsylvania	2.00	108%	April 1, 2013
20	27	New Mexico	1.99	108%	January 1, 2014
20	20	Rhode Island	1.99	107%	July 1, 2013
20	17	Minnesota	1.99	107%	January 1, 2014
21	36	MISSOURI	1.98	107%	January 1, 2014
22	19	Tennessee	1.95	105%	March 1, 2013
23	12	Wisconsin	1.92	104%	October 1, 2013
24	25	Iowa	1.88	101%	January 1, 2014
25	23	South Dakota	1.86	100%	July 1, 2013
27	35	Hawaii	1.85	100%	January 1, 2014
27	25	North Carolina	1.85	100%	April 1, 2013
28	29	Florida	1.82	98%	January 1, 2014
29	21	Alabama	1.81	97%	March 1, 2013
30	33	Nebraska	1.78	96%	February 1, 2013
31	31	Wyoming	1.76	95%	January 1, 2014
32	27	Georgia	1.75	95%	July 1, 2013
33	28	Ohio	1.74	94%	July 1, 2013
34	32	Michigan	1.68	91%	January 1, 2013
35	34	Maryland	1.64	88%	January 1, 2014
36	38	Texas	1.61	87%	June 1, 2013
37	37	Arizona	1.60	86%	January 1, 2014
38	42	Mississippi	1.59	85%	March 1, 2013
39	41	Kansas	1.55	83%	January 1, 2014
40	22	Kentucky	1.51	82%	October 1, 2013
41	43	Colorado	1.50	81%	January 1, 2014
43	40	West Virginia	1.37	74%	November 1, 2013
43	39	Oregon	1.37	74%	January 1, 2014
45	45	Utah	1.31	71%	December 1, 2013
45	47	District of Columbia	1.31	70%	November 1, 2013
46	46	Nevada	1.26	68%	March 1, 2013
48	44	Massachusetts	1.17	63%	September 1, 2010
48	48	Virginia	1.17	63%	April 1, 2013
49	49	Arkansas	1.08	58%	July 1, 2013
50	50	Indiana	1.06	57%	January 1, 2014
51	51	North Dakota	0.88	47%	July 1, 2013

Source: Oregon Department of Consumer & Business Services, 2014



MO DWC Contacts

Missouri Division of Workers' Compensation (Central Office)

P.O. Box 58
Jefferson City, MO 65102-0058
(573) 751-4231
Internet Home Page:
www.labor.mo.gov/DWC/
Toll Free Information Line:
(800) 775-2667

Dispute Management Unit

P.O. Box 58
Jefferson City, MO 65102-0058
(573) 526-4951

Fraud and Noncompliance Unit

P.O. Box 1009
Jefferson City, MO 65102-1009
(800) 592-6003

Insurance Unit

P.O. Box 58
Jefferson City, MO 65102-0058
(573) 526-3692

Medical Fee Dispute

P.O. Box 58
Jefferson City, MO 65102-0058
(573) 526-5610 or (573) 522-2546

Missouri Workers' Safety Program

P.O. Box 58
Jefferson City, MO 65102-0058
(573) 526-5757

Rehabilitation and Second Injury Fund

P.O. Box 58
Jefferson City, MO 65102-0058
(573) 526-3505

Religious Exception and Proof of Coverage

P.O. Box 58
Jefferson City, MO 65102-0058
(573) 522-2546 or (573) 526-4941

Local Office Directory

Cape Girardeau

Phone: (573) 290-5757 Fax: (573) 290-5760
3102 Blattner, Suite 101
Cape Girardeau, MO 63701

Jefferson City

Phone: (573) 751-4231 Fax: (573) 751-2012
3315 West Truman Blvd., P.O. Box 58
Jefferson City, MO 65102

Joplin

Phone: (417) 629-3032 Fax: (417) 629-3035
3311 Texas Ave.
Joplin, MO 64801

Kansas City

Phone: (816) 889-2481 Fax: (816) 889-2489
1410 Genessee St., Suite 210
Kansas City, MO 64102-1047

Springfield

Phone: (417) 888-4100 Fax: (417) 888-4105
1736 E. Sunshine, Suite 610
Springfield, MO 65804

St. Charles

Phone: (636) 940-3326 Fax: (636) 940-3331
3737 Harry S. Truman Blvd.
St. Charles, MO 63301

St. Joseph

Phone: (816) 387-2275 Fax: (816) 387-2279
525 Jules St.
St. Joseph, MO 64501

St. Louis

Phone: (314) 340-6865 Fax: (314) 340-6915
111 North 7th St., Room 250
St. Louis, MO 63101

Additional Contacts

Missouri Department of Insurance, Financial Institutions
and Professional Registration (DIFP)
Property and Casualty Section
P.O. Box 690
Jefferson City, MO 65102-0690
(573) 751-3365 or (800) 726-7390
Internet Home Page:
www.insurance.mo.gov

National Council on Compensation Insurance
11430 Gravois Road
St. Louis, MO 63126
(314) 843-4001
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