

**Senate Bill No. 863
WCIRB Cost Monitoring Report —
Initial Retrospective Evaluation**

Released: October 28, 2013

Notice

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This Impact of SB 863 on Loss Development Patterns was developed by the Workers' Compensation Insurance Rating Bureau of California (WCIRB) for the convenience of its users. An insurer must make an independent assessment regarding its use of this impact of SB 863 on Loss Development Patterns based upon its particular facts and circumstances.

I. Executive Summary

On September 18, 2012, the Governor signed Senate Bill No. 863 (SB 863) into law. SB 863 increases benefits effective January 1, 2013 and January 1, 2014 and provides for a number of structural changes to the California workers' compensation benefit delivery system. The WCIRB's prospective evaluation of the cost impact of SB 863 was published on October 12, 2012.

The WCIRB's plan to retrospectively monitor the cost impact of SB 863 based on emerging post-reform costs was published on March 27, 2013. Pursuant to this plan, this report summarizes the WCIRB's initial retrospective evaluation of the cost impact of a number of SB 863 provisions based on data emerging through the third quarter of 2013.

The WCIRB's principal findings based on early emerging post-SB 863 costs include the following:

1. Indemnity claim frequency was projected to increase by 1% in 2013, in part due to SB 863 changes to indemnity benefits, while emerging frequency through June 30, 2013 indicates a 6.2% increase.
2. The number of lien filings was projected to decrease by approximately 40% as a result of the SB 863 lien filing fee and statute of limitations, while filings through the third quarter of 2013 have decreased by approximately 60% when compared to 2011 levels.
3. The SB 863 lien filing fee was projected to eliminate relatively smaller liens. WCIRB Lien Survey information indicates a much smaller proportion of liens under \$500 active in 2013 when compared to liens active in 2012.
4. SB 863's elimination of the duplicate payment for spinal surgical implants was estimated to save approximately \$20,000 per procedure. Very preliminary estimates based on WCIRB Medical Data Call (MDC) data show a \$15,000, or over 50%, reduction in the average cost of these procedures in 2013 when compared to pre-2013 levels.
5. SB 863's reduction in maximum ambulatory surgical center facility fees was estimated to reduce those costs by 25%, which is consistent with the reductions observed based on preliminary WCIRB MDC estimates comparing 2013 reimbursements to pre-SB 863 levels.
6. Early estimates of independent medical review (IMR) requests show that the frequency of IMRs in recent months is far above the levels initially projected. If the higher volume of August and September IMR requests are indicative of filing rates for subsequent months, the number of IMRs requested per year would be over three times greater than that projected in the WCIRB's prospective cost estimate potentially eliminating any savings in administrative costs due to IMR and also potentially negatively impacting medical treatment costs.
7. Preliminary estimates of medical provider network usage in 2013 show that network utilization in the first six months of 2013 is fairly consistent with that for prior years.
8. Although relatively few independent bill review (IBR) requests have been filed when compared to IMR filings, early estimates of IBR decisions show 60% of decisions favoring the provider for amounts significantly less than the IBR filing fee.

II. Background

SB 863, which was enacted on September 18, 2012, increased benefits effective January 1, 2013 and January 1, 2014 and provided for a number of structural changes to the California workers' compensation benefit delivery system. Following the enactment of SB 863, the WCIRB reviewed the impact of SB 863 on the cost of losses and loss adjustment expenses (LAE) underlying 2013 advisory pure premium rates. On a prospective basis, the WCIRB estimated that the net impact of the provisions of SB 863 quantifiable at the time of its prospective evaluation, once fully implemented in 2014, was a 2.7% reduction in the total cost of losses and LAE.¹ (SB 863 included a number of amendments which the WCIRB was not able to prospectively evaluate at the time.)

These estimates of the cost impact of SB 863 were in part based on judgmental assumptions that may or may not materialize. In addition, a number of SB 863 provisions that could not be evaluated at the time of the WCIRB's prospective evaluation may ultimately have a significant impact on costs. As a result, the WCIRB developed a plan to proactively monitor and quantify post-SB 863 costs as they emerged. The *Senate Bill No. 863 WCIRB Cost Monitoring Plan* was submitted to the California Department of Insurance (CDI) on March 27, 2013 and is included as Attachment A.

The monitoring plan included as Attachment A involves a multi-year retrospective measurement of the cost impact of key provisions of SB 863 and identifies the cost components to be measured, the data elements needed to measure these cost components, the general methodology used to measure these cost components, and the scheduled timeframe by which each of the cost components will be measured. As noted in Attachment A, the ultimate cost impact of many provisions of SB 863 will not be known for many years. This report represents the initial preliminary evaluation of emerging post-SB 863 costs for the cost components identified in Attachment A which can be measured by the fourth quarter of 2013. In particular, this report includes updated information on indemnity claim frequency, liens, surgical implant hardware, ambulatory surgical centers, independent medical review, medical provider networks, and independent bill review.

¹ *WCIRB Evaluation of the Cost Impact of Senate Bill No. 863*, WCIRB, updated October 12, 2012.

III. Cost Components Evaluated

A. Indemnity Claim Frequency

SB 863 enacted increases to permanent disability (PD) weekly benefit minimums and maximums, changes to the process of determining final PD ratings, and other changes impacting indemnity benefits. The WCIRB's prospective evaluation of SB 863 included provisions for changes in indemnity claim frequency (utilization) that have historically accompanied changes in indemnity benefit levels. These provisions were based on a WCIRB econometric analysis of the effect of a number of economic, demographic, and claims-related variables on the frequency of indemnity claims.² The study showed that changes in indemnity claim frequency are related, in part, to indemnity benefit changes. Specifically, the model shows that for every 1% change in average indemnity benefits, the frequency of indemnity claims changes by approximately 0.2%.³ In total, the WCIRB's prospective evaluation estimated that the changes in frequency as a result of SB 863 changes to indemnity benefits would increase costs by 1.1%.

Exhibit 1 summarizes the WCIRB's latest estimates of accident year indemnity claim frequency changes through June 30, 2013. As shown, current estimates for the 2012 and 2013 accident years indicate moderate to significant increases in indemnity claim frequency, particularly when compared to the typical long-term decline experienced in earlier years. Also, as shown in Table 1, the indicated indemnity claim frequency increases for those years are much greater than the changes projected based on the WCIRB's econometric claim frequency model.⁴

Accident Year	WCIRB Model Projected Indemnity Claim Frequency Change ⁵	Estimated Actual Indemnity Claim Frequency Change ⁶
2012	-0.8%	+3.3%
2013	+1.0%	+6.2%

Claim frequency patterns can be influenced by many diverse factors including changes in benefit levels. It is unclear the extent to which this higher than projected indemnity claim frequency change is due to the increased SB 863 benefits and the extent it is due to economic factors, other components of SB 863, or other claims related factors. The WCIRB will continue to study recent changes in indemnity claim frequency and provide updated information and estimates as they become available.

B. Liens

SB 863 included a number of provisions related to liens. Liens filed on or after January 1, 2013 are required to be filed with the Workers' Compensation Appeals Board (WCAB) using an approved form and be charged a \$150 filing fee. In addition, no liens may be filed more than three years from the date of service for liens filed before July 1, 2013 or 18 months from the date of service for liens filed on or after July 1, 2013. The WCIRB's prospective evaluation of the impact of SB 863 on lien-related costs estimated

² Brooks, Ward, *California Workers' Compensation Benefit Utilization – A Study of changes in Indemnity Frequency and Severity in Response to Changes in Statutory Workers' Compensation Benefit Levels*, Proceedings of the Casualty Actuarial Society, Volume LXXXVI, 1999, pp. 80-262.

³ This utilization provision is assumed to apply to temporary disability and permanent partial disability claims but not to medical-only, permanent total disability, death, or vocational rehabilitation claims.

⁴ The indemnity benefit level in the WCIRB's econometric frequency model is a leading variable. That is, a change in indemnity benefit levels for a year is assumed to also impact indemnity claim frequency for the prior year. In addition to changes in indemnity benefit levels, the WCIRB's frequency model also projects frequency changes based on a number of economic and other claims-related factors.

⁵ See Part A, Section B, Exhibit 14.1 of the WCIRB's January 1, 2014 Pure Premium Rate Filing submitted on September 13, 2013.

⁶ See Exhibit 1. These estimates are based on a comparison of changes in reported aggregate indemnity claim counts on WCIRB data calls to changes in statewide employment.

a 1.8% reduction in medical costs and a 7.8% reduction in loss adjustment expenses (LAE), resulting in a 2.5% reduction in total costs.

In the WCIRB's prospective evaluation, it was assumed that approximately 40% of liens would be eliminated by the SB 863 lien filing fee and statute of limitations. The Division of Workers' Compensation (DWC) maintains lien filing information in its Electronic Adjudication Management System (EAMS). Exhibit 2 shows the number of liens filed by region and type of lien through the third quarter of 2013 based on DWC EAMS data. As shown, following the passage of SB 863 in the third quarter of 2012, lien filings in the remainder of 2012 increased dramatically. However, during the first three quarters of 2013, the number of liens filed has decreased significantly in all regions and for all types of lien. In fact, the number of liens filed through the first three quarters of 2013 is approximately 60% less than the number of liens filed through the comparable period in 2011.

The WCIRB's prospective estimate of lien demand, settlement, and administrative costs was based on its 2012 Lien Survey of a random sample of 1,000 PD claims. Earlier this year, the WCIRB issued its Lien Survey on 430 additional PD claims for information on liens filed or activated during the first half of 2013.⁷ The results of the 2013 Lien Survey are shown in Exhibits 3 through 10 and summarized below:

1. Approximately 21% of claims surveyed from Southern California regions had lien activity during the first half of 2013, compared to 38% of claims with lien activity during the first half of 2012. Similarly, claims from Northern California regions saw a reduction in the proportion of claims with lien activity during the first six months of the year from 16% in 2012 to 5% in 2013 (Exhibit 3).
2. The average number of active liens per claim with an open lien was 3.7 during the first half of 2013 compared to 3.3 during the first half of 2012 (Exhibit 4).
3. The average delay between the accident date and the lien filing date was 3.2 years for liens active during the first six months of 2013 compared to 2.5 years for liens active during the first six months of 2012. The average delay between the lien filing and the lien resolution was 1.7 years for liens resolved during the first six months of 2013 compared to 2.0 years for liens resolved during the first six months of 2012 (Exhibit 5).
4. The distribution of liens by lien claimant type was fairly consistent between the 2012 and 2013 Surveys (Exhibit 6).
5. The average lien demand amount was \$7,567 and the average settlement amount was \$1,462 for liens resolved during the first half of 2013, resulting in a settlement rate of 19%. Comparatively, the average demand and settlement amounts for liens resolved during the first half of 2012 was \$6,089 and \$1,478, respectively, resulting in a settlement rate of 24%. The median settlement amount for liens resolved during the first half of 2013 was \$900, compared to \$525 for the first half of 2012, as 2013 had a much lower proportion of settlement amounts below \$500 and a much higher proportion between \$1,000 and \$2,500 (Exhibits 7 and 8). The increases in median settlement amounts were experienced for almost all types of lien claimant (Exhibit 9).
6. The average lien defense cost per Southern California claim⁸ with a lien was fairly consistent between the 2012 and 2013 Surveys, regardless of when the lien was active (Exhibit 10).

During the initial implementation of SB 863, there were concerns that some liens would be replaced by "petitions for costs" filings in an attempt to avoid payment of the lien filing or activation fees — particularly

⁷ The 2013 Lien Survey was conducted on accident year 2008 claims. The 2012 Survey was conducted on accident year 2007 and prior claims.

⁸ Due to the sparseness of the data, average defense costs for Northern California claims could not be credibly estimated. However, the defense cost on observed claims was very small.

in areas such as interpreter and copy service fees. However, in mid-2013, the WCAB published an *en banc* decision clarifying that a claim for medical-legal expenses may not be filed as a petition for costs.⁹

C. Surgical Implant Hardware

SB 863 eliminated the separate reimbursement for implantable medical devices, hardware, and instrumentation for spinal surgeries, beginning with services provided on or after January 1, 2013. Additionally, SB 863 required the Administrative Director to adopt a regulation specifying an additional reimbursement for certain diagnostic-related groups (DRGs) pertaining to spinal surgery to ensure that aggregate reimbursement is sufficient to cover costs, including implantable hardware.¹⁰ On a prospective basis, the WCIRB estimated that the elimination of the multiple reimbursements would reduce total medical costs by 1%.

The WCIRB's prospective estimate was, in part, based on a California Workers' Compensation Institute (CWCI) study estimating the savings from eliminating the multiple reimbursements on claims with spinal surgeries.¹¹ The study found that the duplicate payment for spinal instrumentation on these claims added an estimated \$20,000 to each procedure.

The WCIRB has compiled information on spinal surgical implants performed through the first half of 2013 based on its Medical Data Call (MDC) data. Specifically, surgical implant services provided in 2013 were compared to the same services provided prior to the effective date. The results are shown on Table 2. While there are relatively few instances of spinal surgeries affected by SB 863 that are reflected in the WCIRB MDC data through June 30, 2013, the average cost of these services is approximately \$15,000 less, or more than 50% below the cost of similar surgeries provided prior to the implementation of SB 863.

Date of Service	Number of Episodes	Total Paid	Average Paid per Episode
Pre-1/1/2013	214	\$5,870,125	\$27,430
Post-1/1/2013	52	\$628,504	\$12,087
Change			-56%

D. Ambulatory Surgical Center (ASC) Fees

SB 863 provides that the maximum facility fee for services performed in an ASC should not exceed 80% of the Medicare fee for the same service in a hospital outpatient department (the prior cap was set at 120% of the Medicare rate for hospitals). These amendments would have resulted in a one-third reduction in ASC facility fee payments if it was assumed that the change in the maximum fee schedule allowance would translate directly to ASC facility fee costs. However, many ASC fees are reimbursed under contract at levels different from those contemplated in the fee schedule. The WCIRB's prospective evaluation estimated the reduction in ASC facility fees would reduce total medical costs by 0.8% based on a judgmental reduction of 25% in ASC facility fees rather than the one-third indicated if the fee schedule reduction would be fully reflected in reduced costs.

The WCIRB has compiled information on ASC facility fees paid on services provided through the first half of 2013 based on its MDC data. Specifically, the paid cost related to ASC facility fees on services provided in 2013 were compared to the reimbursements on claims with pre-SB 863 dates of service. The

⁹ *Martinez v. Terrazas* (2013) 78 Cal. Comp. Cases 444.

¹⁰ The regulation would be repealed January 1, 2014 unless extended by the Administrative Director.

¹¹ *Preliminary Estimate of California Workers' Compensation System-Wide Costs for Surgical Instrumentation Pass-Through Payments for Back Surgeries*, CWCI, June 2012.

results are shown in Table 3. As shown, the average reimbursement to ASCs in 2013 is 26% lower than the average reimbursement on services provided prior to the implementation of SB 863.

Date of Service	Number of Episodes	Total Paid	Average Paid per Episode
Pre-1/1/2013	11,435	\$37,628,741	\$3,291
Post-1/1/2013	5,497	\$13,430,373	\$2,443
Change			-26%

E. Independent Medical Review (IMR)

SB 863 created a new IMR process for handling medical treatment disputes. IMR became effective on January 1, 2013 for new injuries and on July 1, 2013 for all injuries regardless of accident date. The WCIRB's prospective evaluation of the cost impact of IMR was segregated into several components, including savings attributable to lien costs, medical-legal reports, expedited hearings, temporary disability duration, and litigation costs. In total, the WCIRB estimated these IMR components would result in a 2.1% reduction in system costs. IMR also has the potential to significantly affect medical treatment costs. However, given the uncertainty as to how IMR will impact medical treatment, the WCIRB did not prospectively estimate the impact of IMR on medical treatment costs.¹²

Early information on the number of IMRs requested and results of IMR decisions through September 2013 are available from the DWC through the IMR vendor. This information is summarized in Table 4. As shown, a relatively small number of IMRs were filed during the first half of 2013. However, once IMR became effective for all injuries regardless of the accident date starting on July 1, 2013, IMR requests have increased significantly. If the higher volume of August and September IMR requests are indicative of filing rates for subsequent months, the number of IMRs requested per year would be over three times greater than that projected in the WCIRB's prospective cost estimate, potentially eliminating any savings in administrative costs due to IMR and also potentially negatively impacting medical treatment costs.¹³ Based on DWC information on early IMR decisions, approximately 75% of decisions have upheld the initial utilization review determination. The WCIRB will continue to monitor IMR filing and decision activity as more information becomes available.

Months	IMRs Filed
January to June	870
July	4,410
August	15,731
September	14,990

As discussed above, IMR has the potential to significantly affect medical treatment costs. As discussed in the SB 863 Cost Monitoring Plan (Attachment A), the WCIRB will retrospectively monitor changes in overall medical cost levels based on accident year paid medical severities from WCIRB quarterly aggregate financial data calls. Table 5 shows paid medical per indemnity claim severities through the first six months of 2013 compared to that for 2012. As shown, this preliminary estimate of 2013 severities shows paid medical per indemnity claim fairly consistent with the prior year.

¹² The CDI's decision on the January 1, 2013 Pure Premium Rate Filing reflected a 2.5% reduction in medical costs coming from the impact of IMR on medical treatment.

¹³ The WCIRB prospectively estimated approximately 60,000 IMR requests to be filed per year when SB 863 IMR process is fully in effect.

Accident Year	At 6 Months
2012	\$2,088
2013	\$2,102
Change	+0.7%

F. Medical Provider Networks (MPNs)

SB 863 made changes to MPNs to provide that reports prepared by a consulting or attending physician chosen by the injured worker and outside the MPN should not be the sole basis of compensation. In addition, SB 863 provided that the employer is not liable for treatment or the consequences of treatment obtained outside a valid MPN. The WCIRB's prospective evaluation estimated these changes to MPNs would reduce total costs by 1%, which included savings to PD costs, temporary disability costs, and medical costs.

As discussed in Attachment A, the WCIRB will retrospectively monitor the utilization of MPNs before and after the SB 863 changes to assess whether any changes in the utilization of networks has occurred. Exhibit 11 shows the percentage of visits and medical payments during the first six months made to MPNs through 2013 based on CWC medical transaction data compared to the proportion of first year visits and payments for prior years. As shown, preliminary network penetration for 2013 appears to follow a fairly consistent pattern with that of the prior years.

G. Independent Bill Review (IBR)

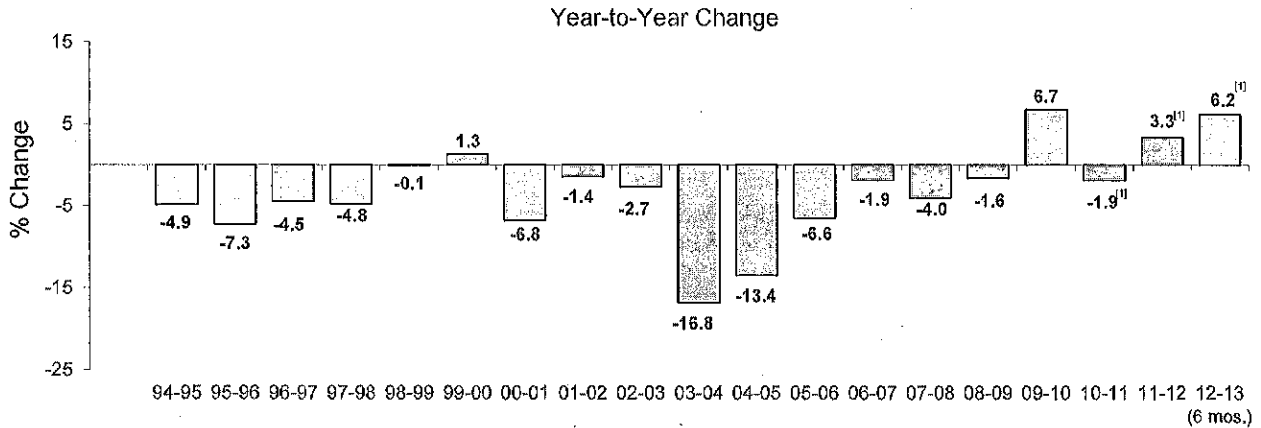
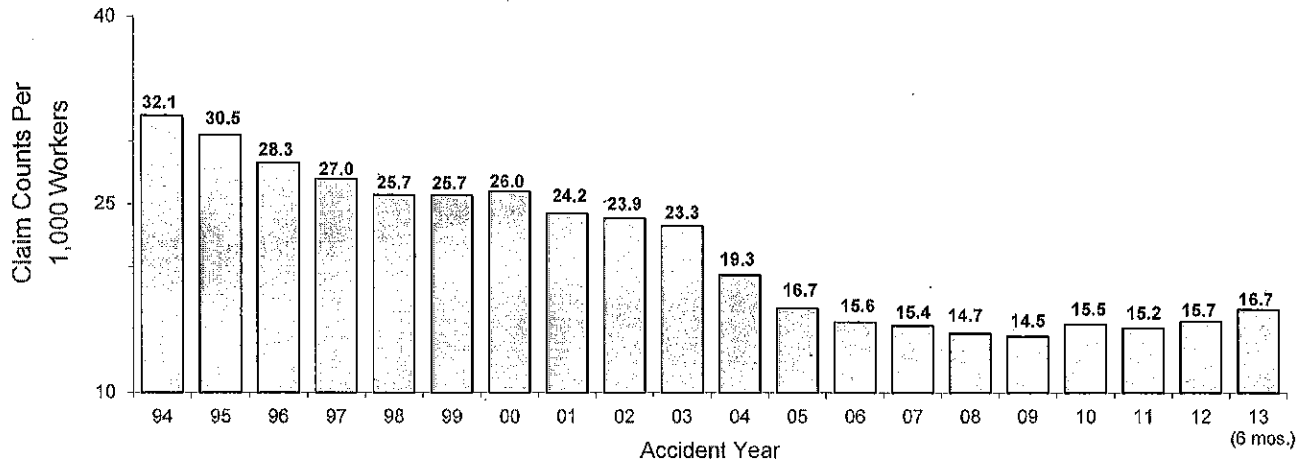
SB 863 created a new process of IBR to handle bill payment disputes, effective on medical services provided on or after January 1, 2013. Specifically, for disputes not resolved after the employer's second review, the provider may request an IBR within 30 days of the second review or the bill will be deemed satisfied. The WCIRB did not include a prospective cost estimate for IBR in its SB 863 evaluation inasmuch as, at the time, there were a number of outstanding issues related to the IBR process that needed to be resolved through regulation.

Early information on the number of IBRs requested and results of IBR decisions through the third quarter of 2013 are available from the DWC through the IBR vendor. This information is summarized on Exhibit 12. As shown, after a ramp up at the start of the year, IBR requests have been fairly consistent by month. Based on early IBR decisions in 2013, approximately 60% of the decisions have favored the provider, while the median decision amount of \$111 is significantly less than the \$335 IBR filing fee. The WCIRB will continue to monitor IBR filing and decision activity as more information becomes available.

H. Other System Components

In addition to the areas discussed above, the monitoring plan in Attachment A includes a number of other system components that will likely be affected by SB 863 for which data is not yet available. The WCIRB will continue to monitor post-SB 863 costs and provide updates on the items identified as well as any other affected components as more information becomes available. In particular, future WCIRB SB 863 cost monitoring reports will assess the impact, based on post-January 1, 2014 emerging costs, of the recent amendments by the Division of Workers' Compensation to the physician fee schedule to change to a resource-based relative value scale (RBRVS).

**California Workers' Compensation
Estimated Indemnity Claim Frequency by Accident Year
As of June 30, 2013**



⁽¹⁾ The 2010-2011 estimate is based on partial year unit statistical data. The 2011-2012 and 2012-2013 estimates are based on comparison of claim counts based on WCIRB accident year experience as of June 30, 2013 relative to the estimated change in statewide employment.

Liens Filed Counts*

Region**	Counts by Region							
	Calendar Year 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	3rd Quarter 2013
Bay Area	18,723	5,492	5,467	6,437	10,397	1,267	1,464	1,618
Central Coast/Valley	24,414	7,248	8,974	15,298	25,757	2,279	1,616	1,834
Los Angeles County	283,774	97,246	122,047	207,673	342,627	47,285	19,157	26,158
Remainder of LA Basin	114,554	38,038	44,074	85,157	123,137	17,215	7,006	9,966
Remaining CA Zip Codes	2,535	903	1,106	700	1,127	232	212	247
Sacramento	3,934	1,248	1,323	1,407	1,557	272	346	444
San Diego County	15,922	4,943	4,994	6,622	8,527	1,315	688	993
Total	463,856	155,118	187,985	323,294	513,129	69,865	30,489	41,260

Type	Counts by Type							
	Calendar Year 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	3rd Quarter 2013
Interpreter	28,721	12,937	17,162	46,095	47,427	2,303	831	484
Medical	292,982	85,152	106,336	182,474	317,241	45,798	22,480	32,356
Medical-Legal	39,569	22,931	37,440	64,912	80,916	11,530	587	653
Other	102,584	34,098	27,047	29,813	67,545	10,234	6,591	7,767
Total	463,856	155,118	187,985	323,294	513,129	69,865	30,489	41,260

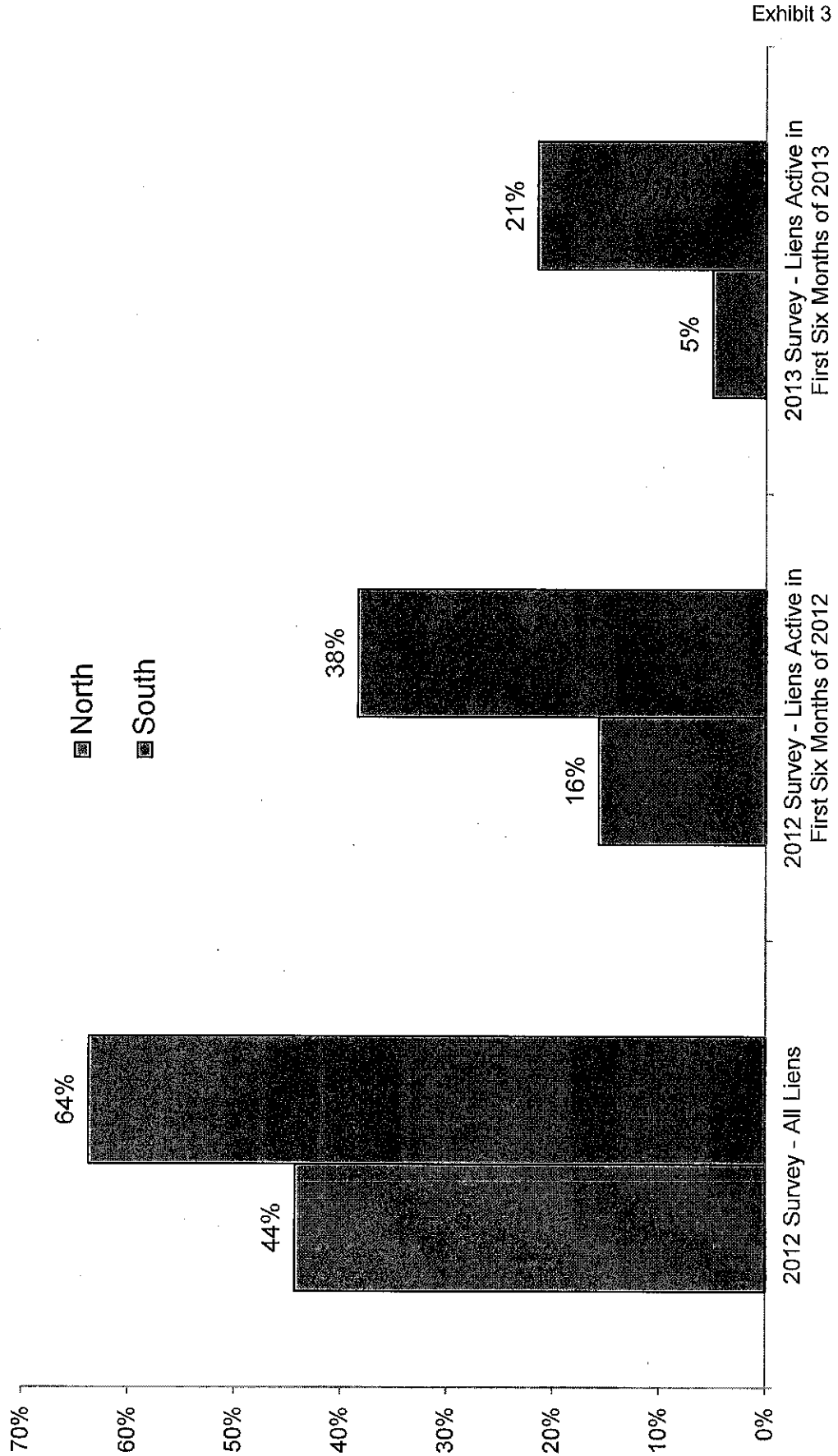
* Lien Counts exclude SD/EDD Liens

** Regions reflect the following WCAB Office mapping: Bay Area - Oakland, San Jose, San Francisco; Central Coast/Valley - Bakersfield, Fresno, Goleta, Grover Beach, Salinas, Stockton; Los Angeles County - Long Beach, Los Angeles, Marina Del Rey, Pomona, Van Nuys; Remainder of LA Basin - Anaheim, Oxnard, Riverside, San Bernardino, Santa Ana; Remaining CA Zip Codes - Eureka, Redding, Santa Rosa; Sacramento - Sacramento; San Diego County - San Diego

Source: EAMS Liens Data

WCIRB Lien Survey Results

Percentage of Surveyed Claims with a Lien



WCIRB Lien Survey Results

Statewide Distribution of Liens per Claim with One or More Liens

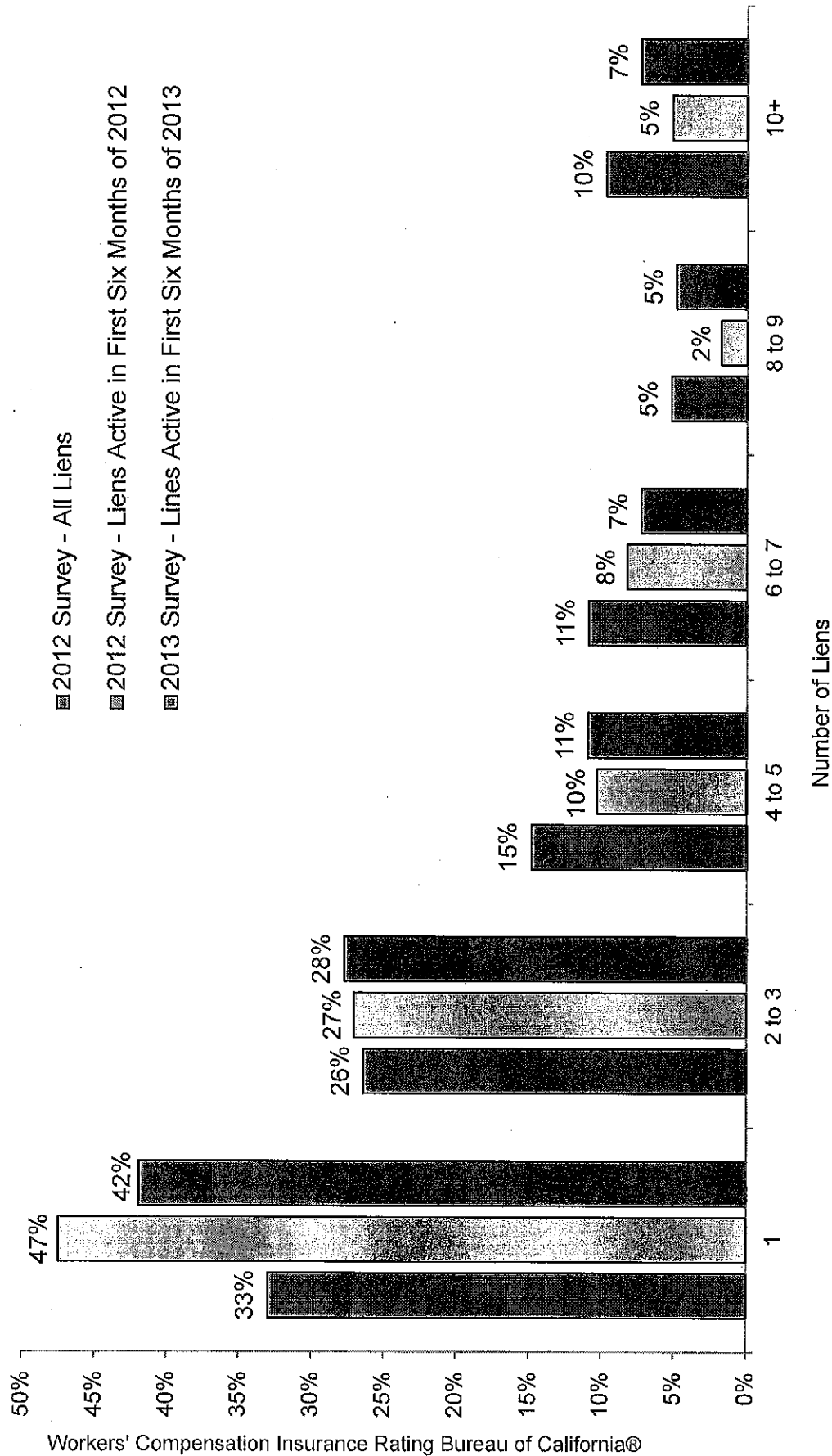
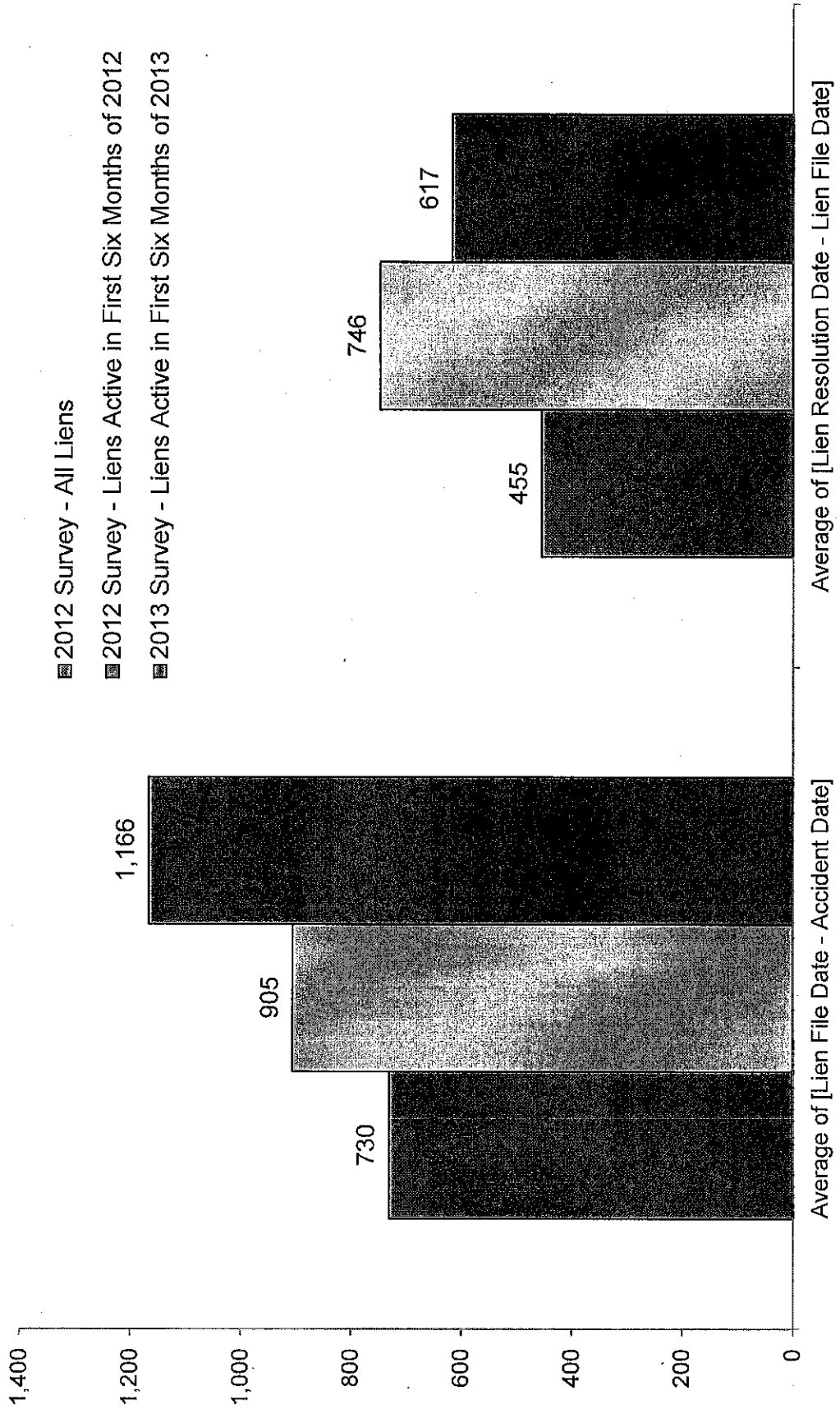


Exhibit 4

- Notes**
- Claims are weighted to adjust survey North-South claim count distribution to statewide distribution.
 - Unadjusted average liens per claim for claims with a lien are 4.7, 3.3, and 3.7 for 2012 Survey – All Liens, 2012 Survey – Liens Active in First Six Months of 2012, and 2013 Survey – Liens Active in First Six Months of 2013 respectively.

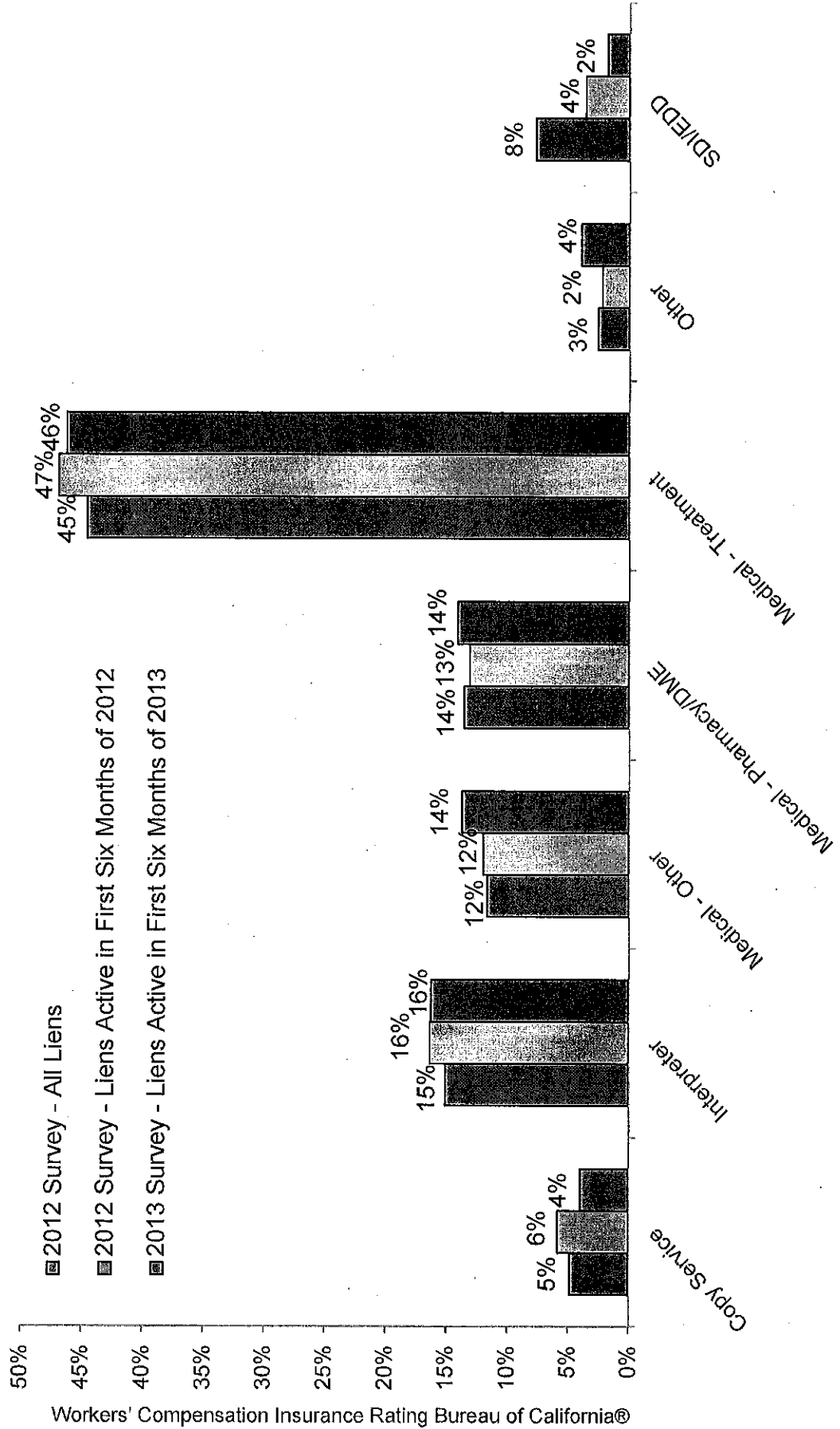
WCIRB Lien Survey Results

Average Number of Days until Lien Filed or Resolved

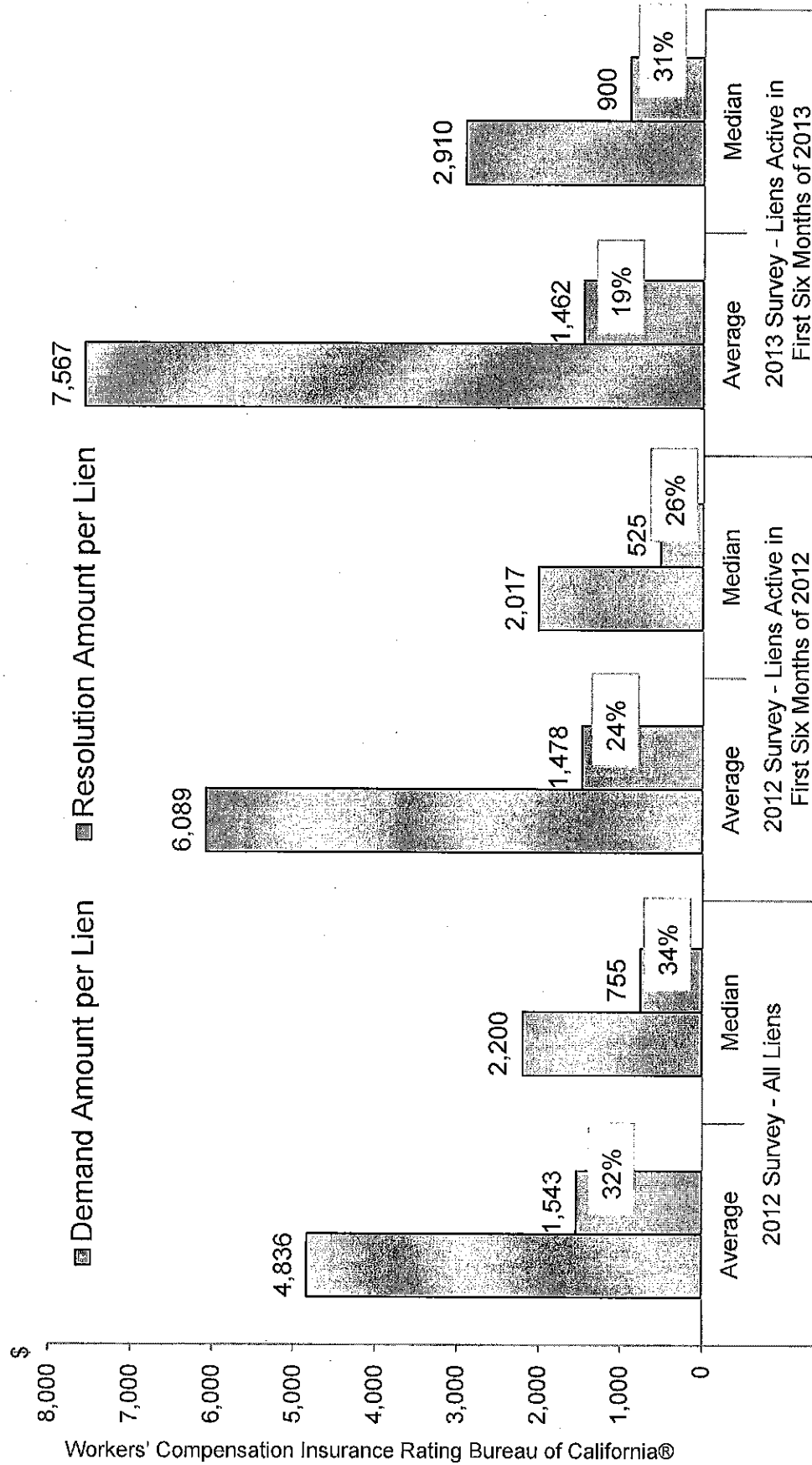


WCIRB Lien Survey Results

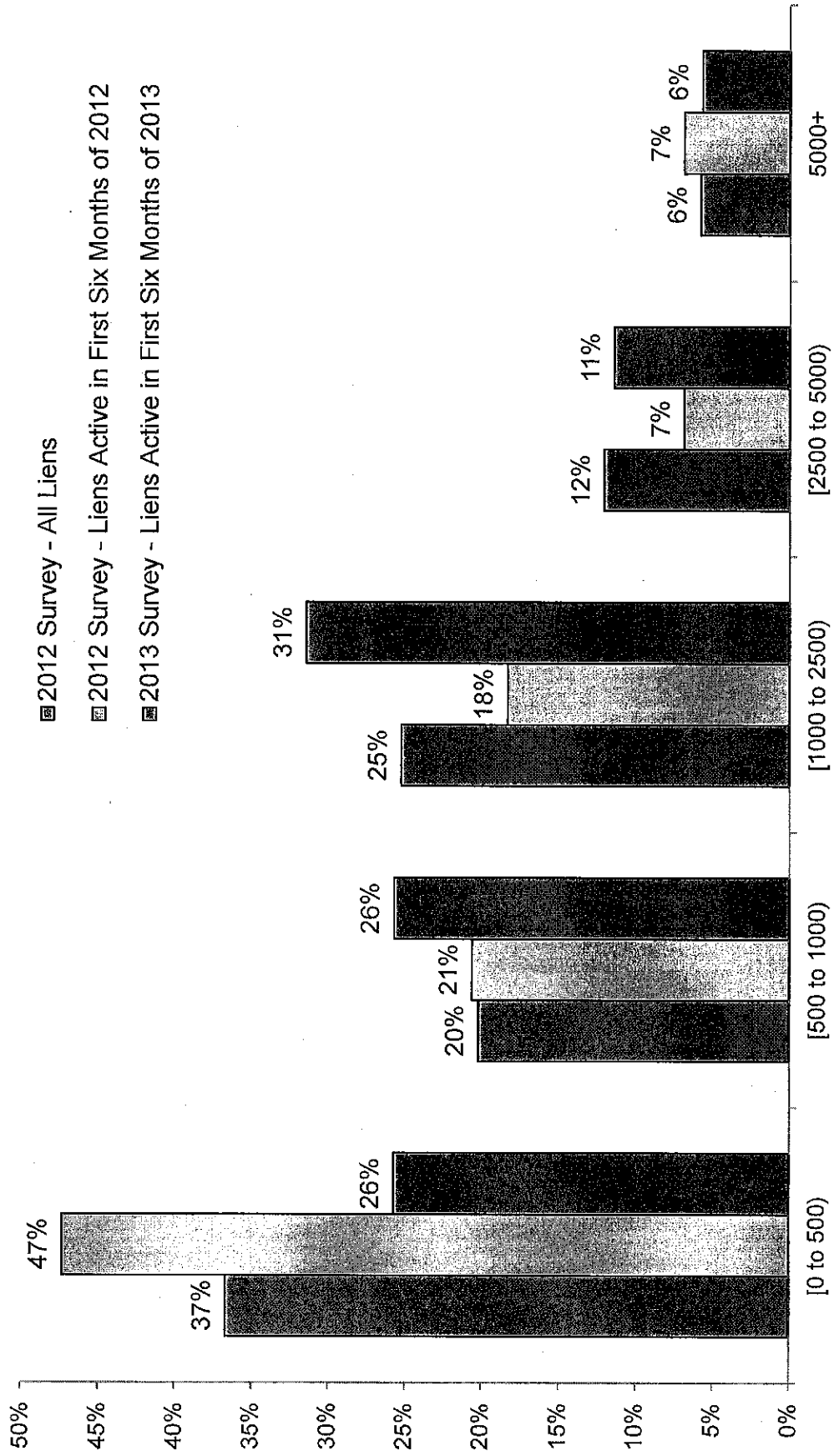
Distribution of Liens by Lien Claimant Type



WCIRB Lien Survey Results Settlement and Demand Amounts on Resolved Liens (Excluding SDI/EDD)

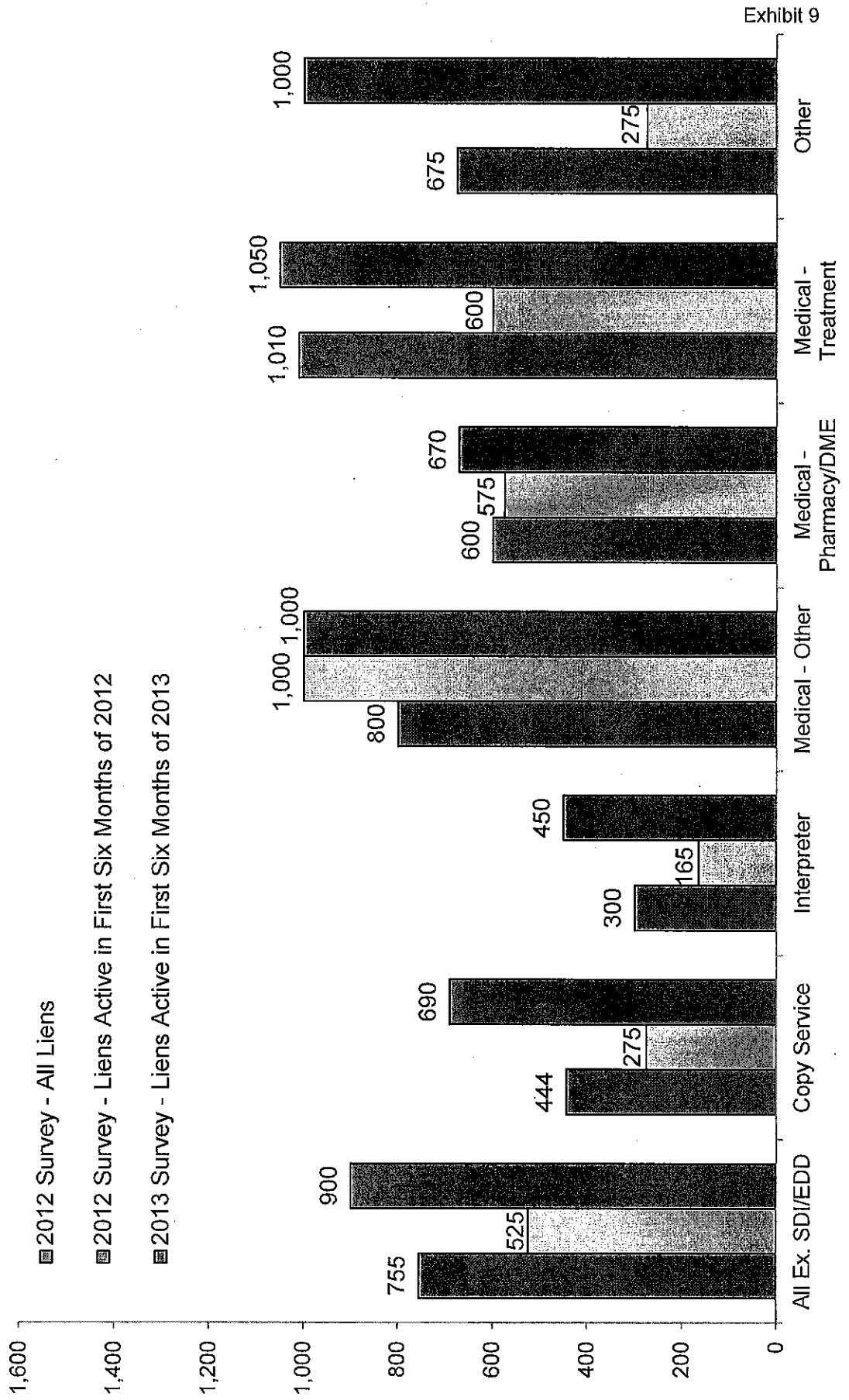


WCIRB Lien Survey Results Distribution of Liens by Settlement Amount (Excluding SDI/EDD)



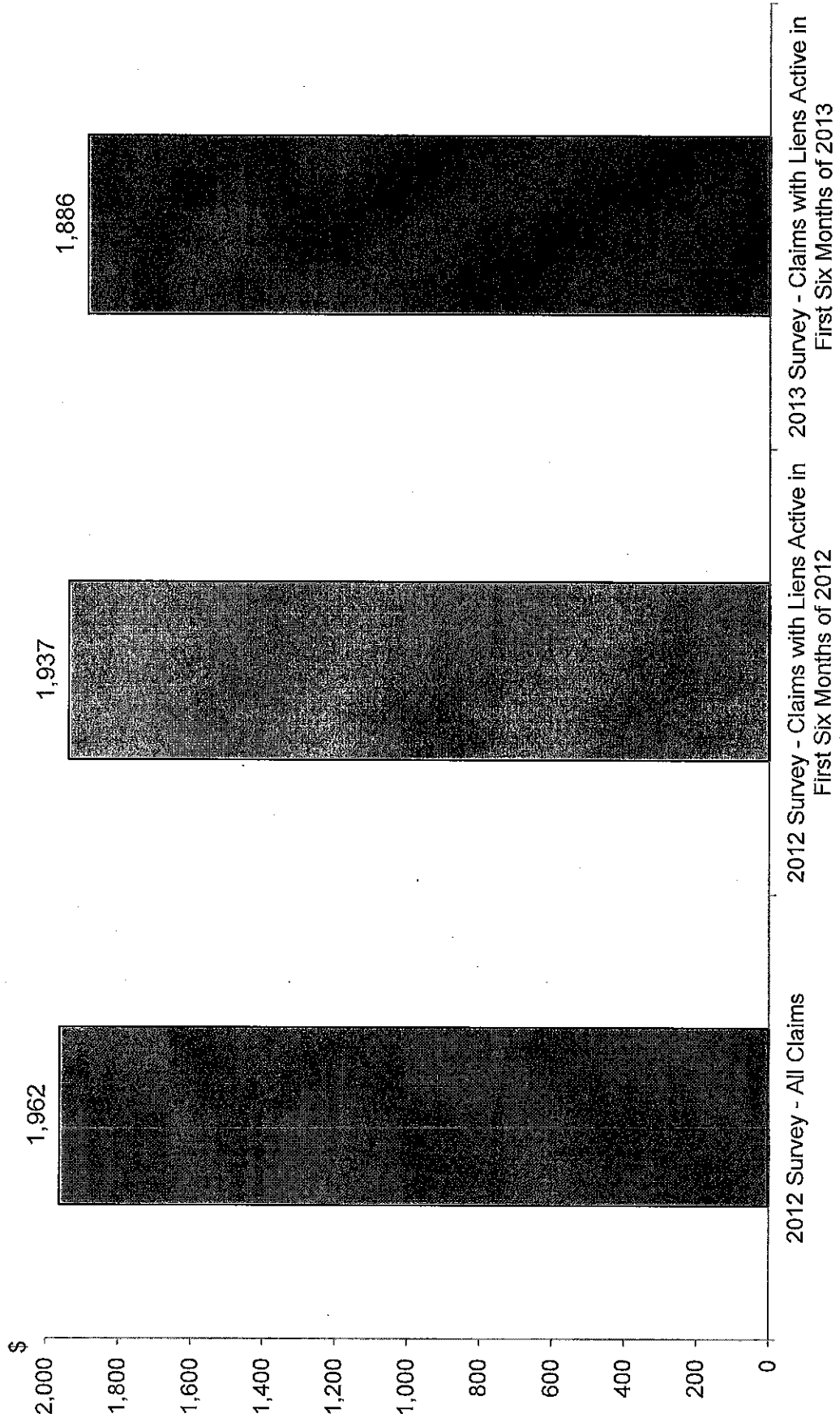
WCIRB Lien Survey Results

Median Settlement Amount by Lien Claimant Type



WCIRB Lien Survey Results

Average Lien Defense Cost per Claim with Lien – Southern CA



MPN Utilization Based on CWCI ICIS Data

Accident Year	Percentage of First Year Visits to Network Providers		Percentage of First Year Payments to Network Providers	
	Total	% Change	Total	% Change
2005	68.0%	---	56.9%	---
2006	70.5%	3.7%	59.6%	4.7%
2007	72.3%	2.6%	61.7%	3.5%
2008	75.2%	4.0%	64.4%	4.4%
2009	76.9%	2.3%	66.8%	3.7%
2010	80.0%	4.0%	70.3%	5.2%
2011	81.4%	1.7%	72.0%	2.4%
2012*	82.4%	1.2%	74.2%	3.1%
2013*	82.1%	-0.4%	76.7%	3.4%

*Preliminary: AY 2012 includes claims through June 2012. AY 2013 includes claims through March 2013.

Independent Bill Review Results

Counts of IBRs

<u>Month</u>	Number of IBRs <u>Requested</u>
Jan-13	0
Feb-13	1
Mar-13	4
Apr-13	29
May-13	67
Jun-13	95
Jul-13	113
Aug-13	113
Sep-13	126

Median IBR Decision Amounts

<u>Median Amount</u>	All <u>Decisions</u>	Reversed <u>Decisions</u>
Disputed Amount	218	262
Decision Amount	---	111
Decision + Filing Fee	---	446

Source: 50 IBR Decisions from the DWC
(30 of 50 are Reversed Decisions)