

***Employer Reporting Project
Survey of Reasons for Delayed Reporting of Claims***

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Research and Data Services

—Information for Informed Decisions—

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Introduction

In 2005 and 2006, the Washington State Legislature, in SHB 1918 and SHB 2537, directed the Department of Labor and Industries to report on the reasons that injured workers failed to report their claims promptly.

This report presents the findings of a survey of injured workers conducted during the late summer of 2006 to discover the reasons for delayed filing of claims.

The Department of Labor and Industries contracted with the Gilmore Research Group to administer a department-provided survey to a random sample of injured workers with allowed state fund compensable claims.

Included in the sample provided to Gilmore were records of:

- workers with an injury date in 2005, where, if provided, the employer indicated more than five days before the employee reported the claim to them AND,
- where, if provided, the injured worker indicated it was more than five days before they reported their claim to their employer.
- Note: These are not mandatory fields on the report of accident; if they were left blank, this exclusion criterion was ignored.

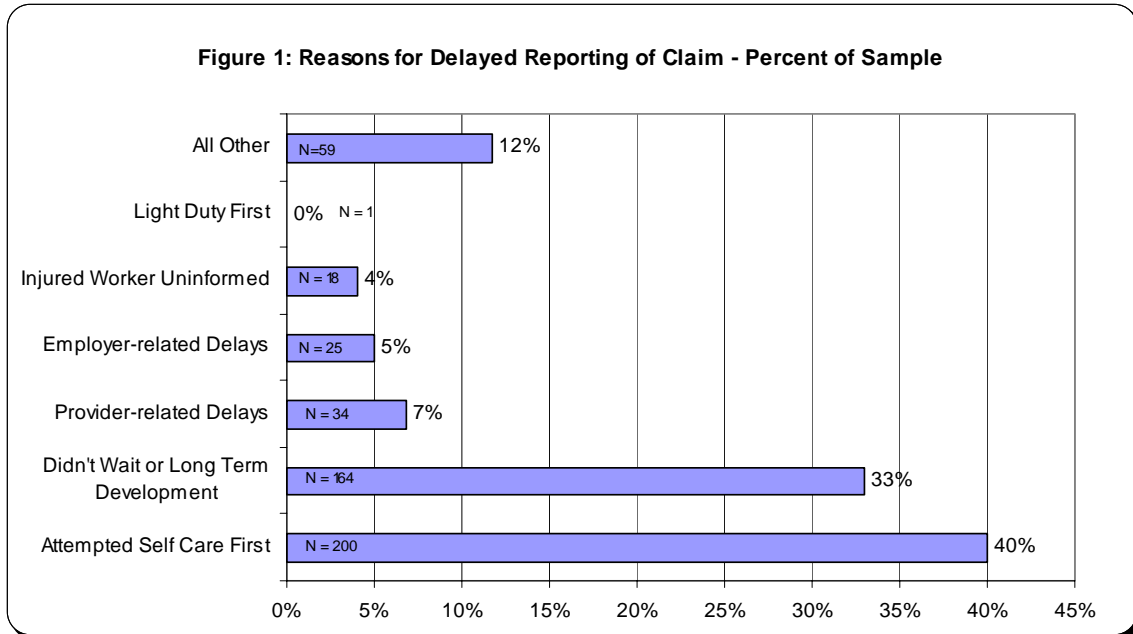
Excluded from the sample were hearing loss and COHE claims. Finally, the selection was further **limited to those claims with more than seven days between injury and receipt of the claim by the department**. A random sample of 3,000 claims was selected from claims meeting all of the above criteria.

Gilmore completed 1,337 phone calls to obtain 501 complete responses, the results of which are shared on the following pages. Open-ended questions with similar responses were grouped together.

Descriptive data regarding the injured worker and their claim was obtained from the L&I administrative database.

Key findings

The reasons that injured workers reported waiting seven days or more to file a claim are shown in figure 1 below. A profile of injured worker demographics and other case characteristics can be found in the appendices.



Reason Group 1

The largest percentage of injured workers who delayed filing claims (40% of all workers surveyed - 200/501) **attempted self-care** of the injury or illness first, and only went to a medical provider after the injury or illness failed to improve or got worse.

This includes:

- 63% of workers with dislocations (22/35)
- 59% of workers with hernias or ruptures (20/34)
- 30% of workers with fractures (6/20)
- 47% of workers with strains and sprains (88/189)

Of the 200 workers who attempted self-care first, 71% delayed their first medical visit by more than seven days. Within this group of 200, 81% had claims for injuries and 20%* had claims for occupational diseases. Further detail on the reasons for delay given by those workers classified as having attempted self care are shown in table 1.

Table 1: Attempted Self Care First - subgroups	Injury		Occupational Disease	
	Count	Row Percent*	Count	Row Percent*
Attempted self care at first, but found that injury got worse	144	83%	29	17%
Getting hurt happens every day/Tried to work through injury	15	65%	8	35%
Didn't want to file a claim/Wanted to wait to see if it got better	2	50%	2	50%
Total	161	81%	39	20%

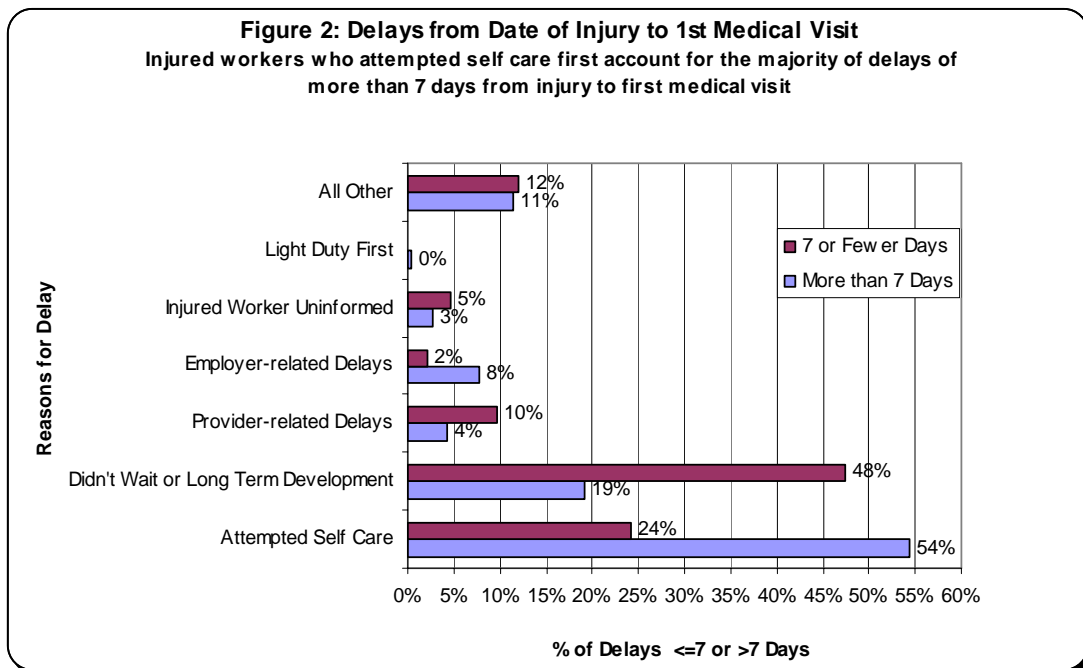
*Due to rounding, percents may not add to 100%.

Reason Group 2

The second highest percentage of injured workers (33% or 164/501) indicated that they either **did not wait more than seven days** to file a claim **or that the injury or illness took a long time to develop** (including occupational diseases). It should be noted that for occupational diseases, the date of manifestation, which is the point at which medical treatment becomes necessary, is often the same as the date of the first medical visit. With this in mind, we found that many occupational disease claims do not show a delay from date of injury to first medical visit. Further detail on the reasons for delay given by those workers classified as reporting that they did not wait or it was a long-term development are shown in table 2.

Table 2: Didn't Wait or Long-Term Development - subgroups	Injury		Occupational Disease	
	Count	Percent	Count	Percent
Didn't Wait or Occupational Disease	92	65%	50	35%
Long-term thing/didn't act up right away	8	53%	7	47%
Thought it was a recurring/old injury	6	86%	1	14%
Total	106	65%	58	35%

Only 35% (58/164) of this group were identified in agency data as being occupational disease claims; 20% (33/164) were carpal tunnel claims. Nineteen percent of the workers who showed more than seven days between date of injury and first medical visit said that they did not wait or that their injury/illness took a long time to develop.



Other Reason Groups

The remaining five reason-for-delay groups are significantly smaller than the first two. Seven percent of the sample (34/501) reported **provider-related delays**. One-third of these had a first medical visit more than seven days following the date of injury. Most of those reporting a provider related delay had injury claims, not occupational disease claims. When asked in a separate question whether anyone assisted them with filing their claims, 16% (81/501) of the injured workers reported that a medical provider assisted them. Only two workers reported that a medical provider suggested that they delay or not file a claim.

Two survey questions explored whether anyone suggested that the worker wait or not file a claim. From the total survey population, 9% of the injured workers (43/501) reported that their employer suggested that they either delay filing or not file a claim. However, **employer-related delays** account for only 5% (25/501) of the reason for delay responses. Employers provided assistance with filing their claims to 9% (44) of the injured workers.

Twelve of the eighteen workers who said **they didn't know how to or that they could file a claim** were employed by large employers (more than 100 employees). When we asked workers if they were aware of a work safety program with rewards for being claim-free at their place of employment, 13% replied positively. At the time they were injured, 22% of the respondents were union members. Only one injured worker reported **trying light-duty work** prior to filing a claim.

The **All other reasons** category includes: the injured worker did not realize that the injury was work-related (14), worker was out of town (4), worker had filed a claim before and did not like L&I (3), worker didn't know why they delayed (24), worker refused to answer (4) and miscellaneous comments (10).

Conclusions

In this survey, we asked injured workers why they waited more than seven days to file a claim. More than any other reason for delaying to see a medical provider or file a claim, injured workers attempted self-care first, even for some apparently serious injuries. These claims account for the majority of all claims in the sample that show a delay of more than seven days delay from date of injury to first medical visit.

Injured workers who said that they didn't wait to see a medical provider or file a claim represent almost half of the claims in the sample that show a delay of seven or fewer days from date of injury to first medical visit.

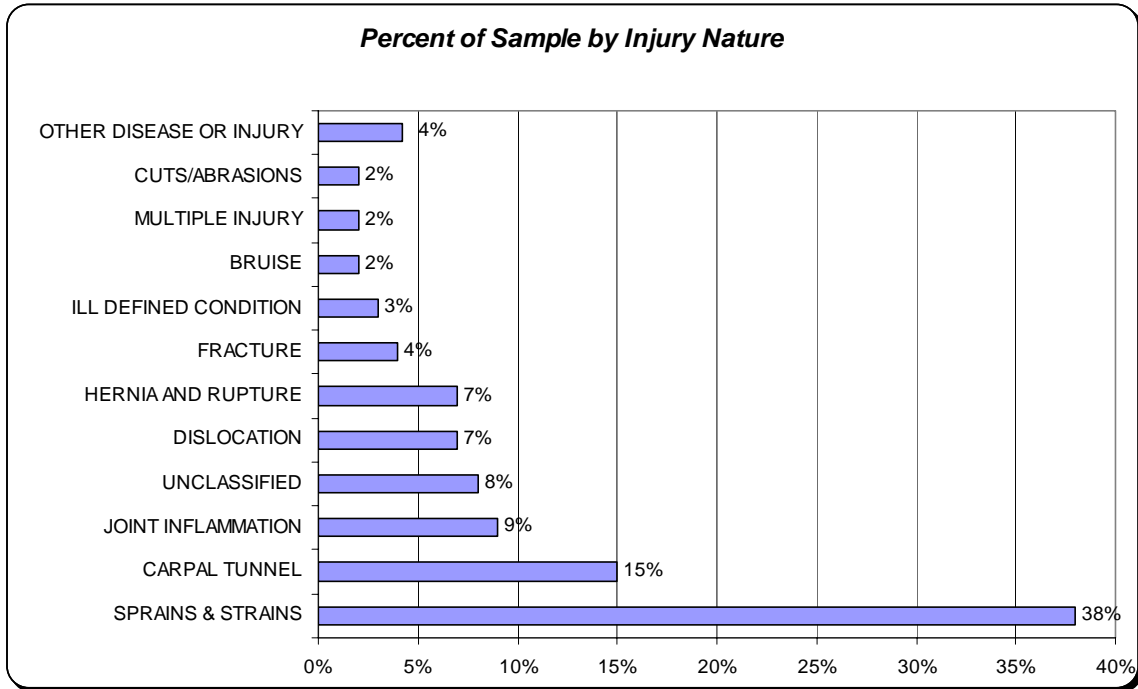
Provider-related and employer-related delays together represent only twelve percent of all delays reported.

Appendix 1

PROFILE OF INJURED WORKERS SURVEYED

AGE	<30	15%
	30 – 50	53%
	>50	32%
GENDER	Male	60%
	Female	40%
MARITAL STATUS	Married	57%
	Single	43%
Union Member at time of injury	Yes	22%
	No	77%
	Didn't know	1%
LANGUAGE (survey translated)	English	95%
	Spanish	5%
ACCIDENT LOCATION	Urban	69%
	Rural	28%
	Out of State	3%
NATURE OF INJURY Top 3 in survey	Strains and sprains	38%
	Carpal Tunnel	15%
	Joint inflammation	9%
EMPLOYER SIZE	Large (>100 employees)	38%
	Medium (21-100 employees)	29%
	Small (<=20 employees)	33%

Appendix 2



In more than half of the sample cases, the Period Between Injury and 1st Medical Visit was more than one week; this proportion was more pronounced when the accidents occurred in a rural area.

