Composite of Illinois Workers' Compensation Claims 2019

The Illinois Department of Insurance ("Department") collects claim-specific data from insurers licensed to sell workers' compensation coverage in the State on an aggregate basis as outlined in Section 29.2(b) of the Illinois Workers' Compensation Act. This is a composite of the responses the Department received for the period January 1, 2018 through December 31, 2018.

- ♦ A total of 123,330 workers' compensation claims were opened during 2018. Companies were notified that the employee had attorney representation in 18.2 percent of these opened claims.
- Of the opened claims, a total of 84,773 (68.7 percent of total claims) were medical-only claims. Medical-only claims are defined as any request for recovery that was limited to medical expenses only.
- Of the opened claims, a total of 11,596 (9.4 percent of total claims) were contested claims. Contested claims are defined as any claim in which resolution was delayed due to a dispute regarding policy language or in which litigation was involved.
- There were 33,243 claims that included lost work by the insured claimant. Companies report 30 percent of these claims were not paid within 14 days from the first full day off, regardless of reason. Below is a breakdown of the claims with lost time:
 - 10,803 (32.5 percent) involved a loss of less than 3 working days
 - \diamond 6,120 (18.4 percent) involved a loss of between 3 and 14 working days
 - \diamond 16,320 (49.1 percent) involved a loss of greater than 14 working days
- An average of 12.9 hours per claim was spent adjusting workers' compensation claims.
- ♦ A total of 300 companies reported paying medical bills 60 days or later from the date of service with an average of 342 days paid on those medical bills paid after 60 days.
- ♦ The average cost per claim for claims in which in-house defense counsel participated was \$1,632, and the average cost per claim for claims in which outside defense counsel participated was \$13,636.
- The amount billed to employers totaled:
 - \diamond \$30,254,214 for bill review
 - ◊ \$34,830,423 for fee schedule savings
 - \diamond \$25,191,081 for any and all managed care fees
- A total of \$4,073,924 was spent on 10,649 claims involving in-house medical nurse case management which is an average of \$383 per claim. A total of \$34,644,559 was spent on 15,762 claims involving outside medical nurse case management which is an average of \$2,198 per claim.
- The amount paid for all Independent Medical exams totaled \$30,739,057.
- ♦ A total of 52 companies spent \$2,539,057 on in-house Utilization Review compared to 178 companies that paid \$7,990,846 for outside Utilization Review.