Composite of Illinois Workers' Compensation Claims 2020

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, 2019 through December 31, 2019.

- ♦ A total of 135,764 workers' compensation claims were opened during 2019. Companies were notified that the employee had attorney representation in 15.8% percent of these opened claims.
- ♦ Of the opened claims, a total of 90,924 (67 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 12,880 (9.5 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 35,988 claims that included lost work by the insured claimant. Companies report 43.4 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:
 - ♦ 13,507 (37.5 percent) involved a loss of less than 3 working days
 - ♦ 6,853 (19 percent) involved a loss of between 3 and 14 working days
 - ♦ 15,628 (43.4 percent) involved a loss of greater than 14 working days
- ◆ An average of 14.4 hours per claim was spent adjusting workers' compensation claims.
- ♦ A total of 297 companies reported paying medical bills 60 days or later from the date of service with an average of 381 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 \$1,870, and the average cost per claim for claims in which outside defense counsel participated was \$2,949.
- ♦ The amount billed to employers totaled:
 - ♦ \$62,401,643 for bill review*
 - ♦ \$35,601,806 for fee schedule savings
 - ♦ \$25,498,836 for any and all managed care fees
- ♦ A total of \$3,816,009 was spent on 4,406 claims involving in-house medical nurse case management which is an average of \$866 per claim. A total of \$35,823,930 was spent on 43,748 claims involving outside medical nurse case management which is an average of \$819 per claim.
- ♦ The amount paid for all Independent Medical exams totaled \$33,037,642.
- ♦ A total of 64 companies spent \$2,996,350 on in-house Utilization Review compared to 178 companies that paid \$8,118,996 for outside Utilization Review.

^{*}Marked increase from prior years is due to more precise data collection, in keeping with 50 III. Admin Code Part 2907.APPENDIX A Data Element Definitions.