



2017 ANNUAL REPORT

MISSOURI DIVISION OF WORKERS' COMPENSATION

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INTRODUCTION

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The Missouri Workers' Compensation Law (Law) is the exclusive remedy for 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. 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 or Division of Workers' Compensation (Division) approved individual self-insured employer or group trusts, as the case may be. The 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. 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. Section 287.200 also grants an employer the option to reject mesothelioma liability and if the employer rejects this liability, the exclusive remedy provision of the Law does not apply.

The Division administers the Law. The Division has seven adjudication offices equipped to render services to employees and employers. The Division has facilities in Columbia and St. Charles to hold dockets to serve the needs of the parties. 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 Law.

Under the Law, an injured employee is entitled to receive medical benefits, temporary total disability benefits (TTD), permanent partial disability (PPD) or permanent total disability benefits (PTD), and/or death benefits 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.

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.

MISSION STATEMENT:

***"TO PROMOTE AND PROTECT
INDUSTRY AND LABOR"***



INTRODUCTION CONT'D

The enhanced benefit for occupational disease due to toxic exposure *not including mesothelioma* is an amount equal to 200 percent 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 percent of the SAWW for 212 weeks. §287.200.4, *et seq.*

Missouri Governor Eric Greitens signed Senate Bill 66 into law on July 5, 2017. The changes made to the law include *inter alia*:

- inserting a definition of the term “Maximum Medical Improvement,”
- allowing TTD or TPD benefits to be terminated if an employee voluntarily separates from employment at a time when the employer had work available for the employee which complies with any medical restriction,
- reduces the time frame from 60 to 30 days to set the case for a §287.203 hardship hearing,
- changes the requirements relating to compromise settlements pursuant to §287.390 to address the Missouri Supreme Court’s decision in *Greer v. SYSCO Food Services*, 475 S.W. 3d 655 (2015),
- adds new testing procedures for suspected use of nonprescribed controlled drugs to enable employers to enforce penalties against employee benefits in cases where the injured employee is intoxicated or under the influence of drugs,
- allows the survivors of first responders to file a Claim for Compensation for Line of Duty Benefits and sets forth a hierarchy for the distribution of benefits, and
- allows a shareholder of an S corporation with at least 40% or greater interest to individually elect to reject workers’ compensation insurance coverage.

SB 66 also reverses the Missouri Supreme Court’s decision in *Templemire W & M Welding, Inc.*, 433 S.W.3d 371 (Mo. 2014), by stating that no employer or agent shall discharge or discriminate against any employee when the exercising of such rights is the “motivating factor” in the discharge or discrimination. “Motivating factor” is defined to mean that the employee’s exercise of his or her rights actually played a role in the discharge or discrimination and had a determinative influence on the discharge or discrimination.

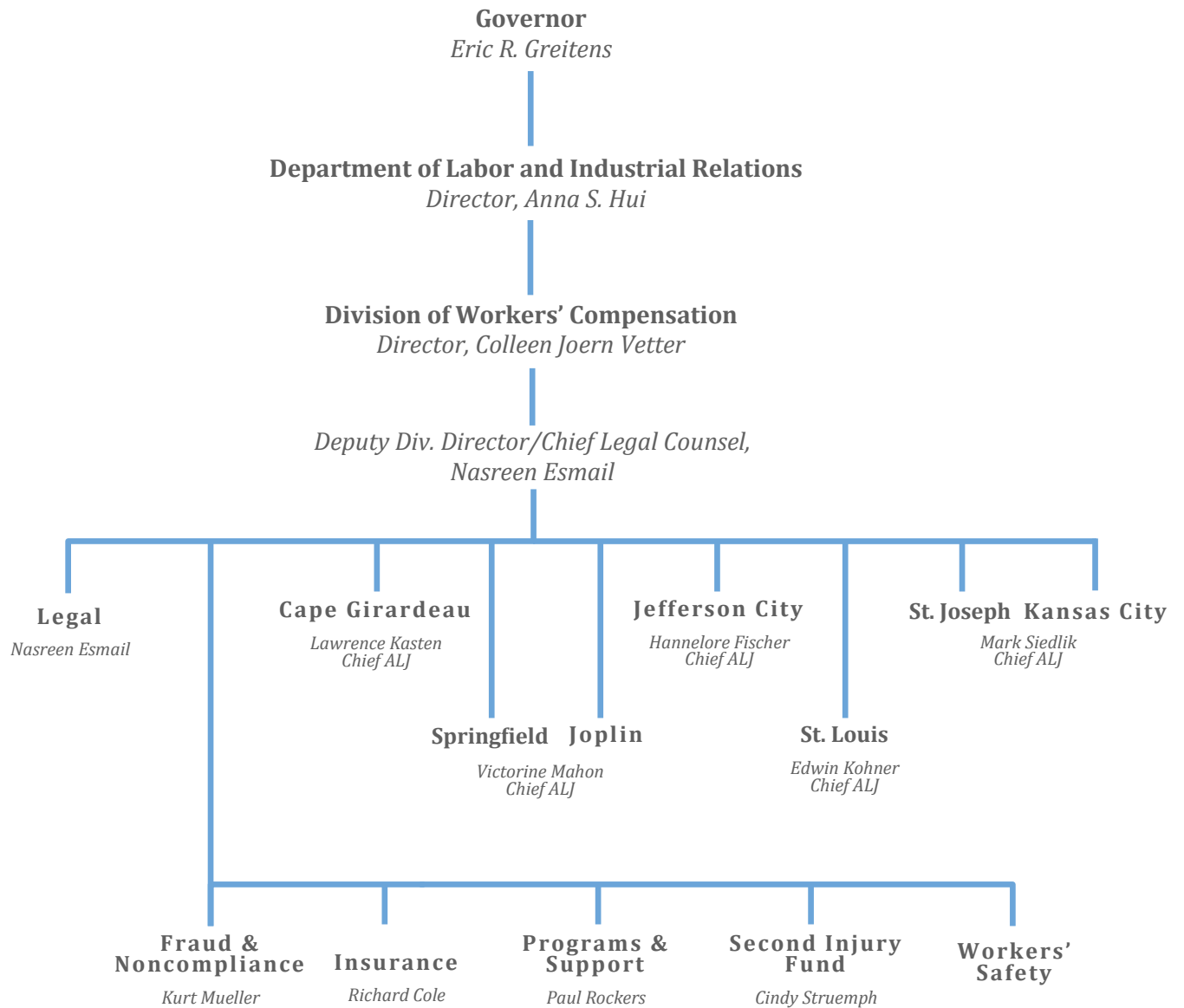
This report, as required by §287.680, briefly describes each of the programs and units and summarizes the transactions and proceedings undertaken for the year 2017. This report includes the statistical information collected by the Division where applicable.¹

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¹All 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



LEADERSHIP

Anna S. Hui

Director, Department of Labor & Industrial Relations

Governor Eric Greitens appointed Anna Hui as Director of the Department of Labor and Industrial Relations in March of 2017 and the Senate confirmed the appointment in January 2018, making her the first Asian-American to serve in the governor's cabinet in Missouri history. For over two decades, Anna has worked in numerous senior positions in both state and federal government.



Anna started her public service career working for Illinois Governor Jim Edgar as the Special Assistant to the Governor for Asian-American affairs and then for Governor George Ryan, as a senior-member of the Washington, D.C. policy management team.

In President George W. Bush's Administration, Anna served as Associate Deputy Secretary of Labor at the U.S. Department of Labor, where she coordinated major domestic and international programs and activities on labor and workforce safety and standards issue. In that position, Anna spearheaded efforts to encourage diversity and the inclusion of historically underserved communities in the Department's programs and Federal government management.

After leaving federal service in 2009 and until she returned to Illinois in 2015, she was Chief of Staff to former U.S. Department of Labor Secretary Elaine Chao.

From 2015 to 2017, Anna served as Assistant Director and later as Acting Director of the Illinois Department of Labor. Across the Mississippi, she delivered results for workers and employers by enacting much-needed reforms, eliminating costly inefficiencies, and modernizing services and technology. She'll do the same, and more, in Missouri.

Anna received a J.D. from Loyola University Chicago School of Law, a M.S.M. and a M.B.A. from the University of Maryland University College and B.S. in Psychology from the University of Illinois at Urbana-Champaign. She currently lives with her family in Columbia.

Currently, Anna serves as Vice-Chair of the National Association of State Workforce Agencies (NASWA) Unemployment Insurance Committee and member of their Legislation Committee; Board member of the Family and Community Trust; Midwest Regional Coordinator for the National Association of Government Labor Officials (NAGLO); and member of the International Association of Industrial Accidents Boards and Commissions (IAIABC).

Colleen Joern Vetter

Director, Division of Workers' Compensation

Colleen Joern Vetter earned her J.D. from St. Louis University School of Law and her B.A. from Webster University.

After law school, Colleen served as a law clerk for the Honorable John C. Holstein at the Missouri Supreme Court. She spent many years in private practice representing insurers, employers, and claimants before Missouri's Division of Workers' Compensation. Most recently, Colleen served as an Assistant Attorney General.



ADMINISTRATION

DIVISION OF WORKERS' COMPENSATION

Nasreen Esmail, *Deputy Division Director/Chief Legal Counsel*

The Deputy Division Director reports to the Division Director and is responsible for the day-to-day operations of the 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.

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.

ADJUDICATION

The Division's statutory responsibility to adjudicate and resolve disputes under the law is fulfilled by the seven 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 and tort victims' compensation cases.

DISPUTE MANAGEMENT

The Dispute Management 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, on the toll-free number maintained by the Division, from various stakeholders with questions about the Law, procedural requirements or status of a particular case. 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 Legal Counsel to determine if any disputes can be resolved by telephone conferences, rather than a personal appearance at one of the adjudication offices. A Division information specialist can be reached by calling 1-800-775-2667.

FRAUD & NONCOMPLIANCE

Kurt Mueller, *Manager*

The Fraud and Noncompliance (F & N) 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.

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INSURANCE

Richard Cole, *Manager*

The Insurance Unit oversees roughly 30 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 processes. The unit's functions consist of reviewing applications, overseeing the existing self-insured entities, and conducting claims audits.

SECOND INJURY FUND

Cindy Struempf, *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.

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. The toll-free telephone number to contact the Division is 1-800-775-2667.

WORKERS' SAFETY PROGRAM

The Missouri Workers' Safety Program (MWSP) 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.



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 the Law. The Division Director determines the rates for the subsequent calendar year by October 31, using the formula set forth in §287.690.

CASH BALANCE of fund on January 1, 2017 **\$18,320,680***

Revenue:

Tax & Surcharge Collections	17,049,761
Interest	152,067
Miscellaneous Receipts	738,583
Total Revenue	\$17,940,411

Expenditures:

Administrative Costs	\$16,131,891
Total Expenditures	\$16,131,891

CASH BALANCE of fund on December 31, 2017 **\$20,129,200***

**CASH BALANCE does not include approximately \$3,000,000 in credits due. §287.690 states if the balance of the fund estimated to be on hand on December thirty-first of the year each tax rate determination is made is less than one hundred ten percent of the previous year's expenses plus any additional revenue required due to new statutory requirements given to the division by the general assembly, then the director shall impose a tax not to exceed two percent in lieu of all other taxes on net deposits, net premiums or net assessments, rounded up to the nearest one-half of a percentage point. Credits due are deducted from the cash balance in order to derive such balance of the fund.*

Year	Premium Base	WC Assessment Rate	Tax & Surcharge Collected
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	\$1,675,711,819	1.00%	\$16,146,088
2015	\$1,669,420,832	1.00%	\$17,876,127
2016	\$1,698,888,141	1.00%	\$17,008,899

2017

PREMIUM BASE: Not Yet Available

WC ASSESSMENT RATE: 1%

**TAX & SURCHARGE COLLECTED:
\$17,049,761**

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



Second Injury Fund Surcharge and Supplemental 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 the 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 Division Director using the formula set forth in §287.715.2. The Division notifies the commercial carriers and self-insurers of the surcharge and supplemental surcharge percentages that have been imposed.

BALANCE of fund on January 1, 2017 **\$5,357,768***

Revenue:

Surcharge Collections	104,298,949
Interest	90,202
Miscellaneous Receipts	148,292
Total Revenue	\$104,537,443

Expenditures:

Benefit Disbursements	98,957,556
Administrative Costs	4,744,895
Total Expenditures	\$103,702,451

BALANCE of fund on December 31, 2017 **\$6,192,760***

**does not include approximately \$16,807,822 in awards/settlements that have been issued that are currently being held for payment nor the future obligations owed, until monies are collected from the last quarterly surcharge payments that are not due until January 30th of the following year.*

Year	Premium Base	SIF Assessment Rate	Surcharges Collected
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	\$1,675,711,819	3.0% Surcharge & 3.0% Supplemental Surcharge	\$80,312,196
2015	\$1,669,420,832	3.0% Surcharge & 3.0% Supplemental Surcharge	\$102,518,495
2016	\$1,698,888,141	3.0% Surcharge & 3.0% Supplemental Surcharge	\$102,180,003

2017

PREMIUM BASE: *Not Yet Available*

SIF ASSESSMENT RATE: *3% Surcharge & 3% Supplemental Surcharge*

SURCHARGES COLLECTED:
\$104,298,949

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

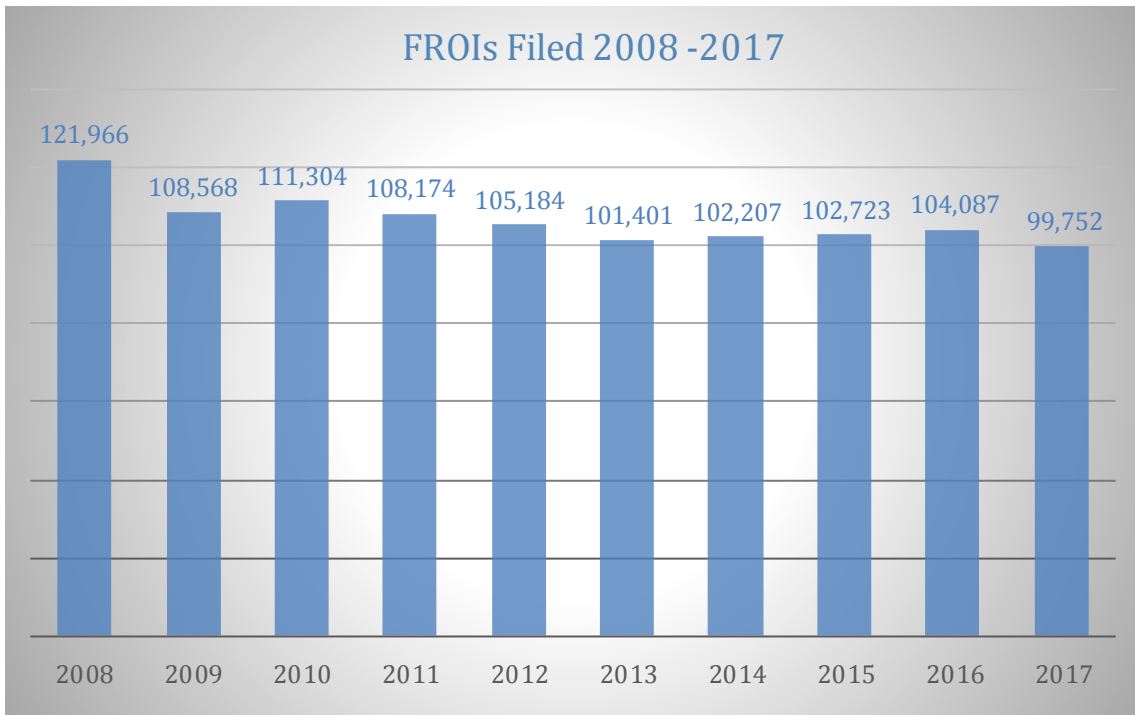


WORKERS' COMPENSATION

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 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.

First Reports of Injury (FROIs)

In 2017, 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 2017, the average time to process decreased to 1.34 days.



FROIs by County

County	FROIs	County	FROIs	County	FROIs
Adair	396	Grundy	125	Perry	445
Andrew	53	Harrison	109	Pettis	980
Atchison	70	Henry	307	Phelps	661
Audrain	458	Hickory	44	Pike	342
Barry	713	Holt	42	Platte	1,912
Barton	117	Howard	121	Polk	351
Bates	125	Howell	558	Pulaski	551
Benton	152	Iron	149	Putnam	46
Bollinger	49	Jackson	12,807	Ralls	72
Boone	3,120	Jasper	2,786	Randolph	474
Buchanan	2,171	Jefferson	1,669	Ray	180
Butler	616	Johnson	576	Reynolds	88
Caldwell	88	Knox	38	Ripley	71
Callaway	791	Laclede	711	Saline	441
Camden	674	Lafayette	368	Schuyler	12
Cape Girardeau	1,164	Lawrence	345	Scotland	55
Carroll	70	Lewis	158	Scott	753
Carter	55	Lincoln	544	Shannon	45
Cass	1,304	Linn	189	Shelby	68
Cedar	132	Livingston	255	St. Charles	5,792
Chariton	60	Macon	169	St. Clair	50
Christian	565	Madison	128	St. Francois	1,040
Clark	66	Maries	89	St. Louis City	6,540
Clay	5,344	Marion	606	St. Louis County	19,312
Clinton	270	McDonald	363	Ste. Genevieve	243
Cole	1,470	Mercer	54	Stoddard	233
Cooper	247	Miller	328	Stone	174
Crawford	307	Mississippi	178	Sullivan	119
Dade	89	Moniteau	176	Taney	1,359
Dallas	60	Monroe	66	Texas	307
Daviess	37	Montgomery	118	Vernon	283
DeKalb	39	Morgan	140	Warren	328
Dent	208	New Madrid	152	Washington	184
Douglas	49	Newton	421	Wayne	89
Dunklin	258	Nodaway	276	Webster	306
Franklin	1,653	Oregon	83	Worth	7
Gasconade	164	Osage	276	Wright	149
Gentry	63	Ozark	38	Out of State	485
Greene	6,205	Pemiscot	143	County Unknown	28

FROIs by Industry

Industry	FROIs	%
Healthcare and Social Assistance	19,448	19.50
Manufacturing	14,130	14.16
Retail Trade	11,415	11.44
Public Administration	8,709	8.73
Educational Services	8,075	8.10
Accommodation and Food Services	5,965	5.98
Transportation and Warehousing	5,179	5.19
Construction	5,136	5.15
Wholesale Trade	4,987	5.00
Administrative and Waste Services	4,206	4.22
Professional, Scientific, and Technical Service	3,124	3.13
Other Services (Except Public Administration)	2,153	2.16
Arts, Entertainment, and Recreation	1,811	1.82
Information	1,128	1.13
Finance and Insurance	1,120	1.12
Real Estate and Rental and Leasing	1,098	1.10
Utilities	999	1.00
Agriculture, Forestry, Fishing and Hunting	762	.76
Management of Companies and Enterprises	126	.13
Mining	117	.12
Employer's Industry Unknown	64	.06
Total	99,752	100

FROIs by Body Part

Body Part	FROIs	%
HEAD	10,572	10.6
Eyes	3,472	3.5
Soft Tissue	2,526	2.5
Mouth/Nose/Teeth	1,089	1.1
Face/Skull	743	0.7
Facial Bones	360	0.4
Ears	303	0.3
Brain	279	0.3
Multiple Head Injury	1,800	1.8
NECK	1,557	1.6
Soft Tissue	867	0.9
Vertebrae/Disc	146	0.2
Larynx/Trachea	44	0.0
Spinal Cord	34	0.0
Multiple Neck Injury	466	0.5
UPPER EXTREMITIES	37,785	37.9
Fingers/Thumbs	13,425	13.5
Wrists/Hands	10,939	11.0
Upper Arms/Shoulders	6,992	7.0
Elbows/Lower Arms	5,511	5.5
Multiple Upper Extremities	918	0.9
TRUNK	14,052	14.1
Back	9,376	9.4
Abdomen/Groin/Buttocks	1,644	1.7
Chest	1,389	1.4
Lungs/Internal Organs	826	0.8
Pelvis/Sacrum & Coccyx	192	0.2
Spinal Cord/Disc	136	0.1
Heart	77	0.1
Multiple Trunk	412	0.4
LOWER EXTREMITIES	18,525	18.5
Knees/Lower Legs	8,661	8.6
Ankles/Foot/Feet	6,856	6.9
Hips/Upper Legs	1,495	1.5
Toes/Great Toes	907	0.9
Multiple Lower Extremities	606	0.6
BODY SYSTEMS	1,388	1.4
MULTIPLE BODY PARTS	13,761	13.8
WHOLE BODY	133	0.1
NO PHYSICAL INJURY	1,309	1.3
OTHER OR UNSPECIFIED	670	0.7
Total	99,752	100

FROIs by Age & Gender

Gender	Age Group	FROIs	%
Male	Unknown	6	0.0
Male	10-15	14	0.0
Male	16-19	1,788	1.8
Male	20-29	12,343	12.4
Male	30-39	11,857	11.9
Male	40-49	10,622	10.7
Male	50-59	10,777	10.8
Male	60-69	5,129	5.1
Male	70-79	714	0.7
Male	80-89	100	0.1
Male	90-99	3	0.0
Female	Unknown	8	0.0
Female	10-15	15	0.0
Female	16-19	1,465	1.5
Female	20-29	10,464	10.5
Female	30-39	9,305	9.3
Female	40-49	8,901	8.9
Female	50-59	9,957	10.0
Female	60-69	4,903	4.9
Female	70-79	731	0.7
Female	80-89	71	0.1
Female	90-99	3	0.0
Unknown	Unknown	1	0.0
Unknown	10-15	0	0.0
Unknown	16-19	43	0.0
Unknown	20-29	186	0.2
Unknown	30-39	131	0.1
Unknown	40-49	77	0.1
Unknown	50-59	83	0.1
Unknown	60-69	45	0.1
Unknown	70-79	10	0.0
Unknown	80-89	0	0.0
Unknown	90-99	0	0.0
Total		99,752	100

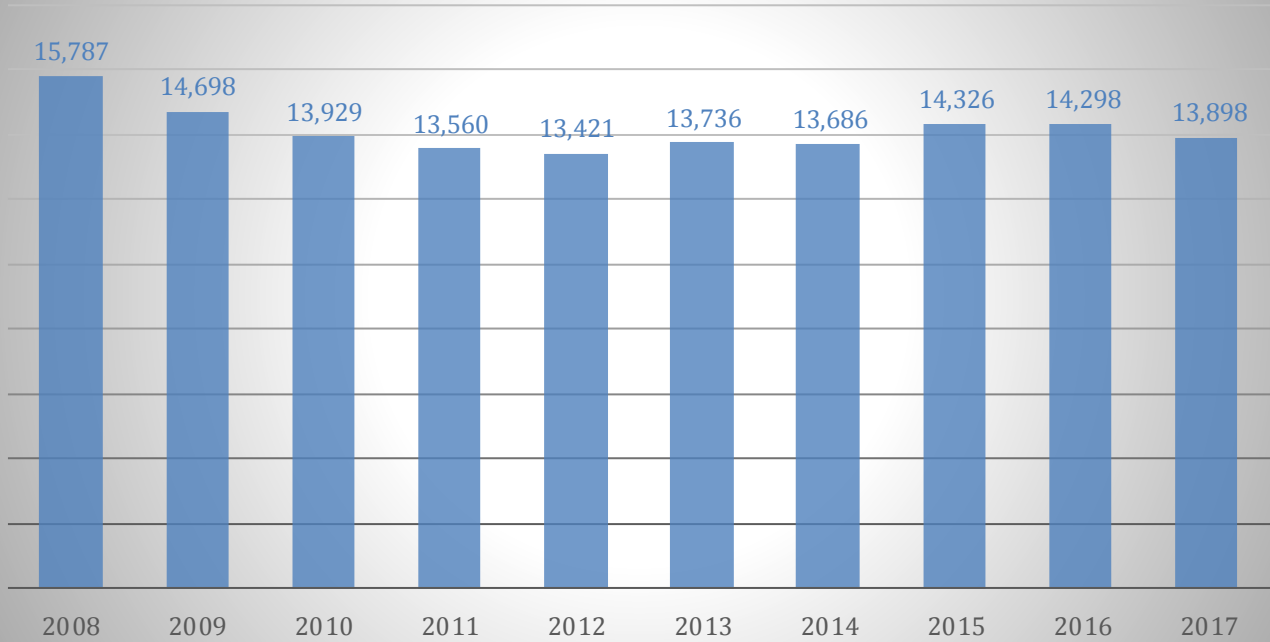
*Categories disclosed as "Unknown" reflect cases where the gender and/or age of the employee were not provided to the Division.

Claims for Compensation

An employee may file a Claim for Compensation with the Division if they believe they are not receiving benefits they are entitled to under the 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 2017, the Division received 13,898 claims for compensation filed against employers and insurers.

Claims for Compensation Filed 2008 -2017



Claims by Industry

Industry	Claims	%
Manufacturing	2,261	16.3
Health Care and Social Assistance	1,595	11.5
Public Administration	1,552	11.2
Transportation and Warehousing	1,194	8.6
Retail Trade	1,106	8.0
Construction	1,071	7.7
Wholesale Trade	877	6.3
Administrative and Waste Services	704	5.1
Educational Services	640	4.6
Accommodation and Food Services	555	4.0
Professional, Scientific, and Technical Services	324	2.3
Other Services (Except Public Administration)	277	2.0
Real Estate and Rental and Leasing	167	1.2
Arts, Entertainment and Recreation	165	1.2
Information	163	1.2
Utilities	161	1.1
Finance and Insurance	134	1.0
Agriculture, Forestry, Fishing and Hunting	75	0.5
Mining	20	0.1
Management of Companies and Enterprises	6	0.0
Employer Industry Unknown	851	6.1
Total	13,898	100

Claims by Body Part

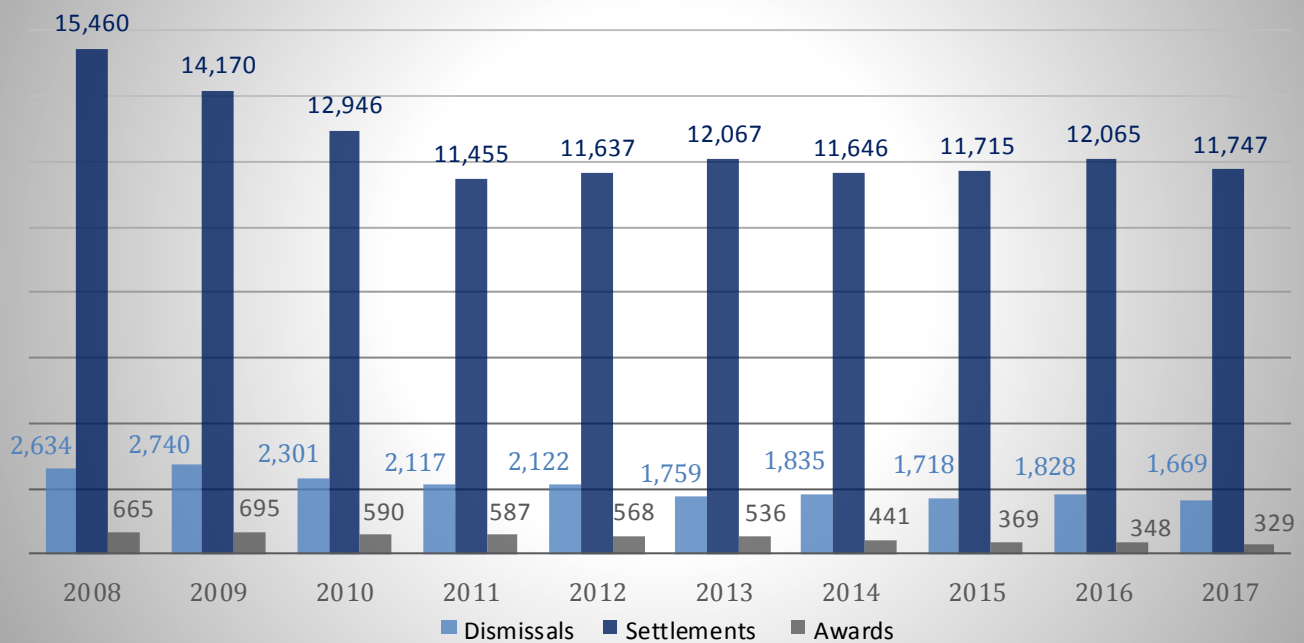
Body Part	Claims	%
HEAD	37	0.3
Eyes	9	0.1
Brain	6	0.0
Soft Tissue	8	0.1
Ears	3	0.0
Mouth/Nose/Teeth	1	0.0
Multiple Head Injury	10	0.1
NECK	9	0.1
Soft Tissue	5	0.1
Vertebrae/Disc	2	0.0
Larynx/Trachea	1	0.0
Multiple Neck Injury	1	0.0
UPPER EXTREMITIES	208	1.5
Upper Arms/Shoulders	88	0.6
Wrists/Hands	42	0.3
Fingers/Thumbs	17	0.1
Elbows/Lower Arms	16	0.1
Multiple Upper Extremities	45	0.4
TRUNK	88	0.6
Back	53	0.4
Abdomen/Groin/Buttocks	20	0.1
Lungs/Internal Organs	9	0.1
Chest	1	0.0
Heart	3	0.0
Multiple Trunk	2	0.0
LOWER EXTREMITIES	121	0.9
Knees/Lower Legs	64	0.5
Ankles/Foot/Feet	33	0.2
Hips/Upper Legs	7	0.1
Toes/Great Toes	1	0.0
Multiple Lower Extremities	16	0.1
MULTIPLE BODY PARTS	13,376	96.2
WHOLE BODY	55	0.4
NO PHYSICAL INJURY	2	0.0
OTHER OR UNSPECIFIED	2	0.0
Total	13,898	100



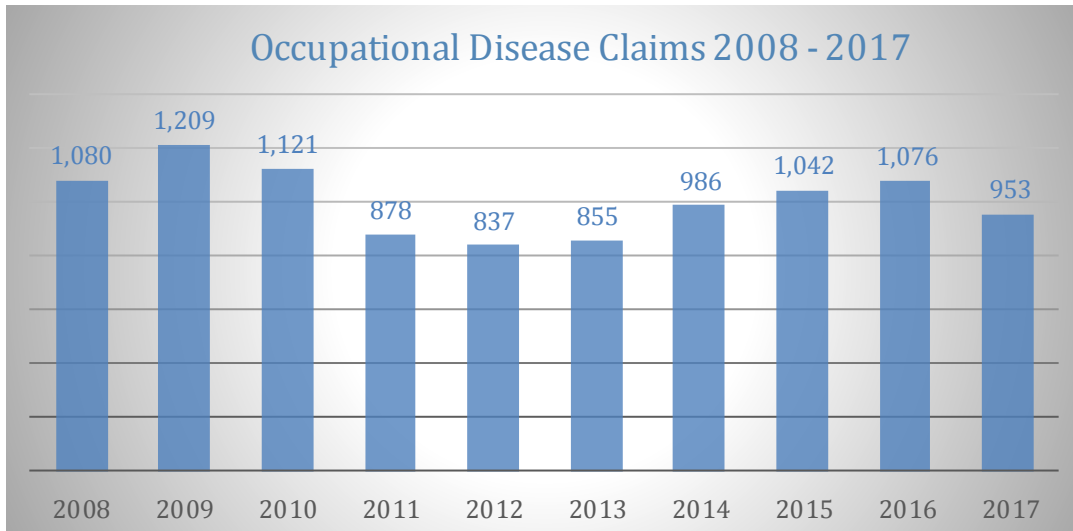
In 2017, 13,745 Claims for Compensation filed against employers and insurers were resolved by the Division's ALJs. Claims may be resolved through the issuance of an award, a compromise settlement, or a dismissal. As of December 31, 2017, slightly over 26,000 Claims for Compensation were pending before 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.

Claims for Compensation Resolutions 2008 -2017



§287.067.1 defines an occupational disease as an identifiable disease arising with or without human fault out of and in the course of employment. To be compensable under Chapter 287, the occupational exposure must be the prevailing factor in causing both the resulting medical condition and disability. Effective January 1, 2014, occupational diseases were included to the exclusive remedy provisions set forth in §§ 287.120.1 and 287.120.2. In 2017, 953 claims were filed for occupational diseases.



Occupational Disease Cases Due to Toxic Exposure as set forth in §287.020(11)

Toxic OD	FROIs*	Claims**
Asbestosis	21	11
Bronchiolitis Obliterans	1	1
Mesothelioma	20	33
Myelodysplastic Syndrome	1	0
Silicosis	6	3
Total	49	48

*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

Occupational Disease	Claims	%
All Other Occupational Disease NOC	536	56.2
Carpal Tunnel Syndrome	194	20.4
Mental Stress	59	6.2
Respiratory Disorders	59	6.2
Loss of Hearing	40	4.2
Dermatitis	13	1.4
Asbestosis	12	1.3
Poisoning - Chemical	12	1.3
Contagious Disease	9	0.9
Cancer	8	0.8
Mental Disorder	5	0.5
Dust Disease - NOC	2	0.2
AIDS	1	0.1
Poisoning - Metal	1	0.1
Radiation	1	0.1
Silicosis	1	0.1
Total	953	100

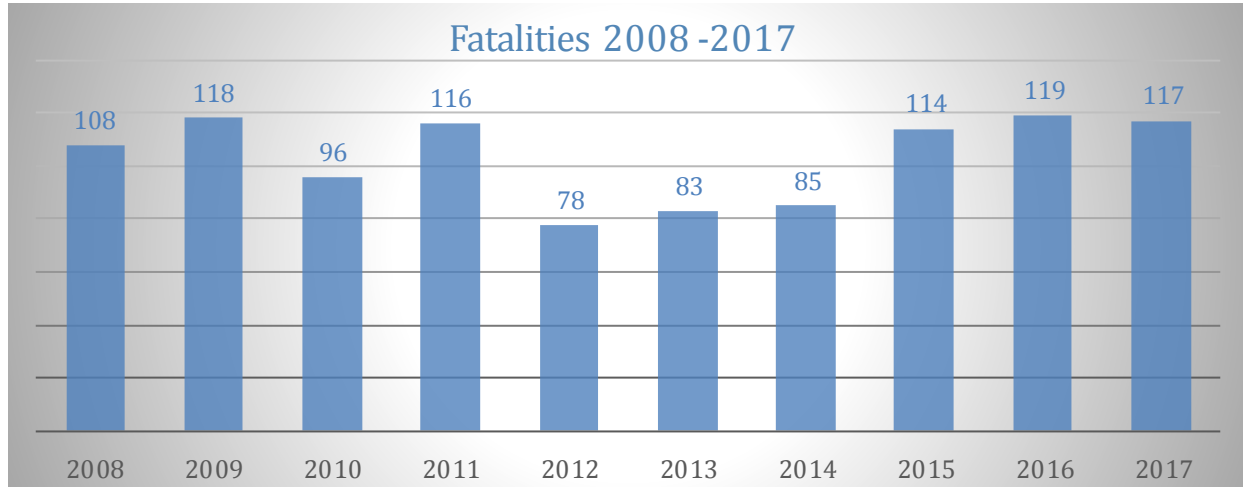
Occupational Disease Claims by Industry

Industry	Claims	%
Manufacturing	256	26.8
Public Administration	114	12.0
Health Care and Social Assistance	62	6.5
Construction	58	6.1
Retail Trade	55	5.8
Transportation and Warehousing	52	5.5
Wholesale Trade	35	3.7
Accommodation and Food Services	28	2.9
Educational Services	28	2.9
Administrative and Waste Services	27	2.8
Finance and Insurance	25	2.6
Information	17	1.8
Utilities	15	1.6
Professional, Scientific and Technical Services	14	1.5
Other Services (Except Public Administration)	12	1.3
Real Estate and Rental and Leasing	12	1.3
Agriculture, Forestry, Fishing, and Hunting	5	0.5
Arts, Entertainment, and Recreation	4	0.4
Mining	4	0.4
Management of Companies and Enterprises	2	0.2
Employer Industry Unknown	128	13.4
Total	953	100



Fatalities

In 2017, 117 injuries that resulted in fatalities were reported to the Division. 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. An Administrative Law Judge has jurisdiction to determine compensability of an injury resulting in death based upon evidence presented.



Fatalities by Industry

Fatalities by Age & Gender

Age Group	Male	Female	Total
Age Unknown	1	1	2
16-19	1	0	1
20-29	10	0	10
30-39	13	2	15
40-49	21	1	22
50-59	21	3	24
60-69	18	5	23
70-79	9	0	9
80-89	11	0	11
Total	105	12	117

Industry	Cases	%
Transportation and Warehousing	18	15.4
Manufacturing	15	12.8
Construction	11	9.4
Public Administration	11	9.4
Administrative and Waste Services	8	6.8
Retail Trade	8	6.8
Other Services	7	6.0
Wholesale Trade	7	6.0
Educational Services	4	3.4
Professional, Scientific and Technical Services	4	3.4
Real Estate and Rental and Leasing	4	3.4
Health Care and Social Assistance	3	2.6
Accommodation and Food Services	2	1.7
Utilities	2	1.7
Information	1	0.9
Employer Industry Unknown	12	10.3
Total	117	100



SECOND INJURY FUND

In 1943, the 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.

Effective January 1, 2014, the following changes were made to the statutory provisions affecting the SIF:

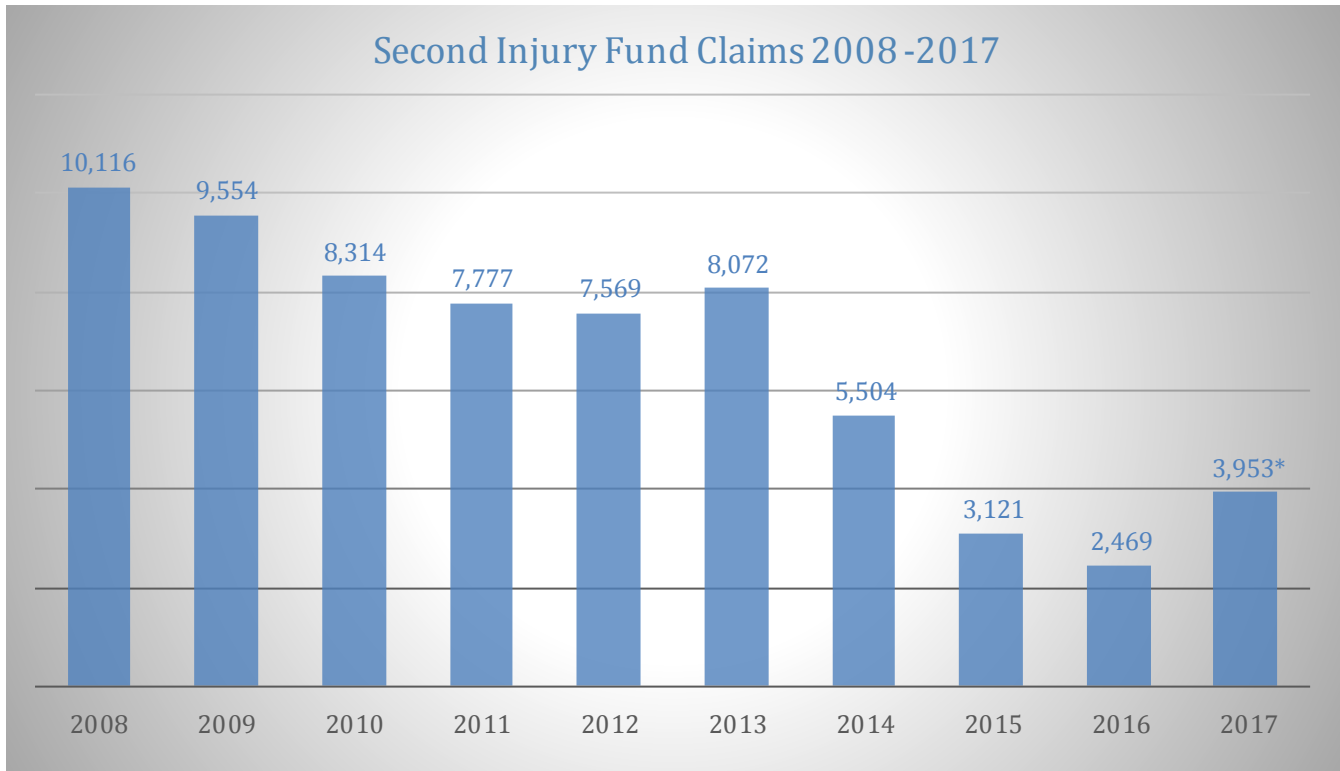
- (a) authorizes the Division to have an annual actuarial study done;
- (b) eliminates PPD claims against the SIF for injuries occurring after January 1, 2014 and provides for the PTD claims to be covered as long as the prior disability meets certain established conditions;
- (c) provides for PTD benefits 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 for injuries occurring 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 2017, there were 3,953 claims filed against the SIF.

Second Injury Fund Claims

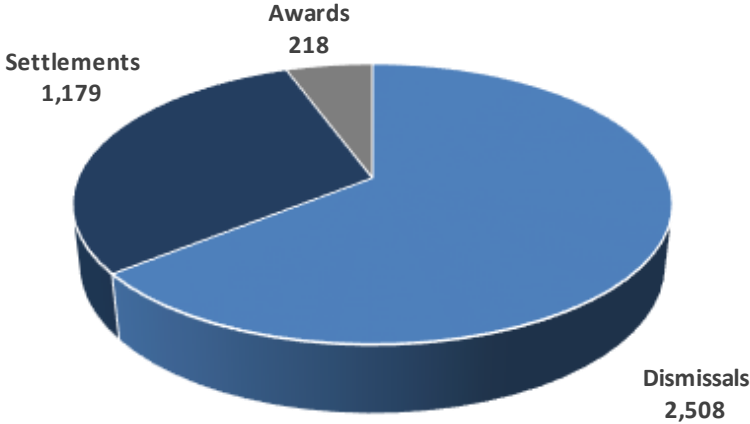
No claims for PPD occurring after January 1, 2014 shall be filed against the SIF. Claims for PTD filed against the SIF are regarded as compensable only when the conditions set forth in §287.220.3(2) are met. In *Gattenby v. Treasurer of the State of Missouri as Custodian of the Second Injury Fund*, 516 S.W. 3d 859 (Mo. App. W.D. 2017), the Missouri Western District Court of Appeals held that, “...subsection 287.220.3 applies only where both the preexisting and primary injuries occur after January 1, 2014.”



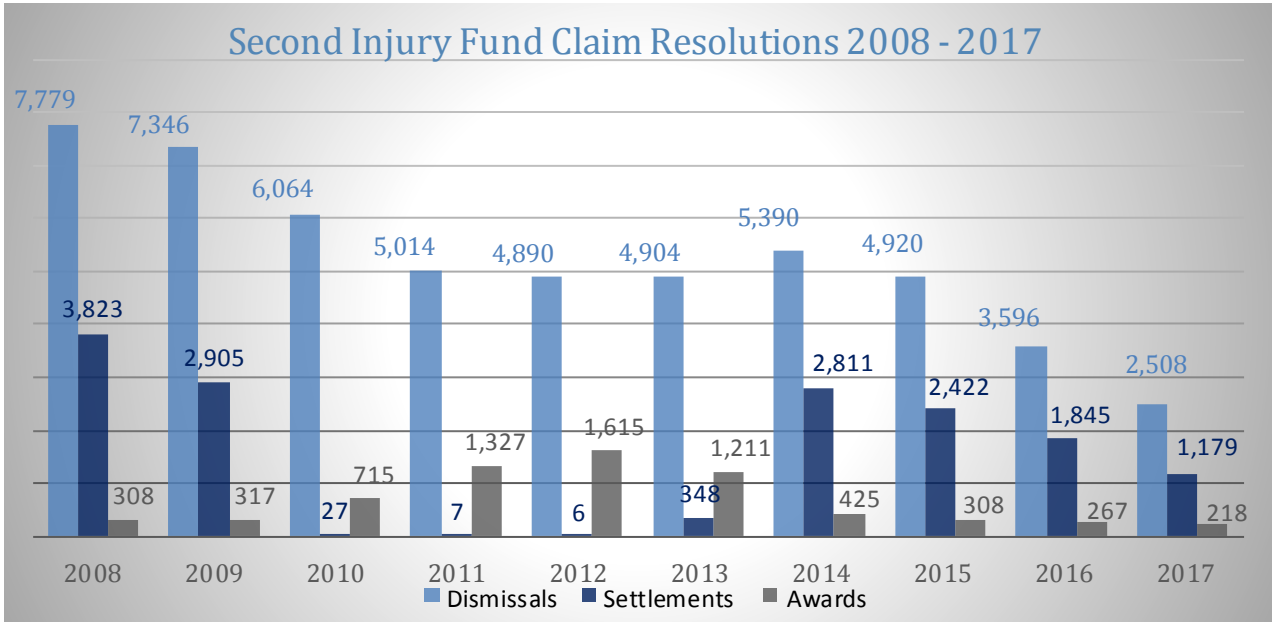
*2017 is the first year post the *Gattenby v. Treasurer of the State of Missouri as Custodian of the Second Injury Fund*, 516 S.W. 3d 859 (Mo. App. W.D. 2017) decision.

Second Injury Fund Resolutions

In 2017, 3,905 Claims for Compensation filed against the SIF were resolved by dismissal, settlement, or issuance of an award. Approximately 5.6 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, 2018, there were 20,931 open SIF claims pending before the Division.



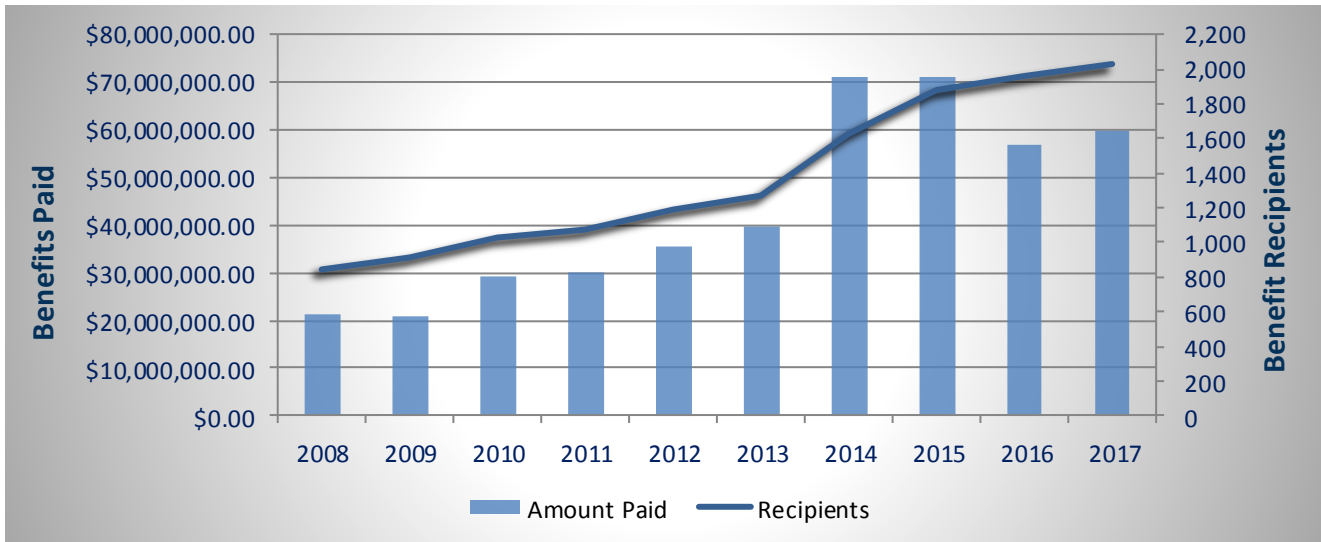
In 2017, 64.23 percent of the SIF claim resolutions were through dismissals, 30.19 percent through settlements and 5.58 percent by issuance of an award.



Second Injury Fund Benefit Payments

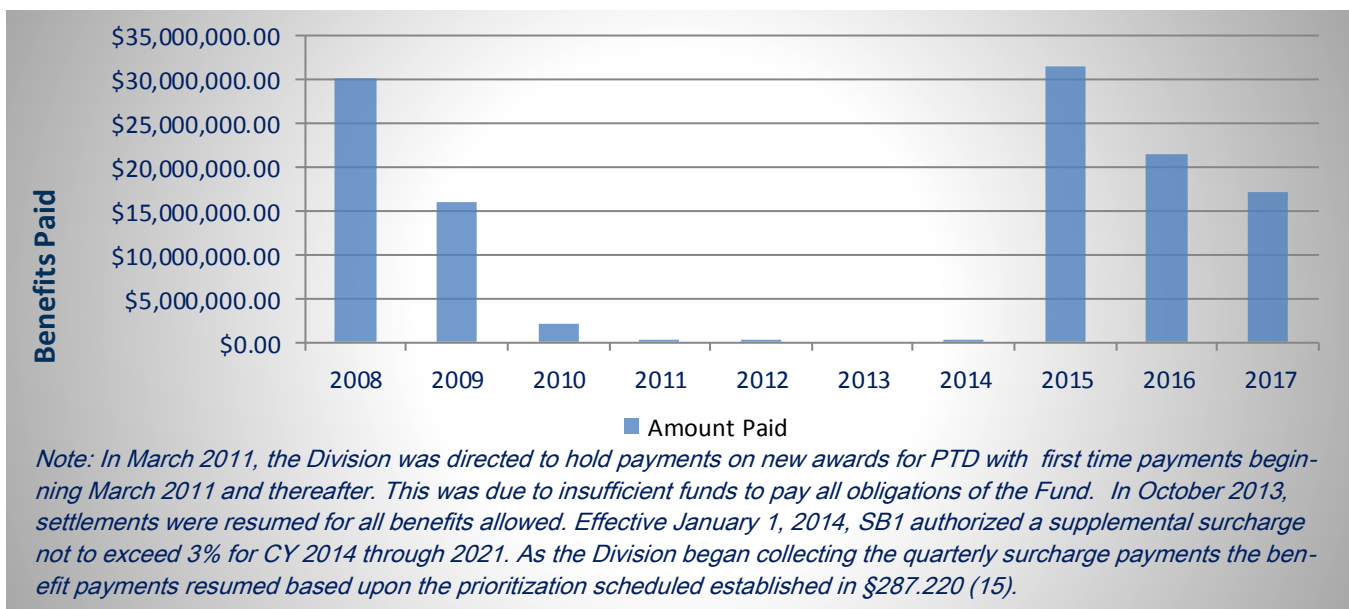
Permanent Total Disability Benefits (Lifetime Payments)

In 2017, \$59,947,740 in permanent total disability (PTD) benefits (lifetime benefits) were paid to 2,029 recipients.



Permanent Total Disability Benefits (Lump Sum Payments)

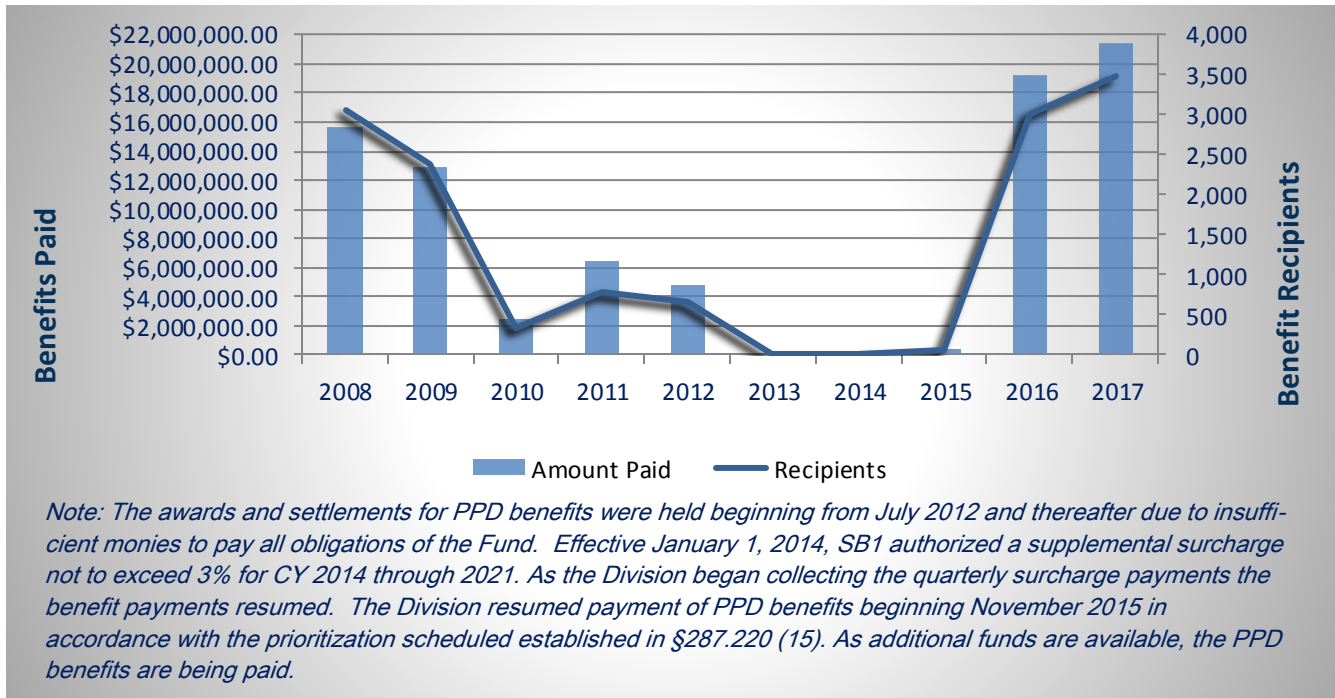
In 2017, \$17,093,351 in PTD lump sum benefits were paid to 387 recipients.





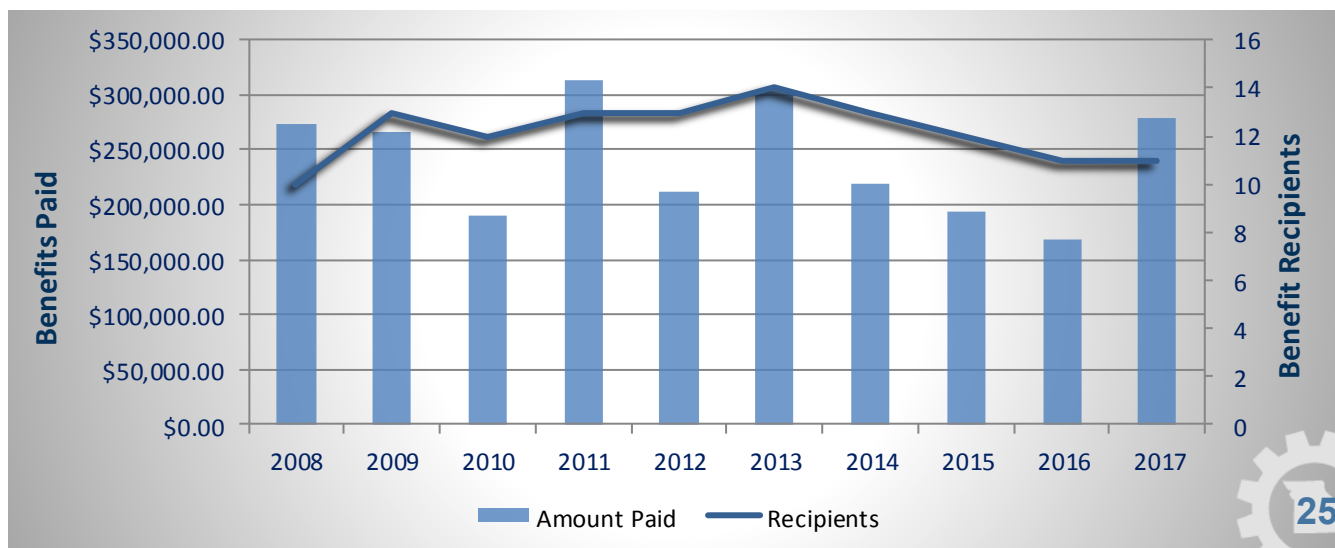
Permanent Partial Disability Benefits

In 2017, \$21,401,830 in permanent partial disability (PPD) benefits were paid to 3,493 recipients.



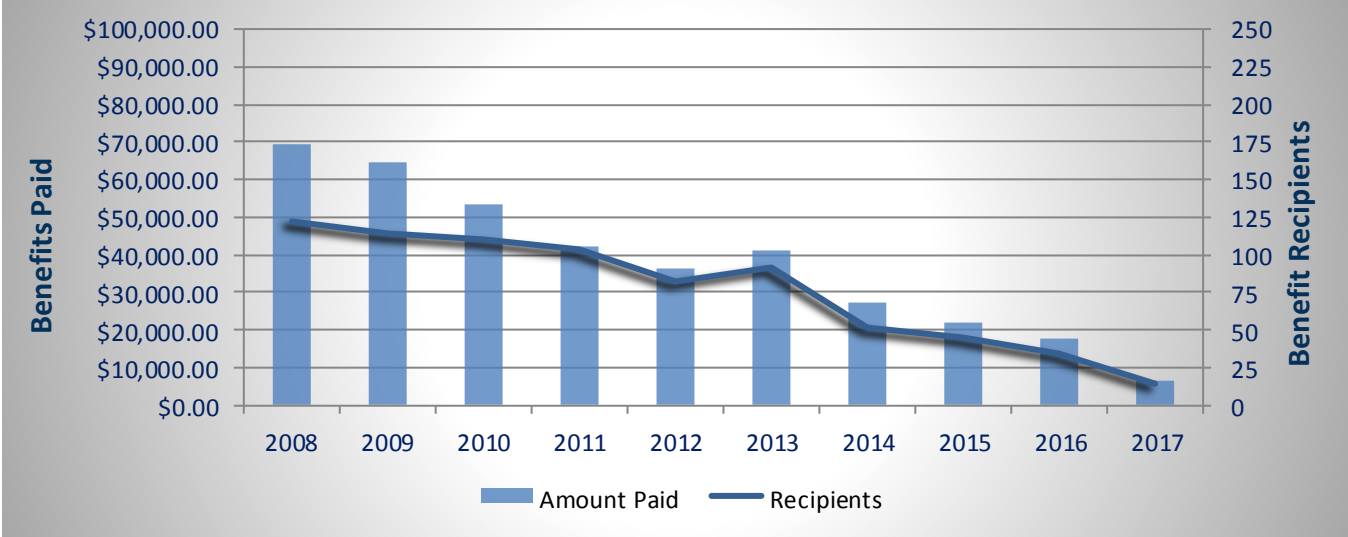
Death Benefits

The survivors of 11 injured employees received bi-weekly death benefits totaling \$278,173 from the SIF in 2017 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 2017.



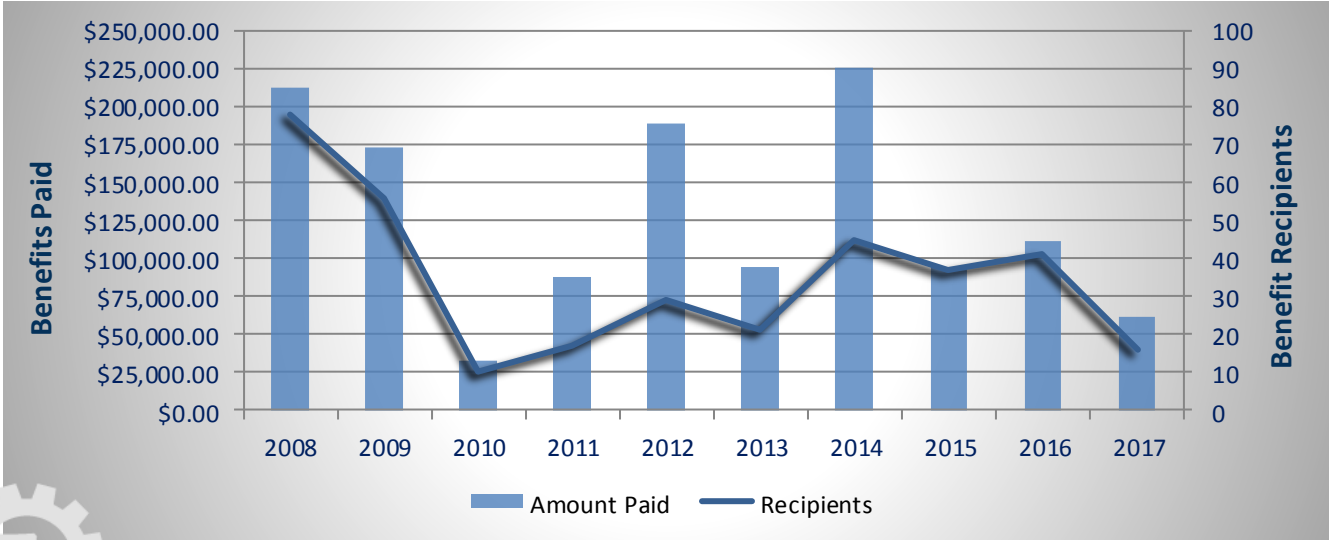
Rehabilitation Benefits

The SIF paid approximately \$6,669 to injured employees for rehabilitation benefits in 2017. This amount covered weekly benefits for 14 injured workers.



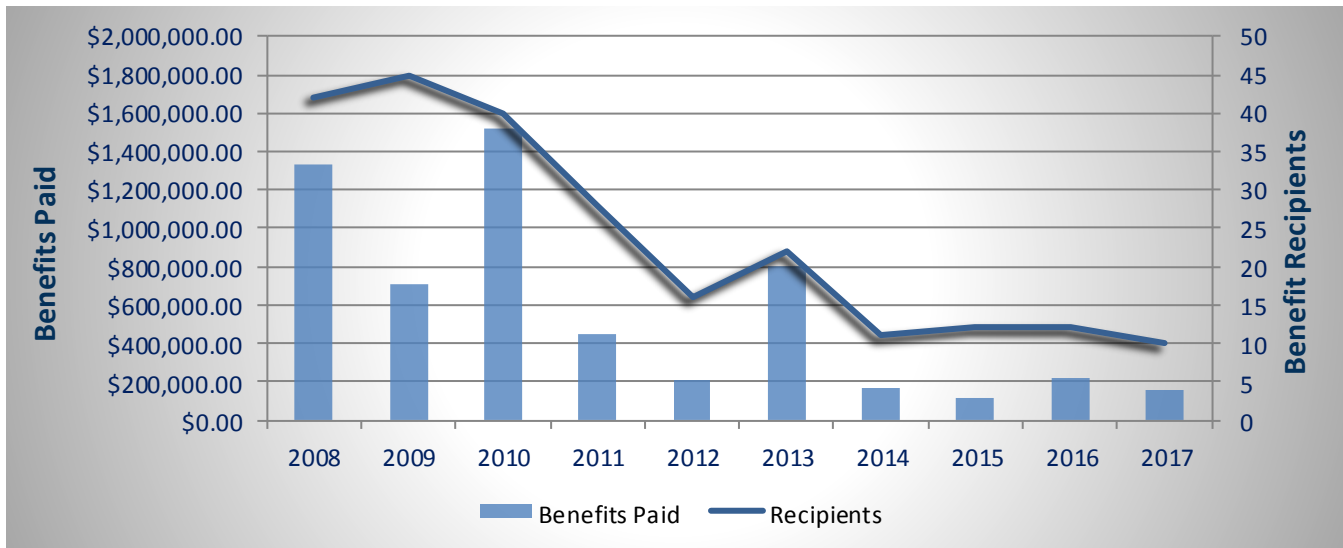
Second Job Wage Loss Benefits

Sixteen injured employees received second job wage loss benefits from the SIF in 2017. The amount paid in 2017 was \$61,101.



Medical Benefits

The Division continues to pay the ongoing uninsured medical benefits based upon an award or settlement. However, the payments do not reflect the past medical benefits being held based upon the prioritization schedule established in §287.220 (15). In 2017, \$160,826 in medical benefits were paid to ten recipients.



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 paid benefits to the injured employee. In 2017, there were four cases in which the SIF recovered a total amount of \$55,055.10 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 2017, \$25,999.46 was collected from 10 employers.

In addition, an amount of \$110,845.19 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.

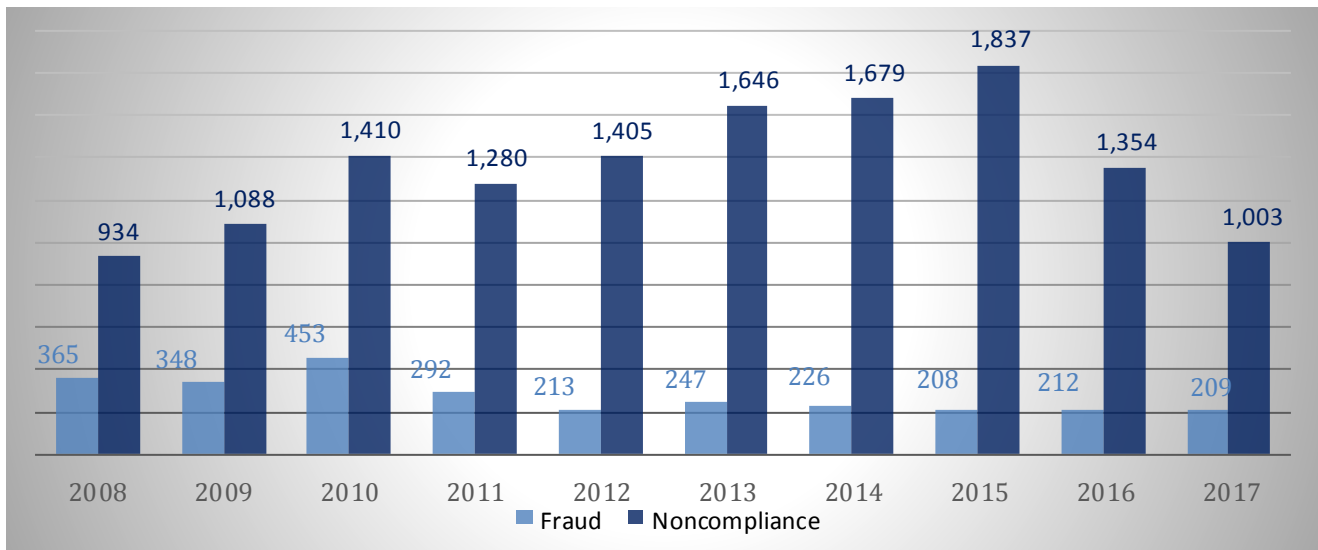
At the conclusion of the investigation by the Fraud and Noncompliance Unit, the findings are presented to the Division Director who may refer the file to the Missouri Attorney General's Office for possible prosecution.

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.

Effective January 1, 2017, 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 an invalid certificate of insurance as proof of coverage, shall be guilty of a class E felony and shall be fined up to \$10,000 or double the value of the fraud, whichever is greater. Any person who has been previously found guilty shall be guilty of a class D felony. A person who commits any other violation included in §287.128 shall be guilty of a class A misdemeanor and shall be fined up to \$10,000. Any employer failing to insure its liability shall be guilty of a class A misdemeanor and shall 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 shall be a class E felony.

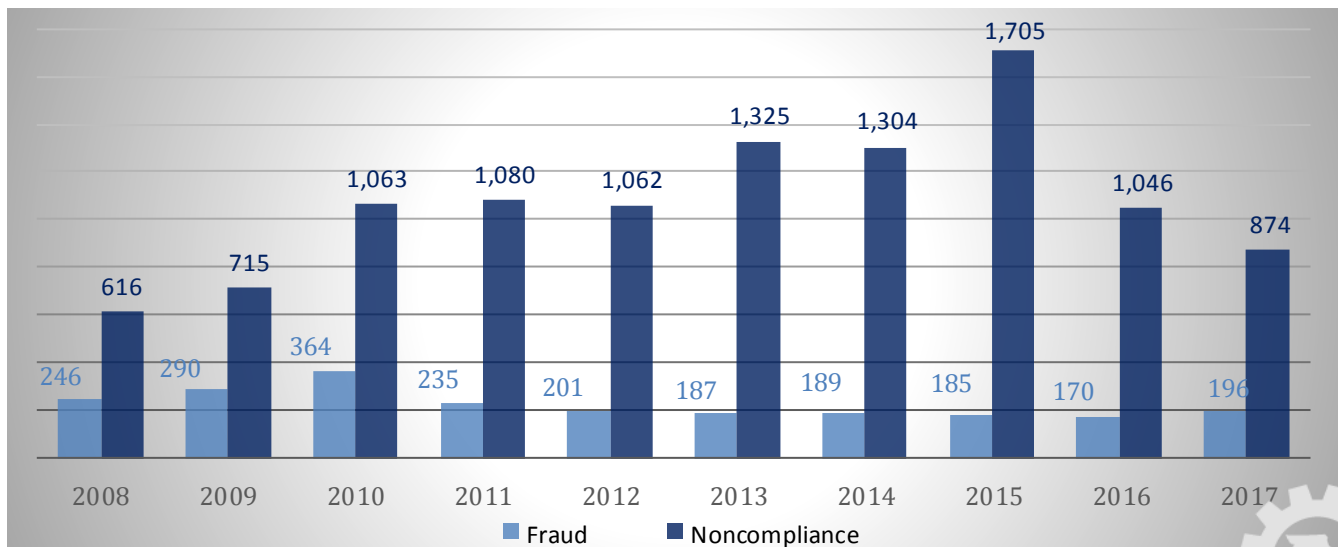
Fraud & Noncompliance Cases Received 2008 - 2017

In 2017, the Fraud and Noncompliance Unit received a total of 1,212 new cases of alleged workers' compensation fraud or noncompliance.



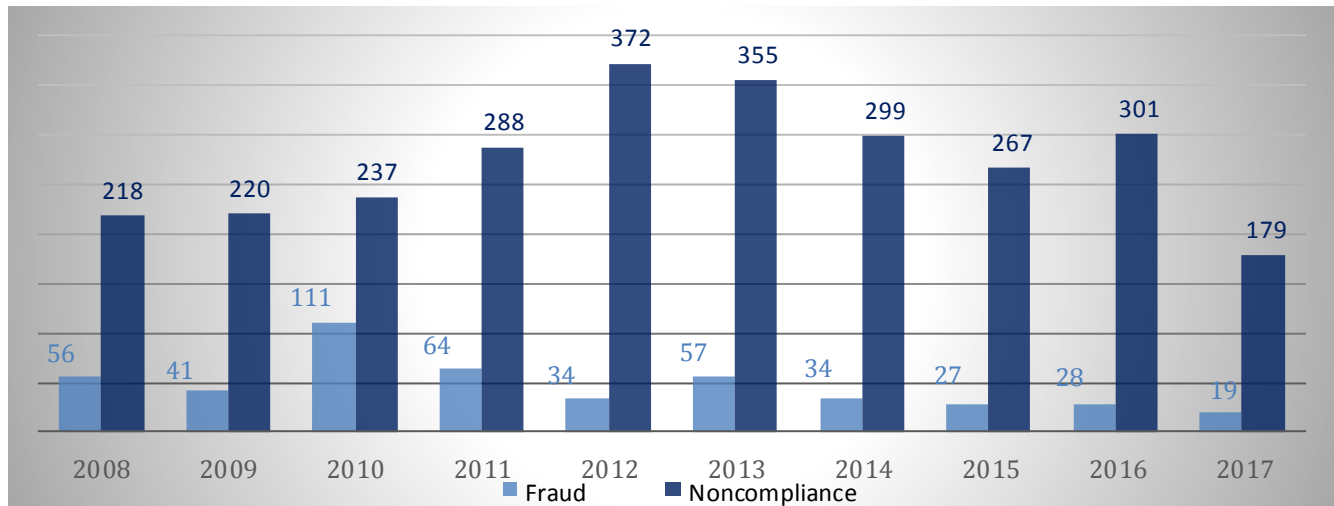
Fraud & Noncompliance Cases Administratively Closed 2008 - 2017

After an investigation, a case can be administratively closed due to complaints that contain inaccurate statements or lack of evidence. In 2017, 1,070 cases were administratively closed.



Fraud & Noncompliance Cases Referred to the Attorney General's Office 2008 - 2017

Since 2008 approximately 24 percent of cases closed annually are referred to the Missouri Attorney General's Office (AGO) for prosecution. In 2017, 198 cases were referred to the AGO, a 40 percent decrease from 2016. Changes in staffing contributed to the decrease in cases. The Division expects the reorganization of the Unit and outreach efforts that have been implemented to result in further efficiencies.

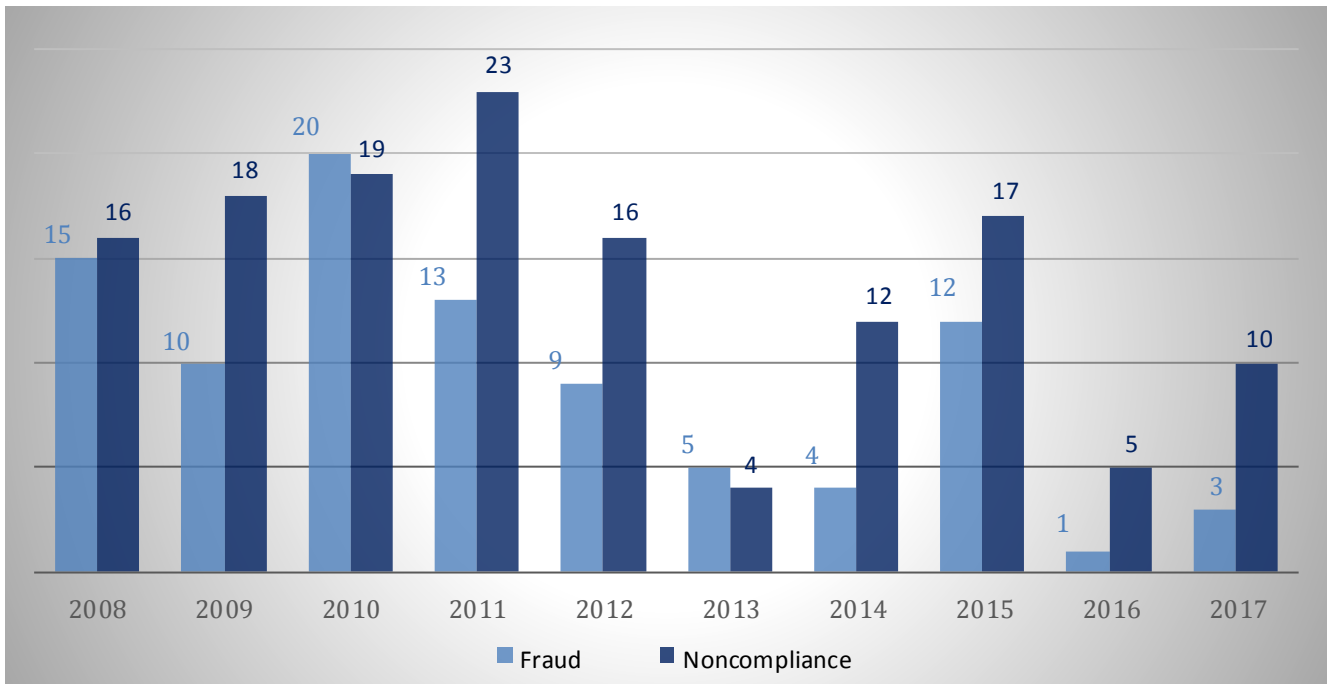


Fraud & Noncompliance Case Referrals to AGO by Party or Industry

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Fraud											
Attorney	0	0	0	0	0	1	0	0	0	0	1
Employee	18	16	13	12	10	22	15	8	5	4	119
Employer	36	24	48	50	23	34	18	19	22	15	274
Insurance Carrier/ Agent	2	1	50	2	1	0	0	0	0	0	56
Other	0	0	0	0	0	0	1	0	1	0	2
Noncompliance											
Construction	74	38	56	37	59	51	50	60	63	46	488
Government	1	1	0	1	1	3	0	1	1	0	9
Healthcare	4	17	6	25	31	37	33	17	25	10	195
Manufacturing	3	6	17	14	9	7	5	6	2	2	69
Retail	116	133	140	183	251	235	197	165	194	106	1614
Trucking/ Transportation	6	7	14	22	13	11	8	12	13	8	106
Other	14	18	4	6	8	11	6	6	3	7	76
Total	274	261	348	352	406	412	333	294	329	198	3,009

Successful Fraud & Noncompliance Prosecutions 2008 - 2017

In 2017, the Attorney General's Office successfully prosecuted three fraud and ten noncompliance cases, in which the defendant pled guilty, and \$11,500.00 was collected.



Deferred Prosecution & Hold Harmless Agreements 2008 - 2017

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 2017, there were 105 resolutions*.

**Note: Numbers for 2017 have not been finalized with AGO's office as of the writing of this report. Actual counts may be higher.*

Penalties Received *

Since 2004, the Division has collected over \$8.9 million in penalties from prosecuted employees, employers, and insurance companies.

Year	Fraud	Noncompliance	Total
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	\$413,853.85	\$418,337.35
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	\$13,518.00	\$568,949.98	\$582,467.98
2014	\$3,870.00	\$427,249.50	\$431,119.50
2015	\$11,110.50	\$745,632.06	\$756,742.56
2016	\$7,835.00	\$1,413,371.44	\$1,421,206.44
2017	\$11,703.45	\$695,202.80	\$706,906.25

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

INSURANCE

Section 287.280 requires an employer, who is subject to chapter 287, RSMo, to insure their entire liability under the 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.

	2014	2015	2016	2017
Individual Self-Insurers	289	284	282	271
Group Trusts	20	20	20	20
Individual Member Employers in Group Trusts	2,674	2,696	2,721	2,686
Covered SI Employees*	665,104	690,759	679,724	682,053
Covered SI Payroll*	\$25,908,930,219	\$27,079,441,496	\$28,062,950,638	\$28,692,521,277
SI Payroll as Percent of All Covered Payroll	23.68%	23.84%	Data available October 2018	Data available October 2019

Source: Missouri Division of Workers' Compensation. National Academy of Social Insurance, Workers' Compensation: Benefits, Coverage, and Costs, October 2017.

**Numbers provided are based on counts as of January 1 of the indicated year.*

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.

SB 66 made the following changes relating to trusts:

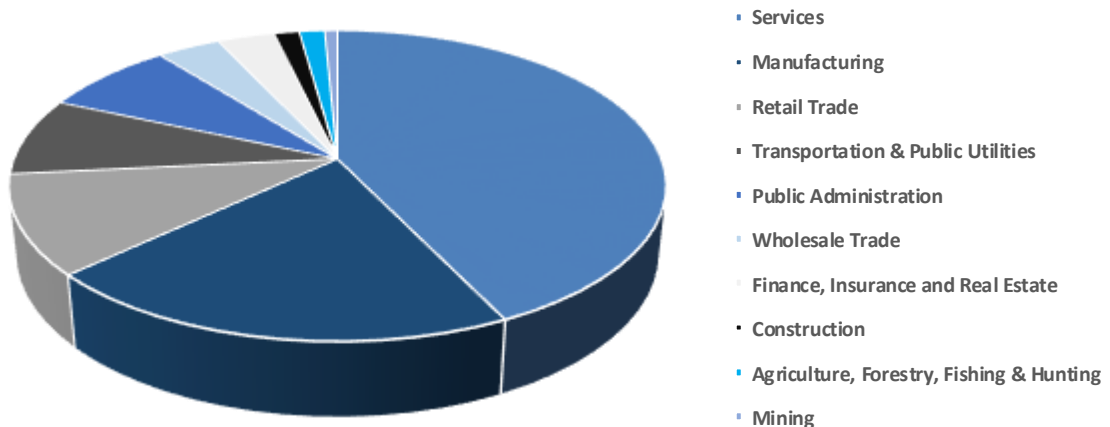
Applicants who wish to self-insure their workers' compensation obligations as a trust are required to provide the Division with proof of payment by each member of not less than 25% of the estimated annual premium. An exception has been carved out for new members who wish to join an existing trust during the policy year versus the beginning of the policy year. Member pays lesser of the estimated premium of 3 months or for the balance of the policy year.

Self-insured trusts have been granted the option to invest the surplus monies from a prior trust year that is not needed for current obligations. Upon the Division's approval, the trust may invest up to 100 percent of surplus monies in securities designated by the State Treasurer as acceptable as collateral to secure state deposits under §30.270, RSMo.



Individual Self-Insured Employers by Industry

Industry	Companies	%
Services	116	42.8
Manufacturing	55	20.3
Retail Trade	28	10.3
Transportation & Public Utilities	22	8.1
Public Administration	21	7.8
Wholesale Trade	10	3.7
Finance, Insurance and Real Estate	9	3.3
Construction	4	1.5
Agriculture, Forestry, Fishing & Hunting	4	1.5
Mining	2	0.7
Total	271	100



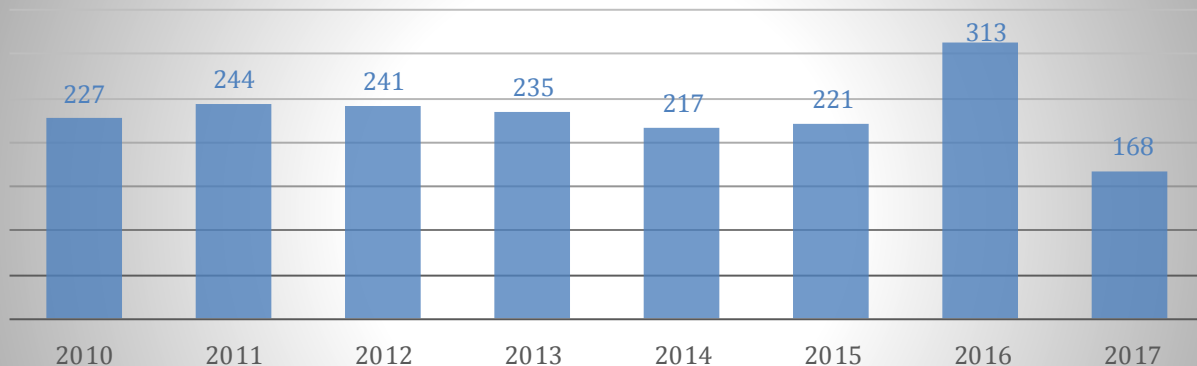
LEGAL UNIT

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 2017, the unit received 49 applications for religious exception in which 49 employees working for 22 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 2017, the unit processed 120 applications for direct payment and 2,151 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 168 applications for "reasonableness" disputes under \$1,000 in 2017. Requests for an Administrative Ruling were submitted in 15 cases. The Division's Mediator received records and corresponded with the parties in 11 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 two cases.

Reasonableness Medical Fee Disputes Filed 2010 - 2017
(Less than \$1,000)



**Note: The increase in the Applications for Medical Fee Dispute – Reasonableness Cases under \$1,000 in 2016 was due to the legislative changes made in 2013 where a statutory period of limitations was inserted as set forth on page 36. The employers/insurers are resolving the disputes with the Healthcare Providers which has resulted in a decline in the Healthcare Providers submitting a request to the Division for disputes under \$1,000.*

LEGAL UNIT CONT'D

A statute of limitations period was inserted 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 five business days after transmission by certified US mail.

The Unit received approximately 581 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 59 constituent requests and 76 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(6) 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.

Missouri Governor Eric Greitens signed Senate Bill 66 into law on July 5, 2017. SB 66 made the following changes:

The word “child” has been defined to mean any natural, illegitimate, adopted or posthumous child or stepchild of a deceased law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter who is 18 years of age or under; over the age of 18 and a student as defined in 5 U S C Section 8101 or over 18 years of age and unable to support themselves because of physical or mental disability.

Currently, a Claim for Compensation for Line of Duty Benefits has to be filed by the estate of the deceased law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter no later than one year from the date of death. Now, survivors can file a Claim for Compensation with the Division.

A hierarchy for the distribution of the Line of Duty Compensation benefits has been established. The benefits would be paid to the surviving spouse if there is no child; 50% would be paid to the surviving child or children in equal shares and 50% to the surviving spouse if there is at least one child; to the surviving child or children in equal shares if there is no surviving spouse; if there is no surviving spouse and no surviving child the benefits would be distributed to the surviving individual or individuals in shares that have been designated as beneficiaries by the decedent or based upon the decedent’s most recently executed life insurance policy.



LINE OF DUTY COMPENSATION FUND CONT'D

If there is no individual that qualifies then the distribution is to the surviving parent or parents in equal shares or to the surviving individuals who qualify under the definition of “child” but for the age.

In order to receive benefits, the death must have occurred on or after June 19, 2009. Section 287.243.3(1) provides that a Claim for Compensation for Line of Duty Compensation Benefits must be filed 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 §287.243.8 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.

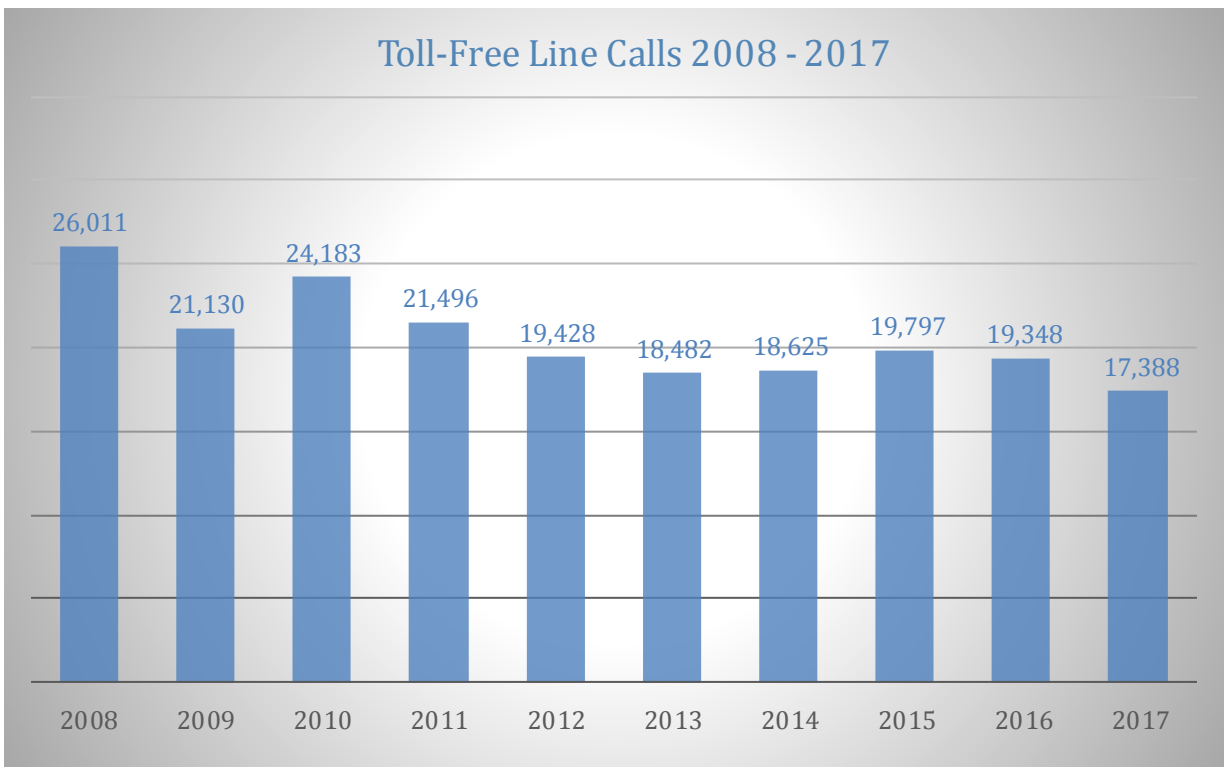
The State Treasurer is the custodian of the Line of Duty Compensation Fund and approves the disbursements from the fund.

To date, 54 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 45 cases, with five of those being issued in 2017.

CUSTOMER SERVICE

**Division Toll-Free Line
1-800-775-2667**

The Division is required to maintain a public information program that provides assistance to all parties governed by the 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 Law. The unit employs information specialists to respond to calls received on the toll-free line. The Division's information specialists were presented with a total of 17,388 calls in 2017.

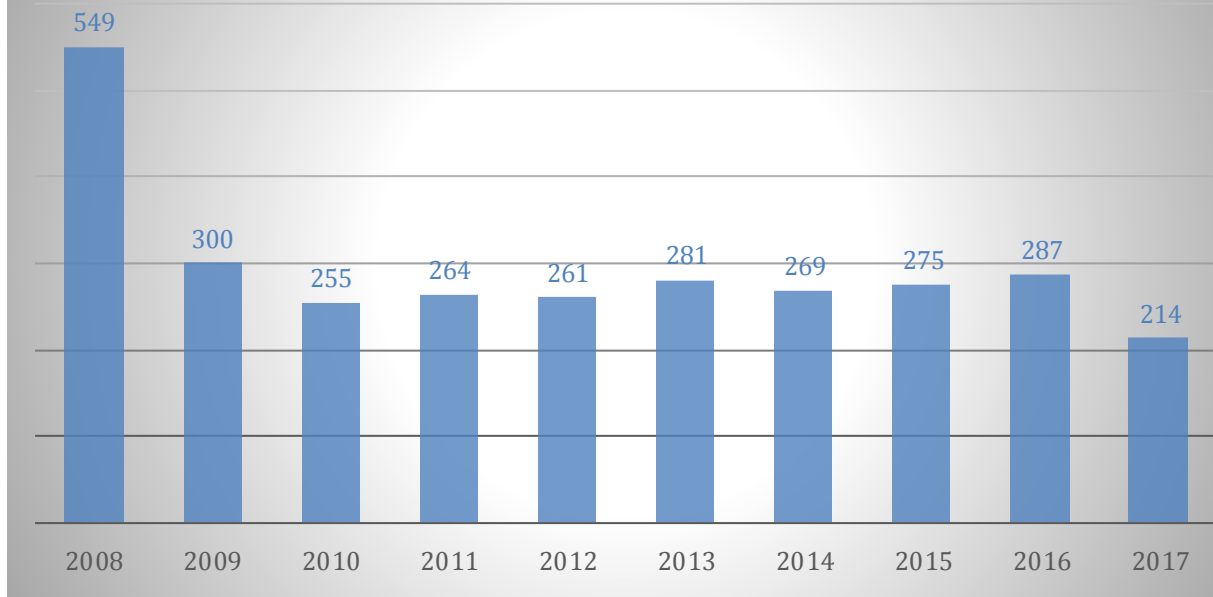


DISPUTE MANAGEMENT

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. The Division's Dispute Management Unit received 214 referrals for voluntary dispute management in 2017.

Voluntary Mediation

Referrals for Voluntary Dispute Management Assistance 2010 - 2017



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. Issues concerning permanent partial disability (PPD) and issues regarding eligibility for temporary total disability (TTD) were the leading causes of referrals to the dispute management unit.

Cause	Count	%
PPD Issues	50	19.6
Eligibility for TTD	50	19.6
Need for Medical Treatment	49	19.2
Unpaid Medical Bills	48	18.8
Denial of Benefits	17	6.7
Employee Request for Medical Treatment	17	6.7
Employer Not Reporting Injury	10	3.9
Question Benefit Amounts	7	2.7
Mileage Reimbursement	3	1.2
Permanent Disability	3	1.2
Wage at Injury	1	0.4
Total	255	100

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

Source of Referrals

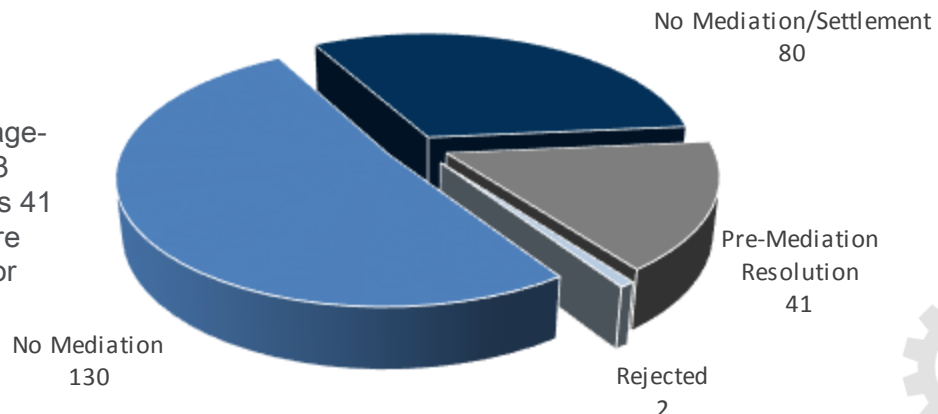
The most common source of dispute management referral in 2017 was by phone calls to the Division either through the Division's information hotline or by directly calling the mediator, accounting for 86.4 percent of all referrals.

Source of Referral	Count	%
Phone Call	94	43.9
DWC Information Specialist (800 Line)	91	42.5
Notification of Rights Letter	13	6.1
Dispute Management Conference Request	12	5.6
Other	4	1.9
Total	214	100

**This number does not include referrals from previous years that had not been closed as of January 1, 2017*

Voluntary Dispute Referral Outcomes

In 2017, the dispute management unit closed a total of 253 referred cases, which includes 41 cases, or 16 percent, 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 answers questions about safety training and approves alternative courses for the Construction Safety Rule. The Program 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 2017, the Program conducted 46 site visits and certified 120 insurance carrier groups with comprehensive safety engineering and management programs, 230 safety consultants or engineers and 158 Physical Rehabilitation Facilities. The program also conducted 20 phone reviews with employers regarding the safety services the employer received from their insurance carrier.

Site Visits by Type

Type	Visits	%
Insurance Carrier Evaluations	2	4.3
Request for Services	1	2.2
Rehabilitation Facilities (for SIF Unit)	35	76.1
Self-Insurance Audits (for Insurance Unit)	8	17.4
Total	46	100

ADJUDICATION

The Division's statutory responsibility to adjudicate and resolve disputes under the law is fulfilled by the seven 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 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.



ADJUDICATION CONT'D

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. SB 66 made the following changes regarding settlements:

For all compromise settlements offered after a claimant has reached MMI, claimants have 12 months after receiving an initial permanent disability rating from the employer's physician to acquire a rating from a second physician of his or her own choosing. Absent a finding of extenuating circumstances by an Administrative Law Judge or the Labor and Industrial Relations Commission, if after 12 months the claimant has not acquired a second rating, any compromise settlement entered into shall be based upon the initial rating. Employers may waive these provisions with or without stating a cause.

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

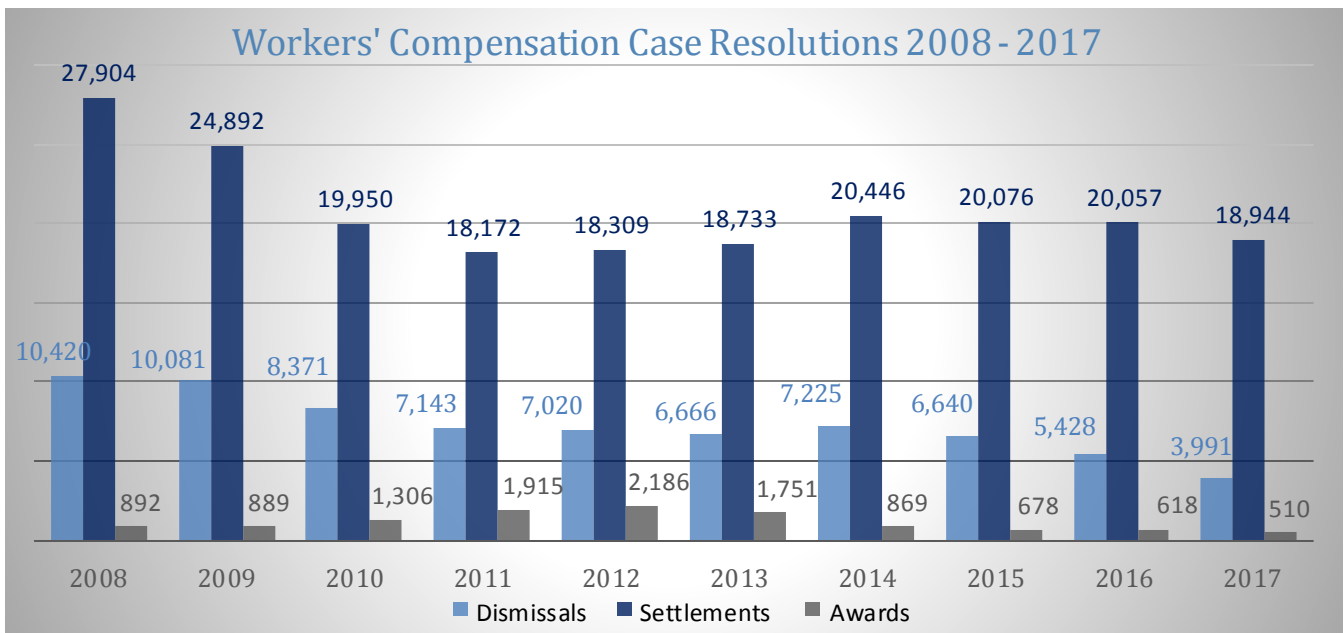
Office/Docket Location	Counties Covered	Setting Types				Hearing Types	
		Conference	Pre-Hearing	Mediation	Dismissal	Hardship	Final
Cape Girardeau Office							
Bloomfield	Stoddard	55	26	92	25	2	0
Cape Girardeau	Bollinger, Cape Girardeau, Perry	213	181	275	59	10	28
Caruthersville	Dunklin, Pemiscot	41	19	91	22	0	0
Farmington	St. Francois, St. Genevieve	160	68	206	63	2	11
Ironton	Iron, Madison, Reynolds, Washington	83	41	96	41	1	9
New Madrid	New Madrid	178	57	154	34	0	0
Popular Bluff	Butler, Carter, Ripley, Wayne	119	52	180	34	0	5
Rolla - CAPE	Crawford, Dent, Phelps	56	36	63	57	0	0
Sikeston	Mississippi, Scott	86	101	176	35	2	4
West Plains - CAPE	Douglas, Howell, Oregon, Ozark, Shannon, Texas	43	8	27	30	3	0
Jefferson City Office							
Boonville	Cooper, Howard	31	97	0	3	0	2
Camdenton	Camden, Hickory, Morgan	118	143	0	10	4	1
Columbia	Boone	394	830	246	28	5	20
Eldon (Held in Jefferson City)	Miller	33	55	0	2	1	2
Fulton (Held in Jefferson City)	Callaway	89	239	0	18	11	12
Hannibal - JC	Clark, Lewis, Marion, Pike, Ralls	110	371	0	6	0	0
Hermann	Gasconade	18	42	0	4	0	0
Jefferson City	Cole, Maries, Moniteau, Osage	245	269	510	20	6	31
Kirksville	Adair, Knox, Putnam, Schuyler, Scotland, Sullivan	140	174	0	2	1	0
Lebanon - JC	Laclede, Pulaski, Wright	91	181	0	10	0	1
Macon	Linn, Macon, Shelby	89	100	0	3	0	4
Marshall - JC	Saline	84	39	0	4	0	6
Mexico	Audrain, Montgomery	68	388	0	13	1	8
Moberly	Chariton, Monroe, Randolph	87	133	0	6	0	4
Rolla - JC	Crawford, Dent, Phelps	62	158	1	15	0	7
Sedalia - JC	Benton, Pettis	77	33	0	5	6	5

Office/Docket Location	Counties Covered	Setting Types				Hearing Types	
		Conference	Pre-Hearing	Mediation	Dismissal	Hardship	Final
Joplin Office							
Joplin	Jasper	450	1,040	295	34	11	29
Lamar	Barton, Cedar, Dade, Vernon	95	216	0	7	0	0
Neosho	McDonald, Newton	99	363	0	6	0	1
Kansas City Office							
Clinton (Held in Kansas City)	Bates, Henry, Johnson, St. Clair	88	32	0	51	0	0
Kansas City	Cass, Jackson, Southern Platte	990	348	1,940	1,761	154	507
Lexington	Lafayette, Ray	64	18	1	30	0	0
Marshall - KC	Saline	25	74	0	1	0	0
Sedalia - KC	Benton, Pettis	72	99	1	6	0	0
Trenton (Held in Kansas City)	Grundy, Mercer	0	0	0	0	0	0
Springfield Office							
Branson	Stone, Taney	127	93	54	10	0	0
Lebanon - SPG	Laclede, Pulaski, Wright	72	69	36	3	1	1
Springfield	Christian, Dallas, Greene, Polk, Webster	597	868	419	33	8	50
West Plains - SPG	Douglas, Howell, Oregon, Ozark, Shannon, Texas	28	47	21	2	0	2
St. Joseph Office							
Bethany	Daviess, Harrison	18	13	1	2	0	0
Chillicothe	Caldwell, Carroll, Livingston	77	27	1	0	0	1
Maryville	Atchison, Gentry, Holt, Nodaway, Worth	67	50	4	7	0	0
St. Joseph	Andrew, Buchanan, Clinton, DeKalb	359	542	104	37	8	10
St. Louis Office							
Festus - STL	Jefferson	125	780	267	28	0	15
Union/Washington- STL	Franklin	163	755	151	22	1	10
Hannibal - STL	Clark, Lewis, Marion, Monroe, Pike, Ralls	71	495	42	6	0	1
St. Charles - STL	St. Charles	350	3,720	997	188	17	46
St. Louis	City of St. Louis, St. Louis County	1,473	15,509	5,955	569	48	241
Warrenton - STL	Lincoln, Warren	75	408	99	13	0	3
TOTALS		8,255	29,407	12,505	3,365	303	1,077

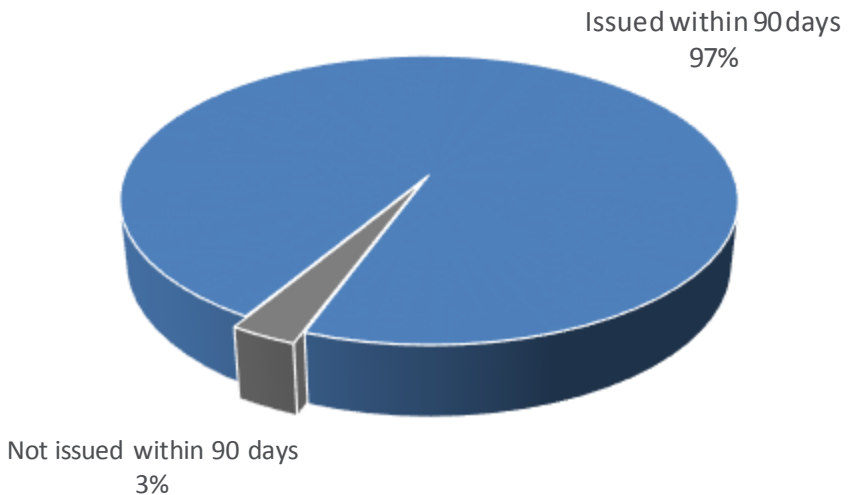


In 2017, 23,445 workers' compensation cases were resolved by an ALJ.

Case Resolutions



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 2017, 97 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.

There were 36 claims filed during the 2015 Annual Claims Period, 32 of which were successful. The value of the individual successful claims ranged from \$773.20 to \$300,000.00. The aggregated total of the awarded amounts was \$5,413,187.67.

33 claims were filed during the 2016 Annual Claims Period. 27 of such claims were successful. The value of the individual successful claims ranged from \$19,795.54 to \$300,000. The aggregated total of the awarded amounts was \$5,134,171.12.

19 claims were filed during the 2017 Annual Claims Period, 4 of which were filed during the last 30 days of 2017 and are under preliminary review. The balance of the Fund as of December 31, 2017 was \$7,936,855.94.

A history of payments from the Tort Victims Compensation Fund for Annual Claims Periods prior to 2015 can be found at https://labor.mo.gov/DWC/Tort_Victims.

ACCOMPLISHMENTS & INITIATIVES

Insurance Unit

For the second year in a row, the Insurance Unit exceeded its goal for the number of workers' compensation self-insurance compliance audits completed in a calendar year. The Unit exceeded the number of prior year's audits by 8.5%, matching the Unit's 10 year high of 113 compliance audits of individual self-insured employers and group trusts. The Unit's internal review of annual report filings resulted in reaching out and communicating with another state agency to develop and simplify the methodology to assist self-insured groups to abide by statutory reporting requirements.

Fraud and Noncompliance Unit (FNU)

The FNU established an initiative to expand its outreach program. By the end of CY2017, the FNU identified twenty-eight organizations and contacted them to extend invitations for presentations on behalf of the Division. This educational outreach effort seeks to provide information and assistance to employers, Third-Party Administrators, Insurance Companies, State Agencies and all other stakeholders with a goal to deter fraud and achieve overall compliance with the law.

In addition, the FNU re-structured the Unit in an effort to improve efficiency that was achieved by reducing the current personnel allocation of the Unit from 15 to 13. In addition, the Unit has assigned an Investigator II position in Kansas City, similar to the Investigator II position assigned in St. Louis in an effort to increase our effectiveness and efficiency. The FNU revised its workflow processes to improve the quality of the investigations and effectiveness of both case referrals and closures.

Second Injury Fund (SIF)

During CY 2017, the SIF was able to remain current with regards to payment of PTD awards/settlements, and was also able to pay approximately 3,493 held PPD awards/settlements due to continuous increase in revenues resulting from the supplemental surcharge pursuant to §287.220.15, RSMo. The PPD awards/settlements paid in CY2017 were approximately 500 more than the held PPDs that were paid out last year. The net result was a reduction in the amount of issued awards/settlements currently being held due to the financial condition of the SIF, from \$32,782,104 at the end of 2016 to \$16,807,822 at the end of 2017.

Computer Rebuild

The Division started the process of reaching out to agencies within the State of Missouri and nationally to explore the option of creating an online Case Management system. The Division has also solicited input from the stakeholders. In conjunction with the Missouri Office of Administration's Information Technology Services Division, the Division has begun the planning phase for transitioning away from its outdated legacy computer system, towards a modern computer system utilizing current technology platforms, and standards such as IAIABC's EDI Claims Release 3.1.



INTERSTATE COMPARISON

Workers' Compensation Premium Rate Rankings

Missouri employers pay, on average, the 33rd lowest workers' compensation premium rates in the nation. Missouri's premium rate index is \$1.92 per \$100 of payroll or 104 percent of the national median, which was \$1.85 in 2016. There was negligible change in the national median since 2014.

2016 Ranking	2014 Ranking	State	Index Rate	% of Study Median	Effective Date
1	1	California	3.24	176%	January 1, 2016
2	3	New Jersey	2.92	158%	January 1, 2016
3	4	New York	2.83	154%	October 1, 2015
5	2	Connecticut	2.74	149%	January 1, 2016
5	5	Alaska	2.74	149%	January 1, 2016
6	9	Delaware	2.32	126%	December 1, 2015
8	6	Oklahoma	2.23	121%	January 1, 2016
8	7	Illinois	2.23	121%	January 1, 2015
9	20	Rhode Island	2.20	119%	August 1, 2014
10	10	Louisiana	2.11	115%	January 1, 2016
11	11	Montana	2.10	114%	July 1, 2015
12	23	Wisconsin	2.06	112%	October 1, 2015
14	8	Vermont	2.02	110%	April 1, 2015
14	13	Maine	2.02	110%	April 1, 2015
15	17	Washington	1.97	107%	January 1, 2016
17	27	Hawaii	1.96	107%	January 1, 2016
17	12	New Hampshire	1.96	106%	January 1, 2016
18	17	South Carolina	1.94	105%	September 1, 2015
20	21	MISSOURI	1.92	104%	January 1, 2016
20	20	New Mexico	1.92	104%	January 1, 2016
22	20	Minnesota	1.91	104%	January 1, 2016
22	27	North Carolina	1.91	103%	April 1, 2015
23	31	Wyoming	1.87	101%	January 1, 2016
24	24	Iowa	1.86	101%	January 1, 2016
25	29	Alabama	1.85	100%	March 1, 2015
26	17	Pennsylvania	1.84	100%	April 1, 2015
27	32	Georgia	1.80	98%	March 1, 2015
28	14	Idaho	1.79	97%	January 1, 2016
29	38	Mississippi	1.70	92%	March 1, 2015
30	22	Tennessee	1.68	91%	March 1, 2015
32	30	Nebraska	1.67	91%	February 1, 2015
32	25	South Dakota	1.67	91%	July 1, 2015
33	28	Florida	1.66	90%	January 1, 2016
34	34	Michigan	1.57	85%	January 1, 2015
35	41	Colorado	1.56	84%	January 1, 2016
36	40	Kentucky	1.52	82%	October 1, 2015
38	37	Arizona	1.50	82%	January 1, 2016
38	35	Maryland	1.50	82%	January 1, 2016
40	36	Texas	1.45	79%	July 1, 2015
40	33	Ohio	1.45	79%	July 1, 2015
41	39	Kansas	1.41	77%	January 1, 2016
42	45	District of Columbia	1.37	74%	November 1, 2015
43	46	Nevada	1.31	71%	March 1, 2015
44	48	Massachusetts	1.29	70%	April 1, 2014
45	43	Oregon	1.28	69%	January 1, 2016
46	45	Utah	1.27	69%	December 1, 2015
47	48	Virginia	1.24	67%	April 1, 2015
48	43	West Virginia	1.22	66%	November 1, 2015
49	49	Arkansas	1.06	57%	July 1, 2015
50	50	Indiana	1.05	57%	January 1, 2016
51	51	North Dakota	.89	48%	July 1, 2015

Source: Oregon Department of Consumer & Business Services, 2016 (bi-annual Workers' Compensation Premium Rate Ranking report)



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 Dr., 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

Springfield

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

St. Joseph

Phone: (816) 387-2275 Fax: (816) 387-2279
525 Jules St., Room 315
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 (NCCI)
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362
Customer Service (800) 622-4123
Internet Home Page: www.ncci.com





**DIVISION OF
WORKERS'
COMPENSATION**

Missouri Department of Labor and Industrial Relations

Division of Workers' Compensation

P.O. Box 58

3315 West Truman Blvd

Jefferson City, MO 65102-0058

Phone: 800-775-2667

E-mail: workerscomp@labor.mo.gov

Website: www.labor.mo.gov/dwc