

Premium Cost Per Worker is calculated on both a total (net) and gross basis. The Total Premium Cost per State-Fund Worker is the actual amount of premiums paid by employers, net of any dividends or rebates, divided by the number of workers whose workers' compensation coverage is provided by BWC. Employees of self-insuring employers, and those employed by the federal government, are excluded. The Total Gross Premium Cost per State-Fund Worker is the actual amount of premiums that would have been paid by employers exclusive of any dividends or rebates, divided by the number of workers whose workers' compensation coverage is provided by BWC.

Claim Cost Per Worker is the total cost of medical and indemnity benefits and MCO administrative and incentive fees paid divided by the number of workers whose workers' compensation coverage is provided by BWC.

Administrative Cost Per Claim is the Bureau's total administrative costs divided by the number of state fund claims with activity. Activity within a claim is generally defined as a new claim filing, making a payment on a claim, or receiving a new application for benefits under an existing claim.

Return On Investments is the gain on funds invested by the Bureau. Gains include both dividend and interest income, as well as increases in the market value of investments.

Direct Loss Ratio is the ratio of medical and indemnity benefit payments to the premium and assessment income.

Customer Service Index - This index is a comprehensive measure of bureau policy and processes. It consists of data from the Injured Worker (Pulse) mail survey, Calculation of the Complaint Units resolution of calls, BWC Employee Satisfaction survey, and Managed Care phone survey of injured workers and employers.

HPP Performance Index - This index is a compilation of various performance metrics aimed at measuring the performance of the Managed Care Organizations (MCO) operating within the Health Partnership Program. The metrics include claim filing timeliness, bill payment timeliness from MCO receipt to BWC, medical bill data accuracy, claim data accuracy, Return-to-Work success, employer and employee satisfaction survey results, and medical only claims as a percent of claims with activity. For each individual metric, performance is evaluated by MCO and graded from 4.0 (best) to 0.0 (worst). The HPP Performance Index is calculated in a manner similar to a grade point average.

Average Injury Rate Per 1000 Workers is the total number of new State Fund claims filed divided by the number of workers whose workers' compensation coverage is provided by BWC.

Average Days to Adjudicate Medical Bills represents the average number of days to process and pay a medical bill, measured from receipt of the bill by BWC to remittance of the funds to the MCO.

Return To Work Rate is a measure of how many injured workers returned to stable employment after their injury. Medical Only claims make up the vast majority of claims filed, and these, by definition, return to work in very short order. Lost Time claims are those in which compensation may be payable in addition to medical benefits, and include permanent total disability and death claims. This measure is intended to be a snapshot of all workers' compensation cases, and because that snapshot includes permanent total disability and death claims, a 100% Return To Work rate is impossible.

Timelag To Report Injury is the average number of days from date of injury to BWC receipt of the report of injury for all State Fund claims.

Percent of Claims Adjudicated Within 14 Days of Injury is the percent of claims where BWC completed its initial determination of compensability within 14 days of injury.

Percent of Claims Contested is the number of state fund claim hearings by the Industrial Commission divided by the number of state fund claims with activity. Activity within a claim is generally defined as a new claim filing, making a payment on a claim, or receiving a new application for benefits under an existing claim.