

**COLORADO WORKERS' COMPENSATION
CLOSED CLAIM STUDY
2000**

Requested by:
**State of Colorado
Department of Regulatory Agencies
Division of Insurance
Denver, Colorado**

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**COLORADO WORKERS' COMPENSATION
CLOSED CLAIM STUDY - 2000**

Executive Summary Tab I

Report Tab II

APPENDICES

Appendix A - Claims for the 2000 Study Tab A

Appendix B - Summary of Regression Results Tab B

Appendix C - Tables of Cross-Tabulation Results Tab C

**COLORADO WORKERS' COMPENSATION
CLOSED CLAIM STUDY 2000
EXECUTIVE SUMMARY**

INTRODUCTION

Responding to widespread concern about the then increasing cost of workers compensation insurance, the Colorado General Assembly enacted Senate Bill 91-218 (SB 218), effective July 1, 1991. Among the many changes implemented by SB 218 were improvements in workers compensation data collection and reporting that would lead to a better understanding of the costs that are driving the system.

The Division of Insurance identified the data to be collected by the National Council on Compensation Insurance (NCCI) from insurance carriers. Senate Bill 114, effective April 24, 1997, requires the Executive Director to collect similar information from self insurers. In general, the required elements include:

- Basic claim information about the accident, claimant, employer, and claim administration details;
- Benefit information such as medical, indemnity, vocational rehabilitation, and expenses; and
- Legal information such as attorney involvement.

Milliman & Robertson, Inc. (M&R) was engaged by the Division of Insurance to conduct the 2000 Colorado Workers' Compensation Closed Claim Study (2000 study).

The purpose of this study is threefold:

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| <ol style="list-style-type: none">1. To search for and obtain cost drivers associated with claims;2. To compare the results of this study with the results of the prior studies; and3. To summarize and present the data collected (Cross-Tabulation Analysis). |
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The objective of this executive summary is to give an overview of the information contained in the report. It will summarize the statistically significant conclusions of the report regarding those cost drivers that affect the amount of a workers compensation claim. This executive summary will also highlight the noteworthy differences in the 2000 study as compared with the earlier studies, and it will present several data cross-tabulations. The report which supports this summary shows more extensive comparisons and greater detail.

THE 2000 STUDY

The 2000 study continues to build upon the data collected in the earlier studies. A total sample of 5,077 claims involving permanency are now included (up from 4,203 last year). The carriers represented in the sample are Pinnacol Assurance (approximately 35% of the commercial market), 40 commercial insurers (approximately 50 % of the commercial market), and 45 self insurers (approximately 50% of self insured market). In 1999, Colorado Compensation Insurance Authority began doing business as Pinnacol Assurance. To remain consistent with prior year reports we will continue to refer to them as Colorado Compensation Insurance Authority or CCIA.

For the commercial carriers we relied on Detailed Claim Information (DCI) collected by NCCI along with supplemental information that we collected from the carriers on the same claims. The DCI is a continuing random sample of claims that began with accidents on or after January 1, 1991. We obtained an electronic copy of this database from NCCI as of October 1999.

In our previous studies the data used for CCIA was a combination of DCI information along with supplemental information as was used for the commercial carriers. Because the new CCIA claims were not in the DCI database this year, we collected all the new CCIA

information used in this report directly from CCIA. We used the same claim selection procedure that the DCI uses, but timing differences and different edits may produce different results for CCIA claims than would have been produced had the DCI information been available.

For self insurer claims, we relied on data provided by the Colorado Division of Workers' Compensation (DWC). This data was also supplemented by data we collected directly from self insurers on the same claims.

For the comparison section of this study, we isolated the 478 DCI and CCIA claims, and 198 self insurer claims that involved permanency and closed between July 1, 1998 and June 30, 1999.

For the regression analysis in this study, we utilized all DCI and CCIA closed claims and included the new self insurer claims and the self insurer claims from the 1996, 1998 and 1999 studies. We then eliminated 676 claims with unknown values for any of the variables used in the regressions. This produced a total of 4,401 claims.

The chart numbers used in this executive summary are from the report. They will not necessarily be consecutively numbered in this summary.

CONCLUSIONS

- A small upward claim cost trend was identified for medical and total costs.
- Use of claimant attorneys continues to be significantly associated with higher indemnity and total costs.
- Employer choice of provider is not significantly associated with medical costs.
- Claims closed by settlement are more expensive than claims closed by other methods.

In performing the regression analysis, it was found that the accident year of the claim was significantly associated with higher costs, for medical and total costs. There was no significant association for the indemnity trend. The rate of increase (2.2% for medical and 2.5% for total) is considered small. Since the exposure base for workers compensation is payroll, it also increases with wage trend. Absent a trend in the frequency of claims, only a claim cost trend exceeding the wage trend leads to increasing workers compensation rates. This study examined only workers compensation claims, and not the exposures underlying those claims. Therefore, there is no information from this study to test whether there is a frequency trend (positive or negative).

This conclusion is changed from the 1998 and 1999 studies that found no claim cost trend in the data.

As in prior studies, attorneys continued to be associated with the higher indemnity, medical, and total claim costs, and this result was significant. However, this does not necessarily imply a cause and effect relationship. Although we did control for the severity of an injury through other variables, it is possible that the presence of an attorney is another indicator of the severity of a claim as larger claims may have greater opportunity for a dispute, due to their complexity. Note that the 1997 through 2000 studies only captured information on claimant attorneys due to the source of the data. Prior studies had included defense attorneys in the definition of attorneys. It should also be pointed out that the data analyzed in this study did not capture attorney costs. We are therefore unable to conclude whether or not attorneys are associated with higher or lower net claimant awards.

Employer choice of physician continues to not be significantly associated with different costs when compared to cases where the employer did not select, or to cases where it was unknown who was responsible for the selection. A substantial majority of the claims in this study did show that the employer designated the provider.

REGRESSION RESULTS

Cost Drivers Affecting the Amount of a Workers Compensation Claim

A cross-tabulation analysis is informative, but it does not establish whether a relationship is statistically significant. A multivariate analysis is used for this purpose.

Multivariate statistical analysis was performed to determine the marginal impact of claim characteristics on workers' compensation costs. Linear least squares regression was used to model indemnity, medical, and total costs as a function of claim characteristics. This technique allows us to identify those characteristics that have a significant relationship with the cost of a workers' compensation claim.

The following characteristics were significantly associated with higher workers' compensation costs for the identified categories of costs:

- Higher Pre-Injury Wage - Indemnity, Medical and Total Costs
- Accident Year - Medical and Total Costs
- Claimant is Male - Indemnity, Medical and Total Costs
- Claimant Attorney Involvement - Indemnity, Medical and Total Costs
- Self Insurer Claim - Indemnity, Medical and Total Costs
- CCIA Claim - Indemnity, Medical and Total Costs

- Greater Number of Days to Close - Indemnity, Medical and Total Costs
- Vocational Rehabilitation Used - Indemnity, Medical, and Total Costs
- Hospital Used - Indemnity, Medical, and Total Costs
- Closure by Negotiated Settlement - Indemnity and Total Costs
- Permanent Total Claim - Indemnity and Total Costs
- Fatal Claim - Total Costs
- Case Manager Involved - Indemnity, Medical and Total Costs
- Utilization Review Involved- Medical and Total Costs
- Gatekeeper Involved- Medical Costs
- Chiropractor Used- Indemnity, Medical and Total Costs
- Physical Therapy Used- Indemnity, Medical Costs and Total Costs

The following characteristics were significantly associated with lower workers' compensation costs for the identified categories of cost:

- Greater Lag to First Indemnity Payment - Indemnity, Medical, and Total Costs
- Greater Number of Days to Report- Medical Costs
- Surgery Used - Medical Costs
- Closure by Admission - Indemnity, Medical and Total Costs

- Fatal Claim - Medical Costs
- Permanent Partial Scheduled Claim - Indemnity and Total Costs
- Other Permanent Benefit Types - Indemnity, Medical, and Total Costs
- Early Reporting Phone Number Used - Indemnity and Total Costs

When a characteristic is listed above as significant, it implies that the statistical model indicated a 5% chance or less that the association could have been caused by randomness alone. The regression model also tested the following characteristics, and did not find significant associations with costs:

- Claimant Age
- Claimant is Married
- Employer Designated Provider

If a characteristic is listed as significant for one type of costs, but not another, this means that there was no significant association with the type of cost not listed. For example, negotiated settlements were found to be significantly associated with higher indemnity and total costs, but was not significantly associated with medical costs.

Note that while the total costs were significantly higher for fatal claims, the medical costs were significantly lower than the base group. It is not unexpected that the medical portion of costs for fatal claims are lower than the medical costs for permanent partial

unscheduled, while in total, the costs are higher. The indemnity portion of costs were higher but not at a significant level. It was most likely not significant due to the wide variation in indemnity costs for fatal claims.

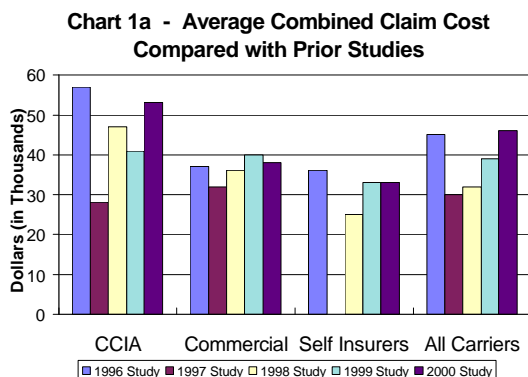
It is important to point out the difference between association and cause and effect. Regression techniques can only determine associations; they cannot determine cause and effect. For example, a hospital stay was found to be significantly associated with higher indemnity costs. It is likely that the more serious injuries are more likely to require a hospital stay and consequently would involve higher indemnity costs. It does not imply that the hospital stay caused the higher indemnity costs.

Additional variables were included primarily as controls. These were body part and nature of injury groupings, and industry groupings based on SIC code (Standard Industry Classification).

COMPARISONS

Average Costs

Chart 1a compares the average combined (indemnity and medical) claims cost of the 1996 through 2000 studies. CCIA generally shows the highest average costs, and the highest amount of variability between studies. As observed in the 1996 report, the high average claim costs for CCIA claims in the 1996 study were caused by an aggressive settlement policy undertaken by CCIA during the time period sampled for the 1996 study. CCIA's high variability in average costs is also caused by variability in the number of large claims. The number of CCIA claims over \$100,000 has been as low as 15 in the 1997 study and as high as 67 in the current study, while self insurers have had between 8 and 20 large claims, and commercial insurers have had between 18 and 31 large claims. Note that in all the comparison charts there is no data for the self insureds for 1997, the year they were not included in the report.



Claim Size

Chart 2 displays the distributions by size of claim as both percent of claims and percent of dollars for each of the studies. In both charts, the percentages are shown relative to claims less than \$100,000 in cost. We have eliminated claims over this amount from the comparison because their variability would obscure the results for claims less than \$100,000. It is apparent that both the percentage of claims and the percentage of dollars in the \$30,000-\$50,000 range has increased with the 2000 study.

Chart 2a - Distribution by Claim Size Compared with Prior Studies

Size of Claim	Incremental Count Distribution (Percent) Excluding Claims Over \$100,000				
	1996 Study	1997 Study	1998 Study	1999 Study	2000 Study
Under 1,000	0.7	0.8	0.9	0.4	0.9
1,001 - 5,000	10.4	6.9	11.1	8.7	10.9
5,001 - 10,000	16.1	13.4	13.1	14.8	13.8
10,001 - 20,000	23.6	27.3	28.7	27.3	23.1
20,001 - 30,000	14.0	19.0	18.3	15.4	15.3
30,001 - 40,000	12.9	11.2	8.4	9.6	11.1
40,001 - 50,000	7.4	8.1	6.4	6.5	8.5
50,001 - 100,000	14.9	13.3	13.3	17.2	16.5

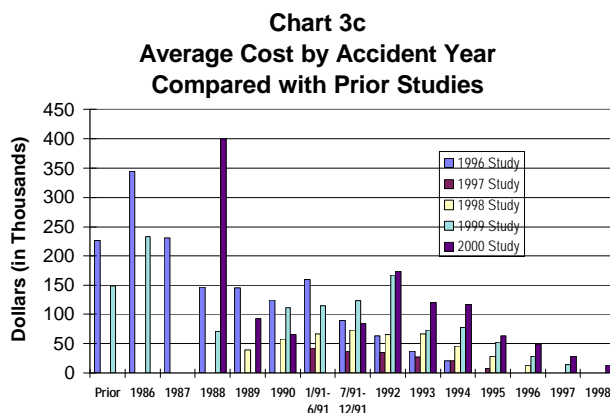
Chart 2b - Distribution by Claim Size Compared with Prior Studies

Size of Claim	Distribution (Percent) Excluding Claims Over \$100,000				
	1996 Study	1997 Study	1998 Study	1999 Study	2000 Study
Under 1,000	0.0	0.0	0.0	0.0	0.0
1,001 - 5,000	1.2	0.8	1.4	1.1	1.2
5,001 - 10,000	4.5	3.9	4.1	4.1	3.8
10,001 - 20,000	12.8	15.4	16.8	14.7	12.4
20,001 - 30,000	13.0	17.8	17.7	14.0	13.5
30,001 - 40,000	16.7	14.8	11.8	12.1	13.8
40,001 - 50,000	12.6	13.8	11.4	10.4	14.0
50,001 - 100,000	39.3	33.5	36.9	43.7	41.3

Distribution by Accident Year and Carrier

Chart 3c shows the average cost per claim by accident year for each of the studies. It is obvious that the more recent years have lower costs. The reader should be cautioned, however, that this is not evidence of a decreasing trend, but rather is a manifestation of the expected pattern with closed claim studies.

In reviewing the average cost by accident year, it is important also to keep in mind the nature of closed claim studies. Because the earlier accident years have the opportunity to include claims with longer durations, in general, their cost is expected to be higher. The regression results show the number of days to close is significantly associated with higher costs. Thus, the pattern shown in Chart 3c is due to differences in the time to close and other characteristics rather than due to a decreasing cost trend.



Method of Closure

Method of closure is categorized as negotiated settlement, admission, order, or other. Charts 4b through 4e are the percent of claims for each category of closure for the last four years. The distribution of the 2000 study shows a large increase in claims closed by negotiated settlement and fewer claims closed by admission. The increase in settlements is driven by CCIA, where negotiated settlements increased from 20% in the 1999 study to 40% in the 2000 study.

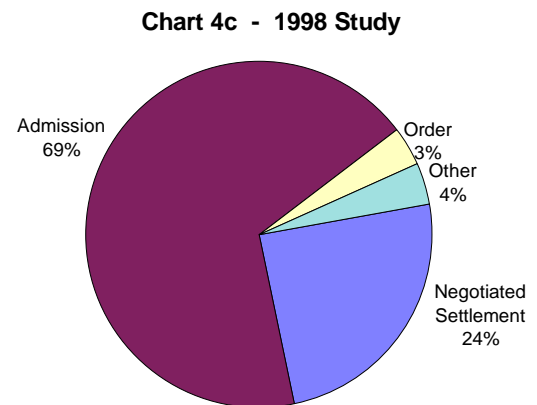
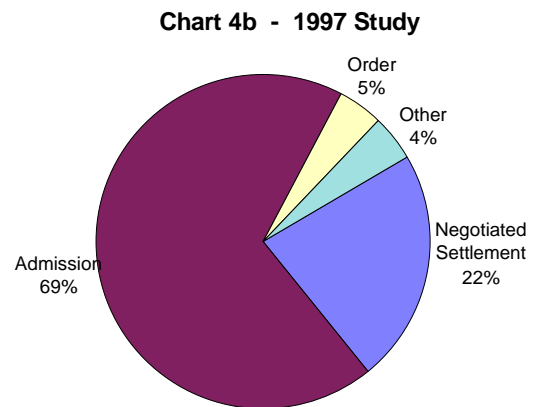


Chart 4d - 1999 Study

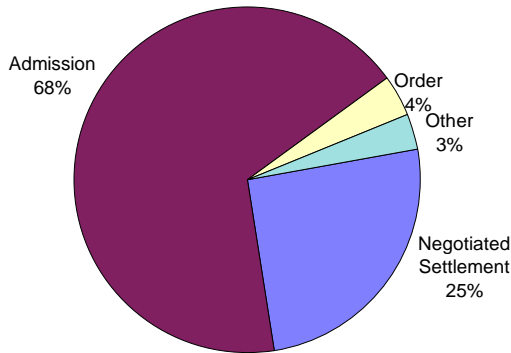
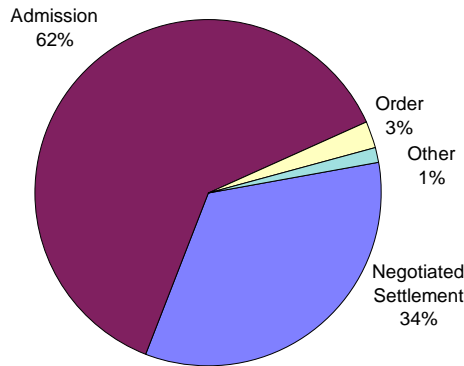


Chart 4e - 2000 Study



1996, 1997 and 1998 studies, respectively. This percentage began increasing to 35% in the 1999 study, and increased further to 40% in the 2000 study. It is important to recognize, however, that the 1997 and later studies did not include accidents prior to 1991 for CCIA and commercial carriers. We have found that attorney involvement is generally much higher with the older claims (those taking longer to close). Some of the 1997 decrease may have been due to this difference in underlying data. Because each successive study loses a smaller proportion of potential claims due to the 1991 claim cutoff, this data difference would be less important in the 2000 and subsequent studies.

Chart 5f shows the comparison of average claim costs by attorney involvement. The pattern shown in prior studies is continued this year. That is, claims involving an attorney are more expensive.

Claimant Attorney Involvement

Attorney involvement in the 1997 through 2000 studies is defined as the use of a claimant attorney. Originally, the 1995 and 1996 studies included all attorney involvement, whether from the claimant or insurer. We have restated the 1996 results shown here to be consistent with the later definition (claimant attorney involvement only). The percent of claims closing with claimant attorney involvement decreased from 41%, 31%, and 27% in the

Chart 5f - Comparison of Average Claim Costs by Attorney Involvement

	1996 Study	1997 Study	1998 Study	1999 Study	2000 Study
CCIA					
Claimant Attorney	\$91,598	\$42,247	\$66,859	\$68,457	\$78,057
No Claimant Attorney	32,418	21,152	25,520	22,098	28,828
Commercial Insurers					
Claimant Attorney	\$60,837	\$47,687	\$51,452	\$54,658	\$52,997
No Claimant Attorney	21,923	30,141	30,121	38,429	37,181
Self Insurers					
Claimant Attorney	\$58,849		\$49,751	\$78,429	\$104,326
No Claimant Attorney	23,819		18,524	21,333	21,514
All Carriers					
Claimant Attorney	\$78,373	\$43,941	\$58,241	\$68,725	\$80,739
No Claimant Attorney	28,321	25,876	24,214	26,031	27,582

CROSS TABULATION RESULTS

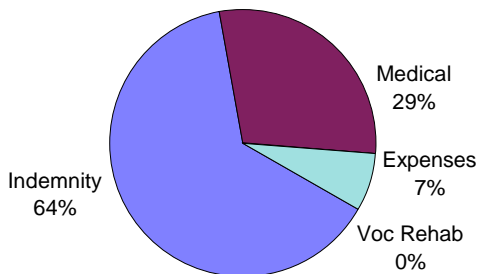
Averages are shown in this report for descriptive purposes only; they demonstrate neither a correlation nor a cause and effect relationship between variables. The averages help the reader obtain a general view of the data.

Total cost in this section refers to the sum of indemnity, medical, vocational rehabilitation, and loss adjustment expenses. Since the definition of total cost in the Comparisons section above did not include the vocational rehabilitation and expense values, there will be slight differences between the results in this section and the results in the Comparisons section.

Total Costs

The total cost in the sample of new claims was approximately \$33.7 million. The distribution of costs by type are shown in Chart 7.

Chart 7 - Distribution of Dollars



Claims and Costs by Type of Carrier

Of the new claims sampled, 57% were from CCIA and represented 65% of the total cost. Commercial insurers had 14% of the claims which represented 11% of the total cost. Self insurers were 29% of the new claims sampled and 24% of the costs.

Chart 8a - % of Claims

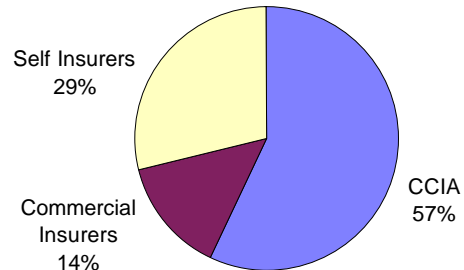
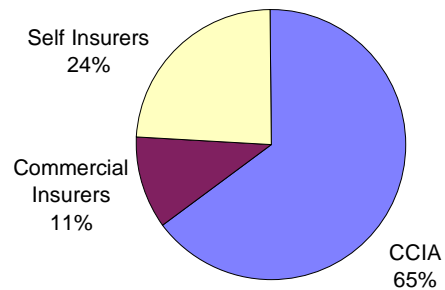


Chart 8b - % of Dollars



The average total cost of a claim was approximately \$55,000 for CCIA, \$40,000 for commercial insurers, and \$41,000 for self insurers.

Chart 8c - Average Total Claim Cost

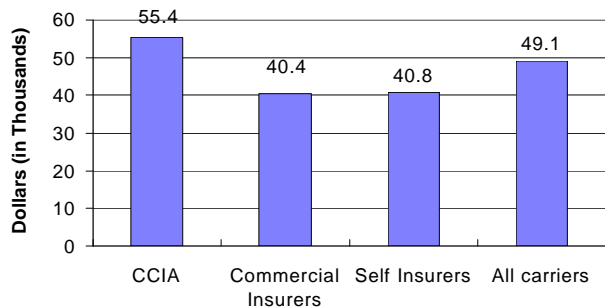
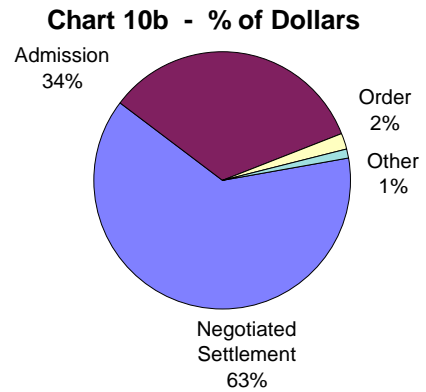
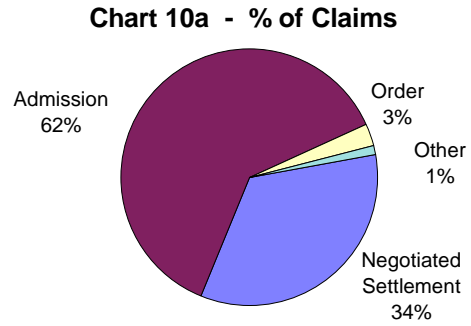
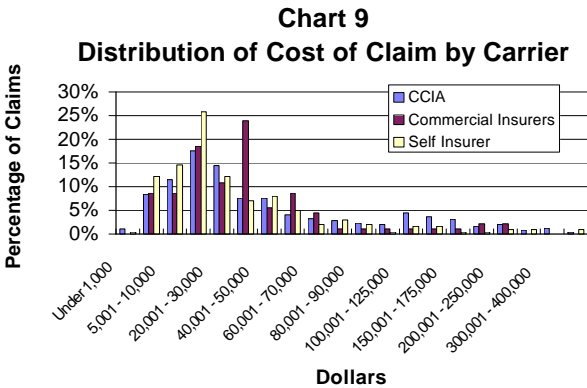


Chart 9 shows that the size of claim distributions are relatively similar for commercial insurers and self insurers. CCIA has a higher proportion of large claims.



Claims and Costs by Method of Closure

Method of closure is categorized as negotiated settlement, admission, order, or other. Chart 10a shows that, of the claims where method of closure was coded, 62% closed with an admission, 34% closed with a negotiated settlement, and 3% closed by an order. Chart 10b shows that claims closed by admission represented 34% of total cost, claims closed by negotiated settlement represented 63% of total cost, and claims closed by an order represented 2% of total cost.

The average total cost of claims closed by negotiated settlement is approximately three times the cost of claims closed by admission, and more than double the cost of claims closed by order.

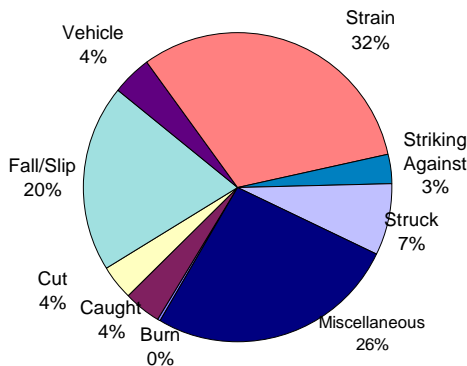
Chart 10c - Method of Closure

Method of Closure	Number of Claims	Dollar Cost of Claims	Average Cost of Claims
Negotiated Settlement	227	20,990,940	92,471
Admission	422	11,179,821	26,492
Order	17	780,458	45,909
Other	10	206,255	20,626
Not Reported	0	0	
Totals/Average	676	33,157,474	49,050

Claims and Costs by Cause of Injury

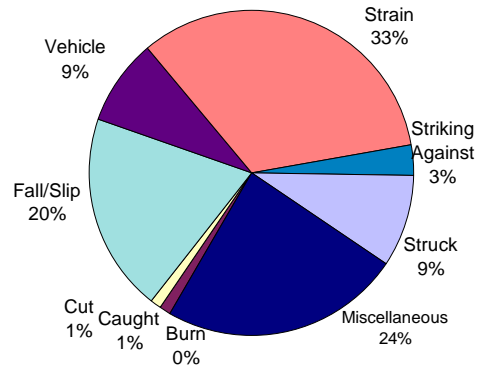
The two most common causes of injury observed were strain and fall/slip. Chart 11a shows that 32% of the injuries in the sample were caused by a strain and 20% were caused by a fall or slip.

Chart 11a - Cause of Injury - % of Claims



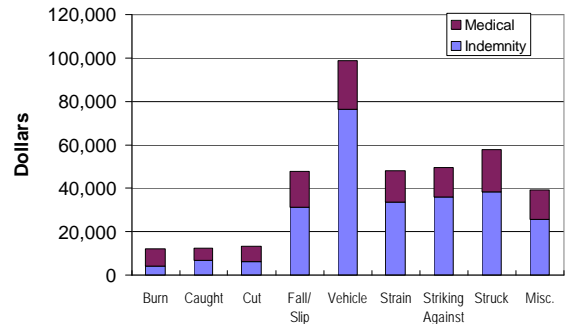
Correspondingly, the causes of injury representing the largest proportion of total costs were strain and fall/slip. Chart 11b shows that 33% of the total dollars included in the sample were from injuries caused by strain and 20% were from injuries caused by a fall or slip.

Chart 11b - Cause of Injury - % of Dollars



The average indemnity and medical costs were highest for injuries in the vehicle category, second highest for injuries in the struck category, and third highest for injuries caused by a striking against an object.

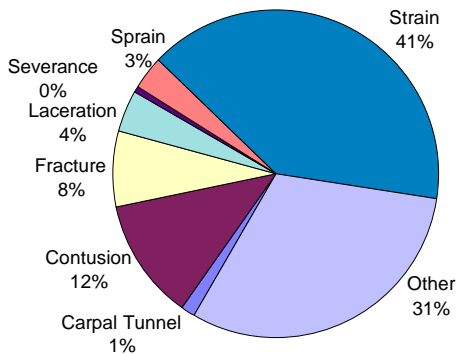
Chart 11c - Cause of Injury Average Cost for Indemnity & Medical



Claims and Costs by Nature of Injury

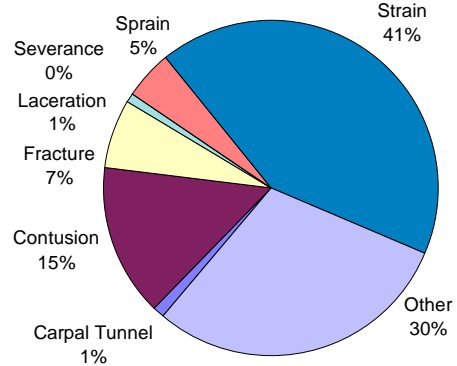
The most common natures of injury, based on percent of claims, were strain (41%), sprain (3%), fracture (8%), contusion (12%), and laceration (4%). Carpal Tunnel Syndrome represented approximately 1% of the claims in the study. The category of “other” shown on the charts below not only includes the “all other” that was coded, but also contains the classes that each had less than 2% of the claims sampled. These included such natures of injury as amputation, inflammation, and puncture.

Chart 12a - Nature of Injury - % of Claims



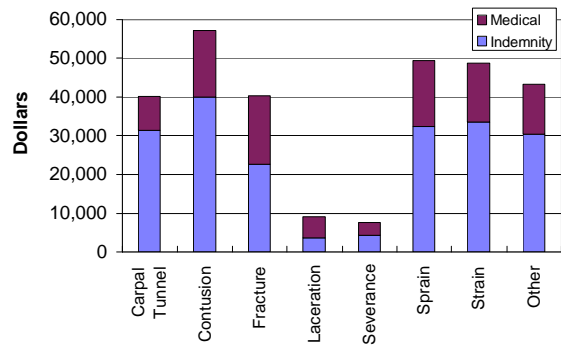
The natures of injury representing the largest proportion of total cost were strain (41%), sprain (5%), fracture (7%) and contusion (15%). Carpal Tunnel Syndrome represented less than 1% of the dollars in the study.

Chart 12b - Nature of Injury - % of Dollars



Among the natures of injury with greater than 2% of claims, the average medical and indemnity costs were highest for contusions, sprains and strains.

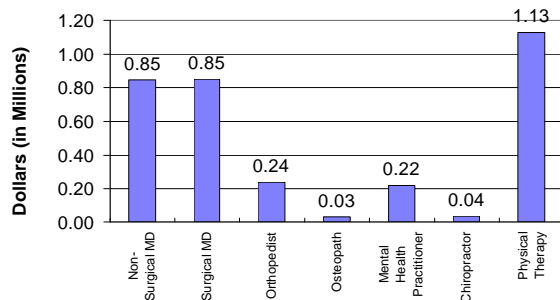
Chart 12c - Nature of Injury Average Cost for Indemnity & Medical



Components of Medical Costs

The distribution of charges by type of doctor is broken down in chart 17b.

Chart 17b - Distribution of Charges by Type of Doctor



Payments to physical therapists appeared in 84% of claims and accounted for 12% of the total medical costs. Payments to chiropractors appeared in 10% of the claims and accounted for 1% of the total medical costs (see Table 17 in Appendix C).

Managed care claims represent 97% of the total number of claims (see Table 19, Sheet 1 in Appendix C). CCIA shows that managed care was used on all of its claims.

Charts 18a and 18b show that in both 89% of the claims and 89% of the dollars, the employer designated the medical provider for the claimant. For the remaining claims, the employer did not designate or the designation was unknown.

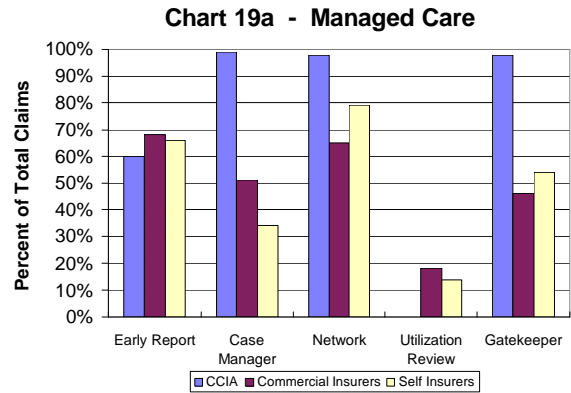


Chart 18a - % of Medical Claims

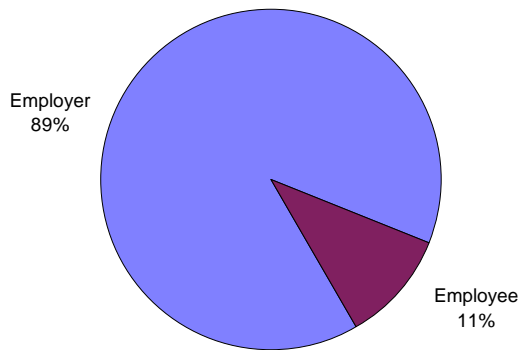
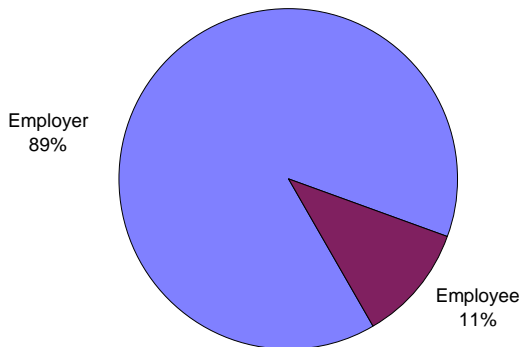


Chart 18b - % of Medical Dollars



LIMITATIONS

In preparing this report, we relied upon data from a variety of sources. These sources included the DCI data collected by NCCI, self insurer data collected by the Colorado Department of Labor, and supplemental information collected by M&R. While we did review the data for reasonableness and consistency, we did not audit the data for accuracy. Such an audit is beyond the scope of this assignment. If the data submitted to us are inaccurate or incomplete, the results of this report may likewise be inaccurate or incomplete.

Workers' compensation data are subject to a wide range of potential costs. We reviewed a sample of 5,077 claims. Many of the summaries and cross-tabulations will contain substantially fewer claims. Caution must be used in comparing various costs as the results may not be statistically significant or may be related to other undisclosed factors. The regression analysis in this report identifies relationships in the data that show significance.

Note that a statistically significant relationship does not imply cause and effect. It is only indicative of a relationship. Although we do discuss potential reasons for the results observed, it is highly likely that there are other plausible explanations that we have not identified.

CCIA operates as a market of last resort in Colorado. It is possible that their mix of

business by employer represents greater hazard and potential for large loss than that of commercial insurers or self insurers.

This study is a closed claim study. For lines of insurance like workers' compensation where claims may remain open for a substantial length of time, a closed claim study will encompass claims across several time periods. Differences in benefit levels, market shares across time, and claim settlement practices will have a large impact on costs and cost comparisons. Identification of market shares across time and claim settlement practices involve exposure information that was not collected in this study. The lack of such exposure information increases the variability of results and decreases the significance of any comparisons. In addition, the comparison of averages from different time periods will be affected by the limitation of CCIA and commercial carrier claims to only those occurring subsequent to January 1, 1991.

CLOSING REMARKS

We appreciate the opportunity to provide this report. We would like to thank the Division of Insurance, the Division of Workers' Compensation, NCCI, and the participants from CCIA, commercial insurers, and self insurers who submitted data. We recognize that completion of the data requested represented a significant contribution of time and effort. We would especially like to thank the participants for their prompt and courteous responses to our questions concerning the data submitted.

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January 31, 2000

COLORADO WORKERS' COMPENSATION

CLOSED CLAIM STUDY

2000

INTRODUCTION

Responding to widespread concern about the spiraling costs of workers' compensation insurance, the Colorado General Assembly passed Senate Bill 91-218 (SB 218), effective July 1, 1991. Among the numerous reforms enacted by SB 218 were improvements in workers' compensation data collection and reporting that would lead to a better understanding of the costs that are driving the system.

Senate Bill 218 was a substantial reform to the then existing Colorado Workers' Compensation Act. It became quite apparent during the 1980's that workers' compensation costs were spiraling upward. However, the existing workers' compensation databases were geared to the identification of overall costs for the purpose of ratemaking and did not identify the factors driving the increases. There was some ancillary and explanatory information in the existing database, but this was considerably short of the desirable information needed to identify and correct the

drivers impacting workers' compensation costs.

The lack of critical information concerning the existing workers' compensation system affected the general assembly's ability to draft the appropriate change. There was often considerable dispute concerning the potential impact of changes and a lack of agreement concerning the problems with the system as it existed. This informational void created uncertainty concerning the costs and benefits of changes proposed.

In response to the workers' compensation reforms enacted in 1991 by the Colorado legislature, the Division of Insurance promulgated Regulation 5-3-2 which identified the data to be collected by the NCCI from insurance carriers. Senate Bill 114, effective April 24, 1997, requires the Executive Director to collect similar information from self-insurers. Self-insurers contributed data in the 1996 and prior studies, but had been exempt

from the data collection requirement during the 1997 study. In general, the required elements include:

- Basic claim information about the accident, claimant, employer, and claim administration details;
- Benefit information such as medical, indemnity, vocational rehabilitation, and expenses; and
- Legal information such as attorney involvement.

These workers' compensation data reports are designed to fill the informational void concerning the cost drivers of workers' compensation. Future costs will need to be monitored to determine the effectiveness of the Senate Bill 218 reform, and to provide information so costs can continue to be controlled as changes occur and the system evolves.

Milliman & Robertson, Inc. was engaged by the Division of Insurance to conduct the 2000 Colorado Workers' Compensation Closed Claim Study (2000 Study). Prior reports were prepared in 1999, 1998, 1997 and 1996 by M&R and in 1995, 1994, 1993, and 1990 by Tillinghast, a Towers Perrin Company. The M&R reports are descriptive in nature: our objective is to present a snapshot picture of the variables affecting workers' compensation costs.

THE 2000 STUDY

The 2000 study continues to build upon the data collected in the earlier studies. A total sample of 5,077 claims involving permanency are now included (up from 4,203 last year). The carriers represented in the sample are Pinnacol Assurance (approximately 35% of the commercial market), 40 commercial insurers (approximately 50% of the commercial market), and 45 self insurers (approximately 50% of the self insured market). In 1999, Colorado Compensation Insurance Authority began doing business as Pinnacol Assurance. To remain consistent with prior year reports we will continue to refer to them as Colorado Compensation Insurance Authority or CCIA.

For the commercial carriers we relied on Detailed Claim Information (DCI) collected by NCCI along with supplemental information that we collected from the carriers on the same claims. The DCI is a continuing random sample of claims that began with accidents on or after January 1, 1991. We obtained an electronic copy of this database from NCCI as of October 1999.

In our previous studies the data used for CCIA was a combination of DCI information along with supplemental information as was used for the commercial carriers. Because the CCIA claims were not in the DCI database this year, we collected all the information used in this report directly from CCIA. We used the same claim selection procedure that the DCI uses, but timing differences and different edits may

produce different results for CCIA claims than would have been produced had the DCI information been available.

For self insurer claims, we relied on data provided by the Colorado Division of Workers' Compensation (DWC). This data was also supplemented by data we collected directly from self insurers on the same claims.

To supplement the DCI and DWC data, we collected a breakdown of medical dollars by type of provider, information on managed care, method of closure, designator of medical provider, and the number of days hospitalized.

For the comparison section of this study, we isolated all DCI and CCIA claims involving permanency that closed between July 1, 1998 and June 30, 1999. This produced 478 new CCIA and commercial carrier claims. For self insurers, we included 198 new claims closed between July 1, 1998 and June 30, 1999.

The demographic characteristics of the new claims are set forth below:

	Male	Female
Average Age	43.6	46.1
Percent Married	71.4%	54.8%
Percent of Claims	64.8%	35.2%
Percent of Dollars	66.3%	33.7%

For the regression analysis in this study, we utilized all DCI and CCIA closed claims involving permanency and included the new self insured claims and the self insured claims from the 1999, 1998 and 1996 studies. We then eliminated 676 claims with unknown values for any of the variables used in the regressions. This produced a total of 4401 claims.

The DCI claim call is cumulative, collecting information on all selected claims until closing. Because the DCI starts with the accident period of 1991, our previous studies used a weighting process to adjust for an over representation of claims closing early. In this year's report, we have eliminated the use of this special weighting process. Because, as we move farther from the 1991 starting date of the DCI, the adjustment is no longer necessary.

Self insurer claims were not included in the 1997 study, so there are no values shown for 1997 self insurer in the year to year comparisons.

This report provides the results of the 2000 study. It is divided into the following sections: regression analysis; comparisons to earlier studies (1996 through 1999); and cross-tabulations. Information on the sample is included in Appendix A. Appendix B contains the regression analysis, and Appendix C contains the tables of the cross-tabulation results.

REGRESSION ANALYSIS RESULTS

Regression analysis is concerned with modeling the relationships between variables. Through the use of regression, we seek to evaluate the relationship between the cost of a claim (indemnity, medical and total) and other potential explanatory variables. Regression can be used to both determine whether a particular variable is significant in explaining the cost and to describe the nature of the relationship. When a characteristic is listed as significant, it implies that the statistical model indicated a 5% chance or less that the association could have been caused by randomness alone. In this case, we would say that the result was significant at the 0.05 (5%) level.

When interpreting the results of a regression analysis, it is important to recognize the difference between association and cause and effect. Regression only establishes whether or not there is an association between variables. It cannot determine whether a cause and effect relationship is involved. For example, the use of a case manager was found to be significantly associated with higher costs. It is likely that the more serious cases, those with potentially higher costs, require a case manager. It does not imply that the use of a case manager caused the higher cost.

In the regression analysis we are attempting to understand as many of the impacts of explanatory variables as possible. We represent

total costs (indemnity, medical, and total) by a multiplicative function of the potential explanatory variables. The use of a multiplicative function allows us to express the impact in terms of percentage changes in cost. Where we show a percentage impact in the tables below, it also implies that the relationship is significant at the 5% level. Where a variable is not shown, it implies that the variable tested was not significant. If a variable is listed, but no percentage impact is shown, it implies that the particular impact was not significant for that category of loss (indemnity, medical, or total), but was significant for at least one other category of loss. Appendix B to this report shows the impact of each variable that is significant for any category of loss along with the level of significance.

Nature of Injury and Part of Body

We grouped the various nature of injury and part of body codes into one of nineteen different classes. A total of ten of these showed significant differences in cost. Below, we show the impact in terms of the percentage deviation of each group from the comparison group consisting of the average of the remaining nine groups not shown.

Type of Injury	Percentage Impact on		
	Indemnity	Medical	Total
Back Sprains and Strains	46%		21%
All Other Back Injuries	67%		31%
Intermediate Fractures/Dislocations	-16%	16%	
Fractures/Dislocations Hands	-46%	-21%	-34%
Cut/Laceration/Contusion Hand	-66%	-28%	-47%
Sprains/Strains to Upper Body	-8%		
Sprains/Strains to Lower Body		-15%	
Knee Disorders	-10%	22%	
Injuries to the Eyes (Excl. burns)	-42%		
Injuries to the Ears/Mouth/Face	-32%		-26%

It is important to recognize that the chart shows the impact of only those groups exhibiting a significant difference in cost. It is often the case that some combinations of nature of injury and part of body are more expensive (e.g., burns), but if the variation of the costs of that particular category is also large (e.g., many burns can be quite minor), then the difference will not be significant. Of the categories exhibiting significant differences, injuries to the back are the most expensive, 21% more than the comparison group for sprains and strains, and 31% more expensive for all other back injuries. It is apparent that this difference results from the difference in indemnity costs, where back sprains are 46% more expensive than average, and all other back injuries are 67% more expensive than average. Medical costs were not significantly different from the comparison group for back injuries. The differences in costs between the other groups exhibit little surprise.

Type of Industry

We grouped claims by Standard Industrial Code (SIC) groupings. We initially selected the following eleven broad groups:

- Agriculture
- Mining
- Construction
- Manufacturing
- Transportation
- Wholesale Trade
- Retail Trade

Finance, Insurance and Real Estate
 Services
 Public Administration
 Non Classifiable or Unknown

Of these groups, only the following two showed a significant difference in cost from the average of the other groups:

Type of Industry	Percentage Impact on		
	Indemnity	Medical	Total
Construction	23%		11%
Transportation	28%		15%

It is interesting that the differences in indemnity costs for the two groups shown are driving the difference in total cost. The difference in medical costs were not significant for any of these groups. One potential explanation for the significantly higher indemnity costs for these SIC groups and no similar difference in medical costs may be that a given physical injury in these industries (proxied by average medical costs) is more disabling, leading to longer time loss. This could be true even though permanent partial disability benefits are impairment based. It could be that the healing periods are longer, or that the system compensates by assigning higher impairment ratings.

Claimant Characteristics

We initially tested the following four claimant characteristics for potential differences in cost.

- Pre-injury wage (percentage change)
- Claimant age (in years)
- Claimant gender is male (yes, no)
- Claimant is married (yes, no)

The table below shows the results for the characteristics exhibiting significant differences in cost:

Claimant Characteristics	Percentage Impact on		
	Indemnity	Medical	Total
Male	17%	8%	12%
Wage (Elasticity)	37%	10%	26%

We show the impact of wages as an elasticity. An elasticity describes the relationship between percentage changes. In this case, it is the relative response in costs (indemnity, medical, or total) to a percentage change in the wage. The 26% for total costs means that we expect total costs to increase by 26% of any percentage change in wages. For example, if one worker has wages that are 10% higher than another, we expect that total benefit costs for the higher paid worker will be 2.6% higher (26% of the 10% is passed through to cost).

We were somewhat surprised not to find a higher relationship between wages and benefits (i.e. closer to 100%), particularly for indemnity. Except for permanent partial scheduled benefits and the impact of minimum and maximum benefits, the indemnity benefit formula is proportional to wages. There are several potential reasons why a stronger relationship is not observed. Higher wage workers may be more likely to be in supervisory roles, and consequently, not exposed to as much hazard as lower paid workers. Higher wage workers may also have a greater opportunity cost of lost wages than lower paid workers, and therefore return to work earlier. The maximum weekly benefit

would flatten the response of benefits to wages. Finally, it is possible that injuries that are settled are compensated on the basis of the severity of the injury rather than as a function of wages (e.g., adjuster and claimant agree on a specific dollar amount).

The results above also confirm the widely held belief that higher medical costs are associated with higher pre-injury wages. This can result if wages and medical costs co-vary with geography (e.g., if urban workers are paid more and urban medical costs are also higher), or if higher-paid workers are better educated and consequently demand more expensive medical treatment.

Males show significantly higher costs than females. This result is consistent with the results of prior studies in this regard. Since we separately measure differences in cost resulting from pre injury wages, wage differences between males and females is not an explanation. We would expect, however, that a larger proportion of males than females may be involved in physical work where there is a greater chance of being involved in a serious accident, or where substantial physical recovery is required prior to returning to work.

Neither age nor marital status showed a significant impact on overall costs.

Time Sensitive Components

We test the following four variables for their potential impact on cost:

Accident Year

Length to Close (percentage change)

Delay to Initial Report of Injury

Delay to First Indemnity Payment

All four were significant.

Time Sensitive Components	Percentage Impact on		
	Indemnity	Medical	Total
Accident Year		2.2%	2.5%
Length to Close (Elasticity)	80%	67%	74%
Report Lag		-0.07%	
First Indemnity Payment Lag	-0.14%	-0.10%	-0.10%

The positive association between accident year and costs implies that costs are increasing over time. However, the size of the relationship (2.5%) is not inconsistent with recent wage growth rates in Colorado, and is not by itself alarming. Absent a frequency trend, since the exposure base for workers compensation premium is payroll, an increase in benefit costs equal to wage growth rate implies a stable rate trend. We calculate that an annual wage growth rate of approximately 3.4% or higher is enough to offset this accident year trend in costs. A wage growth of 3.4% implies an increase in benefit costs of the same magnitude and consequently no contribution to a rate trend (0.9% for the wage elasticity above (26% of 3.4%), plus the 2.5% increase in costs for the accident year trend).

We found that the length-to-close was the single characteristic having the greatest

explanatory power in the regression model. It was found that the longer a claim remains open the higher the associated costs. Like wages, the impact is expressed as an elasticity. That is, the 80% impact on indemnity costs implies that if the length-to-close is increased by 100% (e.g., from one year to two), indemnity costs are increased by 80%. This is expected since indemnity payments are often paid periodically, and the more serious injuries are expected to last longer. The somewhat lower impact for medical costs is also expected. Medical costs are often characterized by high initial expenses to diagnose, stabilize and cure followed by a leveling off.

The longer the delay to report a claim, the lower the medical cost. The result above is expressed as the percentage change in costs for each day delay in reporting a claim. For example, the -0.07% impact on medical costs implies that if a claim had a 10 day delay in reporting, the medical costs are expected to be 0.7% lower. This is somewhat counter-intuitive since it is normally expected that earlier reporting allows a claim to be better managed. In fact, as we will later show, the presence of an early reporting mechanism does indicate a reduction in costs comports to the earlier reported better managed theory.

An explanation for the association between the delay in reporting and lower costs is that serious injuries are generally recognized immediately and are quickly reported. It is these claims that also incur substantial initial

medical costs. Consequently, a claim that is late reported is more likely not to have been catastrophic, resulting in the negative association observed.

The number of days to the first indemnity payment is significantly associated with lower indemnity, medical, and total costs. In other words, the longer the delay in making the first indemnity payment, the lower the costs. This result is also expressed as the percentage change in costs for each day delay in the first indemnity payment. For example, the -0.1% impact on total costs implies that if a claim had a 50 day delay in first indemnity benefits, there is a 5% reduction in costs.

The delay in making the first indemnity payment is possibly due to the investigation of questionable claims, thereby resulting in the successful elimination of unnecessary costs. Another explanation for the delay is that the disability may surface at some time after the accident actually occurred. This delay causes the period of time in which payments are made to be shorter, thus resulting in fewer payments. Finally, if there is a delay in making indemnity payments, then it is likely that the initial injury was not as severe. Certainly, most serious traumatic injuries involve a period of immediate incapacity. If the initial injury was not severe enough to involve an immediate

incapacity then it is also likely that there would be lower than average initial medical treatment and lower than average indemnity and medical costs.

Type of Carrier

We examined the level of costs based on the type of carrier providing the benefits. The following carrier types were compared:

CCIA Claim

Self-Insured Claim

Commercial Carrier Claim

The table below shows the results:

Type of Carrier	Percentage Impact on		
	Indemnity	Medical	Total
CCIA Claim	11%	7%	6%
Self-Insured Claim	18%	18%	17%

The relationships shown above are relative to the level of costs of commercial carrier claims. Overall, CCIA claims are 6% more expensive, and self-insured claims are 17% more expensive. Extreme care must be used in evaluating these results, however. We found that because the length-to-close variable has such large explanatory power, the type of carrier is picking up only residual unexplained variation. We reran the model deleting the length to close variable. None of the carrier types exhibited significantly different costs with this revised model. The implication is that both self-insurers and CCIA may pay more per day open than commercial insurers, but also have fewer days open offsetting the cost. This can occur if liberal permanent impairment

benefits are offered to encourage early return to work and swift resolution (e.g., as might be likely with self-insurers), or if settlements bring an earlier conclusion to the claim than would otherwise be the case (e.g., as might be likely with CCIA's increased settlement activity).

Claim Characteristics

We examined the following claim characteristics, all indicated by a yes or no response.

Claimant attorney involvement (yes, no)

Chiropractor involvement (yes, no)

Claim is post-Senate Bill 218 (yes, no)

Physical Therapy used (yes, no)

Hospital used (yes, no)

Surgery used (yes, no)

Vocational rehabilitation used (yes, no)

The table below shows the percentage change in costs associated to a yes response to any of these variables compared to a no response:

Claim Characteristics	Percentage Impact on		
	Indemnity	Medical	Total
Claimant Attorney	20%	15%	16%
Chiropractor Used	12%	9%	9%
Physical Therapy Used	17%	38%	24%
Hospital Used	28%	107%	47%
Surgery Used		-8%	
Vocational Rehabilitation Used	60%	30%	52%

We initially included an indicator for whether the claim was post Senate Bill 218, a major reform effective July 1, 1991. However, we found that this variable was not significant and dropped it from the final model. We believe that the lack of significance for the Senate Bill 218 indicator is due to two reasons. The first, is that the DCI call forming the source

of CCIA and Commercial Carrier claims is restricted to claims on or after January 1, 1991. Thus, there are comparatively few claims in the pre-218 era. Few claims implies a large relative variation in costs, and difficulty in discerning cost differences. More importantly, however, part of the Senate Bill 218 reforms included changes in definition and eligibility for permanent disability, restricting eligibility to more seriously impaired workers. Thus, even though overall costs were likely reduced, those claims that remain classified as permanent total or permanent partial after the reform may not have changed much in average cost. Because this study includes only permanent disability claims and does not include medical only or temporary claims, we cannot observe the savings that may have occurred due to a shift to these types of claims.

The presence of a claimant attorney is associated with higher claim costs. Overall, we found that costs were 20%, 15%, and 16% more expensive for the indemnity, medical, and total cost categories, respectively, when claimant attorneys were involved. There are different possible explanations for the significance of this variable. It could be that claimant attorneys are successful in obtaining higher benefits for their clients. It may also be that more serious injuries tend to be more complicated and therefore, are more likely to have an attorney. The greater impact on indemnity cost than medical could result if the presence of an attorney increases the likelihood of a settlement. We found that some

carriers code all settlement dollars to the indemnity category of benefits (with a settlement, it is often not clear what the components are). If an attorney implies a greater probability of a settlement, then we would expect a somewhat larger proportion of indemnity benefits on attorney represented claims due to this coding procedure. The data call did not collect information on claimant attorney fees (often these are not known by the carriers). Therefore, we are unable to assert whether the claimant received a net benefit considering the cost of the attorney against the award.

Chiropractors were also associated with higher claim costs. We found that indemnity costs were 12% higher and both medical and total costs were 9% higher when a chiropractor was involved with the claim.

We also found that the use of physical therapy is an indicator of higher cost. Indemnity, medical, and total benefit costs are 17%, 38%, and 24% higher when a claimant utilizes physical therapy. This result is not surprising since generally the more serious the medical injury, the more likely there will be physical therapy required.

The use of a hospital was found to be significantly associated with higher indemnity, medical and total costs. When an injury requires treatment in a hospital, it is usually serious enough to require more medical attention and longer recovery periods. In

addition, hospital stays in and of themselves entail substantial expense as indicated by the 107% increase in medical cost associated with claims involving a hospital stay.

Claims involving surgery were found to have 8% lower medical costs, but no significant difference in either indemnity or total costs. We have found that the effect of surgery has been inconsistent across several years of this study. The 1996 and 1997 studies found significantly higher costs were associated with surgery. The 1998 study found no significant association. The 1999 study found decreased costs associated with claims involving surgery. The lack of consistency of this variable indicates that it is of limited value in explaining costs.

The use of vocational rehabilitation is associated with higher costs. Specifically, indemnity, medical, and total costs were each 60%, 30%, and 52% higher than claims with no vocational rehabilitation benefits. Vocational rehabilitation is generally only necessary when someone has a serious enough disability to require a change in employment or job function. Therefore, the higher indemnity, medical, and total costs could result not because of the use of vocational rehabilitation, but because of all the medical attention and recovery time involved in treating a serious injury or disability.

Method of Closure

We looked to the cost impact associated with the following different methods of closure:

- Negotiated settlement (yes, no)
- Admission (yes, no)
- Order (yes, no)
- Other (no for each of the above)

Initial testing indicated that the level of cost between order and other did not differ from each other. These two categories were therefore combined and form the reference group. The table below shows the percentage change in costs associated with a yes response as compared to a no response.

Method to Close	Percentage Impact on		
	Indemnity	Medical	Total
Settlement	44%		29%
Admission	-25%	-8%	-19%

It was found that costs do differ by method of closure. For total costs, the ranking from most expensive to least is: negotiated settlement, order/other, and admission. Negotiated settlements are 29% more expensive than claims closed by order/other, and admissions are 19% less expensive.

This result is expected since claims with settlements are likely to be complicated and disputed. Negotiated settlements, in particular, also include amounts intended to compensate the claimant for costs beyond the date of closure, and may also include compensation for facts that are disputed. Closure by admission generally results from claims achieving their natural end at the time of final

admission. These claims are likely to be less complicated, have fewer areas of dispute, and be shorter duration. Small claims tend to resolve themselves with little intervention required.

Benefit Types

We looked at claims cost for the following benefit types:

- Permanent Total claim (yes, no)
- Fatal claim (yes, no)
- Permanent Partial Scheduled (yes, no)
- Other (yes, no)
- Permanent Partial Unscheduled (a default classification resulting from “no” on all other types)

Benefit Type	Percentage Impact on		
	Indemnity	Medical	Total
Permanent Total	89%		68%
Fatal		-60%	35%
Permanent Partial Schedule	-23%		-17%
Other	-50%	-40%	-40%

The results are shown below, where the base group is permanent partial unscheduled:

The ranking of claim cost from most expensive to least is permanent total, fatal, permanent partial unscheduled, permanent partial scheduled, and other. There was a significant difference in all the categories of loss. This is the expected ranking of claim costs in the Colorado system.

An explanation for the lower costs associated with permanent partial scheduled claims is that these claims are paid at a lower weekly rate, and that injuries to the scheduled body part members may be less disabling than injuries to unscheduled body part members.

Note that while the total costs were significantly higher for fatal claims, the medical costs were significantly lower than the base group. It is not unexpected that medical portion of costs for fatal claims would be lower than the medical costs for permanent partial unscheduled while in total the costs were higher. The indemnity portion of costs were higher but not at a significant level. It was most likely not significant due to the wide variation in indemnity costs for fatal claims.

Medical Management Techniques

We reviewed the potential impact of various medical management techniques in common use

- Employer designated medical provider (yes, no)
- Early reporting (yes, no)
- Case manager (yes, no)
- Gatekeeper (yes, no)
- Utilization review (yes, no)

The table below shows the percentage change in costs associated with a yes response as compared to a no response.

Managed Care Techniques	Percentage Impact on		
	Indemnity	Medical	Total
Early Report	-11%		-6%
Case Manager	20%	23%	22%
Gatekeeper		6%	
Utilization Review		28%	12%

The difference in costs associated with the employer designation medical provider turned out not to be significant for any of the indemnity, medical, or total categories of loss, and consequently, this variable was dropped from the model. The lack of significance associated with this variable is consistent with both the 1999 and 1998 studies. Earlier studies showed a cost savings associated with employer designation of provider. We note that a substantial majority of the claims in this study did show that the employer designated the provider. The use of a PPO network is classified as an employer designated provider.

The use of a case manager was found to be significantly associated with higher indemnity, medical, and total costs. One explanation is that the more serious cases, those with potentially higher overall costs, are assigned to a case manager.

Early reporting was based on whether telephone reporting of the claim was used at the time the claim was reported. The use of a toll-free early reporting hotline was significantly associated with 11% lower indemnity cost, and 6% lower total cost. The

impact of this variable is in contrast to the reduction in cost associated with delayed reporting discussed above. We believe that there is a natural explanation. Late reported claims do tend to be lower in cost than average due to the nature of these claims. Chances are a serious claim will have a higher urgency and will be reported earlier. However, if a carrier can accelerate the reporting of all claims (serious and non-serious alike), claims can be better managed leading to lower costs.

The use of a gatekeeper was found to be significantly associated with higher medical costs, and not associated with higher or lower indemnity and total costs. The purpose of a gatekeeper is to monitor and control the referral loop among medical specialists. This would presumably decrease costs. If, as with the use of a case manager, a gatekeeper is more likely to be used on complicated, higher cost claims (involving specialists) then any potential savings due to the gatekeeper may be overshadowed by the nature of the claim.

The use of utilization review was found to be significantly associated with higher medical costs and total costs. In general, one would expect that utilization review would be employed on the higher cost claims. If the result of the utilization review was effective, this could reduce the cost of that claim toward the average.

COMPARISONS

The analysis in this section is a comparison of the results of the 2000 study with the results of the 1999 study (the M&R Workers' Compensation Closed Claim Study dated January 31, 1999), the 1998 study (the M&R Workers' Compensation Closed Claim Study dated January 31, 1998), the 1997 study (the M&R Workers' Compensation Closed Claim Study dated January 31, 1997), and the 1996 study (the M&R Workers' Compensation Closed Claim Study dated March 29, 1996). Note that for comparison purposes, the definition of cost in this section has been adapted to that used in the 1996 study. Therefore, combined cost in this section refers only to indemnity (including lump sum payments) and medical. Lump sum payments are defined to include stipulated settlements. Combined cost does not include vocational rehabilitation and expense amounts. This means that there will be slight differences between the combined results in this section and the total results in the cross-tabulation section with the difference being due to the vocational rehabilitation and expense amounts.

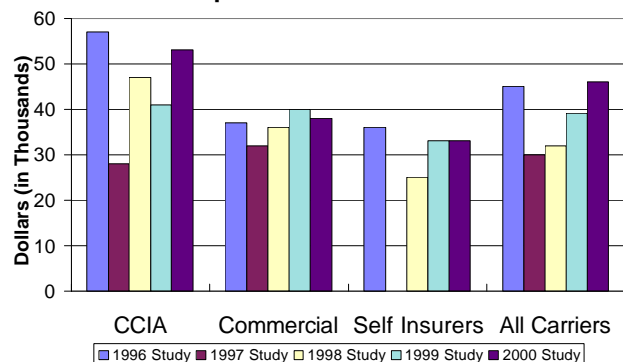
Note that for easy reference, the chart numbers in this section correspond to the table numbers in Appendix C.

Please also note that there is no 1997 data for self insureds as this is the year they were not included in the study.

Average Costs

Chart 1a compares the average combined (indemnity and medical) claims cost of the 1996 through 2000 studies. CCIA generally shows the highest average costs, and the highest amount of variability between studies. As observed in the 1996 report, the high average claim costs for CCIA claims in the 1996 study were caused by an aggressive settlement policy undertaken by CCIA during the time period sampled for the 1996 study. CCIA's high variability in average costs is also caused by variability in the number of large claims. The number of CCIA claims over

Chart 1a - Average Combined Claim Cost Compared with Prior Studies

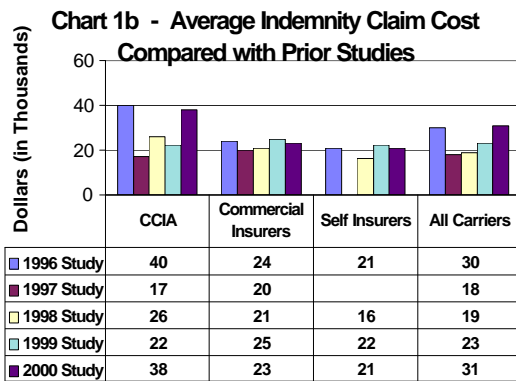


\$100,000 has been as low as 15 in the 1997 study and as high as 67 in the current study, while self insurers had between 8 and 20 large claims, and commercial insurers had between 18 and 31 large claims.

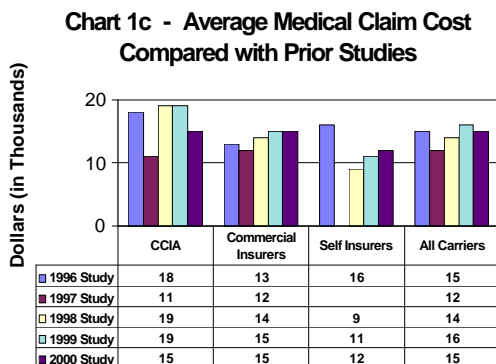
Commercial and self insurer claims show less variation between studies with self insurer claims generally having the lowest average cost.

The average costs for the indemnity and medical components are shown in Charts 1b and 1c.

Chart 1b shows the comparison of the average indemnity costs of the 1996 through 2000 studies. Again in 1996, we observe large settlement amounts for CCIA. Over the same time period, the commercial carrier average costs and self insurer average costs remain relatively stable.



CCIA medical costs are more stable than their indemnity costs or total costs. The average cost for medical remained at the same level for commercial carriers, while self insurer costs continued the increase observed in 1999.



Claim Size

Chart 2 displays the distributions by size of claim as both percent of claims and percent of dollars for each of the studies. In both charts, the percentages are shown relative to claims less than \$100,000 in cost. We have eliminated claims over this amount from the comparison because their variability would obscure the results for claims less than \$100,000. It is apparent that both the percentage of claims and the percentage of dollars in the \$30,000-\$50,000 range has increased with the 2000 study.

Chart 2a - Distribution by Claim Size Compared with Prior Studies

Incremental Count Distribution (Percent) Excluding Claims Over \$100,000

Size of Claim	1996 Study	1997 Study	1998 Study	1999 Study	2000 Study
Under 1,000	0.7	0.8	0.9	0.4	0.9
1,001 - 5,000	10.4	6.9	11.1	8.7	10.9
5,001 - 10,000	16.1	13.4	13.1	14.8	13.8
10,001 - 20,000	23.6	27.3	28.7	27.3	23.1
20,001 - 30,000	14.0	19.0	18.3	15.4	15.3
30,001 - 40,000	12.9	11.2	8.4	9.6	11.1
40,001 - 50,000	7.4	8.1	6.4	6.5	8.5
50,001 - 100,000	14.9	13.3	13.3	17.2	16.5

Chart 2b - Distribution by Claim Size Compared with Prior Studies

Distribution (Percent) Excluding Claims Over \$100,000

Size of Claim	1996 Study	1997 Study	1998 Study	1999 Study	2000 Study
Under 1,000	0.0	0.0	0.0	0.0	0.0
1,001 - 5,000	1.2	0.8	1.4	1.1	1.2
5,001 - 10,000	4.5	3.9	4.1	4.1	3.8
10,001 - 20,000	12.8	15.4	16.8	14.7	12.4
20,001 - 30,000	13.0	17.8	17.7	14.0	13.5
30,001 - 40,000	16.7	14.8	11.8	12.1	13.8
40,001 - 50,000	12.6	13.8	11.4	10.4	14.0
50,001 - 100,000	39.3	33.5	36.9	43.7	41.3

Distribution by Accident Year and Carrier

Senate Bill 218 is used as a reference point for comparing the accident year distribution of claims and dollars among the carrier types. Charts 3a and 3b below are concerned only with the pre-SB218 period. Chart 3a shows the proportion of claims with injury dates prior to July 1991 (the date of SB218) and Chart 3b shows the proportion of dollars attributable to those claims. Average cost by accident year is shown in Chart 3c for all accident years in the Studies.

Chart 3a shows that in each successive study, the proportion of claims from the pre-SB218 period decreased from the prior study. The decrease each year is expected since each successive study allows for one more year of post-SB218 claims. Much of this change is also explained by a difference in the data collected. Self insurers were not included in the 1997 study. Starting with the 1997 study, CCIA and commercial carrier data was obtained from the DCI . The DCI began with accidents on or after January 1, 1991. For CCIA and commercial carriers, therefore, pre-SB218 claims are accidents occurring January 1, 1991 through June 30, 1991 only.

Corresponding to the decrease of proportion of claims from the pre-SB218 period, the proportion of the dollars spent on the pre-SB218 claims also decreased for CCIA and the commercial insurers. CCIA is now zero. This decrease is expected; since there are fewer claims from the pre-SB218 period, there are fewer dollars spent on claims from the pre-SB218 period.

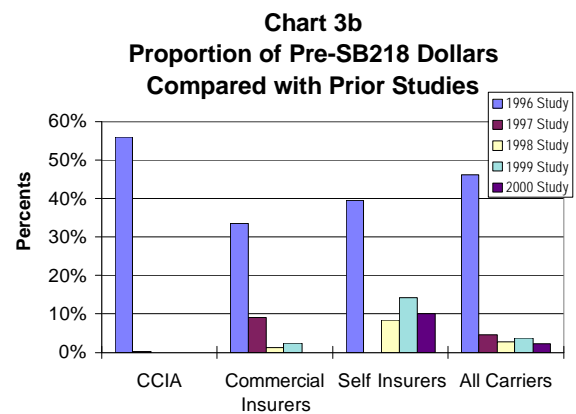
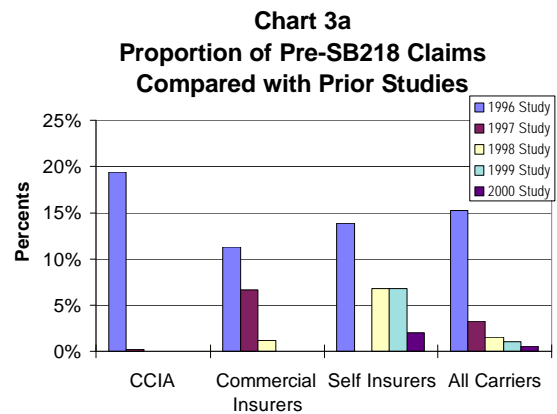
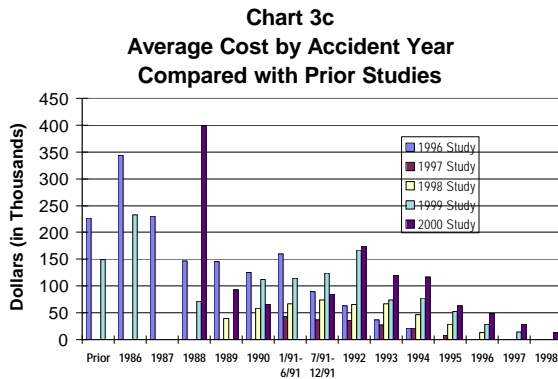


Chart 3c shows the average cost per claim by accident year for each of the studies. It is obvious that the more recent years have lower costs. The reader should be cautioned, however, that this is not evidence of a decreasing

trend, but rather is a manifestation of the expected pattern with closed claim studies.

Since a closed claim study looks to accidents closed during a period for its base, it is expected that those claims taking longer to close would have arisen from an earlier accident year. In workers' compensation, longer duration claims are generally more expensive.

It should also be pointed out that the 1997 through 2000 studies do not contain any CCIA or commercial carrier claims prior to 1991.



Method of Closure

Method of closure is categorized as negotiated settlement, admission, order, or other. Charts 4a through 4e are the percent of claims for each category of closure for the 1996, 1997, 1998, 1999 and 2000 studies, respectively. The distribution of the 2000 study shows a large increase in claims closed by negotiated settlement and fewer claims closed by admission. The increase in settlements is driven by CCIA, where negotiated settlements increased from 20% in the 1999 study to 40% in the 2000 study.

Chart 4a - 1996 Study

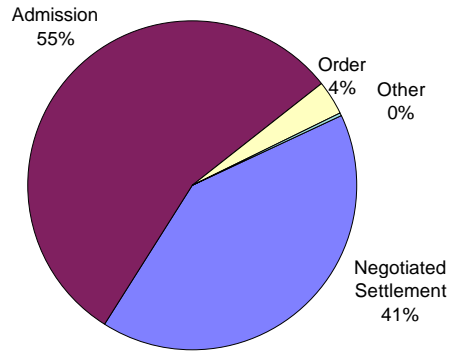


Chart 4b - 1997 Study

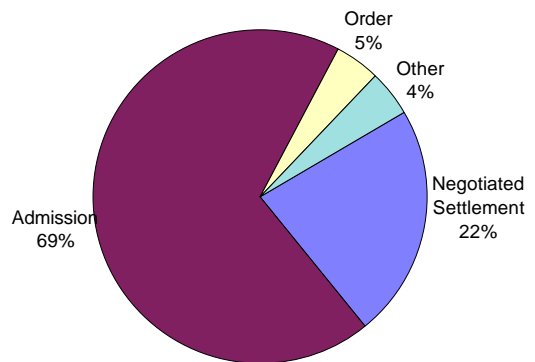


Chart 4c - 1998 Study

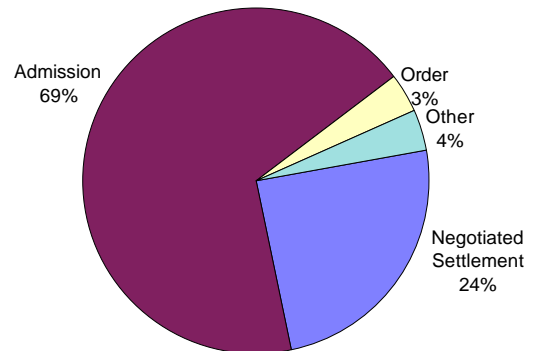
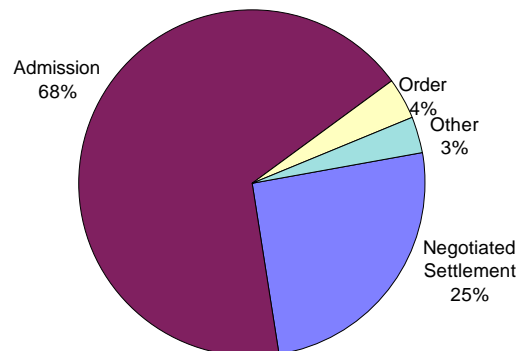


Chart 4d - 1999 Study



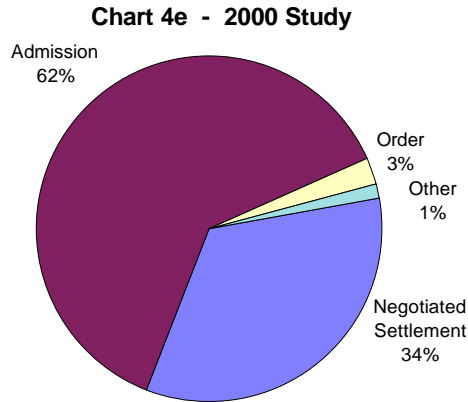


Chart 4f shows the average cost of negotiated settlements compared with prior studies. The costs are shown for indemnity (including lump sums), medical, and the combined cost of indemnity and medical. The percent of claims that closed by negotiated settlements increased from 25% to 34% from the 1999 study to the 2000 study (shown above in Charts 4d and 4e). The average cost of the combined negotiated settlements has increased from \$61,000 in the 1998 study to \$75,000 in the 1999 study and to \$85,000 in the 2000 study. This increase can be attributed to self insurers, whose average settlement has increased from \$50,000 in the 1998 study to \$110,000 in the 2000 study.

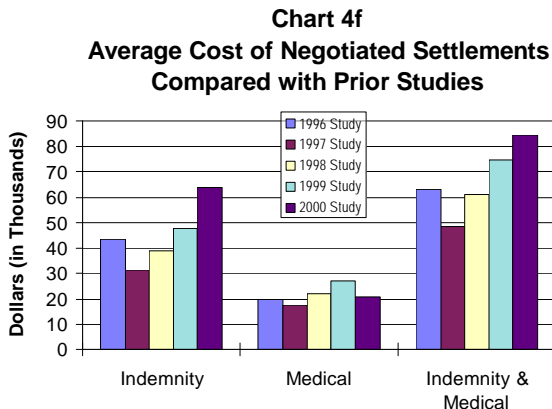
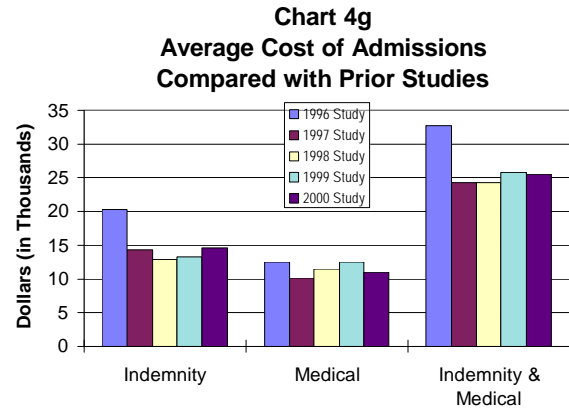
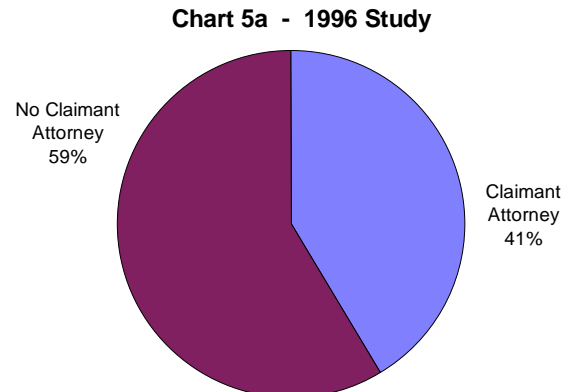


Chart 4g shows the average cost of admissions compared with prior studies. The costs are shown for indemnity (including lump sums), medical, and the combined cost of indemnity and medical. The average cost of admissions has remained consistent from \$24,000 to \$26,000 in the last four studies.



Claimant Attorney Involvement

Attorney involvement in the 1997 through 2000 studies is defined as the use of a claimant attorney. Originally, the 1995 and 1996 studies included all attorney involvement, whether from the claimant or insurer. We have restated the 1996 results shown here to be consistent with the later definition (claimant attorney involvement only). The percent of claims closing with claimant attorney involvement decreased from 41%, to 31%, and to 27% in



the 1996, 1997, and 1998 studies, respectively. This percentage began increasing to 35% in the 1999 study, and increased further to 40% in the 2000 study. It is important to recognize, however, that the 1997 and later studies did not include accidents prior to 1991 for CCIA and commercial carriers. We have found that attorney involvement is generally much higher with the older claims (those taking longer to close). Some of the 1997 decrease may have been due to this difference in underlying data. Because each successive study loses a smaller proportion of potential claims due to the 1991 claim cutoff, this data difference would be less important in the 2000 and subsequent studies.

Chart 5f shows the comparison of average claim costs by attorney involvement. The pattern shown in prior studies is continued this year. That is, claims involving an attorney are more expensive.

Chart 5b - 1997 Study

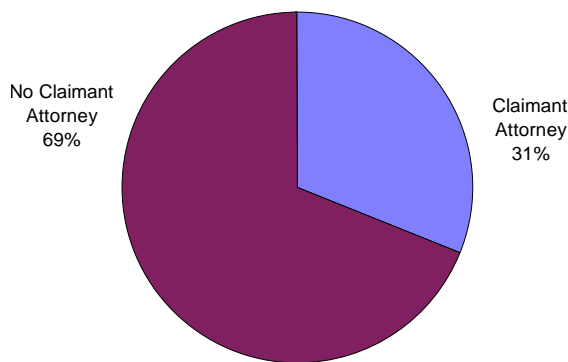


Chart 5c - 1998 Study

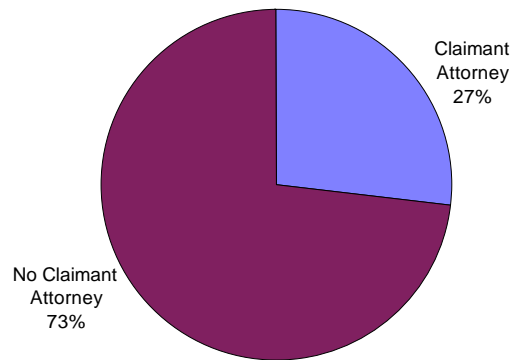


Chart 5d - 1999 Study

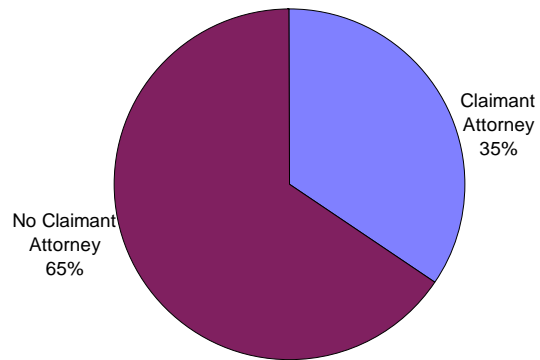


Chart 5e - 2000 Study

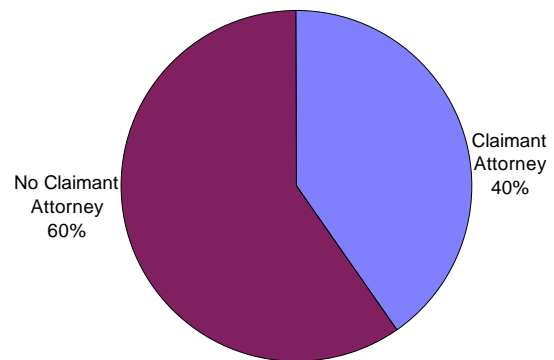


Chart 5f - Comparison of Average Claim Costs by Attorney Involvement

	1996 Study	1997 Study	1998 Study	1999 Study	2000 Study
CCIA					
Claimant Attorney	\$91,598	\$42,247	\$66,859	\$68,457	\$78,057
No Claimant Attorney	32,418	21,152	25,520	22,098	28,828
Commercial Insurers					
Claimant Attorney	\$60,837	\$47,687	\$51,452	\$54,658	\$52,997
No Claimant Attorney	21,923	30,141	30,121	38,429	37,181
Self Insurers					
Claimant Attorney	\$58,849		\$49,751	\$78,429	\$104,326
No Claimant Attorney	23,819		18,524	21,333	21,514
All Carriers					
Claimant Attorney	\$78,373	\$43,941	\$58,241	\$68,725	\$80,739
No Claimant Attorney	28,321	25,876	24,214	26,031	27,582

Chiropractor Involvement

As shown in Charts 6a to 6e, the percent of claims with chiropractors has increased slightly to 10% of claims.

The costs of chiropractor claims are addressed in the regression section where total medical costs are taken into account. This allows the incorporation of all the medical services that a chiropractor might provide. A comparison of the average cost of a chiropractor to the average cost of another medical provider might not consider all these services.

Chart 6c - 1998 Study

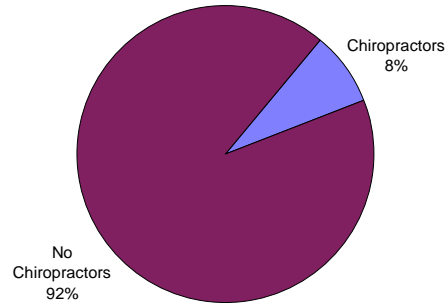


Chart 6d - 1999 Study

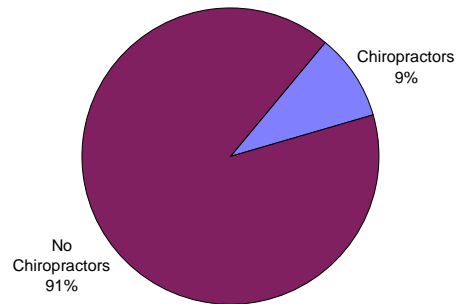


Chart 6a - 1996 Study

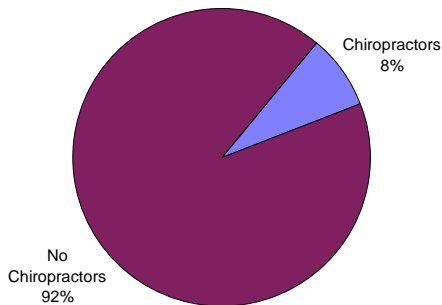


Chart 6e - 2000 Study

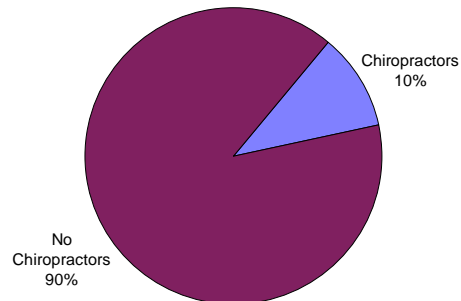
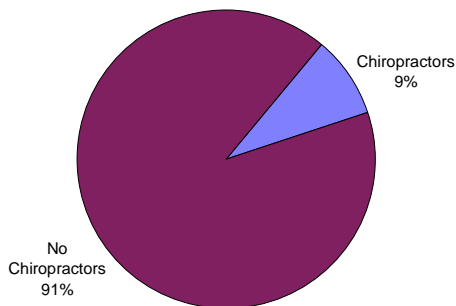


Chart 6b - 1997 Study



CROSS-TABULATION RESULTS

Averages are shown in this report for descriptive purposes only; they demonstrate neither a correlation nor a cause and effect relationship between variables. The averages help the reader obtain a general view of the data.

Total cost in this section refers to indemnity, medical, vocational rehabilitation, and loss adjustment expenses. Since the definition of total cost in the Comparisons section above did not include the vocational rehabilitation or expense values, there will be slight differences between the results in this section and the results in the Comparisons section. Lump sum payment amounts are included in cost types listed above and are shown separately for information only.

Loss adjustment expenses include insurer legal expenses, insurer expert witness fees, other insurer legal costs, penalties, and other allocated loss adjustment expenses. Insurers and regulators typically define these expenses as allocated loss adjustment expenses. They exclude the expenses of most insurer personnel.

Workers' compensation claims are driven by many variables which have complex interactions. Differences observed between variables are neither conclusive nor are they statistically significant per se. Any differences observed could be caused by random variations as well as by differences in other variables. The Regression Analysis section of this report discusses the relationships between the variables.

The results in this section are divided into the following categories: distribution of total dollars; injury analysis; indemnity; medical; vocational rehabilitation; attorney involvement; and time lines.

The supporting data for each of the charts below is shown in the tables of Appendix C. For easy reference, each chart number in this report corresponds to the table number in Appendix C.

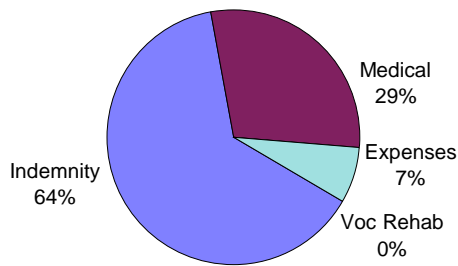
A. DISTRIBUTION OF TOTAL DOLLARS

This section shows the distribution of total dollars by type of cost, type of carrier, claim size, and method of closure.

Type of Cost

The total costs in the sample of 676 new claims were approximately \$33.7 million with 64% of these costs from indemnity payments, 29% from medical payments, 7% from expenses, and less than 1% from vocational rehabilitation.

Chart 7 - Distribution of Dollars



Type of Carrier

Of the new claims sampled, 57% were from CCIA and represented 65% of the total cost. Commercial insurers had 14% of the claims which represented 11% of the total cost. Self insurers were 29% of the new claims sampled and 24% of the costs.

Chart 8a - % of Claims

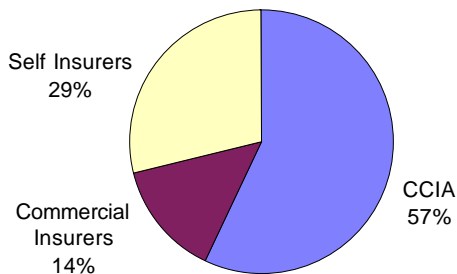
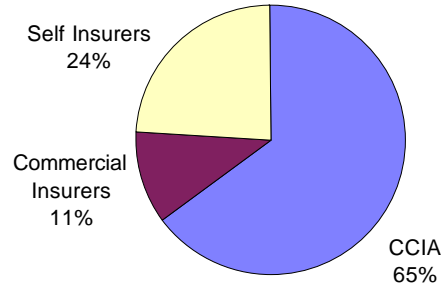
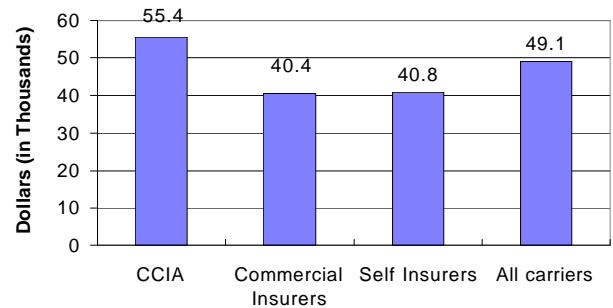


Chart 8b - % of Dollars



The average total cost of a claim was approximately \$55,000 for CCIA, \$40,000 for commercial insurers, and \$41,000 for self insurers.

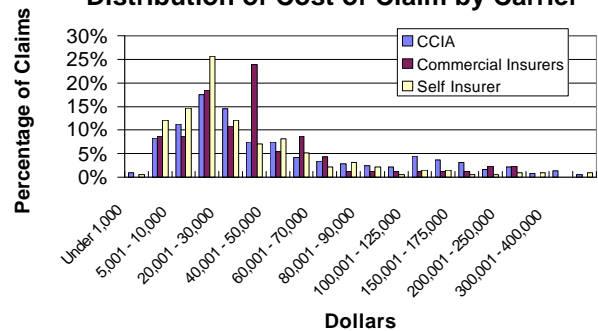
Chart 8c - Average Total Claim Cost



Claim Size

Chart 9 shows that the size of claim distributions are relatively similar for commercial insurers and self insurers. CCIA has a higher proportion of large claims.

Chart 9 Distribution of Cost of Claim by Carrier



Method of Closure

Method of closure is categorized as negotiated settlement, admission, order, or other. Chart 10a shows that of the claims where method of closure was coded, 62% closed with an admission, 34% closed with a negotiated settlement, and 3% closed by an order. Chart 10b shows that claims closed by admission represented 34% of total cost, claims closed by negotiated settlement represented 63% of total cost, and claims closed by an order represented 2% of total cost.

Chart 10c - Method of Closure

Method of Closure	Number of Claims	Dollar Cost of Claims	Average Cost of Claims
Negotiated Settlement	227	20,990,940	92,471
Admission	422	11,179,821	26,492
Order	17	780,458	45,909
Other	10	206,255	20,626
Not Reported	0	0	
Totals/Average	676	33,157,474	49,050

Charts 10d through 10f contain method of closure information for each of the entities.

Chart 10a - % of Claims

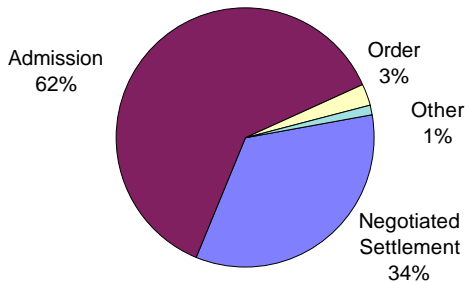


Chart 10b - % of Dollars

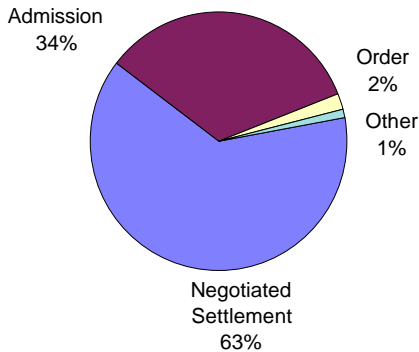


Chart 10d

Method of Closure as % of Claims

Method of Closure	CCIA	Commercial Insurers	Self Insurers
Negotiated Settlement	41%	34%	20%
Admission	54%	56%	79%
Order	3%	8%	0%
Other	2%	2%	1%

Chart 10e

Method of Closure as % of Dollars

Method of Closure	CCIA	Commercial Insurers	Self Insurers
Negotiated Settlement	67%	61%	53%
Admission	29%	31%	47%
Order	3%	7%	0%
Other	1%	1%	0%

Chart 10f - Average Total Dollars by Method of Closure

Method of Closure	CCIA	Commercial Insurers	Self Insurers
Negotiated Settlement	92,219	73,701	108,406
Admission	29,128	22,268	24,316
Order	53,774	34,674	
Other	24,467	17,877	11,850

The average total cost of claims closed by negotiated settlement is approximately three times the cost of claims closed by admission, and more than double the cost of claims closed by order.

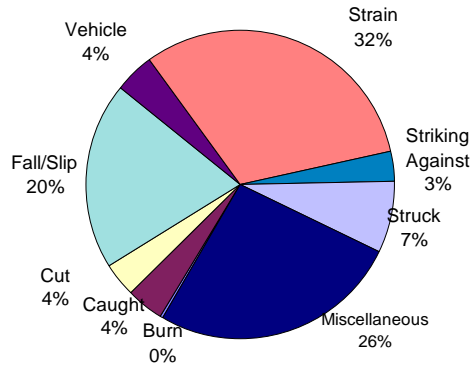
B. INJURY ANALYSIS

This section provides an analysis by the cause of injury, the nature of injury, and the part of body injured.

Cause of Injury

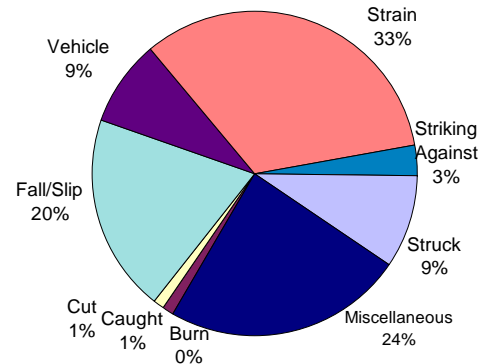
Similar to prior years, the two most common causes of injury observed were strain and fall/slip. Chart 11a shows that 32% of the injuries in the sample were caused by a strain and 20% were caused by a fall or slip.

Chart 11a - Cause of Injury - % of Claims



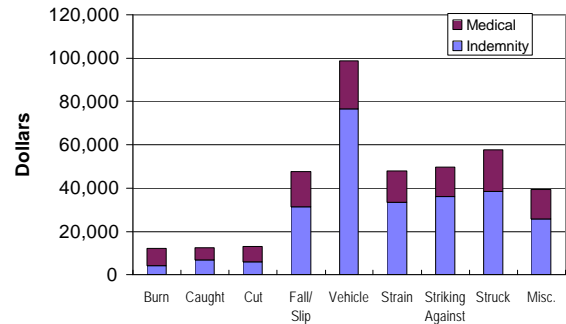
Correspondingly, the causes of injury representing the largest proportion of total costs were also strain and fall/slip. Chart 11b shows that 33% of the total dollars included in the sample were from injuries caused by strain and 20% were from injuries caused by a fall or slip.

Chart 11b - Cause of Injury - % of Dollars



The average indemnity and medical costs were highest for injuries in the vehicle category, second highest for injuries in the struck category, and third highest for injuries caused by striking against an object.

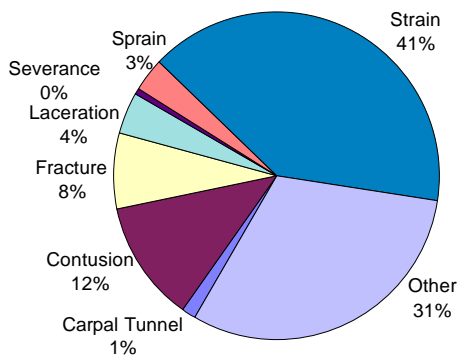
Chart 11c - Cause of Injury Average Cost for Indemnity & Medical



Nature of Injury

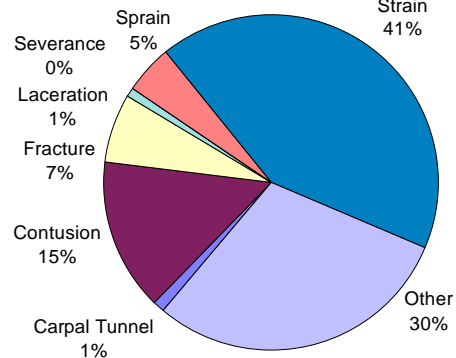
The category of “other” shown on the charts below not only includes the “all other” that was coded, but also contains the classes that each had less than 2% of the claims sampled. These included such injuries as amputation, inflammation, and puncture. Similar to prior years, the most common natures of injury, based on percent of claims, were strain (41%), sprain (3%), fracture (8%), contusion (12%), and laceration (4%). Carpal Tunnel Syndrome represented approximately 1% of the claims in the study.

Chart 12a - Nature of Injury - % of Claims



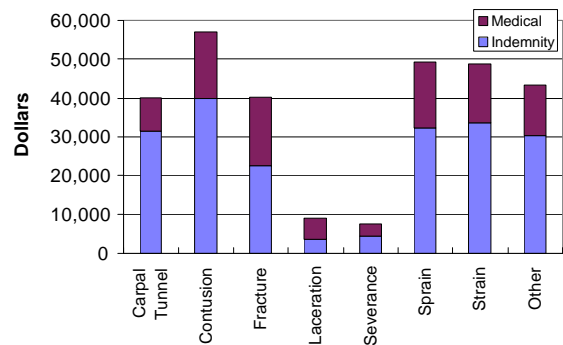
The natures of injury representing the largest proportion of total cost were strain (41%), sprain (5%), fracture (7%) and contusion (15%). Carpal Tunnel Syndrome represented less than 1% of the dollars in the study.

Chart 12b - Nature of Injury - % of Dollars



Among the natures of injury with greater than 2% of claims, the average medical and indemnity costs were highest for contusions, sprains and strains.

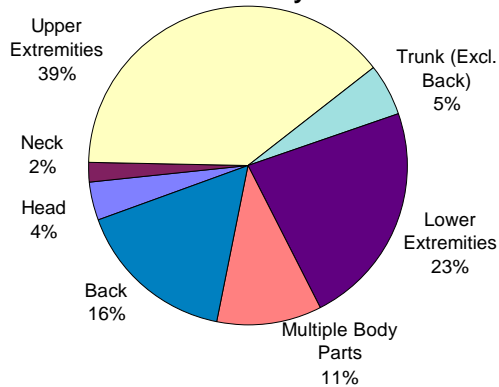
**Chart 12c - Nature of Injury
Average Cost for Indemnity & Medical**



Part of Body

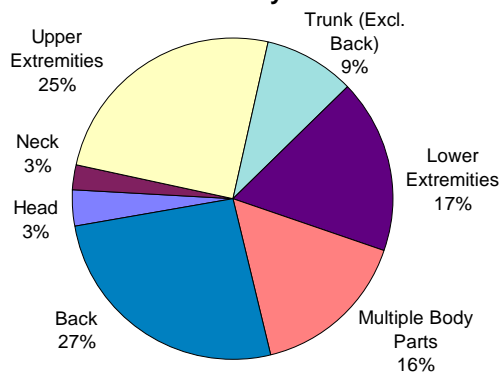
Similar to prior years, the most common parts of the body involved in injuries, based on percent of claims, were the upper extremities (39%), the lower extremities (23%), and the back (16%).

Chart 13a - Part of Body - % of Claims



The injuries to the trunk upper extremities accounted for 36% of the total costs, including 27% from back injuries and 9% from other trunk injuries. Of the total costs, 25% were for injuries to the upper extremities and 17% were for injuries to the lower extremities.

Chart 13b - Part of Body - % of Dollars

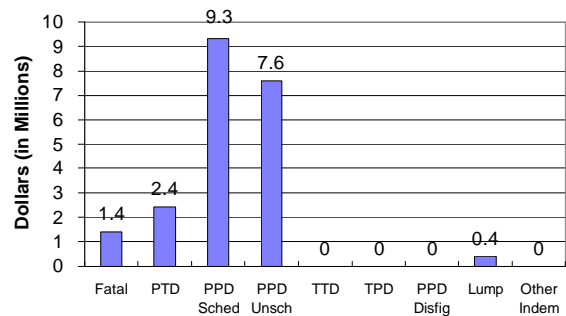


C. INDEMNITY

Type of Injury

Approximately 44% of the indemnity dollars (\$9.3 million) were spent on claims involving scheduled permanent partial disability (PPD). Unscheduled permanent partial disability claims (PPD) accounted for another \$7.6 million.

Chart 14 Indemnity Dollars By Type of Injury

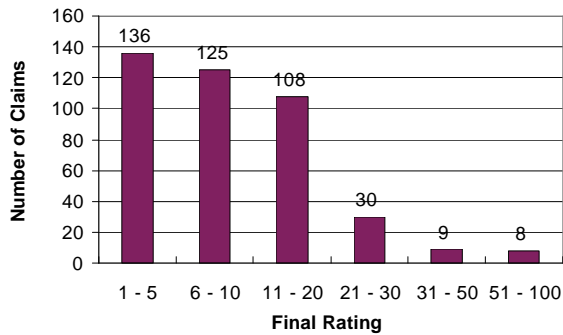


Impairment Rating

In the 2000 study, 38.5% of claims are coded with an unknown impairment rating. This is a reduction from 94% in the 1998 study and 70% in the 1999 study.

Of the claims with an impairment rating, 63% have an impairment rating of 10% or less, and 89% have a rating of 20% or less.

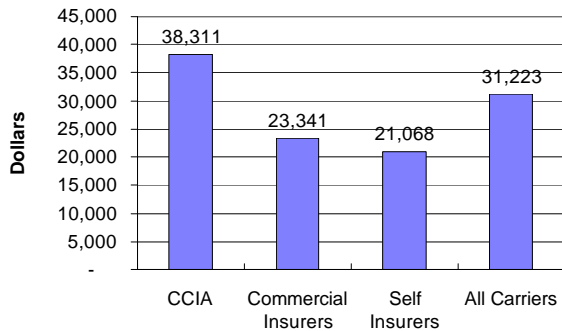
Chart 15
Impairment Rating Claim Count by Range



Average Indemnity Costs by Type of Carrier

The CCIA average indemnity cost at \$38,311 is approximately 60% higher than the commercial carrier average of \$23,341 and approximately 80% higher than the self insurer average of \$21,068. The average for all the carriers combined is \$31,223. As stated earlier, the high average indemnity cost for CCIA is caused by a high number of claims in the Over \$100,000 category.

Chart 16 - Average Indemnity Claim Cost



D. MEDICAL

Distribution of Medical Costs

Doctors (including physical therapists) account for 35% of the total medical costs and hospital charges account for 26% of the costs. The category of “other” shown in Chart 17a includes medical costs coded as “other” as well as the classes that each had less than 2% of the medical costs in the sample. These included pain rehab/work hardening, prosthetics, and independent medical examinations. The distribution of charges by type of doctor is broken down in Chart 17b.

Payments to physical therapists appeared in 84% of the claims and accounted for 12% of the total medical costs. Payments to chiropractors appeared in 10% of the claims and accounted for less than 1% of the total medical costs (see Table 17 in Appendix C).

Designator of Medical Provider

Charts 18a and 18b show that in 89% of both the claims and the dollars, the employer designated the medical provider for the claim. For the remaining claims, the employer did not designate or the designation was unknown.

Chart 17a - Distribution of Medical Costs

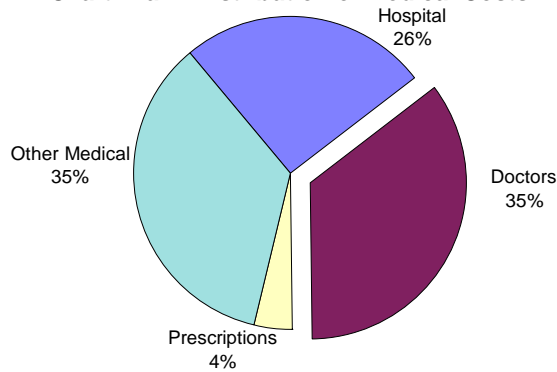


Chart 18a - % of Medical Claims

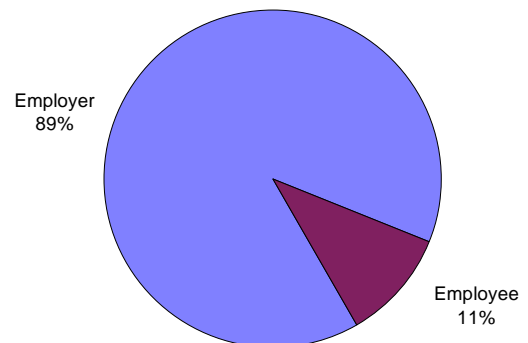


Chart 17b - Distribution of Charges by Type of Doctor

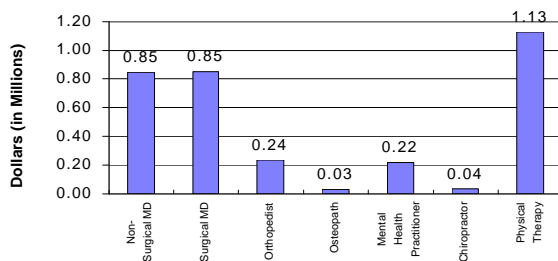
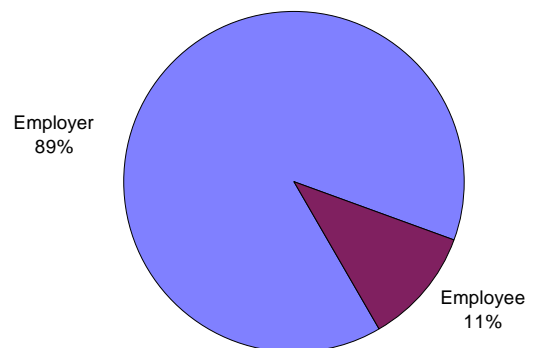


Chart 18b - % of Medical Dollars



As shown in Chart 18c, a simple comparison of average claim size indicates that the average medical cost of CCIA claims with the employer designated medical provider is higher than the average for claims where the employer did not designate. However, the average medical cost of claims with the employer designated medical provider is lower for commercial carriers and self insurers. The regression section found no significant association between who makes the choice of provider and higher or lower costs. The average medical costs shown in this section have not been controlled for the impact of other variables affecting costs as was done in the regression analysis.

**Chart 18c
Designator of Medical Provider by Carrier Type**

Designator	CCIA		Commercial Insurer		Self Insurers		TOTAL
	Percent of Claims	Average Medical Cost	Percent of Claims	Average Medical Cost	Percent of Claims	Average Medical Cost	
Employer	97.6%	\$ 15,826	52.7%	\$ 14,241	90.4%	\$ 11,721	\$ 14,470
Employee / Not Reported	2.4%	\$ 1,287	47.3%	\$ 16,716	9.6%	\$ 17,708	\$ 15,026

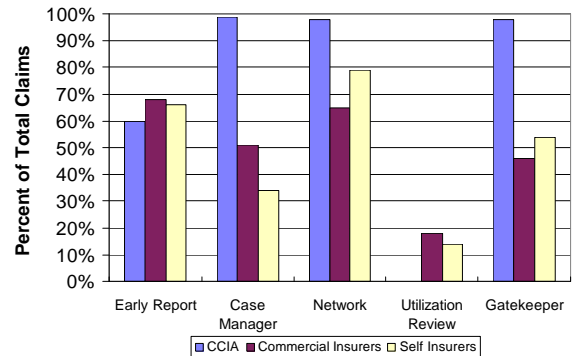
Managed Care

In this study, a claim is considered a managed care claim if one or more of the following parameters is present:

- An 800 telephone number for early reporting
- A Case Manager
- A network of doctors as in a PPO or an HMO
- Utilization Review, either prospective or retrospective
- A gatekeeper such as a primary care physician

Managed care claims represent 97% of the total number of claims (see Table 19, Sheet 1 in Appendix C). CCIA shows that managed care was used for all of its claims.

Chart 19a - Managed Care



Average medical costs are higher for commercial and self-insurers where there is managed care.

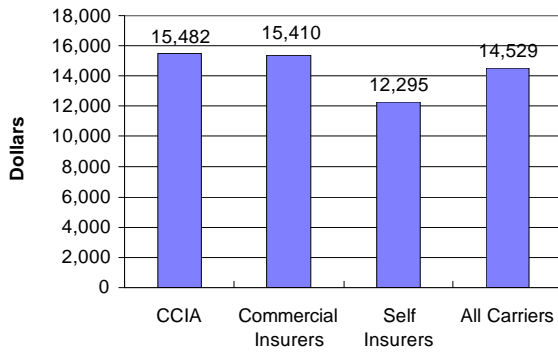
Chart 19b - Average Medical Cost With and Without Managed Care by Carrier Type

Carrier	Average Medical Cost With Managed Care	Average Medical Cost Without Managed Care
CCIA	\$ 15,482	\$ 0
Commercial Insurers	\$ 15,484	\$ 14,927
Self Insurers	\$ 12,534	\$ 7,818
TOTAL	\$ 14,625	\$ 11,696

Average Medical Cost by Type of Carrier

The average medical claim cost was approximately \$15,500 for CCIA and commercial insurers, and approximately \$12,300 for self insurers.

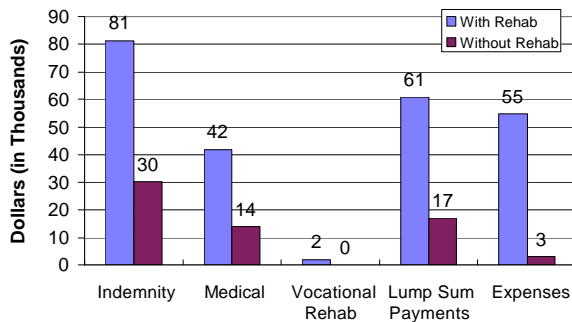
Chart 20 - Average Medical Claim Cost



E. VOCATIONAL REHABILITATION

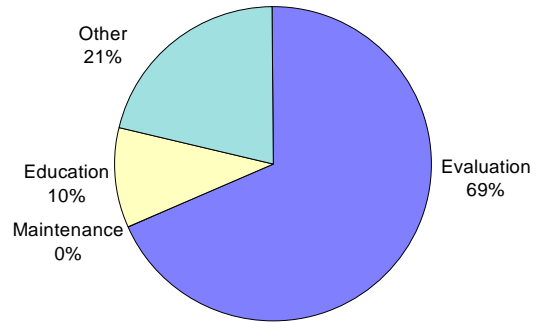
Vocational rehabilitation was categorized as evaluation, maintenance, education, and other. Of the new claims in the sample, only 14 claims involved vocational rehabilitation. CCIA had no claims involving vocational rehabilitation. Chart 21a compares the average costs of the claims in the study that involved vocational rehabilitation with the average costs of those claims that did not involve rehabilitation.

Chart 21a - Average Costs With and Without Vocational Rehabilitation



Of the vocational rehabilitation dollars in the sample, 69% was spent on evaluation. This breakdown is shown in Chart 21b.

Chart 21b Vocational Rehabilitation - % of Dollars



F. ATTORNEY INVOLVEMENT

Attorney involvement means that the claimant had an attorney. Chart 22a shows the number of claims with attorney involvement for each type of carrier. Chart 22b shows the average costs by attorney involvement. For commercial carriers and self insurers the majority of claims involved no claimant attorney. The average cost of a claim involving an attorney is more than double those not involving an attorney for CCIA, almost one and a half times higher for commercial insurers, and five times higher for self insurers.

Chart 22a - Attorney Involvement

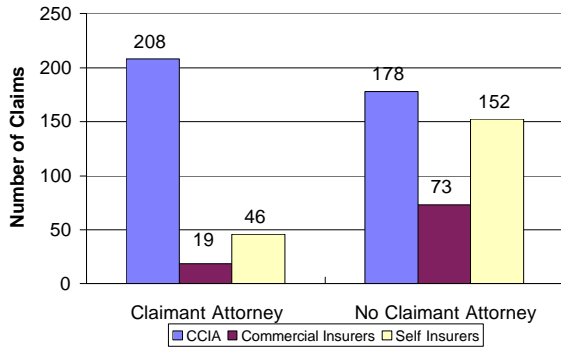
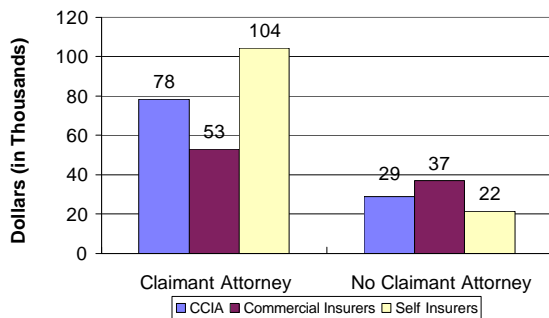


Chart 22b - Average Cost per Claim by Attorney Involvement



G. TIME LINES

In order to present a picture of lag time, the statistical measures of the mean (average) and the median are used. The median is the middle value of a set of ordered data values observed for a particular characteristic. That is, there are as many claims with values above the median as there are below. In a long-term line of insurance like workers' compensation, the median is often more useful as an indicator because of the effect of extreme data observations on the mean.

The mean lags for the date reported to employer and the date of return to work continue to decrease. The mean lag of date reported to insurer, date of maximum medical improvement, and date of claim closed continue to increase from the 1998 study.

**Chart 23a
Comparison of Mean Lags from Date of Injury**

Lag Time From Date of Injury to:	1997 Mean Number of Days	1998 Mean Number of Days	1999 Mean Number of Days	2000 Mean Number of Days
Date Reported to Employer	15	13	7	6
Date Reported to Insurer	36	21	23	26
Date of First Indemnity Payment	188	123	106	118
Date of Return to Work	249	181	155	113
Date of Max Medical Improvement	542	397	413	433
Date of Claim Closed	825	621	669	733

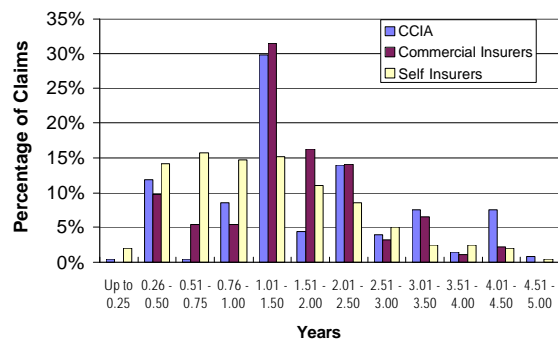
The median lags continue to be reduced from the 1998 study for date of first indemnity payment and date of return to work. The median lag for the date of claim closed continues to increase from the 1998 study.

**Chart 23b
Comparison of Median Lags from Date of Injury**

Lag Time From Date of Injury to:	1997 Median Number of Days	1998 Median Number of Days	1999 Median Number of Days	2000 Median Number of Days
Date Reported to Employer	0	0	0	0
Date Reported to Insurer	13	3	6	6
Date of First Indemnity Payment	34	54	45	26
Date of Return to Work	120	70	62	14
Date of Max Medical Improvement	249	254	279	298
Date of Claim Closed	486	487	489	516

The duration is the number of years from date of injury to the closing of the claim. As shown in the following chart, the most frequent duration was 1.0 to 1.5 years.

**Chart 24
Distribution by Duration of Claim**



CHARTS

COMPARISONS

Chart 1a	-	Average Combined Claim Cost
Chart 1b	-	Average Indemnity Claim Cost
Chart 1c	-	Average Medical Claim Cost
Chart 2a	-	Distribution by Claim Size, Incremental Count Distribution
Chart 2b	-	Distribution by Claim Size, Incremental Dollar Distribution
Chart 3a	-	Proportion of Pre-SB218 Claims
Chart 3b	-	Proportion of Pre-SB218 Dollars
Chart 3c	-	Average Cost by Accident Year
Chart 4a	-	Method of Closure - 1996 Study
Chart 4b	-	Method of Closure - 1997 Study
Chart 4c	-	Method of Closure - 1998 Study
Chart 4d	-	Method of Closure - 1999 Study
Chart 4e	-	Method of Closure - 2000 Study
Chart 4f	-	Average Cost of Negotiated Settlements
Chart 4g	-	Average Cost of Admissions
Chart 5a	-	Attorney Involvement - 1996 Study
Chart 5b	-	Attorney Involvement - 1997 Study
Chart 5c	-	Attorney Involvement - 1998 Study
Chart 5d	-	Attorney Involvement - 1999 Study
Chart 5e	-	Attorney Involvement - 2000 Study
Chart 5f	-	Average Claim Costs by Attorney Involvement
Chart 6a	-	Chiropractor Involvement - 1996 Study
Chart 6b	-	Chiropractor Involvement - 1997 Study
Chart 6c	-	Chiropractor Involvement - 1998 Study
Chart 6d	-	Chiropractor Involvement - 1999 Study
Chart 6e	-	Chiropractor Involvement - 2000 Study

CROSS-TABULATION RESULTS

DISTRIBUTION OF TOTAL DOLLARS

Chart 7	-	Distribution of Dollars
Chart 8a	-	Distribution by Type of Carrier - % of Claims
Chart 8b	-	Distribution by Type of Carrier - % of Dollars

DISTRIBUTION OF TOTAL DOLLARS (CON'T)

Chart 8c	-	Average Total Claim Cost
Chart 9	-	Distribution Claim Cost by Type of Carrier
Chart 10a	-	Method of Closure - % of Claims
Chart 10b	-	Method of Closure - % of Dollars
Chart 10c	-	Method of Closure
Chart 10d	-	Method of Closure as a % of Claims (by Carrier)
Chart 10e	-	Method of Closure as a % of Dollars (by Carrier)
Chart 10f	-	Average Total Dollars by Method of Closure

INJURY ANALYSIS

Chart 11a	-	Cause of Injury - % of Claims
Chart 11b	-	Cause of Injury - % of Dollars
Chart 11c	-	Cause of Injury - Average Cost for Indemnity & Medical
Chart 12a	-	Nature of Injury - % of Claims
Chart 12b	-	Nature of Injury - % of Dollars
Chart 12c	-	Nature of Injury - Average Cost for Indemnity & Medical
Chart 13a	-	Part of Body - % of Claims
Chart 13b	-	Part of Body - % of Dollars

INDEMNITY

Chart 14	-	Indemnity Dollars by Type of Injury
Chart 15	-	Impairment Rating
Chart 16	-	Average Indemnity Claim Cost

MEDICAL

Chart 17a	-	Distribution of Medical Costs
Chart 17b	-	Distribution of Charges by Type of Doctor
Chart 18a	-	Designator of Provider - % of Medical Claims
Chart 18b	-	Designator of Provider - % of Medical Dollars
Chart 18c	-	Designator of Medical Provider by Carrier Type
Chart 19a	-	Managed Care
Chart 19b	-	Average Medical Cost With and Without Managed Care
Chart 20	-	Average Medical Claim Cost

VOCATIONAL REHABILITATION

- Chart 21a - Average Costs With and Without Vocational Rehabilitation
- Chart 21b - Vocational Rehabilitation - % of Dollars

ATTORNEY INVOLVEMENT

- Chart 22a - Attorney Involvement
- Chart 22b - Average Cost per Claim by Attorney Involvement

TIME LINES

- Chart 23a - Comparison of Mean Lags from Date of Injury
- Chart 23b - Comparison of Median Lags from Date of Injury
- Chart 24 - Distribution by Duration of Claim

CLAIMS FOR THE 2000 STUDY

SAMPLE

The 2000 Study reviewed a sample of 676 new claims involving permanency which were closed between July 1, 1998, and June 30, 1999. The carriers represented in the sample are the Colorado Compensation Insurance Authority (CCIA), 18 commercial insurers, and 21 self insurers.

The number and source of these claims are listed below:

Source of New Claims in 2000 Study

Type of Carrier	Primary Source of Data	Dates Accidents Closed	Number of Claims
CCIA	CCIA	July 1, 1998 to June 30, 1999	386
Commercial Carriers	DCI Database	July 1, 1998 to June 30, 1999	92
Self Insurers	Division of Workers' Compensation Database	July 1, 1998 to June 30, 1999	198
Total			676

This compares to the last four years as follows:

Comparisons	1997	1998	1999	2000
CCIA	901	148	393	386
Commercial Carriers	792	170	159	92
Self Insureds	Not Included	198	198	198
Total	1693	516	750	676
Regressions	1690	2893	4073	4605

For all groups of carriers, we supplemented the primary source of data with a supplementary call for information on the same claims.

The Detailed Claim Information (DCI) database is collected by the National Council on Compensation Insurance (NCCI) on a sample basis. The claims are selected randomly based on each insurer's market share. Once selected for inclusion, information must be reported on claims 6 months after accident, and annually thereafter until claims close. The database includes both open and closed claims. We obtained an electronic copy of this NCCI DCI database as of October 1999 for use in this study.

In our previous studies the data used for CCIA was a combination of DCI information along with supplemental information as was used for the commercial carriers. Because the new CCIA claims were not in the DCI database this year, we collected all the new CCIA information used in this report directly from CCIA. We used the same claim selection procedure that the DCI uses, but timing differences and different edits may produce different results for CCIA claims than would have been produced had the DCI information been available.

Self-insurer data was obtained from the Division of Workers' Compensation, together with the supplemental data request. This sample was generated as follows:

1. The manual premium equivalent for FY98 (July 1, 1998 to June 30, 1999) was determined by the DWC for each entity. Self-Insured employers whose permits had been cancelled or revoked in FY99, as well as those who had been self-insured during part of the year were eliminated. The remaining self-insurers were ranked by premium and subdivided into quartiles.
2. Cases involving fatality, permanent partial disability, or permanent total disability closing during FY99 were initially selected. Self-insurers having three or fewer claims were eliminated.
3. The Division of Workers Compensation randomly selected two self-insurers from the top quartile, three from the second, five from the third, and twelve from the fourth.
4. Milliman & Robertson, Inc. randomly selected 60 claims from each quartile uniformly from each self-insurer within each quartile.

The claims from CCIA, commercial carriers, and self-insurers were combined, cross tabulations were computed and comparisons were made with the results of earlier studies.

For the regression analysis, the data collected from self-insurers for the 1996, 1998 and 1999 studies were included. In addition, all closed claims from CCIA and the DCI Database were included. A total of 4401 claims were used in the regression analysis. Since the DCI Database is cumulative, it is possible that some claims changed in value

from the values contained in last year's study. This can occur primarily due to the correction of data, to late payments recorded after a claim has closed, and to a claim reported as closed not previously included due to data reporting lags. We compared the current DCI database to the DCI database included in last year's study. The supplementary data request was collected on all claims in the database that closed prior to July 1, 1998 that were either new or had a change in their values.

EDITING THE RESPONSES

Responses to the request for additional information were received electronically, via floppy disk, or through hard copy. These responses were reviewed for consistency.

The sum of the medical payments of various types (Surgery, PT, prescriptions, etc.) were verified to match the "Total Medical" fields. Where they did not match, the carrier was contacted to clarify the information. Also, where hospital costs were reported but the number of days hospitalized was either coded as zero or was left blank, the carrier was contacted to determine if the hospital cost was due to an outpatient surgery or if a correction to the data was needed.

Several of the other fields were also checked to verify a valid response. "Age of Claimant at Time of Injury," "Date of Birth," "Date of Injury," "Date Claim Closed," "Method of Closure," "Cause of Injury," "Nature of Injury," "Part of Body," "Designator of Medical Provider," "Impairment Rating" and "Benefit Type" are some of the fields that were checked for validity. Again, if a response for any one of these fields was invalid or omitted, we contacted the corresponding carrier to obtain the correct information.

Individual claims were classified as either usable or unusable. Unusable claims were deleted from the database. Many of the unusable claims were deleted because the supplemental medical information received from carriers could not be reconciled with the DCI medical information. Also, several claims were deleted because their current status was open.

SUMMARY OF REGRESSION RESULTS

Regression analysis is concerned with modeling the relationships between variables. Through the use of regression, we seek to evaluate the relationship between the cost of a claim (indemnity, medical and total) and other potential explanatory variables. Regression can be used to determine whether a particular variable is significant in explaining the cost and the nature of the relationship. In most statistical analysis, including the regressions contained herein, it is common practice to adopt what is called the “Null Hypothesis.” The Null Hypothesis is that the variable in question does not affect the outcome (in our case, the cost of a claim). A result is generally called significant if we are able to reject the null hypothesis with 95% certainty. That is, that the statistical model indicated a 5% chance or less that the association could have been caused by randomness alone. In this case, we would say the result was significant at the .05 (5%) level.

In the regression analysis we are attempting to understand as many of the impacts of the explanatory variables as possible. We represent the costs (indemnity, medical, and total) as a multiplicative function of the variables listed. We first transform the multiplicative function to linear by using the natural logarithm of indemnity, medical, and total cost as the dependent variable. This is a common procedure and is preferred for workers compensation losses that often exhibit significant skewness.

To test whether or not a certain variable is significant in explaining the cost of a claim, the regression analysis calculates the t-statistic for the null hypothesis. The t-statistic is calculated as the ratio of the parameter estimate to the standard error and measures whether or not the parameter estimate is significantly different from 0. We then compare the t-statistic to a critical value which is based on the number of parameters estimated (1 for each variable), and the significance level.

The standard error measures the amount of variation around the value of the parameter.

The sign of the parameter (positive or negative) indicates the direction of the association. If positive, the cost is expected to increase by the value of the parameter estimate for each unit increase in the variable. If the variable is of the yes/no variety, a positive parameter estimate indicates that the cost is expected to be higher by the amount of the parameter estimate in the presence of a yes. Since the dependent variable is a natural logarithm, the parameter estimate represents an increase in the log of the dependent variable of interest. This can be transformed to a percentage change by exponentiation (the inverse of the natural log function). This transformation is as follows:

$$\text{Percentage Change} = e^{(\text{Parameter estimate})} - 1 \times 100\%$$

We also take the natural logarithm of two of the independent (right hand side or explanatory) variables prior to their use in the regression. We use the logs of wage and length to close. When transformed in this fashion, the resulting parameter estimate is an elasticity. An elasticity is a comparison of percentage changes:

$$\text{Elasticity} = \frac{\text{Percentage change in dependent variable}}{\text{Percentage change in independent variable}}$$

Many of the characteristics above are represented with “dummy” variables. The use of dummy variables is a standard technique to describe variables that entail a true/false or one-of-a-list of choices. An example of the true/false choice is the variable “Claimant is Male.” If true, the variable is represented by a 1, and if false, by a 0. Whether or not this variable is significant refers to the change in cost with respect to the alternative. In this case, a “significant” result implies that the alternative, “Claimant is Female,” is significant also, with the opposite sign.

The method of closure is an example of the one-of-a-list type of dummy variable. Again, a 1 is used to represent the variable when the condition is true, and a 0 is used when the condition is false. In this situation, we need one less variable than the number of combinations. The variable that does not appear is represented by 0’s for all the rest. For example, method of closure was modeled using the following list:

- negotiated settlement,
- admission,
- order,
- and other.

The variable “other” does not explicitly appear. Rather, it is modeled with 0’s (false) for the other three, forming the comparison or reference group. In this case, we found that closure types “other” and “order” did not differ significantly in costs. We changed the list so that only settlement and admission were represented by 1’s when true. The comparison group then changed to the combination of “order” and “other.”

The statistical output from the regression can also be used to consider other combinations without re-running the regressions and changing the base. This technique was used, for example, to determine that permanent partial schedule and “other” benefit type differed significantly in cost.

For each of the regression models that follows we show the variable name, the parameter estimate, the standard error, the t-statistic for the null hypothesis, and the significance level. We have shaded the parameter estimates that are not statistically significant at the .05 level.

We also show the F value and the R^2 value for each of the models. The F value shows that for each of the models the regression is highly significant. The R^2 value the proportion of the variation in cost that has been explained by the regression model.

SUMMARY OF REGRESSION RESULTS

Model - Natural Logarithm of Indemnity costs as Linear Function

F Statistic= 170.137 Prob >F= 0.0001

R²= 0.6036

Independent Variable	Degrees of Freedom	Parameter Estimate	Standard Error	T Statistic	Significance Prob> T
Type of Injury					
Back Sprains and Strains	1	0.3778	0.0388	9.7310	0.0001
All Other Back Injuries	1	0.5153	0.0839	6.1380	0.0001
Intermediate Fractures/Dislocations	1	-0.1802	0.0551	-3.2720	0.0011
Fractures/Dislocations Hands and Digits	1	-0.6133	0.0595	-10.3070	0.0001
Cut/Laceration/Contusion Hand and Finger	1	-1.0781	0.0594	-18.1470	0.0001
Sprains/Strains to Upper Body	1	-0.0834	0.0400	-2.0860	0.0371
Sprains/Strains to Lower Body	1	-0.0515	0.0818	-0.6300	0.5289
Knee Disorders	1	-0.1105	0.0426	-2.5970	0.0094
Injuries to the Eyes (Excl. burns)	1	-0.5363	0.2018	-2.6580	0.0079
Injuries to the Ears/Mouth/Face	1	-0.3897	0.1641	-2.3740	0.0176
Type of Industry					
Construction	1	0.2075	0.0336	6.1810	0.0001
Transportation	1	0.2484	0.0422	5.8830	0.0001
Claimant Characteristics					
Male	1	0.1552	0.0300	5.1740	0.0001
Wage (Elasticity)	1	0.3669	0.0261	14.0750	0.0001
Time Sensitive Components					
Accident Year	1	0.0142	0.0099	1.4350	0.1513
Length to Close (Elasticity)	1	0.8028	0.0260	30.8750	0.0001
Lag to Report	1	0.0005	0.0003	1.7460	0.0810
Lag to First Indemnity Payment	1	-0.0014	0.0001	-13.9410	0.0001
Type of Carrier					
CCIA Claim	1	0.1083	0.0329	3.2910	0.0010
Self-Insured Claim	1	0.1636	0.0526	3.1090	0.0019
Claim Characteristics (Impact if Yes)					
Claimant Attorney	1	0.1840	0.0325	5.6550	0.0001
Chiropractor Used	1	0.1130	0.0480	2.3520	0.0187
Physical Therapy Used	1	0.1536	0.0272	5.6530	0.0001
Hospital Used	1	0.2434	0.0334	7.2820	0.0001
Surgery Used	1	0.0187	0.0312	0.5990	0.5495
Vocational Rehabilitation Used	1	0.4704	0.0581	8.0990	0.0001
Method to Close (Base is Closed by Order)					
Settlement	1	0.3675	0.0515	7.1370	0.0001
Admission	1	-0.2835	0.0469	-6.0500	0.0001
Injury Type (Base is Perm. Partial Unscheduled)					
Permanent Total	1	0.6390	0.1657	3.8560	0.0001
Permanent Partial Schedule	1	-0.2562	0.0318	-8.0600	0.0001
Fatal	1	0.2868	0.1966	1.4590	0.1447
Other	1	-0.6874	0.1079	-6.3720	0.0001
Managed Care Techniques					
Early Report	1	-0.1142	0.0305	-3.7450	0.0002
Case Manager	1	0.1807	0.0311	5.8070	0.0001
Gatekeeper	1	-0.0157	0.0273	-0.5750	0.5655
Utilization Review	1	0.0612	0.0569	1.0750	0.2823
Intercept	1	0.5639	1.0084	0.5590	0.5760

SUMMARY OF REGRESSION RESULTS

Model - Natural Logarithm of Medical costs as Linear Function

F Statistic= 103.016 Prob >F= 0.0001

R²= 0.4797

Independent Variable	Degrees of Freedom	Parameter Estimate	Standard Error	T Statistic	Significance Prob> T
Type of Injury					
Back Sprains and Strains	1	-0.0100	0.0359	-0.2780	0.7813
All Other Back Injuries	1	0.0383	0.0776	0.4930	0.6217
Intermediate Fractures/Dislocations	1	0.1468	0.0509	2.8850	0.0039
Fractures/Dislocations Hands and Digits	1	-0.2418	0.0550	-4.3980	0.0001
Cut/Laceration/Contusion Hand and Finger	1	-0.3265	0.0549	-5.9480	0.0001
Sprains/Strains to Upper Body	1	0.0313	0.0370	0.8470	0.3973
Sprains/Strains to Lower Body	1	-0.1593	0.0756	-2.1080	0.0351
Knee Disorders	1	0.1961	0.0393	4.9860	0.0001
Injuries to the Eyes (Excl. burns)	1	-0.1348	0.1864	-0.7230	0.4698
Injuries to the Ears/Mouth/Face	1	-0.1567	0.1517	-1.0330	0.3017
Type of Industry					
Construction	1	0.0043	0.0310	0.1370	0.8907
Transportation	1	0.0227	0.0390	0.5820	0.5603
Claimant Characteristics					
Male	1	0.0767	0.0277	2.7690	0.0057
Wage (Elasticity)	1	0.1041	0.0241	4.3230	0.0001
Time Sensitive Components					
Accident Year	1	0.0214	0.0091	2.3440	0.0191
Length to Close (Elasticity)	1	0.6701	0.0240	27.8900	0.0001
Lag to Report	1	-0.0007	0.0002	-2.7410	0.0062
Lag to First Indemnity Payment	1	-0.0010	0.0001	-10.5890	0.0001
Type of Carrier					
CCIA Claim	1	0.0712	0.0304	2.3410	0.0193
Self-Insured Claim	1	0.1676	0.0486	3.4470	0.0006
Claim Characteristics (Impact if Yes)					
Claimant Attorney	1	0.1385	0.0301	4.6070	0.0001
Chiropractor Used	1	0.0877	0.0444	1.9770	0.0482
Physical Therapy Used	1	0.3256	0.0251	12.9660	0.0001
Hospital Used	1	0.7275	0.0309	23.5540	0.0001
Surgery Used	1	-0.0811	0.0289	-2.8110	0.0050
Vocational Rehabilitation Used	1	0.2623	0.0537	4.8860	0.0001
Method to Close (Base is Closed by Order)					
Settlement	1	0.0865	0.0476	1.8190	0.0690
Admission	1	-0.0861	0.0433	-1.9890	0.0468
Injury Type (Base is Perm. Partial Unscheduled)					
Permanent Total	1	-0.0399	0.1531	-0.2610	0.7942
Permanent Partial Schedule	1	-0.0416	0.0294	-1.4170	0.1566
Fatal	1	-0.9206	0.1817	-5.0680	0.0001
Other	1	-0.5076	0.0997	-5.0920	0.0001
Managed Care Techniques					
Early Report	1	-0.0336	0.0282	-1.1930	0.2329
Case Manager	1	0.2105	0.0287	7.3210	0.0001
Gatekeeper	1	0.0597	0.0252	2.3660	0.0180
Utilization Review	1	0.2455	0.0526	4.6660	0.0001
Intercept	1	1.3910	0.9318	1.4930	0.1356

SUMMARY OF REGRESSION RESULTS

Model - Natural Logarithm of Total costs as Linear Function

F Statistic= 197.678 Prob >F= 0.0001

R²= 0.6389

Independent Variable	Degrees of Freedom	Parameter Estimate	Standard Error	T Statistic	Significance Prob> T
Type of Injury					
Back Sprains and Strains	1	0.1932	0.0295	6.5560	0.0001
All Other Back Injuries	1	0.2707	0.0637	4.2490	0.0001
Intermediate Fractures/Dislocations	1	-0.0288	0.0418	-0.6880	0.4917
Fractures/Dislocations Hands and Digits	1	-0.4181	0.0452	-9.2570	0.0001
Cut/Laceration/Contusion Hand and Finger	1	-0.6392	0.0451	-14.1760	0.0001
Sprains/Strains to Upper Body	1	-0.0349	0.0304	-1.1480	0.2509
Sprains/Strains to Lower Body	1	-0.1213	0.0621	-1.9550	0.0507
Knee Disorders	1	-0.0060	0.0323	-0.1860	0.8525
Injuries to the Eyes (Excl. burns)	1	-0.2567	0.1531	-1.6760	0.0937
Injuries to the Ears/Mouth/Face	1	-0.3025	0.1246	-2.4280	0.0152
Type of Industry					
Construction	1	0.1050	0.0255	4.1200	0.0001
Transportation	1	0.1425	0.0320	4.4470	0.0001
Claimant Characteristics					
Male	1	0.1133	0.0228	4.9790	0.0001
Wage (Elasticity)	1	0.2619	0.0198	13.2370	0.0001
Time Sensitive Components					
Accident Year	1	0.0244	0.0075	3.2550	0.0011
Length to Close (Elasticity)	1	0.7445	0.0197	37.7230	0.0001
Lag to Report	1	0.0001	0.0002	0.3150	0.7529
Lag to First Indemnity Payment	1	-0.0010	0.0001	-13.8720	0.0001
Type of Carrier					
CCIA Claim	1	0.0536	0.0250	2.1450	0.0320
Self-Insured Claim	1	0.1602	0.0399	4.0110	0.0001
Claim Characteristics (Impact if Yes)					
Claimant Attorney	1	0.1483	0.0247	6.0050	0.0001
Chiropractor Used	1	0.0877	0.0365	2.4060	0.0162
Physical Therapy Used	1	0.2121	0.0206	10.2820	0.0001
Hospital Used	1	0.3829	0.0254	15.0940	0.0001
Surgery Used	1	-0.0293	0.0237	-1.2370	0.2161
Vocational Rehabilitation Used	1	0.4182	0.0441	9.4850	0.0001
Method to Close (Base is Closed by Order)					
Settlement	1	0.2579	0.0391	6.5990	0.0001
Admission	1	-0.2142	0.0356	-6.0230	0.0001
Injury Type (Base is Perm. Partial Unscheduled)					
Permanent Total	1	0.5198	0.1258	4.1330	0.0001
Permanent Partial Schedule	1	-0.1860	0.0241	-7.7110	0.0001
Fatal	1	0.3015	0.1492	2.0210	0.0434
Other	1	-0.5026	0.0819	-6.1390	0.0001
Managed Care Techniques					
Early Report	1	-0.0645	0.0232	-2.7880	0.0053
Case Manager	1	0.1970	0.0236	8.3420	0.0001
Gatekeeper	1	0.0265	0.0207	1.2800	0.2005
Utilization Review	1	0.1125	0.0432	2.6040	0.0093
Intercept	1	1.1430	0.7654	1.4930	0.1354

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 1

AVERAGE COSTS

See Table 8 for 2000 data used in Charts 1a, 1b, and 1c.

Prior Data from 1996, 1997, 1998 and 1999 Studies.

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 2

CLAIM SIZE

See Table 9 for 2000 data used in Chart 2.

Prior Data from 1996, 1997, 1998 and 1999 Studies.

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 3

DISTRIBUTION BY ACCIDENT YEAR AND CARRIER

<i>(1)</i> <i>Accident</i> <i>Year</i>	<i>(2)</i> <i>Comm.</i> <i>CCIA</i>	<i>(3)</i> <i>Self</i> <i>Carrier</i>	<i>(4)</i> <i>Insured</i>	<i>(5) Indemnity & Medical Cost</i>			<i>(6) Average Cost per Claim</i>			<i>(11)</i> <i>Total</i>	
				<i>(5)</i>		<i>(6)</i>		<i>(7)</i>			
				<i>CCIA</i>	<i>Carrier</i>	<i>Comm.</i>	<i>Self</i>	<i>CCIA</i>	<i>Carrier</i>		<i>Insured</i>
								<i>(4) / (2)</i>	<i>(5) / (3)</i>		
1975	0	0	0	0	0	0	0	0	0	0	
1976	0	0	0	0	0	0	0	0	0	0	
1977	0	0	0	0	0	0	0	0	0	0	
1978	0	0	0	0	0	0	0	0	0	0	
1979	0	0	0	0	0	0	0	0	0	0	
1980	0	0	0	0	0	0	0	0	0	0	
1981	0	0	0	0	0	0	0	0	0	0	
1982	0	0	0	0	0	0	0	0	0	0	
1983	0	0	0	0	0	0	0	0	0	0	
1984	0	0	0	0	0	0	0	0	0	0	
1985	0	0	0	0	0	0	0	0	0	0	
1986	0	0	0	0	0	0	0	0	0	0	
1987	0	0	0	0	0	0	0	0	0	0	
1988	0	0	1	0	0	400,296	0	0	400,296	400,296	
1989	0	0	2	0	0	186,900	0	0	93,450	93,450	
1990	0	0	1	0	0	65,496	0	0	65,496	65,496	
1/1/91-6/30/91	0	0	0	0	0	0	0	0	0	0	
7/1/91-12/31/91	5	0	2	532,056	0	60,796	106,411	0	30,398	84,693	
1992	11	2	3	1,889,225	449,563	457,026	171,748	224,782	152,342	174,738	
1993	22	2	2	2,901,168	115,580	111,443	131,871	57,790	55,721	120,315	
1994	35	2	5	4,579,213	102,933	233,132	130,835	51,467	46,626	117,030	
1995	44	8	12	2,840,252	521,919	661,798	64,551	65,240	55,150	62,875	
1996	71	17	26	3,339,707	937,905	1,354,065	47,038	55,171	52,079	49,401	
1997	150	47	59	4,127,957	1,196,657	1,860,898	27,520	25,461	31,541	28,068	
1998	48	14	79	461,731	225,168	1,183,659	9,619	16,083	14,983	13,266	
<i>Totals Pre SB 218</i>	0	0	4	0	0	652,692	0	0	163,173	163,173	
<i>Totals Post SB 218</i>	386	92	188	20,671,309	3,549,724	5,922,817	53,553	38,584	31,504	45,261	
<i>Totals/Average</i>	386	92	192	20,671,309	3,549,724	6,575,509	53,553	38,584	34,247	45,965	

NOTE: (11) Equals the sum of Cols (5) through (7) divided by the sum of Cols (2) through (4).

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 4

METHOD OF CLOSURE

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Method of Closure</i>	<i>Count</i>	<i>%</i>	<i>Average Indemnity</i>	<i>Average Medical</i>	<i>Average Indemnity & Medical</i>
Negotiated Settlement	227	44.0%	63,716	20,835	84,550
Admission	422	81.8%	14,587	10,987	25,574
Order	17	3.3%	22,857	20,347	43,203
Other	10	1.9%	9,910	12,826	22,736
Not Reported	-	0.0%	-	-	-
Total / Average	676	131.0%	31,223	14,529	45,753

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 5

ATTORNEY INVOLVEMENT

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Claimant Attorney Involvement</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Indemnity & Medical Cost</i>	<i>Percent of Cost</i>	<i>Average Cost of Claims</i>
					<i>(4) / (2)</i>
CCIA					
Claimant Attorney	208	31%	15,621,078	51%	75,101
No Claimant Attorney	178	26%	5,050,231	16%	28,372
Unknown	0	0%	0	0%	
Total	386	57%	20,671,309	67%	53,553
Commercial					
Claimant Attorney	19	3%	905,732	3%	47,670
No Claimant Attorney	73	11%	2,643,993	9%	36,219
Unknown	0	0%	0	0%	
Total	92	14%	3,549,724	12%	38,584
Self Insurer					
Claimant Attorney	46	7%	3,570,734	12%	77,625
No Claimant Attorney	152	22%	3,035,248	10%	19,969
Unknown	0	0%	0	0%	
Total	198	29%	6,605,982	21%	33,364
All Carriers					
Claimant Attorney	273	40%	20,097,544	65%	73,617
No Claimant Attorney	403	60%	10,729,472	35%	26,624
Unknown	0	0%	0	0%	
Total	676	100%	30,827,016	100%	45,602

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 6

CHIROPRACTOR INVOLVEMENT

See Table 17 for 2000 data used in Charts 6e.

Prior Data from 1996, 1997, 1998 and 1999 Studies.

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 7

DISTRIBUTION BY TYPE OF COST

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4)/(2)</i>
Total Indemnity	676	100%	21,107,025	64%	31,223
Total Medical	669	99%	9,719,990	29%	14,529
Total Vocational Rehab	14	2%	27,489	0%	1,964
Total Lump Sum Payments	235	35%	4,461,042		18,983
Total Expenses	503	74%	2,302,969	7%	4,578
<i>Totals/Average</i>	676		33,157,474		49,050

Note: Lump Sum Payments not Included in Totals

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 8, SHEET 1

**DISTRIBUTION BY TYPE OF CARRIER
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Claims</i>	<i>Average Cost of Claims (4)/(2)</i>
CCIA	386	57%	21,367,201	64%	55,355
Commercial Insurers	92	14%	3,721,137	11%	40,447
Self Insurers	198	29%	8,069,135	24%	40,753
<i>Totals/Average</i>	676		33,157,474		49,050

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 8, SHEET 2

**DISTRIBUTION BY TYPE OF CARRIER
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
CCIA	386	14,788,147	38,311
Commercial Insurers	92	2,147,386	23,341
Self Insurers	198	4,171,492	21,068
<i>Totals/Average</i>	676	21,107,025	31,223

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 8, SHEET 3

**DISTRIBUTION BY TYPE OF CARRIER
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
CCIA	162	2,139,520	13,207
Commercial Insurers	31	891,492	28,758
Self Insurers	42	1,430,030	34,048
<i>Totals/Average</i>	235	4,461,042	18,983

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 8, SHEET 4

**DISTRIBUTION BY TYPE OF CARRIER
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
CCIA	380	5,883,162	15,482
Commercial Insurers	91	1,402,338	15,410
Self Insurers	198	2,434,490	12,295
<i>Totals/Average</i>	669	9,719,990	14,529

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 8, SHEET 5

**DISTRIBUTION BY TYPE OF CARRIER
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
CCIA	0	0	#DIV/0!
Commercial Insurers	6	6,193	1,032
Self Insurers	8	21,296	2,662
<i>Totals/Average</i>	<i>14</i>	<i>27,489</i>	<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 8, SHEET 6

**DISTRIBUTION BY TYPE OF CARRIER
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
CCIA	342	695,892	2,035
Commercial Insurers	77	165,220	2,146
Self Insurers	84	1,441,857	17,165
<i>Totals/Average</i>	503	2,302,969	4,578

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 9, SHEET 1

DISTRIBUTION BY SIZE OF CLAIM

(1)	(2)	(3)	(4)	(5)	(6)
<i>Size of Claim</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4)/(2)</i>
Up to 1,000	5	1%	2,461	0%	492
1,001 - 5,000	64	9%	190,999	1%	2,984
5,001 - 10,000	81	12%	617,573	2%	7,624
10,001 - 20,000	136	20%	2,008,635	6%	14,769
20,001 - 30,000	90	13%	2,184,470	7%	24,272
30,001 - 40,000	65	10%	2,228,606	7%	34,286
40,001 - 50,000	50	7%	2,273,478	7%	45,470
50,001 - 60,000	34	5%	1,851,310	6%	54,450
60,001 - 70,000	21	3%	1,351,344	4%	64,350
70,001 - 80,000	18	3%	1,338,623	4%	74,368
80,001 - 90,000	14	2%	1,171,618	4%	83,687
90,001 - 100,000	10	1%	963,101	3%	96,310
100,001 - 125,000	21	3%	2,321,416	7%	110,544
125,001 - 150,000	18	3%	2,472,407	7%	137,356
150,001 - 175,000	14	2%	2,287,490	7%	163,392
175,001 - 200,000	9	1%	1,667,250	5%	185,250
200,001 - 250,000	12	2%	2,794,487	8%	232,874
250,001 - 300,000	5	1%	1,408,219	4%	281,644
300,001 - 400,000	5	1%	1,763,500	5%	352,700
Over 400,000	4	1%	2,260,487	7%	565,122
<i>Totals\Average</i>	676		33,157,474		49,050

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 9, SHEET 2

DISTRIBUTION BY SIZE OF CLAIM - CCIA

(1)	(2)	(3)	(4)	(5)	(6)
<i>Size of Claim</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Up to 1,000	4	1%	1,654	0%	414
1,001 - 5,000	32	8%	96,310	0%	3,010
5,001 - 10,000	44	11%	338,835	2%	7,701
10,001 - 20,000	68	18%	998,749	5%	14,687
20,001 - 30,000	56	15%	1,338,210	6%	23,897
30,001 - 40,000	29	8%	986,207	5%	34,007
40,001 - 50,000	29	8%	1,327,065	6%	45,761
50,001 - 60,000	16	4%	879,303	4%	54,956
60,001 - 70,000	13	3%	843,788	4%	64,907
70,001 - 80,000	11	3%	822,321	4%	74,756
80,001 - 90,000	9	2%	760,180	4%	84,464
90,001 - 100,000	8	2%	770,585	4%	96,323
100,001 - 125,000	17	4%	1,889,957	9%	111,174
125,001 - 150,000	14	4%	1,916,702	9%	136,907
150,001 - 175,000	12	3%	1,957,552	9%	163,129
175,001 - 200,000	6	2%	1,107,576	5%	184,596
200,001 - 250,000	8	2%	1,850,183	9%	231,273
250,001 - 300,000	3	1%	847,547	4%	282,516
300,001 - 400,000	5	1%	1,763,500	8%	352,700
Over 400,000	2	1%	870,976	4%	435,488
<i>Totals/Average</i>	386		21,367,201		55,355

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 9, SHEET 3

DISTRIBUTION BY SIZE OF CLAIM - COMMERCIAL INSURERS

(1)	(2)	(3)	(4)	(5)	(6)
<i>Size of Claim</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims</i> <i>(4) / (2)</i>
Up to 1,000	0	0%	0	0%	
1,001 - 5,000	8	9%	24,979	1%	3,122
5,001 - 10,000	8	9%	60,376	2%	7,547
10,001 - 20,000	17	18%	241,106	6%	14,183
20,001 - 30,000	10	11%	251,520	7%	25,152
30,001 - 40,000	22	24%	760,351	20%	34,561
40,001 - 50,000	5	5%	220,586	6%	44,117
50,001 - 60,000	8	9%	436,800	12%	54,600
60,001 - 70,000	4	4%	251,269	7%	62,817
70,001 - 80,000	1	1%	70,421	2%	70,421
80,001 - 90,000	1	1%	80,682	2%	80,682
90,001 - 100,000	1	1%	97,500	3%	97,500
100,001 - 125,000	1	1%	104,544	3%	104,544
125,001 - 150,000	1	1%	127,140	3%	127,140
150,001 - 175,000	1	1%	155,898	4%	155,898
175,001 - 200,000	2	2%	380,852	10%	190,426
200,001 - 250,000	2	2%	457,115	12%	228,558
250,001 - 300,000	0	0%	0	0%	0
300,001 - 400,000	0	0%	0	0%	0
Over 400,000	0	0%	0	0%	0
<i>Totals\Average</i>	92		3,721,137		40,447

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 9, SHEET 4

DISTRIBUTION BY SIZE OF CLAIM - SELF INSURERS

(1)	(2)	(3)	(4)	(5)	(6)
<i>Size of Claim</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4)/(2)</i>
Up to 1,000	1	1%	806	0%	806
1,001 - 5,000	24	12%	69,710	1%	2,905
5,001 - 10,000	29	15%	218,362	3%	7,530
10,001 - 20,000	51	26%	768,780	10%	15,074
20,001 - 30,000	24	12%	594,740	7%	24,781
30,001 - 40,000	14	7%	482,048	6%	34,432
40,001 - 50,000	16	8%	725,828	9%	45,364
50,001 - 60,000	10	5%	535,208	7%	53,521
60,001 - 70,000	4	2%	256,287	3%	64,072
70,001 - 80,000	6	3%	445,881	6%	74,313
80,001 - 90,000	4	2%	330,755	4%	82,689
90,001 - 100,000	1	1%	95,016	1%	95,016
100,001 - 125,000	3	2%	326,915	4%	108,972
125,001 - 150,000	3	2%	428,565	5%	142,855
150,001 - 175,000	1	1%	174,040	2%	174,040
175,001 - 200,000	1	1%	178,822	2%	178,822
200,001 - 250,000	2	1%	487,189	6%	243,595
250,001 - 300,000	2	1%	560,672	7%	280,336
300,001 - 400,000	0	0%	0	0%	0
Over 400,000	2	1%	1,389,511	17%	694,756
<i>Totals\Average</i>	198		8,069,135		40,753

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 10, SHEET 1

**DISTRIBUTION BY METHOD OF CLOSURE
TOTAL DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Carrier</i>	<i>Method of Closure</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
CCIA	Negotiated Settlement	157	41%	14,478,368	68%	92,219
	Admission	213	55%	6,204,290	29%	29,128
	Order	10	3%	537,741	3%	53,774
	Other	6	2%	146,802	1%	24,467
	Not Reported	0	0%	0	0%	
Commercial Insurers	Negotiated Settlement	31	34%	2,284,746	61%	73,701
	Admission	52	57%	1,157,921	31%	22,268
	Order	7	8%	242,717	7%	34,674
	Other	2	2%	35,754	1%	17,877
	Not Reported	0	0%	0	0%	
Self Insurers	Negotiated Settlement	39	20%	4,227,826	52%	108,406
	Admission	157	79%	3,817,610	47%	24,316
	Order	0	0%	0	0%	
	Other	2	1%	23,699	0%	11,850
	Not Reported	0	0%	0	0%	
All Carriers	Negotiated Settlement	227	34%	20,990,940	63%	92,471
	Admission	422	62%	11,179,821	34%	26,492
	Order	17	3%	780,458	2%	45,909
	Other	10	1%	206,255	1%	20,626
	Not Reported	0	0%	0	0%	
<i>Totals/Average</i>		676		33,157,474		49,050

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 10, SHEET 2

**DISTRIBUTION BY METHOD OF CLOSURE
INDEMNITY DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Carrier</i>	<i>Method of Closure</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
CCIA	Negotiated Settlement	157	41%	10,938,325	74%	69,671
	Admission	213	55%	3,523,537	24%	16,542
	Order	10	3%	258,023	2%	25,802
	Other	6	2%	68,262	0%	11,377
	Not Reported	0	0%	0	0%	
Commercial Insurers	Negotiated Settlement	31	34%	1,436,884	67%	46,351
	Admission	52	57%	557,635	26%	10,724
	Order	7	8%	130,544	6%	18,649
	Other	2	2%	22,323	1%	11,162
	Not Reported	0	0%	0	0%	
Self Insurers	Negotiated Settlement	39	20%	2,088,272	50%	53,545
	Admission	157	79%	2,074,701	50%	13,215
	Order	0	0%	0	0%	
	Other	2	1%	8,518	0%	4,259
	Not Reported	0	0%	0	0%	
All Carriers	Negotiated Settlement	227	34%	14,463,482	69%	63,716
	Admission	422	62%	6,155,873	29%	14,587
	Order	17	3%	388,567	2%	22,857
	Other	10	1%	99,103	0%	9,910
	Not Reported	0	0%	0	0%	
<i>Totals/Average</i>		676		21,107,025		31,223

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 10, SHEET 3

**DISTRIBUTION BY METHOD OF CLOSURE
LUMP SUM DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Carrier</i>	<i>Method of Closure</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
CCIA	Negotiated Settlement	156	96%	2,093,493	98%	13,420
	Admission	5	3%	45,974	2%	9,195
	Order	1	1%	53	0%	53
	Other	0	0%	0	0%	
	Not Reported	0	0%	0	0%	
Commercial Insurers	Negotiated Settlement	24	77%	826,617	93%	34,442
	Admission	5	16%	52,663	6%	10,533
	Order	1	3%	4,712	1%	4,712
	Other	1	3%	7,500	1%	7,500
	Not Reported	0	0%	0	0%	
Self Insurers	Negotiated Settlement	38	90%	1,188,119	83%	31,266
	Admission	4	10%	241,911	17%	60,478
	Order	0	0%	0	0%	
	Other	0	0%	0	0%	
	Not Reported	0	0%	0	0%	
All Carriers	Negotiated Settlement	218	93%	4,108,229	92%	18,845
	Admission	14	6%	340,548	8%	24,325
	Order	2	1%	4,765	0%	2,383
	Other	1	0%	7,500	0%	7,500
	Not Reported	0	0%	0	0%	
<i>Totals/Average</i>		235		4,461,042		18,983

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 10, SHEET 4

**DISTRIBUTION BY METHOD OF CLOSURE
MEDICAL DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Carrier</i>	<i>Method of Closure</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
CCIA	Negotiated Settlement	153	40%	3,025,368	51%	19,774
	Admission	213	56%	2,534,627	43%	11,900
	Order	10	3%	245,383	4%	24,538
	Other	4	1%	77,784	1%	19,446
	Not Reported	0	0%	0	0%	
Commercial Insurers	Negotiated Settlement	31	34%	723,066	52%	23,325
	Admission	51	56%	569,122	41%	11,159
	Order	7	8%	100,509	7%	14,358
	Other	2	2%	9,642	1%	4,821
	Not Reported	0	0%	0	0%	
Self Insurers	Negotiated Settlement	39	20%	897,678	37%	23,017
	Admission	157	79%	1,521,631	63%	9,692
	Order	0	0%	0	0%	
	Other	2	1%	15,181	1%	7,590
	Not Reported	0	0%	0	0%	
All Carriers	Negotiated Settlement	223	33%	4,646,112	48%	20,835
	Admission	421	63%	4,625,380	48%	10,987
	Order	17	3%	345,892	4%	20,347
	Other	8	1%	102,607	1%	12,826
	Not Reported	0	0%	0	0%	
<i>Totals/Average</i>		669		9,719,990		14,529

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 10, SHEET 5

**DISTRIBUTION BY METHOD OF CLOSURE
VOCATIONAL REHAB DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Carrier</i>	<i>Method of Closure</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
CCIA	Negotiated Settlement	0	#DIV/0!	0	#DIV/0!	
	Admission	0	#DIV/0!	0	#DIV/0!	
	Order	0	#DIV/0!	0	#DIV/0!	
	Other	0	#DIV/0!	0	#DIV/0!	
	Not Reported	0	#DIV/0!	0	#DIV/0!	
Commercial Insurers	Negotiated Settlement	6	100%	6,193	100%	1,032
	Admission	0	0%	0	0%	
	Order	0	0%	0	0%	
	Other	0	0%	0	0%	
	Not Reported	0	0%	0	0%	
Self Insurers	Negotiated Settlement	7	88%	15,394	72%	2,199
	Admission	1	13%	5,903	28%	5,903
	Order	0	0%	0	0%	
	Other	0	0%	0	0%	
	Not Reported	0	0%	0	0%	
All Carriers	Negotiated Settlement	13	93%	21,587	79%	1,661
	Admission	1	7%	5,903	21%	5,903
	Order	0	0%	0	0%	
	Other	0	0%	0	0%	
	Not Reported	0	0%	0	0%	
<i>Totals/Average</i>		14		27,489		1,964

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 10, SHEET 6

**DISTRIBUTION BY METHOD OF CLOSURE
EXPENSE DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Carrier</i>	<i>Method of Closure</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
CCIA	Negotiated Settlement	150	44%	514,675	74%	3,431
	Admission	182	53%	146,126	21%	803
	Order	8	2%	34,335	5%	4,292
	Other	2	1%	756	0%	378
	Not Reported	0	0%	0	0%	
Commercial Insurers	Negotiated Settlement	29	38%	118,603	72%	4,090
	Admission	39	51%	31,164	19%	799
	Order	7	9%	11,664	7%	1,666
	Other	2	3%	3,789	2%	1,895
	Not Reported	0	0%	0	0%	
Self Insurers	Negotiated Settlement	33	39%	1,226,482	85%	37,166
	Admission	51	61%	215,375	15%	4,223
	Order	0	0%	0	0%	
	Other	0	0%	0	0%	
	Not Reported	0	0%	0	0%	
All Carriers	Negotiated Settlement	212	42%	1,859,760	81%	8,772
	Admission	272	54%	392,665	17%	1,444
	Order	15	3%	45,999	2%	3,067
	Other	4	1%	4,545	0%	1,136
	Not Reported	0	0%	0	0%	
<i>Totals/Average</i>		503		2,302,969		4,578

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 1

**DISTRIBUTION BY CAUSE OF INJURY
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
BURN OR SCALD - HEAT OR COLD EXPOSURE					
Acid Chemicals	0	0.0%	0	0.0%	
Contact with Hot Objects	2	0.3%	20,900	0.1%	10,450
Temperature Extremes	0	0.0%	0	0.0%	
Fire or Flame	0	0.0%	0	0.0%	
Steam or Hot Fluids	1	0.1%	16,160	0.0%	16,160
Dust, Fumes, Gas, or Vapors	0	0.0%	0	0.0%	
Welding Operations	0	0.0%	0	0.0%	
Radiation	0	0.0%	0	0.0%	
Misc - Burn	0	0.0%	0	0.0%	
SUBTOTAL - BURN	3	0.4%	37,061	0.1%	12,354
CAUGHT IN OR BETWEEN					
Machine or Machinery	6	0.9%	48,728	0.1%	8,121
Object Handled	6	0.9%	168,408	0.5%	28,068
Misc - Caught	14	2.1%	126,356	0.4%	9,025
SUBTOTAL - CAUGHT	26	3.8%	343,492	1.0%	13,211
CUT, PUNCTURE, SCRAPE INJURED BY					
Broken Glass	1	0.1%	3,108	0.0%	3,108
Hand Tool, Utensil; Not Powered	5	0.7%	23,941	0.1%	4,788
Powered Hand Tool	10	1.5%	165,026	0.5%	16,503
Misc - Cut	8	1.2%	154,970	0.5%	19,371
SUBTOTAL - CUT	24	3.6%	347,046	1.0%	14,460
FALL OR SLIP INJURY					
From a Different Level	34	5.0%	2,099,225	6.3%	61,742
From a Ladder or Scaffolding	9	1.3%	317,793	1.0%	35,310
From Liquid or Grease Spills	17	2.5%	840,788	2.5%	49,458
On Same Level	28	4.1%	925,143	2.8%	33,041
Slipped, Did Not Fall	14	2.1%	1,033,849	3.1%	73,846
Misc - Fall/Slip	31	4.6%	1,375,849	4.1%	44,382
SUBTOTAL - FALL/SLIP	133	19.7%	6,592,647	19.9%	49,569
MOTOR VEHICLE					
Collision with Another Vehicle	18	2.7%	1,760,442	5.3%	97,802
Collision with a Fixed Object	0	0.0%	0	0.0%	
Crash of Airplane	0	0.0%	0	0.0%	
Vehicle Upset	1	0.1%	457,508	1.4%	457,508
Misc - Vehicle	9	1.3%	591,828	1.8%	65,759
SUBTOTAL - VEHICLE	28	4.1%	2,809,778	8.5%	100,349

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 1 (CONT'D)

**DISTRIBUTION BY CAUSE OF INJURY
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4)/(2)</i>
STRAIN OR INJURY BY					
Jumping	1	0.1%	48,870	0.1%	48,870
Holding or Carrying	12	1.8%	1,548,667	4.7%	129,056
Lifting	78	11.5%	4,387,604	13.2%	56,251
Pushing or Pulling	25	3.7%	936,418	2.8%	37,457
Reaching	9	1.3%	142,431	0.4%	15,826
Using Tool or Machine	8	1.2%	278,526	0.8%	34,816
Misc - Strain	82	12.1%	3,668,513	11.1%	44,738
SUBTOTAL - STRAIN	215	31.8%	11,011,031	33.2%	51,214
STRIKING AGAINST OR STEPPING ON					
Moving Parts of Machine	0	0.0%	0	0.0%	
Objects Being Lifted or Handled	2	0.3%	36,497	0.1%	18,249
Sanding, Scraping, Cleaning	0	0.0%	0	0.0%	
Stationary Object	14	2.1%	686,497	2.1%	49,036
Stepping on Sharp Object	0	0.0%	0	0.0%	
Misc - Striking Against	4	0.6%	309,429	0.9%	77,357
SUBTOTAL - STRIKING AGAINST	20	3.0%	1,032,423	3.1%	51,621
STRUCK OR INJURED BY					
Falling or Flying Object	17	2.5%	1,132,307	3.4%	66,606
Hand Tool or Machine in Use	1	0.1%	64,264	0.2%	64,264
Motor Vehicle	5	0.7%	442,478	1.3%	88,496
Moving Parts of Machine	2	0.3%	39,400	0.1%	19,700
Objects Being Lifted or Handled	5	0.7%	425,837	1.3%	85,167
Objects Handled by Others	3	0.4%	325,905	1.0%	108,635
Misc - Struck	17	2.5%	627,061	1.9%	36,886
SUBTOTAL - STRUCK	50	7.4%	3,057,253	9.2%	61,145
MISCELLANEOUS CAUSES					
Contact with Electric Current	2	0.3%	9,604	0.0%	4,802
Animal or Insect	4	0.6%	558,628	1.7%	139,657
Explosion or Flare Back	1	0.1%	43,814	0.1%	43,814
Foreign Body in Eye	1	0.1%	2,902	0.0%	2,902
Robbery or Criminal Assault	7	1.0%	981,707	3.0%	140,244
Repetitive Motion	15	2.2%	1,030,510	3.1%	68,701
Cumulative (NOC)	43	6.4%	2,001,601	6.0%	46,549
Other (NOC)	104	15.4%	3,297,978	9.9%	31,711
SUBTOTAL - MISCELLANEOUS	177	26.2%	7,926,744	23.9%	44,784
<i>Totals/Average</i>	676		33,157,474		49,050

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 2

**DISTRIBUTION BY CAUSE OF INJURY
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
BURN OR SCALD - HEAT OR COLD EXPOSURE					
Acid Chemicals	0	0.0%	0	0.0%	
Contact with Hot Objects	2	0.3%	8,382	0.0%	4,191
Temperature Extremes	0	0.0%	0	0.0%	
Fire or Flame	0	0.0%	0	0.0%	
Steam or Hot Fluids	1	0.1%	3,971	0.0%	3,971
Dust, Fumes, Gas, or Vapors	0	0.0%	0	0.0%	
Welding Operations	0	0.0%	0	0.0%	
Radiation	0	0.0%	0	0.0%	
Misc - Burn	0	0.0%	0	0.0%	
SUBTOTAL - BURN	3	0.4%	12,353	0.1%	4,118
CAUGHT IN OR BETWEEN					
Machine or Machinery	6	0.9%	25,154	0.1%	4,192
Object Handled	6	0.9%	95,531	0.5%	15,922
Misc - Caught	14	2.1%	55,225	0.3%	3,945
SUBTOTAL - CAUGHT	26	3.8%	175,910	0.8%	6,766
CUT, PUNCTURE, SCRAPE INJURED BY					
Broken Glass	1	0.1%	225	0.0%	225
Hand Tool, Utensil; Not Powered	5	0.7%	9,046	0.0%	1,809
Powered Hand Tool	10	1.5%	48,748	0.2%	4,875
Misc - Cut	8	1.2%	91,053	0.4%	11,382
SUBTOTAL - CUT	24	3.6%	149,072	0.7%	6,211
FALL OR SLIP INJURY					
From a Different Level	34	5.0%	1,467,423	7.0%	43,159
From a Ladder or Scaffolding	9	1.3%	181,896	0.9%	20,211
From Liquid or Grease Spills	17	2.5%	452,029	2.1%	26,590
On Same Level	28	4.1%	551,750	2.6%	19,705
Slipped, Did Not Fall	14	2.1%	725,031	3.4%	51,788
Misc - Fall/Slip	31	4.6%	804,488	3.8%	25,951
SUBTOTAL - FALL/SLIP	133	19.7%	4,182,617	19.8%	31,448
MOTOR VEHICLE					
Collision with Another Vehicle	18	2.7%	1,254,801	5.9%	69,711
Collision with a Fixed Object	0	0.0%	0	0.0%	
Crash of Airplane	0	0.0%	0	0.0%	
Vehicle Upset	1	0.1%	409,717	1.9%	409,717
Misc - Vehicle	9	1.3%	473,065	2.2%	52,563
SUBTOTAL - VEHICLE	28	4.1%	2,137,583	10.1%	76,342

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 2 (CONT'D)

**DISTRIBUTION BY CAUSE OF INJURY
INDEMNITY DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
STRAIN OR INJURY BY					
Jumping	1	0.1%	27,976	0.1%	27,976
Holding or Carrying	12	1.8%	1,262,813	6.0%	105,234
Lifting	78	11.5%	3,035,486	14.4%	38,916
Pushing or Pulling	25	3.7%	543,912	2.6%	21,756
Reaching	9	1.3%	69,979	0.3%	7,775
Using Tool or Machine	8	1.2%	182,060	0.9%	22,758
Misc - Strain	82	12.1%	2,118,237	10.0%	25,832
SUBTOTAL - STRAIN	215	31.8%	7,240,463	34.3%	33,677
STRIKING AGAINST OR STEPPING ON					
Moving Parts of Machine	0	0.0%	0	0.0%	
Objects Being Lifted or Handled	2	0.3%	21,178	0.1%	10,589
Sanding, Scraping, Cleaning	0	0.0%	0	0.0%	
Stationary Object	14	2.1%	492,884	2.3%	35,206
Stepping on Sharp Object	0	0.0%	0	0.0%	
Misc - Striking Against	4	0.6%	209,574	1.0%	52,394
SUBTOTAL - STRIKING AGAINST	20	3.0%	723,636	3.4%	36,182
STRUCK OR INJURED BY					
Falling or Flying Object	17	2.5%	731,765	3.5%	43,045
Hand Tool or Machine in Use	1	0.1%	50,767	0.2%	50,767
Motor Vehicle	5	0.7%	286,348	1.4%	57,270
Moving Parts of Machine	2	0.3%	16,923	0.1%	8,462
Objects Being Lifted or Handled	5	0.7%	253,809	1.2%	50,762
Objects Handled by Others	3	0.4%	267,058	1.3%	89,019
Misc - Struck	17	2.5%	305,686	1.4%	17,982
SUBTOTAL - STRUCK	50	7.4%	1,912,356	9.1%	38,247
MISCELLANEOUS CAUSES					
Contact with Electric Current	2	0.3%	5,038	0.0%	2,519
Animal or Insect	4	0.6%	417,651	2.0%	104,413
Explosion or Flare Back	1	0.1%	30,561	0.1%	30,561
Foreign Body in Eye	1	0.1%	150	0.0%	150
Robbery or Criminal Assault	7	1.0%	456,513	2.2%	65,216
Repetitive Motion	15	2.2%	400,310	1.9%	26,687
Cumulative (NOC)	43	6.4%	1,182,875	5.6%	27,509
Other (NOC)	104	15.4%	2,079,935	9.9%	19,999
SUBTOTAL - MISCELLANEOUS	177	26.2%	4,573,034	21.7%	25,836
<hr/>					
<i>Totals/Average</i>	676		21,107,025		31,223

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 3

**DISTRIBUTION BY CAUSE OF INJURY
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
BURN OR SCALD - HEAT OR COLD EXPOSURE			
Acid Chemicals	0	0	
Contact with Hot Objects	1	3,000	3,000
Temperature Extremes	0	0	
Fire or Flame	0	0	
Steam or Hot Fluids	0	0	
Dust, Fumes, Gas, or Vapors	0	0	
Welding Operations	0	0	
Radiation	0	0	
Misc - Burn	0	0	
SUBTOTAL - BURN	1	3,000	3,000
CAUGHT IN OR BETWEEN			
Machine or Machinery	1	2,250	2,250
Object Handled	2	39,092	19,546
Misc - Caught	1	4,992	4,992
SUBTOTAL - CAUGHT	4	46,334	11,584
CUT, PUNCTURE, SCRAPE INJURED BY			
Broken Glass	0	0	
Hand Tool, Utensil; Not Powered	0	0	
Powered Hand Tool	1	10,608	10,608
Misc - Cut	2	1,812	906
SUBTOTAL - CUT	3	12,420	4,140
FALL OR SLIP INJURY			
From a Different Level	13	142,245	10,942
From a Ladder or Scaffolding	3	13,368	4,456
From Liquid or Grease Spills	5	16,704	3,341
On Same Level	8	31,513	3,939
Slipped, Did Not Fall	8	82,214	10,277
Misc - Fall/Slip	10	39,213	3,921
SUBTOTAL - FALL/SLIP	47	325,257	6,920
MOTOR VEHICLE			
Collision with Another Vehicle	10	77,751	7,775
Collision with a Fixed Object	0	0	
Crash of Airplane	0	0	
Vehicle Upset	1	2,000	2,000
Misc - Vehicle	2	20,000	10,000
SUBTOTAL - VEHICLE	13	99,751	7,673

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 3 (CONT'D)

**DISTRIBUTION BY CAUSE OF INJURY
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
STRAIN OR INJURY BY			
Jumping	1	849	849
Holding or Carrying	8	224,778	28,097
Lifting	38	885,294	23,297
Pushing or Pulling	7	113,030	16,147
Reaching	2	14,000	7,000
Using Tool or Machine	1	3,604	3,604
Misc - Strain	33	662,293	20,069
SUBTOTAL - STRAIN	90	1,903,847	21,154
STRIKING AGAINST OR STEPPING ON			
Moving Parts of Machine	0	0	
Objects Being Lifted or Handled	0	0	
Sanding, Scraping, Cleaning	0	0	
Stationary Object	6	174,167	29,028
Stepping on Sharp Object	0	0	
Misc - Striking Against	2	117,080	58,540
SUBTOTAL - STRIKING AGAINST	8	291,247	36,406
STRUCK OR INJURED BY			
Falling or Flying Object	6	281,629	46,938
Hand Tool or Machine in Use	1	325	325
Motor Vehicle	3	20,000	6,667
Moving Parts of Machine	0	0	
Objects Being Lifted or Handled	3	140,536	46,845
Objects Handled by Others	1	226,510	226,510
Misc - Struck	6	93,422	15,570
SUBTOTAL - STRUCK	20	762,422	38,121
MISCELLANEOUS CAUSES			
Contact with Electric Current	0	0	
Animal or Insect	2	2,405	1,203
Explosion or Flare Back	0	0	
Foreign Body in Eye	0	0	
Robbery or Criminal Assault	3	176,500	58,833
Repetitive Motion	3	114,500	38,167
Cumulative (NOC)	9	147,363	16,374
Other (NOC)	32	575,995	18,000
SUBTOTAL - MISCELLANEOUS	49	1,016,763	20,750
<i>Totals/Average</i>	235	4,461,042	18,983

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 4

**DISTRIBUTION BY CAUSE OF INJURY
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
BURN OR SCALD - HEAT OR COLD EXPOSURE					
Acid Chemicals	0	0.0%	0	0.0%	
Contact with Hot Objects	2	0.3%	12,406	0.1%	6,203
Temperature Extremes	0	0.0%	0	0.0%	
Fire or Flame	0	0.0%	0	0.0%	
Steam or Hot Fluids	1	0.1%	12,189	0.1%	12,189
Dust, Fumes, Gas, or Vapors	0	0.0%	0	0.0%	
Welding Operations	0	0.0%	0	0.0%	
Radiation	0	0.0%	0	0.0%	
Misc - Burn	0	0.0%	0	0.0%	
SUBTOTAL - BURN	3	0.4%	24,595	0.3%	8,198
CAUGHT IN OR BETWEEN					
Machine or Machinery	6	0.9%	20,335	0.2%	3,389
Object Handled	6	0.9%	65,260	0.7%	10,877
Misc - Caught	14	2.1%	64,258	0.7%	4,590
SUBTOTAL - CAUGHT	26	3.9%	149,853	1.5%	5,764
CUT, PUNCTURE, SCRAPE INJURED BY					
Broken Glass	1	0.1%	2,658	0.0%	2,658
Hand Tool, Utensil; Not Powered	5	0.7%	14,670	0.2%	2,934
Powered Hand Tool	10	1.5%	92,925	1.0%	9,292
Misc - Cut	8	1.2%	59,128	0.6%	7,391
SUBTOTAL - CUT	24	3.6%	169,381	1.7%	7,058
FALL OR SLIP INJURY					
From a Different Level	34	5.1%	559,183	5.8%	16,447
From a Ladder or Scaffolding	9	1.3%	122,829	1.3%	13,648
From Liquid or Grease Spills	17	2.5%	343,480	3.5%	20,205
On Same Level	28	4.2%	339,725	3.5%	12,133
Slipped, Did Not Fall	14	2.1%	258,638	2.7%	18,474
Misc - Fall/Slip	31	4.6%	535,427	5.5%	17,272
SUBTOTAL - FALL/SLIP	133	19.9%	2,159,282	22.2%	16,235
MOTOR VEHICLE					
Collision with Another Vehicle	18	2.7%	470,290	4.8%	26,127
Collision with a Fixed Object	0	0.0%	0	0.0%	
Crash of Airplane	0	0.0%	0	0.0%	
Vehicle Upset	1	0.1%	45,708	0.5%	45,708
Misc - Vehicle	9	1.3%	109,356	1.1%	12,151
SUBTOTAL - VEHICLE	28	4.2%	625,354	6.4%	22,334

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 4 (CONT'D)

**DISTRIBUTION BY CAUSE OF INJURY
MEDICAL DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost (4) / (2)</i>
STRAIN OR INJURY BY					
Jumping	1	0.1%	18,720	0.2%	18,720
Holding or Carrying	12	1.8%	245,152	2.5%	20,429
Lifting	78	11.7%	1,131,452	11.6%	14,506
Pushing or Pulling	25	3.7%	311,930	3.2%	12,477
Reaching	8	1.2%	64,708	0.7%	8,089
Using Tool or Machine	8	1.2%	92,519	1.0%	11,565
Misc - Strain	80	12.0%	1,170,376	12.0%	14,630
SUBTOTAL - STRAIN	212	31.7%	3,034,857	31.2%	14,315
STRIKING AGAINST OR STEPPING ON					
Moving Parts of Machine	0	0.0%	0	0.0%	
Objects Being Lifted or Handlec	2	0.3%	14,733	0.2%	7,367
Sanding, Scraping, Cleaning	0	0.0%	0	0.0%	
Stationary Object	14	2.1%	159,934	1.6%	11,424
Stepping on Sharp Object	0	0.0%	0	0.0%	
Misc - Striking Against	4	0.6%	94,534	1.0%	23,634
SUBTOTAL - STRIKING AGAINST	20	3.0%	269,201	2.8%	13,460
STRUCK OR INJURED BY					
Falling or Flying Object	17	2.5%	369,658	3.8%	21,745
Hand Tool or Machine in Use	1	0.1%	11,145	0.1%	11,145
Motor Vehicle	5	0.7%	146,686	1.5%	29,337
Moving Parts of Machine	2	0.3%	22,477	0.2%	11,239
Objects Being Lifted or Handlec	5	0.7%	73,184	0.8%	14,637
Objects Handled by Others	3	0.4%	58,418	0.6%	19,473
Misc - Struck	17	2.5%	287,323	3.0%	16,901
SUBTOTAL - STRUCK	50	7.5%	968,891	10.0%	19,378
MISCELLANEOUS CAUSES					
Contact with Electric Current	2	0.3%	2,738	0.0%	1,369
Animal or Insect	4	0.6%	130,792	1.3%	32,698
Explosion or Flare Back	1	0.1%	11,483	0.1%	11,483
Foreign Body in Eye	1	0.1%	1,754	0.0%	1,754
Robbery or Criminal Assault	7	1.0%	209,745	2.2%	29,964
Repetitive Motion	15	2.2%	200,215	2.1%	13,348
Cumulative (NOC)	43	6.4%	715,055	7.4%	16,629
Other (NOC)	100	14.9%	1,046,794	10.8%	10,468
SUBTOTAL - MISCELLANEOUS	173	25.9%	2,318,578	23.9%	13,402
<i>Totals/Average</i>	669		9,719,990		14,529

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 5

**DISTRIBUTION BY CAUSE OF INJURY
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
BURN OR SCALD - HEAT OR COLD EXPOSURE			
Acid Chemicals	0	0	
Contact with Hot Objects	0	0	
Temperature Extremes	0	0	
Fire or Flame	0	0	
Steam or Hot Fluids	0	0	
Dust, Fumes, Gas, or Vapors	0	0	
Welding Operations	0	0	
Radiation	0	0	
Misc - Burn	0	0	
SUBTOTAL - BURN	0	0	
CAUGHT IN OR BETWEEN			
Machine or Machinery	0	0	
Object Handled	0	0	
Misc - Caught	1	720	720
SUBTOTAL - CAUGHT	1	720	720
CUT, PUNCTURE, SCRAPE INJURED BY			
Broken Glass	0	0	
Hand Tool, Utensil; Not Powered	0	0	
Powered Hand Tool	0	0	
Misc - Cut	0	0	
SUBTOTAL - CUT	0	0	
FALL OR SLIP INJURY			
From a Different Level	1	3,622	3,622
From a Ladder or Scaffolding	0	0	
From Liquid or Grease Spills	0	0	
On Same Level	1	5,594	5,594
Slipped, Did Not Fall	0	0	
Misc - Fall/Slip	0	0	
SUBTOTAL - FALL/SLIP	2	9,216	4,608
MOTOR VEHICLE			
Collision with Another Vehicle	0	0	
Collision with a Fixed Object	0	0	
Crash of Airplane	0	0	
Vehicle Upset	0	0	
Misc - Vehicle	0	0	
SUBTOTAL - VEHICLE	0	0	

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 5 (CONT'D)

**DISTRIBUTION BY CAUSE OF INJURY
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
STRAIN OR INJURY BY			
Jumping	0	0	
Holding or Carrying	0	0	
Lifting	1	456	456
Pushing or Pulling	1	1,825	1,825
Reaching	0	0	
Using Tool or Machine	0	0	
Misc - Strain	2	1,294	647
SUBTOTAL - STRAIN	4	3,575	894
STRIKING AGAINST OR STEPPING ON			
Moving Parts of Machine	0	0	
Objects Being Lifted or Handlec	0	0	
Sanding, Scraping, Cleaning	0	0	
Stationary Object	0	0	
Stepping on Sharp Object	0	0	
Misc - Striking Against	0	0	
SUBTOTAL - STRIKING AGAINST	0	0	
STRUCK OR INJURED BY			
Falling or Flying Object	0	0	
Hand Tool or Machine in Use	0	0	
Motor Vehicle	0	0	
Moving Parts of Machine	0	0	
Objects Being Lifted or Handlec	0	0	
Objects Handled by Others	0	0	
Misc - Struck	1	729	729
SUBTOTAL - STRUCK	1	729	729
MISCELLANEOUS CAUSES			
Contact with Electric Current	0	0	
Animal or Insect	0	0	
Explosion or Flare Back	0	0	
Foreign Body in Eye	0	0	
Robbery or Criminal Assault	1	1,368	1,368
Repetitive Motion	2	4,147	2,073
Cumulative (NOC)	3	7,735	2,578
Other (NOC)	0	0	
SUBTOTAL - MISCELLANEOUS	6	13,249	2,208
<i>Totals/Average</i>	<i>14</i>	<i>27,489</i>	<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 6

**DISTRIBUTION BY CAUSE OF INJURY
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
BURN OR SCALD - HEAT OR COLD EXPOSURE			
Acid Chemicals	0	0	
Contact with Hot Objects	1	113	113
Temperature Extremes	0	0	
Fire or Flame	0	0	
Steam or Hot Fluids	0	0	
Dust, Fumes, Gas, or Vapors	0	0	
Welding Operations	0	0	
Radiation	0	0	
Misc - Burn	0	0	
SUBTOTAL - BURN	1	113	113
CAUGHT IN OR BETWEEN			
Machine or Machinery	5	3,239	648
Object Handled	5	7,618	1,524
Misc - Caught	11	6,153	559
SUBTOTAL - CAUGHT	21	17,010	810
CUT, PUNCTURE, SCRAPE INJURED BY			
Broken Glass	1	225	225
Hand Tool, Utensil; Not Powered	1	225	225
Powered Hand Tool	7	23,353	3,336
Misc - Cut	6	4,789	798
SUBTOTAL - CUT	15	28,592	1,906
FALL OR SLIP INJURY			
From a Different Level	28	68,998	2,464
From a Ladder or Scaffolding	9	13,067	1,452
From Liquid or Grease Spills	17	45,279	2,663
On Same Level	16	28,074	1,755
Slipped, Did Not Fall	14	50,180	3,584
Misc - Fall/Slip	20	35,934	1,797
SUBTOTAL - FALL/SLIP	104	241,532	2,322
MOTOR VEHICLE			
Collision with Another Vehicle	13	35,351	2,719
Collision with a Fixed Object	0	0	
Crash of Airplane	0	0	
Vehicle Upset	1	2,083	2,083
Misc - Vehicle	5	9,407	1,881
SUBTOTAL - VEHICLE	19	46,841	2,465

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 11, SHEET 6 (CONT'D)

**DISTRIBUTION BY CAUSE OF INJURY
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Cause of Injury</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
STRAIN OR INJURY BY			
Jumping	1	2,174	2,174
Holding or Carrying	9	40,702	4,522
Lifting	63	220,211	3,495
Pushing or Pulling	16	78,751	4,922
Reaching	6	7,744	1,291
Using Tool or Machine	6	3,946	658
Misc - Strain	61	378,606	6,207
SUBTOTAL - STRAIN	162	732,135	4,519
STRIKING AGAINST OR STEPPING ON			
Moving Parts of Machine	0	0	
Objects Being Lifted or Handled	1	586	586
Sanding, Scraping, Cleaning	0	0	
Stationary Object	12	33,679	2,807
Stepping on Sharp Object	0	0	
Misc - Striking Against	4	5,321	1,330
SUBTOTAL - STRIKING AGAINST	17	39,587	2,329
STRUCK OR INJURED BY			
Falling or Flying Object	11	30,884	2,808
Hand Tool or Machine in Use	1	2,351	2,351
Motor Vehicle	4	9,445	2,361
Moving Parts of Machine	0	0	
Objects Being Lifted or Handled	5	98,844	19,769
Objects Handled by Others	1	429	429
Misc - Struck	12	33,323	2,777
SUBTOTAL - STRUCK	34	175,276	5,155
MISCELLANEOUS CAUSES			
Contact with Electric Current	2	1,828	914
Animal or Insect	3	10,185	3,395
Explosion or Flare Back	1	1,769	1,769
Foreign Body in Eye	1	998	998
Robbery or Criminal Assault	5	314,081	62,816
Repetitive Motion	10	425,838	42,584
Cumulative (NOC)	32	95,936	2,998
Other (NOC)	76	171,248	2,253
SUBTOTAL - MISCELLANEOUS	130	1,021,883	7,861
<i>Totals/Average</i>	<i>503</i>	<i>2,302,969</i>	<i>4,578</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 1

**DISTRIBUTION BY NATURE OF INJURY
TOTAL DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
SPECIFIC INJURY					
Amputation	2	0.3%	3,856	0.0%	1,928
Angina Pectoris	0	0.0%	0	0.0%	
Burn	3	0.4%	37,061	0.1%	12,354
Concussion	2	0.3%	191,719	0.6%	95,859
Contusion	81	12.1%	4,827,259	14.8%	59,596
Crushing	7	1.0%	328,039	1.0%	46,863
Dislocation	9	1.3%	421,303	1.3%	46,811
Electric Shock	1	0.1%	9,106	0.0%	9,106
Enucleation	0	0.0%	0	0.0%	
Foreign body	0	0.0%	0	0.0%	
Fracture	50	7.5%	2,164,030	6.6%	43,281
Freezing	0	0.0%	0	0.0%	
Hearing Loss	4	0.6%	30,336	0.1%	7,584
Heat Prostration	0	0.0%	0	0.0%	
Hernia	3	0.4%	260,987	0.8%	86,996
Infection	0	0.0%	0	0.0%	
Inflammation	5	0.7%	301,872	0.9%	60,374
Laceration	28	4.2%	275,631	0.8%	9,844
Myocardial Infarction	0	0.0%	0	0.0%	
Puncture	4	0.6%	604,508	1.9%	151,127
Rupture	10	1.5%	390,812	1.2%	39,081
Severance	3	0.4%	25,034	0.1%	8,345
Sprain	22	3.3%	1,516,011	4.6%	68,910
Strain	269	40.3%	13,854,950	42.4%	51,505
Asphyxiation	0	0.0%	0	0.0%	
Vascular Loss	0	0.0%	0	0.0%	
Vision Loss	0	0.0%	0	0.0%	
All Other	128	19.2%	5,663,782	17.3%	44,248

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 1 (CONT'D)

**DISTRIBUTION BY NATURE OF INJURY
TOTAL DOLLARS**

(1)	(2)	(3)	(4)	(5)	(6)
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY					
Dust Disease NOC	0	0.0%	0	0.0%	
Asbestosis	0	0.0%	0	0.0%	
Black Lung	0	0.0%	0	0.0%	
Byssinosis	0	0.0%	0	0.0%	
Silicosis	0	0.0%	0	0.0%	
Respiratory Disorders	0	0.0%	0	0.0%	
Poisoning - Chemical	0	0.0%	0	0.0%	
Poisoning - Metal	0	0.0%	0	0.0%	
Dermatitis	1	0.1%	232,606	0.7%	232,606
Mental Disorder	0	0.0%	0	0.0%	
Radiation	0	0.0%	0	0.0%	
All Other Occupational Disease	1	0.1%	6,521	0.0%	6,521
Loss of Hearing	1	0.1%	5,762	0.0%	5,762
Contagious Disease	0	0.0%	0	0.0%	
Cancer	0	0.0%	0	0.0%	
AIDS	0	0.0%	0	0.0%	
VDT-Related Disease	0	0.0%	0	0.0%	
Mental Stress	1	0.1%	15,345	0.0%	15,345
Carpal Tunnel Syndrome	9	1.3%	368,660	1.1%	40,962
All Other Cumulative Injuries	24	3.6%	1,125,348	3.4%	46,890
<hr/>					
<i>Totals/Average</i>	668		32,660,540		48,893

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 2

**DISTRIBUTION BY NATURE OF INJURY
INDEMNITY DOLLARS**

(1)	(2)	(3)	(4)
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
SPECIFIC INJURY			
Amputation	2	828	414
Angina Pectoris	0	0	
Burn	3	12,353	4,118
Concussion	2	125,642	62,821
Contusion	81	3,233,069	39,914
Crushing	7	274,508	39,215
Dislocation	9	215,166	23,907
Electric Shock	1	5,038	5,038
Enucleation	0	0	
Foreign body	0	0	
Fracture	50	1,133,109	22,662
Freezing	0	0	
Hearing Loss	4	13,257	3,314
Heat Prostration	0	0	
Hernia	3	193,623	64,541
Infection	0	0	
Inflammation	5	175,476	35,095
Laceration	28	101,240	3,616
Myocardial Infarction	0	0	
Puncture	4	222,265	55,566
Rupture	10	209,449	20,945
Severance	3	13,018	4,339
Sprain	22	709,916	32,269
Strain	269	9,019,316	33,529
Asphyxiation	0	0	
Vascular Loss	0	0	
Vision Loss	0	0	
All Other	128	3,782,735	29,553

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 2 (CONT'D)

**DISTRIBUTION BY NATURE OF INJURY
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY			
Dust Disease NOC	0	0	
Asbestosis	0	0	
Black Lung	0	0	
Byssinosis	0	0	
Silicosis	0	0	
Respiratory Disorders	0	0	
Poisoning - Chemical	0	0	
Poisoning - Metal	0	0	
Dermatitis	1	201,533	201,533
Mental Disorder	0	0	
Radiation	0	0	
All Other Occupational Disease	1	4,738	4,738
Loss of Hearing	1	3,836	3,836
Contagious Disease	0	0	
Cancer	0	0	
AIDS	0	0	
VDT-Related Disease	0	0	
Mental Stress	1	10,659	10,659
Carpal Tunnel Syndrome	9	283,155	31,462
All Other Cumulative Injuries	24	792,036	33,001
<i>Totals/Average</i>	668	20,735,965	31,042

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 3

**DISTRIBUTION BY NATURE OF INJURY
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
SPECIFIC INJURY			
Amputation	0	0	
Angina Pectoris	0	0	
Burn	1	3,000	3,000
Concussion	2	70,267	35,134
Contusion	35	628,415	17,955
Crushing	2	237,510	118,755
Dislocation	5	120,636	24,127
Electric Shock	0	0	
Enucleation	0	0	
Foreign body	0	0	
Fracture	11	117,425	10,675
Freezing	0	0	
Hearing Loss	0	0	
Heat Prostration	0	0	
Hernia	1	3,604	3,604
Infection	0	0	
Inflammation	2	92,950	46,475
Laceration	3	13,170	4,390
Myocardial Infarction	0	0	
Puncture	1	150,000	150,000
Rupture	2	6,716	3,358
Severance	0	0	
Sprain	9	170,488	18,943
Strain	105	2,149,385	20,470
Asphyxiation	0	0	
Vascular Loss	0	0	
Vision Loss	0	0	
All Other	43	585,813	13,624

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 3 (CONT'D)

**DISTRIBUTION BY NATURE OF INJURY
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY			
Dust Disease NOC	0	0	
Asbestosis	0	0	
Black Lung	0	0	
Byssinosis	0	0	
Silicosis	0	0	
Respiratory Disorders	0	0	
Poisoning - Chemical	0	0	
Poisoning - Metal	0	0	
Dermatitis	1	1,405	1,405
Mental Disorder	0	0	
Radiation	0	0	
All Other Occupational Disease	0	0	
Loss of Hearing	0	0	
Contagious Disease	0	0	
Cancer	0	0	
AIDS	0	0	
VDT-Related Disease	0	0	
Mental Stress	0	0	
Carpal Tunnel Syndrome	3	28,165	9,388
All Other Cumulative Injuries	7	17,381	2,483
<i>Totals/Average</i>	233	4,396,330	18,868

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 4

**DISTRIBUTION BY NATURE OF INJURY
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
SPECIFIC INJURY			
Amputation	2	2,745	1,372
Angina Pectoris	0	0	
Burn	3	24,595	8,198
Concussion	2	57,429	28,715
Contusion	81	1,392,821	17,195
Crushing	7	47,390	6,770
Dislocation	9	123,867	13,763
Electric Shock	1	2,730	2,730
Enucleation	0	0	
Foreign body	0	0	
Fracture	50	877,653	17,553
Freezing	0	0	
Hearing Loss	4	16,403	4,101
Heat Prostration	0	0	
Hernia	3	65,200	21,733
Infection	0	0	
Inflammation	5	122,053	24,411
Laceration	28	154,269	5,510
Myocardial Infarction	0	0	
Puncture	4	92,918	23,230
Rupture	10	172,586	17,259
Severance	3	9,611	3,204
Sprain	22	376,482	17,113
Strain	266	4,077,509	15,329
Asphyxiation	0	0	
Vascular Loss	0	0	
Vision Loss	0	0	
All Other	125	1,595,234	12,762

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 4 (CONT'D)

**DISTRIBUTION BY NATURE OF INJURY
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY			
Dust Disease NOC	0	0	
Asbestosis	0	0	
Black Lung	0	0	
Byssinosis	0	0	
Silicosis	0	0	
Respiratory Disorders	0	0	
Poisoning - Chemical	0	0	
Poisoning - Metal	0	0	
Dermatitis	1	28,563	28,563
Mental Disorder	0	0	
Radiation	0	0	
All Other Occupational Disease	1	1,748	1,748
Loss of Hearing	1	1,926	1,926
Contagious Disease	0	0	
Cancer	0	0	
AIDS	0	0	
VDT-Related Disease	0	0	
Mental Stress	1	3,936	3,936
Carpal Tunnel Syndrome	9	77,592	8,621
All Other Cumulative Injuries	24	279,387	11,641
<i>Totals/Average</i>	662	9,604,649	14,509

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 5

**DISTRIBUTION BY NATURE OF INJURY
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
SPECIFIC INJURY			
Amputation	0	0	
Angina Pectoris	0	0	
Burn	0	0	
Concussion	0	0	
Contusion	0	0	
Crushing	0	0	
Dislocation	1	5,594	5,594
Electric Shock	0	0	
Enucleation	0	0	
Foreign body	0	0	
Fracture	0	0	
Freezing	0	0	
Hearing Loss	0	0	
Heat Prostration	0	0	
Hernia	0	0	
Infection	0	0	
Inflammation	1	729	729
Laceration	0	0	
Myocardial Infarction	0	0	
Puncture	1	1,368	1,368
Rupture	0	0	
Severance	0	0	
Sprain	1	1,780	1,780
Strain	5	6,719	1,344
Asphyxiation	0	0	
Vascular Loss	0	0	
Vision Loss	0	0	
All Other	4	10,815	2,704

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 5 (CONT'D)

**DISTRIBUTION BY NATURE OF INJURY
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY			
Dust Disease NOC	0	0	
Asbestosis	0	0	
Black Lung	0	0	
Byssinosis	0	0	
Silicosis	0	0	
Respiratory Disorders	0	0	
Poisoning - Chemical	0	0	
Poisoning - Metal	0	0	
Dermatitis	0	0	
Mental Disorder	0	0	
Radiation	0	0	
All Other Occupational Disease	0	0	
Loss of Hearing	0	0	
Contagious Disease	0	0	
Cancer	0	0	
AIDS	0	0	
VDT-Related Disease	0	0	
Mental Stress	0	0	
Carpal Tunnel Syndrome	0	0	
All Other Cumulative Injuries	1	485	485
<hr/>			
<i>Totals/Average</i>	<i>14</i>	<i>27,489</i>	<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 6

**DISTRIBUTION BY NATURE OF INJURY
EXPENSE DOLLARS**

(1)	(2)	(3)	(4)
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
SPECIFIC INJURY			
Amputation	2	284	142
Angina Pectoris	0	0	
Burn	1	113	113
Concussion	2	8,648	4,324
Contusion	70	201,370	2,877
Crushing	4	6,142	1,535
Dislocation	9	76,676	8,520
Electric Shock	1	1,338	1,338
Enucleation	0	0	
Foreign body	0	0	
Fracture	35	153,268	4,379
Freezing	0	0	
Hearing Loss	2	675	338
Heat Prostration	0	0	
Hernia	2	2,164	1,082
Infection	0	0	
Inflammation	4	3,613	903
Laceration	18	20,121	1,118
Myocardial Infarction	0	0	
Puncture	3	287,957	95,986
Rupture	10	8,777	878
Severance	2	2,405	1,202
Sprain	11	427,834	38,894
Strain	209	751,406	3,595
Asphyxiation	0	0	
Vascular Loss	0	0	
Vision Loss	0	0	
All Other	85	274,999	3,235

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 12, SHEET 6 (CONT'D)

**DISTRIBUTION BY NATURE OF INJURY
EXPENSE DOLLARS**

(1)	(2)	(3)	(4)
<i>Type of Cost</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
OCCUPATIONAL DISEASE OR CUMULATIVE INJURY			
Dust Disease NOC	0	0	
Asbestosis	0	0	
Black Lung	0	0	
Byssinosis	0	0	
Silicosis	0	0	
Respiratory Disorders	0	0	
Poisoning - Chemical	0	0	
Poisoning - Metal	0	0	
Dermatitis	1	2,510	2,510
Mental Disorder	0	0	
Radiation	0	0	
All Other Occupational Disease	1	35	35
Loss of Hearing	0	0	
Contagious Disease	0	0	
Cancer	0	0	
AIDS	0	0	
VDT-Related Disease	0	0	
Mental Stress	1	751	751
Carpal Tunnel Syndrome	7	7,912	1,130
All Other Cumulative Injuries	20	53,440	2,672
<hr/>			
<i>Totals/Average</i>	500	2,292,436	4,585

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 13, SHEET 1

**DISTRIBUTION BY PART OF BODY
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Part of Body</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4)/(2)</i>
Head	25	3.8%	1,120,590	3.5%	44,824
Neck	13	2.0%	884,305	2.7%	68,023
Upper Extremities	260	39.2%	8,185,250	25.2%	31,482
Trunk (Excluding Back)	36	5.4%	3,006,471	9.3%	83,513
Back	108	16.3%	8,503,720	26.2%	78,738
Lower Extremities	151	22.7%	5,624,403	17.3%	37,248
Multiple Body Parts	71	10.7%	5,154,217	15.9%	72,595
<i>Totals/Average</i>	<i>664</i>		<i>32,478,955</i>		<i>48,914</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 13, SHEET 2

**DISTRIBUTION BY PART OF BODY
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Part of Body</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
Head	25	724,112	28,964
Neck	13	541,399	41,646
Upper Extremities	260	4,857,221	18,682
Trunk (Excluding Back)	36	1,971,929	54,776
Back	108	5,784,210	53,558
Lower Extremities	151	3,091,687	20,475
Multiple Body Parts	71	3,552,321	50,033
<i>Totals/Average</i>	<i>664</i>	<i>20,522,880</i>	<i>30,908</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 13, SHEET 3

**DISTRIBUTION BY PART OF BODY
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Part of Body</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Head	9	126,593	14,066
Neck	7	131,651	18,807
Upper Extremities	70	1,197,875	17,112
Trunk (Excluding Back)	27	606,637	22,468
Back	51	1,185,475	23,245
Lower Extremities	41	628,297	15,324
Multiple Body Parts	25	319,681	12,787
<i>Totals/Average</i>	230	4,196,209	18,244

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 13, SHEET 4

**DISTRIBUTION BY PART OF BODY
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Part of Body</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Head	24	347,860	14,494
Neck	13	309,693	23,823
Upper Extremities	258	2,737,307	10,610
Trunk (Excluding Back)	36	635,504	17,653
Back	106	2,044,543	19,288
Lower Extremities	150	2,215,527	14,770
Multiple Body Parts	70	1,340,249	19,146
<i>Totals/Average</i>	657	9,630,682	14,659

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 13, SHEET 5

**DISTRIBUTION BY PART OF BODY
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Part of Body</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Head	0	0	
Neck	0	0	
Upper Extremities	8	11,660	1,458
Trunk (Excluding Back)	1	1,368	1,368
Back	2	2,236	1,118
Lower Extremities	2	6,323	3,162
Multiple Body Parts	1	5,903	5,903
<i>Totals/Average</i>	<i>14</i>	<i>27,489</i>	<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 13, SHEET 6

**DISTRIBUTION BY PART OF BODY
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Part of Body</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
Head	17	48,618	2,860
Neck	12	33,214	2,768
Upper Extremities	192	579,061	3,016
Trunk (Excluding Back)	33	397,670	12,051
Back	86	672,731	7,822
Lower Extremities	105	310,866	2,961
Multiple Body Parts	51	255,744	5,015
<i>Totals/Average</i>	<i>496</i>	<i>2,297,904</i>	<i>4,633</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 14

DISTRIBUTION OF INDEMNITY BY INJURY TYPE

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Indemnity Injury Type</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3)/(2)</i>
Fatal	12	1,390,716	115,893
PTD	12	2,428,693	202,391
PPD/Scheduled	470	9,310,856	19,810
PPD/Unscheduled	172	7,585,234	44,100
TTD	0	0	
TPD	0	0	
PPD/Disfigured	0	0	
Lump	10	391,527	39,153
Other Indemnity	0	0	
<i>Total / Average</i>		<i>21,107,025</i>	<i>44,909</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 15

DISTRIBUTION BY IMPAIRMENT RATING

<i>(1)</i> <i>Impairment</i> <i>Rating</i> <i>Range</i>	<i>(2)</i> <i>(3)</i> <i>(4)</i> <u><i>Number of Claims</i></u>			<i>(5)</i> <i>(6)</i> <i>(7)</i> <u><i>Dollar Cost of Claims</i></u>			<i>(8)</i> <i>(9)</i> <i>(10)</i> <u><i>Average Cost per Claim</i></u>		
	<i>Pre</i>	<i>Post</i>	<i>Total</i>	<i>Pre</i>	<i>Post</i>	<i>Total</i>	<i>Pre</i>	<i>Post</i>	<i>Total</i>
	<i>SB 218</i>	<i>SB 218</i>		<i>SB 218</i>	<i>SB 218</i>		<i>SB 218</i>	<i>SB 218</i>	
							<i>(5) / (2)</i>	<i>(6) / (3)</i>	<i>(7) / (4)</i>
1 - 5	1	135	136	34,041	817,662	851,703	34,041	6,057	6,263
6 - 10	0	125	125	0	2,043,283	2,043,283		16,346	16,346
11 - 20	1	107	108	3,961	3,242,978	3,246,939	3,961	30,308	30,064
21 - 30	0	30	30	0	1,546,826	1,546,826		51,561	51,561
31 - 50	0	9	9	0	902,453	902,453		100,273	100,273
51 - 100	0	8	8	0	45,254	45,254		5,657	5,657
Unknown	2	258	260	460,701	12,009,866	12,470,567	230,351	46,550	47,964
<i>Totals / Averages</i>	4	672	676	498,703	20,608,322	21,107,025	124,676	30,667	31,223

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 16

**DISTRIBUTION BY TYPE OF CARRIER
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
CCIA	386	14,788,147	38,311
Commercial Insurers	92	2,147,386	23,341
Self Insurers	198	4,171,492	21,068
<i>Totals/Average</i>	<i>676</i>	<i>21,107,025</i>	<i>31,223</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 17

MEDICAL COSTS BY PROVIDER

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Type of Provider</i>	<i>Number of Claims</i>	<i>Percent of Total Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (3) / (2)</i>
Non-Surgical MD	535	81.2%	845,058	8.8%	1,580
Surgical MD	497	75.4%	850,883	8.8%	1,712
Orthopedist	158	24.0%	238,083	2.5%	1,507
Osteopath	86	13.1%	33,864	0.4%	394
Mental Health Practitioner	99	15.0%	218,830	2.3%	2,210
Chiropractor	69	10.5%	37,473	0.4%	543
Hospital	436	66.2%	2,483,526	25.8%	5,696
Housekeeping	4	0.6%	6,251	0.1%	1,563
Home Modification Equipment	24	3.6%	16,135	0.2%	672
Prosthetics	13	2.0%	13,400	0.1%	1,031
Prescriptions	488	74.1%	381,737	4.0%	782
Pain Rehab/Work Hardening	51	7.7%	96,103	1.0%	1,884
Independent Medical Examiner	312	47.3%	156,776	1.6%	502
Funeral Expenses	5	0.8%	19,371	0.2%	3,874
Physical Therapy	553	83.9%	1,126,249	11.7%	2,037
Other Medical	590	89.5%	3,092,286	32.2%	5,241
<i>Total / Average</i>	659		9,616,025		14,592

NOTES:

Providers shown in BOLD are used in Chart 17b - Distribution of Charges by Type of Doctor.

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 A, SHEET 1

**DESIGNATOR OF PROVIDER
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	605	89%	28,774,295	87%	47,561
Employee / Not Reported	71	11%	4,383,180	13%	61,735
<i>Totals/Average</i>	<i>676</i>		<i>33,157,474</i>		<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 A, SHEET 2

**DESIGNATOR OF PROVIDER
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	605	89%	18,616,012	88%	30,770
Employee / Not Reported	71	11%	2,491,013	12%	35,085
<i>Totals/Average</i>	676		21,107,025		31,223

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 A, SHEET 3

**DESIGNATOR OF PROVIDER
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	213	91%	3,327,219	75%	15,621
Employee / Not Reported	22	9%	1,133,823	25%	51,537
<i>Totals/Average</i>	235		4,461,042		18,983

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 A, SHEET 4

**DESIGNATOR OF PROVIDER
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	598	89%	8,653,159	89%	14,470
Employee / Not Reported	71	11%	1,066,832	11%	15,026
<i>Totals/Average</i>	669		9,719,990		14,529

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 A, SHEET 5

**DESIGNATOR OF PROVIDER
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	9	64%	21,380	78%	2,376
Employee / Not Reported	5	36%	6,109	22%	1,222
<i>Totals/Average</i>	<i>14</i>		<i>27,489</i>		<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 A, SHEET 6

**DESIGNATOR OF PROVIDER
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	442	88%	1,483,744	64%	3,357
Employee / Not Reported	61	12%	819,225	36%	13,430
<i>Totals/Average</i>	503		2,302,969		4,578

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 B, SHEET 1

**DESIGNATOR OF PROVIDER BY CARRIER
MEDICAL DOLLARS - CCIA**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	371	97.6%	5,871,578	99.8%	15,826
Employee / Not Reported	9	2.4%	11,584	0.2%	1,287
<i>Totals/Average</i>	380		5,883,162		15,482

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 B, SHEET 2

**DESIGNATOR OF PROVIDER BY CARRIER
MEDICAL DOLLARS - COMMERCIAL INSURERS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	48	52.7%	683,549	48.7%	14,241
Employee / Not Reported	43	47.3%	718,789	51.3%	16,716
<i>Totals/Average</i>	<i>91</i>		<i>1,402,338</i>		<i>15,410</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 18 B, SHEET 3

**DESIGNATOR OF PROVIDER BY CARRIER
MEDICAL DOLLARS - SELF INSURERS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Designator</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Employer	179	90.4%	2,098,032	86.2%	11,721
Employee / Not Reported	19	9.6%	336,458	13.8%	17,708
<i>Totals/Average</i>	<i>198</i>		<i>2,434,490</i>		<i>12,295</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 19, SHEET 1

MANAGED CARE MEDICAL COSTS

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
	<i>Claim Count</i>	<i>Claim Count</i>	<i>Medical Cost</i>	<i>Medical Cost</i>	<i>Average</i>	<i>Average</i>
	<i>With</i>	<i>Without</i>	<i>With</i>	<i>Without</i>	<i>Medical Cost per</i>	<i>Medical Cost per</i>
<i>Carrier</i>	<i>Managed Care</i>	<i>Managed Care</i>	<i>Managed Care</i>	<i>Managed Care</i>	<i>Claim With</i>	<i>Claim Without</i>
					<i>Managed Care</i>	<i>Managed Care</i>
					<i>(4) / (2)</i>	<i>(5) / (3)</i>
CCIA	380	.	5,883,162	0	15,482	
Commercial Insurer	79	12	1,223,215	179,124	15,484	14,927
Self Insurer	188	10	2,356,305	78,185	12,534	7,818
<i>Totals/Average</i>	647	22	9,462,682	257,309	14,625	11,696

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 19, SHEET 2

MANAGED CARE MEDICAL COSTS

	<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
<i>Carrier</i>	<i>Early Report</i>	<i>Case Manager</i>	<i>Network</i>	<i>Utilization Review</i>	<i>Gatekeeper</i>
Number of Claims with Given Indicator of Managed Care					
CCIA	227	378	371	0	371
Commercial Insurer	62	46	59	16	42
Self Insurer	130	67	157	28	107
<i>Total</i>	419	491	587	44	520
Amount of Medical Cost for the Claims with Given Indicator					
	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>	<i>(9)</i>	<i>(10)</i>
CCIA	2,346,449	5,878,345	5,871,578	0	5,871,578
Commercial Insurer	902,135	811,577	879,112	227,496	713,348
Self Insurer	1,690,334	974,431	1,975,761	307,280	1,276,456
<i>Total</i>	4,938,918	7,664,352	8,726,451	534,776	7,861,382
Average Medical Cost Per Claim					
	<i>(11)</i>	<i>(12)</i>	<i>(13)</i>	<i>(14)</i>	<i>(15)</i>
	<i>(6)/(1)</i>	<i>(7)/(2)</i>	<i>(8)/(3)</i>	<i>(9)/(4)</i>	<i>(10)/(5)</i>
CCIA	10,337	15,551	15,826		15,826
Commercial Insurer	14,551	17,643	14,900	14,219	16,984
Self Insurer	13,003	14,544	12,584	10,974	11,929
<i>Total</i>	11,787	15,610	14,866	12,154	15,118

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 20

**DISTRIBUTION BY TYPE OF CARRIER
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Type of Carrier</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
CCIA	380	5,883,162	15,482
Commercial Insurers	91	1,402,338	15,410
Self Insurers	198	2,434,490	12,295
<i>Totals/Average</i>	<i>669</i>	<i>9,719,990</i>	<i>14,529</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 21

SUMMARY OF VOCATIONAL REHAB COSTS BY TYPE OF CARRIER

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Vocational Rehabilitation</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
CCIA			
Total Indemnity	0	0	
Total Medical	0	0	
Total Vocational Rehab	0	0	
Total Lump Sum Payments	0	0	
Total Expenses	0	0	
Commercial			
Total Indemnity	6	526,961	87,827
Total Medical	6	301,272	50,212
Total Vocational Rehab	6	6,193	1,032
Total Lump Sum Payments	5	374,450	74,890
Total Expenses	6	38,488	6,415
Self Insurers			
Total Indemnity	8	613,032	76,629
Total Medical	8	283,631	35,454
Total Vocational Rehab	8	21,296	2,662
Total Lump Sum Payments	6	294,000	49,000
Total Expenses	8	728,116	91,015
All Carriers			
Total Indemnity	14	1,139,993	81,428
Total Medical	14	584,903	41,779
Total Vocational Rehab	14	27,489	1,964
Total Lump Sum Payments	11	668,450	60,768
Total Expenses	14	766,604	54,757
<i>Total / Average</i>		2,518,989	179,928

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 A, SHEET 1

**ATTORNEY INVOLVEMENT
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Attorney Involvement</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Yes	273	22,041,747	80,739
No	403	11,115,728	27,582
Unknown	0	0	
<i>Totals/Average</i>	<i>676</i>	<i>33,157,474</i>	<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 A, SHEET 2

**ATTORNEY INVOLVEMENT
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Attorney Involvement</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Yes	273	14,529,783	53,223
No	403	6,577,243	16,321
Unknown	0	0	
<i>Totals/Average</i>	<i>676</i>	<i>21,107,025</i>	<i>31,223</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 A, SHEET 3

**ATTORNEY INVOLVEMENT
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Attorney Involvement</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Yes	188	3,470,052	18,458
No	47	990,990	21,085
Unknown	0	0	
<i>Totals/Average</i>	235	4,461,042	18,983

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 A, SHEET 4

**ATTORNEY INVOLVEMENT
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Attorney Involvement</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Yes	270	5,567,761	20,621
No	399	4,152,229	10,407
Unknown	0	0	
<i>Totals/Average</i>	669	9,719,990	14,529

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 A, SHEET 5

**ATTORNEY INVOLVEMENT
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Attorney Involvement</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Yes	9	18,844	2,094
No	5	8,646	1,729
Unknown	0	0	
<i>Totals/Average</i>	<i>14</i>	<i>27,489</i>	<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 A, SHEET 6

**ATTORNEY INVOLVEMENT
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Attorney Involvement</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Yes	243	1,925,359	7,923
No	260	377,610	1,452
Unknown	0	0	
<i>Totals/Average</i>	<i>503</i>	<i>2,302,969</i>	<i>4,578</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 B, SHEET 1

DISTRIBUTION BY ATTORNEY INVOLVEMENT

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Claimant Attorney	273	40.4%	22,041,747	66.5%	80,739
No Claimant Attorney	403	59.6%	11,115,728	33.5%	27,582
Unknown	0	0.0%	0	0.0%	
<i>Totals/Average</i>	<i>676</i>		<i>33,157,474</i>		<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 B, SHEET 2

DISTRIBUTION BY ATTORNEY INVOLVEMENT - CCIA

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Claimant Attorney	208	53.9%	16,235,820	76.0%	78,057
No Claimant Attorney	178	46.1%	5,131,382	24.0%	28,828
Unknown	0	0.0%	0	0.0%	
<i>Totals/Average</i>	<i>386</i>		<i>21,367,201</i>		<i>55,355</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 B, SHEET 3

DISTRIBUTION BY ATTORNEY INVOLVEMENT - COMMERCIAL INSURER

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Claimant Attorney	19	20.7%	1,006,950	27.1%	52,997
No Claimant Attorney	73	79.3%	2,714,188	72.9%	37,181
Unknown	0	0.0%	0	0.0%	
<i>Totals/Average</i>	92		3,721,137		40,447

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 22 B, SHEET 4

DISTRIBUTION BY ATTORNEY INVOLVEMENT - SELF INSURER

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Claimant Attorney	46	23.2%	4,798,977	59.5%	104,326
No Claimant Attorney	152	76.8%	3,270,158	40.5%	21,514
Unknown	0	0.0%	0	0.0%	
<i>Totals/Average</i>	<i>198</i>		<i>8,069,135</i>		<i>40,753</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 23 A

**TIME LINES
REPORTED TO EMPLOYER**

<i>(1)</i> <i>Number of Days</i> <i>from Date of Injury to</i> <i>Date Reported to Employer</i>		<i>(2)</i> <i>Number</i> <i>of Claims</i>	<i>(3)</i> <i>Percent</i> <i>of Claims</i>	<i>(4)</i> <i>Dollar Cost</i> <i>of Claims</i>	<i>(5)</i> <i>Percent</i> <i>of Dollars</i>	<i>(6)</i> <i>Average Cost</i> <i>of Claims</i> <i>(4) / (2)</i>
Up to	10	572	85%	29,734,307	90%	51,983
11	20	27	4%	990,341	3%	36,679
21	30	7	1%	298,584	1%	42,655
31	60	12	2%	570,707	2%	47,559
61	90	2	0%	62,784	0%	31,392
91	180	8	1%	272,228	1%	34,029
181	270	2	0%	44,018	0%	22,009
271	360	1	0%	15,345	0%	15,345
361	540	1	0%	18,897	0%	18,897
541	720	0	0%	0	0%	
721	900	0	0%	0	0%	
901	1260	0	0%	0	0%	
Over	1260	0	0%	0	0%	
Unknown		44	7%	1,150,262	3%	26,142
<i>Totals</i>		<i>676</i>		<i>33,157,474</i>		<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 23 B

**TIME LINES
REPORTED TO INSURER**

(1)	(2)	(3)	(4)	(5)	(6)	
<i>Number of Days from Date of Injury to Date Reported to Insurer</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>	
Up to	10	427	63%	19,732,451	60%	46,212
11	20	96	14%	5,975,048	18%	62,240
21	30	37	5%	2,538,477	8%	68,607
31	60	35	5%	2,140,834	6%	61,167
61	90	9	1%	272,559	1%	30,284
91	180	21	3%	1,024,143	3%	48,769
181	270	5	1%	142,120	0%	28,424
271	360	4	1%	128,561	0%	32,140
361	540	5	1%	136,319	0%	27,264
541	720	3	0%	92,061	0%	30,687
721	900	0	0%	0	0%	
901	1260	2	0%	14,820	0%	7,410
Over	1260	0	0%	0	0%	
Unknown		32	5%	960,082	3%	30,003
<i>Totals</i>		<i>676</i>		<i>33,157,474</i>		<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 23 C

**TIME LINES
FIRST INDEMNITY PAYMENT**

<i>(1)</i>		<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
<i>Number of Days</i>		<i>Number</i>	<i>Percent</i>	<i>Dollar Cost</i>	<i>Percent</i>	<i>Average Cost</i>
<i>from Date of Injury to</i>		<i>of Claims</i>	<i>of Claims</i>	<i>of Claims</i>	<i>of Dollars</i>	<i>of Claims</i>
<i>First Indemnity Payment</i>						<i>(4) / (2)</i>
Up to	10	205	30%	13,682,564	41%	66,744
	11	65	10%	3,542,373	11%	54,498
	21	30	4%	1,621,665	5%	54,055
	31	48	7%	1,925,189	6%	40,108
	61	38	6%	2,621,773	8%	68,994
	91	70	10%	2,617,585	8%	37,394
	181	38	6%	1,885,417	6%	49,616
	271	25	4%	631,441	2%	25,258
	361	23	3%	1,012,559	3%	44,024
	541	13	2%	570,483	2%	43,883
	721	5	1%	199,460	1%	39,892
	901	6	1%	492,345	1%	82,058
Over	1260	4	1%	126,335	0%	31,584
Unknown		106	16%	2,228,287	7%	21,022
<i>Totals</i>		<i>676</i>		<i>33,157,474</i>		<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 23 D

**TIME LINES
RETURNED TO WORK**

<i>(1)</i>		<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	
<i>Number of Days from Date of Injury to Date of Return to Work</i>		<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>	
Up to	10	116	17%	4,227,564	13%	36,445	
	11	20	3%	515,920	2%	30,348	
	21	30	1%	267,396	1%	44,566	
	31	60	16	2%	467,637	1%	29,227
	61	90	13	2%	265,659	1%	20,435
	91	180	31	5%	906,681	3%	29,248
	181	270	15	2%	486,804	1%	32,454
	271	360	11	2%	510,596	2%	46,418
	361	540	14	2%	552,413	2%	39,458
	541	720	2	0%	55,329	0%	27,664
	721	900	0	0%	0	0%	
	901	1260	4	1%	370,281	1%	92,570
Over	1260	3	0%	154,663	0%	51,554	
Unknown		428	63%	24,376,531	74%	56,955	
<i>Totals</i>		<i>676</i>		<i>33,157,474</i>		<i>49,050</i>	

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 23 E

**TIME LINES
MAX MEDICAL IMPROVEMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<i>Number of Days from Date of Injury to Max Medical Improvement</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Up to 10	3	0%	1,244,541	4%	414,847
11 20	2	0%	16,112	0%	8,056
21 30	0	0%	0	0%	
31 60	6	1%	118,135	0%	19,689
61 90	14	2%	89,335	0%	6,381
91 180	49	7%	840,119	3%	17,145
181 270	53	8%	2,041,447	6%	38,518
271 360	39	6%	2,529,923	8%	64,870
361 540	49	7%	4,079,471	12%	83,255
541 720	23	3%	1,814,765	5%	78,903
721 900	13	2%	779,673	2%	59,975
901 1260	15	2%	1,853,925	6%	123,595
Over 1260	14	2%	849,603	3%	60,686
Unknown or N/A	396	59%	16,900,426	51%	42,678
<i>Totals</i>	<i>676</i>		<i>33,157,474</i>		<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 24, SHEET 1

DURATION OF BENEFITS

<i>(1)</i> <i>Number of Years</i> <i>from Date of Injury to</i> <i>Date Claim Closed</i>		<i>(2)</i> <i>Number</i> <i>of Claims</i>	<i>(3)</i> <i>Percent</i> <i>of Claims</i>	<i>(4)</i> <i>Dollar Cost</i> <i>of Claims</i>	<i>(5)</i> <i>Percent</i> <i>of Dollars</i>	<i>(6)</i> <i>Average Cost</i> <i>of Claims</i> <i>(4) / (2)</i>
Up to	0.25	6	1%	33,791	0%	5,632
0.26	0.50	83	12%	829,964	3%	10,000
0.51	0.75	38	6%	704,261	2%	18,533
0.76	1.00	67	10%	1,209,380	4%	18,050
1.01	1.50	174	26%	5,755,302	17%	33,076
1.51	2.00	54	8%	2,741,687	8%	50,772
2.01	2.50	84	12%	4,334,387	13%	51,600
2.51	3.00	28	4%	1,311,192	4%	46,828
3.01	3.50	40	6%	2,877,665	9%	71,942
3.51	4.00	12	2%	1,242,544	4%	103,545
4.01	4.50	35	5%	4,168,341	13%	119,095
4.51	5.00	4	1%	437,329	1%	109,332
Over	5.00	51	8%	7,511,631	23%	147,287
<i>Totals/Average</i>		676		33,157,474		49,050

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 24, SHEET 2

DURATION OF BENEFITS - CCIA

<i>(1)</i> <i>Number of Years</i> <i>from Date of Injury to</i> <i>Date Claim Closed</i>		<i>(2)</i> <i>Number</i> <i>of Claims</i>	<i>(3)</i> <i>Percent</i> <i>of Claims</i>	<i>(4)</i> <i>Dollar Cost</i> <i>of Claims</i>	<i>(5)</i> <i>Percent</i> <i>of Dollars</i>	<i>(6)</i> <i>Average Cost</i> <i>of Claims</i> <i>(4) / (2)</i>
Up to	0.25	2	1%	7,900	0%	3,950
0.26	0.50	46	12%	479,393	2%	10,422
0.51	0.75	2	1%	18,657	0%	9,328
0.76	1.00	33	9%	576,967	3%	17,484
1.01	1.50	115	30%	3,692,295	17%	32,107
1.51	2.00	17	4%	1,015,984	5%	59,764
2.01	2.50	54	14%	2,455,485	11%	45,472
2.51	3.00	15	4%	758,579	4%	50,572
3.01	3.50	29	8%	2,175,528	10%	75,018
3.51	4.00	6	2%	828,055	4%	138,009
4.01	4.50	29	8%	3,879,517	18%	133,776
4.51	5.00	3	1%	292,555	1%	97,518
Over	5.00	35	9%	5,186,287	24%	148,180
<i>Totals/Average</i>		386		21,367,201		55,355

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 24, SHEET 3

DURATION OF BENEFITS - COMMERCIAL INSURERS

	(1)	(2)	(3)	(4)	(5)	(6)
	<i>Number of Years from Date of Injury to Date Claim Closed</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (4) / (2)</i>
Up to	0.25	0	0%	0	0%	
	0.26	9	10%	120,060	3%	13,340
	0.51	5	5%	119,590	3%	23,918
	0.76	5	5%	61,153	2%	12,231
	1.01	29	32%	781,651	21%	26,953
	1.51	15	16%	540,995	15%	36,066
	2.01	13	14%	765,625	21%	58,894
	2.51	3	3%	140,829	4%	46,943
	3.01	6	7%	462,158	12%	77,026
	3.51	1	1%	29,205	1%	29,205
	4.01	2	2%	109,193	3%	54,597
	4.51	0	0%	0	0%	
	Over	4	4%	590,680	16%	147,670
<i>Totals/Average</i>		92		3,721,137		40,447

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 25, SHEET 1

**DISTRIBUTION BY CLAIMANT AGE
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
<i>Claimant Age</i>	<i>Average Age</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5)/(3)</i>
Up to 19	18.39	10	1%	587,704	2%	58,770
20 to 29	25.60	111	16%	4,513,091	14%	40,658
30 to 39	35.87	185	27%	9,268,921	28%	50,102
40 to 49	45.20	217	32%	11,926,471	36%	54,961
50 to 59	54.40	118	17%	5,543,184	17%	46,976
60 to 69	63.66	30	4%	1,262,524	4%	42,084
70 to 79	70.52	3	0%	23,779	0%	7,926
80 and Over	.	0	0%	0	0%	
Unknown		2	0%	31,800	0%	15,900
<i>Totals/Average</i>		<i>676</i>		<i>33,157,474</i>		<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 25, SHEET 2

**DISTRIBUTION BY CLAIMANT AGE
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
<i>Claimant Age</i>	<i>Average Age</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5)/(3)</i>
Up to 19	18.39	10	1%	487,782	2%	48,778
20 to 29	25.60	111	16%	2,666,746	13%	24,025
30 to 39	35.87	185	27%	5,580,194	26%	30,163
40 to 49	45.20	217	32%	7,860,513	37%	36,224
50 to 59	54.40	118	17%	3,676,270	17%	31,155
60 to 69	63.66	30	4%	805,863	4%	26,862
70 to 79	70.52	3	0%	11,921	0%	3,974
80 and Over	.	0	0%	0	0%	
Unknown		2	0%	17,737	0%	8,869
<i>Totals/Average</i>		<i>676</i>		<i>21,107,025</i>		<i>31,223</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 25, SHEET 3

**DISTRIBUTION BY CLAIMANT AGE
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
<i>Claimant Age</i>	<i>Average Age</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
Up to 19	18.39	2	1%	15,500	0%	7,750
20 to 29	25.60	46	20%	576,952	13%	12,542
30 to 39	35.87	74	31%	1,605,778	36%	21,700
40 to 49	45.20	70	30%	1,520,129	34%	21,716
50 to 59	54.40	35	15%	666,301	15%	19,037
60 to 69	63.66	8	3%	76,380	2%	9,548
70 to 79	70.52	0	0%	0	0%	
80 and Over	.	0	0%	0	0%	
Unknown		0	0%	0	0%	
<i>Totals/Average</i>		235		4,461,042		18,983

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 25, SHEET 4

**DISTRIBUTION BY CLAIMANT AGE
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
<i>Claimant Age</i>	<i>Average Age</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5) / (3)</i>
Up to 19	18.39	10	1%	98,306	1%	9,831
20 to 29	25.60	108	16%	1,594,952	16%	14,768
30 to 39	35.87	184	28%	2,788,387	29%	15,154
40 to 49	45.20	215	32%	3,320,108	34%	15,442
50 to 59	54.40	117	17%	1,454,974	15%	12,436
60 to 69	63.66	30	4%	438,272	5%	14,609
70 to 79	70.52	3	0%	11,443	0%	3,814
80 and Over	.	0	0%	0	0%	
Unknown		2	0%	13,548	0%	6,774
<i>Totals/Average</i>		669		9,719,990		14,529

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 25, SHEET 5

**DISTRIBUTION BY CLAIMANT AGE
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
<i>Claimant Age</i>	<i>Average Age</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5)/(3)</i>
Up to 19	18.39	0	0%	0	0%	
20 to 29	25.60	2	14%	6,002	22%	3,001
30 to 39	35.87	6	43%	7,906	29%	1,318
40 to 49	45.20	3	21%	3,171	12%	1,057
50 to 59	54.40	3	21%	10,411	38%	3,470
60 to 69	63.66	0	0%	0	0%	
70 to 79	70.52	0	0%	0	0%	
80 and Over	.	0	0%	0	0%	
Unknown		0	0%	0	0%	
<i>Totals/Average</i>		<i>14</i>		<i>27,489</i>		<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 25, SHEET 6

**DISTRIBUTION BY CLAIMANT AGE
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
<i>Claimant Age</i>	<i>Average Age</i>	<i>Number of Claims</i>	<i>Percent of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Percent of Dollars</i>	<i>Average Cost of Claims (5)/(3)</i>
Up to 19	18.39	7	1%	1,617	0%	231
20 to 29	25.60	84	17%	245,392	11%	2,921
30 to 39	35.87	139	28%	892,435	39%	6,420
40 to 49	45.20	168	33%	742,679	32%	4,421
50 to 59	54.40	80	16%	401,529	17%	5,019
60 to 69	63.66	20	4%	18,388	1%	919
70 to 79	70.52	3	1%	415	0%	138
80 and Over	.	0	0%	0	0%	
Unknown		2	0%	515	0%	258
<i>Totals/Average</i>		503		2,302,969		4,578

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 26, SHEET 1

**DISTRIBUTION BY CLAIMANT GENDER
TOTAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Gender</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Male	430	20,610,694	47,932
Female	246	12,546,780	51,003
Not Reported	0	0	
<i>Totals/Average</i>	<i>676</i>	<i>33,157,474</i>	<i>49,050</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 26, SHEET 2

**DISTRIBUTION BY CLAIMANT GENDER
INDEMNITY DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Gender</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Male	430	13,666,979	31,784
Female	246	7,440,047	30,244
Not Reported	0	0	
<i>Totals/Average</i>	676	21,107,025	31,223

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 26, SHEET 3

**DISTRIBUTION BY CLAIMANT GENDER
LUMP SUM DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Gender</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Male	142	2,596,260	18,284
Female	93	1,864,781	20,051
Not Reported	0	0	
<i>Totals/Average</i>	235	4,461,042	18,983

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 26, SHEET 4

**DISTRIBUTION BY CLAIMANT GENDER
MEDICAL DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Gender</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Male	426	6,067,080	14,242
Female	243	3,652,910	15,033
Not Reported	0	0	
<i>Totals/Average</i>	669	9,719,990	14,529

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 26, SHEET 5

**DISTRIBUTION BY CLAIMANT GENDER
VOCATIONAL REHAB DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Gender</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Male	6	15,793	2,632
Female	8	11,696	1,462
Not Reported	0	0	
<i>Totals/Average</i>	<i>14</i>	<i>27,489</i>	<i>1,964</i>

COLORADO WORKERS COMPENSATION CLOSED CLAIM STUDY

TABLE 26, SHEET 6

**DISTRIBUTION BY CLAIMANT GENDER
EXPENSE DOLLARS**

<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
<i>Claimant Gender</i>	<i>Number of Claims</i>	<i>Dollar Cost of Claims</i>	<i>Average Cost of Claims (3) / (2)</i>
Male	314	860,843	2,742
Female	189	1,442,127	7,630
Not Reported	0	0	
<i>Totals/Average</i>	503	2,302,969	4,578