

# ***Workers' Compensation Agency***

## ***2011 Annual Report***



*Copper Harbor Lighthouse perched on the rocky peninsula that forms Copper Harbor*

**LARA**

**LICENSING AND REGULATORY AFFAIRS**

**CUSTOMER DRIVEN. BUSINESS MINDED.**

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**Rick Snyder, Governor**

*State of Michigan*

Steven H. Hilfinger, Director

*Department of Licensing and Regulatory Affairs*

Kevin Elsenheimer, Director

*Workers' Compensation Agency*

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## *Overview*

2011 marked the 99<sup>th</sup> anniversary of workers' compensation law in Michigan. Prior to the initial enactment in 1912, a worker who was injured in the course of his or her employment could sue his or her employer in a civil or "tort" action. This was the same remedy available to any person injured under other circumstances. The tort remedy, however, has certain problems. It requires the worker prove that the injury occurred because the employer was negligent. The employer could then assert one or more of three important defenses: (1) that the worker was also negligent, (2) that the worker knew of the dangers involved and "assumed the risk," or (3) that the injury occurred because of the negligence of a "fellow employee." Under this system it was very difficult for workers to recover against their employers. If they did win, however, they could receive damages similar to other civil actions.

In 1912 Michigan, along with most other states, adopted a Workmen's Compensation Act. The new remedy was essentially a "no-fault" system under which a worker no longer had to prove negligence on the part of the employer, and the employer's three indicated defenses were eliminated. The intent of the new law was to require an employer to compensate a worker for any injury suffered on the job, regardless of the existence of any fault or whose it might be.

Workers' compensation law became Michigan's first "tort reform" legislation. In exchange for the simplified burden of proof and elimination of the common law tort defenses indicated above, injured workers are now entitled only to (1) certain wage loss benefits, (2) medical treatment subject to cost containment rules, and (3) limited vocational rehabilitation services. Recovery under workers' compensation is limited to these three areas, no matter how serious the injury. There is no pain and suffering compensation. There are no jury trials. The cases are adjudicated before an appointed Board of Magistrates and the first level of appeal is to another appointed body, the Appellate Commission. Appeals to the Court of Appeals and Supreme Court are only by leave granted. Employers are protected from most other injury claims by employees since the benefits under the Workers' Disability Compensation Act are deemed to be the employee's "exclusive remedy."

Nearly all employers in Michigan are covered by workers' compensation. This includes both public and private employers. In fact, when talking about workers' compensation, it is easier to discuss the exceptions. There are a few classes of workers who are covered by federal laws and are not covered by the Workers' Disability Compensation Act of Michigan. Employees of the federal government (such as postal workers, employees at a veteran's administration hospital, or members of the armed forces) are covered by federal laws. People who work on interstate railroads are covered by the Federal Employers Liability Act. Seamen on navigable waters are covered by the Merchant Marine Act of 1920, and people loading and unloading vessels are covered by the Longshoremen's and Harbor Workers' Compensation Act. Virtually all other workers and employers are subject to Michigan's law.

Certain very small employers are exempt. If a private employer has three or more employees at any one time, or employs one or more workers for 35 or more hours per week for 13 or more weeks, the employer is subject to the Workers' Disability Compensation Act (Section 115).

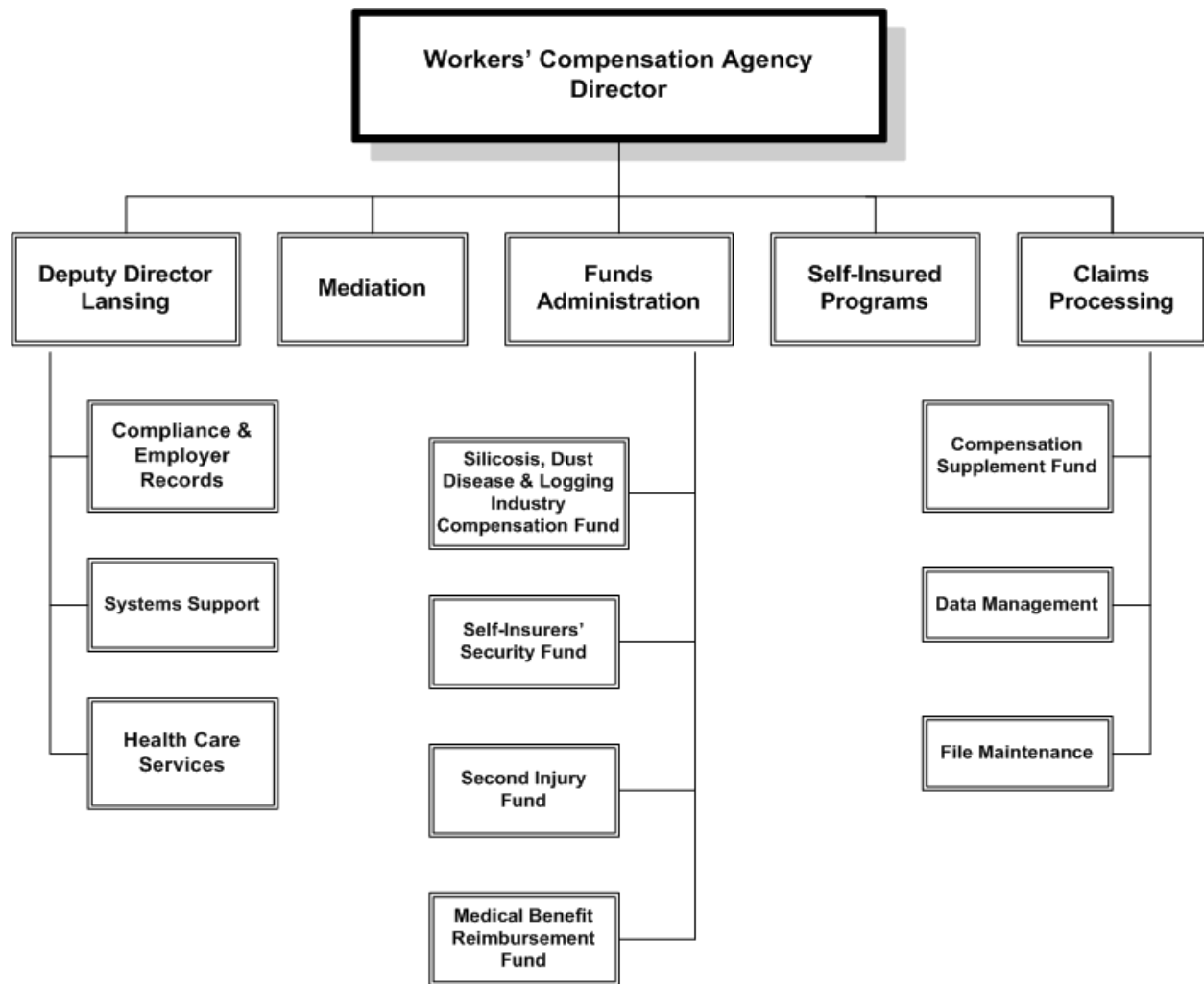
## ***2011 Highlights***

- ◆ Executive Orders 2011-4 and 2011-6 transferred the WCA litigation functions including case facilitation, trial and administrative appeal processes to the Michigan Administrative Hearings System.
- ◆ Significant modifications to the Workers' Compensation Act including changes to the definition of disability and other matters were given immediate effect by the Legislature as of December 19, 2011.
- ◆ The agency acquired new digital imaging technology to replace aging microfilm system. System implementation and staff training are anticipated for early 2012.
- ◆ Health Care Service cost containment fee schedule assigned for vision and hearing aide CPT Codes.
- ◆ Among the changes to the Act, employers may direct the care for a work injury or illness for the first 28 days of medical care. The Workers' Disability Compensation Act of 1969, as amended, Section 315 now states that after 28 days from the inception of medical care, the employee may treat with a physician of his or her own choice by giving to the employer the name of the physician and his or her intention to treat with the physician.

## ***What to look for in 2012***

- ◆ The agency will continue to explore options to upgrade or replace its antiquated Cobol based mainframe system known as WORCS. Preliminary study is underway for replacement of the system with a net based solution in conjunction with modern DTMB data approach. The new system will include greatly expanded Electronic Data Interchange (EDI) for direct computer to computer communication of claims and proof of coverage data.
- ◆ Physicians dispensing medication in their offices are now required to charge by the original national drug code for pharmaceuticals.
- ◆ Workers' Compensation Agency will have the authority to downgrade or deny the certification of a carrier or self-insured for non-compliance with Health Care Services rules.
- ◆ The agency will continue efforts to add carriers to the EDI proof of coverage process.
- ◆ The agency will co-ordinate with the Michigan Administrative Hearings System to revamp the administrative rules to accommodate the handling of contested cases moving between the two agencies and to simplify procedures for all customers.
- ◆ Finalization and implementation of new rules allowing the electronic payment of weekly wage loss compensation benefits by various means.
- ◆ Update Agency forms and process to comply with the reporting, structural and procedural changes brought about by the Executive Orders and significant legislative changes to the Act
- ◆ Completion of adjudication process transfer to MAHS.

## ***Organization Chart***



## ***How to Contact Us***

*The agency is located at:*

Michigan Dept. of Licensing and Regulatory Affairs  
Workers' Compensation Agency  
7150 Harris Drive  
P.O. Box 30016  
Lansing, Michigan 48909

*Telephone (toll free):* 888-396-5041

*Website address:* [www.michigan.gov/wca](http://www.michigan.gov/wca)

## *Administration*

The mission of the Workers' Compensation Agency is to efficiently administer the Workers' Disability Compensation Act of Michigan, which includes carrier and employer compliance, timely benefit payments and the prompt transfer of contested claims involving Michigan's injured workers to the Michigan Administrative Hearings System (MAHS).

### Goals:

- ◆ Ensure that employees that have suffered a work-related injury or occupational disease are provided correct wage loss replacement, medical and vocational rehabilitation services during periods of incapacity, and that these benefits are paid timely and accurately.
- ◆ Provide leadership to carry out a legislative agenda for more efficient regulation and delivery of workers' compensation benefits.
- ◆ Coordinate with MAHS to transfer contested matters to their informal and formal dispute resolution process for employers, insurance carriers, injured workers, and health care providers.
- ◆ Monitor medical care providers' compliance with the agency's Health Care Services Rules (cost containment fees) to ensure that the cost of providing health care services remains reasonable and that injured workers have access to quality health care statewide.
- ◆ Monitor the financial position of all individual and group self-insureds to ensure their ability to meet future payment of benefits on a timely basis.
- ◆ Maintain a historical insurance coverage record system for the more than 241,000 employers subject to the Workers' Disability Compensation Act.
- ◆ Monitor and enforce employers' compliance with the requirements for insurance coverage.
- ◆ Ensure carrier and employee rights to benefits or reimbursement, within Chapter 5-Funds of the Workers' Disability Compensation Act, are determined and paid in a timely and accurate manner.
- ◆ Maintain agency records in accord with statutory requirements and in compliance with state general archive requirements.

The Workers' Compensation Agency has a website which contains a variety of information, forms, documents and statistics regarding the agency and its functions. The address is [www.michigan.gov/wca](http://www.michigan.gov/wca).

## ***Claims Processing***

The Claims Processing Division maintains a current and historical claims/case records system. Its objective is to ensure that employees that have suffered work related injuries are provided correct wage loss replacement and that both voluntary claims and litigated cases are processed in a timely manner.

This division performs a variety of functions relating to workers' compensation claims. The program is broken down into three major sections:

- ◆ ***Compensation Supplement Fund.*** The Compensation Supplement Fund was established to provide a cost-of-living adjustment to workers who were injured between 9/1/65 and 12/31/79. The staff reviews and processes all applications for reimbursement, which are submitted by carriers on a quarterly basis. In 2011, the Compensation Supplement Fund reimbursed 2,135 claims, including \$425,942.14 in payments and \$2,984,445.10 in Michigan Business Tax Credits, for a total of \$3,410,387.24. The section is also responsible for collecting and auditing all redemption fees. In 2011, we collected \$1,291,100 in Redemption Fees.
- ◆ ***Data Management.*** The Data Management section is responsible for reviewing, evaluating and data entering all claims forms required by the statute. The staff also manually audits all opinions, orders and voluntary pay agreements as well as certain forms that cannot be audited by the system. In addition, this section is responsible for microfilming all agency mail. In 2011, the staff data entered 114,890 claims forms.
- ◆ ***File Maintenance.*** The File Maintenance staff prepares all agency mail for digital imaging (which includes automatic date stamping). The preparation includes opening, sorting, screening, and matching agency forms and correspondence. In 2011, the section processed 395,455 forms and correspondence relating to claim, case and insurance records. This section is also responsible for housing and maintaining workers' compensation cases that are in open payment status. In addition, the staff prepares closed files for Records Center and recalls them when necessary. In 2011, approximately 13,756 claims/cases were retired.

## ***Resolution of Vocational Rehabilitation Issues***

The formal agency mediation process, §223 in prior versions of the act, was eliminated by the 12/2011 amendments. Case facilitation and other voluntary resolution processes will take place at MAHS.

The Agency Director will continue to handle initial level determinations in requests for vocational rehabilitation. Reconciliation techniques will be employed in most cases. If this is not successful, the parties can request formal determination:

- ◆ *Vocational Rehabilitation Director Hearings.* Disputes concerning the proper course of vocational rehabilitation are first submitted to the agency director. The director then refers the dispute to one of his representatives to conduct a vocational rehabilitation hearing. The goal of the vocational rehabilitation hearing is to facilitate a voluntary agreement between the parties regarding the appropriate course of vocational rehabilitation for the injured worker. If the parties cannot reach an agreement, an order can be entered specifying the appropriate vocational rehabilitation plan.

## ***Compliance and Employer Records***

The Compliance and Employer Records Division works to ensure that all employers subject to the Michigan Workers' Disability Compensation Act have complied with the requirements by securing workers' compensation coverage either through a policy of insurance or through approved self-insured authority.

The division maintains the current and historical record system for over 241,000 employers. This includes coverage records on self-insurers, employers with insurance, and employers who have excluded themselves from the Act. In addition, this division has the responsibility to enforce employers' compliance with insurance requirements of the statute.

The major objectives of this program are:

- ◆ To keep an accurate insurance coverage record;
- ◆ To identify the responsible insurance carriers for employers listed on applications for mediation or hearing;
- ◆ To communicate with those employers who fail to maintain insurance coverage, using the civil process to enforce such compliance if the employer fails to comply even after being advised of the requirements of the statute by division staff.

Since 1983, workers' compensation insurance premiums in Michigan have been set in the marketplace. This means that different insurance companies charge different premiums. Research done by the insurance commissioner suggests that employers should "shop around" for the best deal on insurance. All workers' compensation insurance policies provide the same coverage. However, some cost more than others and some companies provide more services than others. Employers should shop for the best price and the most service from their workers' compensation insurance company.

In addition, the agency has been penalizing employers when they allow their workers' compensation coverage to lapse. To date, the agency has collected \$4.1 million in fines as a result of these lapses in coverage.

## ***Self-Insured Programs***

The Workers' Disability Compensation Act permits employers to request authority to self-insure and assume responsibility for direct payment of benefits to injured workers. The Act also permits providers of claims adjusting, underwriting and loss control services to apply and be approved by the agency to provide these services to approved self-insurers.

Two types of self-insured authority are permitted by the Act. Individual employers may be approved as self-insurers or, two or more employers in the same industry may apply for group self-insured authority. Statutory requirements, administrative rules and agency policy require annual renewal applications and various monitoring and approval tasks throughout the year.

Self-Insured Programs conducts initial regulatory reviews on employer self-insured applications and in the formation of group self-insured programs; provides guidance through the approval, formation, and review process; and issues decisions that detail the required security and exposure limiting devices based on statutory authority and the agency's established policy. Initial and annual regulatory reviews are also conducted on service company applications. The staff works to resolve all issues and disputes generated by self-insured employers by telephone, informal meetings and through the formal hearing process. The division also provides information to the public relevant to self-insured concepts and notifies self-insured employers and other interested parties of changes in the statute, administrative rules, and departmental policy.

This division also provides final approval for distributions of surplus funds not needed to pay claims or administrative expenses to members of approved group self-insured programs. This process requires the review and assessment of documents provided in support of the specific request made by the group programs. Surplus return authorizations range between \$50,000,000 and \$60,000,000 on average annually. These are funds returned to the members of the various groups, pursuant to the bylaws and operating procedures, reducing the cost of their workers' compensation program in Michigan and therefore reducing their overall business costs.

## ***Health Care Services***

The Health Care Services Division performs a wide variety of functions mandated in section 418.315 of the Workers' Disability Compensation Act of 1969, as amended, which has been essential to keeping injury related medical care costs in Michigan among the lowest in the country. These functions include; (1) Rule Development, Review and Revision, (2) Evaluation, and (3) Information and Education. Here is a brief summary of each category:

- ◆ *Rule Development, Review and Revision.* The Act and the Workers' Compensation Health Care Services Rules identify policies for coverage and reimbursement to health care providers. Health care trends and policies are researched and developed by staff and Health Care Services (HCS) Advisory Committee members in accordance with nationally recognized standards of practice and reimbursement methodologies. Practitioner reimbursement is based upon resource based relative value units (RBRVS).
- ◆ *Evaluation.* The evaluation process consists of compiling carrier data and analyzing charges, payments, health care procedures and medical diagnosis. The results of the data analysis are used to decide reimbursement levels, utilization parameters, and level of care diagnosis. Provider and carrier compliance is also monitored through the case samples and other reports provided by carriers.
- ◆ *Carrier's Review Certification & Data Reporting.* Health Care Services has enhanced the internet automated Certification of a Carrier's Professional Health Care Review and Annual Form 406 Annual Medical Payment Report program so insurance carriers, self-insured's and insured groups can go online and submit required information. The system e-mails an annual filing reminder to the carriers and service companies. It has significantly decreased both staff and customer hours used for filing and processing resulting in significant improvement in the efficiency and reduced costs. A carrier's professional review process is certified by staff to assure that appropriate medical review criteria are utilized according to Rule requirements. Carriers must also attest that professional review staff are licensed and certified as required by Workers' Compensation Health Care Services Rules.
- ◆ *Information and Education.* Staff responds to numerous telephone and written inquiries for information and clarification of the rules, assists in resolving differences between a carrier and a provider, meets with provider, carrier and employee organizations, professional review companies, attorneys, mediators, magistrates and legislators. Staff also provides educational seminars for providers, carriers and professional review agencies regarding the application of the rules, billing procedures, carrier and provider responsibilities and rights outlined in the rules. Staff also participates on panels and programs on workers' compensation health care.

## ***Funds Administration***

The Funds Administration Division, consisting of the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; and the Self-Insurers' Security Fund is managed by a board of three trustees. Two trustees are appointed by the Governor with the advice and consent of the Senate. One represents employers authorized to act as self-insurers in Michigan and the second represents the insurance industry. The third trustee is the director of the Workers' Compensation Agency.

Responsibilities of the Funds Administration are defined within the Workers' Disability Compensation Act. The applicable sections of the Act are 351, 356(1), 361(3), 372, and 862. The applicable chapters of the Act are 5 and 9.

The Funds Administration is funded 100% by insurers who write workers' compensation policies in the State of Michigan, and employers who self-insure their workers' compensation risk. These assessments cover all benefits paid by the Funds Administration, and all administrative costs.

The Funds Administration handled approximately 3,231 cases during 2011. At the close of the calendar year, the Funds Administration had 2,546 open files. The total expenditures for the Funds Administration during 2011 were \$22,257,363. Benefit payments were \$17,634,665, and administrative costs including the costs of litigation equaled \$4,622,698. Complete fiscal and calendar year accounting may be obtained from the Funds Administration office. Detailed information regarding the Funds Administration can be found in the Funds Administration Overview located on the Workers' Compensation Agency's web site at [www.michigan.gov/wca](http://www.michigan.gov/wca).

The Medical Benefit Reimbursement Provision [MCL 418.862(2)] is also administered by the Funds Administration. The funds for this provision, however, come through the State of Michigan General Fund.

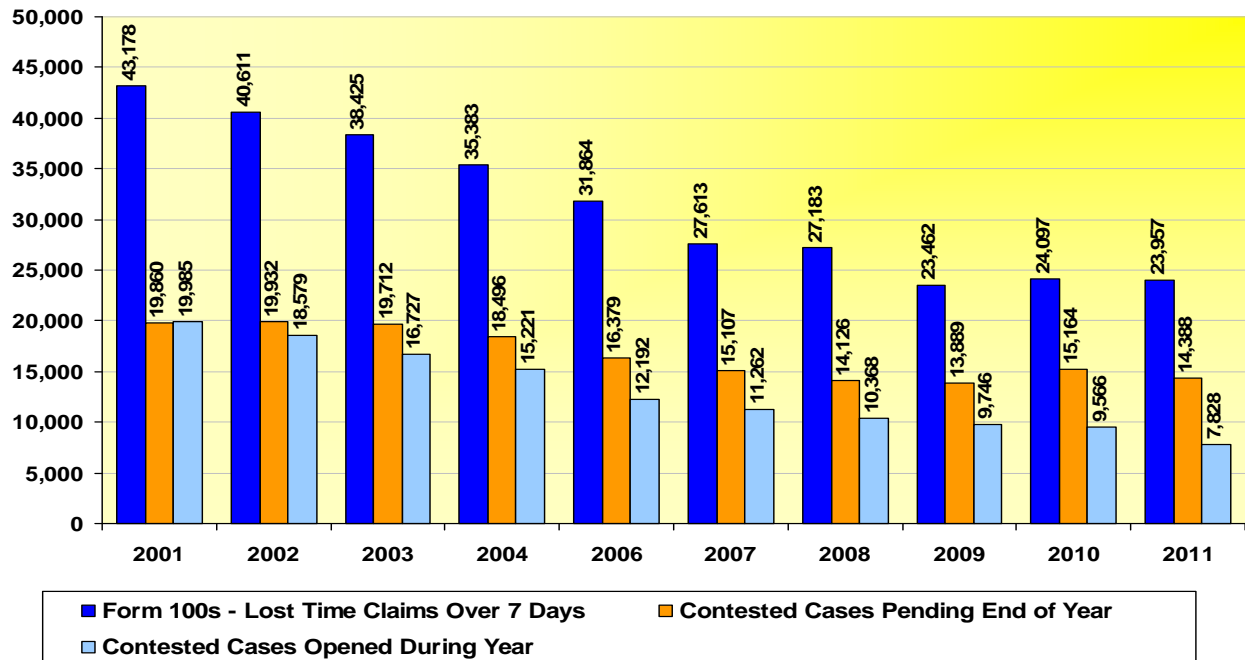
# *Statistics & Charts*

## State Average Weekly Wage Chart

Year	SAWW	90% of SAWW (Maximum)	2/3 of SAWW*	50% of SAWW (Minimum Benefit for Death Cases)	25% of SAWW (Minimum Benefit for Specific Loss and T&P)
2012	\$860.34	\$775.00	\$573.56	\$430.17	\$215.09
2011	\$823.35	\$742.00	\$548.90	\$411.68	\$205.84
2010	\$828.73	\$746.00	\$552.49	\$414.37	\$207.18
2009	\$834.79	\$752.00	\$556.53	\$417.40	\$208.70
2008	\$820.04	\$739.00	\$546.69	\$410.02	\$205.01
2007	\$803.17	\$723.00	\$535.45	\$401.59	\$200.79
2006	\$784.31	\$706.00	\$522.87	\$392.16	\$196.08
2005	\$765.12	\$689.00	\$510.08	\$382.56	\$191.28
2004	\$744.49	\$671.00	\$496.33	\$372.25	\$186.12
2003	\$724.96	\$653.00	\$483.31	\$362.48	\$181.24
2002	\$715.11	\$644.00	\$476.74	\$357.56	\$178.78
2001	\$714.46	\$644.00	\$476.31	\$357.23	\$178.62
2000	\$678.23	\$611.00	\$452.15	\$339.12	\$169.56
1999	\$644.06	\$580.00	\$429.37	\$322.03	\$161.02
1998	\$614.10	\$553.00	\$409.40	\$307.05	\$153.53
1997	\$591.18	\$533.00	\$394.12	\$295.59	\$147.80
1996	\$581.39	\$524.00	\$387.59	\$290.70	\$145.35
1995	\$554.22	\$499.00	\$369.48	\$277.11	\$138.56
1994	\$527.29	\$475.00	\$351.53	\$263.65	\$131.82
1993	\$506.80	\$457.00	\$337.87	\$253.40	\$126.70
1992	\$489.01	\$441.00	\$326.01	\$244.51	\$122.25
1991	\$477.40	\$430.00	\$318.27	\$238.70	\$119.35
1990	\$474.22	\$427.00	\$316.15	\$237.11	\$118.56
1989	\$454.15	\$409.00	\$302.77	\$227.08	\$113.54
1988	\$440.77	\$397.00	\$293.85	\$220.39	\$110.19
1987	\$433.91	\$391.00	\$289.27	\$216.96	\$108.48
1986	\$414.70	\$374.00	\$276.47	\$207.35	\$103.68
1985	\$397.48	\$358.00	\$264.99	\$198.74	\$99.37
1984	\$370.65	\$334.00	\$247.10	\$185.33	\$92.66
1983	\$358.89	\$324.00	\$239.26	\$179.45	\$89.72
1982	\$340.45	\$307.00	\$226.97	\$170.23	\$85.11

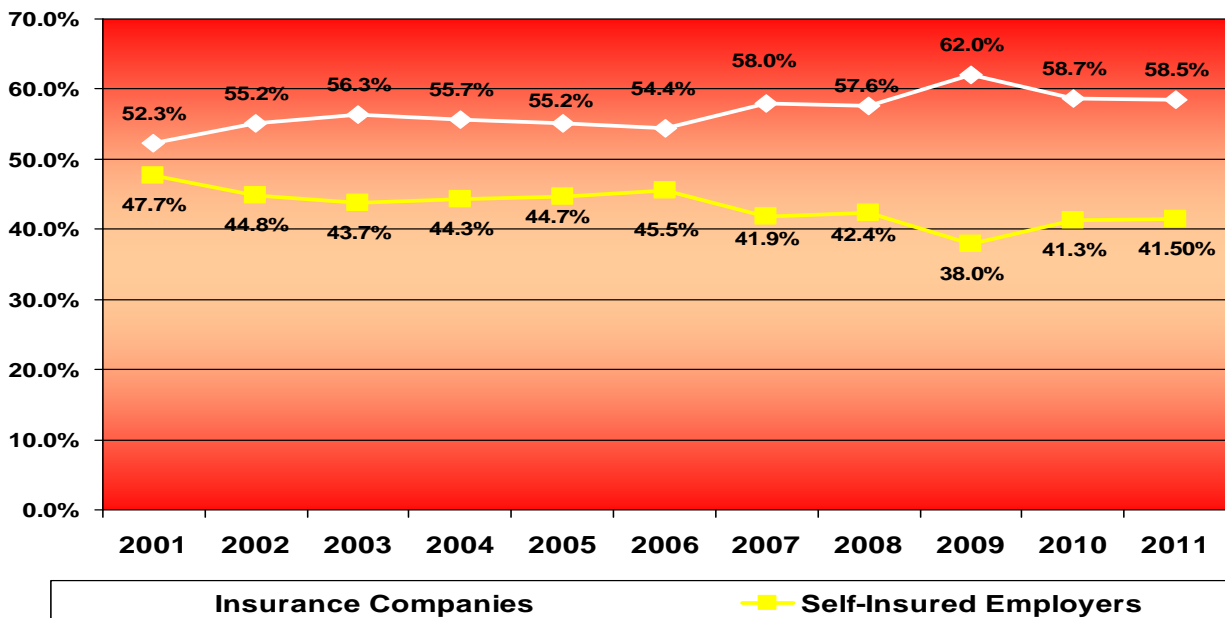
\*Discounted fringe benefits may not be used to raise the weekly benefits above this amount. Attorney Fees may not be based on a benefit rate higher than this amount.

# Claim/Case Trends

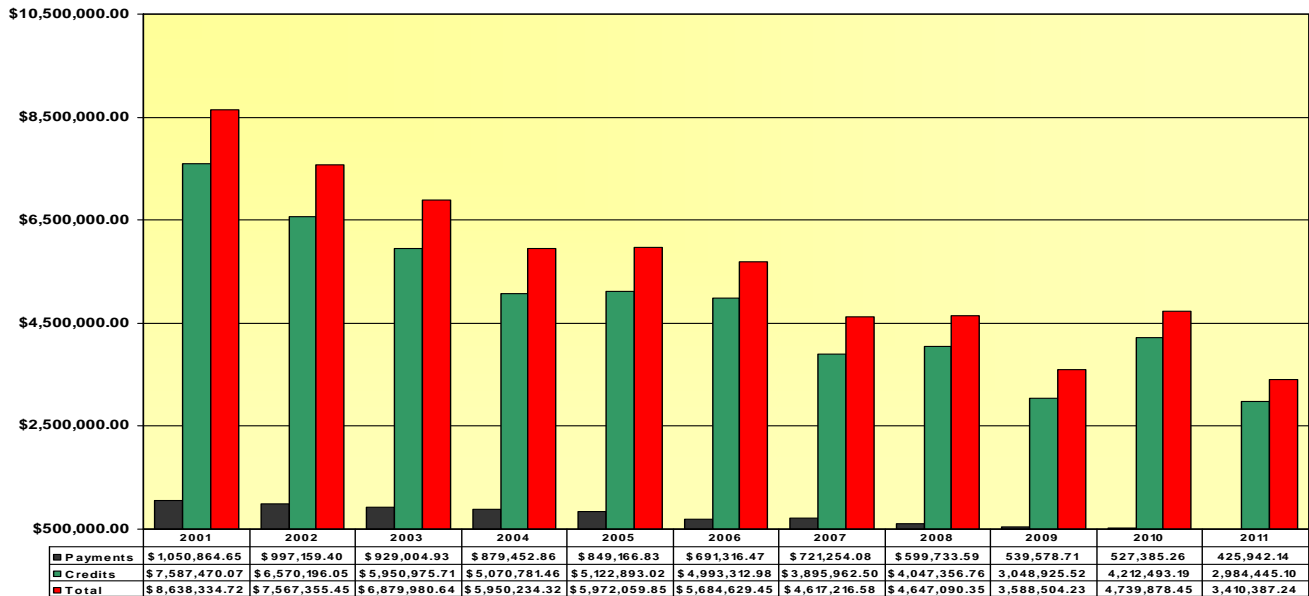


NOTE: 2005 figures not available due to system "crash."

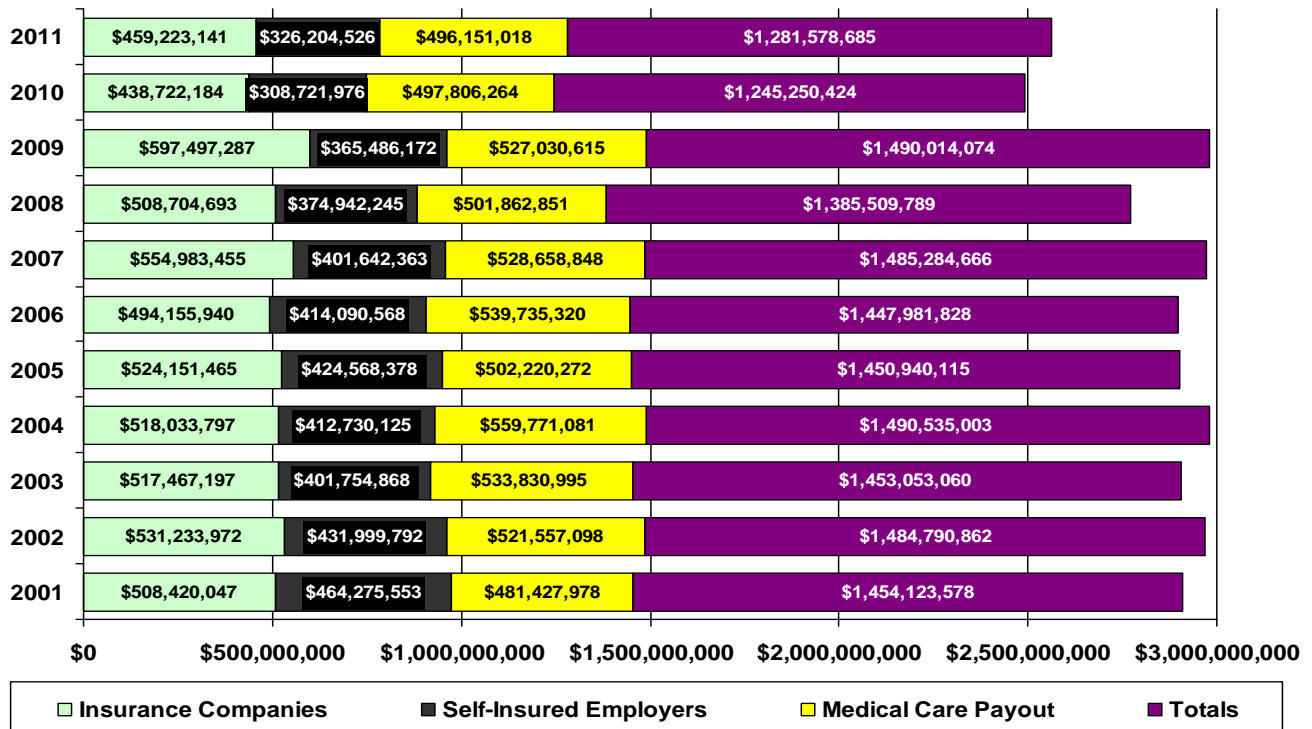
# Indemnity Payments



## Compensation Supplement Fund Reimbursements



## Payout in Workers' Compensation Benefits and Medical Care



# Magistrate Case Disposition Chart

	2001	2002	2003	2004	2005*	2006	2007	2008	2009	2010	2011
Redemptions	12,332	11,528	10,803	11,425	9,486	8,845	8,889	8,123	7,347	6,237	6,816
Opinions	817	860	769	792	702	473	453	335	310	286	248
Other Dispositions	5,868	5,839	5,707	6,103	4,405	4,297	3,866	3,308	2,817	2,137	2,142
Total Dispositions	19,017	18,227	17,279	18,320	14,593	13,615	13,208	11,766	10,474	8,660	9,206

\*2005 statistics are based on a manual count corresponding to the order mailed date and may be subject to revision. The numbers should not be compared to our system-generated reports from previous and/or future years because those are based on file received dates rather than mailed dates.

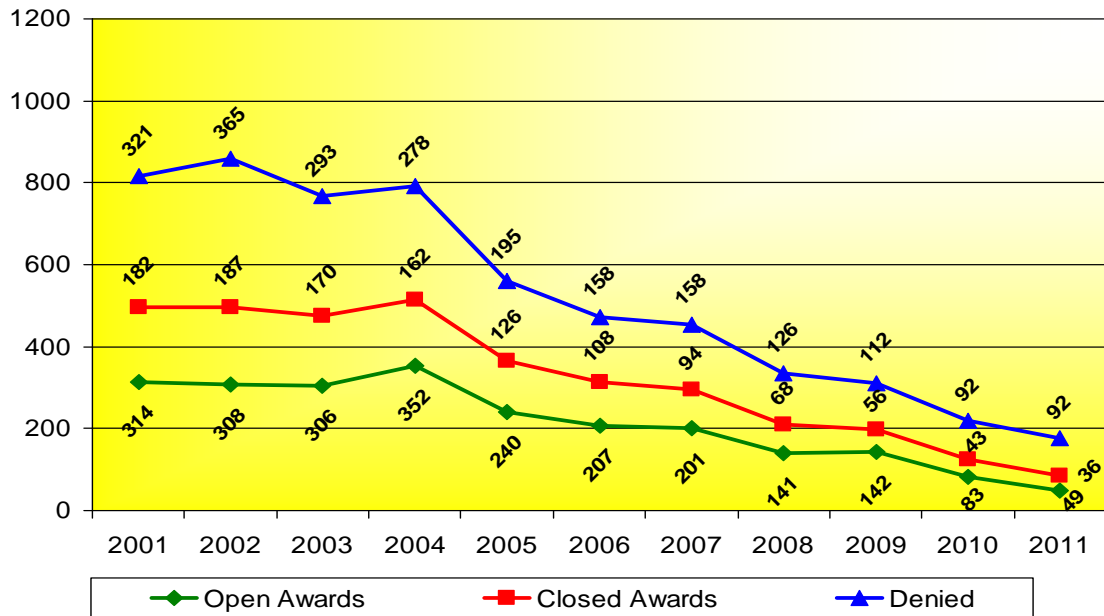
# Magistrate Aged Case Distribution Chart

	2001	2002	2003	2004*	2006	2007	2008	2009	2010	2011
0 - 12 Months	12,999	13,533	12,742	11,452	9,295	8,755	7,991	7,735	7,423	6,257
13 – 18 Months	2,745	3,190	3,370	3,151	2,786	2,604	2,455	2,210	2,343	2,109
19 – 24 Months	823	997	1,462	1,272	1,513	1,273	1,250	1,351	1,346	1,316
Over 24 Months	160	222	418	701	1,338	1,253	1,284	1,385	1,109	970
Total Docket Load	16,727	17,942	17,942	16,576	14,932	13,885	12,980	12,681	12,221	10,652

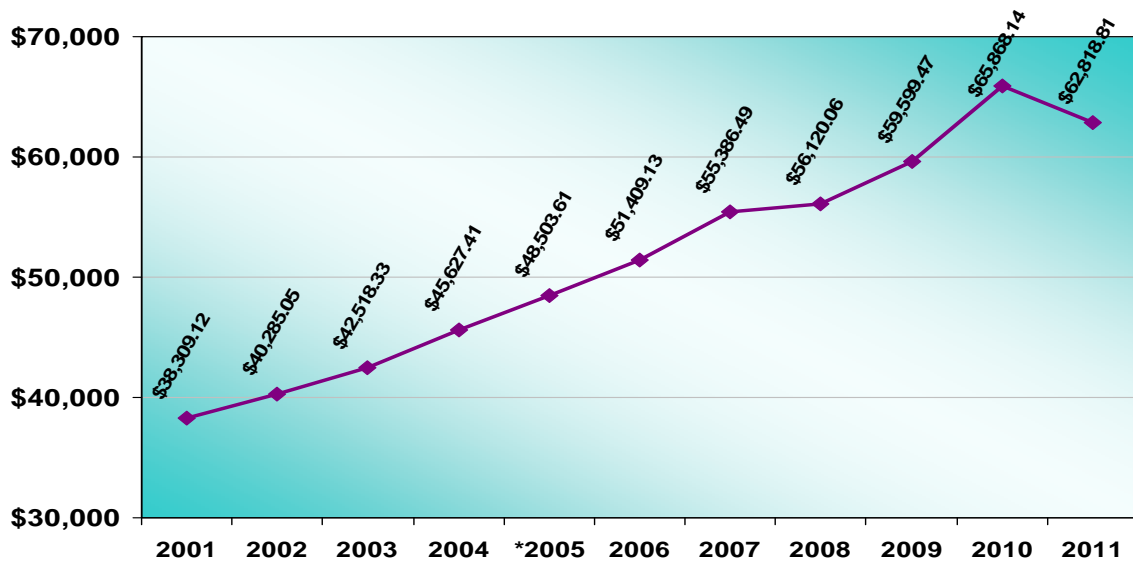
NOTE: 2005 figures not available due to system "crash."

\*Figures revised from previous year's reports because they did not include the cases awaiting external resolution (e.g. Medicare, Friend of the Court, pension, etc.)

## Workers' Compensation Trends



## Average Redemption Amounts

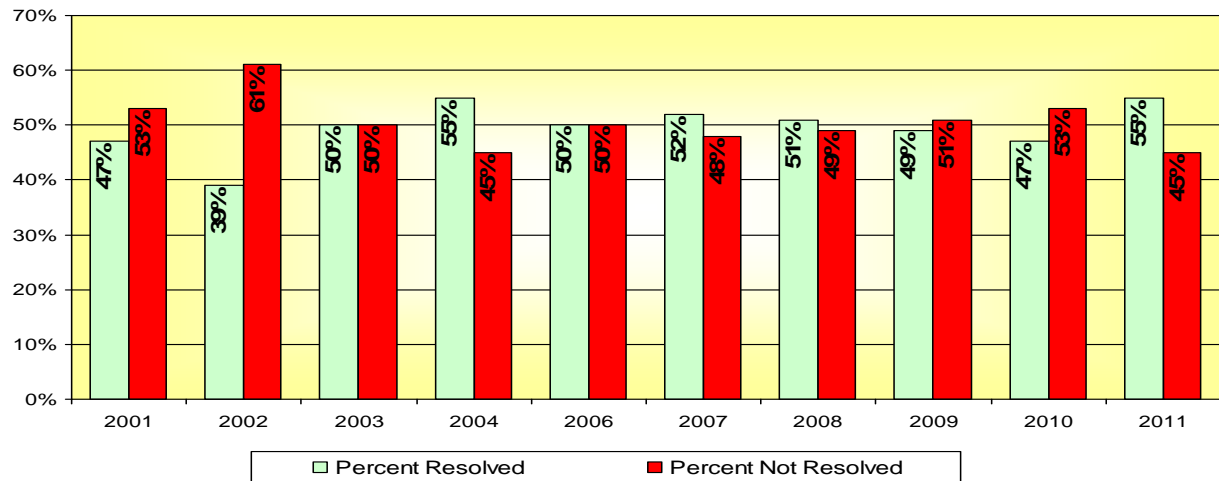


\* 2005 statistics are based on a manual count corresponding to the order mailed date and may be subject to revision. The numbers should not be compared to our system-generated reports from previous and/or future years because those are based on file received dates rather than mailed dates.

# Statutory Mediation Dispositions

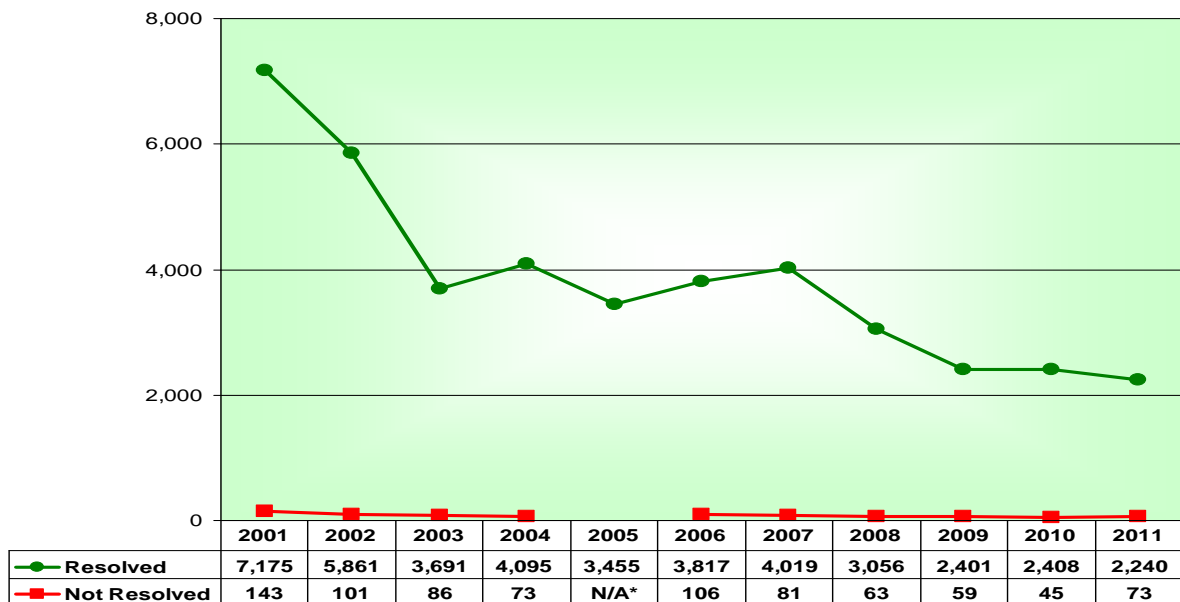
(Not including VR & Health Care Rule Hearings)

	2001	2002	2003	2004	2006	2007	2008	2009	2010	2011
Resolved	3,255	2,631	1,628	1,579	1,498	1,453	1,433	1,259	1,165	1,324
Not Resolved	3,689	4,143	1,635	1,294	1,478	1,325	1,372	1,297	1,289	1,089



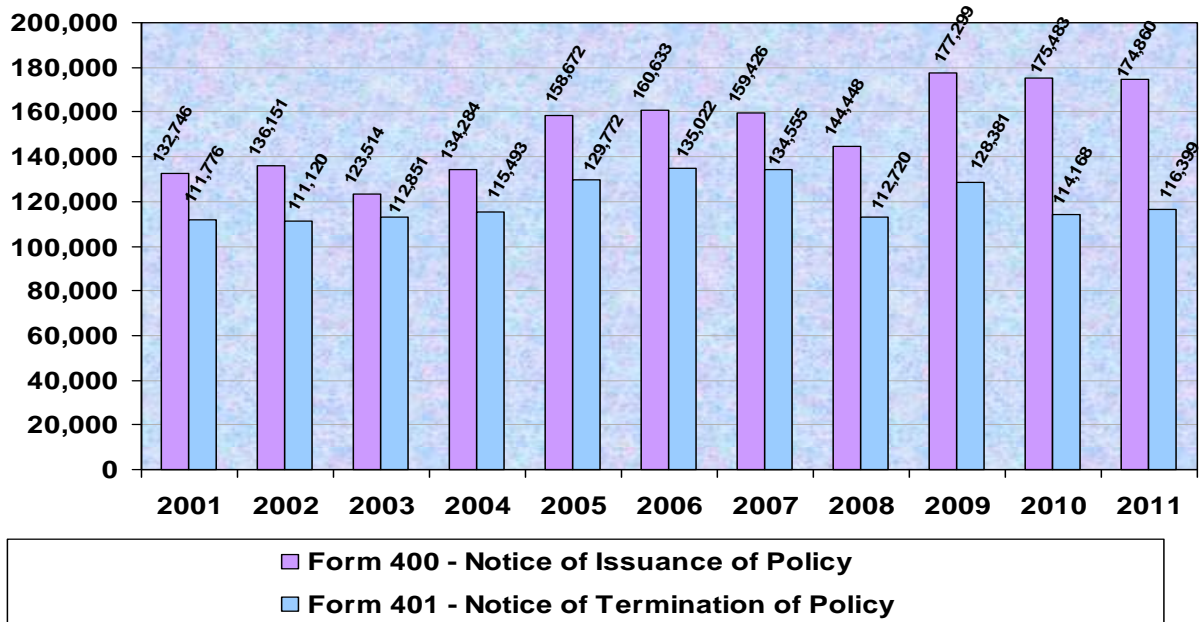
NOTE: 2005 figures not available due to system "crash."

# Health Care Rule Dispositions

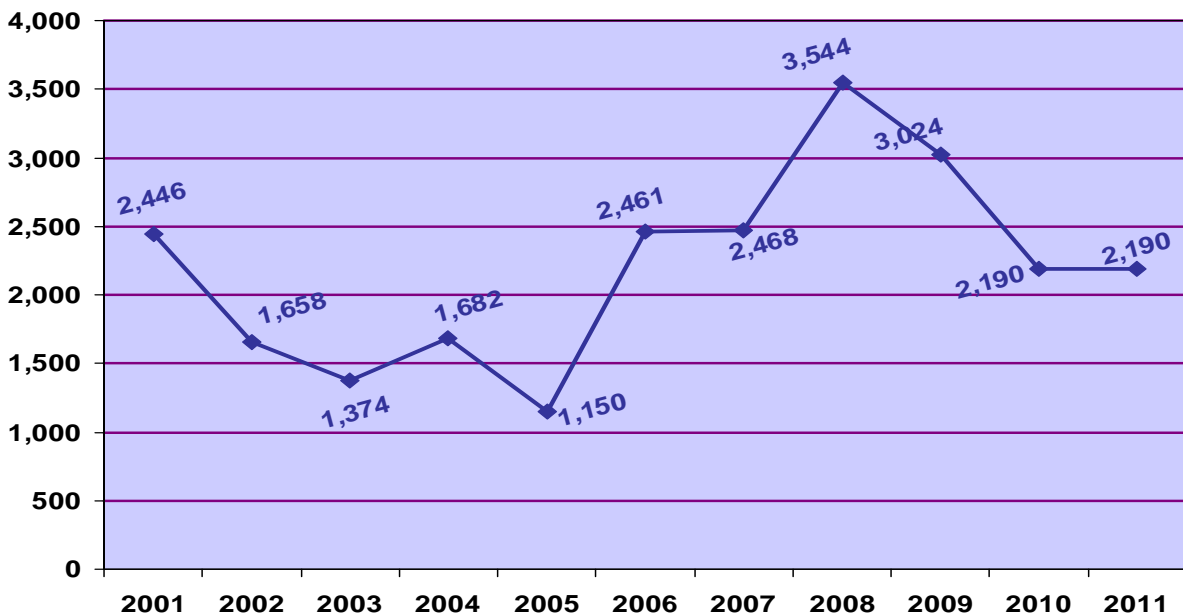


\* Figure not available due to system "crash."

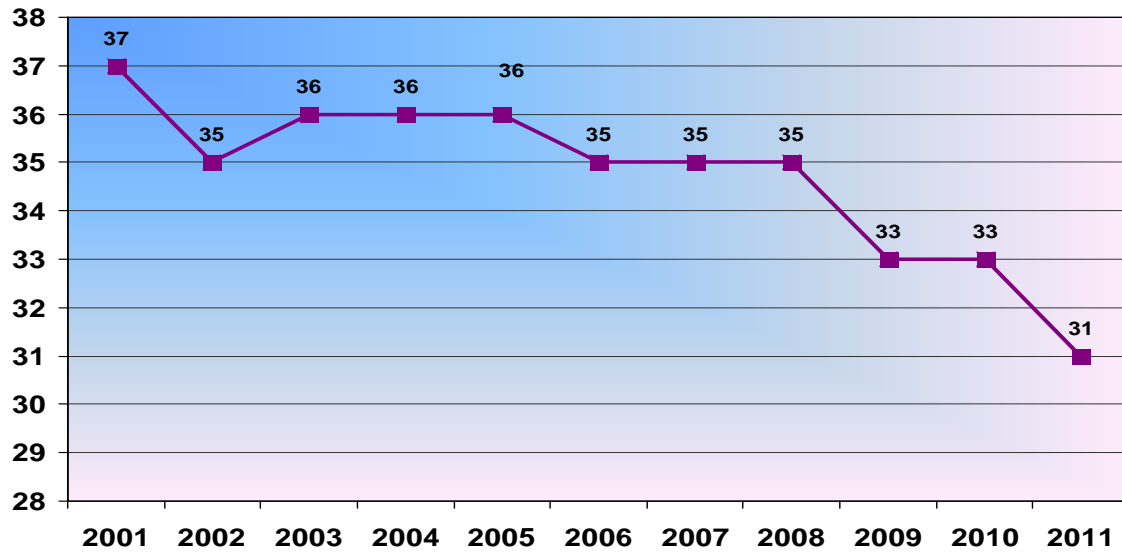
## Forms 400 & 401 Received



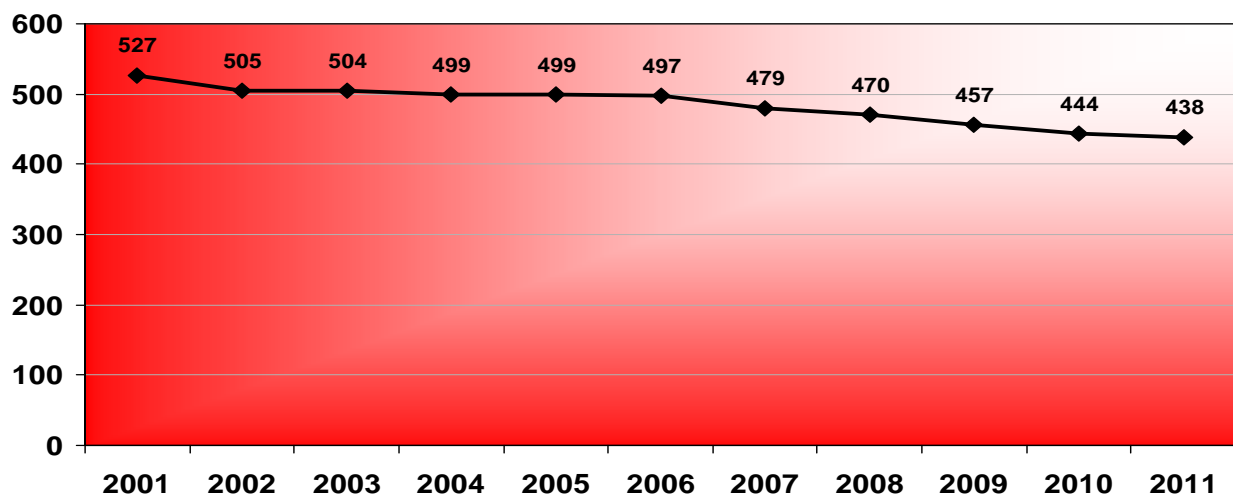
## Exclusion Forms Processed



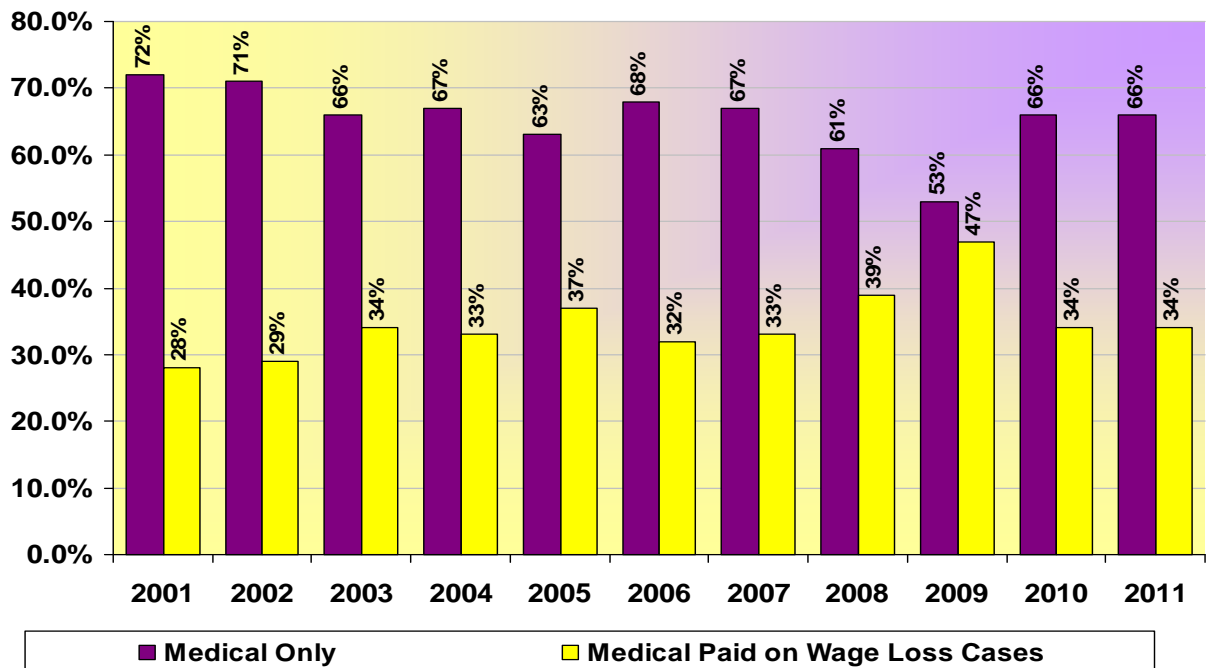
## Number of Approved Self-Insured Groups



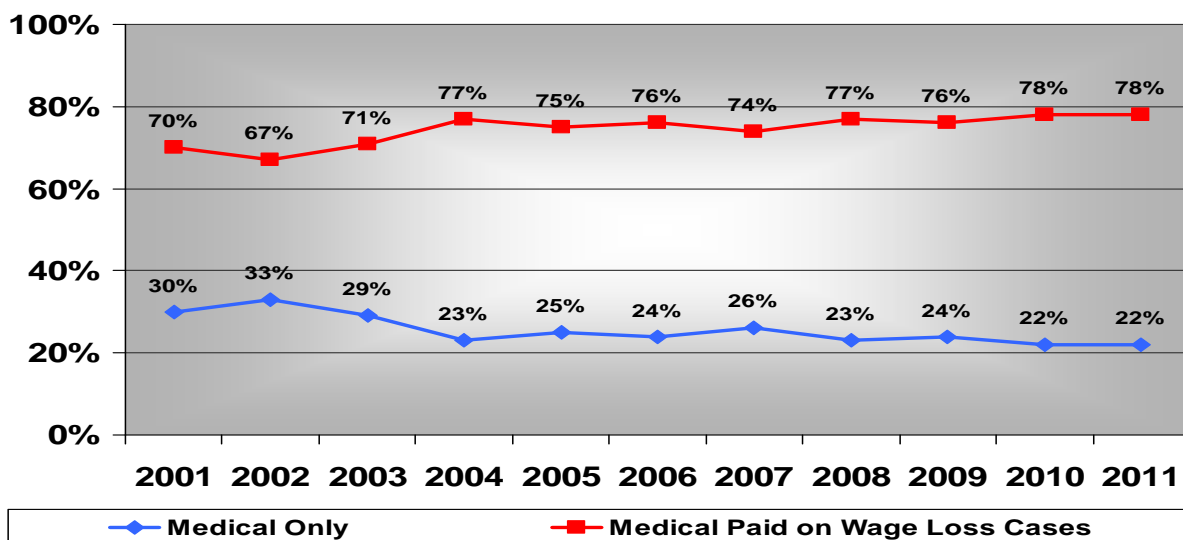
## Number of Approved Individual Self-Insured Employers



## Workers' Comp Cases - By Case Type



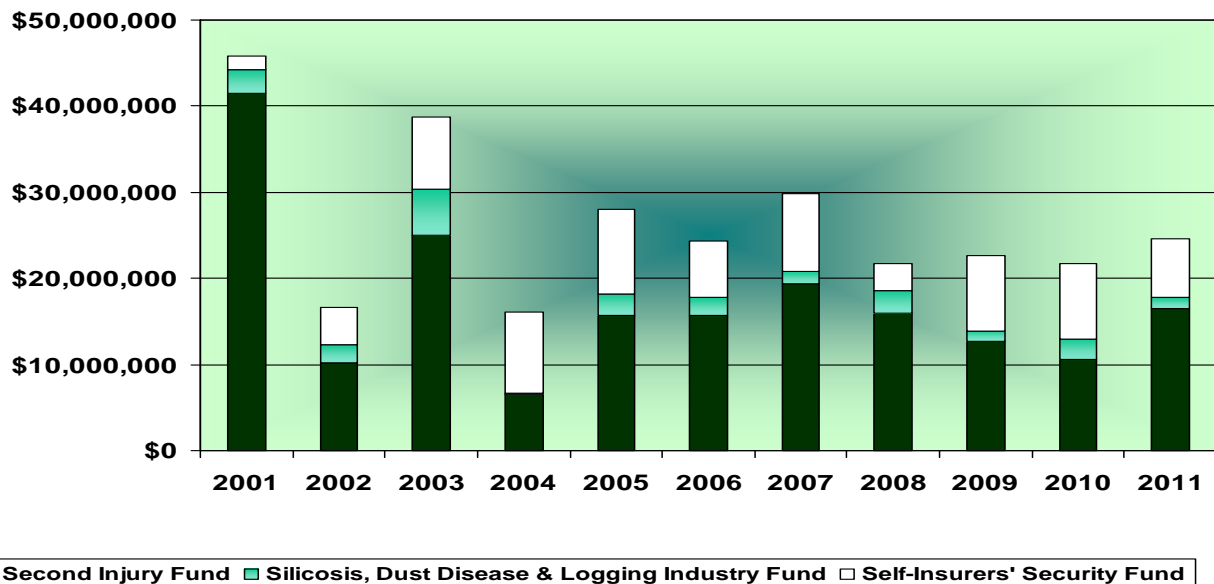
## Health Care Costs - Percent Paid by Case Type



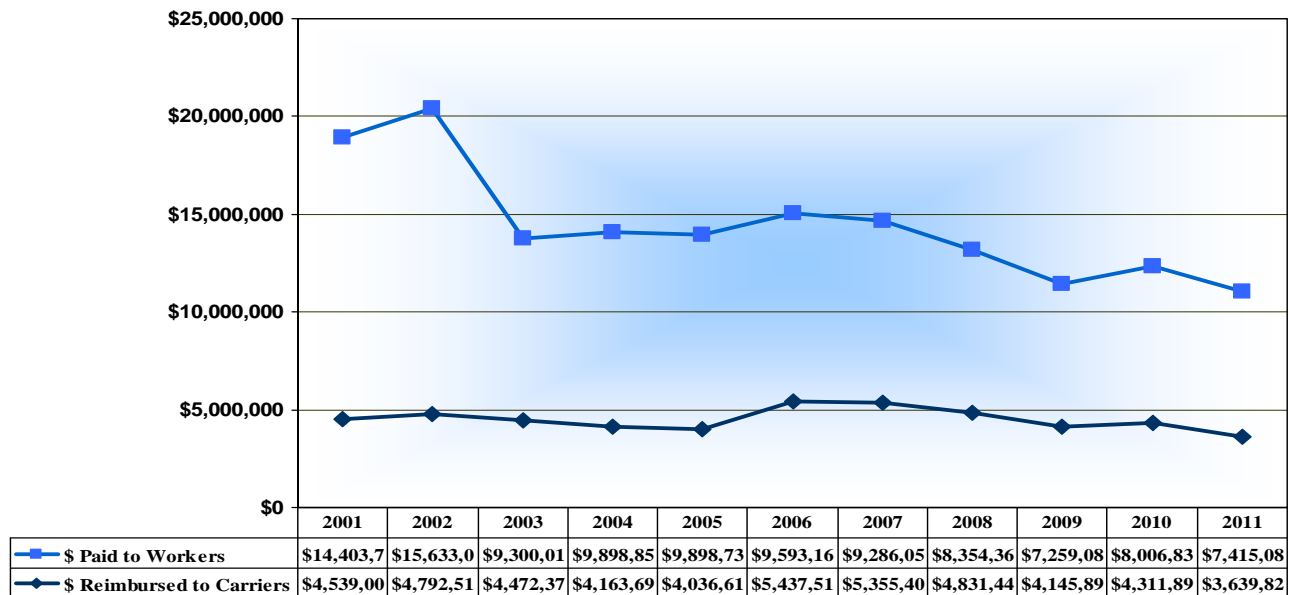
# Workers' Compensation Annual Health Care Costs 2006-2011

	JAN-DEC 2006	JAN-DEC 2007	JAN-DEC 2008	JAN-DEC 2009	JAN-DEC 2010	JAN-DEC 2011
<b>MEDICAL ONLY</b>						
Number of Cases	202,826	184,652	190,704	155,629	141,381	142,326
Amount Paid	\$132,170,897	\$136,657,539	\$116,932,799	\$123,918,088	\$109,709,617	\$110,022,307
Cost/Case	\$652	\$740	\$613	\$796	\$776	\$773
% of Total Cases	68%	67%	61%	53%	66%	66%
% of Total Cost	24%	26%	23%	24%	22%	22%
<b>MEDICAL PAID ON WAGE LOSS CASES</b>						
Number of Cases	94,403	90,205	121,664	140,527	71,983	71,879
Amount Paid	\$407,564,424	\$392,001,309	\$384,930,052	\$403,112,527	\$388,096,647	\$386,128,711
Cost/Case	\$4,317	\$4,346	\$3,164	\$2,869	\$5,392	\$5,372
% of Total Cases	32%	33%	39%	47%	34%	34%
% of Total Cost	76%	74%	77%	76%	78%	78%
<b>TOTAL</b>						
Number of Cases	297,229	274,857	312,368	296,156	213,364	214,205
Amount Paid	\$539,735,321	\$528,658,848	\$501,862,851	\$527,030,615	\$497,806,264	\$496,151,018
Cost/Case	\$1,816	\$1,923	\$1,607	\$1,780	\$2,333	\$2,316
FIGURES REPRESENT PAYMENTS MADE IN ANY GIVEN ANNUAL REPORT PERIOD						

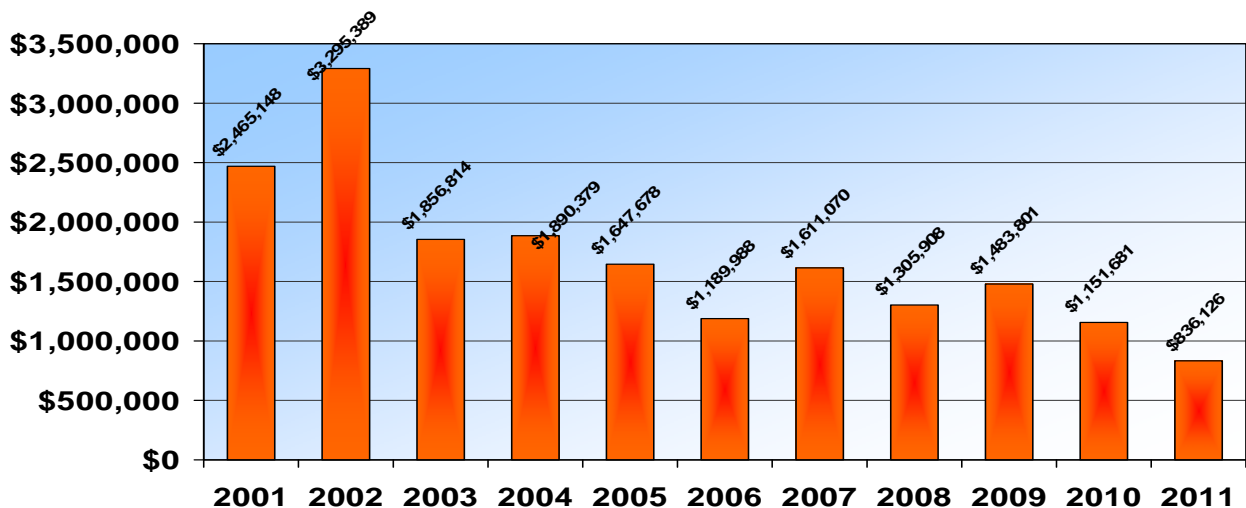
## Funds Administration Assessments



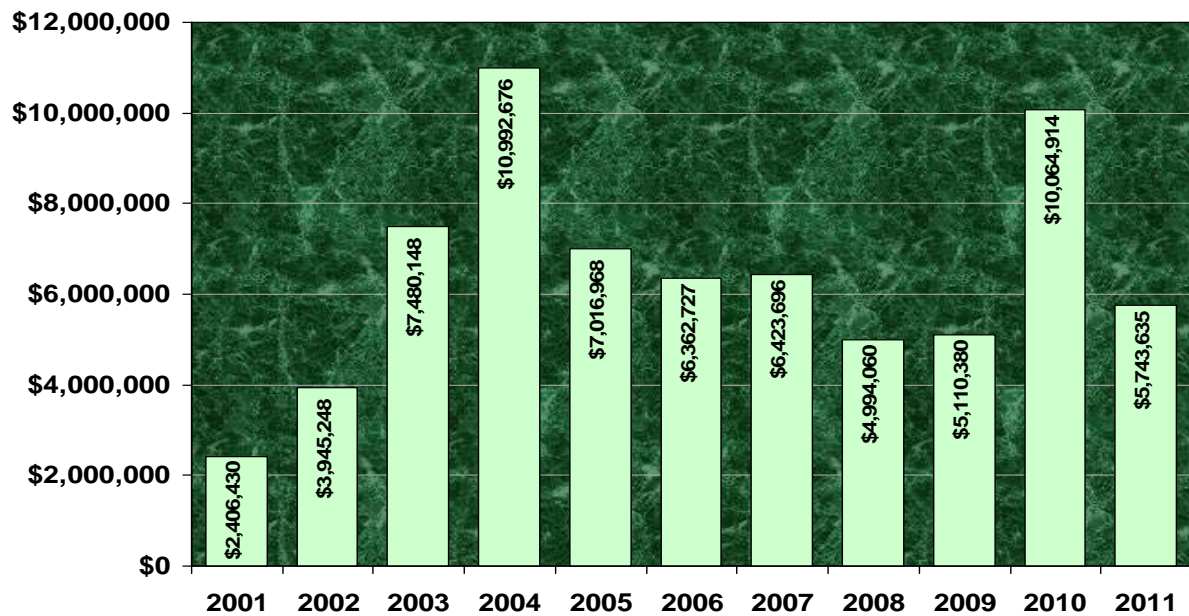
# Benefits Paid Out by Second Injury Fund



# Benefits Reimbursed to Carriers and Redemptions by the Silicosis, Dust Disease and Logging Industry Compensation Fund



# Benefits Paid to Workers by the Self-Insurers' Security Fund



## **INFORMATION/PUBLICATIONS AVAILABLE ON OUR WEBSITE**

### **Most Frequently Requested**

- Calculation Program
- Michigan Workers' Compensation Forms (Most Forms)
- Weekly Benefit Rate Books (2005 – 2012)
- Workers' Disability Compensation Act & Administrative Rules  
(Printed copies available from Institute of Continuing Legal Education at [www.icle.org](http://www.icle.org))

### **General Information/Publications**

- Annual Reports (1997 – 2011)
- Coverage Questions for Subcontractors, General Contractors, and Independent Contractors (Booklet)
- Funds Administration Overview
- Overview of Workers' Compensation in Michigan (Booklet)
- Summary of Your Rights and Responsibilities Under Workers' Disability Compensation (Pamphlet)
- Vocational Rehabilitation for Injured Workers (Pamphlet)

### **Associated Workers' Compensation Listings**

- Approved Vocational Rehabilitation Facilities
- Individual Self-Insured Employer List
- Self-Insured Group List
- Service Company List

### **Litigation Information**

- Board of Magistrates Opinions
- Workers' Compensation Appellate Commission Opinions

Website address: [www.michigan.gov/wca](http://www.michigan.gov/wca)  
Request forms at: 888-396-5041