

TEMPORARY DISABILITY INSURANCE WORKLOAD IN 2019

SUMMARY REPORT

New Jersey Department of Labor and
Workforce Development
Office of Research and Information
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HIGHLIGHTS

TEMPORARY DISABILITY INSURANCE WORKLOAD IN 2019

- Most measures of disability claims volume increased from 2018 to 2019 by two to four percent, but were down by three to seven percent compared with levels in 2015 and by more than 13 percent compared with 2010.
- Claims processing times decreased in 2019 for the second consecutive year, accompanied by a decline in the number of claims received with insufficient information. The 28-day time lapse performance measure was 85.5 percent in 2019, exceeding the disability insurance goal for processing initial determinations for the first time since 2012.
- The average weekly benefit amount rose by more than three percent in 2019 to \$491. Gross benefit payments also increased over the year, rising by six percent to \$429.5 million.
- The average duration for cases completed in 2019 was 68 days, about the same as during the previous 18 years (the years for which data on completed cases are available). The average benefits paid for cases completed in 2018 rose by almost three percent during the year to \$4,758.
- Claims for benefits due to disabilities resulting from pregnancy and complications of childbirth continued to be the largest single category for both new eligible claims and completed cases, comprising about one-fourth of each group, similar to the percentages since 2001 when morbidity data for eligible claims and completed cases became available.
- About 42 percent of ineligible claim denials were attributed, wholly or in part, to coverage under other programs, including Disability During Unemployment, Workers' Compensation and coverage by a private plan. Lack of medical evidence was the most frequently cited reason for denial in 2019, comprising more than 48 percent of claims found to be ineligible.
- The largest single group of claimants was again females under age 45, which includes most women of childbearing age. This category accounted for more than 43 percent of eligible and ineligible claimants in 2019. However, the overall percentage of claimants under age 45 has generally declined over the past 29 years as older workers comprise a larger proportion of the labor force.

TEMPORARY DISABILITY INSURANCE PROGRAM - 2019

This report provides a summary of workload activity and other data during 2019 for the State Plan for Temporary Disability Insurance (TDI), with comparative information from prior years. While this analysis is primarily concerned with data movements during the past five years, any significant longer term trends are also noted. The data are derived from New Jersey's Disability Automated Benefits System (DABS), which was developed in 1989.

Tables 1, 2 and 4 provide data from 2015 through 2019 on workload activity, time lapse statistics and reasons for denial of disability claims. Information on the age and sex of eligible and ineligible claimants for 2019 can be found in Table 3. Morbidity data for eligible claims and completed cases in 2018 and 2019 are contained in Tables 5, 6 and 6A. A list of definitions for key workload items is included on page 9 of this report.

Background

Since its enactment in 1948, the New Jersey Temporary Disability Benefits Law has provided benefits to workers affected by non-work related injuries or illnesses. All employers, except local government, for which coverage is optional, are subject to the provisions of this law when their quarterly payrolls are at least \$1,000. Employers may choose the State's insurance plan or obtain private coverage equal to or better than the State Plan.

The temporary disability program is funded by a combination of employer and worker contributions. Employer contribution rates vary from 0.10 percent to 0.75 percent of taxable wages, depending on the employer's disability experience rating. For 2019, the worker contribution rate was 0.17 percent, down from a rate of 0.19 percent in 2018. Since 2012, the worker contribution rate has been adjusted annually based upon a legislative formula.

In 2019, the number of State Plan employers rose to 228,605 from 221,006 in 2018. In addition, 675 employers were covered by a combination of state and private plans, while private plan employers totaled 5,542. State Plan covered employment increased by 6.3 percent in 2019, averaging 2,747,103 in 2019 and 2,729,810 in 2018.¹ Private plan covered employment rose by 6.2 percent in 2019, averaging 807,445 in 2018 and 857,658 in 2019.

Summary of 2019 Workload

Most measures of disability claims volume increased in 2019, reversing the downward trend of recent years (see Table 1). Total eligible claims, first payments and weeks compensated each rose over the year by two to four percent. These same workload measures were down by three to seven percent compared with levels in 2015 and by more than 13 percent compared with 2010.

¹ Actual data for State Plan and private plan covered employment and employers became available again beginning with the third quarter of 2011 due to the development of a new reporting methodology.

Gross benefit payments rose by six percent in 2019, and were up by about two percent compared with 2015. The average weekly benefit amount increased by nearly four percent in 2019, and was up by more than 10 percent compared with 2015. Benefit measures, such as the average weekly benefit amount and gross benefit payments, generally increase each year, driven by annual increases in wages and the maximum weekly benefit rate. However, declining claims and weeks compensated have offset wage increases in some recent years, causing gross benefits to decline. The maximum weekly benefit rate increased by two percent in 2019 to \$650 and was up by seven percent compared with 2015. A more detailed discussion of the individual workload measures follows below.

Original Determinations

During 2019, the number of total original determinations increased by 4.3 percent to 113,444, following a decrease in 2018 of 3.8 percent. Total original determinations have generally trended down over the past 13 years, but in 2019 they were 4.7 percent above the level recorded in 2015 and 6.7 percent below the level in 2010. Eligible original determinations fell over the year by 1.9 percent, while ineligible original determinations rose by 17.0 percent. The roll out of additional codes that made it easier to determine claims as ineligible likely accounted for the annual increase in ineligible determinations. The percentage of original determinations found to be eligible fell from 77.2 percent in 2016 to 72.6 percent in 2017 to 67.1 percent in 2018 and to 63.1 percent in 2019.

Eligible determinations as a proportion of total determinations have generally been trending down after reaching a peak of 83.5 percent in 2005. Eligible determinations as a proportion of total determinations rose from an average of 78.9 percent prior to 2001 to a range of 81.9 to 83.5 percent during the 2001 to 2005 period. One factor in the increase appears to have been the implementation of new eligibility criteria in 2001 based on the State minimum hourly wage, which lowered the required base week amount and enabled more workers to qualify for benefits.

Subsequent increases in the base week amount since 2001, first to \$123 in 2006, then to \$143 in 2007, \$145 in 2010, \$165 in 2015, \$168 in 2016 and 2017, \$169 in 2018 and \$172 in 2019, because of increases in the State minimum hourly wage have had a smaller impact on the proportions of eligible and ineligible determinations. This is because wages, as well as the eligibility requirements, have generally increased along with the raises in the minimum hourly wage; this is unlike the change in eligibility criteria that occurred in 2001, which did not affect wages.

Redeterminations

Total redeterminations tend to fluctuate more than original determinations on an annual basis, but comprise a relatively small part of total disability workload. In 2019, total redeterminations rose by 36.2 percent, following an increase of 41.4 percent in 2018. The rise in 2019 was driven by increases in both eligible redeterminations (+37.6%) and ineligible redeterminations (+20.3%). Compared with 2015, total redeterminations were up by more than 172.0 percent, primarily due to an increase in the number of eligible redeterminations (+210.9%)

and accompanied by a modest increase in ineligible redeterminations (+2.5%) over the same period.

Of the 18,068 total redeterminations during 2019, 93.0 percent resulted in claimants being eligible for benefits. The annual percentage of eligible redeterminations has ranged from 81.3 to 93.0 percent since 2015.

Eligible Claims

Total eligible claims rose by 3.9 percent in 2019 (88,304) compared with 2018 (84,979), following a decrease of 5.0 percent in 2018. Eligible claims are defined as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations. Eligible claims were down by 3.1 percent compared with 2015 and by 13.6 percent compared with 2010.

Eligible claims comprised 3.2 percent of covered employment in 2019, up from 3.1 percent in 2018. In 2015, eligible claims comprised 3.4 percent of covered employment.

Reconsiderations

Total reconsiderations, which are reviews that do not change a claim's eligibility status, were up by 6.2 percent in 2019, following a decrease of 4.7 percent in 2018, and were 16.1 percent below the level recorded in 2015. Of the 132,881 reconsiderations during 2019, 122,520, or 92.2 percent, were eligible for benefits. The percentage of reconsiderations for eligible claims was slightly lower than in 2018, when it was 92.5 percent.

In addition to eligibility reviews, reconsiderations include routine activities such as name changes, provision of missing information and updated medical certifications and can be affected by a variety of factors including claims processing speed and the amount and type of follow-up data that are received. Because of this, it is difficult to explain the trend in reconsiderations in relation to other types of workload. There have been no significant procedural changes that would help to explain this variability.

State Government Activity

During 2019, there were 4,431 total original determinations for claims filed by state government employees, comprising 3.9 percent of total original determinations for all claims in 2019. The number was down by 5.4 percent compared with 2018 when there were 4,683 original determinations, which accounted for 4.3 percent of the annual total (see Table 1). Since 2015, the number of total original determinations for claims by state government employees has fallen by 21.6 percent, compared with an increase in total original determinations for all claims of 4.7 percent over the same period.

Original determinations can be classified as eligible or ineligible, but this breakdown is not available for individual workload items for state government employees. Therefore, a calculation cannot be done for total eligible claims, which are defined as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations.

Payments and Benefits

The number of first payments issued in 2019 rose by 3.4 percent to 89,056 from 86,155 in 2018, while eligible claims increased by 3.9 percent over the same period. The number of first payments was down by 3.9 percent compared with 2015 and by 13.2 percent compared with 2010, similar to declines in other workload measures.

During 2019, the number of weeks of disability that were compensated rose to 875,194 weeks from 854,602 weeks in 2018, an increase of 2.4 percent. Weeks compensated were down by 7.2 percent compared with 2015 and by 15.9 percent compared with 2010.

Gross benefit payments were up by 6.0 percent during 2019 to \$429.5 million, following a decline of 3.1 percent in 2018. The average weekly benefit amount increased from \$474 in 2018 to \$491 in 2019 (+3.6%). Gross benefit payments have generally risen along with increases in the average weekly benefit amount, but declining claims and weeks compensated offset those increases in four of the past five years. Compared with 2015, gross benefit payments were up by 2.4 percent, while the average weekly benefit amount rose by 10.3 percent. The maximum weekly benefit amount, which is calculated based on average statewide wages, increased by 2.0 percent in 2019 to \$650 and rose by 7.1 percent since 2015.

Time Lapse Data

The percentage of initial determinations made within two weeks of receipt of the claim rose to 56.5 percent from 45.0 percent in 2018, the second consecutive annual increase. This is the eighth time in 19 years that the two-week time lapse measure fell below the Disability Insurance Service performance goal of 65 percent for processing initial determinations within two weeks (see Table 2).

The percentage of initial determinations that occurred within four weeks also increased over the year to 85.5 percent from 72.8 percent in 2018. This second performance measure was above the Disability Insurance Service goal of 85 percent for processing initial determinations within four weeks of receipt of claim for the first time since 2012.

The annual decrease in claim processing times during 2019 occurred in conjunction with a decline in the number and percentage of claims received with insufficient information compared with previous years. During 2019, claims with insufficient data on receipt totaled 30,367 or 26.8 percent of total cases, down from 31,718 claims in 2018 (29.2%). The average percentage of claims received with insufficient information during the three-year period from 2015 through 2017 was 42.6 percent.

Claimant Characteristics

Females under age 45, which includes most women of childbearing age, were the largest single group of claimants in 2019 as in each of the prior 30 years. This group accounted for 43.0 percent of eligible and 43.8 percent of ineligible claimants (see Table 3). Pregnancy and complications of childbirth have historically represented the largest category of eligible claims, which accounts for the large number of female claimants under age 45 (see Table 5).

Females represented 71.6 percent of all eligible claimants for whom information was available. Among ineligible claimants, 67.4 percent were female.

The percentage of all eligible claimants under 45 years of age was 51.5 percent in 2019, nearly the same as in 2018 (51.4%). The proportion of ineligible claimants under 45 edged up in 2019 to 57.2 percent from 56.5 percent in 2018.

The percentage of claimants under age 45 has generally been declining since 1989, a reflection of the gradual increase in the proportion of older workers in the labor force. In 1989, the percentages of eligible and ineligible claimants under age 45 were 69 and 74 percent, respectively. Similarly, while females under age 45 continue to be the largest group of claimants, the relative proportion of this demographic group has also declined as the age of the general population has increased. Females under 45 comprised 48.0 and 45.0 percent of eligible and ineligible claimants, respectively, in 1989, compared with 43.0 percent of eligible and 43.8 percent of ineligible claimants in 2019.

Denials

The primary reasons for denial of a claim at original determination or redetermination from 2015 to 2019 are shown in Table 4.

Lack of medical evidence was the most frequently cited reason for denial in 2019, comprising 48.3 percent of all claims found ineligible in 2019, down from 48.8 percent in 2018. Denials due to lack of medical evidence have generally been higher during the past five years, averaging 39.4 percent of all ineligible determinations and redeterminations, compared with 26.2 percent during the prior five-year period.

The next most frequently cited reason for denial was eligibility for benefits under the Disability During Unemployment Program (4(f)).² This reason was cited in 22.7 percent of all claims found to be ineligible in 2019, up from 21.6 percent in 2018. Coverage of a disability by the Workers' Compensation program and coverage by a private plan were given as reasons for denial in 6.8 and 12.5 percent, respectively, of ineligible claims. Coverage under these three programs was a reason for denial in 42.0 percent of all ineligible determinations and redeterminations in 2019, compared with 41.5 percent in 2018. Prior to 2011, coverage under other programs had accounted for at least 60 percent of denials in each year since 1989.

Claimants having insufficient weeks or wages to qualify for benefits accounted for 4.8 percent of disability claims determined ineligible, down from 5.8 percent in 2018. Denials due to insufficient weeks or wages have ranged from seven to 11 percent since the implementation in 2001 of a lower base week amount based on the State minimum hourly wage, as mentioned earlier, compared with 16 to 19 percent during the period from 1989 to 2000.

During 2018, the percentage of denials attributed to receipt of employer continuation pay rose to 1.8 percent from 1.6 percent in 2018. The implementation in 2006 of a new method for entering employer continuation pay into the disability database system resulted in a smaller

²Persons who become disabled while unemployed may be eligible for up to 26 weeks of benefits under the disability during unemployment provisions of the State's Unemployment Compensation Law (R.S.43:21-4(f)). Individuals also eligible for regular unemployment benefits in a benefit year may receive benefits for up to 39 weeks for the two claims combined.

proportion of denials coded as “receipt of employer continuation pay” and a higher percentage of denials coded as “other.” Denials due to receipt of employer continuation pay fell from 8.0 percent of ineligible claims in 2005 to 4.5 percent in 2006 and have generally continued to trend downward.

“Other” reasons were cited in 78.3 percent of ineligible determinations and redeterminations in 2019, compared with 61.6 percent in 2018 and 77.5 percent in 2015. “Other” reasons accounted for 67.5 percent of denials in 2006. The higher percentages during recent years were largely due to the changes in data entry procedures in 2006 discussed above. “Other” reasons include late filing, employment by an uncovered political subdivision, disability that is the result of committing a crime, disability with duration of less than seven days and state government employment when the individual has accrued sick time available.

During 2019, 23.4 percent of ineligible claims had multiple reasons for denial, with each of these claims having an average of 4.2 reasons.

Eligible Claims by Morbidity

The distribution of eligible claims by morbidity (type of injury or illness) has remained fairly stable since 2001 (the first year these data were produced). Table 5 contains data for 2019, along with revised data for 2018.

Claims for benefits due to pregnancy and complications of childbirth were the largest single category of claims again in 2019 out of the 17 major morbidity groups, comprising 28.3 percent of all eligible claims, compared with 28.4 percent in 2018. As in prior years, disabilities related to bones and organs of movement and disabilities resulting from accidents, poisoning and violence were the next most frequently reported categories, based on the physician’s initial diagnosis, constituting 17.3 and 12.4 percent, respectively, of all eligible claims in 2019. During 2019, these three categories accounted for more than one-half of eligible claims, similar to the percentages recorded in earlier years.

Claims for disabilities related to congenital malformations were the smallest of all the morbidity categories, comprising just 0.1 percent of eligible claims in 2018 and 2019.

Completed Cases by Morbidity, Duration and Benefits

Table 6 contains a summary of average claim duration and average benefit payment data by major morbidity group for cases that were completed in 2019. Completed cases include those claims formally closed in the TDI database, as well as those with no payment activity for 90 days. Table 6A contains comparable revised data for 2018.

The distribution of completed cases by morbidity has been stable from year to year and there are only minor differences in the percentages of completed cases by morbidity compared with the percentages of eligible claims by morbidity (Table 5). As with eligible claims, pregnancy and complications of childbirth were the largest single category of completed cases in 2019 (28.3%), followed by disabilities related to bones and organs of movement (17.3%) and disabilities resulting from accidents, poisoning and violence (12.4%).

There were 88,298 completed cases in 2019, an increase of 2.0 percent from 86,552 completed cases in 2018. For all morbidities, the average number of days paid per completed case was 68 days in 2019, compared with 69 days in 2018. Average duration has fluctuated between 68 and 71 days since 2001 when the data were first computed. Average gross benefits paid in 2019 increased by \$135, or 2.9 percent, to \$4,758, compared with \$4,623 in the previous year.

The longest average claim duration in 2019 was for disabilities related to congenital malformations (100 days), while the shortest was for digestive system disabilities (45 days). The highest average benefits paid per claim were for disabilities related to congenital malformations (\$6,828), while the lowest average benefits paid per claim were for digestive system disabilities (\$3,196).

Definitions of Terms

Completed Cases – Includes those claims formally closed during the year, as well as those with no payment activity for 90 days.

DS-1 Form – A DS-1 form is completed by each claimant to request temporary disability benefits under the State Plan or to provide information that was not previously submitted. Because the DS-1 form is used to provide supplemental information as well as to initiate a claim, more than one form can be associated with a single claim.

Eligible Claims – Includes eligible determinations plus eligible redeterminations, less ineligible redeterminations.

Formally Closed Claims – Those claims that have been paid to benefit exhaustion, to the 180-day maximum claim duration, or until the claimant recovered, returned to work or died. If notification of recovery, return to work or death is not received, then the claim is not formally closed.

Maximum Weekly Benefit Amount – For disability claims, the maximum weekly benefit amount is set each year at 53 percent of the statewide average weekly wage in the second preceding calendar year. In 2019, the maximum weekly benefit amount was \$650.

Reconsideration – A review of a claim that does not change the eligibility status of the claim. In addition to eligibility reviews, these include other routine activities such as name changes, provision of missing information and updated medical certification forms. Reconsiderations in any given year can include those for claims filed during earlier years.

Redetermination – A claim review that does result in a change in eligibility status. Redeterminations in any given year can include those for claims filed during earlier years.

State Plan Covered Employees – Employee coverage is the average of covered jobs in the last month of each of the four quarters in the year and includes all workers covered by the State Plan as well as the State Plan portion of combination plans.

State Plan Covered Employers – Employer coverage is the annual average and excludes firms with a combination of State and private plans.

TABLE 1

TEMPORARY DISABILITY INSURANCE – STATE PLAN
SUMMARY OF WORKLOAD ACTIVITY
Calendar Years 2015 – 2019

	2015	2016	2017	2018	2019
Claim/Information Forms Entered (DS-1s)	151,457	150,079	131,607	103,791	86,646
Original Determinations					
Eligible	86,686	82,526	82,039	72,981	71,604
Ineligible	21,710	24,325	31,012	35,749	41,840
Total	108,396	106,851	113,051	108,730	113,444
Redeterminations					
Eligible	5,811	6,744	8,770	13,135	18,068
Ineligible	1,334	1,184	1,320	1,137	1,368
Total	7,145	7,928	10,090	14,272	19,436
Total Eligible Claims ¹	91,163	88,086	89,489	84,979	88,304
Reconsiderations					
Eligible	153,956	146,093	124,677	115,722	122,520
Ineligible	4,422	5,951	6,594	9,360	10,361
Total	158,378	152,044	131,271	125,082	132,881
State Government					
Original Determinations	5,649	5,136	5,148	4,683	4,431
Number of First Payments	92,623	89,284	90,621	86,155	89,056
Number of Weeks Compensated	943,124	913,018	899,104	854,602	875,194
Gross Benefit Payments (millions) ²	\$419.6	\$415.0	\$418.1	\$405.0	\$429.5
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$445	\$455	\$465	\$474	\$491
Maximum Weekly Benefit Amount	\$604	\$615	\$633	\$637	\$650
Average Benefit Duration for Completed Cases (days) ³	71	71	70	69	68
Average Benefits Paid for Completed Cases ³	\$4,468	\$4,584	\$4,612	\$4,623 ^f	\$4,758

¹Total eligible claims include eligible original determinations plus eligible redeterminations, less ineligible redeterminations. Totals do not match those in Table 5 because of differences in data processing procedures.

²Gross benefit payments are derived from the sum of payment segments without adjustments and do not precisely match data contained in financial reports.

³Completed cases include those claims formally closed in the TDI database as well as those with no payment activity for 90 days.

TABLE 2

NEW JERSEY TEMPORARY DISABILITY INSURANCE PROGRAM
 TIME LAPSE CLAIM DISTRIBUTION
 Summary of Original Determinations by
 Number of Days Elapsed from Date Entered in Mail Log
 Eligible and Ineligible Decisions

Calendar Years 2015 – 2019

<u>Number of Days</u>	<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>	<u>Number</u>	<u>Cumulative Percent</u>
7 or less	3,095	2.9	2,951	2.8	2,166	1.9	7,967	7.3	19,906	17.6
8 – 14	52,041	48.0	38,394	35.9	22,506	19.9	48,946	45.0	43,958	56.5
15 – 21	10,349	57.6	16,382	51.3	14,814	33.0	15,819	59.6	22,926	76.3
22 – 28	8,916	65.8	11,433	62.0	26,911	56.8	14,431	72.8	10,449	85.5
29 – 35	14,334	79.0	14,141	75.2	10,722	66.3	15,892	87.5	8,391	92.9
36 – 43	10,355	88.6	10,778	85.3	10,324	75.4	6,465	93.4	3,512	96.0
44 – 49	4,791	93.0	5,923	90.8	9,353	83.7	3,128	96.3	2,069	97.9
50 – 56	2,717	95.5	3,575	94.2	6,890	89.8	1,769	97.9	1,255	99.0
57 or more	4,892	100.0	6,219	100.0	11,525	100.0	2,279	100.0	1,154	100.0
TOTAL CASES	108,395		106,845		113,045		108,729		113,120	
Claims with Insufficient Data on Receipt	47,473	43.8	47,396	44.4	44,595	39.5	31,718	29.2	30,367	26.8

Note: Because of differences in data processing procedures, totals do not precisely match data shown in Table 1 from the Claims Intake Report.

TABLE 3

TEMPORARY DISABILITY INSURANCE – STATE PLAN
AGE AND SEX OF DISABILITY INSURANCE CLAIMANTS
BY ELIGIBILITY STATUS

Calendar Year 2019

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	70,901	50,731	20,170
Percent*	100.0%	71.6%	28.4%
Total, Under 45	51.5%	43.0%	8.4%
Under 25	5.4	4.4	1.0
25 - 34	27.1	23.8	3.3
35 - 44	19.1	14.9	4.1
Total, Over 45	48.5%	28.5%	20.0%
45 - 54	18.2	11.7	6.5
55- 64	21.8	12.3	9.5
Over 65	8.6	4.6	4.0
Ineligible Claimants			
Total with Information - Number	40,818	27,523	13,295
Percent*	100.0%	67.4%	32.6%
Total, Under 45	57.2%	43.8%	13.4%
Under 25	8.6	6.6	2.0
25 - 34	28.9	23.1	5.7
35 - 44	19.7	14.0	5.7
Total, Over 45	42.8%	23.7%	19.1%
45 - 54	17.5	10.5	7.0
55- 64	18.5	9.7	8.7
Over 65	6.9	3.4	3.5

Note: Demographic data for eligible and ineligible claimants are based on original determinations and do not incorporate eligibility changes due to redeterminations. Totals do not match those in Table 1 due to differences in data processing procedures.

*Percentages are computed by eligibility status for the total number of claimants with age and sex information. Percents may not add to totals due to rounding.

TABLE 4
TEMPORARY DISABILITY INSURANCE – STATE PLAN
REASONS FOR DENIAL OF DISABILITY CLAIMS
AT ORIGINAL DETERMINATION OR REDETERMINATION
 Calendar Years 2015 - 2019

<u>Reason for Denial</u>	<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>		<u>2019</u>	
	<u>Number</u>	<u>Percent¹</u>	<u>Number</u>	<u>Percent¹</u>	<u>Number</u>	<u>Percent¹</u>	<u>Number</u>	<u>Percent¹</u>	<u>Number</u>	<u>Percent¹</u>
4(f)-Disability during unemployment	7,004	30.4	7,157	28.1	7,907	24.5	7,959	21.6	9,818	22.7
Insufficient weeks or wages	2,460	10.7	2,536	9.9	2,523	7.8	2,150	5.8	2,059	4.8
Medical evidence not submitted	5,978	25.9	8,569	33.6	13,057	40.4	18,001	48.8	20,853	48.3
Workers' compensation coverage	2,481	10.8	2,479	9.7	3,004	9.3	2,785	7.6	2,942	6.8
Private Plan coverage	3,039	13.2	3,272	12.8	3,967	12.3	4,551	12.3	5,403	12.5
Receipt of continuation pay from employer	597	2.6	623	2.4	647	2.0	590	1.6	783	1.8
Other reasons ²	17,864	77.5	19,145	75.1	22,961	71.0	22,711	61.6	33,823	78.3
Total reasons for denial ¹	39,423		43,781		54,065		58,747		75,708	
Total Ineligible Determinations and Redeterminations	23,044	100.0	25,509	100.0	32,332	100.0	36,886	100.0	43,208	100.0

¹Percent of total ineligible determinations and redeterminations. The total number of reasons for denial exceeds the number of ineligible determinations and redeterminations because there may be multiple reasons for denial of a single claim. For this reason, percentages do not add to 100 percent.

²Other reasons include late filing, state government employment when the individual has accrued sick leave available, employment by an uncovered political subdivision, disability resulting from the commission of a crime and disability with duration of less than seven days.

TABLE 5

TEMPORARY DISABILITY INSURANCE – STATE PLAN
SUMMARY OF MORBIDITY DATA FOR ELIGIBLE NEW CLAIMS

Calendar Years 2018 and 2019

<u>Major Morbidity Group (code)</u>	<u>2018</u> (REVISED)		<u>2019</u>	
	Number of <u>Cases</u>	Percent of <u>Cases</u>	Number of <u>Cases</u>	Percent of <u>Cases</u>
Infectious and parasitic diseases (01)	1,946	2.3%	2,211	2.5%
Neoplasms (02)	6,393	7.4	6,746	7.6
Allergic, endocrine, metabolic and nutritional (03)	2,061	2.4	2,158	2.4
Diseases of blood and blood forming organs (04)	222	0.3	273	0.3
Mental, psychoneurotic and personality disorders (05)	4,997	5.8	5,494	6.2
Nervous system and sense organs (06)	2,873	3.3	3,155	3.5
Circulatory system (07)	4,434	5.2	4,710	5.3
Respiratory system (08)	1,729	2.0	1,660	1.9
Digestive system (09)	5,134	6.0	5,219	5.8
Genitourinary system (10)	2,096	2.4	2,150	2.4
Pregnancy and complications of childbirth (11)	24,415	28.4	25,234	28.3
Skin and cellular tissue (12)	811	0.9	800	0.9
Bones and organs of movement (13)	15,272	17.8	15,479	17.3
Congenital malformations (14)	69	0.1	86	0.1
Hysterectomy (15)	725	0.8	780	0.9
Accidents, poisoning and violence (17)	10,799	12.6	11,046	12.4
Other ill-defined and unknown causes (16 & 18)	1,939	2.3	2,077	2.3
Total*	85,915	100.0%	89,278	100.0%

*Total eligible claims do not exactly match totals in Table 1 because of differences in data processing procedures.

TABLE 6

TEMPORARY DISABILITY INSURANCE – STATE PLAN
SUMMARY OF MORBIDITY DATA FOR COMPLETED CASES*

Calendar Year 2019

<u>Major Morbidity Group (code)</u>	<u>Number of Cases</u>	<u>Percent of Cases</u>	<u>Average Duration (days)</u>	<u>Average Gross Benefits</u>
Infectious and parasitic diseases (01)	2,176	2.5%	65	\$4,685
Neoplasms (02)	6,677	7.6	79	5,586
Allergic, endocrine, metabolic and nutritional (03)	2,130	2.4	56	3,844
Diseases of blood and blood forming organs (04)	267	0.3	64	4,255
Mental, psychoneurotic and personality disorders (05)	5,436	6.2	73	5,409
Nervous system and sense organs (06)	3,088	3.5	67	4,773
Circulatory system (07)	4,705	5.3	82	5,835
Respiratory system (08)	1,662	1.9	47	3,297
Digestive system (09)	5,214	5.9	45	3,196
Genitourinary system (10)	2,126	2.4	51	3,480
Pregnancy and complications of childbirth (11)	24,975	28.3	60	4,058
Skin and cellular tissue (12)	788	0.9	51	3,549
Bones and organs of movement (13)	15,316	17.3	82	5,785
Congenital malformations (14)	86	0.1	100	6,828
Hysterectomy (15)	758	0.9	47	3,303
Accidents, poisoning and violence (17)	10,920	12.4	77	5,206
Other ill-defined and unknown causes (16 & 18)	1,974	2.2	69	4,808
Total	88,298	100.0%	68	\$4,758

* Completed cases include those claims formally closed in the TDI database in 2019, as well as those with no payment activity for 90 days.

TABLE 6A

TEMPORARY DISABILITY INSURANCE – STATE PLAN
SUMMARY OF MORBIDITY DATA FOR COMPLETED CASES*

Calendar Year 2018

REVISED

<u>Major Morbidity Group (code)</u>	<u>Number of Cases</u>	<u>Percent of Cases</u>	<u>Average Duration (days)</u>	<u>Average Gross Benefits</u>
Infectious and parasitic diseases (01)	1,922	2.2%	65	\$4,557
Neoplasms (02)	6,355	7.3	79	5,361
Allergic, endocrine, metabolic and nutritional (03)	2,086	2.4	55	3,737
Diseases of blood and blood forming organs (04)	229	0.3	65	4,124
Mental, psychoneurotic and personality disorders (05)	4,996	5.8	75	5,348
Nervous system and sense organs (06)	2,858	3.3	69	4,698
Circulatory system (07)	4,489	5.2	84	5,706
Respiratory system (08)	1,741	2.0	46	3,095
Digestive system (09)	5,142	5.9	44	3,037
Genitourinary system (10)	2,105	2.4	50	3,319
Pregnancy and complications of childbirth (11)	24,936	28.8	60	3,938
Skin and cellular tissue (12)	810	0.9	49	3,268
Bones and organs of movement (13)	15,407	17.8	83	5,672
Congenital malformations (14)	76	0.1	115	8,018
Hysterectomy (15)	733	0.8	49	3,190
Accidents, poisoning and violence (17)	10,820	12.5	76	5,125
Other ill-defined and unknown causes (16 & 18)	1,847	2.1	66	4,409
Total	86,552	100.0%	69	\$4,623

* Completed cases include those claims formally closed in the TDI database in 2018, as well as those with no payment activity for 90 days.