

TEMPORARY DISABILITY INSURANCE WORKLOAD IN 2014

SUMMARY REPORT

New Jersey Department of Labor and
Workforce Development
Office of Research and Information
October 2015

HIGHLIGHTS

TEMPORARY DISABILITY INSURANCE WORKLOAD IN 2014

- Most measures of disability claims volume declined from 2013 to 2014 by three to four percent and were down by seven to eight percent compared with 2010.
- Claims processing times increased for the fourth consecutive year in 2014 along with the number of claims received with insufficient information, causing the 14-day and 28-day time lapse performance measures to fall short of the disability insurance goals for processing initial determinations.
- The average weekly benefit amount rose by one percent in 2014 to \$437. Gross benefit payments decreased by nearly two percent to \$422.7 million, following an increase of one percent in 2013.
- The average duration for cases completed in 2014 was 71 days, about the same as during the previous 13 years (the years for which data on completed cases are available). The average benefits paid for cases completed in 2014 rose by about two percent during the year to \$4,401.
- 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 51 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. Prior to 2011, coverage under other programs had accounted for at least 60 percent of denials in each year since 1989 (when data became available).
- The largest single group of claimants was again females under age 45, which includes most women of childbearing age. This category accounted for over 39 percent of eligible and ineligible claimants in 2014. However, the overall percentage of claimants under age 45 has been steadily declining over the past 25 years as older workers comprise a larger proportion of the labor force.

TEMPORARY DISABILITY INSURANCE PROGRAM - 2014

This report provides a summary of workload activity and other data during 2014 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 2010 through 2014 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 2014 can be found in Table 3. Morbidity data for eligible claims and completed cases in 2013 and 2014 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.

In 2014, the number of State Plan employers rose, increasing from 212,009 in 2013 to 213,613 in 2014. In addition, approximately 800 employers were covered by a combination of state and private plans. State Plan covered employment rose by 0.2 percent in 2014, averaging 2,610,970 in 2013 and 2,615,435 in 2014.¹

Summary of 2014 Workload

After holding steady in 2013, most measures of disability claims volume declined in 2014, resuming the downward trend of the prior eight years (see Table 1). Total original determinations, total eligible claims, first payments and weeks compensated each declined over the year by three to four percent. These same workload measures were down by seven to eight percent compared with levels in 2010.

Gross benefit payments decreased in 2014 by about two percent, following small increases in the previous two years, and were down by about three percent compared with 2010. The average weekly benefit amount increased by one percent in 2014, and was up by five percent compared with 2010. 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 offset wage increases from 2008 through 2011 and again in 2014 causing gross benefits to decline during those years. The maximum weekly benefit rate rose by nearly two percent in 2014 to \$595 and

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

was up six percent compared with 2010. A more detailed discussion of the individual workload measures follows below.

Original Determinations

During 2014, the number of total original determinations decreased by 3.4 percent to 112,133, following a decline in 2013 of 0.1 percent. Total original determinations have trended down over the past nine years and were 7.7 percent below the level recorded in 2010. Eligible original determinations decreased over the year by 6.3 percent, while ineligible original determinations rose by 8.1 percent. The percent of original determinations found to be eligible edged down from 79.8 percent in 2013 to 77.4 percent in 2014.

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 had risen as a proportion of total determinations 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 and finally to \$145 in 2010 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 2014, total redeterminations rose by 16.0 percent, following an increase of 17.7 percent in 2013. The increase in 2014 was due to a jump in eligible redeterminations (+21.6%) which offset a decrease in ineligible redeterminations (-9.4%). Compared with 2010, total redeterminations were up by 43.3 percent due to a rise in the number of eligible redeterminations (+68.1%) which offset a decline in ineligible redeterminations (-24.6%).

Of the 9,909 total redeterminations during 2014, 85.9 percent resulted in claimants being eligible for benefits. The annual percentage of eligible redeterminations has ranged from 73.2 to 85.9 percent since 2010.

Eligible Claims

Total eligible claims fell by 4.3 percent in 2014 (93,889) compared with 2013 (98,077), following no change in 2013 and declines in the previous eight years. Eligible claims are defined

as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations. Compared with 2010, eligible claims were down by 8.2 percent.

Eligible claims comprised 3.6 percent of covered employment in 2014, down slightly from 2012 and 2013 when they comprised 3.8 percent.

Reconsiderations

Total reconsiderations, which are reviews that do not change a claim's eligibility status, were down by 0.5 percent in 2014, following an increase of 0.6 percent in 2013, and were 11.7 percent below the level recorded in 2010. Of the 178,437 reconsiderations during 2014, 172,301, or 96.6 percent, were eligible for benefits. The percentage of reconsiderations for eligible claims was slightly lower than in 2013 when it was 97.4 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 2014, there were 5,984 total original determinations for claims filed by state government employees, comprising 5.3 percent of total original determinations for all claims in 2014. This was down slightly compared with 2013 when there were 6,289 original determinations which accounted for 5.4 percent of the annual total (see Table 1). From 1989 to 2002, state government original determinations accounted for between 3.4 and 4.0 percent of total original determinations, but since 2003 when they comprised 4.3 percent, the proportion of original determinations accounted for by state government employees has been at a higher level, averaging 5.4 percent from 2010 through 2014. Since 2010, the number of total original determinations for claims by state government employees was down by 9.1 percent, compared with a decline in total original determinations for all claims of 7.7 percent.

Original determinations can be classified as eligible or ineligible, but this breakdown is not available for individual workload items for state government employees. Therefore, we are unable to calculate 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 2014 fell by 4.1 percent to 94,894 from 98,976 in 2013, while eligible claims decreased by 4.3 percent over the same period. The number of first payments was down by 7.5 percent compared with 2010, similar to declines in other workload measures.

During 2014, the number of weeks of disability that were compensated declined to 967,718 weeks from 998,683 weeks in 2013, a decrease of 3.1 percent. Weeks compensated were down by 7.0 percent compared with 2010.

Gross benefit payments fell by 1.9 percent during 2014 to \$422.7 million, following an increase of 0.4 percent in 2013. The average weekly benefit amount increased from \$431 in 2013 to \$437 in 2014. While gross benefit payments generally rise along with increases in the average weekly benefit amount, declining claims and weeks compensated have offset those increases in every year since 2008, except for 2012 and 2013 when there were small increases in benefit payments. Compared with 2010, gross benefit payments were down by 2.5 percent, while the average weekly benefit amount rose by 5.0 percent. The maximum weekly benefit amount, which is calculated based on average statewide wages, increased by 1.9 percent in 2014 to \$595 and has risen by 6.1 percent since 2010.

Time Lapse Data

The percentage of initial determinations made within two weeks of receipt of the claim declined for the fourth consecutive year in 2014, falling to 52.7 percent from 58.8 percent in the previous year. This is only the third time in 15 years that the two-week time lapse measure has fallen 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 decreased over the year to 76.8 percent from 84.2 percent in 2013. This second performance measure fell below the Disability Insurance Service goal of 85 percent for processing initial determinations within four weeks of receipt of claim for the second time in 15 years.

The increases in claim processing times during the past four years occurred in conjunction with increases in the number and percentage of claims received with insufficient information from 2011 to 2014. The percentage of claims received with insufficient information rose from 34.1 percent in 2011, 35.6 percent in 2012 and 39.2 percent in 2013 to 44.7 percent in 2014, compared with an average of 27.3 percent for the three prior years (2008 through 2010).

Claimant Characteristics

Females under age 45, which includes most women of childbearing age, were the largest single group of claimants in 2014 as in each of the prior 25 years. This group accounted for 41.5 percent of eligible and 39.9 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 70.6 percent of all eligible claimants for whom information was available. Among ineligible claimants, 66.2 percent were female.

The percentage of all eligible claimants under 45 years of age continued to edge down, falling to 51.2 percent in 2014 from 51.4 percent in 2013. The proportion of ineligible claimants under 45 declined in 2014 to 52.6 percent from 54.4 percent in 2013.

The percentage of claimants under age 45 has been steadily 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 41.5 percent of eligible and 39.9 percent of ineligible claimants in 2014.

Denials

The primary reasons for denial of a claim at original determination or redetermination from 2010 to 2014 are shown in Table 4.

For the first time in 26 years, the most frequently cited reason for denial was lack of medical evidence, followed by eligibility for benefits under the Disability During Unemployment Program (4(f))², the most cited reason for denial in the previous 25 years. Lack of medical evidence was cited in 32.4 percent of all claims found ineligible in 2014, up from 29.3 percent in 2013.

Eligibility for benefits under the Disability During Unemployment Program (4(f))³ was cited as a reason for denial in 28.6 percent of all claims found ineligible in 2014, down from 31.1 percent in 2013. Coverage of a disability by the Workers' Compensation program and coverage by a private plan were given as reasons for denial in 10.1 and 12.7 percent, respectively, of ineligible claims. Coverage under these three programs was a reason for denial in 51.3 percent of all ineligible determinations and redeterminations in 2014, compared with 53.5 percent in 2013. 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 9.1 percent of disability claims determined ineligible, down slightly from 9.4 percent in 2013. 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 2014, the percentage of denials attributed to receipt of employer continuation pay edged down to 1.6 percent from 1.7 percent in 2013. The implementation in 2006 of a new method for entering employer continuation pay into the disability database system resulted in a smaller 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

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.

³Persons 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.

from 8.0 percent of ineligible claims in 2005 to 4.5 percent in 2006 and have continued to trend down.

“Other” reasons were cited in 78.9 percent of ineligible determinations and redeterminations in 2014, compared with 70.6 percent in 2013 and 69.9 percent in 2010. “Other” reasons accounted for 59.8 percent of denials in 2005. 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 2014, 27.2 percent of ineligible claims had multiple reasons for denial, with each of these claims having an average of 3.7 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 2014, along with revised data for 2013.

Claims for benefits due to pregnancy and complications of childbirth were the largest single category of claims again in 2014 out of the 17 major morbidity groups, comprising 25.4 percent of all eligible claims, compared with 24.5 percent in 2013. 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 18.6 and 13.5 percent, respectively, of all eligible claims in 2014. During 2014, these three categories accounted for over 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 2013 and 2014.

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 which were completed in 2014. 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 2013.

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 2014 (25.5%), followed by disabilities related to bones and organs of movement (18.5%) and disabilities resulting from accidents, poisoning and violence (13.4%).

There were 95,259 completed cases in 2014, a decrease of 3.5 percent from 98,738 completed cases in 2013. For all morbidities, the average number of days paid per completed

case was 71 days in 2014, the same as in 2013. Average duration has fluctuated between 70 and 71 days since 2001 when the data were first computed. Average gross benefits paid in 2014 increased by \$74, or 1.7 percent, to \$4,401, compared with \$4,327 in the previous year.

The longest average claim duration in 2014 was for disabilities related to congenital malformations (91 days), while the shortest was for digestive system disabilities (44 days). The highest average benefits paid per claim were for disabilities related to congenital malformations (\$5,612) and disabilities related to bones and organs of movement (\$5,376), while the lowest average benefits paid per claim were for respiratory system disabilities (\$2,761).

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 2014, the maximum weekly benefit amount was \$595.

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 2010 - 2014

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Claim/Information					
Forms Entered (DS-1s)	166,130	162,192	159,319	159,419	157,010
Original Determinations					
Eligible	99,011	96,029	94,000	92,617	86,772
Ineligible	22,530	22,998	22,251	23,463	25,361
Total	121,541	119,027	116,251	116,080	112,133
Redeterminations					
Eligible	5,064	5,845	5,671	7,001	8,513
Ineligible	1,851	1,812	1,589	1,541	1,396
Total	6,915	7,657	7,260	8,542	9,909
Total Eligible Claims ¹	102,224	100,062	98,082	98,077	93,889
Reconsiderations					
Eligible	197,705	183,498	174,302	174,777	172,301
Ineligible	4,410	4,498	4,088	4,645	6,136
Total	202,115	187,996	178,390	179,422	178,437
State Government					
Original Determinations	6,584	6,615	6,413	6,289	5,984
Number of First Payments	102,575	100,497	99,232	98,976	94,894
Number of Weeks Compensated	1,041,014	1,016,426	1,007,471	998,683	967,718
Gross Benefit Payments (millions) ²	\$433.4	\$426.5	\$429.2	\$430.8	\$422.7
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$416	\$420	\$426	\$431	\$437
Maximum Weekly Benefit Amount	\$561	\$559	\$572	\$584	\$595
Average Benefit Duration for Completed Cases (days) ³	71	71	70	71	71
Average Benefits Paid for Completed Cases ³	\$4,168	\$4,233	\$4,263	\$4,327 ^r	\$4,401

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

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 2010 – 2014

<u>Number of Days</u>	<u>2010</u>		<u>2011</u>		<u>2012</u>		<u>2013</u>		<u>2014</u>	
	<u>Number</u>	<u>Cumulative Percent</u>								
14 or less	88,456	72.8	77,525	65.1	72,529	62.4	68,191	58.8	59,091	52.7
15 – 21	11,927	82.6	12,474	75.6	12,866	73.5	12,620	69.6	10,445	62.0
22 – 28	10,290	91.1	13,399	86.9	13,473	85.0	16,864	84.2	16,605	76.8
29 – 35	4,692	94.9	7,325	93.0	8,205	92.1	8,470	91.5	12,371	87.9
36 – 43	2,700	97.1	3,163	95.7	3,604	95.2	3,886	94.8	6,125	93.3
44 – 49	1,526	98.4	2,134	97.5	2,287	97.2	2,535	97.0	3,024	96.0
50 – 56	1,040	99.3	1,473	98.7	1,493	98.5	1,815	98.5	2,108	97.9
57 or more	903	100.0	1,527	100.0	1,790	100.0	1,687	100.0	2,349	100.0
TOTAL CASES	121,534		119,020		116,247		116,068		112,118	
Claims with Insufficient Data on Receipt	33,731	27.8	40,568	34.1	41,433	35.6	45,465	39.2	50,081	44.7

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 2014

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	85,973	60,695	25,278
Percent*	100.0%	70.6%	29.4%
Total, Under 45	51.2%	41.5%	9.7%
Under 25	6.2	4.9	1.3
25 - 34	25.5	21.8	3.7
35 - 44	19.5	14.8	4.8
Total, Over 45	48.8%	29.1%	19.7%
45 - 54	21.7	13.7	8.0
55- 64	20.2	11.6	8.5
Over 65	6.9	3.8	3.1
Ineligible Claimants			
Total with Information - Number	23,850	15,799	8,051
Percent*	100.0%	66.2%	33.8%
Total, Under 45	52.6%	39.9%	12.7%
Under 25	9.1	7.0	2.1
25 - 34	24.5	19.7	4.8
35 - 44	19.1	13.2	5.8
Total, Over 45	47.4%	26.3%	21.0%
45 - 54	22.3	13.0	9.3
55- 64	18.5	9.9	8.6
Over 65	6.6	3.5	3.1

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 2010 - 2014

<u>Reason for Denial</u>	<u>2010</u>		<u>2011</u>		<u>2012</u>		<u>2013</u>		<u>2014</u>	
	<u>Number</u>	<u>Percent¹</u>								
4(f)-Disability during unemployment	9,559	39.2	8,858	35.7	8,574	36.0	7,783	31.1	7,646	28.6
Insufficient weeks or wages	2,416	9.9	2,324	9.4	2,273	9.5	2,358	9.4	2,443	9.1
Medical evidence not submitted	5,028	20.6	6,034	24.3	5,858	24.6	7,326	29.3	8,678	32.4
Workers' compensation coverage	2,726	11.2	2,570	10.4	2,380	10.0	2,466	9.9	2,694	10.1
Private Plan coverage	3,190	13.1	3,303	13.3	3,130	13.1	3,125	12.5	3,395	12.7
Receipt of continuation pay from employer	618	2.5	599	2.4	530	2.2	431	1.7	433	1.6
Other reasons ²	17,044	69.9	16,684	67.2	16,115	67.6	17,665	70.6	21,110	78.9
Total reasons for denial ¹	40,581		40,372		38,860		41,154		46,399	
Total Ineligible Determinations and Redeterminations	24,381	100.0	24,810	100.0	23,840	100.0	25,004	100.0	26,757	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 2013 and 2014

<u>Major Morbidity Group (code)</u>	<u>2013</u> (REVISED)		<u>2014</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)	1,495	1.5%	1,384	1.5%
Neoplasms (02)	7,966	8.0	7,436	7.8
Allergic, endocrine, metabolic and nutritional (03)	2,611	2.6	2,579	2.7
Diseases of blood and blood forming organs (04)	287	0.3	297	0.3
Mental, psychoneurotic and personality disorders (05)	6,052	6.1	5,607	5.9
Nervous system and sense organs (06)	3,505	3.5	3,317	3.5
Circulatory system (07)	5,899	5.9	5,583	5.9
Respiratory system (08)	2,537	2.6	2,183	2.3
Digestive system (09)	6,729	6.8	6,330	6.7
Genitourinary system (10)	2,835	2.9	2,696	2.8
Pregnancy and complications of childbirth (11)	24,332	24.5	24,111	25.4
Skin and cellular tissue (12)	1,099	1.1	967	1.0
Bones and organs of movement (13)	18,626	18.7	17,665	18.6
Congenital malformations (14)	87	0.1	67	0.1
Hysterectomy (15)	465	0.5	443	0.5
Accidents, poisoning and violence (17)	13,089	13.2	12,799	13.5
Other ill-defined and unknown causes (16 & 18)	1,743	1.8	1,599	1.7
Total*	99,357	100.0%	95,063	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 2014

<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)	1,413	1.5%	62	\$3,939
Neoplasms (02)	7,418	7.8	81	5,166
Allergic, endocrine, metabolic and nutritional (03)	2,582	2.7	62	3,884
Diseases of blood and blood forming organs (04)	302	0.3	64	3,816
Mental, psychoneurotic and personality disorders (05)	5,644	5.9	81	5,333
Nervous system and sense organs (06)	3,276	3.4	70	4,447
Circulatory system (07)	5,670	6.0	84	5,256
Respiratory system (08)	2,158	2.3	45	2,761
Digestive system (09)	6,340	6.7	44	2,808
Genitourinary system (10)	2,695	2.8	47	2,851
Pregnancy and complications of childbirth (11)	24,265	25.5	65	3,842
Skin and cellular tissue (12)	971	1.0	51	3,105
Bones and organs of movement (13)	17,661	18.5	85	5,376
Congenital malformations (14)	75	0.1	91	5,612
Hysterectomy (15)	443	0.5	51	3,131
Accidents, poisoning and violence (17)	12,785	13.4	76	4,684
Other ill-defined and unknown causes (16 & 18)	1,561	1.6	55	3,426
Total	95,259	100.0%	71	\$4,401

* Completed cases include those claims formally closed in the TDI database in 2014, 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 2013

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)	1,484	1.5%	65	\$4,161
Neoplasms (02)	7,912	8.0	80	5,010
Allergic, endocrine, metabolic and nutritional (03)	2,593	2.6	62	3,850
Diseases of blood and blood forming organs (04)	281	0.3	61	3,609
Mental, psychoneurotic and personality disorders (05)	6,045	6.1	81	5,280
Nervous system and sense organs (06)	3,434	3.5	67	4,255
Circulatory system (07)	5,848	5.9	83	5,148
Respiratory system (08)	2,542	2.6	41	2,550
Digestive system (09)	6,704	6.8	44	2,791
Genitourinary system (10)	2,823	2.9	47	2,837
Pregnancy and complications of childbirth (11)	24,283	24.6	66	3,894
Skin and cellular tissue (12)	1,100	1.1	45	2,833
Bones and organs of movement (13)	18,368	18.6	84	5,223
Congenital malformations (14)	95	0.1	99	6,086
Hysterectomy (15)	474	0.5	50	2,955
Accidents, poisoning and violence (17)	13,055	13.2	76	4,5621
Other ill-defined and unknown causes (16 & 18)	1,697	1.7	53	3,199
Total	98,738	100.0%	71	\$4,327

* Completed cases include those claims formally closed in the TDI database in 2013, as well as those with no payment activity for 90 days.