

TEMPORARY DISABILITY INSURANCE WORKLOAD IN 2017

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 2017

- Most measures of disability claims volume remained down by more than 20 percent compared with 2008, but eligible claims and first payments rose from 2016 to 2017 by about two percent, reversing the downward trend of recent years.
- Claims processing times increased for the seventh consecutive year in 2017 and the number of claims received with insufficient information remained high, 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 two percent in 2017 to \$465. Gross benefit payments also increased over the year, rising by about one percent to \$418.1 million.
- The average duration for cases completed in 2017 was 70 days, about the same as during the previous 16 years (the years for which data on completed cases are available). The average benefits paid for cases completed in 2017 rose by about one percent during the year to \$4,617.
- 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 46 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 2017, comprising over 40 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 over 41 percent of eligible and ineligible claimants in 2017. However, the overall percentage of claimants under age 45 has been steadily declining over the past 28 years as older workers comprise a larger proportion of the labor force.

TEMPORARY DISABILITY INSURANCE PROGRAM - 2017

This report provides a summary of workload activity and other data during 2017 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 2013 through 2017 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 2017 can be found in Table 3. Morbidity data for eligible claims and completed cases in 2016 and 2017 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 2017, the number of State Plan employers rose, increasing from 220,156 in 2016 to 220,980 in 2017. In addition, 710 employers were covered by a combination of state and private plans, while private plan employers totaled 4,959. State Plan covered employment rose by 1.1 percent in 2017, averaging 2,728,590 in 2017 and 2,699,549 in 2016.¹ Private plan covered employment rose by 2.9 percent in 2017, averaging 774,898 in 2017 and 752,783 in 2016.

Summary of 2017 Workload

Some measures of disability claims volume rose slightly in 2017, reversing the downward trend of recent years (see Table 1). Total eligible claims and first payments each edged up over the year by about two percent. However, these same workload measures were down by eight to nine percent compared with levels in 2013 and by more than 20 percent compared with 2008.

Gross benefit payments increased in 2017 by about one percent, but remained down by about three percent compared with 2013. The average weekly benefit amount increased by two percent in 2017, and was up by over eight percent compared with 2013. 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 years beginning in 2008, causing gross benefits to decline. The maximum weekly benefit rate rose by nearly three percent

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.

in 2017 to \$633 and was up eight percent compared with 2013. A more detailed discussion of the individual workload measures follows below.

Original Determinations

During 2017, the number of total original determinations increased by 5.8 percent to 113,051, following a decline in 2016 of 1.4 percent. Total original determinations have generally trended down over the past 12 years and were 2.6 percent below the level recorded in 2013 and 14.8 percent below the level in 2008. Eligible original determinations decreased over the year by 0.6 percent, while ineligible original determinations rose by 27.5 percent. The increase in ineligible determinations was due to a policy change affecting the processing of claimant wage information. The percent of original determinations found to be eligible fell from 77.2 percent in 2016 to 72.6 percent in 2017.

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, to \$145 in 2010, to \$165 in 2015 and finally to \$168 in 2016 and 2017 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 2017, total redeterminations rose by 27.3 percent, following an increase of 11.0 percent in 2016. The increase in 2017 was due to an upswing in both eligible redeterminations (+30.0%) and ineligible redeterminations (+11.5%). Compared with 2013, total redeterminations were up by 18.1 percent due to an increase in the number of eligible redeterminations (+25.3%) which offset a decline in ineligible redeterminations (-14.3%).

Of the 10,090 total redeterminations during 2017, 86.9 percent resulted in claimants being eligible for benefits. The annual percentage of eligible redeterminations has ranged from 81.3 to 86.9 percent since 2013.

Eligible Claims

Total eligible claims rose by 1.6 percent in 2017 (89,489) compared with 2016 (88,086), following a decrease of 3.4 percent in 2016 and declines in the prior nine years. Eligible claims are defined as eligible original determinations, plus eligible redeterminations, less ineligible redeterminations. Eligible claims were down by 8.8 percent compared with 2013 and by 20.6 percent compared with 2008.

Eligible claims comprised 3.3 percent of covered employment in 2017, the same as in 2016. In 2013, eligible claims comprised 3.8 percent of covered employment.

Reconsiderations

Total reconsiderations, which are reviews that do not change a claim's eligibility status, were down by 13.7 percent in 2017, following a decrease of 4.0 percent in 2016, and were 26.8 percent below the level recorded in 2013. Of the 131,271 reconsiderations during 2017, 124,677, or 95.0 percent, were eligible for benefits. The percentage of reconsiderations for eligible claims was slightly lower than in 2016 when it was 96.1 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 2017, there were 5,148 total original determinations for claims filed by state government employees, comprising 4.6 percent of total original determinations for all claims in 2017. The number was up by 0.2 percent compared with 2016 when there were 5,136 original determinations which accounted for 4.8 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 5.1 percent from 2013 through 2017. Since 2013, the number of total original determinations for claims by state government employees has fallen by 18.1 percent, compared with a decline in total original determinations for all claims of 2.6 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, 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 2017 rose by 1.5 percent to 90,621 from 89,284 in 2016, while eligible claims increased by 1.6 percent over the same period. The number of first payments was down by 8.4 percent compared with 2013 and by 19.9 percent compared with 2008, similar to declines in other workload measures.

During 2017, the number of weeks of disability that were compensated declined to 899,104 weeks from 913,018 weeks in 2016, a decrease of 1.5 percent. Weeks compensated were down by 10.0 percent compared with 2013 and by 21.0 percent compared with 2008.

Gross benefit payments rose slightly by 0.7 percent during 2017 to \$418.1 million, following a decline of 1.1 percent in 2016. The average weekly benefit amount increased from \$455 in 2016 to \$465 in 2017 (+2.2%). Since 2008, gross benefit payments have generally risen along with increases in the average weekly benefit amount, but declining claims and weeks compensated have offset those increases, except for 2012, 2013 and 2017 when there were small increases in benefit payments. Compared with 2013, gross benefit payments were down by 2.9 percent, while the average weekly benefit amount rose by 7.9 percent. The maximum weekly benefit amount, which is calculated based on average statewide wages, increased by 2.9 percent in 2017 to \$633 and has risen by 8.4 percent since 2013.

Time Lapse Data

The percentage of initial determinations made within two weeks of receipt of the claim declined for the seventh consecutive year in 2017, falling to 19.9 percent from 35.9 percent in the previous year. This is the sixth time in 17 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 56.8 percent from 62.0 percent in 2016. 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 fifth time in 17 years.

The increases in claim processing times during the past six years occurred in conjunction with increases in the number and percentage of claims received with insufficient information compared with the prior five-year period. The average percentage of claims received with insufficient information during the five-year period from 2013 through 2017 was 42.3 percent, compared with an average of 30.3 percent for the prior five years (2008 through 2012).

Claimant Characteristics

Females under age 45, which includes most women of childbearing age, were the largest single group of claimants in 2017 as in each of the prior 28 years. This group accounted for 42.2 percent of eligible and 41.8 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 71.5 percent of all eligible claimants for whom information was available. Among ineligible claimants, 65.4 percent were female.

The percentage of all eligible claimants under 45 years of age rose slightly to 51.4 percent in 2017 from 51.2 percent in 2016. The proportion of ineligible claimants under 45 increased in 2017 to 56.1 percent from 55.8 percent in 2016.

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 42.2 percent of eligible and 41.8 percent of ineligible claimants in 2017.

Denials

The primary reasons for denial of a claim at original determination or redetermination from 2013 to 2017 are shown in Table 4.

Lack of medical evidence was the most frequently cited reason for denial 2017, comprising 40.4 percent of all claims found ineligible in 2017, up from 33.6 percent in 2016. Denials due to lack of medical evidence have generally been higher during the past five years, averaging 32.3 percent of all ineligible determinations and redeterminations, compared with 22.6 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 24.5 percent of all claims found to be ineligible in 2017, down from 28.1 percent in 2016. Coverage of a disability by the Workers' Compensation program and coverage by a private plan were given as reasons for denial in 9.3 and 12.3 percent, respectively, of ineligible claims. Coverage under these three programs was a reason for denial in 46.0 percent of all ineligible determinations and redeterminations in 2017, compared with 50.6 percent in 2016. 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 7.8 percent of disability claims determined ineligible, down slightly from 9.9 percent in 2016. 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.

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.

During 2017, the percentage of denials attributed to receipt of employer continuation pay fell to 2.0 percent from 2.4 percent in 2016. 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 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 71.0 percent of ineligible determinations and redeterminations in 2017, compared with 75.1 percent in 2016 and 70.6 percent in 2013. “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 2017, 25.8 percent of ineligible claims had multiple reasons for denial, with each of these claims having an average of 3.6 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 2017, along with revised data for 2016.

Claims for benefits due to pregnancy and complications of childbirth were the largest single category of claims again in 2017 out of the 17 major morbidity groups, comprising 27.8 percent of all eligible claims, compared with 26.8 percent in 2016. 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 18.3 and 12.4 percent, respectively, of all eligible claims in 2017. During 2017, 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 2017 and 2016.

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 2017. 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 2016.

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

2017 (27.8%), followed by disabilities related to bones and organs of movement (18.2%) and disabilities resulting from accidents, poisoning and violence (12.6%).

There were 89,242 completed cases in 2017, a decrease of 0.5 percent from 89,710 completed cases in 2016. For all morbidities, the average number of days paid per completed case was 70 days in 2017, compared with 71 days in 2016. Average duration has fluctuated between 70 and 71 days since 2001 when the data were first computed. Average gross benefits paid in 2017 increased by \$33, or 0.7 percent, to \$4,617, compared with \$4,584 in the previous year.

The longest average claim duration in 2017 was for disabilities related to the circulatory system (86 days), while the shortest was for digestive system disabilities (45 days). The highest average benefits paid per claim were for disabilities related to circulatory system disorders (\$5,766), while the lowest average benefits paid per claim were for digestive system disabilities (\$2,989).

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 2017, the maximum weekly benefit amount was \$633.

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 2013 – 2017

	2013	2014	2015	2016	2017
Claim/Information Forms Entered (DS-1s)	159,419	157,010	151,457	150,079	131,607
Original Determinations					
Eligible	92,617	86,772	86,686	82,526	82,039
Ineligible	23,463	25,361	21,710	24,325	31,012
Total	116,080	112,133	108,396	106,851	113,051
Redeterminations					
Eligible	7,001	8,513	5,811	6,744	8,770
Ineligible	1,541	1,396	1,334	1,184	1,320
Total	8,542	9,909	7,145	7,928	10,090
Total Eligible Claims ¹	98,077	93,889	91,163	88,086	89,489
Reconsiderations					
Eligible	174,777	172,301	153,956	146,093	124,677
Ineligible	4,645	6,136	4,422	5,951	6,594
Total	179,422	178,437	158,378	152,044	131,271
State Government					
Original Determinations	6,289	5,984	5,649	5,136	5,148
Number of First Payments	98,976	94,894	92,623	89,284	90,621
Number of Weeks Compensated	998,683	967,718	943,124	913,018	899,104
Gross Benefit Payments (millions) ²	\$430.8	\$422.7	\$419.6	\$415.0	\$418.1
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$431	\$437	\$445	\$455	\$465
Maximum Weekly Benefit Amount	\$584	\$595	\$604	\$615	\$633
Average Benefit Duration for Completed Cases (days) ³	71	71	71	71	70
Average Benefits Paid for Completed Cases ³	\$4,327	\$4,394	\$4,468	\$4,584 ^f	\$4,617

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 2013 – 2017

<u>Number of Days</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>	
	<u>Number</u>	<u>Cumulative Percent</u>								
14 or less	68,191	58.8	59,091	52.7	52,041	48.0	38,394	35.9	22,506	19.9
15 – 21	12,620	69.6	10,445	62.0	10,349	57.6	16,382	51.3	14,814	33.0
22 – 28	16,864	84.2	16,605	76.8	8,916	65.8	11,433	62.0	26,911	56.8
29 – 35	8,470	91.5	12,371	87.9	14,334	79.0	14,141	75.2	10,722	66.3
36 – 43	3,886	94.8	6,125	93.3	10,355	88.6	10,778	85.3	10,324	75.4
44 – 49	2,535	97.0	3,024	96.0	4,791	93.0	5,923	90.8	9,353	83.7
50 – 56	1,815	98.5	2,108	97.9	2,717	95.5	3,575	94.2	6,890	89.8
57 or more	1,687	100.0	2,349	100.0	4,892	100.0	6,219	100.0	11,525	100.0
TOTAL CASES	116,068		112,118		108,395		106,845		113,045	
Claims with Insufficient Data on Receipt	45,465	39.2	50,081	44.7	47,473	43.8	47,396	44.4	44,595	39.5

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 2017

	<u>Total</u>	<u>Female</u>	<u>Male</u>
Eligible Claimants			
Total with Information - Number	80,940	57,846	23,094
Percent*	100.0%	71.5%	28.5%
Total, Under 45	51.4%	42.2%	8.7%
Under 25	5.7	4.6	1.0
25 - 34	26.7	23.4	3.4
35 - 44	19.0	14.7	4.3
Total, Over 45	48.6%	28.8%	19.8%
45 - 54	19.4	12.4	7.0
55- 64	21.3	11.7	8.8
Over 65	7.9	4.2	3.7
Ineligible Claimants			
Total with Information - Number	29,752	19,450	10,302
Percent*	100.0%	65.4%	34.6%
Total, Under 45	56.1%	41.8%	14.4%
Under 25	9.1	6.9	2.3
25 - 34	27.5	21.6	5.9
35 - 44	19.5	13.3	6.2
Total, Over 45	43.9%	23.6%	20.3%
45 - 54	19.5	11.1	8.4
55- 64	18.2	9.3	8.9
Over 65	6.2	3.1	3.0

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 2013 - 2017

<u>Reason for Denial</u>	<u>2013</u>		<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>	
	<u>Number</u>	<u>Percent¹</u>								
4(f)-Disability during unemployment	7,783	31.1	7,646	28.6	7,004	30.4	7,157	28.1	7,907	24.5
Insufficient weeks or wages	2,358	9.4	2,443	9.1	2,460	10.7	2,536	9.9	2,523	7.8
Medical evidence not submitted	7,326	29.3	8,678	32.4	5,978	25.9	8,569	33.6	13,057	40.4
Workers' compensation coverage	2,466	9.9	2,694	10.1	2,481	10.8	2,479	9.7	3,004	9.3
Private Plan coverage	3,125	12.5	3,395	12.7	3,039	13.2	3,272	12.8	3,967	12.3
Receipt of continuation pay from employer	431	1.7	433	1.6	597	2.6	623	2.4	647	2.0
Other reasons ²	17,665	70.6	21,110	78.9	17,864	77.5	19,145	75.1	22,961	71.0
Total reasons for denial ¹	41,154		46,399		39,423		43,781		54,065	
Total Ineligible Determinations and Redeterminations	25,004	100.0	26,757	100.0	23,044	100.0	25,509	100.0	32,332	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 2016 and 2017

<u>Major Morbidity Group (code)</u>	<u>2016</u> (REVISED)		<u>2017</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)	1,603	1.8%	1,716	1.9%
Neoplasms (02)	6,971	7.8	6,919	7.6
Allergic, endocrine, metabolic and nutritional (03)	2,422	2.7	2,316	2.6
Diseases of blood and blood forming organs (04)	225	0.3	247	0.3
Mental, psychoneurotic and personality disorders (05)	5,040	5.7	5,165	5.7
Nervous system and sense organs (06)	3,049	3.4	3,102	3.4
Circulatory system (07)	5,146	5.8	5,095	5.6
Respiratory system (08)	1,852	2.1	1,791	2.0
Digestive system (09)	5,612	6.3	5,720	6.3
Genitourinary system (10)	2,320	2.6	2,206	2.4
Pregnancy and complications of childbirth (11)	23,869	26.8	25,206	27.8
Skin and cellular tissue (12)	975	1.1	892	1.0
Bones and organs of movement (13)	16,358	18.4	16,584	18.3
Congenital malformations (14)	67	0.1	81	0.1
Hysterectomy (15)	655	0.7	639	0.7
Accidents, poisoning and violence (17)	11,401	12.8	11,255	12.4
Other ill-defined and unknown causes (16 & 18)	1,450	1.6	1,685	1.9
Total*	89,015	100.0%	90,619	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 2017

<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)	1,633	1.8%	62	\$4,207
Neoplasms (02)	6,852	7.7	80	5,425
Allergic, endocrine, metabolic and nutritional (03)	2,295	2.6	55	3,624
Diseases of blood and blood forming organs (04)	243	0.3	66	4,271
Mental, psychoneurotic and personality disorders (05)	5,093	5.7	77	5,461
Nervous system and sense organs (06)	3,049	3.4	67	4,491
Circulatory system (07)	5,068	5.7	86	5,766
Respiratory system (08)	1,794	2.0	47	3,095
Digestive system (09)	5,609	6.3	45	2,989
Genitourinary system (10)	2,173	2.4	49	3,150
Pregnancy and complications of childbirth (11)	24,775	27.8	62	3,942
Skin and cellular tissue (12)	920	1.0	51	3,297
Bones and organs of movement (13)	16,262	18.2	84	5,623
Congenital malformations (14)	71	0.1	84	5,521
Hysterectomy (15)	609	0.7	49	3,156
Accidents, poisoning and violence (17)	11,211	12.6	79	5,188
Other ill-defined and unknown causes (16 & 18)	1,585	1.8	60	3,863
Total	89,242	100.0%	70	\$4,617

* Completed cases include those claims formally closed in the TDI database in 2017, 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 2016

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)	1,618	1.8%	64	\$4,219
Neoplasms (02)	7,030	7.8	80	5,324
Allergic, endocrine, metabolic and nutritional (03)	2,451	2.7	56	3,602
Diseases of blood and blood forming organs (04)	234	0.3	69	4,258
Mental, psychoneurotic and personality disorders (05)	5,112	5.7	80	5,542
Nervous system and sense organs (06)	3,073	3.4	70	4,651
Circulatory system (07)	5,186	5.8	85	5,631
Respiratory system (08)	1,875	2.1	50	3,145
Digestive system (09)	5,677	6.3	46	3,000
Genitourinary system (10)	2,346	2.6	51	3,225
Pregnancy and complications of childbirth (11)	24,069	26.8	63	3,891
Skin and cellular tissue (12)	947	1.1	50	3,238
Bones and organs of movement (13)	16,603	18.5	86	5,607
Congenital malformations (14)	63	0.1	92	6,344
Hysterectomy (15)	663	0.7	48	3,052
Accidents, poisoning and violence (17)	11,369	12.7	78	5,039
Other ill-defined and unknown causes (16 & 18)	1,394	1.6	60	3,833
Total	89,710	100.0%	71	\$4,584

* Completed cases include those claims formally closed in the TDI database in 2016, as well as those with no payment activity for 90 days.