

**TEMPORARY DISABILITY INSURANCE WORKLOAD IN 2018**

**SUMMARY REPORT**

New Jersey Department of Labor and  
Workforce Development  
Office of Research and Information  
September 2019

## **HIGHLIGHTS**

### **TEMPORARY DISABILITY INSURANCE WORKLOAD IN 2018**

- Most measures of disability claims volume declined from 2017 to 2018 by four to five percent and were down by nine to 12 percent compared with levels in 2014 and by more than 20 percent compared with 2009.
- Claims processing times decreased in 2018, reversing the trend of the prior seven years, while the number of claims received with insufficient information remained relatively 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 2018 to \$474. Gross benefit payments decreased over the year, falling by about three percent to \$405.0 million.
- The average duration for cases completed in 2018 was 69 days, about the same as during the previous 17 years (the years for which data on completed cases are available). The average benefits paid for cases completed in 2018 rose by less than one percent during the year to \$4,628.
- 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 2018, comprising nearly 49 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 42 percent of eligible and ineligible claimants in 2018. 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 - 2018**

This report provides a summary of workload activity and other data during 2018 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 2014 through 2018 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 2018 can be found in Table 3. Morbidity data for eligible claims and completed cases in 2017 and 2018 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 2018, the worker contribution rate was 0.19 percent, down from a rate of 0.24 percent in 2017. Since 2012, the worker contribution rate has been adjusted annually based upon a legislative formula.

In 2018, the number of State Plan employers rose, edging up to 221,006 from 220,980 in 2017. In addition, 692 employers were covered by a combination of state and private plans, while private plan employers totaled 5,214. State Plan covered employment was essentially unchanged in 2018, averaging 2,728,590 in 2017 and 2,729,810 in 2018.<sup>1</sup> Private plan covered employment rose by 4.2 percent in 2018, averaging 807,445 in 2018 and 774,898 in 2017.

### **Summary of 2018 Workload**

Most measures of disability claims volume declined in 2018, continuing the downward trend of recent years (see Table 1). Total eligible claims, first payments and weeks compensated each fell over the year by four to five percent. These same workload measures were down by nine to 12 percent compared with levels in 2014 and by more than 20 percent compared with 2009.

Gross benefit payments decreased in 2018 by about three percent, and were down by about four percent compared with 2014. The average weekly benefit amount increased by two percent

---

<sup>1</sup> 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 2018, and was up by over eight percent compared with 2014. 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 recent years, causing gross benefits to decline. The maximum weekly benefit rate edged up by less than one percent in 2018 to \$637 and was up by seven percent compared with 2014. A more detailed discussion of the individual workload measures follows below.

### **Original Determinations**

During 2018, the number of total original determinations decreased by 3.8 percent to 113,051, following an increase in 2017 of 5.8 percent. Total original determinations have generally trended down over the past 12 years and were 3.0 percent below the level recorded in 2014 and 14.8 percent below the level in 2009. Eligible original determinations decreased over the year by 11.0 percent, while ineligible original determinations rose by 15.3 percent. The increase in ineligible determinations was due to an ongoing 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 and then to 67.1 percent in 2018.

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, to \$168 in 2016 and 2017 and to \$169 in 2018 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 2018, total redeterminations rose by 41.4 percent, following an increase of 27.3 percent in 2017. The increase in 2018 was due to an upswing in eligible redeterminations (+49.8%) which offset a decrease in ineligible redeterminations (-13.9%). Compared with 2014, total redeterminations were up by 44.0 percent due to an increase in the number of eligible redeterminations (+54.3%) which offset a decline in ineligible redeterminations (-18.6%).

Of the 14,272 total redeterminations during 2018, 92.0 percent resulted in claimants being eligible for benefits. The annual percentage of eligible redeterminations has ranged from 81.3 to 92.0 percent since 2014.

## **Eligible Claims**

Total eligible claims fell by 5.0 percent in 2018 (84,979) compared with 2017 (89,489), following an increase of 1.6 percent in 2017 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 9.5 percent compared with 2014 and by 20.6 percent compared with 2009.

Eligible claims comprised 3.1 percent of covered employment in 2018, down from 3.3 percent in 2017. In 2014, eligible claims comprised 3.6 percent of covered employment.

## **Reconsiderations**

Total reconsiderations, which are reviews that do not change a claim's eligibility status, were down by 4.7 percent in 2018, following a decrease of 13.7 percent in 2017, and were 29.9 percent below the level recorded in 2014. Of the 125,082 reconsiderations during 2018, 115,722, or 92.5 percent, were eligible for benefits. The percentage of reconsiderations for eligible claims was lower than in 2017 when it was 95.0 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 2018, there were 4,683 total original determinations for claims filed by state government employees, comprising 4.3 percent of total original determinations for all claims in 2018. The number was down by 9.0 percent compared with 2017 when there were 5,148 original determinations which accounted for 4.6 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 4.8 percent from 2014 through 2018. Since 2014, the number of total original determinations for claims by state government employees has fallen by 21.7 percent, compared with a decline in total original determinations for all claims of 3.0 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 2018 fell by 4.9 percent to 86,155 from 90,621 in 2017, while eligible claims decreased by 5.0 percent over the same period. The number of first

payments was down by 9.2 percent compared with 2014 and by 19.9 percent compared with 2009, similar to declines in other workload measures.

During 2018, the number of weeks of disability that were compensated declined to 854,602 weeks from 899,104 weeks in 2017, a decrease of 4.9 percent. Weeks compensated were down by 11.7 percent compared with 2014 and by 21.0 percent compared with 2009.

Gross benefit payments fell by 3.1 percent during 2018 to \$405.0 million, following an increase of 0.7 percent in 2017. The average weekly benefit amount increased from \$465 in 2017 to \$474 in 2018 (+1.9%). 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 2014, gross benefit payments were down by 4.2 percent, while the average weekly benefit amount rose by 8.5 percent. The maximum weekly benefit amount, which is calculated based on average statewide wages, increased by 0.6 percent in 2018 to \$637 and has risen by 7.1 percent since 2014.

### **Time Lapse Data**

The percentage of initial determinations made within two weeks of receipt of the claim rose to 45.0 percent from 19.9 percent in 2017, reversing a pattern of declines in the past seven years. This is the seventh time in 18 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 increased over the year to 72.8 percent from 56.8 percent in 2017. 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 sixth time in 18 years.

The annual decrease in claim processing times during 2018 occurred in conjunction with a decline in the number and percentage of claims received with insufficient information compared with the previous four years. During 2018, claims with insufficient data on receipt totaled 31,718 or 29.2 percent of total cases, compared with an average percentage of claims received with insufficient information during the four-year period from 2014 through 2017 of 43.1 percent.

### **Claimant Characteristics**

Females under age 45, which includes most women of childbearing age, were the largest single group of claimants in 2018 as in each of the prior 29 years. This group accounted for 43.0 percent of eligible and 42.2 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 71.8 percent of all eligible claimants for whom information was available. Among ineligible claimants, 66.0 percent were female.

The percentage of all eligible claimants under 45 years of age was 51.4 percent in 2018, the same as in 2017. The proportion of ineligible claimants under 45 edged up in 2018 to 56.5 percent from 56.1 percent in 2017.

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 42.2 percent of ineligible claimants in 2018.

## **Denials**

The primary reasons for denial of a claim at original determination or redetermination from 2014 to 2018 are shown in Table 4.

Lack of medical evidence was the most frequently cited reason for denial 2018, comprising 48.8 percent of all claims found ineligible in 2018, up from 40.4 percent in 2017. Denials due to lack of medical evidence have generally been higher during the past five years, averaging 36.2 percent of all ineligible determinations and redeterminations, compared with 23.8 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)).<sup>2</sup> This reason was cited in 21.6 percent of all claims found to be ineligible in 2018, down from 24.5 percent in 2017. Coverage of a disability by the Workers' Compensation program and coverage by a private plan were given as reasons for denial in 7.6 and 12.3 percent, respectively, of ineligible claims. Coverage under these three programs was a reason for denial in 41.5 percent of all ineligible determinations and redeterminations in 2018, compared with 46.0 percent in 2017. 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 5.8 percent of disability claims determined ineligible, down slightly from 7.8 percent in 2017. 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 fell to 1.6 percent from 2.0 percent in 2017. 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 61.6 percent of ineligible determinations and redeterminations in 2018, compared with 71.0 percent in 2017 and 78.9 percent in 2014. "Other"

---

<sup>2</sup>Persons 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.

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 2018, 19.0 percent of ineligible claims had multiple reasons for denial, with each of these claims having an average of 4.1 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 2018, along with revised data for 2017.

Claims for benefits due to pregnancy and complications of childbirth were the largest single category of claims again in 2018 out of the 17 major morbidity groups, comprising 28.4 percent of all eligible claims, compared with 27.8 percent in 2017. 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 17.8 and 12.6 percent, respectively, of all eligible claims in 2018. During 2018, 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 2018.

### **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 2018. 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 2017.

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 2018 (28.7%), followed by disabilities related to bones and organs of movement (17.9%) and disabilities resulting from accidents, poisoning and violence (12.5%).

There were 87,119 completed cases in 2018, a decrease of 1.9 percent from 88,765 completed cases in 2017. For all morbidities, the average number of days paid per completed case was 69 days in 2018, compared with 70 days in 2017. Average duration has fluctuated between 69 and 71 days since 2001 when the data were first computed. Average gross benefits paid in 2018 increased by \$16, or 0.3 percent, to \$4,628, compared with \$4,612 in the previous year.

The longest average claim duration in 2018 was for disabilities related to congenital malformations (115 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 (\$8,018), while the lowest average benefits paid per claim were for digestive system disabilities (\$3,045).

## 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 2018, the maximum weekly benefit amount was \$637.

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 2014 – 2018**

	2014	2015	2016	2017	2018
Claim/Information Forms Entered (DS-1s)	157,010	151,457	150,079	131,607	103,791
Original Determinations					
Eligible	86,772	86,686	82,526	82,039	72,981
Ineligible	25,361	21,710	24,325	31,012	35,749
Total	112,133	108,396	106,851	113,051	108,730
Redeterminations					
Eligible	8,513	5,811	6,744	8,770	13,135
Ineligible	1,396	1,334	1,184	1,320	1,137
Total	9,909	7,145	7,928	10,090	14,272
Total Eligible Claims <sup>1</sup>	93,889	91,163	88,086	89,489	84,979
Reconsiderations					
Eligible	172,301	153,956	146,093	124,677	115,722
Ineligible	6,136	4,422	5,951	6,594	9,360
Total	178,437	158,378	152,044	131,271	125,082
State Government					
Original Determinations	5,984	5,649	5,136	5,148	4,683
Number of First Payments	94,894	92,623	89,284	90,621	86,155
Number of Weeks Compensated	967,718	943,124	913,018	899,104	854,602
Gross Benefit Payments (millions) <sup>2</sup>	\$422.7	\$419.6	\$415.0	\$418.1	\$405.0
Average Weekly Benefit Amount (Gross Benefits/Weeks Compensated)	\$437	\$445	\$455	\$465	\$474
Maximum Weekly Benefit Amount	\$595	\$604	\$615	\$633	\$637
Average Benefit Duration for Completed Cases (days) <sup>3</sup>	71	71	71	70	69
Average Benefits Paid for Completed Cases <sup>3</sup>	\$4,394	\$4,468	\$4,584	\$4,612	\$4,628

<sup>1</sup>Total 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.

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

<sup>3</sup>Completed 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 2014 – 2018

<u>Number of Days</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</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>
14 or less	59,091	52.7	52,041	48.0	38,394	35.9	22,506	19.9	48,946	45.0
15 – 21	10,445	62.0	10,349	57.6	16,382	51.3	14,814	33.0	15,819	59.6
22 – 28	16,605	76.8	8,916	65.8	11,433	62.0	26,911	56.8	14,431	72.8
29 – 35	12,371	87.9	14,334	79.0	14,141	75.2	10,722	66.3	15,892	87.5
36 – 43	6,125	93.3	10,355	88.6	10,778	85.3	10,324	75.4	6,465	93.4
44 – 49	3,024	96.0	4,791	93.0	5,923	90.8	9,353	83.7	3,128	96.3
50 – 56	2,108	97.9	2,717	95.5	3,575	94.2	6,890	89.8	1,769	97.9
57 or more	2,349	100.0	4,892	100.0	6,219	100.0	11,525	100.0	2,279	100.0
TOTAL CASES	112,118		108,395		106,845		113,045		108,729	
Claims with Insufficient Data on Receipt	50,081	44.7	47,473	43.8	47,396	44.4	44,595	39.5	31,718	29.2

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 2018

	<u>Total</u>	<u>Female</u>	<u>Male</u>
<b>Eligible Claimants</b>			
Total with Information - Number	72,303	51,915	20,388
Percent*	100.0%	71.8%	28.2%
Total, Under 45	51.4%	43.0%	8.4%
Under 25	5.4	4.5	0.9
25 - 34	26.9	23.5	3.3
35 - 44	19.1	14.9	4.2
Total, Over 45	48.6%	28.8%	19.8%
45 - 54	18.6	12.0	6.6
55- 64	21.7	12.3	9.4
Over 65	8.3	4.5	3.8
<b>Ineligible Claimants</b>			
Total with Information - Number	34,684	22,882	11,772
Percent*	100.0%	66.0%	33.9%
Total, Under 45	56.5%	42.2%	14.3%
Under 25	9.0	6.9	2.1
25 - 34	28.1	22.0	6.1
35 - 44	19.4	13.3	6.1
Total, Over 45	43.5%	23.8%	19.7%
45 - 54	18.6	10.8	7.8
55- 64	18.4	9.6	8.8
Over 65	6.5	3.4	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 2014 - 2018

<u>Reason for Denial</u>	<u>2014</u>		<u>2015</u>		<u>2016</u>		<u>2017</u>		<u>2018</u>	
	<u>Number</u>	<u>Percent<sup>1</sup></u>	<u>Number</u>	<u>Percent<sup>1</sup></u>	<u>Number</u>	<u>Percent<sup>1</sup></u>	<u>Number</u>	<u>Percent<sup>1</sup></u>	<u>Number</u>	<u>Percent<sup>1</sup></u>
4(f)-Disability during unemployment	7,646	28.6	7,004	30.4	7,157	28.1	7,907	24.5	7,959	21.6
Insufficient weeks or wages	2,443	9.1	2,460	10.7	2,536	9.9	2,523	7.8	2,150	5.8
Medical evidence not submitted	8,678	32.4	5,978	25.9	8,569	33.6	13,057	40.4	18,001	48.8
Workers' compensation coverage	2,694	10.1	2,481	10.8	2,479	9.7	3,004	9.3	2,785	7.6
Private Plan coverage	3,395	12.7	3,039	13.2	3,272	12.8	3,967	12.3	4,551	12.3
Receipt of continuation pay from employer	433	1.6	597	2.6	623	2.4	647	2.0	590	1.6
Other reasons <sup>2</sup>	21,110	78.9	17,864	77.5	19,145	75.1	22,961	71.0	22,711	61.6
Total reasons for denial <sup>1</sup>	46,399		39,423		43,781		54,065		58,747	
Total Ineligible Determinations and Redeterminations	26,757	100.0	23,044	100.0	25,509	100.0	32,332	100.0	36,886	100.0

<sup>1</sup>Percent 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.

<sup>2</sup>Other 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 2017 and 2018

<u>Major Morbidity Group (code)</u>	<u>2017</u> <b>(REVISED)</b>		<u>2018</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)	1,717	1.9%	1,947	2.3%
Neoplasms (02)	6,911	7.6	6,387	7.4
Allergic, endocrine, metabolic and nutritional (03)	2,311	2.6	2,063	2.4
Diseases of blood and blood forming organs (04)	248	0.3	223	0.3
Mental, psychoneurotic and personality disorders (05)	5,157	5.7	4,998	5.8
Nervous system and sense organs (06)	3,097	3.4	2,876	3.3
Circulatory system (07)	5,097	5.6	4,434	5.2
Respiratory system (08)	1,790	2.0	1,727	2.0
Digestive system (09)	5,718	6.3	5,137	6.0
Genitourinary system (10)	2,207	2.4	2,099	2.4
Pregnancy and complications of childbirth (11)	25,192	27.8	24,424	28.4
Skin and cellular tissue (12)	892	1.0	812	0.9
Bones and organs of movement (13)	16,579	18.3	15,283	17.8
Congenital malformations (14)	81	0.1	68	0.1
Hysterectomy (15)	640	0.7	726	0.8
Accidents, poisoning and violence (17)	11,241	12.4	10,815	12.6
Other ill-defined and unknown causes (16 & 18)	1,681	1.9	1,941	2.3
Total*	90,559	100.0%	85,960	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 2018

<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)	1,927	2.2%	65	\$4,559
Neoplasms (02)	6,408	7.4	79	5,372
Allergic, endocrine, metabolic and nutritional (03)	2,093	2.4	55	3,742
Diseases of blood and blood forming organs (04)	230	0.3	66	4,144
Mental, psychoneurotic and personality disorders (05)	5,035	5.8	75	5,350
Nervous system and sense organs (06)	2,882	3.3	69	4,708
Circulatory system (07)	4,528	5.2	84	5,706
Respiratory system (08)	1,746	2.0	46	3,111
Digestive system (09)	5,167	5.9	44	3,045
Genitourinary system (10)	2,114	2.4	50	3,326
Pregnancy and complications of childbirth (11)	25,039	28.7	60	3,937
Skin and cellular tissue (12)	811	0.9	49	3,270
Bones and organs of movement (13)	15,553	17.9	83	5,678
Congenital malformations (14)	76	0.1	115	8,018
Hysterectomy (15)	736	0.8	49	3,195
Accidents, poisoning and violence (17)	10,915	12.5	77	5,128
Other ill-defined and unknown causes (16 & 18)	1,859	2.1	66	4,413
<b>Total</b>	<b>87,119</b>	<b>100.0%</b>	<b>69</b>	<b>\$4,628</b>

\* Completed cases include those claims formally closed in the TDI database in 2018, 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 2017

**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)	1,629	1.8%	62	\$4,205
Neoplasms (02)	6,818	7.7	80	5,418
Allergic, endocrine, metabolic and nutritional (03)	2,283	2.6	55	3,617
Diseases of blood and blood forming organs (04)	241	0.3	66	4,280
Mental, psychoneurotic and personality disorders (05)	5,060	5.7	77	5,454
Nervous system and sense organs (06)	3,031	3.4	67	4,489
Circulatory system (07)	5,052	5.7	86	5,759
Respiratory system (08)	1,791	2.0	47	3,098
Digestive system (09)	5,591	6.3	45	2,987
Genitourinary system (10)	2,166	2.4	49	3,144
Pregnancy and complications of childbirth (11)	24,671	27.8	62	3,945
Skin and cellular tissue (12)	918	1.0	51	3,292
Bones and organs of movement (13)	16,129	18.2	84	5,617
Congenital malformations (14)	69	0.1	84	5,397
Hysterectomy (15)	608	0.7	49	3,158
Accidents, poisoning and violence (17)	11,128	12.5	79	5,181
Other ill-defined and unknown causes (16 & 18)	1,580	1.8	60	3,859
<b>Total</b>	<b>88,765</b>	<b>100.0%</b>	<b>70</b>	<b>\$4,612</b>

\* Completed cases include those claims formally closed in the TDI database in 2017, as well as those with no payment activity for 90 days.