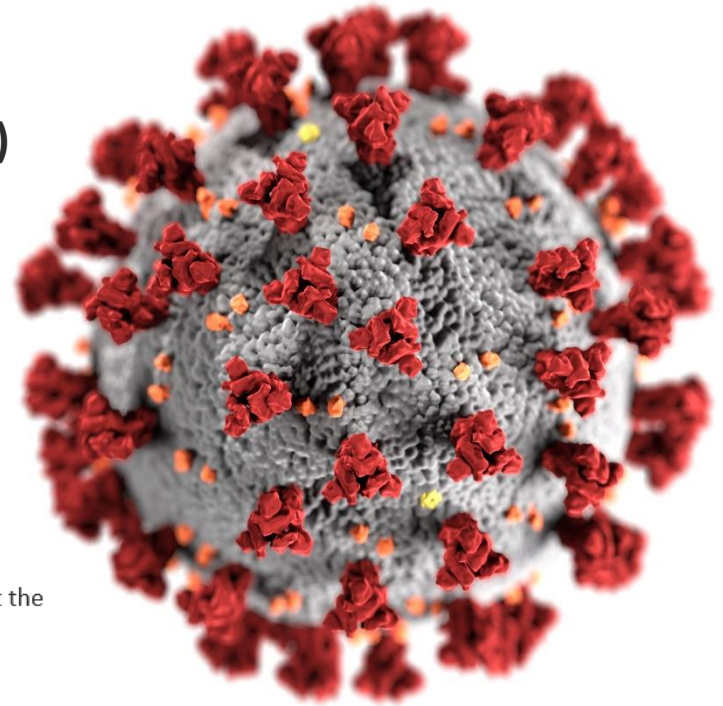


Using Workers' Compensation Data and Systems to Evaluate the Impact of COVID-19

Center for Workers' Compensation Studies (CWCS)
National Institute for Occupational Safety and Health (NIOSH)

Webinar
February 25, 2022

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



cdc.gov/coronavirus

Webinar Schedule

- Introductions
 - **NIOSH Moderators:** Steve Wurzelbacher, Alysha Meyers, Kiana Harper

- WC COVID-19 studies
 - WC background
 - Limitations
 - NIOSH Partners
 - **California:** Ximena Vergara, Bob Harrison
 - **Illinois:** Linda Forst
 - **Michigan:** Ken Rosenman
 - **Ohio:** Mike Lampl and Steve Naber
 - **Washington:** Carolyn Whitaker and Danièle Todorov
 - **Wisconsin:** Komi Modji and Collin Morris
 - **Workers Compensation Research Institute (WCRI):** John Ruser and Olesya Fomenko

- Questions - Discussion

Workers' Compensation System Background

- WC involves state-governed administrative systems used to provide medical care and partial wage replacement for workers who become ill or injured due to work
- Insurance coverage is provided by a mix of private and state-based insurers, and self-insured employers, depending upon state regulations
 - Hospitals in most states are self-insured but do report some data to their state WC bureau
- Federal workers covered under a separate system

Limitations to Using WC to Evaluate COVID-19

- COVID-19 compensability through WC insurance is evolving and differs between states
 - Some states have rebuttable presumptions to provide insurance coverage for COVID-19 infections and related conditions for certain occupations, such as healthcare workers and first responders
 - In most states, for other occupations, claims are evaluated for compensability for COVID-19 conditions on a case-by-case basis, depending on how the illness was related to work exposures
 - Current listing of state laws National Conference of State Legislatures (NCSL)

<https://www.ncsl.org/research/labor-and-employment/covid-19-workers-compensation.aspx>

Limitations to Using WC to Evaluate COVID-19, cont'd

- Case definitions for COVID-19 in WC also vary between states and over time
 - Early cases may have been accepted without positive tests, while later cases may have required such confirmation
- Limits to generalizability, and WC data are not appropriate to use to ascertain the true distribution of COVID-19 by occupation and industry

Advantages to Using WC to Evaluate COVID-19

- WC systems are designed to administer care and recovery for injured and ill workers and track outcomes over several years
- Insights about well-represented occupations and the long-term impacts of COVID-19 can be evaluated in part by using WC systems

NIOSH COVID-19 WC Activities

- Hosting monthly COVID-19 WC calls with ~ 50 interested parties to share best practices for WC analyses – many states and provinces already publicly post data
- Providing support for International Association of Industrial Accident Boards and Commissions (IAIABC) survey to track COVID-19 in WC systems nationally
- Funding several studies



CDC-NIOSH Funded COVID-19 WC Studies

■ WC Study Goals

- How is the illness related to worker factors (occupation, age, job tenure, sex) and employer factors (industry, firm size, geographic region)?
- What is the impact on injured worker care and the overall WC system?
- What are the long-term illness impacts on workers?
 - Detailed diagnoses, treatments, disability, costs, work status, hospitalizations, deaths and other outcomes

■ Partners

- Six states (California, Illinois, Massachusetts, Ohio, Washington, Wisconsin)
- Workers Compensation Research Institute (WCRI)

■ Outputs

- Ongoing data being shared in several states, formal reports from partners
- Today's webinar where partners will share results

WC COVID-19 Initial Findings



Summary Differences between States

	CA	IL	OH	MI	WA	WI	WCRI
Claim types included (medical only, MO vs lost-time, LT)	MO and LT	LT only	MO and LT	LT only	MO and LT	LT only	LT only
Waiting period for lost-time payments (3, 5, 7 days)	3	3	7	7	3	3	Varies by state
Inclusion of self-insured employers (yes/no)	Yes	Yes	No	Yes	Yes	Yes	Yes
COVID WC coverage state presumption(s)	Yes	Yes	No* *Several bills are pending	No* *Several bills are pending	Yes	Yes	Varies by state
Workers covered under presumption	All workers exposed to COVID-19 resulting from a hazardous workplace	All essential workers			Health care and frontline workers	First responders	Varies by state

Workers Compensation Research Institute (WCRI)

John Ruser and Olesya Fomenko



WCRI And Its Data

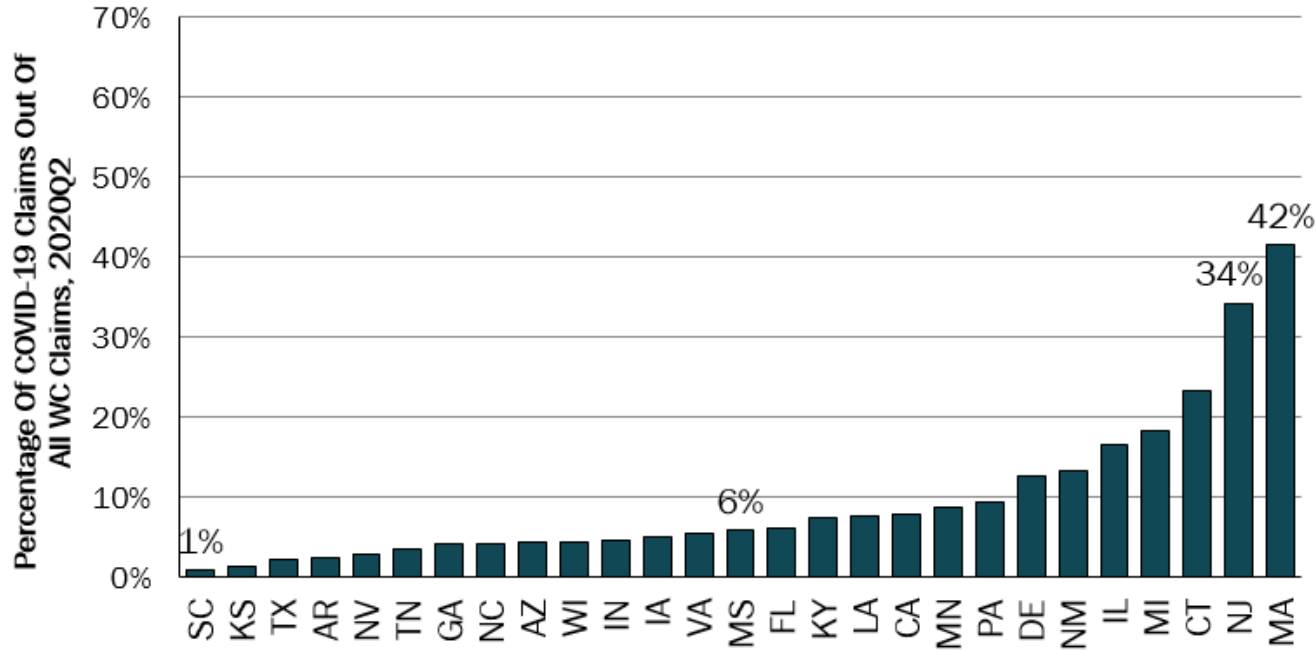
- Not-for-profit public policy research organization on workers' compensation (WC) and health care issues
- Mission
 - “Be a **catalyst** for significant **improvements** in WC systems, providing the public with objective, **credible**, high-quality **research** on important public policy issues.”
- Very diverse membership—employers, insurers, most state governments, providers, unions, etc.
- Independent collection of claims data
 - Began ~25 years ago
 - Covers claim detail, medical and Rx bills, and vendors
 - Annual submission

WCRI COVID-19 Related Studies

- Interstate variation in COVID-19 claims
- Impact of COVID-19 on
 - Composition for non-COVID-19 claims
 - Delivery of medical treatment for non-COVID-19 claims
 - Timing and services delivered
 - Use of telemedicine
- Comparison of duration and cost of COVID-19 versus non-COVID-19 claims
- Prevalence and characteristics of “long” COVID-19 claims

Sources: *The Early Impact Of COVID-19 On Workers' Compensation Claim Composition* (2021); *The Early Impact Of COVID-19 On Medical Treatment For Workers' Compensation Non-COVID-19 Claims* (2021); *Telemedicine: Patterns Of Use And Reimbursement—A WCRI FlashReport* (2021); *COVID-19 Workers' Compensation Presumption Coverage* (2021, 15 Volumes)

2020Q2: Percentage Of COVID-19 Claims Among All Paid Claims Varied Greatly Across 27 States

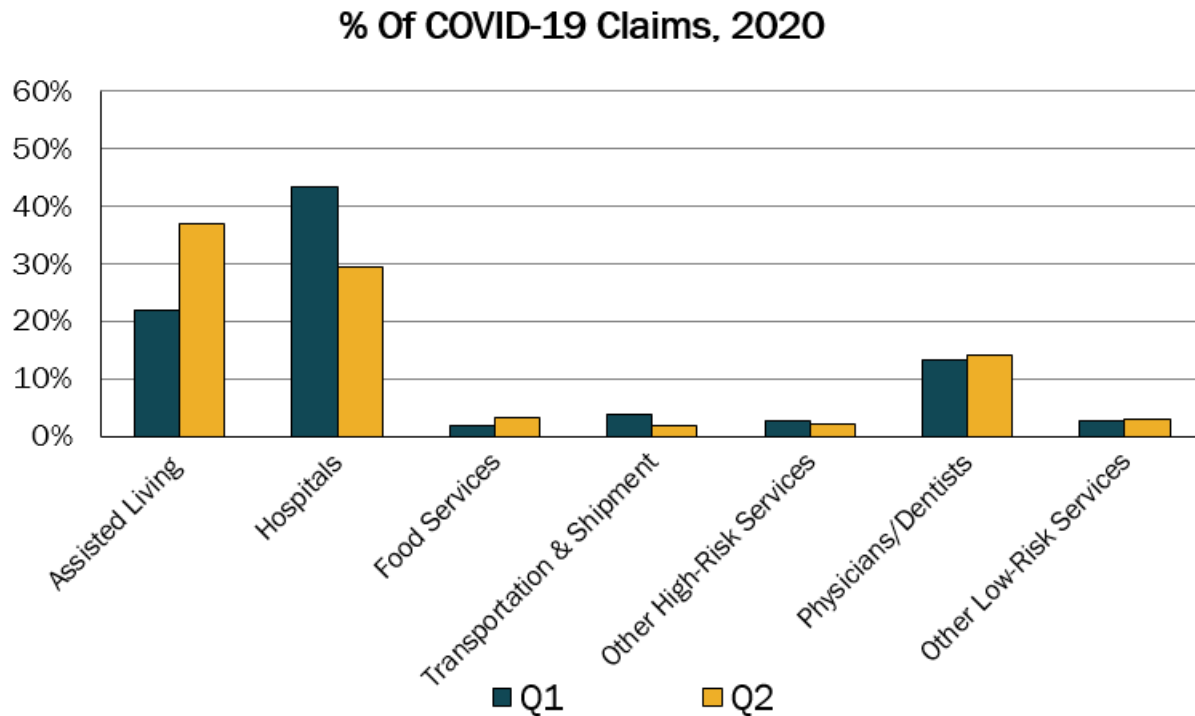


Note: All claims with injury dates in 2020Q2, evaluated as of June 30, 2020.

Reasons For Interstate Variation

- Severity of the pandemic and its timing
- Compensability rules
 - Presumption laws, orders, and policies
 - Pay without prejudice (MA)
 - Other compensability rules (NJ)
 - Thomas P. Canzanella Twenty First Century First Responders Protection Act
- Other coverage (e.g., continuity of pay for police)
- Changes in the volume of WC claims (denominator):
 - Impact of shutdown, social distancing, and work from home
- Industry mix only a minor factor

COVID-19 Claims Mainly In Service Industries, Largely In Assisted Living, Hospitals, And Physicians Offices



Note: All claims with injury dates in Q1 and Q2 2020.

COVID-19 Versus Non-COVID-19 Claims

2020 Experience

- COVID-19 claims accounted for a low percentage of total costs across study states

	% Of Claims	% Of Costs
All Paid Claims	1–7%	1–5%
Claims With > 7 Days Of Lost Time	5–24%	1–6%

- COVID-19 claims were fundamentally different from non-COVID-19 claims
 - Much lower average indemnity benefit per claim
 - Many claims had no medical payments
 - Claims concentrated in certain industries

Source: *CompScope™ Benchmarks, 22nd Edition* (Forthcoming)

Future Work

- Continue to monitor impact of pandemic with data through 2021Q1 and later
- Evaluate “long” COVID-19 claims thru 2021Q1 and 2022Q1
 - Fraction of all COVID-19 claims
 - Nature of conditions and treatments
 - Costs

CALIFORNIA



CALIFORNIA COVID-19 RELATED WORKERS' COMPENSATION CLAIMS

A GLIMPSE OF THE WORKPLACE BURDEN

Ximena Vergara, PhD, MPH

Matt Frederick

Kathryn Gibb, MPH

Jessie Wong, MPH

Robert Harrison, MD, MPH

California Department of Public Health, Occupational Health Branch

NIOSH Workers' Compensation COVID Webinar

February 25, 2022

CALIFORNIA WORKERS' COMPENSATION CLAIMS AND COVID-19

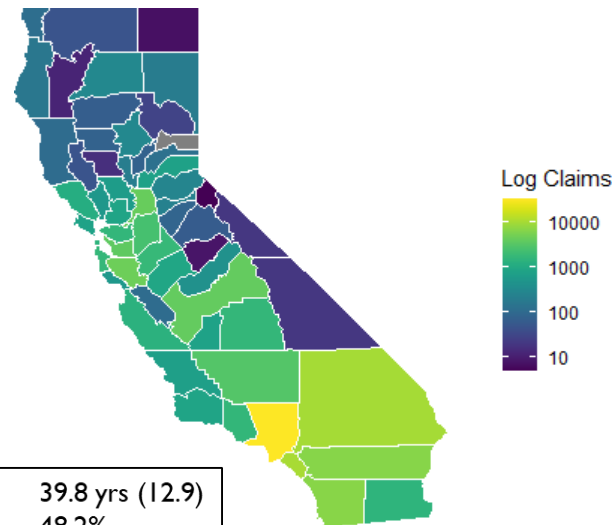
■ COVID-19 presumptions

- Frontline work presumption – HCW¹ and public safety
- Outbreaks – working outside home and specific numbers

■ Extract of claims using any of the following criteria:

- keywords within the injury description (e.g. “COVID” or “CORONA*VIRUS*” or “SARS” or “CV”)
- COVID-19 International Classification Disease code version 10 (ICD-10) within the medical billing data (e.g. U07.1 or U07.2)
- nature of injury codes related to COVID-19 (83)
- cause of injury codes related to pandemic (83)

CA WC COVID related claims by county, 1/1 – 12/31/2020 (N = 117,166)



Mean Age	39.8 yrs (12.9)
Female	48.2%
Mean Tenure	6.8 yrs
Max by Q	54.2% (Q4)

¹ HCW = healthcare workers

CALIFORNIA 2020 WC CLAIMS BY INDUSTRY GROUP

WC COVID related claims by top 10 industry major group, 1/1 – 12/31/2020 (N = 117,166)

Major Group Description	Claims ¹	%
Health Care and Social Assistance	37,681	32.2
Public Administration	20,792	17.8
Retail Trade	11,131	9.5
Manufacturing	8,626	7.4
Transportation and Warehousing	6,859	5.9
Accommodation and Food Services	6,577	5.6
Administrative and Support and Waste Management services	4,301	3.7
Construction	3,494	3.0
Finance and Insurance	2,838	2.4
Agriculture, Forestry, Fishing, and Hunting	2,035	1.7

¹ Excludes 2,202 claims with insufficient information to code industry or coded as non-paid workers.
Coded to 2012 US Bureau of Census Industry Codes
Preliminary analyses only

CA initial regular UI claims as total of labor industry by major industry group, 3/15 – 11/28/2020



From Bell, Alex, Thomas J. Hedin, Geoffrey Schnorr, and Till Von Wachter. "An analysis of unemployment insurance claims in California during the COVID-19 pandemic." *California Policy Lab*, <https://www.capolicylab.org/california-unemployment-insurance-claims-during-the-covid-19-pandemic> (2020).

Coded to North American Industry Classification System Codes

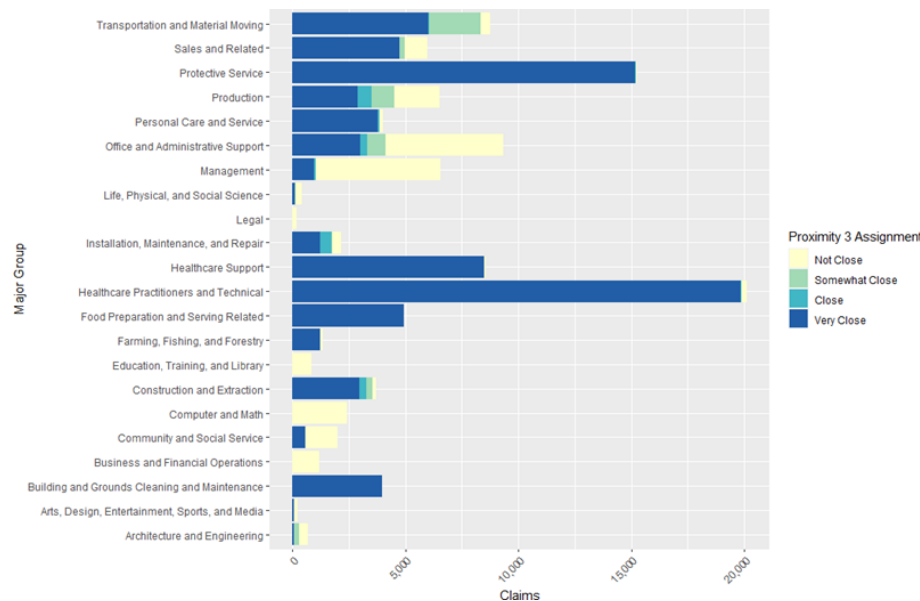
CALIFORNIA 2020 WC CLAIMS BY OCCUPATION GROUP

- Healthcare occupations well-represented
 - Healthcare practitioners and technical occupations (15+%)
- Protective service occupations (13%)
- Office and administrative support (8%)
- Healthcare support (7+%)

Assessed with job exposure matrices

- Worker group^I
 - HCW (28+ %) and public facing (31+%)
- Majority working very close to others^{II}

CA WC COVID related claims by occupation major group and physical proximity, 1/1 – 12/31/2020 (N = 117,166)



^I Assessed using Development of the category of public facing workers (other than healthcare) for applying the CSTE surveillance case definition of work-related COVID-19 (2-9-21) (CSTE white paper)

^{II} Assessed via job exposure matrix working in close physical proximity to others (unpublished manuscript)

Note: Proximity 3 assignment accounts for the ability to telework

^I Excludes 7,513 claims with insufficient information to be occupation coded or coded as non-paid workers
Coded to 2010 US Bureau of Census Occupation Codes
Preliminary analyses only

NEXT STEPS: POST-ACUTE SEQUELAE AND LONG COVID

- Apply *a priori* COVID case definition (exposure and illness), 2020 – 2021 WC claims
 - Definite, probable and possible
- Assess for post-acute sequelae and long covid based, determined on time
 - Characterize ICD-10 and symptoms with each category
- Generate frequencies by industry and occupation
 - Occupation subgroup analysis: home health service workers
- Analyze further, depending on time
 - Construct crude occupation and industry rates
 - Assess known clusters for category of COVID-19 (COVID, PASC or long COVID) for a subset of the data
 - Evaluate outcomes (COVID, PASC, Long COVID) in relation to occupational groups, type of worker (HCW or public facing), nature of proximity (very close proximity or not), tenure, age, sex, time (month)



THANKS! ANY QUESTIONS?



ILLINOIS





COVID-19 in Illinois Workers' Compensation FROIs

January 1, 2020 - May 2021

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FEBRUARY 25, 2022



UNIVERSITY OF
ILLINOIS CHICAGO

Illinois Workers' Comp and COVID



Illinois Population Stats 2021

General 12.8 mil (5th largest state)

Working 6.2 mil

Employed 5.8 mil

Overall Work Comp Stats

Injury estimates: ~200,000/yr

FROIs ~40,000/year

Claims ~35,000/year

Table 1. Illinois employees by economic sector*

Economic Sector	Number of employees	Proportion of total
Trade, Transportation, and Utilities	1,154,800	19.2%
Professional & Business Services	905,400	15.0%
Education & Health Services	879,700	14.6%
Government	830,000	13.8%
Manufacturing	574,800	9.5%
Leisure & Hospitality	551,600	9.2%
Financial Activities	368,600	6.1%
Other Services	250,800	4.2%
Construction	191,600	3.2%
Agriculture, Forestry, Fishing**	107,300	1.8%
Information	98,200	1.6%
Mining and Logging	9,700	0.2%



FROIs v Claims

IL Form 45 Employer's First Report of Injury

- Reporting requirement: 3 days of lost work time
- Usu submitted by the insurance company, or a TPA does batch uploads on behalf of employers
- Stored/filed; no action from State

How is a FROI different from a Claim?

- Claims are filed by workers or their reps
- Generally filed when there is lost time (rarely "medical only" claims)
- File includes the whole medical record

Note: our prior work from FROIs shows that most FROIs do not result in claims and most claims are not preceded by FROIs

Illinois COVID

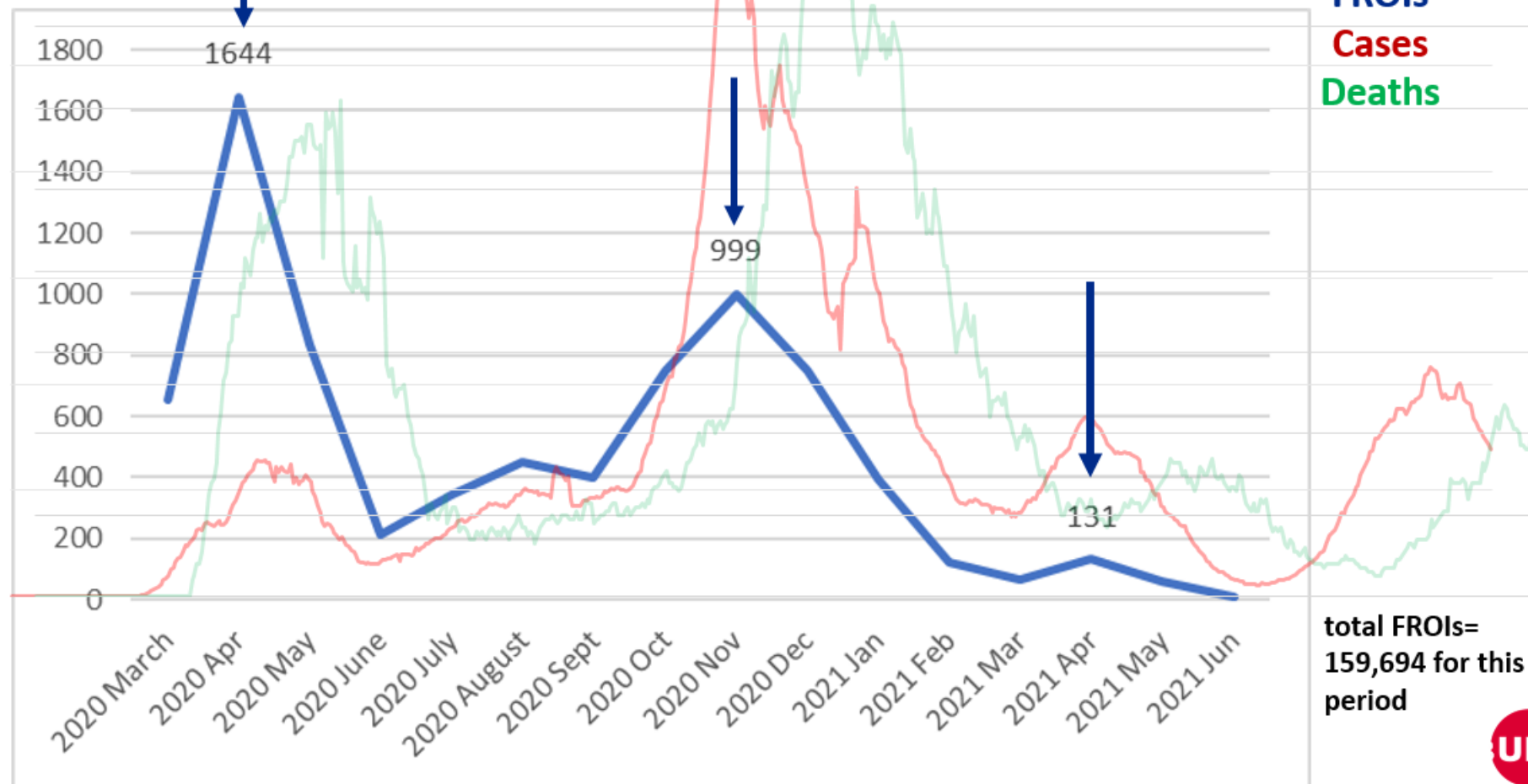
~12,500
cases

~180 deaths

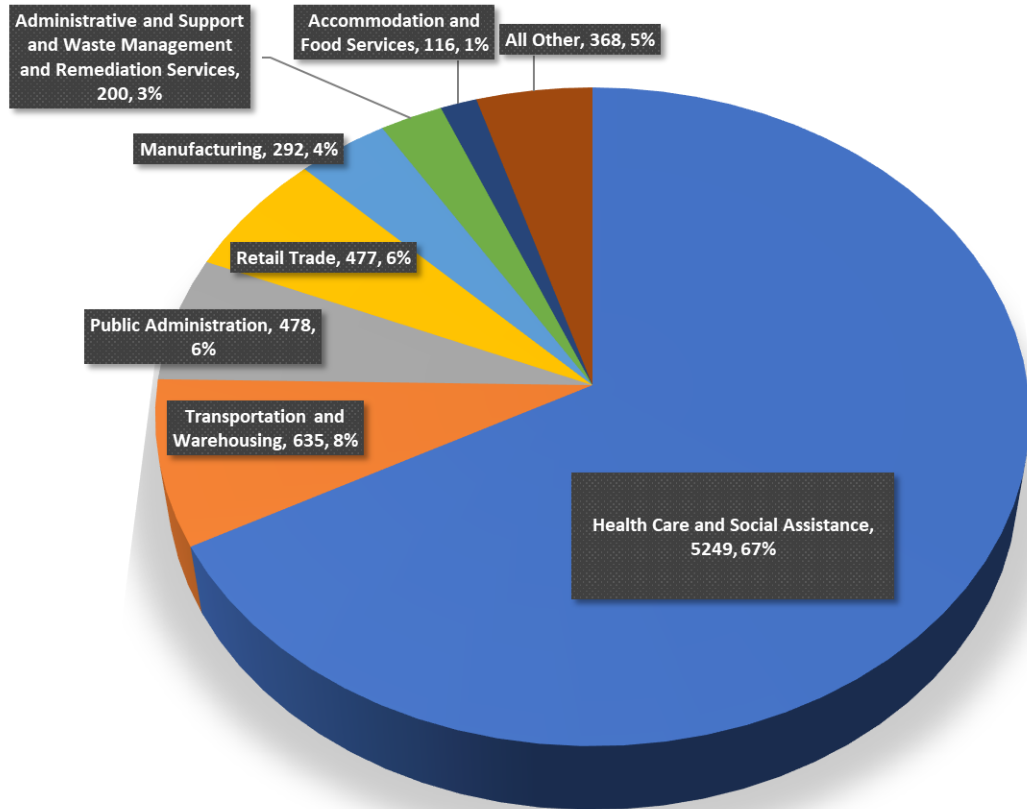
FROIs

Cases

Deaths



COVID FROIs by 2-digit NAICS codes, IL March 2020 - June 2021



Presumption of Work-relatedness

- IL legislature amended WC law
- Effective June 5, 2020, creates a **rebuttable presumption** that a COVID-19 diagnosis or related injury arises out of and in the course of employment in defined circumstances
- Applies to any **first responder or front-line worker*** receiving a COVID-19 diagnosis, March 9, 2020 - June 30, 2021

FRONTLINE: Health care providers; grocery stores. Food and beverage manufacturers /distributors; Financial institutions; Pharmacies; Gas stations and transportation businesses; Educational institutions; Charitable and social services organizations; Hardware and supply stores; Media enterprises; Critical trades, such as contractors, plumbers, and electricians, among others; Laundry services; Suppliers of goods for essential business; Suppliers of goods necessary to work from home; Home-based care and services; Residential facilities and shelters; Professional services, such as legal, accounting, insurance, and real estate services; Certain daycare centers; Manufacturers and distributors of critical products for industry; **Critical labor union functions**; Hotels and motels; Funeral services; Restaurants providing carry-out and curbside pickup

Only applies to workers who, 1) Were required to interact with the public, or 2) Work with 15 or more employees at their place of business. With the exception of home care workers, an employee's residence is not considered their place of business.

Next Steps

Analyze later data

Numbers, rates, trends, demographics, industries, occupations

Case severity

Link workers' comp data with Hospital Discharge

Time to return to work: can it be used in a case definition for “long covid”?

Link workers' comp data with vaccination data in Chicago

Side project on Industry and Occupation Coding (NIOCCS vs hand coding vs IL DES)



Illinois Occupational Surveillance Program
<http://illinoisinjuryprevention.org/>

MICHIGAN



Evaluating the Impact of COVID-19 Using Workers' Compensation Data in Michigan

NIOSH Webinar, 2/25/2022



Kenneth D. Rosenman, M.D.
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Michigan State University
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Rosenman@msu.edu
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Funding: NIOSH Contract 75D30121P11069

Objectives – NIOSH Contract

- 1) Analysis of paid and non-paid workers' compensation claims.
- 2) Analysis of hospital discharge data.
- 3) Analysis of reports from employers.



Data Characteristics


- ❖ From 3/18/20 – 3/20/21, health care, fire, police and correction officers, subject to rebuttal by specific facts to the contrary, shall be presumed to be work related.
- ❖ Both private and governmental employers included
- ❖ Self-Insured included
- ❖ Specific code assigned for COVID-19 cases
- ❖ Only wage replacement claims can be analyzed (≥ 7 consecutive days).
- ❖ Narrative and Occupation not available (under negotiation with WDCA).



Workers' Compensation for COVID19 for ≥ 7 Consecutive Days Away from Work, Michigan Jan/2020-July/2021

7,474 of 23,800 (31%) paid lost time claims 2020 & first half 2021

Total paid lost time claims 16,000 in in 2018 and 17,300 in 2019

- **1st Quarter 2020 - 22%**
 - **2nd Quarter 2020 - 47%**
 - **3rd Quarter 2020 - 17%**
 - **4th Quarter 2020 - 53%**
 - **1st Quarter 2021 - 24%**
 - **2nd Quarter 2021 - 16%**
- 

Gender, Age and Fatality of Paid and Non-Paid COVID-19 WC Claims with Seven or More Days Away from Work, Michigan March 2020-July 2021.

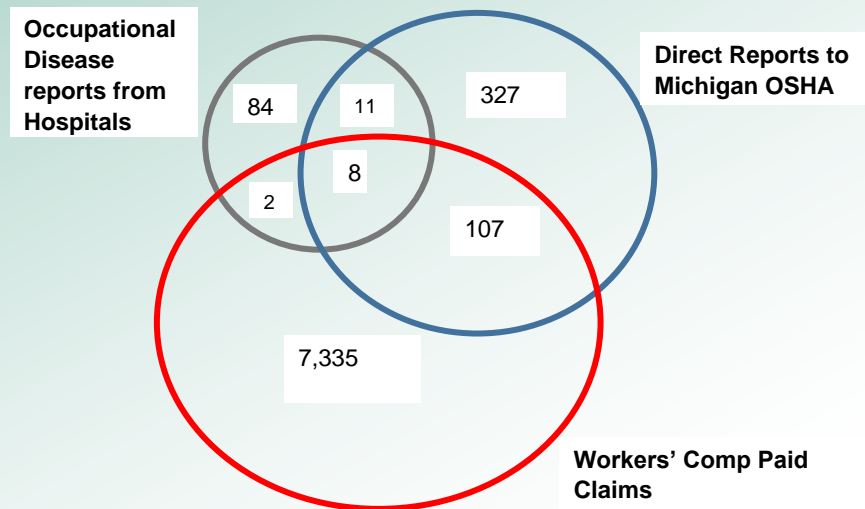
AGE	Not Paid (N=2,909)		Paid (N=7,474)		p-value	% Claims Paid
	N	%	N	%		
<=20	62	2.1	85	1.1	<0.01	57.8%
21-30	631	21.7	1547	20.7		71.0%
31-40	711	24.4	1862	24.9		72.4%
41-50	740	25.4	1778	23.8		70.6%
51-60	545	18.7	1519	20.3		73.6%
61-70	185	6.4	611	8.2		76.8%
71-80	22	0.8	54	0.7		71.1%
>80	1	0.0	3	0.0		75.0%
GENDER						
Female	1860	63.9	5316	71.1	<0.01	74.1%
Male	1046	36.0	2155	28.8		67.3%
Fatal Status - No	2891	99.38	7453	99.72	0.011	72.1%
Yes	18	0.62	21	0.28		53.8%

**Industry of Paid and Non-Paid COVID-19 WC Claims
with Seven or More Days Away from Work, Michigan March 2020-July 2021.**

Industry (2-digit NAICS)	Not Paid # (%)	Paid # (%)	% Claims Paid
Construction (23)	16 (0.6)	5 (0.1)	23.8%
Manuf.-food/textiles (31)	2 (0.1)	2 (0.0)	50.0%
Manuf.-wood/chemicals (32)	28 (1.0)	31 (0.4)	52.5%
Manuf.-metal/vehicles (33)	49 (1.7)	17 (0.2)	25.8%
Wholesale Trade (42)	20 (0.7)	9 (0.1)	31.0%
Retail Trade (44)	10 (0.3)	17 (0.2)	63.0%
Retail Trade (45)	23 (0.8)	6 (0.1)	20.7%
Transport./Warehousing (48)	42 (1.4)	3 (0.0)	6.7%
Transport./Warehousing (49)	1 (0.0)	1 (0.0)	50.0%
Information (51)	1 (0.0)	0 (0.0)	0.0%
Finance/Insurance (52)	11 (0.4)	1 (0.0)	8.3%
Real Estate (53)	7 (0.2)	25 (0.3)	78.1%
Prof/Sci/Tech Services (54)	5 (0.2)	8 (0.1)	61.5%
Admin/Support/Waste (56)	68 (2.3)	579 (7.8)	89.5%
Education (61)	20 (0.7)	23 (0.3)	53.5%
Health Care/Social Assist. (62)	1727 (59.4)	5184 (69.4)	75.0%
Arts/Entertainment/Rec. (71)	10 (0.34)	1 (0.01)	9.1%
Accommodation/Food (72)	17 (0.58)	16 (0.21)	48.5%
Other Services (81)	10 (0.34)	42 (0.56)	80.8%
Public Administration (92)	840 (28.88)	1498 (20.04)	64.1%

Venn Diagram of Sources of Work-Related COVID-19 Cases, Michigan March 2020-July 2021.

Total 8,050 Cases Representing 7,894 Unique Individual Cases



21 paid fatal WC claims
424/88 COVID-19 cases/deaths reports from employers,
125/6 from hospitals,
23,475/77 nursing/residential home staff from the Health Department,
4,004 death certificates for those 18-64.

Summary

- **Workers' Compensation Available but Only Percentage of Workers Apply**

Plans

- **Address duration of compensation received**
- **Extend data collection through 12/31/2022**
- **If possible, include occupation derived from narrative**



OHIO



The Impact of Covid-19 in Ohio using WC Claims Data

Michael Lampl, Director of Research

Steven J. Naber, PhD, BI&A Manager

Overview

- Ohio Covid Setting
 - State
 - WC
- WC Claim Evaluation
 - Filed Covid Claims
 - Accepted Covid Claims
 - Claims by Occupation
 - Time Trends
- Future Work

Ohio BWC Overview

- Largest of 4 monopolistic WC states
- Large businesses may be self-insured, sole proprietors can be exempted
- OBWC covers 2/3 of Ohio's workers
- No laws have been enacted regarding presumption of workplace exposure
- Incoming Covid claims are reviewed by a special committee
- Self-insured Covid claim counts are also reported to BWC

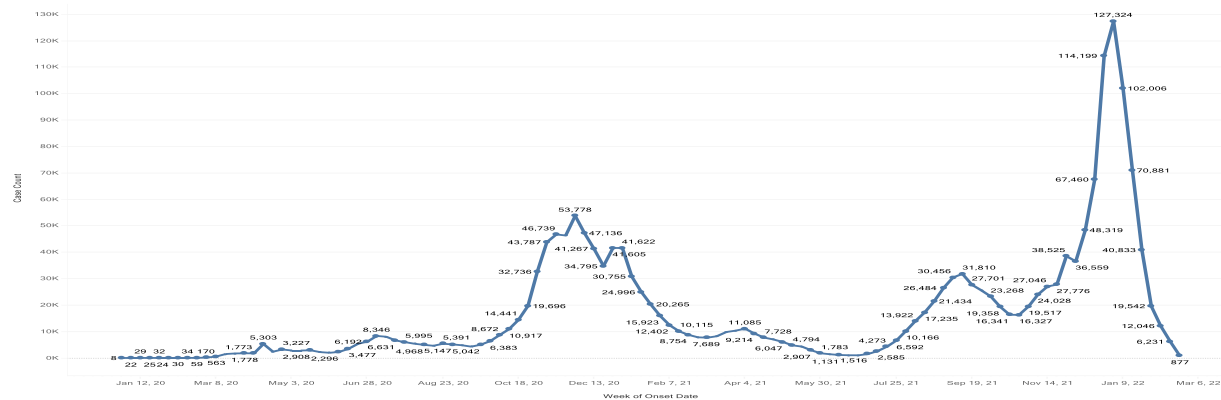
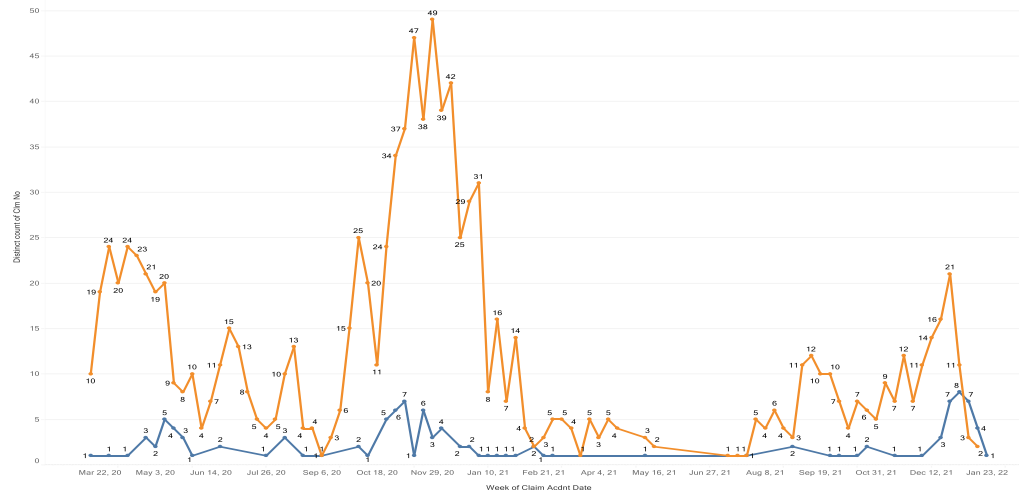
Claims Filed

	State Fund				Self Insured	
Initial Decision	PA	PEC	PES	Sub-total	SI	Total
Accept / Certify	778	442	54	1,274	1,082	2,356
Dismiss / Reject	1,583	426	33	2,042	442	2,484
Pending	101	37	2	140	148	288
Total	2,462	905	89	3,456	1,672	5,128

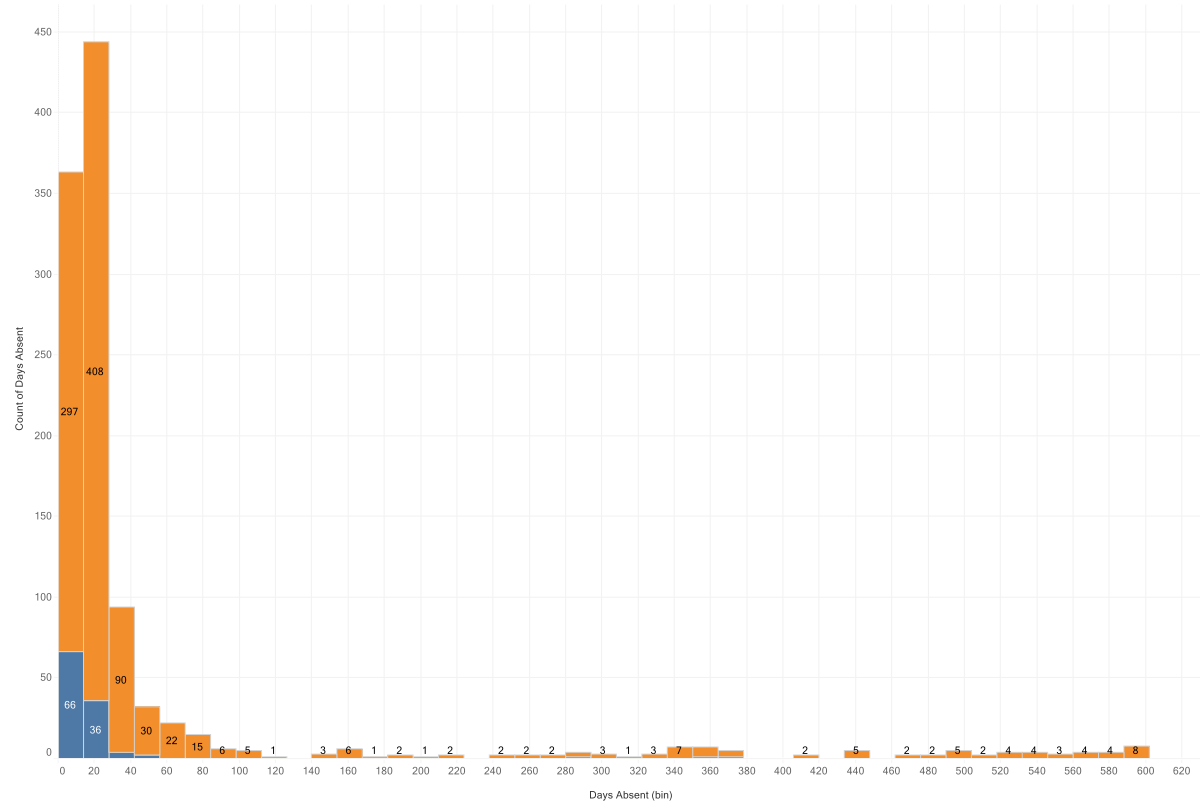
Occupation

Category	Occupation	SF	SI	Total
EMW / Healthcare	Corrections	128	4	132
	Firefighter	324	6	330
	Nurse	720	447	1,167
	Other	701	522	1,223
	Paramedic	63	13	76
	Physician	61	4	65
	Police	392	14	406
Other	Other	1,050	662	1,712
	Teacher	17	0	17
Total		3,456	1,672	5,128

Time Trends: Statewide and WC



Time Off Work



Future Work

- Update the current summaries
- Delve into Return-to-Work to eliminate extraneous data
- Determine the impacts of long-term COVID.

Contact Information

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 - 614-328-5420
- Mike Lampl
 - michael.l.1@bwc.state.oh.us
 - 614-995-1203

WASHINGTON



Evaluating the Impact of COVID-19 using Workers' Compensation

Washington State, SHARP Program

Carolyn Whitaker, Principal Investigator

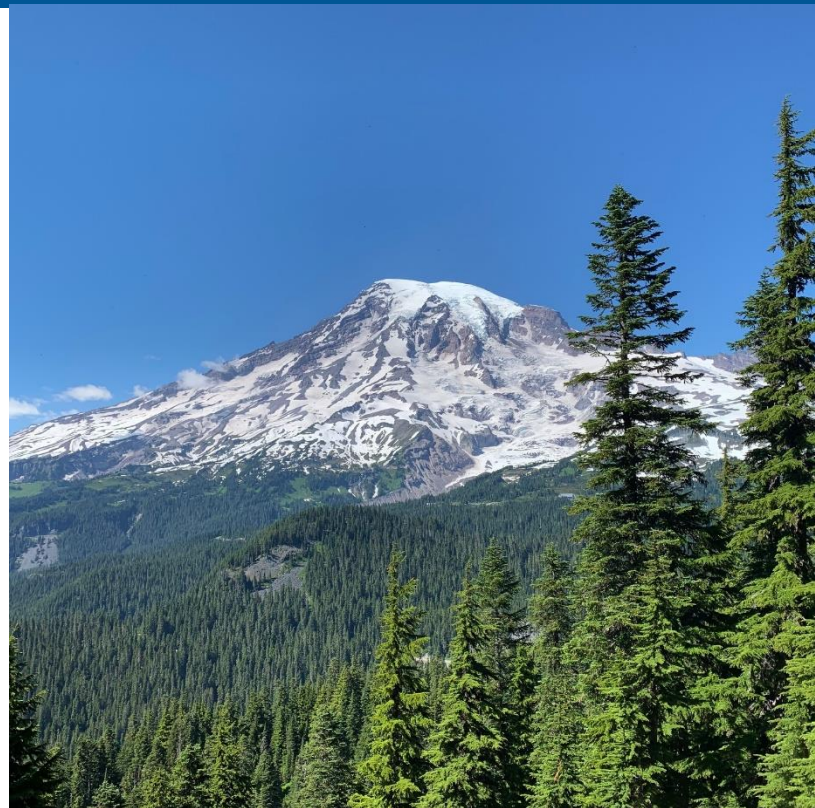
Danièle Todorov, Epidemiologist

Elyette Martin, Safety & Health Specialist

Suzanne Kelly, Database Consultant

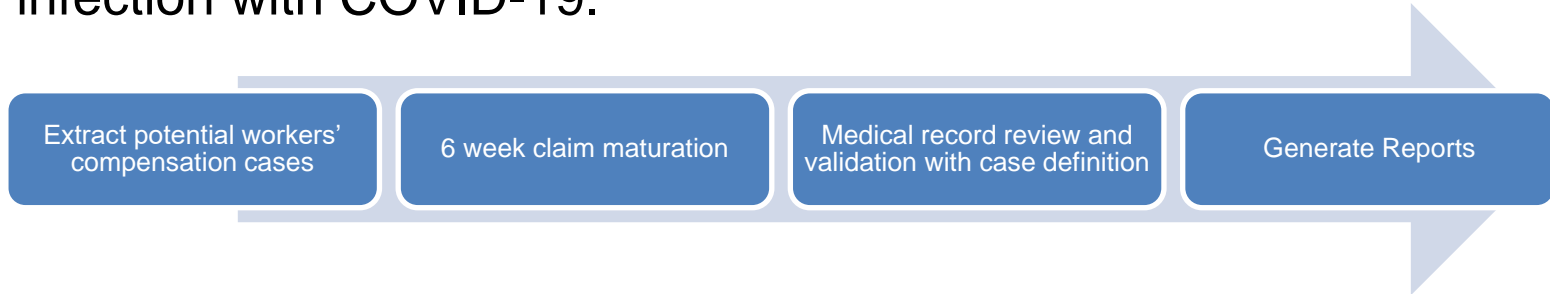
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COVID-19 Surveillance Methods

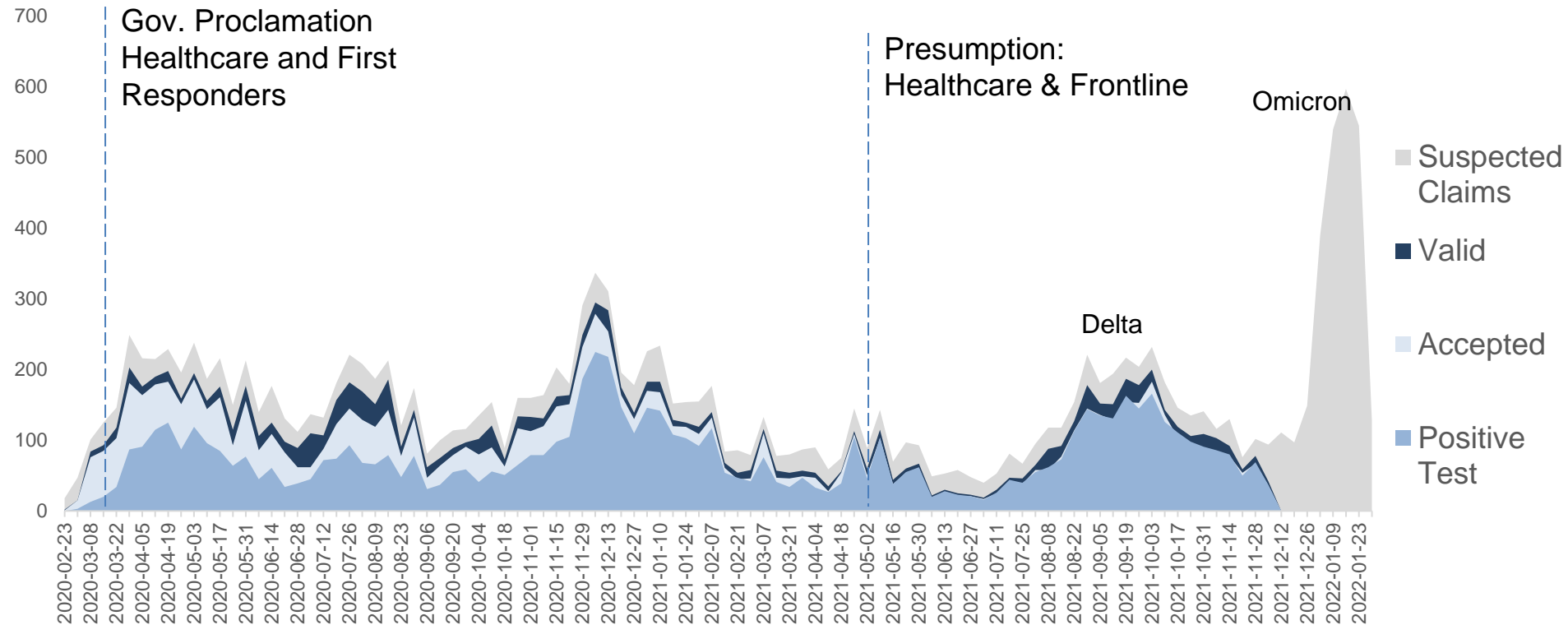
- Data Source: Workers' compensation system administered by the WA State Department of Labor and Industries
 - WA Dept of Health COVID population data (reportable positive tests)
- Case Definition: Suspected or confirmed occupational exposure or infection with COVID-19.



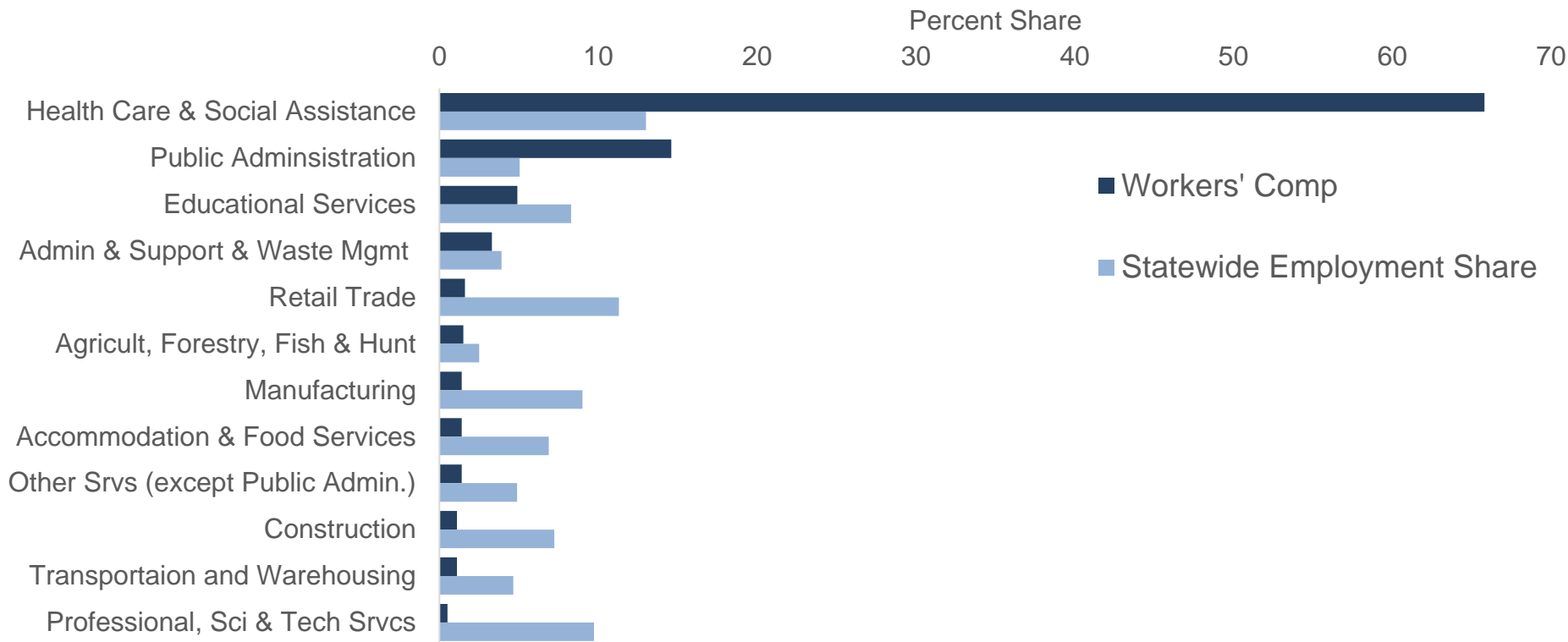
<https://lni.wa.gov/safety-health/safety-research/covid-19>

WA Workers' Compensation COVID case counts

Feb 2020 – Jan 2022 (n=10,670)



Workers' compensation COVID cases compared to statewide employment share



Long Haul COVID

Case Definition:

Among workers with a positive COVID test, ongoing COVID-related symptoms resulting in either:

- a) 30 days or more of time loss and/or
- b) 30 days or more between test date and symptoms that require medical care, job modification, or schedule modification.

Cases may be:

- Diagnosed with known post-COVID conditions and/or
 - Exacerbation of existing condition(s)
-
- 1066 potential cases (Feb 2020 - Jan 2022)
 - 262 reviewed / 37% confirmed as long haul

Thank You!

Carolyn.Whitaker@Lni.wa.gov

Danièle Todorov
Elyette Martin
Suzanne Kelly

Find our COVID reports at:
<https://lni.wa.gov/safety-health/safety-research/covid-19>



WISCONSIN



Wisconsin Worker's Compensation 2020 COVID-19 Claims

Komi Modji, Epidemiologist
Collin Morris, Epidemiologist
Bureau of Environmental and Occupational Health

NIOSH Webinar - February 25, 2022



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Introduction

- ❖ **Wisconsin (2020):** 538,402 positive cases (confirmed and probable) and 8,046 facility-wide outbreak investigations
- ❖ **Presumption law:** March 7, 2020–July 10, 2020 and limited to first responders and healthcare workers
- ❖ **Gap:** Limited information on COVID-19 and Worker's Compensation (WC)

Objectives

- ❖ Calculate COVID-19 claim rates by industry and occupation
- ❖ Describe how presumption law affected claim acceptance

Results

- ❖ **Claims:** 3,910 (15.5%) COVID-19 claims out of 25,267
- ❖ **Claimants:** 3,880
- ❖ **Age:** Median age: 39 years, Range: 15–96 years
- ❖ **Race**
 - White: 2,428 (62.5%)
 - Non-White: 528 (13.6%)
 - Multiple races: 16 (0.4%)
 - Unknown: 910 (23.5%)
- ❖ **Ethnicity**
 - Not Hispanic or Not Latino: 2,752 (70.9%)
 - Hispanic or Latino: 219 (5.6%)
 - Unknown: 909 (23.4%)

Results

❖ Non-medical cost payment:

- Median: \$1,186 [\$0– 75,468]
- Total: \$2,525,772

❖ Industry claim rate (per 100,000 Full-Time Equivalents):

- Health care and social assistance: 1,564
- Management of companies and enterprises: 538
- Transportation and warehousing: 396

Results

❖ Occupation claim rate (per 100,000 workers):

- Health care practitioners and technical occupations: 306
- Health care support occupations: 293
- Personal care and service occupations: 218

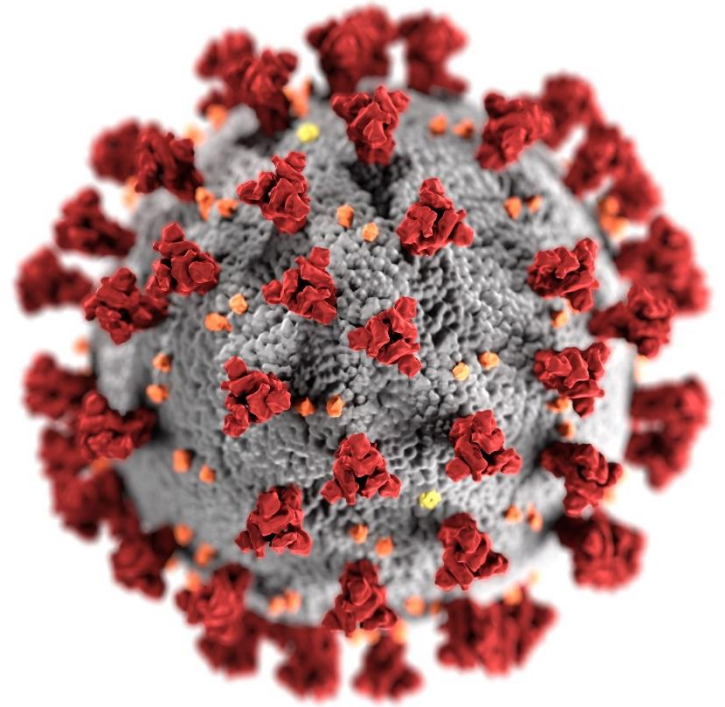
❖ Claim denial rate:

- **Overall:** 52.7% COVID-19 vs. 13.7% non-COVID-19 claims
- **Presumptive occupations:** 18.6% during presumption period vs. 45.4% after (+26.8%)
- **Non-presumptive occupations:** 52.5% during presumption period vs. 65% after (+12.5%)

Next Steps: Long COVID and COVID-19 vaccine injury claims

- ❖ Determine Long COVID claim and case rates by industry and occupation and by month.
- ❖ Identify risk factors associated with Long COVID.
- ❖ Describe medical diagnoses associated with Long COVID cases.
- ❖ Determine Long COVID lost work time and payment.
- ❖ Describe COVID-19 vaccine injury claims (count, frequency).

Questions - Discussion



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

