

# EMPAQ® Data Dictionary

Provided below are detailed definitions of all the measures that are asked in the EMPAQ® Survey.  
Should you have any questions please email [empaq@truvenhealth.com](mailto:empaq@truvenhealth.com).

## Family Medical Leave

### FMLA: Eligible Employees

The average number of U.S.-based employees eligible for FMLA. Employees must work for the organization at least one year and work at least 1,250 hours within the past 12 months.

- For those employees in a state with a state-mandated leave, include those employees covered by state programs who may not be eligible for federal FMLA coverage.

### Non-Concurrent (Stand-Alone) FMLA Leaves

Approved FMLA leaves that do not run concurrently with either Short Term Disability or Workers Compensation claims. All leaves that occurred during the reporting period should be counted, even for FMLA leaves starting in a prior period. Leaves can be either continuous or intermittent in nature.

- If an approved FMLA concurrent leave that is tied to an STD or WC claim includes a waiting period before the STD or WC benefits begin, then the waiting period is considered an FMLA concurrent leave.
- Do not include denied FMLA leaves.

### Total FMLA Leaves

All FMLA leaves, including continuous and intermittent, concurrent and non-concurrent leaves, and denied or partially-denied STD or WC claims that were approved for FMLA.

- Include leaves for employees working a reduced schedule and/or any leaves that are approved for state FMLA leave even if they do not qualify for federal FMLA.
- Do not include denied FMLA leaves.

### Total (Non-Concurrent) FMLA Lost Workdays

The total number of lost work days for approved non-concurrent FMLA leaves. Include:

- Lost workdays for continuous and intermittent non-concurrent leaves.
- Denied or partially-denied STD or WC claims that were approved for FMLA. For partially denied STD or WC claims approved for FMLA, include only those workdays continuing beyond the denied STD/WC date.
- Include days associated with leaves for employees working a reduced schedule and/or any leaves that are approved for state FMLA leave even if they do not qualify for federal FMLA.
- Convert intermittent partial days and hours into full-day equivalents.

## Incidental Absence

### Incidental Absence: Eligible Employees

The average number of active employees eligible to take incidental days of absence. Include employees with access to a paid time off (PTO) pool.

- This number is calculated by adding the number of active U.S.-based employees at the mid-point of each month (or quarter) for 12 months (or four quarters) of the program year, then dividing by the total number of months (or quarters) during the reporting period.

### Total Days of Incidental Absence

The number of sick days (paid or unpaid) or unplanned/unscheduled PTO days that were taken during the reporting period. For employers that utilize a PTO bank, provide any days that can be identified as unplanned or unscheduled days. Exclude days approved for another type of benefit (e.g. vacation, STD, WC, or FMLA).

## Short Term Disability (STD)

### STD Elimination Period

Elimination period is the length of time an employee must be disabled before he/she received STD wage replacement income. The period is typically expressed in days.

### STD Maximum Benefit Period

The cap on the length of time a disabled employee is eligible to receive STD income. Typical periods include 90 days, 180 days, 1 year, and other.

### STD Wage Replacement Structure

Wage replacement is the percentage of a disabled employee's regular wage that can be replaced with STD income. This percentage is determined usually as a flat percentage (such as 70% wage replacement) or a tiered percentage (based on length of service or other factors).

### STD Covered Employees

The average number of covered U.S.-based employees (not the eligible employees) in the STD plan. Include employees on leave. Count employees enrolled in base plan if buy-up is offered.

- If the STD plan is contributory, not all eligible employees will enroll.
- If the STD plan has an employer-paid base benefit with voluntary buy-up options, all employees covered by the base benefit STD plan should be counted.
- The average number of eligible employees is calculated by adding the number of eligible employees at the mid-point of each month (or quarter) for 12 months (or four quarters) of the program year, then dividing by the total number of months (or quarters) during the reporting period.

### Total Number of New STD Claims

The total number of new, approved STD claims with dates of disability in the reporting period. Include only those claims that were opened in the reporting year, whether the claims concluded in the reporting year or not.

- If the employer has a salary continuation program, include those claims in which the employer's salary continuation program requires a medical certification.

- *Exclude* the following claims:
  - Denied and pending claims, as well as "incidence only" claims (i.e. where there was no reported lost time and no reported payments).
  - Claims that were opened in the prior reporting period.
  - Claims in which STD benefits supplement WC benefits. These claims will be counted in the WC data.
  - Statutory disability claims to avoid double-counting. (For example, SDI—State Disability Insurance in California and TDI—Temporary Disability Insurance in New Jersey.)

## STD Lost Workdays

The total lost workdays attributable to active STD claims during the reporting period. If needed, estimate the number of lost workdays by multiplying the total number of elapsed calendar days absent by 5/7 and report the whole number without decimal places. Partial lost workdays should be summed into full-day equivalents and including in the total.

- *Exclude*:
  - Any days before the benefit effective date that are part of the initial elimination period.
  - Days while the employee is still absent, but the STD claim has ended.
  - Days paid under LTD benefits.
  - Days reported as paid under WC claims where the employee is receiving supplemental STD benefits in addition to WC benefits. If the WC claim is closed, but the individual continues to receive STD benefits, the STD workdays incurred after the WC claim closes would be counted as STD lost workdays.
- Include only authorized lost workdays for which STD benefits were paid. If a case is closed, and subsequently reopened due to relapse based on a client's plan parameters, then the additional authorized lost workdays should be included.

## Total STD Benefits Paid

The STD payments made for active claims during the reporting period, even if the claim originated in an earlier year and/or continued into a following year. Administrative costs should not be included.

- *Include*:
  - STD benefits paid, net of any offsets, such as WC payments.
  - Only benefits paid after any elimination period.
  - The entire cost of relapse claims, as dictated by plan design - both the initial period and the relapse periods.
  - Any statutory disability claims paid, or premiums if fully-insured.
  - Only supplemental payments for any claims that were determined to be Workers' Compensation indemnity claims.
  - The portion of the premium used to pay wage replacement for claims (estimated if necessary), if the plan is fully-insured.

## Long Term Disability (LTD)

### LTD Elimination Period

Elimination period is the length of time an employee must be disabled before he/she received LTD wage replacement income. The period is typically expressed in number of calendar days or number of weeks.

### LTD Maximum Benefit Period

The cap on the length of time a disabled employee is eligible to receive LTD income. Typical maximum benefit periods include age 65 (including a schedule for a fixed number of years if disability occurs after a certain age, such as age 60 or 62) or a fixed number of years.

### LTD Maximum Benefit Period for Mental/Nervous Disabilities

The cap expressed as a number of months (if any) on the length of time a disabled employee is eligible to receive LTD wage replacement income for mental/nervous (behavioral health) disabilities.

### LTD Covered Employees

The average number of U.S.-based employees who were covered by or enrolled in LTD during the program year. Include any employee who has any type of LTD coverage such as basic LTD coverage and buy-up LTD coverage.

- *Exclude* employees who:
  - Have not satisfied an eligibility waiting period.
  - Do not work the minimum required number of hours per week.
  - Were eligible but declined coverage.
- The average number of eligible employees is obtained by adding the number of eligible employees at the mid-point of each month (or quarter) for 12 months (or four quarters) of the program year, then dividing by the total number of months (or quarters) during the reporting period.

### New LTD Claims

The total number of new, approved LTD claims with dates of disability in the reporting period. Include only those claims that were opened in the reporting year, whether the claims concluded in the reporting year or not.

- Include claims even if they run concurrently with Workers' Compensation or disability pension/retirement benefits.

### Total Open LTD Claims

The total number of LTD claims that were active for at least some part of the reporting period, regardless of the year the claim was opened. Include "zero balance" cases in which no LTD benefits were paid due to offsets from other income sources.

### Total Open LTD Benefits Paid

The sum of all LTD payments made for active claims during the reporting period, even if the claim originated in an earlier year and/or continued into a following year.

- *Include:*
  - LTD benefits paid, net of any offsets, such as WC, Social Security Disability Insurance (SSDI) payments or pension plans.
  - Administrative fees and/or premiums, depending on whether the plan is insured vs. self-insured.
  - The portion of the premium that is for wage replacement benefits if the plan is fully insured.
- Exclude reserves for incurred and unreported claims.

## Workers' Compensation (WC)

### WC Full-Time Equivalents

The total number of U.S.-based full-time equivalent (FTE) employees covered by Workers' Compensation, even if they do not work a standard 8-hour workday.

- The definition of FTE accounts for the variety of employee types within a company, including part-time workers, those who job share, those with over-time, and those who no longer work for a company.
- To calculate the number of FTEs, divide the total number of hours worked by WC-covered employees by the number of hours in a standard work year or 2,080 hours.

### New WC Claims

The total number of new, approved WC claims with dates of disability in the reporting period. Include only those claims that were opened in the reporting year, whether the claims concluded in the reporting year or not. Include medical-only and indemnity claims, but do not include incidence-only claims.

- Indemnity claims include all wage replacement costs (Temporary Total Disability, Temporary Partial Disability, Permanent Total Disability, and Permanent Partial Disability), vocational rehabilitation, and death benefits.
- New Claims are opened when:
  - The employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body; or
  - The employee previously experienced a recorded injury or illness of the same type that affected the same part of the body but had recovered from prior injury.

### Temporary Total Disability (TTD) Workdays

The number of days in Workers' Compensation claims for which TTD benefits were paid during the reporting period, regardless of date incurred or closed.

- TTD is a type of Workers' Compensation indemnity claim in which the worker is completely disabled for a temporary period of time.
- If there is an elimination period required before the TTD benefits are payable, exclude the elimination period days in the count.
- If the STD plan supplements the statutory Workers' Compensation wage replacement benefits, then include the following:
  - Lost workdays should only be counted once as Workers' Compensation days.
  - If an employee has an approved Workers' Compensation indemnity claim that is supplemented by STD benefits, the lost workdays should only be attributed to the Workers' Compensation claim.

## Total WC Active Claim Payments

Total of all active claim payments paid out during the reporting period. This includes all claims that were ever active, even for those opened in prior years and/or continuing into the future.

- Types of payments include:
  - Workers' Compensation indemnity income (i.e., wage replacement) payments.
  - Workers' Compensation death benefit payments.
  - Workers' Compensation indemnity-related medical payments.
  - Workers' Compensation medical-only (payments for cases with no lost time).
  - Workers' Compensation settlement costs.
  - Workers' Compensation expense payments associated with the individual claim (i.e., vocational rehab, legal, transcription fees, or investigative fees).

## Group Health

### Group Health Covered Employees

The average number of active employees, and employees on leave, covered by a group health plan; not necessarily eligible employees.

- Do not include retirees, spouses and dependent children in the count.
- This metric is calculated by taking the number of covered employees at the mid-month (or mid-quarter) during the reporting period, summed and then divided by the total number of months (or quarters) during the reporting period.

### Total Group Health Costs

Cost paid by the employer to cover active employees and employees on leave and their dependents.

- *Do not include:*
  - Dental or vision coverage costs.
  - Retirees, surviving spouses, and spouses and dependent children in the group health plan during the reporting period.
  - Employee contributions made to HSAs.
- *Include:*
  - Spouses and dependent children of employees in the group health plan during the reporting period.
  - Costs for behavioral health.
  - Costs for pharmacy coverage.
  - Employer contributions made to Health Savings Accounts (HSAs) and Healthcare Reimbursement Accounts (HRAs).
- For fully-insured plans, the program costs are premiums paid by the employer during the reporting period.
- For self-insured plans, the program costs equals claims paid and ASO/TPA fees paid during the reporting period.

## Employee Assistance Programs (EAP)

### EAP Eligible Employees

The average number of active employees and employees on leave eligible for Employee Assistance Programs.

- It does not include retirees, surviving spouses, nor spouses and dependent children.
- This is not equivalent to “employees enrolled in the organization’s health benefit plan(s)” since eligibility for EAP benefits may be different. For example, part-time employees that may not be eligible for health benefits may be eligible for the EAP.

### Active EAP Cases

The number of open or active EAP cases in the reporting period, even if those cases were opened in a previous time period or extend into a subsequent time period. Include only employees. Do not include retirees, spouses or dependents.

### EAP Costs

Direct costs associated with providing an Employee Assistance Program.