

SUMMARY OF REPORT 2017:17

Travel to work instead of sick benefit

A study of the Swedish Social Insurance Agency's work with approving compensation for travel to work

isf

Swedish Social Insurance Inspectorate

www.inspsf.se

Stockholm 2017

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Summary

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A study of the Swedish Social Insurance Agency 's work with approving compensation for travel to work

The Swedish Social Insurance Inspectorate (Inspektionen för social-försäkringen, ISF) is an independent supervisory agency for the Swedish social insurance system. The objectives of the agency are to strengthen compliance with legislation and other statutes, and to improve the efficiency of the social insurance system through system supervision and efficiency analysis and evaluation.

The ISF's work is mainly conducted on a project basis and is commissioned by the Government or initiated autonomously by the agency. This report has been initiated by the agency.

The Swedish Social Insurance Agency (Försäkringskassan) may approve compensation for additional expenses incurred during travels to and from the workplace (further on called travel to work) instead of paying sickness benefit, if an insured person's ability to travel to and from work is reduced due to sickness and the Swedish Social Insurance Agency assesses that the person could work. This means that the Swedish Social Insurance Agency remunerates additional expenses for travelling by taxi or in his or her own car.

Travel to work could imply that a person on sickness leave could return to work earlier or avoid being absent from work. The knowledge relating to usage of travel to work is relatively small; therefore, it is important to study to what extent the Swedish Social Insurance Agency investigates if there are prerequisites for approving compensation for travels to work. It is also valuable to study how the Agency applies the regulations concerning travels to work.

The amount of cases concerning travels to work has varied over time. The number of people receiving compensation for travels to work increased from the year 2007 to the year 2013. In 2007 a total of 2,737 people received travel to work compensation, increasing to 3,384 in 2013. Then the amount decreased. In 2016 2,337 people received travel to work compensation, which is the lowest amount in the time series in question. Around 66 percent of those who got approved travels to work is female. The difference between males and females were approximately the same during 2007-2016. The differences between males and females are generally consistent with the gender distribution among all insured who received sickness benefit in 2016; 64 percent women and 36 percent men. Regarding the total amount receiving approved travel to work from October

2016 to March 2017, it is evident that physical diagnoses are dominant, and mainly consisting of disorders in the ICD-10 diagnosis code section *Other joint disorders* (M20-M25 according to ICD-10) and *Injuries to the knee and lower leg* (S80-S89).

In this study, the ISF has made two case file reviews of sickness benefit cases from October 2016 to March 2017. The first consisted of 100 cases where travel to work was approved. The purpose of this part of the review was to study if the Swedish Social Insurance Agency applies the regulations concerning travel to work efficiently and if the legislation is suited to its purpose. The other case review consists of 200 cases, where an insured person applied for sick leave within the diagnosis sections *Osteoarthritis* (M15-M19), *Other joint disorders* (M20-M25), *Injuries to the knee and lower leg* (S80-S89), and *Injuries to the ankle and foot* (S90-S99). 50 cases from each diagnosis section were reviewed. These diagnosis sections were chosen since sick leave, based on those diagnoses in combination with work with low physical impact or work with low mobility requirements, should make it possible for the insured to get approval for travel for work instead of sickness benefit. The purpose of the review is to study to what extent and how the Swedish Social Insurance Agency investigates if there are prerequisites for approval of travel to work in sickness benefit cases.

The part of the review concerning those who got approved travels to work shows that the insured mainly use taxi transport for travels to work. In around four-fifths of the cases, the cost per single trip was under 600 SEK. The insured with approved travel to work had a significantly higher yearly income on average than other insured receiving sickness benefit. Since the insured must pay for the travels, often amounting to several thousand SEK, and apply for compensation from the Swedish Social Insurance Agency later, the fact that the insured in the review had a higher income than average could imply that the insured with lower income avoid applying for travels to work through the Swedish Social Insurance Agency. On average travel to work is approved for 30 days. The review shows that the Swedish Social Insurance Agency is efficient in making disbursements for the insureds' travels to work.

When applying for travels to work the initiative mainly comes from the insured. The Swedish Social Insurance Agency seldom takes the initiative to investigate the issue if the suggestion doesn't come from the insured.

The study finds that it is problematic that the administrative officers, within the current legislation, don't get support for the proportionality assessment during the investigation of travel to work. The assessment by the administrative officer consists of assessing the travel costs in proportion to the advantages with travels to work. How that assessment is to be performed is not stated in the legislation, neither in the legislative history.

Another result of the review concerns the fact that the insured don't have to send in an application for sickness benefits and a doctor's certificate within a certain period. In more than a fourth of the cases, the application arrives when the insured already is back at work.

The review of cases where sickness benefit is approved, and the insured has a primary diagnosis, which possibly might entail approval of travels to

work instead of sickness benefit, shows that the Swedish Social Insurance Agency does not investigate the possibilities for travel to work to the extent the Agency should. Though the ISF assesses that a more thorough investigation of travels to work is not necessary in around 80 percent of the cases due to the occupation and/or diagnosis of the insured. The Swedish Social Insurance Agency investigated travel to work for the insured in 10 percent of the cases and approved travel to work in 3 percent. The case file review also shows that the Swedish Social Insurance Agency should have investigated the possibility for travel to work in 16 percent of the cases. If this amount is applied to the sample frame of around 23,000 insured, it entails that the Swedish Social Insurance Agency should have investigated the possibility of travel to work in 3,700 cases during the selection period of 6 months. This could probably lead to fewer people on sick leave in this group or that their sick leave periods would be shorter.

In the report the ISF recommends the following:

- First, the Government should consider if the purpose of travel to work should be to reduce the costs for sickness benefits or if the rehabilitation potential should be the guiding principle when the Swedish Social Insurance Agency assesses if travel to work is suitable.
- The Government should consider if the Swedish Social Insurance Agency should be able to purchase taxi travels so that the insured don't have to pay the taxi company directly and wait for compensation for travel to work.
- The Swedish Social Insurance Agency should investigate more extensively if the period of sick leave could be shortened with travel to work.
- The Swedish Social Insurance Agency should inform the insured about existing possibilities for travel to work.
- The Swedish Social Insurance Agency should develop the proportionality assessment by clarifying which factors that need to be taken into account.