

STD and LTD Claim Process – Aspen HR PEO(230503)

Agenda

Disability Claim Process

- **Absence Submission and Gathering**
- **Initial Evaluation and Decision**
- **Ongoing Service and Follow-Up**
- **Resolution**
- **Disability Specialty Services**
- **Resources**

Disability Claim Service Model Overview

CLAIM SUBMISSION



- Submit claims and : (via fax/mail)
- Forms will be sent to PEO; some areas prefilled for distribution to employees
- New claim submission:
- Claims Specialist gets permission to access medical information and contacts doctor directly
- Claim facts are reviewed to determine eligibility under the disability plan

CLAIM EVALUATION AND DECISION



- Provides claimants direct access to their Claims Specialist (CS)
- Connects employees to your health and wellness programs
- Same CS manages concurrent statutory claim
- CS engages specialists throughout the life of the claim as needed, including:
 - Rehabilitation Consultants
 - Nurses
 - Behavioral Clinicians
 - Physician Consultants

- Review claimant's functional capacity and expected recovery relative to occupation
- Notify claimant by phone, mail, and online/ Text alerts
- Claims Specialist:
 - Develops an Action Plan
 - Identifies a timeline for claimant and treatment providers
 - Evaluates expected disability length with an anticipated return-to-work (RTW) date
 - Explains Next Steps

ONGOING SERVICE AND FOLLOW UP



- Action plan updated
- Evaluate with claimant and treatment providers
- Clarify medical information, confirm treatment plans and validate disability benefits through Clinicians
- Engage rehabilitation consultant to assist when appropriate
- Communicate all claim decisions , by phone or mail
- Initiate an LTD claim 6-8 weeks prior to the benefit start date if also covered under MetLife LTD to avoid any delays

DISABILITY RESOLUTION



- Assist with on-site job modification and other RTW accommodations, where appropriate
- Transition to LTD without additional claim applications, information is automatically transferred and updates requested as needed
- Advise claimant by phone and letter when claim closed or when LTD benefit decision is made
- Social Security Disability advocacy and support
- Notify employer of resolution online

Within 1-2 business days the Claimant is contacted

Allow 48-72 hrs from fax submission for CS assignment

Within 2 business days from receipt of all necessary information, a claim decision is made

Standard claim processing 7-10 business days barring no additional documentation is required

Access to Claims Specialist for any questions throughout life of claim; CS provides contact information

About 7 days prior to the end of the Disability Benefit, the claimant is contacted by a Claims Specialist

Direct Access to the Claim Specialist

Absence Submission and Data Gathering

STAGE 1:

DISABILITY
and ABSENCE
SUBMISSION
and DATA
GATHERING

Intake: Fax/mail

Set Expectations

Gather Missing Data

Process

- Claim intake completed via fax / mail.
- Outline next steps and provide claim number to claimant.
- MetLife contacts Claimant, Healthcare Provider and/or Employer for outstanding information.

On all claims forms; when asked for Employer contact – it should be someone at Aspen HR PEO. As Aspen HR PEO is ER of record.

Absence Submission - Responsibilities

Claimant

- Reports absence to Employer.
- Reports disability related absences expected to last more than **7 consecutive calendar days**
- Provides a signed copy of the Medical Authorization to MetLife.
- Follows-up with the Healthcare Provider to ensure medical documentation is submitted promptly.
- Ensures all documentation includes the appropriate claim number.

Employer

- Coordinates work-related injuries or illnesses to Workers' Compensation Carrier.
- Provides requested information to MetLife to assist in establishing the claim.

MetLife

- Conducts a comprehensive claimant intake interview. Establishes the claim.
- Sends claim acknowledgement packet to claimant.
- Requests medical certification and, if applicable, missing claim information.
 - For STD, makes two call attempts within two days to obtain information. Third call on 5th day if needed.
- Sends new claim submission notification to the Employer via MetLink

PEO has view only capabilities in employer portal MetLink. Overall claim status is noted. PEO can pull full listing of Pending/Closed claims via MetLink

Initial Evaluation and Decision

STAGE 2:

INITIAL
EVALUATION
and
DECISION

Verify Eligibility &
Claim Evaluation

Clinical Support

Initial Decision

Process

- Claimant eligibility evaluated.
- Claim information and plan provisions reviewed.
- Clinical Resources consulted as needed
 - In certain instances, a Clinical Resource will co-manage a claim with a Claim Specialist.
- Initial expected duration and return to work potential are determined.
- Action Plan is established for return to work expectations on approved claims.

Communication Touch Points

- Contact with the claimant, Healthcare Provider or Employer for additional information needed.
- Claim decision is communicated via phone and letter to claimant.
- Action Plan/return to work expectations are discussed with Claimant on approved claims.
- Return to works coordinated with Employer.
- MetLink, for employers provide claim status and other information.

Initial Evaluation - Responsibilities

Claimant

- Partners with MetLife and Healthcare Provider to ensure that all supporting documentation is submitted to MetLife.

Employer

- Provides any requested information from MetLife, i.e. eligibility information, job description, etc.

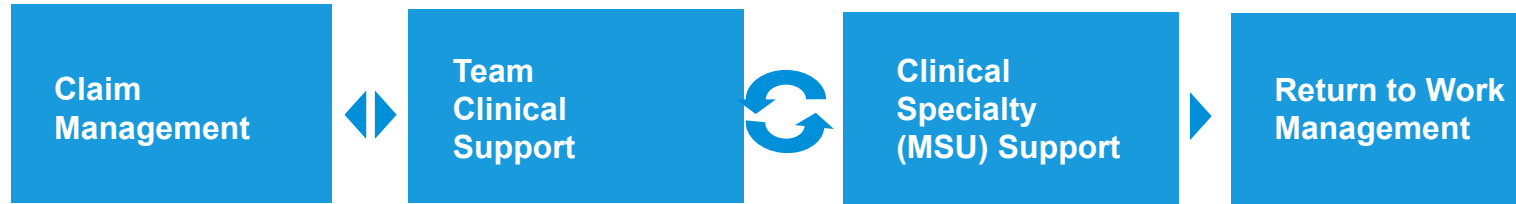
MetLife

- Conducts a claimant introduction call to share information with the claimant regarding plan info, process info, discuss next steps and set expectations.
- Calls claimant to assist MetLife in gathering information from Healthcare Provider if it is not secured timely.
- Contacts Employer for eligibility information and/or job description if needed.
- Makes STD claim decision within 10 calendar days.
- Notifies claimant of claim decision (approval, denial) via phone and letter.
- Notifies Employer of claim decision (approval, denial) via MetLink.

Ongoing Service and Follow-up

STAGE 3:

ONGOING
SERVICE
and
FOLLOW-UP



Process

- Periodic contact with the claimant and Healthcare Provider for ongoing claim evaluation.
- Clinical Resources are utilized as needed.
- Action Plan is reviewed and updated as applicable.
- LTD evaluation is conducted throughout the claim and documented in the action plan of the STD claim.

Communication Touch Points

- CS contacts Claimant and/or Healthcare Provider for updated information and status and return to work discussion.
- Changes in claim decision such as claim approval extension or claim closure are communicated via phone and letter.
- MetLink may be accessed at any time for status updates.

Ongoing Services - Responsibilities

Claimant

- Continues to partner with MetLife to provide required information for ongoing disability.
- Receives notification of subsequent claim decisions (approval extensions, denial) via phone and letter.

Employer

- Partners with MetLife for return to work opportunities.
- Provides job descriptions and potential accommodations to MetLife if applicable.

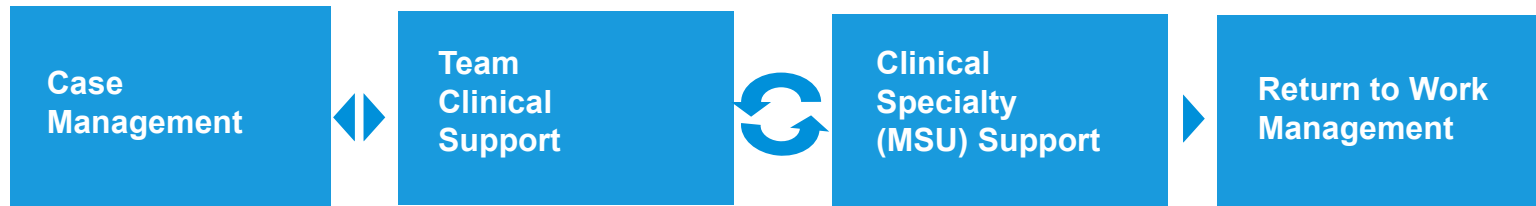
MetLife

- Partners with Employer for return to work opportunities.
- Continues to follow up with Healthcare Provider for updated medical.
- Monitors status of disability.
- Notifies claimant of subsequent claim decisions (approval, extension, denial) via phone and letter.

Resolution

STAGE 4:

RESOLUTION



Process

- Claims are resolved and closed for many reasons:
 - Recovery from a disability
 - Return to work (full RTW, accommodations, return to new position)
 - Failure to provide proof of continuing disability
 - STD transition to LTD
 - Death
 - Not eligible for Coverage
 - Does not meet Definition of Disability
 - Payment of Maximum Benefit (Maximum Benefit Duration / Limited Disability Benefits)

Communication Touch Points

- Claim closures are communicated to the claimant by phone and letter.
- Employer is notified of the resolution via MetLink.

Return to Work - Responsibilities

Claimant

- Reports to Supervisor/Manager on the actual return to work day.
- If the status of the condition changes:
 - Notifies MetLife of any anticipated RTW date changes.
 - Notifies supervisor/manager of any anticipated RTW date changes.
- Provides Employer with Return to Work notice.

Employer

- Calls MetLife to report the employee's RTW (see below).
 - Employee Social Security Number (SSN)
 - Date of Birth
 - Employee Return to Work date
- Utilizes designated telephone number and follows automated prompts to report the return to work: **1-800-300-4296**.
- If the employee does not return to work as expected, Employer should contact MetLife.

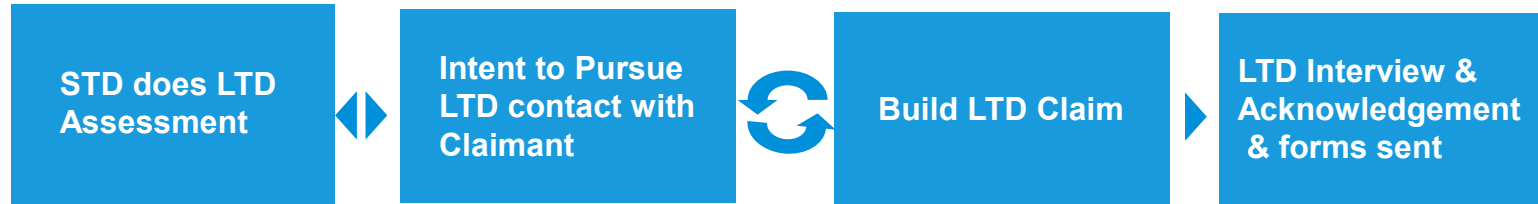
MetLife

- Partners with the HCP to review the appropriateness of restrictions or limitations.
- Coordinates accommodations and/or gradual return to work with Employer.
- If available, provides return to work date via MetLink.

STD to LTD Transition

STAGE 4b:

STD to LTD
Transition



Process

- Claim is monitored for LTD potential throughout STD claim management and documented in the action plan.
- 6-8 weeks prior to LTD benefit start date, the STD CS contacts the claimant to determine if the claimant intends to pursue LTD. If yes, the LTD claim is created and initial interview completed by the LTD CS Claim Specialist.
- LTD Acknowledgement & other LTD forms sent.
- LTD action plan created.

Communication Touch Points

- Claimant is informed of LTD process and notified that LTD packet is being sent including updated authorizations, tax and medical forms.
- Initial LTD claim interview also completed.
- The definition of Disability differs from STD to LTD; please refer to plan Certificates and be aware of this change in definition.

Transition to LTD - Responsibilities

Claimant

- Receives LTD claim packet at approximately 6-7 week point.
 - This is not the case for all claims; every claim is a different scenario but the above is the standard.
- Returns LTD packet.
- Provides MetLife the Workers Compensation benefit amount if disability is work related as well as any other payments they are receiving, such as Social Security.
- Provides MetLife any additional medical information that would warrant an extension of disability, any changes to his or her claim/medical condition and follows-up with physician.

Employer

- Updates employee job status to LTD.
- Partners with MetLife to coordinate return to work efforts.

MetLife

- Sets up LTD claim in claim system, verifies eligibility and ensures all the information needed to make a decision is in the file.
- Reviews LTD plan provisions.
- Makes initial LTD decision.
- If approves, issues LTD monthly check; adjusted for applicable offsets (e.g. Workers Compensation, statutory benefits, Social Security, etc.).
- Provide Social Security application assistance where appropriate
- Notifies claimant of LTD decision by letter, phone call.
- Notifies Employer of LTD decision available via MetLink.

Disability Specialty Services

Disability Customer Advocate (DCA)

Dedicated Customer Contact aligned with the claim unit. Responsible for escalation of claims issues. Provides proactive feedback to Claims Team, Account Team and Disability Consultant. Prepares issue resolution action plans and strategizes on continuous service improvement.

Clinical Resources

Registered Nurses and Psychiatric Clinical Specialists provide clinical consultation, action plans, and guidance based on medical information and/or diagnosis. Each claim team has a Nurse Consultant. MetLife has on staff Medical Directors and Independent Physician Consultants available.

Vocational Rehabilitation Specialist

Certified Rehabilitation Counselors provide action plans for return to work, identify modification possibilities, and provide rehabilitative expertise to assess functional ability.

Social Security Specialist

Advises and assists claimants in the Social Security application process. Identifies medical/vocational information necessary for a favorable determination.

Resources – Customer Response Center (CRC)

MetLife's Customer Response Center can provide assistance and information to Claimants and Employers regarding the following issues/problems:

- Take in/record information from Claimants, Employers or Healthcare Providers.
- Status of claim.
- Date benefits have been approved through.
- Indicate if requested medical information has been received by MetLife.
- Provide payment amount.
- Indicate if and/or when payment will be issued.
- Issue copies of letters to claimant.
- Take return to work information.
- Provide EFT forms (LTD only).