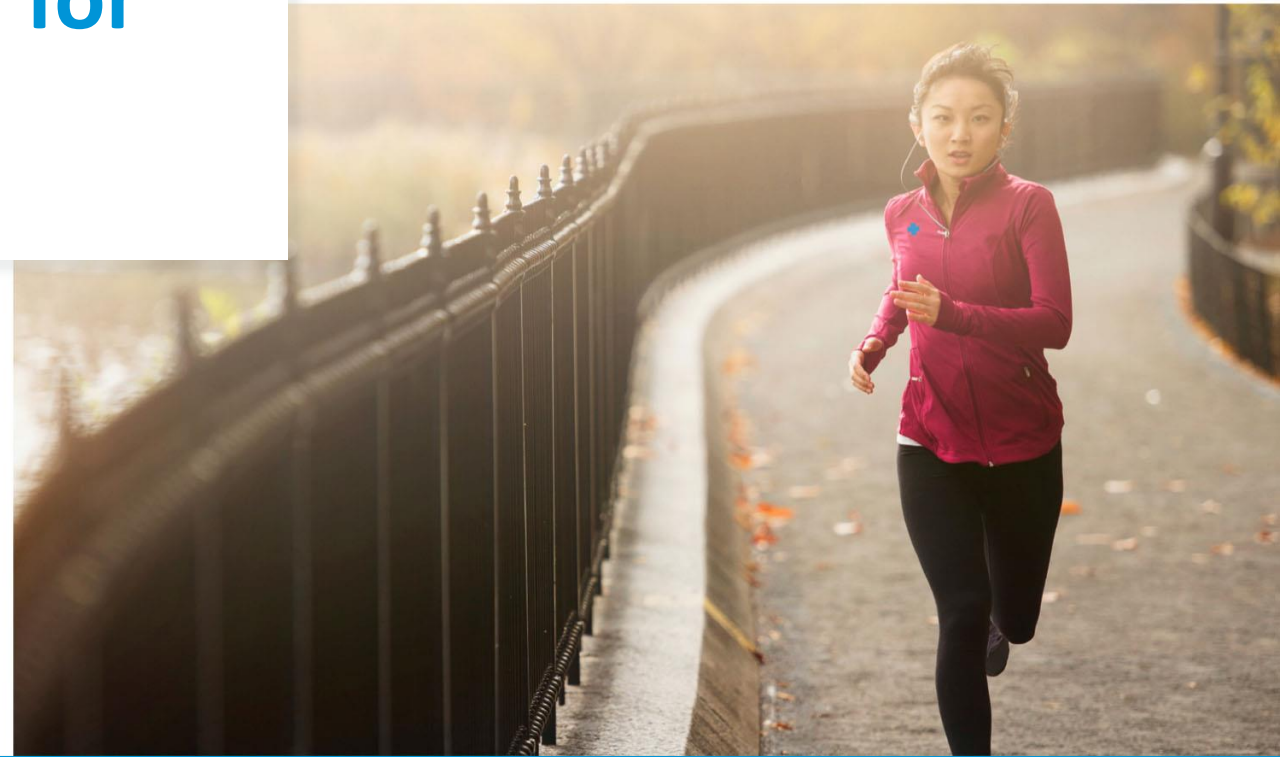


Disability Information Session for Union of BC Municipalities

February, 2022



Agenda

- 1. Short Term Disability (STD) and Long Term Disability (LTD) Claims Process**
 1. Claim Submission Process
 2. Roles and Responsibilities
 3. Claim Assessment
- 2. Claim Decision and Timelines**
- 3. Disability Management**
- 4. Graduated Return to Work**
- 5. Transitioning from STD to LTD**
- 6. Claim Contacts**
- 7. Appeal Process**
- 8. Q&A**

Disability Claim Submission Process

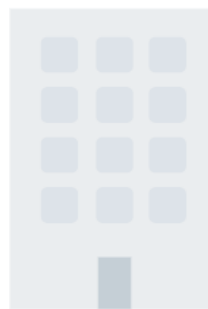
To apply for STD or LTD benefits, you and your employees will need to complete and send us all forms to prepare for assessment

Claim Package

- Employer Statement, Employee Statement & Attending Physician's Statement (APS)

Forms can be submitted electronically, e-mail, fax or mail

Roles & Responsibilities



Employee's Responsibilities

- Provide complete information, including completed claim forms and supporting medical documentation
- Actively participate in evaluations and telephone interviews with case manager
- Communicate with supervisor or manager how they are doing and provide updates on their progress
- Help to develop a return-to-work plan

Employer's Responsibilities

- Provide accurate information to Pacific Blue Cross, including insurance details and job information
- Keep open and continuous communication with employee while away from work
- Be actively involved in helping employee return to work

Pacific Blue Cross' Responsibilities

- Communicate openly and completely with employee
- Conduct prompt and fair assessments
- Determine employee ability to function in a workplace
- Work with employee and treatment provider to develop healthcare and return to work plans
- Partner with employee, their physician and employer to ensure a safe return to work

Claim Assessment

Gather Information

- Telephone Interview with Employee & Employer
- Additional medical information
- Medical Consultant review, if needed
- Independent assessments, if needed

Review of Information

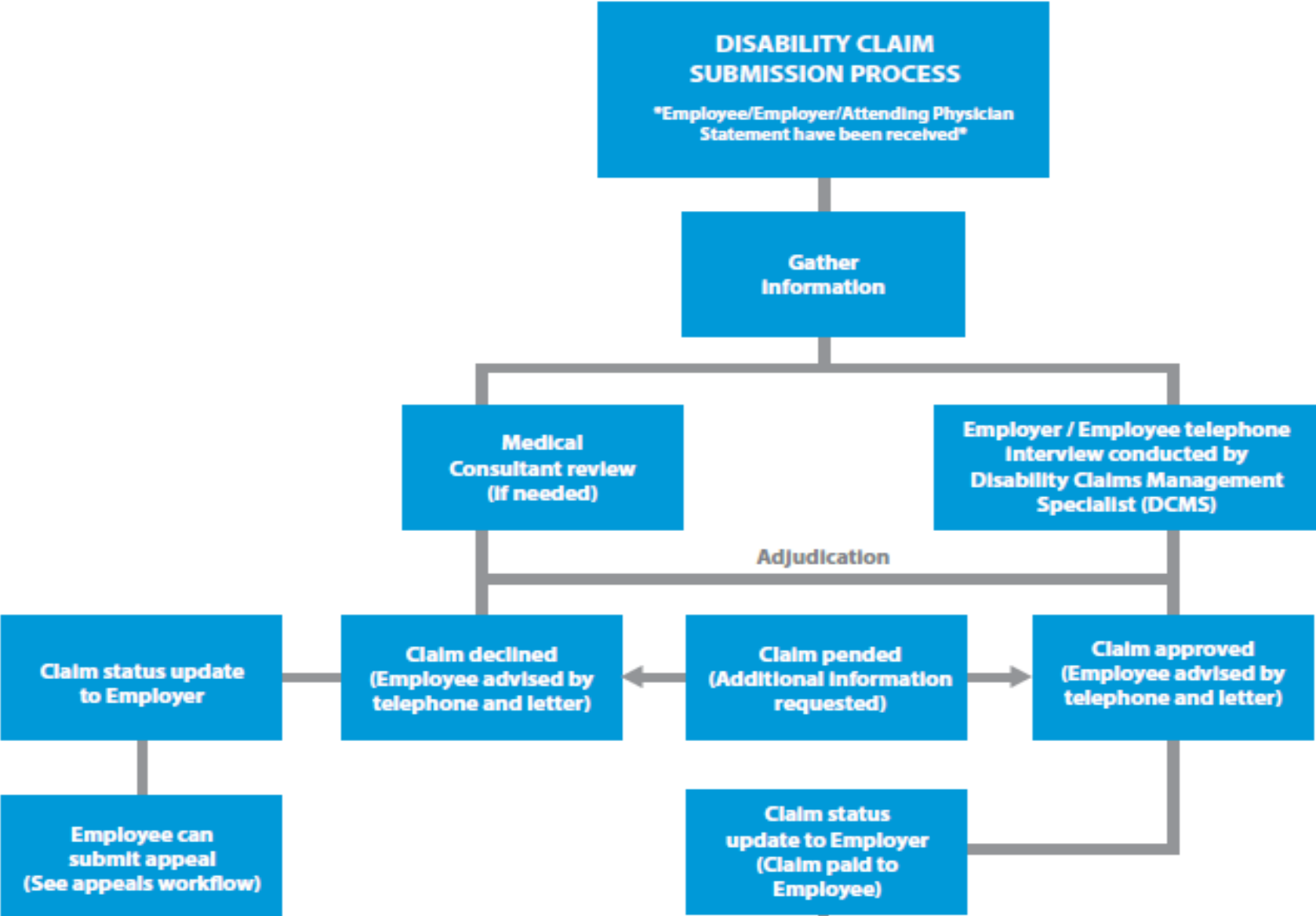
- Determine functional impairment (restrictions and limitations)
- Understand occupational duties
- Determine disability from own occupation

Claim Decision & Timelines

Service Level Objectives

- **Turnaround times - target for review of documents received**
 - STD - 5 business days from receipt, 85% of the time
 - LTD - 7 business days from receipt, 85% of the time
- **Time to Decision – target for decision once all required information received**
 - STD – average of 5 days
 - LTD – average of 7 days

Claim Process Review



Defining a Case Management Plan

Evaluations

- Functional Capacity Evaluation
- Independent Medical Evaluation

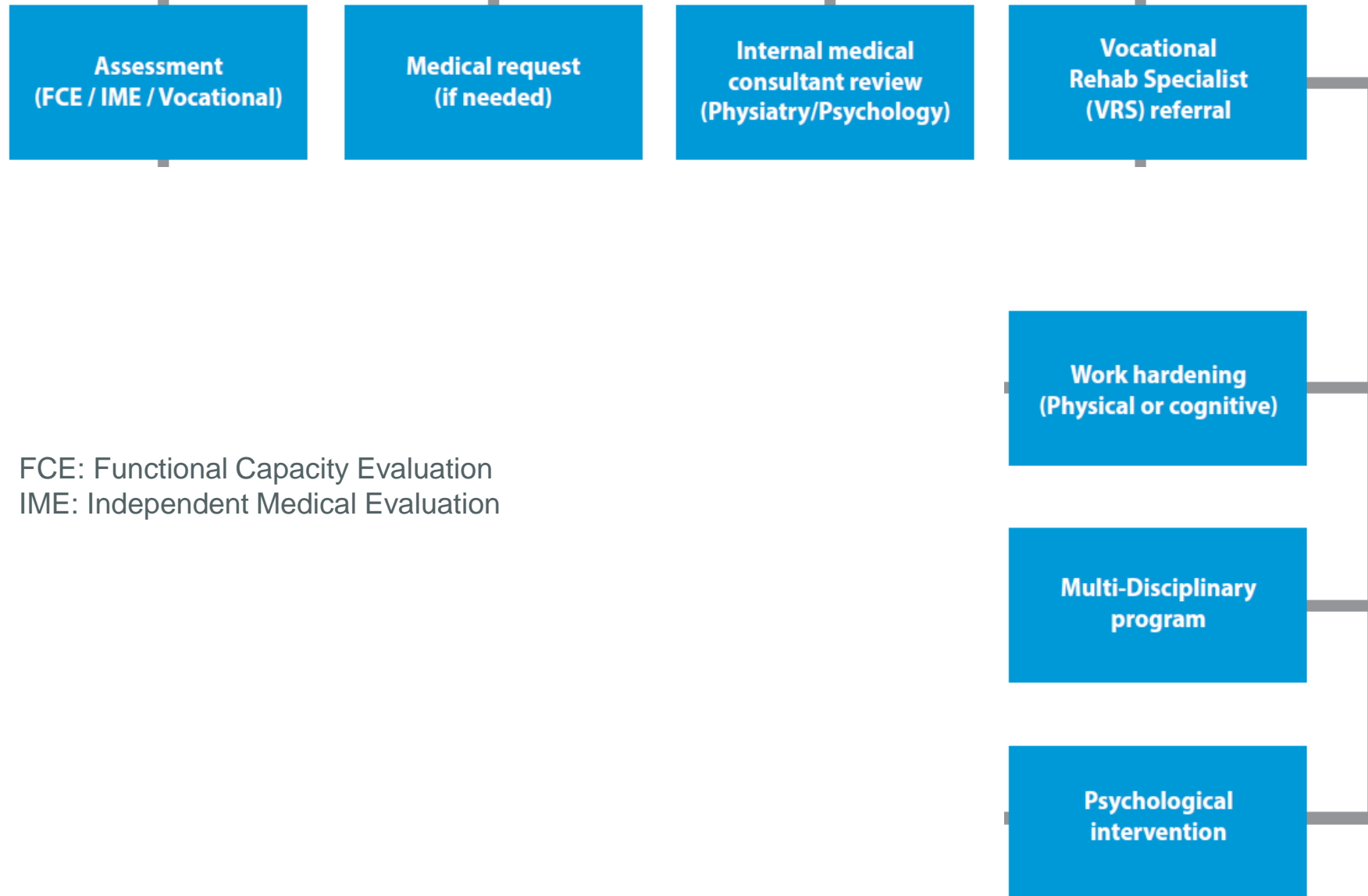
Medical Information Request

Medical Consultant Review

Vocational Rehabilitation Specialist Referral

- Work hardening (physical or cognitive)
- Multi-disciplinary program
- Psychological Intervention

Claim Process Review



Graduated Return to Work Plan

Return to work (RTW) supported

- Functionally and medically supported

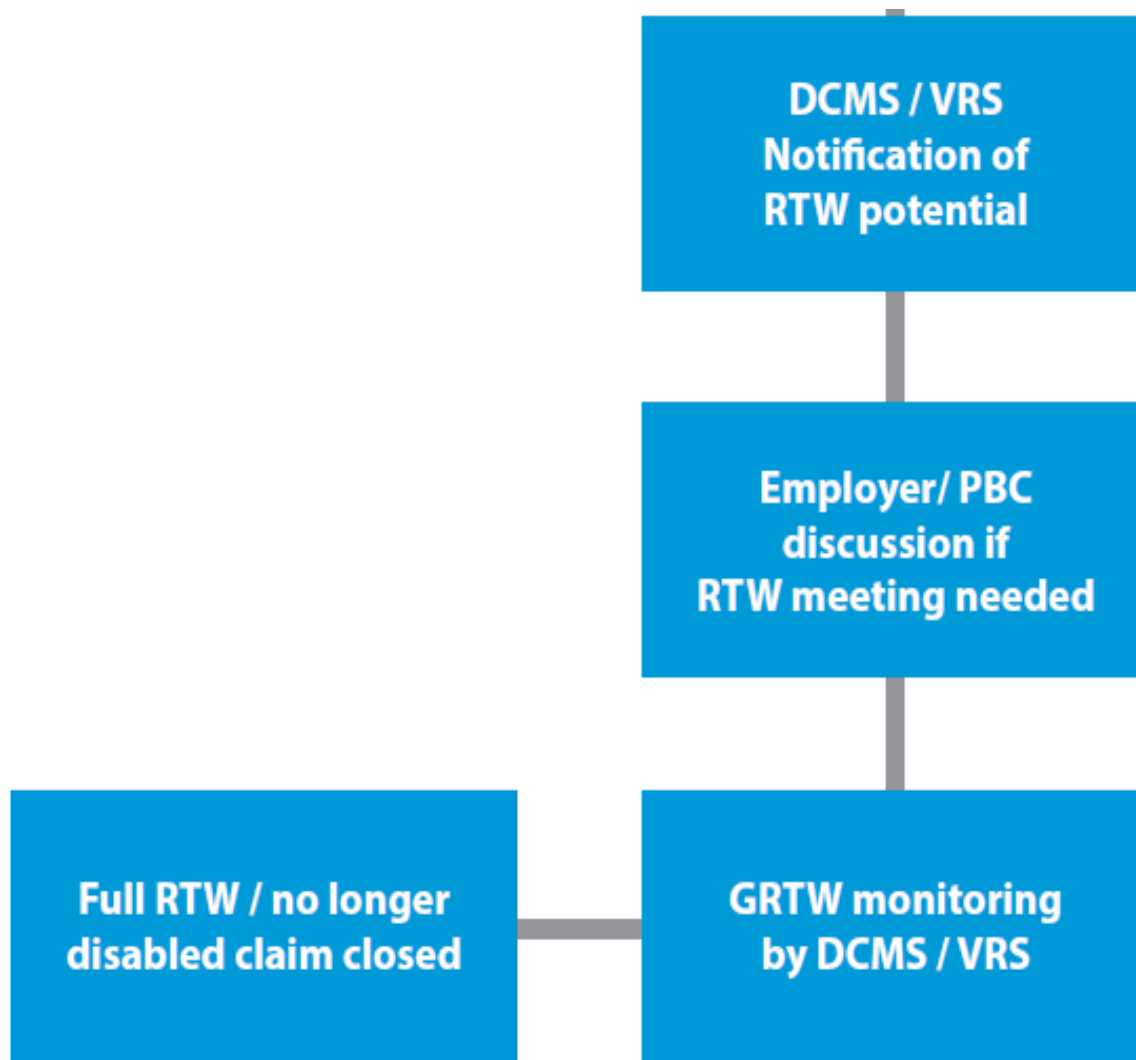
Communication with Plan Administrator

- Notification of RTW potential
- Collaborate of GRTW schedule and requirements
- RTW meeting, if needed

Develop GRTW plan and schedule

GRTW monitoring

Process Review



DCMS: Disability Claims Management Specialist
VRS: Vocational Rehabilitation Specialist
GRTW: Graduated Return to Work
RTW: Return to Work

STD to LTD Transition

Seamless transition to LTD

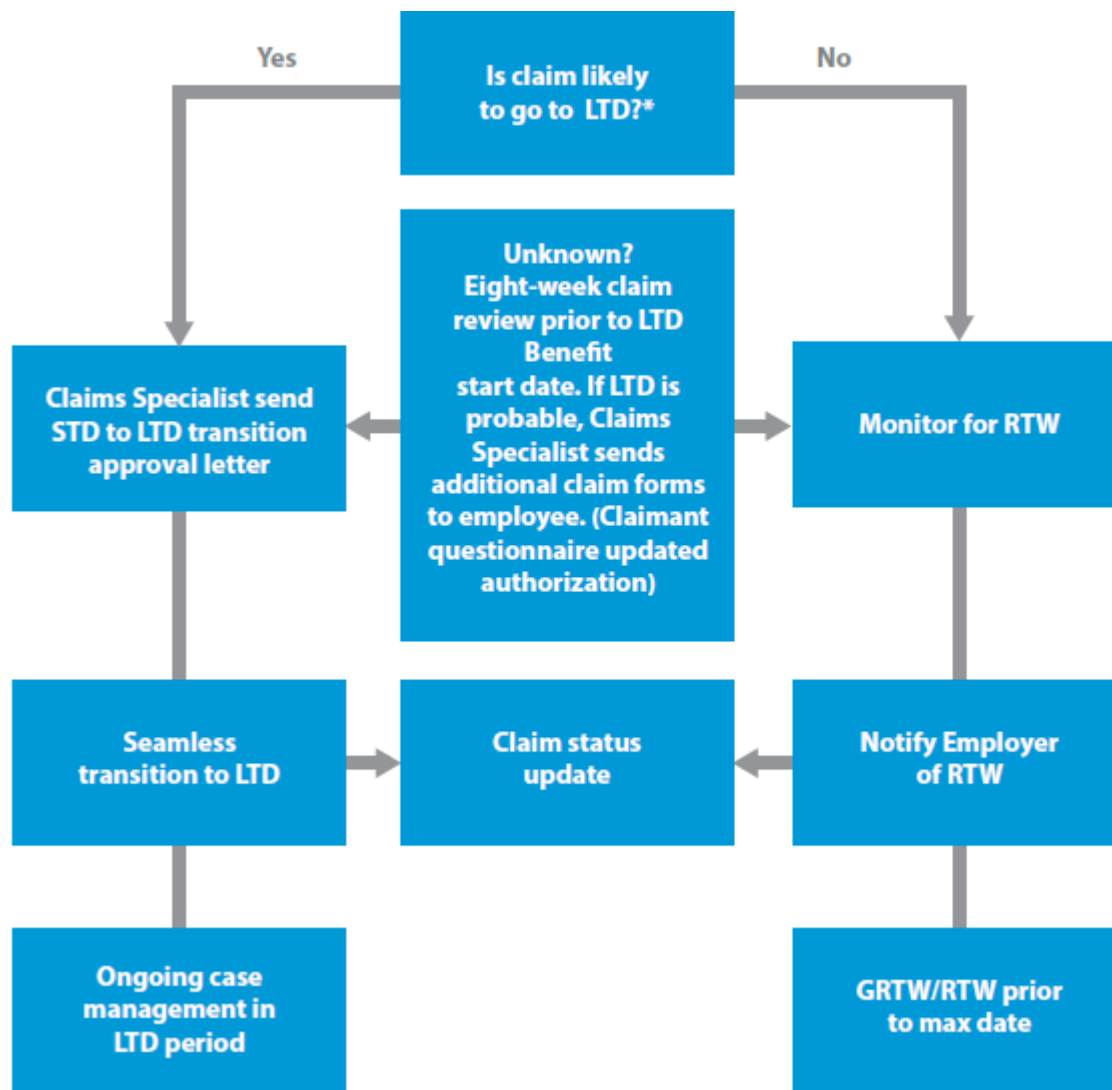
8-weeks prior to LTD

- Determine probability of transition to LTD
- Request additional information or forms (as needed)
 - Claimant Questionnaire
 - Updated authorization
 - Functional update
 - Medical update

LTD claim decision rendered

- STD to LTD transition letter

Process Review



GRTW: Graduated Return to Work
RTW: Return to Work

Disability Appeal Process

Appeal Submission

- **Two Appeal Levels**
 - Forms provided at claim closure / decline
- **60 calendar day window to appeal**
- **Submission of appeal information**
 - Medical information
 - Information not previously submitted

Disability Appeal Process

Appeal Review

- **Minimum 30 calendar days**
 - Extension letter, if required
- **Additional information gathered**
 - Employee and/or plan administrator
- **Information reviewed**
 - Claims Specialist / Supervisor
 - Internal Medical Consultant
- **Appeal Review Committee**
 - 1st level – Claims Review Committee
 - 2nd level – Leadership Review Committee
 - 2nd level is the final appeal

Claim Contacts

Day to Day Claim Inquiries

Disability Claims Management Specialists

- Andrea Biro – A – K (email: andreab@pac.bluecross.ca)
- Derek Boivin – L – Z (email: derekb@pac.bluecross.ca)

Minimal Intervention Claims

- Short duration claims
- Becky Chen (email: beckyc@pac.bluecross.ca)

Service Escalations

- Michele Finnegan, Assistant Manager (email: michelef@pac.bluecross.ca)
- Eric De Jesus, Assistant Manager (email: ericd@pac.bluecross.ca)

Questions

