STD Claim Pathway Overview
STD Claim Management Overview

- Claim Intake
- Info Assess
- Initial Claim Path
- Eligibility Review
- Info Gather
- Ongoing Claim Path
Claim Intake covers the methods in which claims are received at MetLife. STD claims are currently received via the following intake channels:

- telephone,
- internet (MyBenefits and MetLink websites),
- mail/fax (paper claim)

The following information is gathered/provided at intake:

- Claimant (employee) demographics
- Employer and job information
- Reason for absence
- Health Care Provider (HCP) information
- Eligibility information
Eligibility Review

The Claims Specialist conducts an Eligibility Review on each new claim received to verify the claimant is appropriately enrolled in the employer's disability plan and has satisfied all the eligibility requirements.

Plan provisions which may impact the claim determination or receipt of benefits are also reviewed including:

- Definition of Disability
- Pre-existing conditions
- Benefit exclusions or limitations (occupational sickness/injury, elective surgery, etc.)
Information Gathering

The Claims Specialist will review the claim information obtained/verified and Gather additional information or clarification. Information gathering includes:

• In depth Interviews with the claimant, health care provider and employer to:
  • Establish rapport
  • Obtaining missing information
  • Clarifying job requirements and functional abilities
  • Educate the claimant on plan provisions
  • Set expectations with the claimant regarding recovery and return to work opportunities.
Once investigation is complete, the CS must **assess** the information gathered to determine the claimant’s functional capacity and if the Claimant is disabled according to the Plan.

The Claims Specialist must review the claimant’s:

- Medical information
- Functional capacity
- Job requirements
- Ability to perform job
- Plan Provisions (Def of disability, Pre-Ex)

**Note:** Once the CS determines functional capacity, they will determine the Likely Claim Progression (LCP). LCP designation can be done as early as claim receipt, but must be done prior to the initial claim decision.
Initial Claim Pathway

Types of STD Decisions - The type of claim decision will depend if it is the first decision (initial) or a subsequent decision (extension).

- Claim **approval** will occur at both the initial decision point and at extension.
- A claim is **denied** when plan provisions are not met during the initial claim review.
- **Termination** of benefits occurs when a claim is approved and information does not support further extension of benefits.

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<tr>
<th>Claim Decision</th>
<th>Initial</th>
<th>Extension</th>
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<tbody>
<tr>
<td>Approval</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Denial</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Termination</td>
<td></td>
<td>✓</td>
</tr>
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</table>
Ongoing Claim Pathways

Ongoing the CS will...

- Continually reassess the claimant’s functional abilities to determine if the claimant has the ability to work; whether it is part-time with modifications or return to full duty.

- Refer to the Reed for assistance in all phases of claim management and to determine how long the claim can be approved (duration in days).

- When necessary, consult with other resources prior to contacting a claimant in order to determine the appropriate questions to ask based on a claimant’s condition and/or job/occupation. Other available resources include:
  
  - CSS, UL
  - Clinical Specialist and Psychiatric Clinical Specialist
  - Claim Discussion Meetings (CDM)
  - Vocational Rehabilitation Consultant (VRC)/Vocation Rehabilitation Assistant (VRA)
  - Medical Directors or Independent Physician Consultants (IPC)
Ongoing Claim Pathways

When an STD claim ends, it must be closed. Based on the specific claim scenario, a Claims Specialist (CS) may close, deny, or terminate a claim.

Some possible scenarios are because the Claimant:

- Is not covered under the plan
- Returned to work
- ER failed to submit the necessary information
- Has recovered
- Has reached the maximum duration of benefits
- No longer meets the definition of disability
- Has died
# Disability Claim Systems

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<td>Claim Management</td>
<td>Documentation of scheduled and completed work activity</td>
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<tr>
<td>Intellis</td>
<td>Claim Management</td>
<td>Claim detail, demographics and payment.</td>
</tr>
<tr>
<td>Dashboard</td>
<td>Claim Management</td>
<td>Key status information on all claims in CS’s claim block to manage and prioritize work</td>
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<tr>
<td>Unified Inforce System (UIS)</td>
<td>Eligibility</td>
<td>Claimant eligibility information fed by customer</td>
</tr>
<tr>
<td>Unified Disability System (UDS)</td>
<td>Plan structure</td>
<td>Plan information and structure</td>
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<tr>
<td>Stored Image Retrieval (SIR)</td>
<td>Image</td>
<td>Electronic storage of all claim specific documents and correspondence.</td>
</tr>
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<td>Integrated Correspondence Management (ICM)</td>
<td>Letters</td>
<td>Letter generation system (standard letters)</td>
</tr>
<tr>
<td>Claim Correspondence Tool (CCT)</td>
<td>Letters</td>
<td>Letter generation system (allows freeform text)</td>
</tr>
<tr>
<td>AbsTraks</td>
<td>Leave Management</td>
<td>FML absence tracking</td>
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<tr>
<td>Total Absence Management (TAM)</td>
<td>Leave Management</td>
<td>FML and leave tracking</td>
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<tr>
<td>Leave Intake Service Application (LISA)</td>
<td>Intake</td>
<td>Intake of absence and disability claims</td>
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<td>Call Center Operations Intake (CCO)</td>
<td>Intake (Call Center)</td>
<td>Intake of disability claims</td>
</tr>
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Summary

- Information is obtained during claim intake and the claim is set up in Intellis based on the customer’s plan data.
- The CS will review eligibility information to determine if the claimant is enrolled for STD coverage.
- Medical information will be obtained and job duties clarified during information gathering.
- All information obtained will be assessed and a claim decision made based on the plan provisions.
- All claim decisions, telephone calls and action plans for ongoing claim management must be documented in the claim. Written and electronic correspondence must be scanned into the SIR claim file.