

Submitting Claims

Short-Term and Long-Term Disability

This section provides information on the following topics to help guide through the insurance claim process.

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Submitting Claims: Short-Term and Long-Term Disability

Introduction

This section explains the process for submitting and managing Disability claims. Your role in this process is two-fold and very important—explaining to employees what to expect during the claim process and providing The Hartford with the information we need to manage claim costs effectively.

If your group plan integrates both Short-Term Disability (STD) and Long-Term Disability (LTD) insurance, the LTD claim process is simply an extension of the STD process. This guide also describes the claim procedure for plans that include LTD insurance only.

Part of your job is to help claimants understand how to file a claim correctly so the process can take place efficiently. You will also be completing forms or portions of forms. The following guide gives directions for submitting a claim under each type of insurance, indicating your responsibilities as well as the claimant's.

Some of the claim forms illustrated in the Forms section of this manual may vary slightly from the forms that apply to your state.

Please Note:

Because the benefits in group policies differ, some of the claim forms described in this guide may apply to benefits not included in your particular group plan. If you have questions about which benefits are included in your plan, please refer to your insurance policy.

Please submit your claims to the office listed in “Your Plan” in the Administration Overview section of this manual.

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Short-Term Disability Claims

Your STD plan provides income protection for an employee who is disabled and eligible for STD benefits. For STD, disability generally means an individual cannot perform the essential duties of his or her occupation due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy. Please refer to your policy for your group's definition of disability for STD.

Your STD policy (and / or employee election form) will indicate:

- the number of weeks benefits will be payable,
- the benefit commencement period (if applicable),
- the benefit amount — percentage of weekly earnings or flat amount, and
- sources of integration — other income sources the claimant is eligible for that reduces the short-term benefit delivered by The Hartford.

*No other benefit income offsets apply to DisabilityFLEX.

NOTE:

The Hartford expects non-DisabilityFLEX claimants to apply for any other income sources they are eligible for. If claimants receive income from other sources after an STD claim is approved, they should notify The Hartford as soon as possible, since an adjustment in benefits may be necessary. The claimant is responsible for making a reimbursement for any overpayments received.

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Filing a paper STD Claim

It is your responsibility to:

1. Give the employee a copy of The Hartford STD claim form as soon as it appears he or she will be totally disabled, as defined by the insurance policy, for the Plan's specified number of consecutive working days. This promptness ensures that The Hartford has enough time to evaluate the claim thoroughly, and if the claim is approved, to issue benefit payments quickly.
2. When notified of a potential disability, complete the employer portion (Section 1) of The Hartford's Application for Short-Term Disability Income Benefits.
3. After the employer section has been completed, give or mail the form to the claimant. As noted below, it is the employee's responsibility to submit the completed claim form (all three sections: Employee, Employer, and Attending Physician Statements) should be mailed to the correct Hartford claim office address shown under "Your Plan" in the Administrative Overview section of this manual.
4. If available please send any claimant job information and/or a job description to the appropriate Hartford claim office.

It is the claimant's responsibility to:

1. Complete the employee portion (Section II) of the claim form.
2. Have the physician complete the Attending Physician's Statement.
3. Send the completed form to the correct Hartford claim office noted on the claim form. This form can be either mailed or faxed.

NOTE:

The information on the STD claim form has significant tax implications for correct W-2 reporting and Social Security tax withholding, as well as accurate determination of claim eligibility. It is especially important that the claimant's Social Security number, legal name, most recent address, date last worked and taxable percentage be accurately recorded.

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STD Claim Evaluation-Claim Management

When it comes to claim evaluation and claim management, The Hartford takes specific steps that are unique to each claim. This section will give you an indication of the strategies and resources The Hartford may use.

STD Claim Evaluation

First, we review the claimant's coverage and eligibility status for conformance to plan requirements. Once these are confirmed, each claim is evaluated in accordance with our established clinical guidelines. The claim decision is based on the review of restrictions and limitations outlined in the medical information provided versus the definition of disability as outlined by the plan.

Once The Hartford receives the necessary information and if the claim is approved, the claim is adjudicated according to Hartford guidelines. At any period during the duration of the STD claim, we may assess the need for clinical management and/or vocational rehabilitation.

Clinical resources may be utilized to evaluate the claim further if:

- an anticipated disability duration exceeds our clinical guidelines,
- Triage guidelines indicate referral based on ICD-9 and/or CPT – 4 codes
- the treatments or protocols vary from those usually seen, or
- the provider's plan of care does not include a timely return to work.

You will receive Daily Activity Reports (DAR's). These reports will communicate pending claims, approvals, extensions (and the date to which we recommend an extension), terminations, and denials. This will serve as the primary form of communication with you. An individual claimant will only appear on the Daily Activity Report the day immediately following a change in status.

STD Claim Management

The STD claim is managed according to established guidelines and with consideration for each individual's specific circumstances.

The STD Ability Analyst in conjunction with any other appropriate resources (including but not limited to clinical and behavioral health specialists) will monitor the claimant's status to determine whether the information provided supports the plan's definition of disability and the medical information continues to support the documented restrictions and limitations. The STD Ability Analyst or clinical specialist may also arrange for an independent medical examination by a Board-Certified specialist, a medical consultant review, a FCE, etc.

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If the claimant returns to work, you must notify The Hartford so benefits can be terminated promptly. You may mail or fax written notice or call the correct toll-free number on the first page of this guide.

If the claimant remains disabled at the midpoint of the LTD elimination period, the claim is reviewed for LTD potential. If it is determined that the short-term disability may develop into a long-term disability, the LTD Ability Analyst takes over the STD claim and will contact you and the claimant to initiate the LTD claim application process.

For approved STD claims, if The Hartford handles both the evaluation and payment of the claim, we will send the initial benefit payment and an Explanation of Benefits (EOB) directly to the claimant. The EOB shows the approved benefit amount and duration of payments. Subsequent benefit payments and EOBs are regularly sent to claimants, with a copy to you. If your organization handles benefit payment through the payroll system, we will send all pertinent benefit information—including benefit amount and recommended payment duration—to you daily and or weekly based on your specific needs.

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STD Telephonic Claims

The Hartford currently offers Telephonic claims handling to our customers with 50 or more employees. **Note:** DisabilityFLEX claims are telephonic regardless of number of employees; however, any international employee with DisabilityFLEX coverage must follow the paper claim submission process.

Clinical Intake Nurse Responsibilities

- Inbound question resolution
- Telephonic employee intake

Intake Ability Analyst Responsibilities

- Contacting employers for eligibility information
- Calling out to attending physicians when additional medical information is needed
- Attending Physician intake

Ability Analyst Responsibilities

- Claim adjudication
- Ongoing claim management

Telephonic Intake Process

Business Day 0

- Employee calls to report the claim.
- Clinical Intake Nurse captures information and explains the claim process, including what happens on days 4 and 15.
- The Ability Analyst requests employer information or obtains from feed.

Business Day 1 - 2

- Intake Ability Analyst makes two calls out to the attending physician within 48 hours to obtain necessary medical information to make the initial claim decision.

Business Day 4

- If employer information is missing, Intake follows up with the employer.
- If additional medical information is missing after two calls to the physician Ability Analyst asks the employee to have the physician call us to provide it.
- Ability Analyst reminds the employee that if the information is not received by the 15th business day, the claim will be closed until it is received.
- If either additional medical information or employer information is missing, and we are unable to reach the employee by phone, Ability Analyst sends the employee a letter that explains the process.

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Business Day 15

- If employer or attending physician information is still missing, the Ability Analyst closes the claim for lack of information.
- The Ability Analyst sends a letter notifying the employee that the claim has been closed and what information was missing.

Claim Adjudication

- Ability Analyst adjudicates the claim after receiving complete claim information.
- Ability Analyst calls to notify employee of claim approval or extension, and sends appropriate notice to employee – a letter or Explanation of Benefits (EOB).
- If additional clarification of medical information is necessary, Ability Analyst calls the physician. If information is received, Ability Analyst immediately adjudicates the claim. If Ability Analyst is unable to reach the provider and must leave a message, Examiner allows a 48-hour response time from the provider before making a claim decision. While waiting for clarification, Ability Analyst calls the employee to advise him/her of the status of the claim.
- If additional information from the employer is needed, such as part-time status or the ability to accommodate restrictions, Ability Analyst makes an attempt to gather the information and allows a 48-hour response time before making a claim decision. Ability Analyst calls to notify the employee of the delay.

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Long-Term Disability Claims

LTD Claim Evaluation For Group Plans With STD

Once the STD claim has been referred to a LTD Ability Analyst, the LTD Ability Analyst asks the claimant to complete an LTD Income Benefits Questionnaire, and then takes the following steps:

- Reviews and confirms coverage and eligibility status for conformance to plan requirements.
- If necessary, requests medical information from other physicians and hospitals.
- Completes a telephonic interview with the claimant to verify existing information and obtain additional information about the claimant's physical abilities, activities, education, work history, vocational skills and plans for the future.
- Approves benefit if the claimant is eligible for coverage and limitations have been sufficiently documented. Confirms the approval in writing to you and the employee. If the claim is denied, the claimant will receive a letter detailing the reason for the denial and you will receive notification of the denied claim.
- Thoroughly evaluates the claimant's functional capabilities based on the Attending Physician's Statement and other medical/clinical information in the file, and reviews the essential duties of his/her occupation. Based on this review, an initial claim management plan necessary for making a claim determination is developed and implemented.
- The LTD Ability Analyst, in conjunction with any other appropriate resources (including, but not limited to, clinical and behavioral health specialists); will review the claimant's status to determine whether the information provided supports the plan's definition of disability.
- Subsequent to any claim approval, develops an ongoing claim management strategy tailored to the claimant's individual circumstances, possibly including medical case management and vocational rehabilitation program initiatives.

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LTD Claim Management

While the disability continues, the LTD claim is managed according to the strategy developed for the individual claimant.

An Ability Analyst, at regular intervals, will perform a comprehensive review of the file (including direct claimant contact) to ensure that we have the most current information available. This allows for the best possible understanding of both the claim and the claimant's circumstances. This process requires the referral on all appropriate claims to our vocational rehabilitation counselors at an early stage of the claim.

Our progressive claim assessment model takes a functional approach, focusing on what employees can do, not solely on their medical diagnoses or condition. This is apparent through:

- The clinical reviews by in-house RNs, Behavioral Health Specialists, Physical and Occupational therapists, and Vocational Rehabilitation Counselors
- The access to independent networks of medical consultants and onsite case managers helping to facilitate the best possible claim outcomes; and
- Performing a thorough test change evaluation before the transition from the "own occupation" definition to the "any occupation" definition of disability. This evaluation may require updated medical information, independent medical evaluations, and an employability analysis to identify other potential job opportunities.

Note:

If the claimant returns to work, you must notify The Hartford so benefits can be terminated promptly. You may mail or fax written notice, or call the appropriate toll-free number shown on the first page of this guide

Filing LTD Claims For Group Plans Having LTD Only

If your plan includes LTD insurance, but not STD, you should file an Application for LTD Income Benefits form if an employee remains disabled at the midpoint of the LTD elimination period, as specified in your policy. Please advise the claimant that if The Hartford does not receive these forms in a timely manner, the LTD claim evaluation process will be delayed.

Once The Hartford receives the completed forms, you and the claimant will receive letters of acknowledgment. You will also receive status letters periodically until the claim determination is made.

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Filing an LTD Claim

It is your responsibility to:

1. Complete the employer portion (Part 1) of the form appropriate for your plan. Make sure you have signed and dated the form, giving your job title.
2. Give or send the employee an Application for Long Term Disability and the appropriate Hartford claim mailing address shown on the first page of this guide. If possible, you should include a copy of a sample completed claim form.

Note:

The information on the LTD claim form has significant tax implications for correct W-2 reporting and Social Security tax withholding, as well as accurate determination of claim eligibility. It is especially important that the claimant's Social Security number, legal name, most recent address, date last worked and tax percentages are accurately recorded.

It is the claimant's responsibility to:

1. Complete and sign the employee's portion of the claim form.
2. Have the medical provider complete the Attending Physician's Statement.
3. Send the completed forms to The Hartford.

LTD Claim Evaluation, Claim Management

Once The Hartford receives the Application for Long Term Disability Benefits form, the Ability Analyst will follow the steps previously described in the LTD Claim Evaluation process.

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Managed Disability Services

The Hartford provides comprehensive managed disability services designed to help employees return to productive lifestyles as soon as possible and to help employers contain benefit plan costs. Teams of ability analysts, clinical resources and vocational rehabilitation professionals promote consistent claim management and effective working relationships with the claimant.

Clinical Case Management

Disability case management is an effective tool for containing plan costs, facilitating a successful return to work and preventing further periods of disability. Clinical case management team members provide the combined expertise of medical professionals, behavioral health specialists, vocational rehabilitation counselors, and physical and occupational therapists. The clinical case manager will initiate case management with a three-point contact with you, the claimant and the medical provider.

- The clinical case manager may initiate discussions with the claimant about their abilities, activities and understanding of the treatment plan— to help empower them to achieve a more productive lifestyle
- With the medical provider, the clinical case manager clarifies the claimant's medical situation, develops additional medical information, clarifies restrictions and limitations specific to essential job duties and explores treatment alternatives.
- Working with you, the claim management team researches the possibilities of return - to-work activities and job modifications.

Vocational Rehabilitation

The goal of The Hartford's vocational rehabilitation program is to utilize and maximize the claimant's abilities so that he or she can return to gainful employment and personal and financial self-sufficiency. Recognizing the need to tailor rehabilitation services to the needs, skills and limitations of the specific rehabilitation candidate, The Hartford's program is designed to be flexible and comprehensive.

To ensure that the rehabilitation staff reviews all cases likely to benefit from rehabilitation services, referral guidelines for the claim examining staff have been established. If the claimant is a candidate for vocational rehabilitation, the rehabilitation plan may include, but is not limited to: vocational testing; vocational training; workplace modification; modifications to a new employer's work place that enable a claimant to return to work; job placement and similar services; or alternative treatment plans.

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Social Security Assistance Program

Disability benefits will be reduced by the amount of Social Security Disability Income (SSDI) benefits the claimant (or their family, depending on the policy) is eligible to receive.

The Hartford lends its experience to assist disabled employees through the steps of the application and appeals process to help them receive the benefits to which they are entitled.

The assistance offered to the employee is important because receiving Social Security Disability Insurance benefits means monthly income with cost-of-living increases. It is factored into the calculation of retirement benefits and can result in higher Social Security Retirement benefits later.

In addition, after receipt of Social Security Disability Insurance benefits for 24 months, the employee is eligible for Medicare.