

Manager Support Guide for Short Term Disability (STD) and/or Leave of Absence



Effective January 1, 2018, Immanuel's Short Term Disability and FMLA/Leave of Absence Programs will be administered by Matrix Absence Management, Inc. (Matrix).

PROGRAM HIGHLIGHTS

Matrix Absence Management, Inc. is committed to delivering high-quality service and leading edge technology to Immanuel. The claims intake Customer Care Center for Matrix is located in Phoenix, AZ and is supported by a staff fluent in both English and Spanish. Employees are able to file claims 7/24/365 through the Matrix eServices Mobile App, on line at www.matrixabsence.com or telephonic at 877.202.0055. Requests for disability and/or leave may be filed up to 30 days in advance of the expected first day away from work and the average intake call is between 8-11 minutes.

In partnership with Matrix, Immanuel is providing Matrix with an employee demographic (HR) data feed based on the programs that Matrix administers on Immanuel's behalf. This data feed provides demographic and coverage information for the intake and claims management process.

Matrix Intake Coordinators are trained in customer service and Immanuel specific requirements and can respond to general questions regarding the employee's claim. The Intake Coordinator provides the employee with the name and contact information for his/her examiner.

CLAIMS INTAKE AND PROCESS

Once an Intake claim has been completed, Matrix provides an Intake Communication Packet to the employee. The packet is made available the same day if they choose the email retrieval option or it can be mailed to them.

Process for filing a claim:

1. Disability and/or leave claim may be filed up to 30 days in advance of the expected first day away from work.
2. All claims require an initial medical certification which will be collected by Matrix.

CLAIM REPORTING

Claim can be filed 7/24/365 via the following:

- ▶ **Matrix eServices Mobile App**
- ▶ **Web — www.matrixabsence.com**
- ▶ **Telephonic — 877-202-0055**

Employee provides the following:

- Name, last four digits of Social Security number, address & phone number.
 - Physician's contact and fax information.
 - Description of illness or injury.
 - Job title and a brief description.
- ▶ Intermittent time filing options — Smartphone application, web based or telephonically.

The Intake Communication Packet consists of the following:

- ▶ Matrix Welcome Letter — provides team contact information.
- ▶ Custom Immanuel Employee Checklist — information and special customized reminders and responsibilities.
- ▶ Intake Form — confirms employee information provided at Intake.
- ▶ Employee Authorization & Certification — medical release authorization form for the employee.
- ▶ LifeWorks — EAP Work/Life & Legal Services reminder.
- ▶ Healthcare Provider Certification Form — copy of the Certification Form for the employee.
- ▶ Federal & State Rights and Responsibilities Form.
- ▶ Immanuel Return to Work Form — Prior to returning to active work status at Immanuel, employees are required to have their physician complete a Return to Work Release form.

INITIAL MEDICAL CERTIFICATION

Matrix works with the employee to obtain a medical certification from the provider on all claims. The process is:

- ▶ One day following Intake — Matrix contacts the provider to obtain the certification. If the provider requires a signed authorization for release of medical information, the employee is alerted and advised to follow up with the provider.
- ▶ If certification is not obtained — Two additional follow-up attempts are made. During each attempt, the provider is contacted. Contact with the employee is also made to request assistance in obtaining certification. These steps to obtain medical certification are completed within ten business days after the claim intake.

EXCEPTIONS TO STANDARD CLAIMS

Pregnancy claims do require medical certification if the last day worked is outside of the medical certification parameters. The examiner verifies the final delivery date directly with the employee. If confirmation cannot be obtained after two attempts, then the provider is contacted.

Disability claims are assigned following claim intake process:

- ▶ New claims process — All new claims are reviewed to verify coverage under the plan or policy and any inconsistencies are noted and addressed. The review process starts no later than the first business day after a claim is received. Employees are advised within five business days of initial intake in a status letter when further information not related to medical certification is required to complete his/her claim.
- ▶ Medical certification needed — If a medical certification is not received within ten business days of Intake, a call is made to the employee and a ten day status letter is sent advising

them that if the required information is not received by the date determined by the plan, the claim may be denied. Letter notifications include specific timelines to receive the required information and specific information about the possible denial. Immanuel is notified that the certification has not been received after the tenth business day through a Suspension eComm, sent to the Supervisor and the Leave Center.

- ▶ Claim decision — Claim decisions are made within three business days of the receipt of complete information required. Decision is based on employee's eligibility for benefits in accordance with Immanuel's plan provisions and established time lines. This includes decisions related to the extension of disability. The claim status is changed and the completed date is noted and an Immanuel eComm is generated when the decision is made.
- ▶ Claim denied — If the employee is not covered under the plan provisions, the denial decision, employee notification and employer eComm are generated within three business days of the Intake or date when complete information needed to make the decision is received.

COMMUNICATION REMINDERS

Each claim is assigned a Matrix Integrated Claims Examiner and is supported by a team who will assist if the primary examiner is unavailable. Voice mail is available in the event examiner is not. Our goal is to return all calls the same business day but no later than 24 hours from your initial call.

Matrix distributes eCommunications (eComms) to Supervisors, which are used to provide information on your employees' disability or leave status changes. eComms are sent as needed based upon the specifics of the employees claim. No protected medical information will be included on or in these communications.

Immanuel Supervisors can also contact the Matrix claims staff via email by responding to the reply to button on the individual eComm, or via telephone.

CLAIMS INTEGRATION

Disability or Workers Compensation claims involving any lost time are fully integrated with Family Medical Leave Act (FMLA) or other Immanuel leave policies where applicable.

CLAIMS PAYMENT

Matrix verifies STD benefit based on certification and provides Immanuel an Advice to Pay (ATP) payroll report for payment processing through your standard payroll process. Ongoing payments are administered in accordance with the employee's payroll cycle. Benefits for employees working in statutory disability benefit states will be appropriately coordinated.

RETURNING TO WORK (RTW)

Matrix carefully reviews the status of a claim and works with employees, his/her providers and Immanuel to establish an appropriate date to resume work duties.

How the process starts — Employees are contacted no later than five business days prior to an established return-to-work date.

How the employee is contacted — Contact consists of an initial call, followed by additional calls on the next two business days if needed. After successful contact with the employee, a five day RTW eComm is sent to Immanuel confirming the employee's intention to RTW. If the employee is not reached, a five Day RTW eComm is sent confirming the three attempts immediately following the third phone call.

When the employee is unable to return to work — If the employee advises that he/she is unable to RTW full duty as expected, the claims team works with the employee, Immanuel and medical provider to clarify work status. The claims team will issue any additional benefits that may be due based on updated medical information or follow the denial process defined above.

When the employee does return to work — On the day of the expected RTW, an email is sent to Immanuel requesting a "reply all" email confirming successful RTW. If no response, two additional emails are sent on the next two business days. If all attempts to confirm return to work fail, you will be notified and further actions are determined.

*Immanuel Special Reminder regarding Return To Work: During the RTW confirmation process, the Integrated Claims Examiner will review the specifics of the employee's return to work. If it is determined that the employee cannot return to work in a full and unrestricted manner, the Claims Examiner will work directly with the Leave Center to confirm the accommodation of the restrictions. As a Supervisor, you will work directly with the Leave Center in this process. All modified duty and work accommodations must be approved by the Leave Center prior to the employee's return to work.

Once the accommodations have been approved, Matrix will notify the employee of their appropriate Return To Work date.

When an employee is released to Return to Work, they are required to provide a completed Return to Work form prior to returning to active work status. A copy of this form is included with the New Claim packet received when the claim was filed.

RESOLVING CLAIMS ISSUES

If an employee has an unresolved disability claim, a status letter is sent to the employee within 15 calendar days of when the claim is received. The communication informs the employee that the claim isn't approved or denied and the reasoning for the delay. Once the claims determination is made, Immanuel is sent a notification of claim approval or denial within one business day of the final decision.

An eComm is generated within one business day of any triggering event except claim decision, which is three business days from receipt of completed medical.

Claim decisions, including extensions of approved time off work, trigger an eComm notice no later than three business days after receiving pertinent information supporting the decision.

If you have a claim or eComm related question, you can contact the Integrated Matrix claims team by hitting the reply to button on the individual eComm. Matrix is here to partner with you and your employees during this difficult time.