



**VLDP Employer Support Training
Short-Term and Long-Term Disability Management**

Agenda

1. Understanding the Intake Process
2. Entitlement and MOS
3. How are Determinations Made
4. Understanding RTW
 - Relapse

Understanding the Intake Process

Short-Term Disability

Process Overview

- **Employee Personal Information:** Verify employee personal information.
- **Employee Job Information:** Verify employee job title
- **Leave Reason:** Select Employee Health or Pregnancy Maternity
 - **Employee Health Condition:** Enter injury/illness date, description of illness
 - **Pregnancy Maternity:** Enter estimated delivery date, delivery method, and complications if they exist
- **Missed Work Type:** Enter last day worked and enter estimated RTW date.
- **Send the appropriate medical records request**
- **Prior to opening the leave, the months of service is reviewed** (If confirmation is required, an email is sent to the agency requesting the employee hire date and total MOS)
- **Open Claim** (If confirmation was requested, the claim only opens once hire date and MOS are provided)

Months of Service

MOS are located on the Person Maintenance Screen in MyVRS Navigator. The Total Service is found under the Person Account tab.

myVRS NAVIGATOR

Welcome [Redacted]

Person Maintenance

Person Organization Incoming Payment Disbursements Workflow Report ECM Administration Communication Miscellaneous

[Record displayed]

Edit Person Details Audit History

Person Details

VRS Customer ID: [Redacted] Legacy VRS ID: [Redacted]

*First Name: [Redacted] Middle Name: [Redacted] *Last Name: [Redacted] Virginia Resident: Yes

Name Prefix: [Redacted] Name Suffix: [Redacted] Citizenship: U.S. Citizen [Consolidated View](#)

*Date of Birth: [Redacted] *Gender: Female Marital Status: [Redacted]

DB Vested: No

Other Details

Address Email Phone Employment Salary History Adjustments **Person Account** Communications Account Indicators Contact Attempts VSDP-LTD Notes

Plan	Org Name	Coverage Start Date	Coverage End Date	Status	Total Employee Defined Benefit (DB) Contribution	Total Service	Plan Details
457	Department Of Juvenile Justice	06/19/2017					Plan Details
CMP	Department Of Juvenile Justice	06/19/2017					Plan Details
VaLORS - Plan 2	Department Of Juvenile Justice	06/19/2017		Active	\$4,380.53	2Years 7.0000Months	

2 years 7 months of service, or 31 months of service

Entitlement

Days of Income Replacement: Non-Work-Related Short-Term Disability

Months of Continuous Service	Workdays at 100% Income Replacement	Workdays at 80% Income Replacement	Workdays at 60% Income Replacement
0-12	0	0	0
13-59	0	0	125
60-119	25	25	75
120-179	25	50	50
180 or more	25	75	25

**You become eligible for non-work-related short-term disability coverage after one year of continuous participation in VLDP with your current employer. Continuous program participation is based on full-time salaried service with your current employer.

**During your first five years of continuous participation in VLDP with your current employer, you are eligible for 60 percent of your pre-disability income if you go on non-work-related or work-related short-term disability. Once you have satisfied this eligibility period, you are eligible for higher income replacement levels.

Days of Income Replacement: Work-Related Disability

Months of Continuous Service	Workdays at 100% Income Replacement	Workdays at 80% Income Replacement	Workdays at 60% Income Replacement
Fewer than 60	0	0	125
60-119	85	25	15
120-more	85	40	0

Determination Requirements

Supportive Medical Documentation- requires quality, reliable, medical evidence to support a claim for disability benefits. Provider records should support:

1. The plan's definition of disability
2. Benefit payments under the plan.
3. Demonstrate inability to perform job functions.

The employee has 45 days to provide the required medical documentation to support the time requested.

Once received, the case manager has 24 to 48 hours to review the medical information from the provider.

The case manager will confirm the clinical documentation outlines how the employees condition impairs their ability to function in the workplace. This is what is required to address disability benefits.

If not, the employee and provider are notified the documentation is insufficient to support disability.

How Determinations are Made

Short-Term Disability

Initial Approval Determination Examples:

If **NO** medical is received by day 45 – claim is denied

- A reminder is sent to the employee to return paperwork to ReedGroup at approx. day 30

If **INSUFFICIENT**, the case manager will notify both the employee and provider that additional medical documentation is required. If not received by day 45- claim is denied

Insufficient – does not support disability, not enough information

If **PARTIAL** medical is received by day 45– partially approved

- The case manager will notify the employee of the approved dates and advise that additional medical is needed for remaining time OR
- The remaining time is denied due to lack of supporting documentation

If **COMPLETE** medical is received within 45 days – claim is approved

- The case manager will notify the employee of the approved claim

Understanding Return to Work

Short-Term Disability

Process Overview

- When a new claim is opened the Customer Service Staff (CSS) reviews the return to work process with the employee.
- Eligibility packet includes a return to work form for the treating provider to complete.
- CSS calls the employee 7 days prior to the leave end date.
- Manual letters are generated to the employee and employer regarding the estimate or scheduled return to work date.
 - If the employee calls us back with a new and or changes in the RTW date, the team will update the claim accordingly

Return to work with restrictions:

- When ReedGroup receives a return to work note from a provider with medical restrictions or reduced schedule, the case manager will call the employee to discuss the RTW with restrictions.
- Case manager will send an email to the employer outlining the details of the return to work plan and asked them to make a decision about the accommodations.

Understanding Return to Work with a Relapse

Short-Term Disability

Relapse – If the licensed treating healthcare professional releases the employee to return to work full-time, full-duty and he becomes disabled again due to the same or similar condition within 45 consecutive calendar days, the employee will be on the same short-term disability claim. Income replacement resumes at the level the employee was receiving during the previous disability period. If during the 45-day recurrent period an employee: misses a full day of work for any reason and seeks medical treatment on that day for the reason he was on claim, then he must satisfy a new 45-day recurrent period.

Review for a Relapse - STD

- The employee must satisfy a 45-day return to work full time full duty before a new claim can be opened for a same or similar condition.
 - An email is sent to the agency to confirm whether the employee had any FULL DAY absences since returning to work.
 - Partial day absences do not interrupt the 45-day return to work. The employee can miss partial days, but not full days related to the same condition.

Understanding Return to Work with a Relapse cont'd

Short-Term Disability

- The case manager will determine if the absence is related to the same condition or if they were out for another reason
 - This can require extensive investigation and may include obtaining medical records, inquiries of the treating provider and employee.
 - If there are multiple claims within the last 2-4 months prior, the case manager will also review those claims to determine if a relapse is appropriate.
 - If the 45-day return to work is satisfied a new claim is opened and the employee will need to satisfy the seven-calendar day waiting period.

Understanding Return to Work with a Relapse

Long-Term Disability

Relapse- If the employee returns to work and is able to perform the full duties of the pre-disability job without any restrictions but become disabled again from the same condition within 125 workdays, the disability is considered to be a continuation of the prior disability. The employee goes on long-term disability with no waiting period.

Review for a Relapse – LTD Working

- The employee must satisfy a 125-day return to work (RTW) before a new claim can be opened for a same or similar condition.
 - If there is a question whether the new absence is related to the LTD working claim, please contact ReedGroup
- The case manager will determine if the absence is related to the same condition or if they were out for another reason
- If the employee becomes disabled from the same condition after returning to work for 125 workdays or more, he or she will need to file a claim for a new period of short-term disability and satisfy the seven-calendar day waiting period.

Review for a Relapse – LTD Working

Example

LTD Working- If an employee is working in any type of modified duty capacity past the end of Short-Term Disability it is considered an LTD Working claim. Once an employee returns to work full duty, the return to work period they must satisfy before they can open a new claim for the same or similar condition is 125 workdays.

The most frequent example would be an employee who was diagnosed with cancer, had a surgery, underwent treatment and then returned to work with some type of restriction or modification that the employer confirmed were true restrictions.

If that employee, then had to go back out for anything related to that original diagnosis they must have satisfied the return to work requirement to be eligible for a new disability leave. If there is any question as to whether the return to work requirement was met, please notify Reed Group.

Thank you