

LEGACY ATT DISABILITY [DB] GUIDE

LOCAL BENEFIT REPRESENTATIVES

A. YOUR ROLE WITH DISABILITIES IS TO HELP YOUR MEMBER PERFECT THEIR DB CLAIM.

1. Most of the time a member will not come to you until it's too late. [Denied;
2. Getting involved early and often/up front is the most effective way to help.
3. It helps both your member and their Dr prepare to send in proper paperwork.
4. Your role IS NOT to make the members decision[s] for them [whether or not to return to work] or advise them medically. Doing so is a huge liability, so DON'T.

B. SOME OF THE DB RULES:

1. Members are required to see a Dr for [any] disability plan approval.
2. Members may be denied for failure to follow their Dr's treatment advice.
3. Members/Dr MUST send-in objective medical papers/reasons for the DB. Objective medical should be sent as soon as possible but no later than 3 weeks. Objective medical is distinguished from something existing only in the mind; real; actual; without bias or prejudice.
4. Members should explain to their Dr/Clerical just how important accurate, complete/timely/objective records are. Not only to their pay, but their job as well.
5. Dr's should be willing to work with the member on timely/objective records or they may need to find another Dr.
6. Members/Dr Office should keep fax receipts/mail receipts of what is sent.
7. Dr s should be advised that Doc to Doc conversations may be offered by the Co.
8. A Specialist should be seen as needed.
9. Mental Health DB's require a Psychiatrist.
10. Travel without specific approval is cause for denial and perhaps discharge. Risk: Calling for approval may cause the DB to be denied as the Case Worker May think you are well enough to travel; you can go to work.
11. If DB is approved; FMLA application [if eligible/entitled to! is automatic. If DB is denied; the member must apply for FMLA [unpaid].
12. Personal activities that are in conflict with the reason for DB may cause the member to be denied or discharged.
13. Accommodations must be medically/objectively substantiated as well as the DB. The Accommodations Department handles all documented accommodations. If a dept refuses to accept an approved accommodations [& the member was on a paid/approved DB up to the point of accommodations] the member will continue to be paid.
14. Permanent Restrictions can cost the member their job. Members will be put on Medical Priority Placement/required to test for other jobs that meet the permanent Restrictions and if none found within 90 days will be terminated.
15. Temporary Restrictions are 6 months or less.

16. Always send originals to Co & keep copies for member/yourself.
17. ERISA Appeals [to Sedgwick] are 180 calendar days from date of denial. If the ERISA Appeal has already been denied; the case is not eligible for BIC.
18. Members are paid the first week of illness via the contract. Members are automatically paid the next 3 weeks to allow time for them to send/ get approval on the DB. If denied they are required to re-pay the 3 weeks.
19. Returns to Work - Management may attempt to force a member to return to work earlier than their Dr has allowed. It is strictly up to the member to make the decision to return or not. Not returning may cause them to be discharged. In the case of a discharge/discipline — See your Local Steward for grievance handling - remember there are time limits here too. The grievance should be filed under lack of "Just Cause" for a discharge not a benefit easel.
20. The Benefit Investigation Committee [BIC] has no power or authority to overturn Co/Sedgwick decisions. Nor is this Committee considered an avenue for Appeal.
21. Refusing an Independent Medical Exam is an automatic denial.
22. Proper Paperwork MUST be submitted before the case can ever be sent to BIC. [See enclosed TABBED CASE FILE EXAMPLE]

C. OBJECTIVE MEDICAL

[some examples]:

PHYSICAL DB	MENTAL HEALTH DB
From the Dr/Specialist - Notes	From the Psychiatrist
Chart Notes	GAF Scores [compared to Normal]
Operative Reports	Axis Ratings [DM 4 or 5]
X-rays/Lab Test Results	Mental Health Status Exam Results
Weight Loss & time frame of	Documented Observable Behavior
Prescriptions	Inability to Function/activities of daily living
Inability to perform as related to their job [w/or w/out restrictions]	

D. WHEN THE DISABILITY IS DENIED:

1. Advise member to request FMLA in timely manner, [to protect attendance]
2. Have member fill out the CWA Intake Form. [TAB A]
3. Have member sign an Occupational/Medicine Release Form. [TAB B]
4. Obtain copies of all Denial letters + Fax/Mail Receipts [TAB C]
5. Have member send an ERISA appeal to the Co/Sedgwick/get a copy of. [TAB D]

6. Obtain pertinent medical records that Dr/member sent to Sedgwick. [TAB E]
7. Obtain [if possible] Company/Sedgwick Medical records. [TAB F]
8. Obtain any NEW medical records/not sent to Sedgwick. [TAB G]
9. Determine if medical was linked to the member's specific job duties; with or without restrictions.
10. Determine if accommodations might be an option & if the Dr can substantiate.
11. Call the Sedgwick Case Worker:
 - A. Introduce self and fax over release form.
 - B. Verify job title/duties with the Case Worker.
 - C. Determine the Case Worker has received [all] the medical you have.
 - D. Attempt to determine what is needed to perfect the claim.
 - E. Ask if a Doc to Doc would make sense.
 - F. Ask if an accommodation would make sense & if so; what is needed medically.
12. Advise member to ask Appeals Specialist for more time [to get medical in].

E. WHEN TO CALL THE STATE BENEFIT REP:

1. If there is nothing further you can do; AND you feel the case warrants another review; Call your designated State Benefit Rep [SBR] for further advise.
2. Two [2] copies of each case file is required to send the case for additional work. Keep a third copy of the file for your records.
3. The SBR will send to BIC if they think it is advisable.
4. The SBR will notify you of any results [takes a couple of months]
5. Advise Member to request more time [thru AS] to get new medical in.

F. REASONS A DB WILL STAY DENIED:

1. Member "just" requested the DB [Dr sometimes put this in their write-ups]
2. Needed a vacation or travel for funeral time.
3. Needs to rest, put feet up or can't drive.
4. Prescription change only.
5. Mad/arguing with supervisor/co-workers.
6. Can't make productions/sales quota's.
7. Working at another job/charity [paid or not]
8. Stressed Out
9. No objective Medical sent or no papers sent at all.
10. Did not bother to see an MD/DO or Psychiatrist at all.
11. Did not see a Psychiatrist for a mental health condition.
12. Refused to follow Dr's treatment advice.
13. Caught at a beach/bar/party [Co or Union sponsored]

G. SECURITY INVOLVEMENT:

1. Looking for Benefit Fraud [FMLA included]
2. Can be reported by anyone [neighbor/supervisor/co-worker]
3. Looking for patterns/repeaters [every summer off/long weekends]
4. Looking for members activities that are inconsistent with the reasons they are on DB. [Bars/parties/union meetings/climbing ladders but leg is broke/ etc]

ATT APPEALS ADDRESS:	ATT Integrated Disability Service Center PO Box 14626 Lexington, KY 40512
ATT CENTER TELEPHONE:	(866) 276-2278
ATT CENTER FAX:	(866) 856-5065