



Short Term Disability AdminEase Reports Online (ROL) Reference Document

This is a reference document for the information you will find on the AdminEase Reports Online. Below you will find a list of the most common terms used and an explanation of their meanings.

Report Types

STD Claims Status Report	Lists all incomplete, pending and active claims as well as claims closed or denied within the past 90 days.
STD Claims to Pay Report	Lists all active (open) claims and the time period for which benefits are due for a rolling seven-day period. Includes claims that are still in the approved period, but have a known closure date (i.e. pay, then close).
STD Claims in Non-Payment Status	Lists all incomplete, pending, denied and suspended claims for a rolling seven-day period.

Column Headers

Disabled	Date of Disability. First day employee unable to work due to disability.
Benefits Start	STD Benefit Pay Start Date.
Received	Date first piece of claim was received by The Standard.
Assigned	Date all pieces of claim received (employee, employer & physician statement). This is the date the claim is assigned to the benefit team.
Decision	Date of The Standard's initial determination to approve or deny claim. Does not capture date of decisions to extend claim.
Approved Through	Date Benefits have been approved through by The Standard. Claim scheduled to close on this day.
Status Reason	Code or Activity related to claim status.
Anticipated Recovery	Date provided by attending physician for <u>future</u> expected return to work date – not a confirmed return to work date.
Benefits Paid to Date	Will always reflect \$0.00, since the participating public entity issues payment and The Standard is not performing benefit calculations.



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STD Claim Status Report Definitions

Claim Status: Not Complete

Status Reason: (Incomplete claims are managed by The Standard's Claim Intake Team)

Incomplete reason codes	<p>May indicate one or more of the following:</p> <ul style="list-style-type: none"> • Need Employer Statement • Need Employee Statement • Need Physician Statement
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Anticipatory Claim	Employee has reported absence but has not ceased work yet.
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Claim Status: Pending Claim

Status Reason: (Claim assigned to examiner)

Newly Assigned	Claim has been recently assigned to an examiner and the initial review has begun.
Requesting Additional Information	Examiner has identified need for additional information (other than Medical or Employer information).
Requesting Additional Medical	Examiner requires medical information in addition to Attending Physician Statement to render initial claim decision.
Requesting Additional Employer Information	Examiner requires additional information from employer to render initial claim decision.

Claim Status: Denied

Status Reason:

Proof of Loss	Completed claim was not submitted within 45 days; missing Attending Physician Statement is the most common cause for Proof of Loss denial.
Recovered During the Benefit Waiting Period	Employee did not meet disability requirement beyond the benefit waiting period.

Claim Status: Closed or Active (approved & active)

Status Reason:

Updated Medical Needed	Claim approved through certain duration. Employee must provide medical certification for additional benefits to be approved. Medical certification form provided to employee with the claim approval or extension letter.
End of Benefit Period	Claim has reached the maximum benefit period payable under STD plan.
End Of Usual Recovery Period	This signifies the expected duration of impairment. Most frequently used with pregnancy claims or simple surgeries.
Anticipated Recovery Date	Date provided by attending physician for <u>future</u> expected return to work date – not a confirmed return to work date.



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Returned to Work	Examiner has a confirmed return to work date. This would be used only when the employee already returned to work.
Claimant Expects to Return to Work	Date provided by employee. Used when the return to work date provided by employee is earlier than the date provided by physician.
No Longer Disabled From Own Occupation	We have determined that disability is not supported.

STD Claims to Pay Report Definitions

Approved Through Date	Equals close date, can be extended if updated information is received (i.e. Medical).
Anticipated Recovery	<p>May either be:</p> <ol style="list-style-type: none"> 1. Actual approved through date plus one day; or 2. The Maximum Benefit Period plus one day* <p>*This occurs when no return to work date is provided by the physician or the date given by the doctor does not correspond with our guidelines.</p>
Pay, Then Close	Claim has been approved and closed on the same day because the claim decision was made after the last day through which benefits were approved.

Claims in Non-payment Status

Claim Status: Not Complete
Status Reason: (Incomplete claims are managed by The Standard's Claim Intake Team)

Incomplete reason codes	<p>May indicate one or more of the following:</p> <ul style="list-style-type: none"> • Need Employer Statement • Need Employee Statement • Need Physician Statement
Anticipatory Claim	Employee has reported absence but has not ceased work yet
<i>Claim Status: Pending Claim</i> <i>Status Reason: (Claim assigned to examiner)</i>	
Newly Assigned	Claim has been recently assigned to an examiner and the initial review has begun.
Requesting Additional Information	Examiner has identified need for additional information (other than Medical or Employer information).
Requesting Additional Medical	Examiner requires medical information in addition to Attending Physician Statement to render initial claim decision.
Requesting Additional Employer Information	Examiner requires additional information from employer to render initial claim decision.



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Claim Status: Denied
Status Reason:

Proof of Loss

Completed claim was not submitted within 45 days; missing Attending Physician Statement is the most common cause for Proof of Loss denial.

Recovered During the Benefit Waiting Period

Employee did not meet disability requirement beyond the benefit waiting period.