

# A Balancing Act - Gathering Claim Evidence

# **Take10 Podcast Transcript**

(GK) Gayle Kanchanapume - Interviewer and Take10 Lead

(JR) Jayshree Ramjee, Senior Claims Consultant

GK

Welcome back to RGA's Take10 podcast series, disability income claims in under 10 minutes.

For those of us managing claims, determining what information we need to manage the claim effectively is the first and probably the most important question we ask ourselves when we're presented with a new set of claim forms. Perhaps we even start thinking about this at claim notification stage.

I'm Gayle Kanchanapume and with me today is RGA Senior Claims Consultant Jayshree Ramjee.

Welcome Jayshree.

JR

Thank you, Gayle.

GK

Jayshree, at what point can a claims adjudicator start thinking about tailoring their claim requirements to a specific case and what specific characteristics of a customer's situation will influence the type of information requested?

JR

The short answer to that question is exactly what you said. We should start thinking about this at claim notification stage. I believe that in order to manage a disability income claim efficiently, it is important to know exactly what kind of claim you're dealing with as well as the profile of your customer.

The earlier you can establish these details, the better as this will help you to accurately tailor your claim requirements and essentially streamline the assessment process as much as possible.

The starting point on your information gathering journey is generally the first line evidence. Essentially your first line evidence are the normal standard claim requirements, including the claim forms completed by the relevant parties, as well as other supporting information such as test results, medical reports, financial information and employment information. We can almost think of this first line evidence as a crystal ball and as we start to work through this information, the future course of the claim will start to be revealed.

Gayle, there are many different scenarios when a claims adjudicator may call for second line evidence, to try and cover all these scenarios would be quite a challenge and would essentially be a whole other podcast on its own.

So, in a nutshell, when the first-line evidence is insufficient for you to make an informed claim decision you'd call for additional or second-line evidence.

### GK

Thanks Jayshree that makes sense.

A claim's adjudicators understanding of how a customer's functional restrictions impact on their ability to perform their actual job is essential to the accurate assessment of any disability income claim. Jayshree in your experience, what's the most effective way for claims adjudicators to assess occupational function?

### JR

Well Gayle, since the intention of a disability income benefit is to cater for the customer's inability to continue working, our main focus should always be on understanding their function and not necessarily just their diagnosis.

Assessing function is crucial to any claim. A good starting point is to have a job description questionnaire completed by both the customer and their manager. We must try and have a good understanding of what a customer's job entails. Once we have that we can accurately determine how the medical condition is impacting on their ability to perform this function.

You may be surprised how many times the interpretation of what a job entails is totally different to what a job actually is. Involving and engaging employers during the assessment process is vital in that it will assist you in understanding the job function as well as work performance of the customer prior to disability. It will give you a good baseline to work from.

Employers can also advise you what their position is with regards to accommodating employees in the workplace and facilitating a return to work.

# GK

Yes. That's really important to know.

## JR

Exactly. However, there may be times when these will not provide us with all the functional information we require. In these instances, using a skilled occupational therapist who specialises in the medical condition or impairment may be the best route to take. The OT can provide an objective view of the customer's function, which can be used to determine their vocational potential.

This can be done through functional capacity evaluations, work simulations, home visits, and fitness for work assessments, or even during a clinical assessment and treatment. Seeking guidance from your internal rehab resource, if you have one, on the best way to approach this is also an option.

### GK

Jayshree you mentioned FCE's and work simulations just then, how do these forms of evidence gathering differ from say first-line evidence gathering? Are there benefits to using these tools over requesting say a written report or a medical claim form?

### JR

These can definitely help you better understand the occupational duties, the work environment and the functional capacity of the customer. In fact, the outputs can often be more reliable or accurate. For example, with a work simulation, someone is watching the work tasks actually being performed or attempted in the actual work environment, rather than relying on a job description and marrying this information against a medical report.

Unfortunately Gayle, there is no precise recipe for what evidence to call for and this is when the claims adjudicators experience and confidence is tested, but what is important is the quality of evidence and we need to make sure that we are asking the right questions to get the right answers.

#### GK

And that's a great point Jayshree, how do we make sure though that we're asking the right questions?

# JR

Firstly, to be informed, we need to know our customer and their individual situation in detail. We need to assess the claim based on the facts and actual evidence and not what we think we know about the situation. The questions that we ask on the claim form need to be as clear and specific as possible, but they must also allow the parties to supplement this information with their own statements.

The questions on the forms should be easy enough for the customer to understand and answer. By ensuring this, we limit the risk of information being misunderstood or lost in translation. The way that we ask the question should provide us with the bigger picture and we need to be cognisant of all aspects of their functioning, both vocational and non-vocational as these all impact on each other in some way or the other.

## GK

So in an industry that's currently under significant scrutiny around our claims practices. It's becoming increasingly important for us to strike the right balance between ensuring that we can assess our liability, but also that the information we request is both reasonable and necessary. Can you talk to us about some of the ways we can make sure that we get that balance right?

So Gayle, how do we exactly get the balance right. Communication is key. Picking up the telephone and having that conversation with the customer is essential. Having an honest conversation will give you valuable insight into the customer's situation, not only about the claim, but also more subtle factors, such as the presence of other co-morbidities, life changes or bio-psycho-social factors. Talking authentically with your customer and demonstrating that you are there to support them will help foster openness and engagement.

Open communication with the treating medical team will also help expedite the claim and prevent unnecessary delays. There may be instances where medical practitioners are not aware of the urgency of our medical requests or what the claims process entails. Once you have that conversation and provide them with a reasonable explanation around our requirements and our claims strategy, you already start building your relationship with the practitioner as well.

Calling for the right information at the right time is important too. In fact, timing is everything when it comes to managing a disability claim. We can't be calling for information too soon or too late. If we call for the information too soon, the information may be of limited value, if the customer is still in active phase of treatment. Calling for information too late, can delay the assessment and calling for information in a staggered or piecemeal way can also frustrate those involved and cause delays.

#### GK

Yeah. I would really agree with that. What about calling for too much information?

### JR

As claims adjudicators, we are likely to be worried about forgetting to request something, or we may even be hesitant to make that claim decision. So, what sometimes happens is we defer the claim and keep calling for additional information in the hope of receiving something clear-cut, or definite that essentially makes that decision for us.

# GK

Yeah, I would totally agree. I think we've all found ourselves in that situation at least once, particularly if the claim scenario is complex.

## JR

That's exactly correct. I mean, we need to have more confidence to make those correctly informed decisions and ensure that we call for what is necessary and that we never over request information just to be on the safe side.

Before calling for that one more document asked yourself, what am I trying to achieve or establish by calling for this information that I don't already know. I mean, if we have a medical report confirming a stage 4 cancer of a customer who is receiving palliative care, are we really going to defer or pend the claim for a job description for example? Now that's a very simple example, I know, but it helps set the scene.

If I can leave you with one important tip, it will be this. You need to know what you are going to do with the information before you request it, and it must always have a specific purpose and we must be open and transparent during this process.

## GK

Thanks, Jayshree. So, what I'm hearing is that communication is key and that's certainly a recurring theme throughout this podcast series across multiple topics.

The key takeaways for me here are making sure that we engage the customer in the information gathering process and only requesting what we need and being confident in our decision making.

That's all we have time for today. Make sure you keep your eye open for our teleinterviewing podcast which will provide some useful tips for gathering evidence at claim stage.

Thanks for listening and thank you to Jayshree for sharing your views. Some great advice for us there.

JR

Thanks Gayle

# **Speakers**



Jayshree Ramjee Senior Claims Consultant, RGA South Africa



**Gayle Kanchanapume**Executive Director, Global Claims, Value Added Specialist