

Long Term Disability Benefit Analyst

Sun Life Financial - Portsmouth, NH (Greater Boston Area)



Job Description

Position Summary

This position is responsible for the managing the customer service, the benefit payment process and the financial risk associated with an assigned block of long term disability and/or life waiver claims. This requires applying the appropriate contractual provisions, legal guidelines; professional case management resources; and claims practices, procedures and protocols to the medical and occupational facts of each claim to decide on its acceptance or denial and the duration of the benefit payment. This is accomplished by the incumbent's determining what medical and occupational information is required to fully understand the facts of the claim, collecting it from multiple sources, e.g. claimants, employers, physicians using both written and verbal requests. The incumbent accesses the information, often in consultation with medical and vocational rehabilitation experts, to make the decision. The decision's rationale must be communicated clearly, confidently and with sensitivity for the claimant's circumstances. The incumbent is accountable for developing, coordinating and implementing a plan of action for each claim accepted to ensure it is managed effectively for the duration of the disability. This management accountability for a fully trained Analyst (typical learning curve of 12 to 18 months) extends to a caseload range of 120-140 LTD claims & 350 - 375 claims per Analyst for Life Waiver. An Analyst who is new in the position is responsible for a much smaller caseload with oversight by the team's Manager and feedback from a more experienced claims mentor.

Principle Accountabilities

1. **Determine, on a timely basis, the status of assigned claim by applying the appropriate contractual provisions to the medical and occupational facts of the claim**
 - Conduct initial eligibility review
 - Establish case file based on documentation criteria
 - Review Claim packet: Claimant Statement, Employer Statement and Physician Statement of claim form to identify employee date of hire, class, date of disability and enrollment information
 - Identify if additional information is required
 - Review contractual benefits and provisions of employer's policy
 - Assess pre-existing & continuity of coverage status
 - Determine, based on the employment information, if claimant meets the eligibility terms of contract, e.g. actively at work, employee class, etc.
 - Confirm medical evidence supports restrictions and limitations presented
 - Review all physicians' statements, notes and records included with claim submission. Seek advice from clinicians as appropriate.
 - Review description of job duties to determine occupational requirements and determine if an occupational analysis is needed from a vocational specialist.
 - Research as needed to clarify diagnosis, treatment plans, duration protocols or occupational expectations utilizing internal sources, e.g. Internet,
 - Consult, as needed, to clarify diagnosis, treatment plans, duration protocols or occupational expectations utilizing internal professional medical and vocational rehabilitation resources
 - Identify if additional information is required
 - Life Waiver & LTD Analysts should coordinate information to avoid duplicate requests.
 - Obtain all pertinent and necessary information to evaluate claim credibility
 - Conduct claimant and employer interviews and, as needed, claimant- physician interviews
 - Understand where professional resources, e.g. medical, vocational rehabilitation, investigative and legal, can add value to the review process
 - Track status of outstanding informational requests
 - Follow up as needed with informational resources to ensure claim decision is being made in a timely manner- Consider face to face visit with claimant.
 - Prepare written rationale of claim decision based on a review of the contractual provisions and the analysis of the medical and occupational records
 - Access medical and occupational information presented to decide the claim's status
 - Make claim decision
 - Document the claim decision and its rationale
 - Communicate decision rationale to claimant first by phone then in writing
 - Notify employer of decision
 - If decision is a claim denial, ensure communication process is in compliance with state and ERISA requirements- Process the benefit payment
 - Determine accurate earnings definitions based on relevant contract
 - Determine benefit period payable, identifying potential offsets and pursue as appropriate
 - Set up on claim paying system to ensure accurate and timely receipt of benefit payments
2. **Provide on-going management of the claim by developing, coordinating and implementing a strategy tailored to the facts of the claim**
 - Develop the claim strategy
 - Understand and assess claimant's circumstances and expectations
 - Understand and assess employer's circumstances and expectations
 - Utilize, as needed, professional medical and vocational rehabilitation resources to determine anticipated disability duration and return to work possibility
 - Establish with both the claimant and the employer the expectations for claimant's ability to return to work- Engage both the claimant and the employer in developing the action plan to facilitate the claimant's return to work- Document and communicate the claim strategy in the form of an action plan
 - Coordinate the implementation of the claim's specific action plan
 - Ensure the claimant, employer, and professional resources understand each other's role and responsibilities in executing the action plan
 - Identify the action plan's critical junctures
 - Determine required professional resources at each critical juncture of the action plan
 - Develop, document and communicate a periodic review schedule for the action plan
 - Evaluate the effectiveness of the action plan modifying as needed to ensure effective management of claim- Monitor the action plan's progress on a regularly scheduled basis
 - Ensure claimant and employer are actively engaged in the implementation of the plan of action
 - Facilitate as appropriate periodic reviews by professional resources
 - Ensure medical and vocational records are reflective of current facts
 - Proactively evaluates opportunities for claims resolution to promote a balance between customer service and risk management
 - Revise plan of action as needed
 - Document and communicate any revisions to the action plan
3. **Provide effective risk management for a case load, depending on complexity and product-line, to meet department service and financial goals**
 - Responsible for the timely, accurate and consistent disposition of assigned claims
 - Create and document "macro view" of the status of each claim's plan of action
 - Assign a "portfolio management" score to each claim, (LTD) and work through caseload prioritization list- Develop systematic approach to follow up on the execution of each claim's plan of action using prioritization list- Ensure, on an ongoing basis, the accuracy of benefit amounts, if applicable:
 - Review periodically claimant's eligibility for other sources of disability income, e.g. social security

- Recover, as appropriate, any benefit overpayments resulting from changes in claimant's disability income resources
- Keep documentation of claim current, relevant, reliable and accessible
- Maintain files based on established documentation criteria
- Ensure information on system is accurate
- Contribute to the overall effectiveness of the Long Duration claims' department
- Identify potential backlog in assigned case load prior to jeopardizing department standards/goals
- Meet quality and service standards of department
- Contribute to the development of new approaches and methodologies by sharing and adopting best practices
- Actively look for process improvement opportunities
- Act as a full team member by providing support to peer group during high volume periods and absences
- Collaborate with others on files

4. Utilize Professional Resources effectively to clarify and monitor disability status and medical treatment and occupational requirements to identify and implement return to work opportunities

- Investigate medical forms, records and test results to identify opportunities for case management intervention- Identify candidates for clinical record reviews and analysis
- Succinctly articulate issues and facts for presentation to medical staff
- Seek agreement on plan of action
- Provide follow up and feedback on progress against plan of action
- Assess occupational job duties and claimant's training, education and experience for vocational rehabilitation referrals
- Identify candidates for occupational assessment
- Succinctly articulate issues and facts for presentation to vocational rehabilitation staff
- Seek agreement on plan of action
- Provide follow up and feedback on progress against plan of action
- Understand where, when and how professional resources both internal and external, e.g. medical, vocational, investigative and legal can add value to the process
- Establish cooperative and productive relationships with professional resources
- Recognize and leverage skills and expertise of professional resources
- Seek advice and input into decision making process
- Facilitate multi-discipline medical, vocational rehabilitation reviews and strategy sessions as needed

5. Ensure personal development as a claims professional

- Remain current with all Sun Life's business claims practices and policies
- Read interoffice communications
- Attend in-house training including Benefits Conference sessions and workshops
- Keep current with industry disability management practices
- Read industry periodicals disseminated in department.
- Stay current on relevant medical, occupational, legal and economic trends by participating in department training and communication programs
- Identify and develop career objectives and action plans to achieve them
- Seek opportunities to accept challenges and developmental opportunities
- Develop industry network through attendance at locally approved industry events
- Pursue industry courses and professional designations

Desired Skills & Experience

Position Requirements:

- Minimum 1 year previous experience in claims practices; particularly in the areas of worker's compensation, long term care or medical claims.
- Excellent written and verbal communication skills.
- Strong customer service orientation.
- Able to work in a team environment.
- Ability to speak directly with claimants in telephone interviews or in person with other Senior Analysts.
- Solid analytical skills.
- Ability to negotiate with people.

Company Description

Sun Life Financial is a leading financial services organization dedicated to helping customers achieve lifetime financial security. We provide a wide range of insurance and investment products and services in key markets around the world including Canada, the United States, the United Kingdom, Ireland, Hong Kong, the Philippines and Indonesia. At Sun Life, we have more than 14,000 employees and 12,000 advisors. La Financière Sun Life est une organisation de services financiers de premier plan qui aide ses clients à atteindre la sécurité financière à toutes les étapes de leur vie. Elle offre une vaste gamme de services et de produits dans les domaines de l'assurance et des placements dans d'importants marchés du monde, notamment au Canada, aux États Unis, au Royaume-Uni, en Irlande, à Hong Kong, aux Philippines et en Indonésie. La Sun Life compte plus de 14 000 employés et 12 000 conseillers.

Additional Information

Posted: February 13, 2012
Type: Full-time
Experience: Associate
Functions: Analyst
Industries: Insurance
Job ID: 2546622

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