



**Healthcare Employees' Benefits Plan (HEBP)
Disability & Rehabilitation Plan
Claim Review Process**

March 27, 2014

To ensure that fair and impartial processes have been employed, every Claimant who has filed a Proof of Claim, as defined by the Healthcare Employees' Benefits Plan (HEBP) Disability & Rehabilitation (D&R) Plan, shall have a means by which the denial or discontinuance of Disability Benefits is reviewed in accordance with this Claim Review Process.

There are three levels at which the decision to deny or discontinue Disability Benefits under the HEBP D&R Plan (the Decision) may be reviewed.

- The **first level** of review, a Level One Review.
- The **second level** of review, a Level Two Review.
- The **third level** of review, an Appeal Hearing, which is described in the Terms of Reference for Appeal Hearing document.

The Claimant will be permitted to proceed directly to the third level Appeal Hearing without Level One and Level Two Reviews; however, no Decision can be reviewed at Level Two until it has been reviewed at Level One.

The right to an Appeal Hearing is conditional upon the Claimant entering into a written agreement with HEBP confirming that:

- 1) the Appeal Hearing shall constitute a final and binding arbitration of the Claimant's entitlement to receive, or continue to receive, Disability Benefits pursuant to the terms of the HEBP D&R Plan;
- 2) both the Claimant and HEBP are bound by the decision of the Arbitrator; and
- 3) the Claimant is forever foregoing any right or entitlement to commence or continue any legal or other action, pursuant to the HEBP D&R Plan, legislation, or otherwise subject only to the review provisions under s.44(1) *The Arbitration Act (Manitoba)*¹.

¹ C.C.S.M. C. A120

I. Level One Review

Definition:

An in-house, independent assessment and review of all clinical and vocational documentation in a Claim file, or other information submitted by or on behalf of a Claimant by the required date, up to and accompanying the Level One Review request. This information is referred to as the Level One Review Documentation.

Goal:

To determine whether there is a justifiable basis for the Decision to deny a Claim or terminate Disability Benefits and, if not, whether there is sufficient documentation on file to support a Decision to initiate or reinstate a Claimant's Disability Benefits or to provide vocational rehabilitation.

All Decisions must be consistent with the terms and conditions of the HEBP Disability and Rehabilitation Plan Text (the Plan Text).

Process for Initiating a Level One Review:

A Level One Review shall be undertaken when a Claim has been denied or Disability Benefits have been discontinued, and the Claimant requests, in writing, by the required date, that a Level One Review be completed.

Procedure:

- 1) The Claimant shall request a Level One Review, in writing, within 60 days of the date of the Decision. The request shall be accompanied by all additional documentation and/or information that the Claimant wishes to submit for review.
- 2) The Claims Specialist or designate prepares documentation, summarizes the case, and identifies any issues which need to be reviewed.
- 3) The Claims Specialist or designate forwards the file to the Reviewer for assessment and arranges or schedules for follow-up in 10 working days.
- 4) The Reviewer, who is a Peer Supervisor not previously involved in the Claim, or designate, reviews the Claims Specialist's summary and all associated documents pertaining to the Claim.
- 5) The Reviewer or designate:
 - reviews the file and makes a Decision to initiate or reinstate Disability Benefits where warranted,
 - requests further assessment, or
 - maintains the denial or discontinuance of Disability Benefits. The Reviewer or designate also documents the Decision, in writing, to the Claims Specialist, within 30 calendar days of receiving the Level One Review request.
- 6) The Claims Specialist or designate communicates, in writing, within 10 calendar days, the Level One Review Decision to the Claimant, and provides information regarding Disability Benefits and/or Second Level Review and the Appeal Hearing.

II. Level Two Review

Definition:

An in-house, independent assessment and review of the Level One Review Documentation and all other information submitted by the Claimant by the required date, up to and accompanying the Level Two Review request. This information is referred to as the Level Two Review Documentation.

Goal:

To determine whether there is a justifiable basis for the Decision to deny a Claim or terminate Disability Benefits and, if not, whether there is sufficient documentation on file to support a Decision to initiate or reinstate the Claimant's Disability Benefits or to provide vocational rehabilitation.

All Decisions must be consistent with the terms and conditions of the Plan Text.

Process for Initiating a Level Two Review:

A Level Two Review shall be undertaken when a Claim has been denied or Disability Benefits have been discontinued, a Level One Review has been unsuccessfully undertaken, and the Claimant requests, in writing, by the required date, that a Level Two Review be completed.

Procedure:

- 1) The Claimant shall request a Level Two Review, in writing, within 60 days of the Level One Review Decision. The request shall be accompanied by all additional documentation and/or information that the Claimant wishes to submit for review.
- 2) The Level One Reviewer or designate prepares documentation, summarizes the case, and identifies any issues which need to be reviewed.
- 3) The Level One Reviewer or designate forwards the file to a Supervisor or designate for assessment, and arranges or schedules for follow-up in 10 working days.
- 4) The Supervisor or designate reviews the Level One Reviewer's summary, the Level One Review Decision, and all associated documents pertaining to the Claim.
- 5) The Supervisor or designate:
 - reviews the file and makes a Decision to initiate or reinstate Disability Benefits where warranted,
 - requests further assessment, or
 - maintains the denial or discontinuance of Disability Benefits. The Supervisor or designate also documents the Decision, in writing, to the Claims Specialist, within 30 calendar days of receiving the Level Two Review request.
- 6) The Claims Specialist or designate communicates, in writing, within 10 calendar days, the Level Two Review Decision to the Claimant, and provides information regarding Disability Benefits and/or the Third Level Appeal Hearing.