

소득보상보험의 지급심사

삼성생명보험주식회사

김용은, M.D, BIM, AADEP

Claim Process of Disability Income Benefit

Kim Yong Eun, M.D, BIM, AADEP

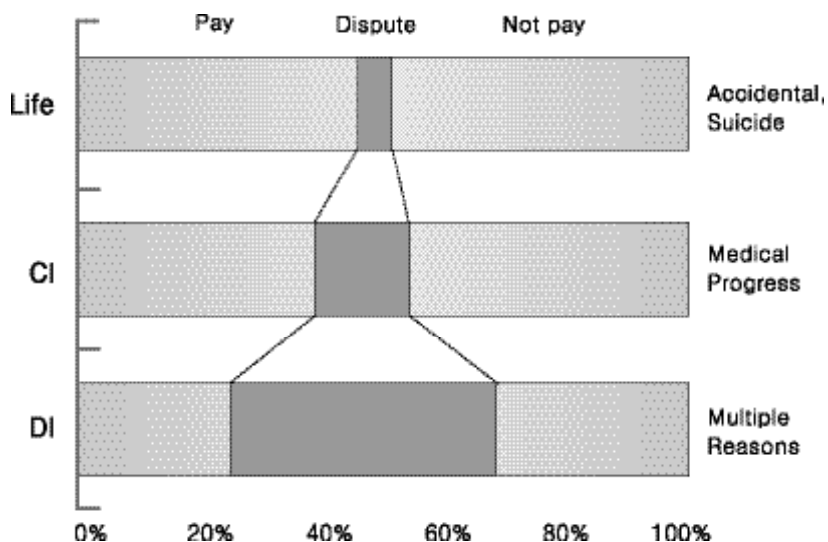
Medical Director, Samsung Life Insurance Co., LTD

I. Introduction

Disability Income insurance is unique and different from life and other health insurance.

Concept of disability is comparative rather than absolute in nature. In other words, concept of disability

is dynamic rather than static because it is closely related to the insured's occupation. Comparing with life product and CI product, DI insurance product is more prone to the risk of reputation in addition to the risk of profit loss.



(Fig. 1) Gray area increase in DI

II. Definition of Disability

1. Terminology puzzles surrounding 'Disability'

Diagnosis ≠ Impairment ≠ Disability

1) Medical diagnosis

- Disease : generally accepted pathophysiological explanation
- Illness : absence of health
- Syndrome : common presentation of clustered symptoms

2) Medical impairment

- Loss of function (anatomical, physiological, cognitive) from a medically determinable cause, resulting in limitations (i.e., what cannot be performed) and/or restrictions (what should not be performed)

3) Medical disability

- Loss of ability to perform a defined work role because of functional loss caused by medical Impairment
- Note : Primarily a contractual & legal construct

2. Nature of disability

- 1) Disability must be based on physical / mental impairment But does not equal to functional impairment
- 2) Disability as a cultural construct
- 3) Disability is an interactive concept
- 4) To understand disability, one must first understand the workplace

3. Impairment evaluation is not equal to disability evaluation

- 1) Different severity of impairment can result in same disability & same benefit
- 2) Same severity of impairment may not result in same disability & same benefit

4. Definition of Own occupation

In USA, DOT(Dictionary of occupation title)

- 1) 1445 p, 4 th edition, 1991, V 1-2
- 2) Published by Labor Dept, Employment and Training Administration, United States Employment Service
- 3) Defines and indexes over 20,000 job titles

5. Duration Guideline

- 1) Offering physiologically - determined baseline for adequate healing periods
- 2) Offering non-adversarial way of bringing the individual to work for his benefit, as well as for the good of the whole

III. Principles of DI Claim processing

1. Responsibilities

- 1) The ultimate responsibility for the decision on claim eligibility usually resides with a “ claim manager/adjudicator” (commonly not a clinical background)
- 2) The claim manager has knowledge of :
 - Plan and claim eligibility requirements
 - Specific contractual requirements
 - Employer/workplace facts and circumstances

The role of the clinician (RN/MD) normally to evaluate available medical records in the context of the claimant's personal and workplace circumstances, regarding evidence for or against medical impairment supporting a loss of work capacity.

2. Sources of Information

- 1) The claimant as an employee or self-employed individual
- 2) The employer or in case of self-employed, the pre-claim workplace information
- 3) The Attending Physicians' medical records and observations/opinions on diagnosis, medical

impairment, limitations and restrictions(note : not disability)

3. Clinical Claim Evaluation and Intervention

Tools

- 1) Published Duration Guidelines
- 2) Ability/willingness of employer/workplace to accommodate
- 3) Claimant direct interview/observations
- 4) Clinician to Attending Physician discussions (I.e. “doc to doc” call)
- 5) Independent File Reviews (IRF’ s)
- 6) Independent Medical Examinations (IME’ s)
- 7) Functional Capabilities Evaluations (FCE’ s)
- 8) Claimant activity assessment/surveillance
- 9) Pre-claim work performance experience

4. Independent Medical Examinations in USA

- 1) Considered as an agent of insurance company
- 2) IME : same speciality as the treating physician is used
- 3) Selection criteria of IME : credential, experience, credibility
- 4) Request for evaluation to the IME must be worded clearly.
- 5) When & Why?
 - To determine the functional level or disability
 - Presence of contradictory medical assment in claim file
 - Vverify the nature / adequacy of care / treatment
 - Impairment apparently significant, but cause is vague

IV. Functional Capacity Evaluation (FCE)

1. FCE definition

An objective & systematic analysis of an individual’ s functional capability. This takes into account the status of Medical, Physical, Psychological, Motivational

2. Components of FCE

- 1) Physical demand characteristic levels
 - ◇ Sedentary
 - ◇ Light
 - ◇ Medium
 - ◇ Heavy
 - ◇ Very Heavy
- 2) Activity Frequencies
 - ◇ Never
 - ◇ Occasional- up to 33% of work day
 - ◇ Frequent- 34% to 66% of the work day
 - ◇ Constant- 67% to 100% of the work day
 - ◇ This does not take time averaging into account
- 3) 20 Activity categories-
 - Lifting
 - Standing
 - Walking
 - Sitting
 - Carrying
 - Pushing
 - Pulling
 - Climbing
 - Balance
 - Stooping
 - Kneeling
 - Crouching
 - Crawling
 - Reaching
 - Handling
 - Fingering
 - Feeling
 - Talking
 - Hearing
 - Seeing
- 4) Aspects of FCE testing evaluation
 - Objectivity
 - Reliability
 - Validity

V. Real World of DI Claim processing

1. What is the nature of “Disability Risk”?

- 1) Impacted by
 - Economic Trends and Opportunity
 - Individual Motivation
 - Sense of Entitlement
 - Individual Coping Skills & support network
 - Workplace Issues (Growth, Downsizing, Mergers & Acquisitions)
 - Personal Job Satisfaction
 - Actual Functional Loss from Medical Impairment
 - Non-medical obstacles to remaining at or returning to work
- 2) At times, subjective and thus potentially adversarial

2. An Approach to Disability Claim Evaluation

- 1) PREMISE
The majority of disability claims
 - Are based on accepted medical impairments from diagnosable conditions
 - Have an uncomplicated, usually predictable course
 - Lead to a return to work within “duration guidelines”.
 - Are non-adversarial
- 2) BUT
 - A significant number of LTD claims (and a few STD claims)
 - Have greater complexity
 - Are less predictable
 - Are inherently more adversarial/controversial
- 3) WHY
 - Again, see “nature of disability risk”
 - Co-morbid conditions
 - Iatrogenesis
 - Treatment failures
 - Non medical obstacles to RTW

3. Problematic areas of DI Claims

- 1) Mental & Nervous Disorders

- Highly subjective
 - Long duration
 - Large amounts
 - Incidence is increasing
 - Require proactive claims management
- 2) Low back pain
 - Highly subjective : to examinee & examiner
 - Long duration
 - Can spread like ‘medieval Plague epidemic’
 - Incidence is increasing
 - Involvement of brokers, attorneys and labor unions
 - 3) Medical “Labels” versus Disease
 - Recent years- growth of conditions which have self reported symptoms
 - Not just psychiatric condition but include Chronic Fatigue Syndrome, Thoracic Outlet Syndrome, Migraine, Limb Overuse Syndromes, Post Traumatic Stress Disorder, Abnormal Illness syndrome
 - Legally the onus in the past was on the claimant to prove the condition

4. Claimants usually complain ---

- “I hurt too much to work”
- “You can’t make me go back to work”
- “Would you hire me?”
- “I’m not going back until my pain is all gone”
- “If they had only fixed that machine this wouldn’t have happened”
- “My doctor says I will never work again”

5. Fundamental Questions

“How do we distinguish those who are deserving from those who are lazy, unworthy or otherwise taking advantage?”

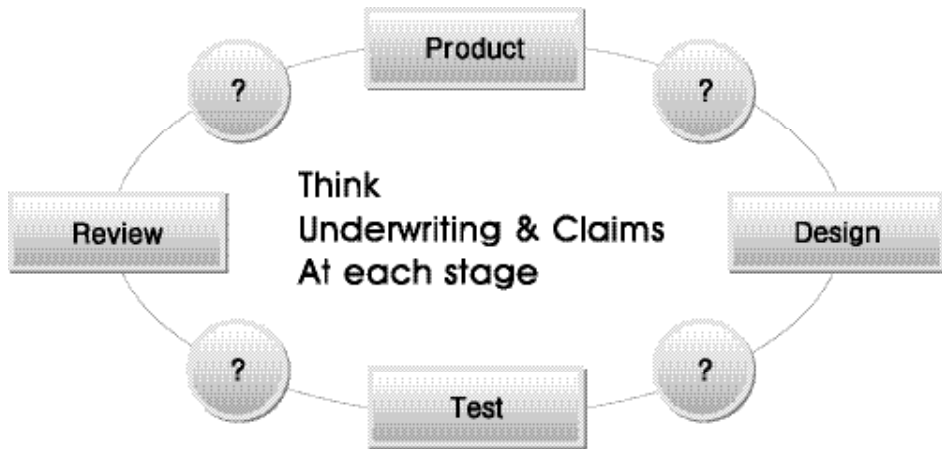
AND

How to fairly distinguish “...those who can work, those who can’t work, those who won’t work...”?

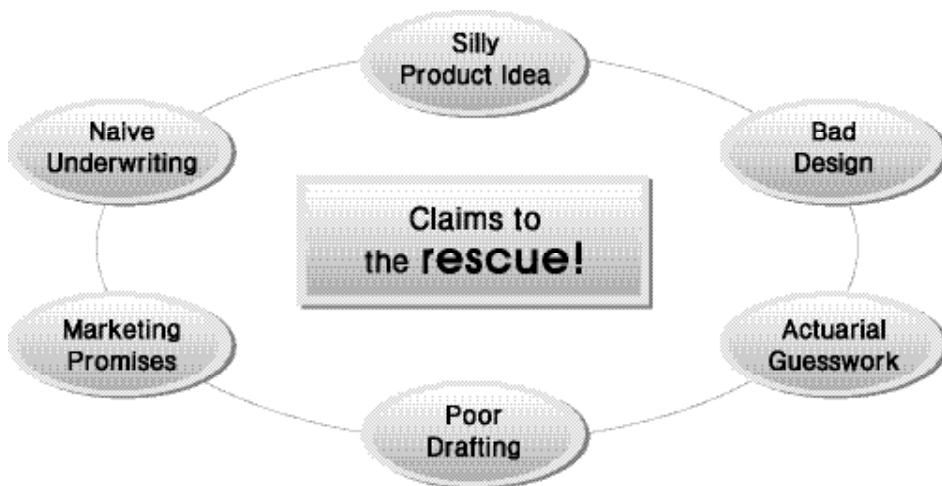
(N. M. Hadler, M.D. JOEM, Vol. 38, No.3, March 96)

VI. Final Recommendations

1. Well- designed DI product



(Fig. 2) Product Development Cycle – The theory



(Fig. 3) Product Development Cycle – The Real World

2. Pearls to be remembered in DI product.

- 1) Disability income insurance causes disability
- 2) The more DI you offer, the greater this effect
- 3) Most important is ‘legal aspect’ (i.e. Contents of DI contract)
 - Followed by Sociocultural infrastructure & standard
 - Least important is ‘medical aspect’
- 4) It is not the disease that stops a person working, it is the person themselves that makes this Decision
- 5) Nature of DI claim processing is ‘3 D’
 - Difficult to handle
 - Dangerous due to possibility of profit loss or damaged reputation
 - Dirty due to moral hazard and poor motivation of return to work(RTW)