

IMPORTANT INFORMATION

IASIS Healthcare Short Term Disability (STD), Long Term Disability (LTD) and Family Medical Leave (FMLA) Benefits Policies will be administered by Matrix Absence Management, Inc. (“Matrix”).



Leave of Absence Administration

In an effort to improve the processing of FMLA and disability claim requests and simplify the process for our employees, IASIS Healthcare has contracted with Matrix, a division of Reliance Standard Life Insurance Company, to administer our programs. This summary outlines the procedures for reporting Short Term Disability (STD), Long Term Disability (LTD) and Family and Medical Leave (FMLA). It also explains what to expect while you are on a leave. (Note: IASIS General Medical and Personal Leaves, Bereavement and Jury Duty leaves for all employees are still managed by your local HR Department).



Reporting Your Absence

Timely reporting of your leave is critical to the continuation of your benefits and pay (if applicable). If you

expect to be out of work for more than three days (either full-time or intermittently):

1. You must notify your supervisor and/or your local Human Resources Department **as soon as possible**. You do not need to discuss private health issues when providing this information.
2. You must report your absence to Matrix at **1.877.202.0055** to initiate your claim for a leave of absence or file online at **www.matrixservices.com**.

The Matrix Claims Intake Center is available **twenty-four hours a day, seven days a week**. You will provide the Intake Coordinator with your information, which will start the claim filing process. The Intake Coordinator will advise what you must do next to have the leave approved. Actual approval of the leave will depend on the proper documentation being submitted to Matrix within 15 days of the leave request.

For additional claims-related questions once you have filed a claim, you can contact the Matrix Absence Management Claims Service Center between the hours of 7 a.m. – 7 p.m. (MT) Monday through Friday at **1.800.866.2301**.

Depending on the type of leave, when reporting your absence, you will be asked to provide some basic information, including:

- **Personal Information** – name, address, telephone number, and the last four digits of your Social Security Number.
- **Job Information** – job title, job description, workplace location and address, work schedule, date of hire, and last day worked.
- **Illness/Injury Information** – nature of the illness, how, when, and, if applicable, where the injury occurred, the date your disability began and when the disability commenced.
- **Provider Information** – name, address, telephone number, and fax number for each treating provider.

Having this information readily available when you call Matrix will make the intake process much faster. The Integrated Claims Examiner will provide you with any other necessary instructions.

The release of medical information to Matrix is critical for the evaluation of your request for Medical or Family Care leave. To facilitate this release, Matrix will provide you with a “Medical Authorization” form within 24 hours after you report your claim.

Note: Your provider may ask you to sign his/her specific authorization form as well — if so, please sign it. This release authorization will expedite the processing and payment of your claim (if applicable). Matrix will contact your provider directly within 24 hours to obtain medical certification. If proper written medical documentation is not received from your provider within 15 days of your request for leave, your leave may not be approved. Detailed medical information is required. **It is important that you follow up with your provider and Matrix to make sure your healthcare provider has sent the proper disability and/or FMLA documentation to Matrix within the deadline.**

Tip: If you are taking a medical or family care leave on an intermittent basis, ask your doctor to be as specific as possible when certifying the number of hours per month that you will have to miss work.

What to Expect

Within five business days you will be notified, in writing, that you are/ are not eligible for the leave (based on hours, service and disability enrollment, if applicable). If you are filing a disability claim, your Matrix Integrated Claims Examiner may contact you to discuss:

- The information you reported to the Intake Center.
- Your medical condition, including the impact it has on your ability to do your job, and your treatment plan.
- The evaluation procedures under this program.

Your physician, or that of your immediate family member for Family Care leave, will be contacted to discuss you or your family member's medical information, treatment plan, prognosis, and functional abilities.

Reviewing and Evaluating Your Case

Once all the pertinent information has been obtained, Matrix will make an initial determination regarding your leave of absence request based on several factors, depending on the type of leave, including:

- The Plan definition of disability for STD and LTD claims (decision will be made upon receipt of detailed medical information).
- Objective medical information provided by the physician for Medical and Family Care leave requests (decision made within three business days of receipt).
- Activities you can and cannot perform.
- The circumstances of your condition, treatment plan, and prognosis.
- The requirements of your job and your ability to perform the job.

STD benefits are payable when you are unable to perform the essential elements of your job on a full-time basis, as determined by Matrix, due to an illness, injury or pregnancy. In addition, you must be receiving appropriate care and treatment from a qualified healthcare provider on a continuing basis.

What to Expect During the Approval Process

Once Matrix receives the medical certification, they will approve/deny the FMLA portion of your leave within five business days and notify you in writing. If you are also filing a claim for STD benefits, a decision on that claim will be made and you will be notified in writing. If your STD claim is approved, benefits will be issued to you.

Also, your Integrated Claims Examiner may contact you to:

- Advise you that your disability is approved.
- Discuss your expected return to work date.
- Inform you how frequently your case will be re-evaluated and when to expect follow-up calls.

If your leave is intermittent, you will need to report time missed to Matrix. You are able to do that in one of the four ways listed below:

1. Interactive Voice Response

You can call the designated toll-free number of **1.877.202.0055** to hear an option to file the intermittent time taken for an approved/open claim.

2. eAccounts via the World Wide Web

You can create an eServices account to file intermittent time online for an approved/open intermittent leave.

3. iPhone Application

You can file your intermittent time taken for an approved/open claim by creating an eServices account and downloading the free application from iTunes (Search for eServices), which prompts you to log in the first time the app is launched.

4. Android Application

You can file your intermittent time taken for an approved/open claim by creating an eServices account and downloading the app by going to the Android "play store" app or Google play site from your Android phone. Search for "Matrix eServices Mobile" app — it is free to download.

Note: If the time requested is not approved for leave, you will receive a letter explaining the specifics. If the time is approved you will not receive a letter stating the approved time, but you may confirm your approval by logging into your eServices account (please review setup instructions above). Determinations on intermittent time are made within 3 business days of notifying Matrix of your intermittent absence. You may also request a letter outlining the past eight weeks of absence time requested by contacting your Integrated Claims Examiner. Requests for intermittent absence history reports may be made one time every thirty days.

If you continue to be disabled after 90 days of disability and are eligible for long term disability, you will be contacted by an Integrated Claims Examiner. You will receive a package which contains information about applying for Social Security benefits and other pertinent forms required to begin processing your LTD claim. Upon approval, Matrix will issue monthly long term disability benefit payments.

Recertification:

Depending on the diagnosis, for FMLA cases Matrix will generally ask you to recertify your leave every six months unless the frequency of the leave is changing periodically. For disability cases, Matrix will ask for recertification based on the medical documentation provided by the provider and Matrix's guidelines.

If your STD or LTD claim is not approved, in whole or in part, your Integrated Claims Examiner will:

- Contact you to explain why your claim is not approved.
- Inform your employer of the leave denial.
- Send you a formal letter that documents the reasons for the denial and explains the appeal procedure.

Monitoring the Leave

No matter what type of leave you are on, frequent and open communication between you and Matrix is critical. Any changes to your leave status should be reported to Matrix immediately (including if your leave goes from intermittent to full-time status and vice versa). If you need to extend your leave, it must be approved by Matrix and will require additional medical information to be submitted. Extensions should be requested prior to the end of the original leave, as noted on your initial approval letter from Matrix.

What to Expect

For disability claims, your Integrated Claims Examiner will call you periodically to discuss your recovery and to answer any questions you may have about the Disability and Leave Case Management Program. How often the Integrated Claims Examiner contacts you will depend on your individual circumstances and the expected duration of your absence from work. Periodically, your provider will be contacted to discuss your current medical condition. Additional medical information may be needed in order to continue benefits under the disability programs.

Return to Work Requirements

Throughout the entire process, your Integrated Claims Examiner will work with you, your provider, and your employer to determine a return to work plan specific to your needs and abilities. When appropriate, a Nurse Case Manager may also become involved. Matrix will contact you five days prior to your expected return to work date to verify your intent on returning. Matrix will then notify your employer.

Effective communication is a two-way process — therefore, you are encouraged to call Matrix anytime you have questions or concerns about the program or your case. The Matrix Claims Service Center is available from 7 a.m. – 7 p.m. (MT) to answer your questions. The toll-free number is **1.800.866.2301**. For more information regarding your STD and LTD plans, please reference your Summary Plan Description. Also, please consult your local Human Resources Department for more information on your leave of absence policy, job protection and rights while on leave.

Toll Free Intake Claims Filing Hotline:

1.877.202.0055

Twenty-four hours a day, seven days a week

On-line Claims Filing:

www.MatrixeServices.com

Twenty-four hours a day, seven days a week

Toll Free Ongoing Claims Service Center:

1.800.866.2301

7:00 a.m. – 7:00 p.m. (MT)