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# @work

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## Technology & Integration

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## @work

### Editorial Policy

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Navigating life together



**Terri L. Rhodes**

CCMP, CLMS, CPDM, MBA  
President and CEO, DMEC

## Looking Ahead

Happy NEW Year! I feel some sense of relief to have 2020 in the rearview mirror, although really not much has changed. We still are living with a raging pandemic, and unemployment is at high levels as are stress and anxiety.

As we all look ahead, the questions for 2021 are:

1. What is the next normal?
2. What did we learn from 2020?
3. What can we do better because of the pandemic?

Integrated absence management (IAM) professionals will proudly continue to play a vital role as the nation moves to a blended workforce of onsite and work-from-home (WFH) employees.

**The Next Normal.** IAM professionals developed WFH version 1.0 over the last several decades, when working from home was used infrequently for special accommodation requests and transitional return to work.

The strategy for remote work has now shifted, with entire business units of WFH employees.

More employers feel confident they know how to support WFH now, with 38% offering permanent WFH positions in September, compared to 20% in

April.<sup>1</sup> Our next normal will be inserting additional technology into everyday work processes.

### **Lessons Learned.**

Employers had to ag-

gressively innovate, implement, and adapt new technologies to facilitate WFH. Despite technical glitches and questions about how much cost employees should bear, the technology ecosystem supported a massive national WFH movement. In October, a Gallup poll found 33% of workers always work from home, and another 25% do sometimes.

**What Can We Do Better?** America's employers are facing new challenges that have arisen in the new WFH environment. As the pandemic rages on — even with the hope of a vaccine — surveys have shown deteriorating

physical, and more importantly, mental health for workers:

- 89% of workers felt isolated, distracted, or disconnected, with feelings of isolation up 26% since April.<sup>1</sup>
- 53% of managers report decreased employee productivity, and 48% report increased use of mental health benefits or inquiries.<sup>2</sup>
- Employee satisfaction dropped 27%, while mental health and well-being dropped 33%.<sup>3</sup>

The other area for concern is chronic health conditions for which treatment has been delayed due to access issues.

We must begin managing our challenges now. Our traditional brick-and-mortar health system, including mental health, has some flaws. Telehealth or telemedicine may solve problems of physical access issues. However, we still have a shortage when it comes to mental health professionals.

Employee assistance programs (EAPs) provide deep resources, and they can guide employees in using mobile apps and websites. EAPs and self-service tools are key components to expand access to the mental health resources needed for WFH version 2.0. Apps and websites to promote mental health wellness are recommended by Nancy Spangler, PhD, in a valuable 2020 *@Work* column.<sup>4</sup>

Traditional medicine still has a place, but telemedicine is not going away. Nor should it.

As IAM professionals, you have the skills and experience needed to keep these changes moving forward. Contact us at DMEC to share your experiences; we would love to hear from you!

Terri L. Rhodes

DMEC CEO

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*"As IAM professionals, you have the skills and experience needed to keep these changes moving forward. Contact us at DMEC to share your experiences!"*



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# Compliance Memos

## CM #1

## Laws Affecting Employer COVID-19 Vaccination Mandates

COVID-19 vaccination is affected by several laws. First, these vaccines have Emergency Use Authorization (EUA) under the federal Food, Drug, and Cosmetic Act, which provides that “individuals to whom the product is administered are informed... of the option to accept or refuse administration of the product.” Until the vaccines have full approval by the Food and Drug Administration (FDA), an employer’s right to terminate employees under the “at-will doctrine” in many states may not supercede the employee’s rights under EUA rules. To learn more, visit <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

After full FDA approval, other laws come into play. Under the Americans with Disabilities Act (ADA), a Dec. 16 guidance by the Equal Employment Opportunity Commission (EEOC) says employers requiring vaccination or proof of vaccination must document that these inquiries are job related and consistent with business necessity to prevent a “direct threat” to health or safety of employees. Even then the ADA still provides accommodations for sincerely-held religious beliefs and disabilities that employers can

override only by proving “direct threat” or “undue hardship.” To learn more, visit <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#K.2>.

The Dec. 16 EEOC guidance also stated that administering a COVID-19 vaccine to employees or requiring proof of vaccination does not involve the use of genetic information to make employment decisions nor the acquisition or disclosure of genetic information. Consequently, the Genetic Information Nondiscrimination Act (GINA) is not triggered by those requirements. However, vaccination pre-screening questions that ask about genetic information may violate GINA, the EEOC guidance stated. If an employer requires employees to provide proof of vaccination, “the employer may want to warn the employee not to provide genetic information as part of the proof,” the EEOC noted. When this warning is provided, any information received in response would be considered not unlawful under GINA, the agency added. To learn more, visit <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#K.9>.

## CM #2

## Coronavirus Paid Leave Tax Credit Extended to Mar. 31

The paid leave *mandates* in the Families First Coronavirus Response Act (FFCRA) for employers with 50 to 500 employees ended on Dec. 31, but employers that *voluntarily* pay these leaves can receive the FFCRA tax credit for leaves taken through March 31, 2021. The FFCRA required qualifying employers to offer workers two weeks of paid sick time at their regular rate of pay if they couldn’t report to work due to quarantine or experiencing COVID-19 symptoms.

The FFCRA also mandated employers to pay two weeks of paid sick leave at two-thirds of the regular pay rate for employees needing to care for a quarantined

individual or a child whose school or day care was closed due to the pandemic. Employers were also required to pay up to 10 additional weeks of family and medical leave to workers who needed it for coronavirus-related reasons, paid at two-thirds of an employee’s regular pay rate.

Although the FFCRA is now expired, Congress approved the extension of the tax credit for all three of these leave types through the pandemic stimulus bill that was signed into law on Dec. 27, 2020. To learn more, visit <https://www.dol.gov/newsroom/releases/whd/whd20201231-1>.

By  
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# A Beacon of Hope for Americans Struggling with Mental Illness: Telehealth

The unexpected tragedy of the COVID-19 pandemic has propelled telehealth utilization and led to an unintentional large-scale study into the effectiveness of telehealth.

We are seeing a substantial population of patients that can be clinically managed using telehealth without impact to quality of care, health, and safety.<sup>1</sup> Medical professionals are also recognizing and stepping up to support the use of telehealth.<sup>2</sup> Its efficacy in treating chronic health conditions has been proven, particularly in the fields of mental health and providing medication

also have a substance abuse disorder. Together, depression and anxiety cost the global economy \$1 trillion in lost productivity each year.<sup>4</sup>

Worldwide, depression has become the leading cause of disability, yet only 43% of U.S. adults with mental illness received treatment in 2018.<sup>4</sup> That shocking figure indicates delayed care that could trigger avoidable but serious mental health consequences. Several barriers impact the rate of treatment, including stigma, society's lack of knowledge surrounding mental health, and a lack of access to mental health services.

As a society, we have had a stereotypical view of

*"Telehealth no-show rates are significantly lower than those for face-to-face appointments, and medication compliance is improved, resulting in reduced risk of inpatient admissions."*



management. A recent study found that cognitive behavioral therapy (CBT) is equally effective when provided virtually or face-to-face. The study encouraged telehealth CBT to help maximize accessibility to providers.<sup>3</sup>

## The Problem

America is facing a mental health crisis. Even prior to the COVID-19 pandemic, 20% of U.S. adults experienced mental illness each year. In addition, among those with mental illness, 19%

mental illness. Many people associate mental illness with violence or aggressive behaviors. The media has further propagated this notion that individuals with mental illness are evil and dangerous. But most individuals with mental illness are not violent or dangerous; they can and do recover completely from mental illness episodes and live normal lives. This skewed view has fueled fears and driven discrimination. It has also impeded or delayed individuals from seeking care.

An even larger barrier for this group is the disparity in access to mental health providers.

Two-thirds of primary care providers report difficulty finding psychiatrists for their patients. The U.S. Department of Health and Human Services reports a 6.4% shortage of psychiatrists with 60% of U.S. counties lacking even one psychiatrist. By 2025 the shortage of psychiatrists is expected to rise to 12% which is equivalent to 6,090 psychiatrists.<sup>5</sup>

Many more Americans are experiencing increased symptoms of depression, anxiety, and difficulty maintaining sobriety, while simultaneously facing reduced access to support systems and treatment due to pandemic social isolation.<sup>6</sup> Business, school, and daycare facilities closures have also added stress and disruption, forcing everyone to adjust to the new norm. For many parents with children, the need to juggle multiple roles of employee, parent, and teacher has had a negative impact on their emotional well-being. Women especially are having difficulty setting clear boundaries between work and family, resulting in greater psychological stress;<sup>7</sup> many are putting their careers on hold due to pandemic upheavals.

But through the dark clouds of the COVID-19 pandemic appears a silver lining: people are talking more about mental health. Society is becoming more accepting of mental health disorders. Americans during this pandemic have felt anxious, sad, fearful, and irritable. Many have suffered from excessive worry, difficulty concentrating, or sleeping. People are more aware that it is not uncommon to experience transient symptoms that can be resolved efficiently by therapy or treatment.

In addition, society is also more accepting that people with mental health diagnoses can manage their condition and enjoy functional lives through therapy and treatment. The global recognition that mental illness is not just about extreme examples we encounter in novels or cinema is wearing down the stigma of the past.

### The Solution

Telehealth is an emerging beacon of hope for Americans struggling with mental illness. It has several forms:<sup>8</sup>

- Synchronous: The use of telephone or video to provide patient service
- Asynchronous: Technology-assisted viewing and interpretation of images or data
- Patient monitoring: Remote transmission of clinical measurements to a healthcare provider

Telehealth is not a new program; it has been around since the early 1920s. But prior to COVID-19 it was only used by 10% of the population and 18% of providers.<sup>9</sup> Its adoption has been slowed primarily by issues of reimbursement and interstate medical licensure.<sup>10</sup> Recent easing of Medicare and Medicaid reimbursement guidelines has facilitated the adop-



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tion of telehealth.

Benefits of telehealth include:

- Increased accessibility in rural areas suffering multi-month delays for appointments due to provider shortages
- A safer option for patients and providers by reducing illness exposure
- The comfort of more consistent access
- A view into patients' home lives and environments
- Reduction in no-show rates by eliminating travel, which is anxiety-inducing for some patients
- Increased utilization for those with high health risk due to comorbid conditions
- Enhanced confidentiality reduces fear of stigma and other concerns around seeking care

Telehealth is also showing a substantial impact in treatment of substance abuse disorders. The biggest advantages are in the increased access to a variety of treatment options and increased frequency of care. Rural areas with high opioid abuse rates and limited resources can get the lift they need.<sup>11</sup> Telehealth allows greater opportunity for patients to maintain sobriety through ongoing support and frequent reminders of goals. Phone apps can provide motivational messages and instant access to providers or a sponsor with a finger tap.

However, we need to identify and implement solutions to several troubling telehealth barriers, including:<sup>8</sup>

- Pandemic-driven temporary coverage restrictions
- Interstate licensure and regulatory challenges
- Access to high-speed broadband for providers and lower-income Americans

Mental health incidence was on the rise even before COVID-19, the economic downturn, and civil unrest. Taking all these factors together, we can expect to see more employees struggling with mental illness in the future. So how can employers minimize the impact to their workforce?

Employers must help employees build resilience. They must champion programs such as mindfulness training that teach employees how to better manage stress. Employers can also provide robust employee assistance programs (EAPs) and reduce or eliminate out-of-pocket costs for medication and counseling so employees can get the care they need. Companies with leaders who are willing to share their own mental illness journeys can help “normalize” mental health discussions. Actions speak louder than words; employers that model healthy behaviors for their employees and prioritize their well-being will have greater employee engagement.

Addressing mental health issues proactively in the workplace can reduce healthcare costs.<sup>12</sup> It can also reduce the impact of poor job performance and lost productivity on financial results. Research has shown that depression reduces a person’s performance on physical job tasks about 20% of the time, and reduces cognitive performance about 35% of the time.<sup>13</sup>

Employers can also ensure that telehealth stays part of our future by:

- continually educating employees about telehealth;
- providing guidance and training

The banner features a photograph of a woman smiling and holding a young child. The text 'FINEOS Integrated Disability and Absence Management (IDAM) Solution' is overlaid on the image. Below the title are three icons: a target with an arrow, a checklist, and an open book. Each icon is accompanied by a short description of a benefit. At the bottom of the banner is the FINEOS logo, the website URL 'www.FINEOS.com', and the copyright notice 'Copyright © 2020 FINEOS Corporation Ltd'.

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on how to use the technologies that facilitate telehealth;

- ensuring their health plans provide robust telehealth benefits;
- waiving cost-sharing and offering incentives for telehealth visits; and
- pushing insurance carriers to equalize reimbursement for in-person and telehealth visits.

Employers and individuals can support legislation that would expand telehealth. The American Telemedicine Association is currently promoting bills to continue the current reduced Medicare and Medicaid reimbursement requirements. Bills in Congress and states to promote standard licensure across state lines (rather than the current fragmented system) would greatly improve access to care. When such bills appear, they need our support. These two legislative areas are critical to the growth and success of telehealth.

Even before the pandemic resulted in fast-tracking telehealth, its expansion was already inevitable. A McKinsey report estimates that \$250 billion of U.S. healthcare spending could be “virtualized” through telehealth, including 24%

of provider visits and 35% of home health services, with potential to eliminate 20% of emergency department visits.<sup>14</sup>

The path forward for telehealth is already paved by our culture’s continuous advancement of technology, as well as our human desire for ease and accessibility. Nearly 90% of employers offered telehealth in their benefit programs in 2020, with 64% of employers recognizing that virtual care will play an integral role in healthcare in the future.<sup>15</sup>

Customer satisfaction is a further growth indicator for telehealth. A JD Power customer satisfaction survey found higher ratings for telehealth than for healthcare overall, insurance, and financial services.<sup>16</sup> The survey also found 84% of telehealth users were able to completely resolve their medical concern(s) during their visit; 73% did not experience any issues or problems during their service; 49% of users said there were no barriers making telehealth difficult to use; and 87% describe the enrollment process as somewhat/very easy.

Telehealth also shows potential to reduce some significant healthcare challenges.

*Telehealth continued on p. 24*

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## Integrating Your Leave and Time Off Programs with State-Mandated PFML

The trend toward new state paid family and medical leave (PFML) laws has grown across the United States in recent years and will continue accelerating.

In 2019 alone, 28 states introduced PFML bills, making PFML a hot topic in political campaigns for both major political parties. Today, six state PFML programs are paying benefits: California, Massachusetts, New Jersey, New York, Rhode Island, and Washington state plus Washington, D.C. Programs are enacted and under development in Colorado, Connecticut, and Oregon. Colorado is the first state to mandate PFML with a popular ballot vote, bypassing the legislative process. (See Figure 1.)

Existing PFML programs are also continuously evolving.

For example, beginning in

and employee entitlement is nearly absolute. There is NO opting out; employers must shoulder the responsibility of coordinating compliance and coverage with each state's mandated PFML into their existing employee benefits programs.

With such rapid and ongoing change, you may be feeling a little lost. You're not alone. An early 2020 study conducted by The Standard and Versta Research<sup>1</sup> found only 40% of employers feel well prepared to take on state-mandated PFML. The key to compliance when you come up against a PFML law is to apply a four-step decision process for your organization.

### 1. Identify New PFML Laws Impacting Your Organization

Do not let these laws sneak up on you in states where your organization operates or employees



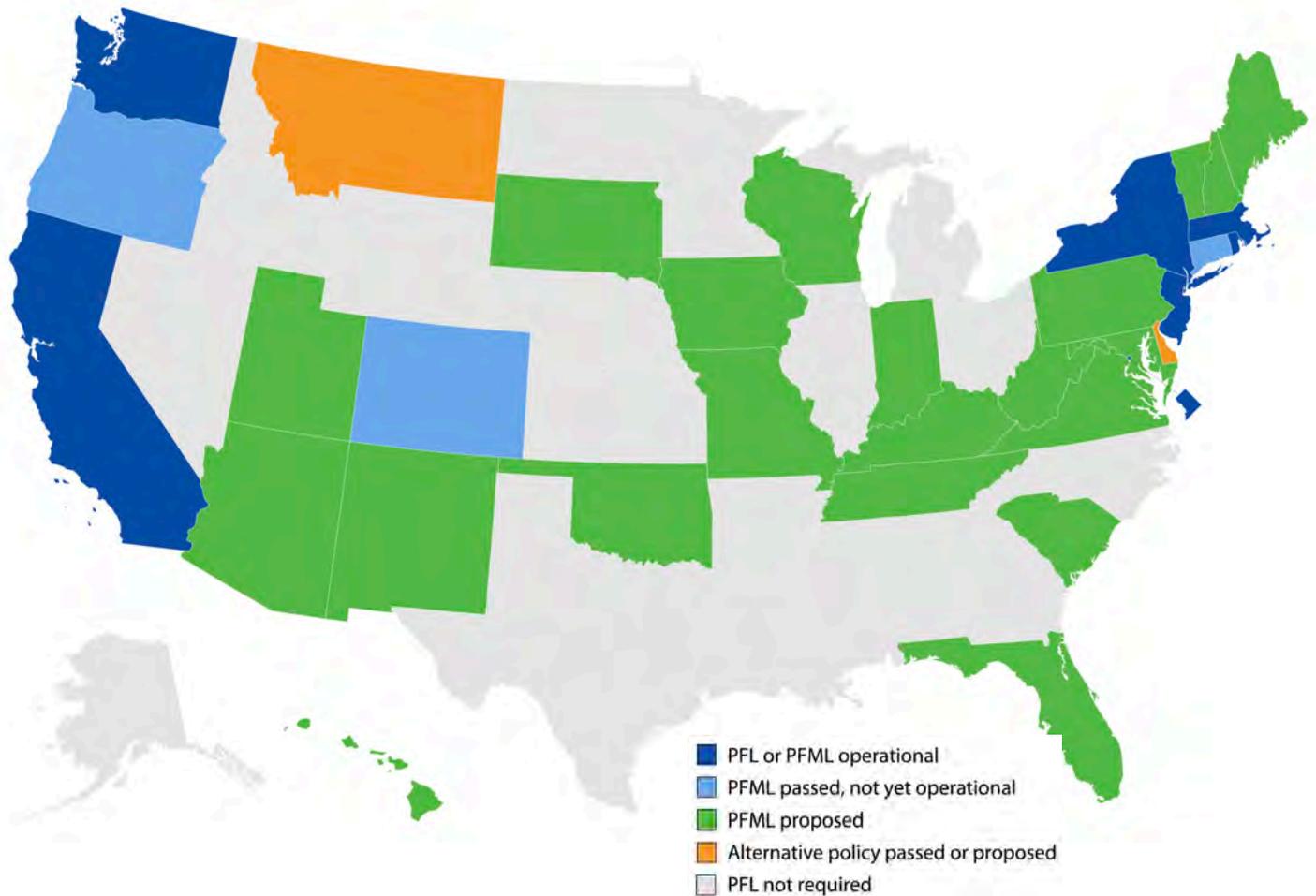
*"Often, your most important initial choice is whether to participate in the state's plan or apply for a private plan run by your organization or a TPA."*

January 2021, New York state's Paid Family Leave will increase income replacement to 67%.

Premium rates and benefit calculations that use a state's average weekly wage are adjusted annually, which may increase benefits. These laws are complicated, coverage is broad,

work! Historically, PFML laws have passed at least a year prior to the employer having to implement any obligations such as paying premiums or submitting private plan applications. Catching notice of these laws early gives you plenty of time to model your choices and make the right decisions. Many resources are available to take the pulse on

**Figure 1: PFL and PFML Laws by State: Operational, Passed, Proposed, Alternatives, or Not Required**



Map produced by Standard Insurance Company, retrieved Jan. 3, 2021. For updates when new PFL or PFML laws are passed, visit <https://www.standard.com/employer/products-services/insurance-benefits/states-paid-family-leave>.

PFML legislation or laws, including disability and absence carriers and third-party administrators (TPAs), law firms, and consultants.

## 2. Get Educated and Involved Early

Once a PFML law is passed, learn the state's timeline before the law goes live. Once a PFML law is passed, states undergo a rigorous rulemaking process to define how the program will be administered. Employers should engage early by submitting questions and public comments to the state's proposed rules, which allows you to influence the rulemaking process.

Oregon, for example, has only very recently begun its rulemaking process and is hosting monthly stakeholder meetings and townhall meetings

to solicit feedback from the employer community.

Learn the inner workings of these PFML laws. Understanding the provisions and rules of the law will help you make key administration decisions and meet state deadlines for reporting, premium payments, application deadlines, and other key milestones.

## 3. Choose Your Plan (State Administration or Private)

Even though state PFML laws require broad participation, they usually offer options to employers. Getting educated early will ensure that you understand the options available to you. Often, your most important initial choice is whether to participate in the state's plan or apply for a private plan

run by your organization or a TPA. PFML laws typically require that private plans provide equivalent or better benefits than the state plan, but not all states provide this option. Rhode Island, for example, mandates participation in the state's plan, with no private plan option. Each state also has a unique private plan application process. Connecticut, for example, requires employers to allow their employees to vote in a private plan.

**Factors Affecting Plan Choice.** An employer has several reasons to consider a private plan when this is allowed.

- **Cost.** Managing a private PFML plan can be viewed as a cost-containment measure as employers/employees would not be required to pay premiums to the state. Rather, those premium dollars

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could fund self-insured or privately insured plans. Your organization should carefully model the cost of each option, not only for program funding, but especially for projected benefit payments. PFML benefits are trending toward higher income replacements, a wider range of leave reasons and covered family relationships, and intentionally relaxed medical certification requirements for claimants. Since private plans must usually be equivalent, private plans are required to follow the same standards as a state plan for eligibility and benefit entitlement. This broader coverage means you can expect to see more employees requesting leave. When modeling the cost of benefits, aim higher than you see today for incidence and duration of leaves.

• ***Ease of Administration and Integration with Existing Programs.*** Private plans allow an organization to

administer PFML benefits seamlessly in coordination with their other employee leave and benefit programs. Organizations that elect to have the state administer PFML will be at the mercy of the state's timelines and decisions and will almost certainly have limited visibility into what is happening with employees' claims. This can create a lot of administrative challenges as it limits your ability to coordinate with existing leave and time off benefits.

• ***Employee Experience.*** From an employee's perspective, applying for PFML benefits through the state is often very similar to applying for unemployment including weekly applications for benefits, a confusing process, and long hold times when trying to reach a representative for assistance. In the early days of a PFML program especially, state systems may be overrun with applicants and experience a claim backlog until

they perfect their staffing models.

Can a private plan work for your organization, especially if you are a multi-state employer? There are vast differences among the PFML laws, and most laws require private plan equivalence. Embarking on private plans may mean building, maintaining, and administering various PFML programs in-house or identifying a TPA, based on an employee's work-state.

When considering a private plan, remember there is no one-size-fits-all option. Each plan must be tailored to meet the specific requirements of each applicable state. Also, your current technology to administer other leave and time off programs will likely need to be significantly upgraded or replaced in order to meet the complex mandated PFML benefit calculation formulae. You could also consider outsourcing plan administration to a TPA, but those costs would need to

be factored in. Employers should take these added costs into account when considering the financial implications of state versus private PFML plans.

If you are a multi-state employer and currently only operating in one PFML state, expect to see coverage in your other operating states soon. The PFML trend is not slowing down as over 50% of U.S. states are working to pass legislation.

#### 4. Integrate PFML with Comprehensive Leave Management Processes & Systems

Upon becoming aware of the obligation to participate in a PFML plan, one of the most frequent questions is “can’t my [insert name of already-established paid leave program] be used as a substitute?” Unfortunately, this isn’t the case! Every state’s PFML law has specific mandatory provisions, including funding arrangements, employee eligibility, waiting periods, definitions of a benefit year, income replacement thresholds, duration of benefits, covered leave reasons, covered family members for family care leave, types of permissible leave schedules (continuous, intermittent, reduced schedule), and coordination with other employee benefits like disability pay and paid time off (PTO). Here are some coordination issues to consider with your existing programs.

- **Supplementing PFML with Other Benefits.** Most plans have specific rules around how employers or even whether employees can tap into other benefits to supplement, or top-off, a PFML benefit. Review the state’s supplementation rules carefully; if you allow this, consider how it will impact your current PTO programs. Using a new PFML benefit means employees will use less of their current PTO balance. After adding PFML, employers may consider pulling back on PTO benefit levels. Also, if you allow supplementation, prepare your



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payroll systems for the one-off calculations needed to make employees whole. Work with your payroll vendor in advance to automate supplemental pay calculations as much as possible.

- **Short-term Disability (STD).** Now that the state is providing paid leave to your employees, you might feel tempted to cancel your company STD plan. That could have significant negative impacts to your employees.

- 1) STD provides an equitable benefit to all covered employees within an eligible group; PFML often does not. The more recent state PFML programs replace income on a sliding scale, with a higher income replacement for lower wage earners and a lower income replacement for higher wage earners. Keeping your STD plan and ensuring the plan can supplement state PFML benefits on the state’s sliding scale ensures that every employee remains eligible to receive the maximum percentage of income replacement allowable in your STD plan.

- 2) Not all your employees can collect state PFML benefits for a medical emergency. Remember, these PFML laws apply only to employees working in that state.

For employees outside of the state in question, that STD plan may provide their only income replacement. What about writing specific PFML states out of your STD plan? That still has the sliding-scale problem listed above. Also, the available leave reasons covered under PFML far exceed the reasons covered in traditional STD. An employee could exhaust their PFML entitlement for bonding or family care, but with no STD plan, would be unprotected against their own medical emergency in the same benefit year.

If your organization decides to coordinate its STD plan with a PFML program, discuss the granular details of benefit coordination with your STD plan administrator. Many carriers automatically assume application for PFML and automatically offset the STD benefit based on their own estimation of an employee’s state PFML leave benefit (versus the PFML plan administrator’s accurate calculation). This can create confusion for employees and administrative heartburn for employers as these STD payments often must be adjusted once the accurate PFML benefit amount is determined.

- **In-House Paid Leave Programs.**

Many employers have introduced their own paid parental or paid family leave programs in recent years to attract and retain top talent. To avoid stacking of state and company paid leave benefits, update your in-house paid leave policies to allow supplementing the state PFML benefit with your own paid leave programs.

Applying this process and passing your knowledge along to organizational leaders early and often will help arm you for the decisions facing your organization as the number of states adopting PFML continues to grow. For help with PFML decision steps 1 and 2 above, the PFML Summary Chart for Colorado, Connecticut, and Oregon, is available at <http://dmec.org/2021/01/18/integrating-your-leave-and-time-off-programs-with-state-mandated-pfml>.

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*Compliance Memos continued from p. 7*

## CM #3

### DOL Proposes Wellness Program Incentive Rules

On Jan. 7, the EEOC announced it intends to publish two notices of proposed rulemaking (NPRMs) on wellness programs. The proposed rules would allow employers to “offer no more than de minimis incentives” for employees participating in most wellness programs — but employers could raise or lower workers’ insurance contributions by up to 30% (or 50% for tobacco reduction/



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cessation programs), to incent employees to participate in “a subset of wellness programs that are part of employer health plans.” After the NPRMs are published in the Federal Register, the public has 60 days to submit comments, which can be done electronically at <https://www.regulations.gov> in the rulemaking dockets RIN 3046-AB10 and RIN 3046-AB11.

## CM #4

### Reassignment Is Still the Accommodation of Last Resort

In *Elledge v. Lowe’s Home Centers, LLC*, the U.S. 4th Circuit Court of Appeals upheld the termination of a manager who rejected the accommodation offered by the employer.

Elledge rejected the scooter that Lowe’s offered to help with his mobility limitations and requested a reassignment. Lowe’s helped him search for positions for which he was qualified. But Elledge rejected demotions and did not win either of two similar vacant positions. Elledge sued, claiming that Lowe’s committed disability discrimination by not providing a noncompetitive transfer. The district court granted summary judgment for the employer. Elledge appealed.

At the 4th Circuit, the EEOC filed an *amicus* brief stating that the competitive hiring policy of Lowe’s for vacant positions “effectively trumps the ADA duty to reassign” a

qualified, disabled employee to a vacant equivalent position.

The 4th Circuit followed other logic, however. The court found that in *U.S. Airways v. Barnett*, the U.S. Supreme Court “does not require employers to construct preferential accommodations that maximize workplace opportunities for their disabled employees... (but) that preferential treatment be extended as necessary to provide them with the *same* opportunities as their non-disabled colleagues.”

The 4th Circuit reaffirmed that an employer has “ultimate discretion” over which accommodation to offer, as long as it selects an effective one. The ruling noted that case law and EEOC guidance recognize reassignment as an accommodation of “last resort.” To learn more, visit <https://www.ca4.uscourts.gov/opinions/191069.P.pdf>.

# Remote Ergonomics Assessments: Process and Benefits

By

**Mike Milidonis, CEAS**

National Manager, Ergonomics and Employer Services, Genex Services

At the beginning of 2020, many employers had only a handful of remote employees. With the COVID-19 pandemic and associated shutdowns, many companies transitioned office staff to working remotely.

A Gallup poll found that 51% of American adults were working from home full-time in April 2020.<sup>1</sup> This was during the height of the first wave of COVID-19 infections. A later Gallup poll found this percentage had decreased to 33% in October, as cases decreased.<sup>1</sup>

However, with the surges that have taken place after Thanksgiving, the December holidays, and now the New Year, the percentage of employees working remotely has likely risen again. This would be in sync with increased COVID-19 cases. States have been responding to hospitalizations and fatalities that are higher than the first surge in spring 2020. And just as there have been reductions in the percent-of-capacity allowed in stores, churches, and other public buildings, employers have been reducing the number of employees on worksites to reduce infection risks.

Beyond the current outlook around COVID-19 and the hopeful promise of vaccines, 86% of organizations say they will maintain remote work even after

the pandemic.<sup>2</sup> Research has shown that remote work can bring many benefits to employees, such as an improved work-life balance, enhanced job performance, and heightened productivity. However, it also comes with risks, and the Occupational Safety and Health Administration still holds employers responsible for employee safety even when working from home.

Office staff could potentially sustain musculoskeletal disorders (MSD), such as carpal tunnel syndrome, tendonitis, or even back pain, if they don't have appropriate office equipment at home, including adjustable chairs and desks that help achieve healthful neutral postures.

To address these issues, employers may provide ergonomics assessments to remote employees to ensure they have at-home workstations that meet basic ergonomics best practices. These assessments are quite economical, especially when weighed against the duration with which employees may be working from home due to COVID-19 and the savings that could be achieved through injury prevention.

Our organization has been providing remote ergonomic assessments since 2010. If a remote ergonomics assessment does not result in reduction of discomfort, an on-site assessment can be provided. This has only occurred twice in the past five years, demonstrating the effectiveness of the remote

ergonomic assessment process. The pandemic has increased work-from-home arrangements and, with it, the need for remote assessments. Based on feedback, employers find the service useful and supervisors believe the assessments reduce discomfort, increase productivity, and help work-from-home employees to stay engaged.

## Setting Up a Remote Ergonomics Assessment

When an employer needs an ergonomics assessment, gathering and providing the proper information upfront is important for a successful outcome. This typically involves filling out a request form and submitting it to the ergonomics service provider. At that time, it's also helpful if the employee can submit photos of his or her workstation. These photos will enable the ergonomics specialist to get a preview of any ergonomic issues.

Some helpful workstation photos include:

- profile shots of the workstation from both the right and left sides showing the seated posture with the chair and monitor in the photo;
- a photo of the employee's hands and wrists while using the keyboard and mouse; and
- if the employee is experiencing any discomfort, pictures should be taken to capture activity resulting in that discomfort.

## During the Remote Ergonomics Assessment

The ergonomics request is typically accompanied with photos and, according to the employee's needs and preference, a phone call or web-based video conference can be used for the assessment.

Many ergonomics specialists utilize the Rapid Office Strain Assessment (ROSA) to conduct these evaluations. ROSA helps quantify risks associated with computer work and establish a plan to minimize employee discomfort. During an assessment, the ergonomics specialist should ask questions to understand the employee's work habits, postures, and any related discomfort. The specialist can also educate about neutral posture, equipment adjustment, and work habits to avoid discomfort and injury.

After the assessment, a report will identify the risk factors, recommendations to reduce risks, and equipment that may assist. Ergonomics specialists advise employees on proper use of available equipment. If needed, they can provide unbiased equipment recommendations to promote a proper neutral posture.

## Common Ergonomics Issues

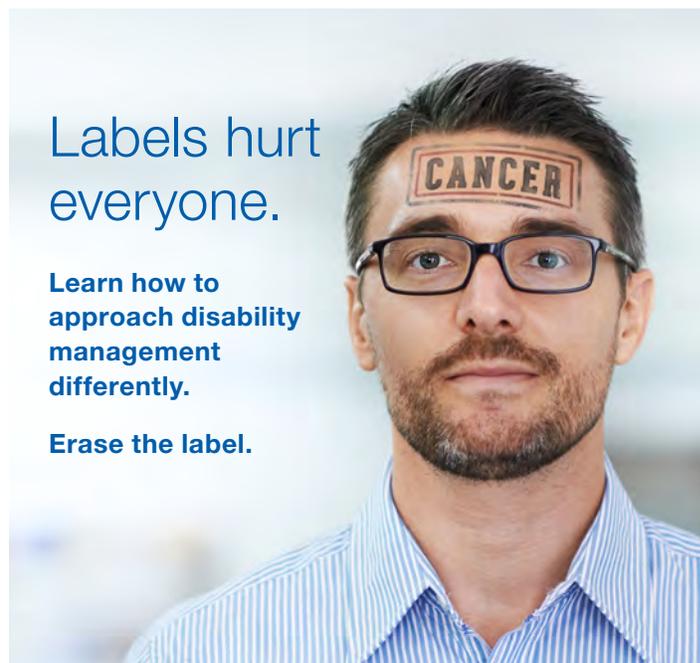
Through pictures or videoconferencing with employees, ergonomics specialists get a view of the employee's workstation to detect ergonomic issues. For example, an employee's monitor is situated too far from where the employee is seated. They may ask, "Do you find yourself leaning forward throughout the day to see things on your screen?"

They may detect when a workstation lends itself to inappropriate seated posture, especially for a particular body type. Ergonomics specialists might say, "I notice your chair is high and your feet are dangling; do you find yourself scooting forward, so your feet touch the floor?" In this case, a footrest or box could support the person's feet.

If the employee is using a kitchen table for a workstation, the table may be too high depending on the employee's height. Ergonomics specialists might ask, "Do you have a chair that raises and a footrest to use?" Otherwise, a clamp-on articulating keyboard and mouse tray could be installed beneath the table to lower the keyboard and mouse to an appropriate height for the person's body dimensions.

These days many remote employees use laptops. However, using a laptop is not conducive to good seated posture. Ergonomics specialists often recommend a separate keyboard and mouse and to raise the laptop, so the screen is aligned with the employees' eyes when seated with their back against the chair.

Currently, sit-to-stand desks are highly touted as ergonomics solutions — if used properly. Employees might think if



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they feel discomfort when sitting, they need a sit-to-stand desk. However, while changing from sitting to standing during the day has benefits, if employees return to a bad seated posture, they will likely continue to have the same discomfort. Even before suggesting a sit-stand desk solution, an ergonomics specialist will ensure the employee has a well-aligned seated posture.

No matter what type of workstation is used, movement is key. Employees should switch from sitting to standing one to two times per hour totaling up to 16 times per day.

Remote ergonomics assessments can benefit employers and employees alike in four ways.

### 1. Prevent Injuries from Inappropriate Workstation Setup.

Ergonomics provide the best outcomes when used as a preventive measure. Ideally, perform an ergonomics assessment upfront to ensure employees have well-configured workstations that support proper neutral posture. The second best option is to perform an assessment when an employee experiences some discomfort but has not yet sustained an injury.

If a company has transitioned staff to work remotely during COVID-19 but hasn't provided assessments, it may still want to consider doing so. This is true especially if they

anticipate extending COVID-19 shutdowns, or plan to use remote work as a long-term solution beyond the pandemic.

Another injury reduction strategy for employers: work with an ergonomics specialist to develop a list of suggested equipment and ergonomic best practices for remote workers. This list would address common ergonomic issues found in a home office, as well as include solutions for laptop use, input devices (e.g. keyboard and mouse), sit-to-stand best practices, proper seating, along with stand-alone desks. Make arrangements to avoid employees carrying or installing heavy items to prevent additional hazards in a home office.

## 2. *Make an ADA/AA Accommodation.*

For an employee with an impairment, an employer can use ergonomics to support the ADA/AA accommodation interactive process. Perhaps the employee needs a certain type of technology, such as voice-to-text software, to reduce or eliminate typing or other movements that are difficult for the employee. Or an employee might need magnifier software to help them better see things on their computer monitor.

If employees have mobility issues — maybe they're wheelchair-dependent — they might need a different type of desk, so they aren't forced into bad posture while typing or using the mouse. In some cases a height-adjustable desk may be needed to accommodate the wheelchair.

## 3. *For Injured Workers, Facilitate Stay at Work or a Safer, Faster Return to Work*

It's a common scenario: employees sustain work-related MSDs, take time off for treatment and recovery, but then they return to work (RTW) with no changes made to their workstations. Multiple factors cause MSDs, but if job duties or work environment are contributing factors — including at-home workstations — then employers should assess workstations to ensure employees aren't coming back to the same scenario. Easy fixes, such as adjusting the height of a keyboard or using a different mouse, may enable a safe stay-at-work option or rapid RTW outcome.

## 4. *Reduce COVID-19 Risks from an In-Person Ergonomics Assessment*

In the past, large companies might have had a high number of onsite office employees in one location. An ergonomics specialist would come in and work with many employees in one day. However, this would require the specialist to go from desk to desk, helping employees adjust chairs and keyboard trays, often operating well inside six feet of distance.

Even when employers do bring office staff back, they are



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adopting COVID-19 safety measures, including employees working onsite fewer days per week to reduce the office population and prohibiting non-essential office visits. These companies can provide remote ergonomics assessments to employees — whether they're at the office or still working remotely.

## Ergonomics Beyond COVID-19

Stanford University economist Nicholas Bloom has said COVID-19 has become the catalyst for companies to enter a new “working-from-home economy,” which is likely to continue beyond the pandemic.<sup>3</sup> Remote ergonomics assessments are a tool to help reduce employee discomfort, prevent injuries, increase productivity, and maintain a safe work environment whether employees are remote or onsite.

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# Inactive Status: A Creative Category for Managing Challenging Leaves

By

**Lindsey Edwards**

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FPI Management

Too often as leave managers we have a choice between two diverging paths with neither route leading to a successful outcome for all parties.

A decision that is substantiated by fact and completely legal under the Americans with Disabilities Act (ADA) can lead to exposure under workers' compensation (WC) laws, or vice versa.

This dichotomy may vary slightly for different industries and employers, but just about every leave manager can say "we need more choices for managing complex cases." This article describes one solution that FPI Management has developed for complex cases, and some of our outcomes over the last three years. FPI manages multi-family residential units, including market-rate and affordable housing, with 3,200 employees nationwide. FPI is a high-performance organization with a dynamic, decentralized workforce.

The leave management dichotomy is driven by a core conflict. It may be lawful under the ADA to terminate an employee who has exhausted Family and Medical Leave Act (FMLA) entitlement but continues to request undetermined leave, because undetermined leave is not an ADA reasonable accommodation. But if this employee also has an open WC claim, this termination may be inter-

preted as retaliatory or discriminatory under WC laws. Unfortunately, employment action under these circumstances often initiates representation and litigation, providing additional leverage for the plaintiff for increased claim settlement value for already litigated cases, and/or increases exposure to companion suits (in California, for example, a Labor Code 132a violation).

After struggles and experiments to identify the best practices contributing to positive outcomes for our company, we established a fresh new leave category that we call "inactive status." Inactive status maintains an employee's status as employed, but separates the employee from a position. The employee floats in a sort of suspended animation leave of absence until ready to return to work with or without an accommodation, temporarily or permanently, to an open and available position for which they are qualified.

## How Inactive Status Leave Operates

Inactive status is an unpaid leave accommodation that aligns closely with our principles of good-faith accommodation and return to work, whether inside or outside of ADA requirements. While it came from our attempts to better manage complex WC leaves and reduce ballooning claim costs and litigation risks, it also functions well for non-occupational cases.

Ultimately, inactive status (IS) has allowed us to transform pivotal

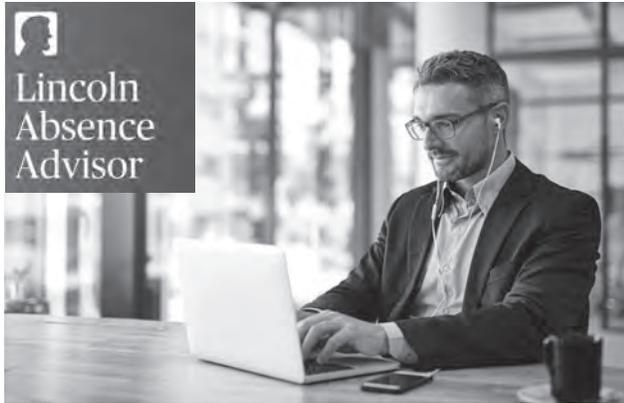
moments in leave and accommodation, going from combative and unilateral to collaborative. As a strategic leave intervention, IS has reduced WC claims costs as well as the frequency and cost of civil litigation. Of our total leave volume, 15% proceed into IS. We have seen a 40% decrease in average litigation cost per claim from first year roll out of IS to present. While other program modifications also supported this cost reduction, we believe that the IS program is by far the most significant contributor.

IS leave most often is as an alternative to separating employment due to hardship or need for a leave of undetermined duration. WC cases typically focus on short-term outcomes as treating providers issue work status notes that repeatedly extend leave or modified duty restrictions for only short periods of time. Yet some treating physicians entirely refuse to provide additional requested ADA certification, despite requests from both employees and employers.

In the non-occupational world, complex cases may have a similar lack of traction or progress in treatment and recovery. Employees typically use vacation or accrued sick leave for waiting periods and/or to pay toward health benefit contributions to continue coverage. They may exhaust their short-term disability (STD) or other indemnity benefit. For an injury with a long recovery period or litigation timeline, or even a model employee who falls into a system glitch, the employer

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may eventually take employment action that is reasonable under the ADA but increases its risk of additional litigation tied to the employee's perception of retaliation, harassment, or discrimination.

Instead of separating employment or suffering operational wreckage through a long, complex claim, we bridge the gap and offer the employee IS. This gives everyone more flexibility and "breathing room." The employee is responsible for continued communication and cooperation, providing status updates, and attending periodic good-faith conference calls. The employer commits to evaluating open and available positions for which the employee is qualified upon their ability to return to work with or without accommodation.

Less often, if our company ends its contract to manage a specific worksite while an employee of that site is on FMLA-protected leave, we offer inactive status as an alternative to a layoff. While we cannot

reinstate the employee because we no longer manage or control that workplace, we can attempt to place the employee after leave in a position as comparable as possible. Or we may offer other opportunities for relocation or alternative positions, after discussion with the employee.

This gives employees a hopeful alternative to insecurity about their position or income when they are ready to return to work. Parallel to that, it reduces the company's risk and frequency of FMLA lawsuits or civil disability discrimination litigation.

The goal at the end of IS is to return the employee to work. Sometimes this is not possible because the employee is not medically able or positions are unavailable. If so, we separate amicably and invite the employee to apply if circumstances change favorably in the future.

Sometimes the employee resigns as part of the WC claim settlement process, and we are confident that we have engaged in the interactive process,

acted in good faith, and have no qualms with the separation. Sometimes we are only able to offer a position or location that the employee does not desire, but they can reject the accommodation offered. Inactive status has significantly reduced our rate of more "risky" terminations and has successfully returned valuable employees back to work.

Considerations for success in implementing inactive status include business operating structure, administrative resources, including technology (HCMS, leave management personnel), internal policy/procedure/practice, and whether the potential positive outcomes justify the effort within the company's overall risk appetite.

### Inactive Status Success Factors

Using IS leave fits for companies that have a greater probability of returning employees to positions after a lengthy leave of absence. Companies with "plug and play" roles or multiple locations with

a good likelihood of job availability will find this category reasonably successful.

For example, if our company has a groundskeeper on IS leave in an urban location, the likelihood of this entry-level position being available or soon coming available upon their ability to return to work is highly likely given the industry's turnover rate and the number of available worksites in the area. A manufacturing plant or call center department could be excellent structural candidates for inactive status. Companies with very specialized or dispersed roles, project-based positions, or fewer employees may find this category less useful.

### Technical Aspects of Inactive Status

Some employers have a version of IS through a designated vacant holding position. Due to our company's operating structure, dynamics, and turnover, assigning an employee to a vacant position was not administratively feasible. We did develop a specific virtual location placeholder to which we transfer an employee on IS leave in order to ensure continuity and proper billing of benefits.

Managing IS as a leave/accommodation requires familiarity with the capabilities and limitations of your administrative system. We use our human capital management system (HCMS) within its limitations, focusing on employment status (active, leave, terminated) and to which location the employee is coded for benefit billing purposes. Leave of absence, regardless of the type or cause, has the same triggers that flow throughout payroll, information systems, etc. Our HCMS categories of "disability-related" or "workers' compensation-related" leave status indicate which business unit is handling the leave.

We have a third-party leave and disability accommodation management vendor and use their system to drill down on details that would be more cumbersome

in our HCMS. They can capture and report critical data that is not prioritized or specialized in our HCMS. We partnered with them to identify a specific accommodation category for inactive status, as an accommodation layer on top of a leave of absence employment status. With this data we can evaluate frequency, duration, costs, and ultimate outcomes such as successful return to work (RTW) or termination.

We also established the policies and procedures related to how that accommodation is managed distinct from protected leaves with reinstatement rights, or more finite ADA leaves, or accommodations where employees have not been separated from their position.

A company considering use of inactive status will also need to examine its policies and procedures related to benefit continuation during leaves. Our organization continues healthcare benefits for a certain number of months across the board for leaves of absence as long as the employee continues to contribute their portion. Beyond the cost of continuing health benefits for a specific period of time, there is very little cost or hardship to our company in having an employee in inactive status for an extended time.

### Inactive Status Outcomes

Inactive status occurs in complex cases with significant cost-drivers such as severe injuries or ulterior motives. While we're seeing major cost reductions in litigation, it's impossible to precisely attribute it to the use of inactive status. In general, when employees have legal counsel and also have been placed in inactive status, these cases have both a higher rate of successful resolution, and at a lower range of projected reserves.

Using inactive status over a three-year period significantly reduced litigation risk and cost for these complex cases:

- Among all IS cases, 59% are non-

occupational and 41% are occupational.

- Following IS, 43% of employees RTW, greatly reducing litigation risk.
- Of the 43% that RTW, 66% are non-occupational, while 34% are occupational.
- Among the 57% of IS cases that result in separation of employment, 81% are employer-initiated, and employees resign in 19% of cases, further reducing litigation risk.
- Of the occupational IS cases, 37% did not litigate, while 63% obtained representation.
- Among represented occupational cases, 74% were already represented prior to the IS effective date; 26% obtained representation after the IS effective date.
- Among the 26% of occupational post-IS-date represented cases, our analysis indicates that at least 80% and likely more did not have IS as a cause or significant driver of representation.
- Among this 26%, less than 10% of the total settlement value was in litigation cost; we found no apparent increase in litigation costs for inactive status cases vs. otherwise litigated cases.

### Conclusion

Looking at intangibles, inactive status enables us to act with compassion, maintain connection, and offer hope and stability to employees experiencing significantly disruptive life events. Open and frank communication efforts, substantiated by precise documentation, pave the way for success in a positive ongoing employee-employer relationship. While inactive status cases are not immune to the abuse of the ill-intentioned, the sheer force of good faith has deflected more than a few threatened litigations even if the employee and employer do eventually separate. Implementing a creative new category of leave and accommodation might have similar outcomes for your company.

# Smarter Tools for Classifying Jobs Help When Job Descriptions Are Inadequate

By  
**Kerri Wizner, MPH, CPH**  
Epidemiologist  
MDGuidelines

A current, detailed job description is important for managing a disability claim so that cognitive and physical job demands can be utilized to support an employee's return-to-work (RTW) effort.

Lacking this information can be a serious barrier at almost any point along the effort. When developing work restrictions, transitional duty, or accommodations, job data is critical, and time is of the essence to keep the employee on-track for a timely RTW.

Too many employers don't fund job descriptions; perhaps they think vendors should pay for this, or the business case for job descriptions is too complex. Whatever the reason, absence professionals too often must find ways to facilitate RTW efforts with an outdated job description, or nothing at all.

When that happens and employers don't have the ideal of annually updated job descriptions, how do they keep moving forward toward RTW? Federal agencies provide data based on extensive occupational research that can give case managers surprisingly detailed job demands. These tools provide an excellent basis for informed conversations with the employee to plan RTW.

Classifying jobs into general categories is often a first step to understanding

an employee's activities at work, such as the amount of weight they need to lift or the amount of sitting or walking at the worksite. The Dictionary of Occupational Titles (DOT)<sup>1</sup> by the U.S. Department of Labor is commonly used to classify jobs.

This standardized occupational information was first published in 1939 to support job placement activities and contained information on more than 17,500 jobs categorized into 550 occupational groups. The most recent version (the 4th edition) was published in 1977, with the last update occurring in 1991. Needless to say, jobs, titles, and their associated activities have changed significantly since then.

## Job Classification Tools

In an effort to update the DOT and add new information, the Social Security Administration has partnered with the Bureau of Labor Statistics since 2012 to develop a new platform for occupational information, called the Occupational Information System (OIS).<sup>2</sup> The OIS is projected to utilize a variety of databases and include basic mental and cognitive requirements of work, with updates planned every five years. Although these agencies have invested considerable time and money on this project — \$180 million from 2012 to 2020 — there is currently no expected publication date due to policy-related setbacks.<sup>3</sup>

If you are eagerly awaiting the release of this new tool, you can access some of the data being used to build the OIS. The Bureau of Labor Statistics annually surveys employers for the Occupational Requirements Survey.<sup>4</sup> This survey reports on job-related physical demands, environmental workplace influences, vocational education, training, and experience, and the cognitive requirements of work. The ORS began in 2015 and published data on 397 general job types in 2019, which were informed by more than 26,500 establishments and accounted for 90% of workers in the U.S. economy.

Another data source is the Occupational Information Network (O\*NET),<sup>5</sup> which has standardized and occupation-specific descriptors on more than 1,100 occupations and is regularly updated. O\*NET provides an overview of job tasks, knowledge, skills, abilities, work activities, wages, and much more. Additionally, O\*NET provides codes for occupational classifications from different branches of the military. O\*NET information is available via their website<sup>5</sup> or as an application programming interface (API).

Another data source that classifies occupations and provides information about job types is the Standard Occupational Classification (SOC).<sup>6</sup> SOC started in 1977 and is updated with Bureau of Labor Statistics' annual occupational surveys. Workers are classified into 867 detailed occupations with similar job

duties, skills, education, and/or training.

### Using the Data

O\*NET, DOT, ORS, and SOC each contain slightly different information but are often used together.

Whereas O\*NET provides a wide breadth of information about occupations, it does not include job class (e.g., sedentary, light, medium, heavy, or very heavy work), which is still a cornerstone of disability management. Therefore, some disability management tools provide job titles based on the O\*NET occupational search to quickly provide the relevant job type along with job class from DOT. To do this, a process called “crosswalking” matches the nearly 18,000 job types in DOT to the most similar jobs within O\*NET, which uses far more general codes for their 1,100 job types.

For example, DOT lists the occupation of “tennis ball cover cementer,” which involves spreading cement on rolls of felt used to cover tennis balls. This job description is very specific, likely not as common now as it was in 1991, and falls into the light job class. In O\*NET, this occupation is reclassified as a “production worker,” and the crosswalking process would carry over the light work classification from DOT. However, not all of DOT easily fits into O\*NET. Data analysts conducting this crosswalking may also need to consider job descriptions and job groupings for missing job titles to provide a job class.

Although O\*NET is a significant update from DOT, available tools are not perfect and major challenges remain in classifying jobs. For example, an “environmental epidemiologist” (the closest to my own job title) is classified as light work in DOT. But I can attest that my job should probably be considered sedentary, whereas actual environmental epidemiologists trekking through rural communities could be classified as having heavy work.

Case managers should ask the employee questions to confirm job class and understand that jobs can be highly variable. Job classification is a starting point for care providers and case managers to recommend RTW tasks and goals. Using additional details from O\*NET, and eventually OIS, on specific jobs may help people get back to work with accommodations or back to activity more quickly.

### Beyond Physical Exertion at Work

Disability management thought leaders have also questioned the value of using broad classifications, which do not consider job-specific functional requirements that may affect length of disability. For example, a nurse may have a light job classification, defined as being able to lift a 20-pound box, but with a diagnosis of carpal tunnel syndrome the amount of



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hand dexterity required may be more predictive of length of disability than lifting ability.

And what about mental health claims? Mental health conditions, notably depressive and anxiety disorders, are on the rise — especially in the COVID-19 era. Research has found that clinicians have difficulty describing work assessments for mental health disorders because the ability to work is affected by both the diagnosis/symptoms and non-medical factors such as environmental and psychosocial issues.<sup>7</sup>

Job classification focuses on physical abilities, not on cognitive function or interpersonal skills. As technology jobs and work-from-home positions continue to drive much of the U.S. job market, the sedentary job class is likely to grow. But how much information can be gained from this classification when considering mental health and ability to perform well in mentally straining and draining positions?

In 2009, an expert panel advised the Social Security Administration that individual differences in cognitive performance strongly predict occupational attainment and often predict work outcomes better than symptoms or severity for psychiatric conditions. To improve the available disability models, the panel recommended including information on neurocognitive functioning, initiative and persistence, interpersonal functioning,

and self-management. Currently these ability types are measured by performance, such as individual tests of IQ, attention, and memory.<sup>8</sup>

O\*NET provides information about the skills and abilities necessary for jobs, so it may help case managers better understand the cognitive demands required by a job. Adding cognitive abilities to evaluations for RTW could support productivity by tailoring strategies to decrease extended or reoccurring leaves that may be preventable. Some RTW strategies specific to mental health conditions may include outlining accomplishable tasks, minimizing potential stressors (e.g., lighting, distractions, level of supervision), and removing non-essential tasks.<sup>9</sup>

As the job market continues to change

### Telehealth continued from p. 10

The American Psychiatric Association has noted that telehealth no-show rates are significantly lower than those for face-to-face appointments, and medication compliance is improved, resulting in reduced risk of inpatient admissions.<sup>17</sup>

### The Bottom Line

With telehealth continuing to prove its viability, the question is not “will it grow?” but “which telehealth strategies will produce the greatest payoff for your organization and employees?” Telehealth can help people resolve transient mental health events sooner, move more quickly from diagnosis to treatment, and more successfully manage ongoing mental health conditions.

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and our knowledge about the impact of job-specific requirements expands, we need to continue to support modified or transitional duty to help employees get back to work, in line with clinician recommendations. Advancements in job classification tools can help case managers better understand all types of jobs and provide shortcuts to pertinent information. It's worth taking the time to explore how these tools fit into your workflow to broaden your knowledge about the relationship between work and health.

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# Telemedicine: The Doctor Will See You Now

Welcome to January as we turn the calendar and embrace the promise of a new year. One of the bright spots from the COVID-19 pandemic, and its ensuing challenges, was the widespread interest and acceptance of telemedicine as a healthcare delivery option.

While telemedicine has been in use for decades for certain medical specialties, many in the general population have been reluctant to use it. Common concerns include privacy or security, not having proper technology access or skills, or preference to see a physician in person. But when faced with increased exposure to highly infectious coronavirus in a crowded waiting room, many people opted to explore and use telemedicine instead. By the last week of March 2020, telehealth visits increased by 154% over the same period in the year prior.<sup>1</sup>

Telemedicine is typically thought of as the virtual delivery of healthcare. In essence, a physician and patient communicate using video technology and electronic messaging. The widespread availability of mobile devices and significant technology advancements make telemedicine a viable care option for many patients, with strong potential to improve overall employee experience.

Telemedicine is frequently touted for its convenience. It eliminates travel time to a physician's office and can save time and expense. Telemedicine can improve access to care and adherence to required

follow-up visits for those in rural or remote areas<sup>2</sup> as well as those who are physically challenged or lack access to transportation.

The uses for telemedicine just expanded. Under the Family and Medical Leave Act, in-person treatment is required to meet the definition of serious health condition. With the pandemic, the Department of Labor (DOL) temporarily allowed telemedicine in lieu of in-person visits. On Dec. 29, 2020, the DOL made that permanent. To be considered an in-person visit, a telemedicine visit must be an exam, evaluation, or treatment by a healthcare provider; be permitted and accepted by state licensing authorities; and should be a video conference (not telephone or other media).

Some situations, such as severe injuries or illnesses, benefit from in-person visits. Such circumstances often warrant in-person physician assessments and diagnostic equipment to make informed medical evaluations and establish appropriate plans of care.

Telemedicine can be an excellent source of care for minor injuries or illnesses such as sprains, abrasions, rashes, or common colds. Virtual visits can also be effective for follow up and progress reports. Patients can describe changes to their condition, and physicians can observe movement, flexibility, and some forms of healing.

Telemedicine is expected to continue

expanding in mental and behavioral health services. In addition to the pandemic, this past year was fraught with business shutdowns, social distancing, financial uncertainties, and civil movements. Such circumstances can lead to increases in mental health conditions like stress, depression, anxiety, alcoholism, substance abuse, and sleep disorders.

Mental health resources were already strained prior to the disruptions of 2020. Virtual visits provide convenient, private access for those suffering from such conditions. By reducing no-show rates, telemedicine may help mental health professionals reduce lost time, see more patients, and may also support improved follow-up care.

Most industry observers agree that technology will never take the place of personal care and compassion. At the same time, telemedicine is an increasingly popular tool that can bring care and compassion to more people who might otherwise go untreated. It's one more way to address workforce absence and provide care for those in need.

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# Getting the Right Care at the Right Time

Healthcare has gone through a revolutionary shift from in-person to virtual care during the COVID-19 crisis. It's not always easy to know which direction to go for care, and how to make the most of telemedicine visits.

By March 2020, in-person primary care visits had dropped 70%, partially replaced by telemedicine.<sup>1</sup> The trend toward virtual healthcare visits is still growing as many employees and their families experience the benefits of telehealth that include ease of scheduling, timeliness of care, less time off work, quality and safety, lower cost, and positive impact on their health.

Telehealth can help employers address the worrisome trends of employees delaying preventive medical and dental care and ignoring symptoms (over 50% of Americans are doing this), and the increase in pandemic-driven mental health conditions and stress (reported by over 40%).<sup>2</sup>

## Help Your Employees Get the Right Care at the Right Time

- Inform employees that high-quality telemedicine can be as effective as in-person care for a variety of conditions, such as managing chronic diseases and many mental health needs.<sup>3,4</sup> But in-person care is still required for needs such as physical examinations, lab tests, or X-rays.

- Clearly explain what telemedicine services are covered, the costs, and how to access this benefit.

- Employees may need reassurance

## How to Prepare for a Successful Virtual Office Visit

For at least 75% of patients who used telemedicine in 2020, these visits were their first experiences receiving care this way.<sup>2</sup> To get the most out of a telehealth visit:

- Write down questions for the provider.
- Test telehealth software and WiFi connection in advance.
- Use video along with audio.
- Minimize distractions.
- Find a private, quiet place for the call.

about privacy, access, and effectiveness. Ideally, this should come from their healthcare provider and insurer — but provider groups vary in how well they implement telehealth.

- Virtual visits with your employee's primary healthcare provider's practice offer continuity, medical record linkage, and in-network referrals. Some telemedicine services don't provide these important linkages or follow up.<sup>5</sup>

- Coordinate with insurers and major provider groups to ensure that work disability issues are managed appropriately.<sup>6</sup>

- Encourage use of employee assistance programs (EAPs) as a viable virtual mental health resource.

- Reinforce that quality care is important. Substandard or avoided care leads to more absence, less productivity, and higher healthcare costs in the long run.<sup>7</sup>

Virtual healthcare is here to stay and can be especially beneficial for employers and their workers — if the right steps are taken to ensure that it's a high-quality

experience for everyone.

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# Data Analytics and the Future of Benefits

As companies strive for competitive advantage, information is king. The sheer volume of available data, however, can be overwhelming without the right tools to interpret it in meaningful ways. Data analytics and artificial intelligence (AI) are designed to do just that, using historical facts, trends, and predictive modeling to help companies make informed decisions and grow for the future.

In employee benefits, machine-learning and data mining give employers powerful insights<sup>1</sup> about employee concerns and needs on every level of health, including physical, mental, financial, and social. Such knowledge can shape benefits programs that improve employee well-being and productivity while reducing the impact of absenteeism, fraud, waste, and abuse.

At the same time, data mining can flag issues that demand immediate attention, such as a looming mental health crisis. One-third of employees say their mental health is not good, and two-thirds feel more stressed in the wake of the pandemic.<sup>2</sup> Despite that, nine in 10 employers do not feel ready to handle the crisis, but recognize something must be done.

The power of data analytics and AI can help companies:

**Manage Change and Challenge with Greater Confidence.** Data analytics helps employers make proactive decisions based on robust data instead of guesswork. Real-time data illuminates what truly matters to employees and the support they expect

from employers. This enables employers to clearly understand employee concerns, more accurately target opportunities for improvement, and implement solutions that maximize results and return on investment.

Employees say that financial stress is a main driver of mental health stress, with 77% reporting major financial stress today versus 52% pre-pandemic.<sup>2</sup> As a result, a growing number of employees are focusing on disability, leave, and similar benefits, with 48% saying the pandemic has increased their likelihood for enrollment.<sup>2</sup> Knowing about these trends helps companies become more proactive and resilient over time.

**Improve the Employee Return-to-Health Experience.** The marriage of data and people in the claims process helps employees reduce the financial burden of medical costs, and employers reduce the cost of absenteeism. Case in point: return to health program data shows improvements of 10% in RTW outcomes when there is earlier and faster response to medical issues.<sup>3</sup>

Analytics insights can also help claims representatives connect claimants to other available benefits, and to recommend solutions to claimants earlier in the recovery process. All this can keep an absence from progressing to short-term disability (STD), and an STD from going to long-term disability. Studies also show that with AI and real-time decision making,

50% of STD claims can now be approved the same day.

AI can also help carriers personalize the claims experience by matching the right expert to the right claimant and can raise potential red flags that prevent the use of opioids or identify the need for counseling before the condition becomes a problem.

**Manage Risk and Fraud, Waste, and Abuse (FWA).** The rise of FWA activities is a growing issue that audits alone can no longer prevent. Analytics have considerable value in managing and measuring risk. It can help detect patterns that flag FWA activities, allowing insurers to implement immediate counteractive measures. Uncovering specific data as to location, method, and areas affected can also prevent future occurrences. This allows early detection to neutralize the damage of future malicious transactions.

To compete, companies must always focus on innovative ways to meet goals while retaining their talent. Data analytics and AI open the door to a more efficient, effective, and personalized employee benefits experience.

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# The Latest Technology Can Deliver the Right Support at the Right Time

When an employee is temporarily out of work for a health issue that appears straightforward like a broken bone, there may be unseen factors that could affect a safe return to work. Unseen, that is, by the human eye.

Some of the latest claims industry technology is designed to flag commonly missed concerns that may be evident in communications during the claims process. These innovations help absence management specialists identify and deliver the right support at the right time for the employee. Text-mining and predictive analytic modeling can promote and provide a uniquely effective and empathetic experience for the employee during recovery, as well as help facilitate a productive return to work. Particularly now with the added stress and increased mental health concerns from the COVID-19 pandemic, the technology can help provide greater insights for improved claim outcomes.

The Hartford's 2020 Future of Benefits Study found that nearly half of employees (48%) reported their anxiety level has increased since COVID-19.<sup>1</sup> Additionally, the study revealed that 68% of employers believe they foster an open and inclusive work environment that encourages a dialogue about mental health, but only 42% of employees feel the same way.<sup>2</sup>

So, while that employee out with a broken bone may need simple surgery, there may also be an underlying anxiety or depression component that an employee may hesitate to share. However, data analysis shows that mental illness can prolong a person's recovery from an injury or disease.<sup>3</sup>

Claims technology can identify key words from documented conversations with employees through text-mining. Certain words or phrases such as "I'm not sleeping well" or "I'm worried" may indicate an employee's deeper anxiety and coping challenges. As a result, an employer's benefits vendor can promptly connect the employee with mental health support.

Benefits providers also use data from disability, and in some cases, workers' compensation claims, to identify predictive patterns that may require specialized assistance. The technology can compare the injury or disability to the occupational demands of a job — such as hours sitting, standing, lifting, and driving — to identify the optimal approach for recovery.

At the heart of this innovation, however, remains the very real human touch. This proactive triage technology is the means to provide targeted one-on-one support for an employee's unique needs. That was the case for one

of our claimants, a warehouse worker who underwent knee surgery. Her communications during the claims process triggered an intervention with the support of a recovery coach. She applied coping tools she learned, including setting goals and relaxation techniques. She incorporated those techniques to more confidently overcome the challenges of a second surgery during the intervention and to better manage her stress overall.

Employers need to be aware of these significant advances in disability claims technology because they can enhance an organization's overall leave management strategy. Most importantly, they can help employees receive the support they need during times of added stress. Leveraging absence management technology to recognize the whole human beyond the claim allows for appropriate, timely intervention and a healthier, more productive workforce.

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# What Can a Bus Driver Teach Employers About Undue Hardship under the ADA?

The Americans with Disabilities Act (ADA) requires employers to provide a reasonable accommodation(s) to employees with disabilities, unless the employer can demonstrate that the requested accommodation would pose an “undue hardship.” *Davis v. Columbus Consolidated Government*, 2020 WL 5758676 (11th Cir. Sept. 28, 2020) provides a potential roadmap for an employer confronted with an employee’s request that could pose an undue hardship.

The ADA defines “undue hardship” as “an action requiring significant difficulty or expense”<sup>1</sup> and lists these factors to consider:

1. the nature and cost of the reasonable accommodation;
2. the financial resources and number of employees at the facility and effect it would have on that facility’s expenses, resources, or overall operations; and
3. the employer’s overall financial resources, including number of facilities and employees.<sup>1</sup>

## How Did Columbus Win?

In the *Davis* case, the plaintiff drove a bus and worked for the City of Columbus, Georgia, for more than 10 years. In 2015, he developed spinal stenosis, for which he took a leave of absence, exhausting his 12 weeks of

leave entitlement under the Family and Medical Leave Act (FMLA) in November 2015. In December of that year, Davis provided medical certification that he needed cervical spine surgery, which was scheduled for Dec. 18, 2015, and that in the meantime he had significant restrictions on his ability to perform many of his essential job functions.

In that certification, his doctor opined that he would require an additional six weeks off after surgery to recover. As a result, Davis requested an additional nine-week leave of absence from the City of Columbus. The city denied his request, indicating that the additional leave would pose an undue hardship. Davis sued, accusing the city of violating the ADA by failing to provide him with a reasonable accommodation.

The lower court granted summary judgment to the city, concluding that the undisputed facts showed the city did not violate the ADA. This avoided a costly jury trial. On appeal, the 11th Circuit agreed. The city provided sworn testimony from human resources representatives to support its undue hardship argument. The city showed it had no other staff to fill Davis’s role while he was on leave, and it was not feasible to train someone to take that job for nine weeks, because it took longer for someone to be trained to do so. Since they

couldn’t train someone else to take Davis’s routes, Columbus showed they’d have to spend \$112,000 annually in overtime for current employees to perform his job.

## Lessons Learned for Employers

For most private employers with significant financial resources and multiple sites, showing an undue hardship is much harder than for a public entity with a precise, limited budget funded by taxpayers. Cost alone is likely not sufficient to demonstrate undue hardship. Nevertheless, the *Davis* case shows how that argument can be built: What would it cost in terms of staffing, training, and recruitment to fill the role while that employee is on leave? Are overtime pay or other expenses likely to result? Would operations face disruptions or other employees suffer burdens? And remember that you must always conduct an individualized analysis. Think outside the box about the other impacts likely to result if an extended leave or other accommodation request is believed, on the basis of objective facts, to pose an undue hardship to your business.

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## Technology Helps Create Efficient RTW Processes

In the integrated absence management (IAM) world, employers often rely on carriers and third-party administrators (TPAs) to help implement their preferred operating models. Many of those models share a common goal: a streamlined, efficient process that drives optimal outcomes for both employers and employees. Historically, some carriers and TPAs staffed operations centers with nurse case managers for clinical insight when reviewing a claimant's medical information; some employers had in-house units similarly staffed.

However, in recent years, we are seeing fewer nurses managing disability and leave cases. Instead, many carriers, TPAs, and employers have transitioned to a clinical escalation or clinical consultation model in which non-clinical case managers handle the majority of claims and nurses are pulled into only the more complex cases.<sup>1</sup> The biggest driver of this move may be cost reduction. Assigning a nurse to each and every disability claim drives up operating overhead and is not the lean model many employers are looking for.

That said, employers obviously are not willing to sacrifice quality in their claims management processes. Doing so leads to poorer outcomes, such as increased employee attrition, and, in cases where claims are improperly managed, even lawsuits. Therefore, TPAs, carriers, and employers are challenged

to develop an operating model that is not only cost-effective but also bridges the knowledge gap that could come with fewer nurses on staff. Many claim operations centers can meet that challenge by using updated tools and technology. Below are a few examples.

**Make online resources easily available to case managers.** Claim operations centers can subscribe to medical guidelines that detail different conditions and their typical recovery periods. In some cases, those guidelines can be accessed online directly through the software, so case managers have what they need at their fingertips.

**Embed information in case management software platforms.** In addition to linking to medical guidelines from the software platform, some case management systems can store information directly in the system. For example, some systems can be configured to recognize that a certain diagnosis or procedure (such as childbirth) will typically keep an employee out of work for an anticipated period of time (six or eight weeks).

**Automate where possible;** let the software do (some of) the thinking. Simpler, less complex cases more easily lend themselves to automated management. For example, uncomplicated pregnancy, childbirth, and simple routine surgeries can usually be managed with minimal case manager intervention. Approval can be automated when

certain criteria are met. Cases of medium complexity require more case manager review, but the process itself can still be automated. Software can be configured to trigger tasks and correspondence that keep the process moving and provide reminders for the case manager to check in on the case when needed. For the most complex cases, such as behavioral health cases,<sup>2</sup> a nurse case manager is often still needed, but even that component can be automated to an extent. Systems can be configured to flag certain diagnoses as potentially needing clinical consultation.<sup>3</sup>

The goal is not to eliminate the nurse's role in the disability claims process but rather to utilize nurse case managers more strategically. When claim operations centers install systems with the necessary capabilities, and following the above guidelines, nurses can focus on the more complex cases, reducing overhead and delivering the cost efficiency that employers seek.

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**Geoffrey Simpson**  
VP of Sales & Marketing  
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# Mining Leave Data to Improve Your Organization's Leave Program

Leave managers are usually working in overdrive trying to keep up with their sheer quantity of cases. Their primary concern is staying legally compliant by making the right calculations and adhering to regulatory deadlines, forcing them to always be in reactionary mode. Managing leaves generates a wealth of data, but most leave managers don't have time to leverage this data to help optimize day-to-day activities and broader workforce strategies.

Yet you don't want to miss this opportunity to use reporting to improve your leave program.

Though specific reports may vary between employers, the foundation remains the same. To begin, leave reports typically fit in two categories — operational and analytical.

## Operational Reports

Operational reports cover day-to-day activities, tracking things like active leaves, tasks, workload, and productivity. These reports help you manage leaves better by providing information you need to make more informed decisions immediately. They also include reports for other departments, such as those telling payroll when employees are going on leave so they can trigger pay processes.

## Analytical Reports

Analytical reports review your data over time to identify trends, risks, and opportunities for improvement. Some can even be leveraged for benchmarking. Reports from industry groups also offer data from many employers so you can see how your leave experience compares to your peers, examining key items like lost workday averages by industry. If your averages are higher, you might have a problem and should dig deeper.

## Capturing Pandemic-Related Leave Data

Since the start of the pandemic, leave has been a hot topic, with an onslaught of new leave laws and employers struggling to quantify the cost to their operations. One way to quantify cost is to look at lost workdays related to the pandemic, be they for an illness, public health order, quarantine, or something else. To facilitate this, leave programs must have the right policies and processes in place to capture accurate data.

For instance, the start of the pandemic immediately cast a spotlight on a gap in leave management policies; many employers could not quantify time off related to the pandemic. Many employees needed time off due to issues like quarantine, but there were no regulatory leave policies applicable. To address this,

many companies worked to implement a general pandemic leave policy to track leaves for quarantine and other public health emergency issues and made adjustments as leave laws related to COVID-19 were enacted.

By having all of these leave policies in place, customers can report on their usage to quantify the number of leave events, lost workdays by leave type and policy, and more. They can also translate these into costs such as lost productivity, benefits continuation, and paid time off.

Going a step further, employers can use leave data as they plan for return to work (RTW). This might involve identifying jobs incurring significant lost time due to the pandemic that can easily be performed remotely for longer. It will also be integral to monitor trends as employees return, looking for spikes in leaves involving the Americans with Disabilities Act, the Family and Medical Leave Act, and quarantine leave requests. These leave trends might indicate a need to slow down RTW or re-evaluate whether your RTW program is effective.

As we begin to look to the future, there's no better time to think about the leave data you can already access and the reports that can help make your organization healthier, happier, and stronger.



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AVP, Senior Counsel  
Sun Life U.S.

Senior Counsel  
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# Pandemic Workplace Technology Trends

Technology has played a key role as businesses adopt remote operations. Employers are accelerating technology uses to ensure safety in the workplace and enable employees to work productively from home. Employers now are seeking long-term solutions for what they initially anticipated were only short-term needs.

**Health and Safety.** Many state and local mandates require employers to conduct daily health screenings, including taking temperatures, and to maintain data to facilitate contact tracing if a workplace COVID-19 diagnosis occurs. Technology companies have developed devices and applications to help meet these needs, such as devices for taking temperatures while maintaining physical distance, and wearable devices to alert users when they aren't maintaining appropriate distance. Some wearable devices can collect contact data to facilitate contact tracing, and others can even notify a user if they were in close contact with someone reporting a COVID-19 diagnosis. Similar technologies are also available in mobile apps. While these monitoring devices and applications help promote safety, they also raise privacy concerns and other potential legal and employee relations issues.

Many employers wonder if they can require employees to be vaccinated. Lacking a definitive statement on vaccination by the Equal Employment

Opportunity Commission, employers might be able to require employees be vaccinated subject to reasonable accommodations for disabilities and religious beliefs. But this is uncharted territory; an employer's rights could be impacted by data about the vaccine's reliability, availability, and other factors. Employers need to stay informed about emerging trends and options.

**Productive Remote Work.** With the first lockdowns in spring of 2020, many employers were forced to embrace technology — such as laptops, headsets, monitors, and mobile devices — to support working from home. Many employers have been uncertain as to their financial responsibility to purchase equipment or provide internet services for remote employees. Consider consulting employment counsel because certain states, such as California, place much of the financial burden for purchasing work-related equipment on employers.

Beyond office equipment, technology platforms have played an important role in the shift to working from home. Employers want to keep employees engaged in the new virtual working environment. Video conferencing platforms like Zoom or Google Meet have been used extensively to conduct business. Employers also have used technology to provide wellness programs and conduct surveys to gauge employee engagement and assess feedback. Technology interwo-

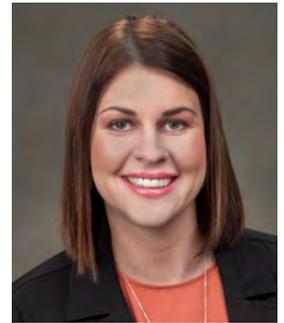
ven with communications strategy can help employees stay engaged and connected, and avoid feeling isolated.

A McKinsey & Company survey of employers<sup>1</sup> found that COVID-19 accelerated the permanent adoption of digital technologies by several years. Respondents reported that remote working and cloud migration were becoming more cost-effective. If your business has not yet embraced new technology, consider taking steps in this direction. While the course of the pandemic is uncertain, the workplace may be forever changed due to employer responses to the pandemic.

Reach out to industry peers to hear about their innovations implemented and lessons learned about what does and doesn't work. Regular surveys of your employees and clients can also provide insight about their needs, preferences, and top-of-mind concerns, such as at-home office needs or contactless delivery of products and services. This workplace evolution may result in a reduction of your physical footprint and therefore require further technology investment. It may also result in new, permanent business models. If nothing else, the pandemic has taught us the importance of embracing change.

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**Bethany Cissell**

Account Manager

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# Medicare Advantage Eases the Way to Retirement

Most people welcome the switch from full-time employment to the slower pace of their retirement years. However, the uncertainty surrounding a shift in health insurance coverage during a global pandemic may be causing some unnecessary anxiety. As employees face income changes and the high cost of insurance premiums, approaching this new phase can be daunting.

Fortunately, absence management professionals can mitigate this unease by referring employees to human resources for help to make the switch from employer-sponsored health insurance to Medicare Advantage. Even for employees who aren't quite ready to retire, this is a good first step toward more affordable and flexible healthcare coverage.

Companies that help employees switch will find the process mutually beneficial; for the retirement-aged employee, it provides a way to access a wider variety of plans. This in turn reduces employer costs; and when eligible employees switch before retirement, it can reduce the employer's financial burden of covering those with a statistically higher rate of chronic illness<sup>1</sup> and long-term care needs.

Employees approaching retirement need to know the difference between Original Medicare and Medicare Advantage. Original Medicare includes Part A (hospital) and Part B (medical) insurance. Medicare Advantage or Part

C is a bundled plan that typically includes Part A, Part B, and Part D (prescription drug coverage), and often includes other savings and benefits such as vision or dental.

Switching eligible workers to Medicare Advantage has potential financial benefits for both employees and their employers. The affordability of Medicare Advantage plans compared to employer plans is particularly important this year. Premiums combine Medicare Part B, starting at \$148.50 (with increases for higher income earners), and a separate premium for Part C coverage. Some plans have free or low-cost premiums.

Employers can achieve significant cost reduction by reducing their healthcare spend. The average annual premium for employer-sponsored insurance is over \$7,000 for single coverage and exceeds \$20,000 for families.<sup>2</sup> Employers who help eligible workers switch to Medicare Advantage can ensure quality, affordable care for employees while reducing healthcare costs.

As part of the high-risk population, Medicare Advantage-eligible employees receive extra benefits for the duration of COVID-19, including temporary telehealth coverage, COVID-19 tests, antibody/serology tests, a vaccine when they are eligible, and all with no out-of-pocket costs. Encouraging employees to switch means they'll be safe and covered.

Eligible employees can also coordinate

Medicare benefits with their COBRA coverage. But in this case, there would be no need to enroll in a Medicare Advantage plan. Employees would need to be entitled to Medicare first and then entitled to COBRA benefits. Medicare would be the primary coverage, and the COBRA plan would be secondary. However, if an employee becomes entitled to Medicare after their COBRA benefits begin, then the COBRA coverage would end. In these scenarios, COBRA benefits can only be maintained for costs and services that Medicare does not cover, such as dental insurance.

Older workers and would-be retirees face many unknowns in the coming months. Starting 2021 right can include helping eligible employees review their options and consider the switch to Medicare Advantage. This new year calls for a new approach to healthcare that reduces employer cost and helps older employees make retirement decisions with certainty. There's never been a better time for absence management professionals to help eligible employees make the transition.

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**Rachel Shaw, MBA**President and Principal Consultant  
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# Employing Technology in Your ADA Process Just Became More Crucial

In many organizations, the rapid spread of COVID-19 has resulted in an increase in accommodation requests. One of the mandates of the Americans with Disabilities Act (ADA) is to provide a timely good faith interactive process. This means employers have an obligation — even during a pandemic — to respond to, interact, and make decisions for employees who request accommodations.

Use technology to ensure you don't miss steps, continue to interact, and document that interaction. Not just important in a pandemic, you'll see the benefits of employing technology well beyond COVID-19 and in the "new normal" that follows.

**Get Your Process Online.** If there was ever a time to ditch those hardcopy files and sticky notes, that time is now. Start by ensuring all incoming requests for accommodation and documents can be received digitally. This includes medical notes from doctors, many of whom still use fax machines. A number of eFax services allow you to receive medical notes via email for easy placement into your group drive files. Be sure to keep your online filing system up to date and make a habit of saving emails in specific employee folders for easy and searchable access.

Task management software is perfect

for managing reasonable accommodation requests and the disability interactive process. You can easily create templates of tasks based on your four process steps:

1. Collecting clear data
2. Engaging, interacting, and exploring accommodation ideas
3. Scheduling the interactive process meeting
4. Conducting post-meeting activities

Each of these process steps has several subtasks, making task management software even more useful. Applications such as Asana, Monday, or ClickUp allow for greater access across practitioners and allow individuals to create reminders and make diary notes under tasks. This can help keep record of when they have made calls and sent or received emails. This makes it simple to see — all in one place — what you have done as an organization, what's next, and where you are in the larger process for each employee's accommodation request.

**Use Technology Creatively.** The words technology and innovation have always gone hand-in-hand. In the current business climate, look for ways to use technology to complete practices usually performed in person. For employees who are working from home or in the workplace, consider having ergonomists conduct online assessments

of workspaces. For example, employees can use their phones to videoconference with an ergonomist to show their workstation so the ergonomist can provide individualized assessments and recommendations.

Also, don't delay the interactive process because you can't meet in-person. While in-person meetings are preferred, ensuring a timely interactive process is paramount. Use teleconference or videoconference technology to support comprehensive reasonable accommodation discussions and document these sessions just as you would for in-person meetings. Consider an audio-only teleconference when you are unsure of your employee's bandwidth or level of technological savviness. Use videoconference when a face-to-face meeting is needed, such as for a person who read lips or prefers a visual meeting option. Take advantage of digital signature technology such as Adobe or DocuSign to combine all signatures into one set of meeting notes for your organization's records.

Managing reasonable accommodation requests did not get easier with COVID-19, but the job you do is important to support both the organization's business needs and the needs of disabled and medically fragile employees during this time. Employing technology in new ways can help. Keep up the good work.

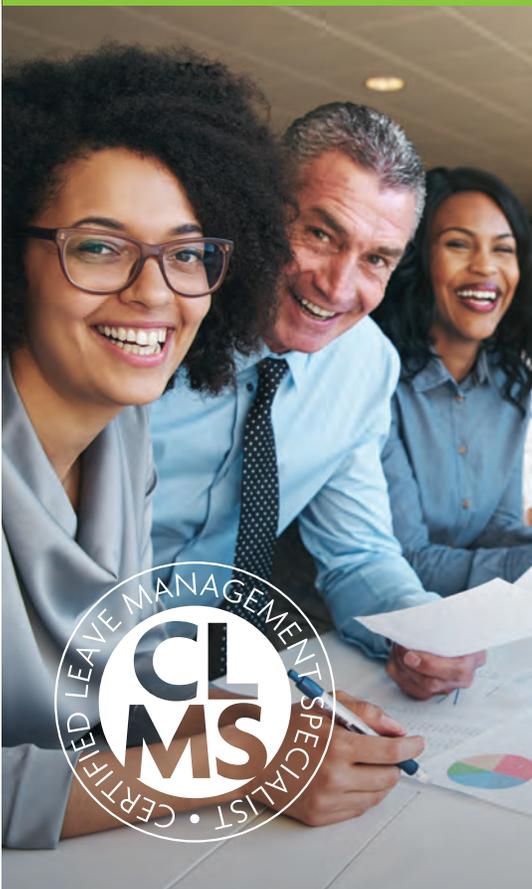


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## DMEC Welcomes New EAC Members

DMEC is pleased to welcome the following new Employer Advisory Council (EAC) members who begin their two-year terms in 2021. The EAC supports our mission by providing strategic advice, feedback, and recommendations on DMEC programs and resources.

- Deborah Combs, Team Lead, Absence Management, Indiana University Health
- DeShawna Manley, National Benefit Senior Manager, PriceWaterhouseCoopers
- Dorian Hoskins, Ability Coordinator, Ascension Health

- Jenny Haykin, Integrated Leaves & Accommodations Program Manager, Puget Sound Energy

- Lori Vickory, Director, Employee Relations, Greystar

- Shelley McQuown, Benefits Analyst II, Erie Insurance Group

We would also like to thank the following EAC members who completed their two-year terms on Dec. 31. Their dedication has helped us respond to member needs, develop new DMEC programs and services, and build the integrated absence management community.

- Ingrid Blackwell, Integrated Disability Manager, Pacific Gas & Electric,

- Dan Cooper, Team Leader, Leaves of Absence, Edward Jones,

- Azucena Coronel, Manager, Integrated Disability and Absence Management, County of Orange

- Kerry Daley, Absence Program Manager, Robert Half International

- Jessica Thornton, Senior Mgr, LOA & Accommodations, RBC Wealth Management

- Regina Stringer, Director, Integrated Absence Management, WalMart.

## Two New Companies Join DMEC's National Sponsors

DMEC's National sponsors are a committed group of supplier organizations that help us deliver on our mission and vision of providing focused education for absence and disability professionals. We would like to acknowledge and thank them for their continued support of the organization.

In 2021, we are pleased to welcome Trion Group, a Marsh & McLennan Agency LLC, as a Platinum sponsor and Voya Financial as a Silver sponsor. We look forward to their partnership and participation in DMEC.

The full list of National sponsors is:

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## Two New Members Join the DMEC Board of Directors

DMEC is pleased to announce that two new board members, Francis P. (Frank) Alvarez, Principal at Jackson Lewis P.C. and Jeff Oldham, Chief Revenue Officer at Nayya, have joined its Board of Directors.

Frank Alvarez is a principal in the White Plains, New York, office of Jackson Lewis P.C. He is the founder and co-leader of the firm's Disability, Leave and Health Management practice group.

Applying nearly thirty years of experiential knowledge, Alvarez closely collaborates with clients to “operationalize” these laws, including building leave management and reasonable accommodation programs that incorporate statutory and voluntary paid and unpaid leave

programs. His goal is to help clients design systems that comply with the letter of the law, take care of employee needs, take control of legal and business risks, and develop a human resources narrative that significantly reduces employment litigation risks.

In 2017, DMEC awarded Alvarez its Partnership Award for his passion in advancing absence and disability management. He is routinely invited to speak on leave and accommodation issues.

Jeff Oldham is the Chief Revenue Officer of Nayya, an AI and machine learning platform helping employees choose and use their benefits. Oldham is also the co-founder of Informed Consulting, a firm working with venture capital and

early-stage companies to connect digital health and financial wellness products with benefit ecosystem distribution partners.

Oldham has 25 years of experience working with enterprise employers, insurance carriers, benefit administration companies, and consumers. Prior to Nayya and creating Informed Consulting, he held various sales leadership positions in his 12 years at Benefitfocus, a benefit administration company, where he developed distribution markets for early-stage digital health and financial wellness companies. Prior to BNFT, Oldham was in insurance carrier sales for 13 years for Prudential, Unum, and Nationwide.

Oldham was named by *Employee Benefits Advisor* in “30 Benefit Thought Leaders to Know” and “30 People to watch in Benefits 2017” and has been featured in *CNBC*, *Inc* magazine, *Forbes*, *Employee Benefits News*, *US News and World Report*, *HR* magazine by the Society for Human Resource Management, and numerous other publications.

“DMEC has carved out a leadership role in the field of absence and disability management” said Kevin Curry, Chair of DMEC’s Board of Directors. “I know our members share my excitement at the addition to the board of two industry experts uniquely qualified to further advance DMEC’s mission.”

The image is a promotional graphic for Spring, an Alera Group company. It features a central logo with the word "Spring" in a blue serif font, with a green arrow pointing upwards through the letter 'i'. Below the logo, it says "AN ALERA GROUP COMPANY". Surrounding the logo are several icons: a blue circle with three vertical bars and the word "Compliance", a green circle with two interlocking gears and the word "Productivity", a green circle with a magnifying glass and the word "Benchmarking", and a blue circle with a wheelchair icon and the words "Leave Management". The background is white with a pattern of overlapping rounded squares in shades of blue, green, and orange. At the bottom, there is a dark blue banner with the text "Maximizing your health, wealth & productivity" in white. Below the banner, the website "www.springgroup.com" and phone number "617-589-0930" are listed.

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