



# Navigating the Complexities of Mental Health Claim Management

## Speakers:

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# Agenda

- **Mental Health Compliance Considerations**
  - ADA
  - PWFA
  - Other considerations
- **Defining Anxiety**
  - Symptoms of Anxiety
- **Defining Depression**
  - Symptoms of Depression
- **Other Categories of Mental Illness**
- **Testing and Diagnosis of Anxiety and Depression**
- **Medication Management for Anxiety and Depression**
- **Engagement Workshop**
  - Case Study #1
  - Case Study #2
  - Case Study #3



# Mental Health Compliance Considerations

- **What regulations may be triggered when an employee notifies their employer of a mental health issue that is impacting the employee's ability to do their job?**
  - Family and Medical Leave Act (FMLA)
  - Americans with Disabilities Act (ADA)
  - Pregnant Workers Fairness Act (PWFA)
  - Any similar state laws that cover accommodation and/or LOA

# Mental Health Compliance Considerations

- **When can you – as the employer – trigger \*something\* based on your perception of an employee's mental health?**
  - **Potential Triggers:** worsened performance, absences, tardiness, unusual actions
  - **Fitness for Duty Exam:** may be required based on the employee's conduct showing that the employee cannot safely perform the job and/or poses a direct threat to self or others.
    - ADA adds that the FFD exam must be job-related, meaning that the employer must have reasonable belief based on objective evidence
      - Direct observation or reliable info from a credible source

# Mental Health Compliance Considerations (continued)

- **What should you – as the employer – do when you become aware of an employee’s potential mental health issue?**
  - **First step:** offer support – ask how to help, direct the employee to EAP, etc.
  - **Second step:** determine whether the conduct and supporting conversation were sufficient to trigger the ADA’s interactive process
    - Investigate as needed
    - Communicate to the employee about what is happening and why

# Mental Health – ADA

**What are the most common challenges an employer faces when an employees requests an accommodation due to a mental health condition?**

- HR/Manager failure to recognize the request
- Non-obvious condition or disability
- Obtaining sufficient medical certification
- Defining the restrictions/limitations
- Identifying an effective accommodation
- Ongoing IAP as symptoms/needs change

# Mental Health – PWFA

**The Pregnant Workers Fairness Act (PWFA)** requires employers to provide accommodations to qualified employees, for both physical and mental limitations related to pregnancy even when those limitations do not rise to the level of a disability. Requests related to pregnancy and mental health may include the following:

- Post-partum depression
- Infertility
- Pregnancy loss

**Employers should be aware of the following:** employers must engage in the IAP, but medical certification is limited (can request medical documentation connecting the limitation or request to pregnancy, but the condition itself does not need to be a disability). Employers should train their managers to understand that any/all requests for accommodation related to pregnancy should be directed to the appropriate resource/team.

# Mental Health – Other Considerations

## Short-Term Disability (STD)

### ▪ **Mental Health Parity and Addiction Equity Act (MHPAEA)**

- Federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

### ▪ **The Mental Health Parity Act (MHPA)**

- Signed into United States law in 1996
- The legislation mandates that any annual or lifetime dollar limits imposed on mental health benefits must be at least as high as the corresponding limits for physical health benefits provided by group health insurance plans — or insurers associated with such plans.



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**JJO**

Need to research these 2 laws more.

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# Mental Health – Other Considerations

## Employee Assistance Program (EAP)

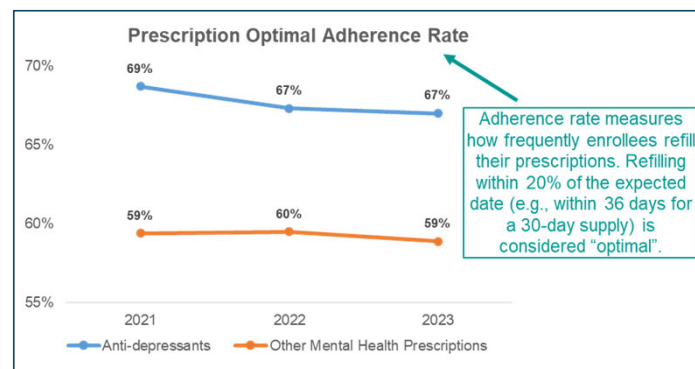
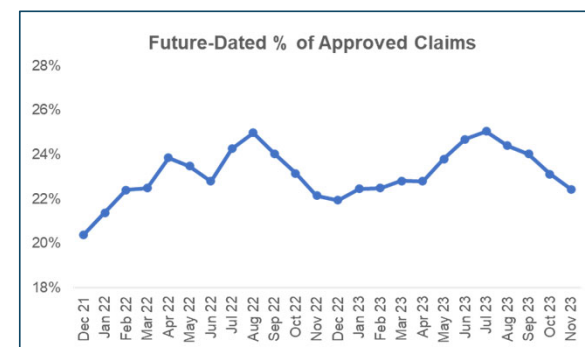
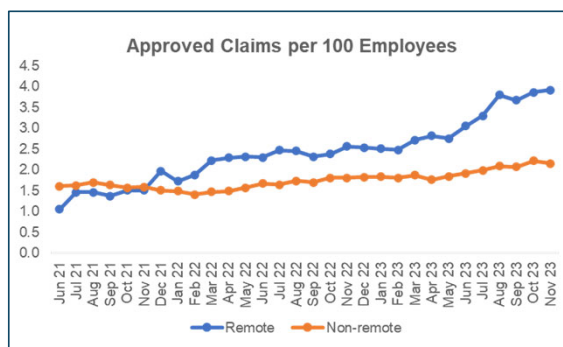
- **Does an employee's participation in an employer-sponsored mental health program trigger any protections or obligations under these laws?**
  - Being told of an employee's mental health conditions/issues may trigger protections under the ADA, but does not necessarily trigger an accommodation request and the EAP.
  - ADA/GINA – allow employers to offer these programs but prohibit requiring involuntary disclosure of disability-related information.
  - Should an employer “advertise” the opportunity to request accommodations to that audience (those participating in a mental health program)? May want to prepare for an increase in accommodation requests, even if it is not advertised.
  - Train managers (or those running a mental health program) to understand the difference between participation and an accommodation request.

# Mental Health Trends

- Mental Health is the 4th highest cause of STD at 8.5%<sup>1</sup>
  - Finance Services and Insurance – 14.9% incidence 79 days duration
  - Computer Programming and Related Services 14.4% incidence, 77.3 days duration
- Full-time work from home employees are trending at a higher rate of mental illness than in office employees<sup>2</sup>
- Prior to the pandemic use of EAP Programs for mental health ranges from 2.1% to 8%<sup>3</sup>
- A 2022 survey by the Business Group on Health showed between 1% and 12% utilization

# Short Term Disability – Mental Health Claims

- Whereas claim incidence for remote employees steadily increased from 1/1/21 – 12/31/23, non-remote claim incidence was relatively stable (1.5 - 2.0 claims per 100).
- “Future-dated” refers to claims submitted and scheduled in advance of the benefit start date. Fifty-one percent (51%) of future-dated mental health claims anticipated the conclusion of a work project, and 24% anticipated psychiatric treatment.
- From 1/1/21 – 12/31/23, 22% of all approved mental health claims were future-dated. This proportion increased from 20% in 2021 to 22% in 2022 and 23% in 2023.



# Defining Anxiety

## ▪ **Four Levels of Anxiety**

- Mild anxiety
- Moderate anxiety
- Severe anxiety
- Panic level anxiety

## ▪ **Types of Anxiety Disorder**

- Agoraphobia
- Anxiety disorder due to a medical condition
- Generalized anxiety disorder
- Panic disorder
- Social anxiety disorder (social phobia)
- Specific phobias
- Substance-induced anxiety disorder
- Other specified anxiety disorder and unspecified anxiety disorder

# Symptoms of Anxiety

- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate
- Breathing rapidly (hyperventilation)
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating or thinking about anything other than the present worry
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having difficulty controlling worry
- Having the urge to avoid things that trigger anxiety

# Defining Depression

- **Depression is a “mood disorder”**

- Persistent feeling of sadness and loss of interest
- Impacts how you think and behave
- Can cause a variety of emotional and physical problems
- Trouble doing day-to-day activities
- Can create the feeling that life is not worth living

- **Depression is more than just having “the blues”**

- It is not a weakness, and you can't simply “snap out of it”
- May require long term treatment
- Most are helped with medication, psychotherapy or both

# Symptoms of Depression

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
- Sleep disturbances, including insomnia or sleeping too much
- Tiredness and lack of energy, so even small tasks take extra effort
- Reduced appetite and weight loss or increased cravings for food and weight gain
- Anxiety, agitation or restlessness
- Slowed thinking, speaking or body movements
- Feelings of worthlessness or guilt, fixating on past failures or self-blame
- Trouble thinking, concentrating, making decisions and remembering things
- Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
- Unexplained physical problems, such as back pain or headaches



# Other Categories of Mental Health

- Schizophrenia
- Bipolar disorder
- Organic brain disease
- Obsessive-compulsive disorder
- Personality disorders
- Eating disorder
- Dissociative disorder
- Substance abuse disorder
- Insomnia
- Paranoia
- Neurodevelopmental disorder
- PTSD

# How Can You Test for Anxiety & Depression?

- **Clinical interviews** – Self reported symptoms, medical history, personal circumstances, frequency, duration of symptoms
- **Diagnostic criteria** – Statistical Manual of Mental Disorders (DSM-5)
- **Rating scales** – PHQ-9, Beck Depression Inventory (BDI), Hamilton Anxiety Scale
- **Functional assessments** – Ability to work, socialize and carry out daily activities
- **Visual observations** – Appearance, speech, agitation, restlessness or withdrawal

# Medication Treatment

- **Serotonin-Norepinephrine Reuptake Inhibitors** – A class of antidepressant medications.
  - Drug options include Effexor and Cymbalta
- **Serotonin-Serotonin Reuptake Inhibitors** – First line treatment for General Anxiety Disorder (GAD).
  - These drugs work by increasing the level of serotonin, a neurotransmitter in the brain
  - Prozac, Lexapro, Zoloft and Paxil, Celexa
- **Benzodiazepines** – Fast acting medications that can provide immediate relief for anxiety symptoms
  - Xanax, Ativan, Valium, Klonopin
- **Buspirone** – Treats anxiety by balancing the levels of dopamine and serotonin in the brain
  - Vanspar, Buspar
- **Beta-Blockers** – Primarily used to manage physical symptoms of anxiety such as rapid heart rate and trembling
  - Inderal, Tenormin, Lopressor



# Case Study # 1

# Group Claim Review #1

## Evaluate Initial Medical

- **As a table, evaluate the medical provided in claim example #1 and determine the following:**
  - Is the medical adequate to make an initial STD claim decision
    - ✓ Does the medical support that the claimant can't perform their job
    - ✓ Do the symptoms provided include level of severity of symptoms or an ability to assess if all information combined provides for a level of severity to determine the level of impairment?
    - ✓ The medical is adequate but does not substantiate disability
    - ✓ If the medical is not adequate what is missing to allow for an initial claim decision



## Case Study #2

# Group Claim Review #2

## Evaluate Initial Medical

- **As a table, evaluate the medical provided in claim example #2 and determine the following:**
  - Is the medical adequate to make an initial STD claim decision
    - ✓ Does the medical support that the claimant can't perform their job
    - ✓ Do the symptoms provided include level of severity of symptoms or an ability to assess if all information combined provides for a level of severity to determine the level of impairment?
    - ✓ The medical is adequate but does not substantiate disability
    - ✓ If the medical is not adequate what is missing to allow for an initial claim decision



# Case Study #3



# Group Claim Review #3

## Evaluate Initial Medical

- **As a table, evaluate the medical provided in claim example #3 and determine the following:**
  - Is the medical adequate to make an initial STD claim decision
    - ✓ Does the medical support that the claimant can't perform their job
    - ✓ Do the symptoms provided include level of severity of symptoms or an ability to assess if all information combined provides for a level of severity to determine the level of impairment?
    - ✓ The medical is adequate but does not substantiate disability
    - ✓ If the medical is not adequate what is missing to allow for an initial claim decision



Questions?