

State of Ohio: Disability FAQ for Employees

Contact Information

State of Ohio Disability Center
PO Box 14648
Lexington, KY 40512

Toll Free Telephone Number: 844-601-9950

Toll Free Fax Number: 855-800-5116

Email box to send documents: StateOfOhioDocs@Sedgwick.com

Single sign-on to the mySedgwick online portal: myOhio.gov > **My Workspace** > **Self-Service** > **Disability Leave Benefits**

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Transition Details

1. What's changing?

Sedgwick will take over the administration of new and existing disability claims for the State of Ohio. Sedgwick will manage the disability claim process from start to finish and will work with employees to gather the necessary medical documentation needed to resolve the claim.

2. What is the effective date of the transition to Sedgwick?

The transition will take place on Sept. 1, 2024. Sedgwick will take over management of all open and pending disability claims as of the transition.

Claim Filing and Information

3. How can I file a new disability claim?

Employees have multiple ways they can file a new disability leave claim. Claims can be reported by telephone or submitted online through the mySedgwick portal 24/7/365.

Telephone: Employees can report their claim through the Sedgwick Care Team by calling **844-601-9950**.

Hours of Operation

- **Interactive Voice Response: 24/7/365 days per year**
- **Care Team Hours of Operation: 8 a.m. – 8 p.m. ET Monday through Friday**

Online: Employees can also report their claim through the mySedgwick online portal by going to myOhio.gov > **My Workspace** > **Self-Service** > **Disability Leave Benefits**.

4. Who can file a claim?

The employee, a member of the employee's family, or a representative of the employee, including the appointing authority, may file an application for disability leave benefits. Employees can contact Sedgwick with additional questions by calling the Sedgwick Care Team at 844-601-9950.

5. What if I have questions about a claim?

Employees can contact Sedgwick by calling the Sedgwick Care Team at 844-601-9950. The Sedgwick Care Team representatives can answer basic questions about a claim and connect the caller with the assigned Claim Specialist who will be able to answer more detailed questions. Employees can also communicate with the assigned Claim Specialist through our online portal, mySedgwick, by going to myOhio.gov > **My Workspace** > **Self-Service** > **Disability Leave Benefits**. Messages submitted will be responded to within 1 business day.

6. What are the timely reporting requirements to file a claim?

- Most employees must file their claim within 20 calendar days from the last day worked, or last date of approved leave, or from the date the employee is given a disability separation.



- FOP 46 and FOP 48 employees must file their claim within 28 calendar days from last day worked, or last date of approved leave; or 30 calendar days from the date the employee is given a disability separation.
- Where extenuating circumstances prevent an employee from filing an application for disability leave benefits within the required time frame, a written statement from the party responsible for the delay explaining such extenuating circumstances must be filed within fifteen calendar days after the twenty-day time-period has expired. Appropriate extenuating circumstances shall be accepted as an extension of the time limit to file an application for disability benefits.
 - Timely reporting is enforced:
 - If claim is reported late without extenuating circumstances, the claim will be delayed by the amount of calendar days claim was reported late. The denial period will NOT count towards the maximum duration.
 - Claim filed late with extenuating circumstance:
 - Employee has 15 calendar days after the 20-day time-period to file a claim with an extenuating circumstance (35 calendar days for extenuating circumstances to file a claim)
 - If claim for extenuating circumstance is filed after 35 calendar days, the claim will be delayed by the amount of calendar days claim was reported late.
 - The denial period will NOT count towards the maximum duration.

7. Can I report a claim early?

Employees can file their claim up to 30 days ahead of the anticipated date of disability with Sedgwick. If the employee attempts to file their claim prior to this timeframe, they will be advised to resubmit their claim within the 30-day timeframe.

8. How should I request Leave Supplementation?

Employees should work with their agency human resources representative if they would like to use accrued leave to supplement their waiting period and/or approved disability leave. Sedgwick will not manage this process and will instead refer employees to their agency human resources representative to discuss.

9. If I disagree with the determination on my claim, what can I do?

Employees will need to submit an appeal request to Sedgwick within 30 days of the determination, the same way all other documentation would be submitted related to their claim.

mySedgwick Claims Portal

10. What is needed to register on the mySedgwick online portal?

Active employees will access the site by single sign on by going to myOhio.gov > **My Workspace** > **Self-Service** > **Disability Leave Benefits**.

11. How can I use the mySedgwick online portal?

- **Report a new claim:** Employees can use the online portal to report new disability leave claims. Once the claim is created in Sedgwick's system, it will be viewable in mySedgwick. Please note that there is generally a 2-hour delay between when the claim is reported and when it will be visible in mySedgwick.
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- **Check the status of a claim:** MySedgwick will show the current status of a claim, along with important due dates and milestones.
- **Update claim dates:** In mySedgwick, employees can confirm or update first date of absence, as well as the return-to-work date.
- **Communicate with the examiner:** Employees will have the ability to message directly with the assigned claims examiner. Messages left for the examiner will be returned within 1 business day.

Sedgwick Care Team

12. What information will Care Team representatives ask for as verification before sharing information about my claim?

- Date Of Birth
- Employee ID
- Home ZIP Code

13. How can the Care Team representatives help?

The Sedgwick Care Team consists of customer service representative who can answer questions about the claim such as the medical information due date, the date that the last medical information was received, the status of the claim, and other basic claim, policy, and process information. They can also connect a caller with the assigned claims examiner who is handling the claim to answer more detailed questions.

14. Can Care Team representatives share information over the telephone with a member of my family or another representative?

Yes, if the employee verifies security and provides verbal approval to discuss the claim, information can be provided. The authorized representative does not have to be present with the employee. Once authorization is provided it will be stored in Sedgwick's system for future calls. If the employee is incapacitated, then a power of attorney would be needed.

15. How quickly will examiners return voice mail or online messages?

Within one business day.

16. How can I change my contact information?

Employees can change their contact information by calling our Care Team at 844-601-9950, or by logging into our online portal mySedgwick by going to myOhio.gov > **My Workspace** > **Self-Service** > **Disability Leave Benefits**. If an employee changes their address with Sedgwick, they will be advised to also make the change in myOhio Self Service.

17. How can I submit information to Sedgwick?

Employees can submit information online through the portal, by phone at 844-601-9950, by fax at 855-800-5116, or by email at StateOfOhioDocs@Sedgwick.com.

18. How do I receive information and updates from Sedgwick?

Employees can receive claim information from Sedgwick through mail, email, or text. Some email and text communications will include a link to relevant, short informational videos to ensure employees know what to expect and understand the process.

Employees will set up their preferred contact method when the claim is reported and can change this anytime by calling the Service Center, or through our online portal.

19. What happens after a new disability claim is filed?

- a. Sedgwick will send an initial packet to the employee one business day after the claim is reported. The packet will include:
 - Claim information and next steps.
 - Forms for the employee and provider to complete.
 - Medical documentation due date
- b. Sedgwick will contact the employee to discuss the claims process, and the treating provider to request any necessary information.
- c. Sedgwick will send an email notification to the assigned agency human resources representative to notify them that a claim has been reported and request any additional information needed (job description, leave balance, confirmation of last day worked).

20. When is documentation due when a new disability claim is filed?

For most employees, any necessary documentation is due within 20 calendar days from the last day worked or the date the initial packet is sent, whichever is later. For FOP 46 and 48, the timeframe is adjusted to align with contractual requirements. If documentation has not been received by day 13, Sedgwick will reach out to the employee to remind them of the medical due date. If no documentation is received within 20 calendar days, a decision will be made on the claim on day 21. Employees can request a one-time 7-day extension for the medical due date, as long as the request is made prior to the 21st day.

Any medical received prior to the due date will be reviewed by Sedgwick within two business days of receipt.

21. What is Sedgwick's Fast Track Approval Process and what claims are eligible?

Sedgwick has a fast-track approval process for certain medical conditions to provide an elevated employee experience, and ensure benefits are paid timely. If a diagnosis falls within Sedgwick's fast track criteria, no medical certification is required, and the claim will be approved based on information obtained during claim intake. If the claim is future dated, confirmation of surgery will be obtained from the employee or the treating provider within 1 day after the first day of absence. Fast-track process criteria includes:

- Simple surgeries: Approved to 70% of the Official Disability Guidelines (ODG).
 - Any non-mental health diagnosis in which 70% of ODG is three weeks or less (21 calendar days).
 - Employee has physically returned to work with any non-mental health diagnosis and is off work 21 calendar days or less.
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22. Can my treating provider submit information directly to Sedgwick?

Yes, providers can submit documentation directly to Sedgwick by faxing it to **855-800-5116**.

Documentation can be submitted by mail, email, fax, and electronic upload through the mySedgwick online portal (myOhio.gov > **My Workspace** > **Self-Service** > **Disability Leave Benefits**).

23. How do I know if my doctor has provided the information/documentation Sedgwick needs?

Employees can check the status of documentation through the online portal mySedgwick (myOhio.gov > **My Workspace** > **Self-Service** > **Disability Leave Benefits**). Employees can also contact the Sedgwick Care Team at **844-601-9950** to determine if documentation has been received.

If documentation has been received, but additional documentation is needed, Sedgwick will contact the employee to advise what additional information is needed, and the date it is due.

24. How will I be notified of a claim decision?

Sedgwick will send a notice to the employee advising of the decision based on their preferred communication methods (including both approvals and denials).

25. How will I receive disability leave benefits?

Disability leave benefits will continue to be handled by the State of Ohio. Sedgwick does not issue payment of approved benefits.

Return to Work

26. How will the return to work (RTW) process function with Sedgwick?

Sedgwick will reach out to the employee 7 days prior to the end of approved time to determine if they plan on returning to work, or need to request additional time. One business day after the scheduled return date, Sedgwick will reach out to the employee to confirm the return.

Employees who are released to return to work with temporary restrictions, as requested by the treating provider, will continue to work with their agency human resources representative to determine if a Transitional Work Program (TWP) Agreement can be executed.

Interaction with other Leave Programs

27. How will the Sedgwick Workers' Compensation and Disability programs interact?

Workers' compensation will continue to be managed by Sedgwick's Workers' Compensation team. During the intake process employees will be asked if their condition is work-related. If they answer "Yes," the claim will be flagged as work related and this will be visible by the specialist. After review, the claim may be denied due to the work-related exclusion, and employees will be advised to file a workers' compensation claim. If the workers' compensation claim is subsequently denied and the employee does not intend to appeal the workers' compensation decision, the employee may contact Sedgwick to file a new disability claim within 20 days of the notification of denial.

28. How does disability interact with pregnancy and childbirth/adoption leave?

An employee can apply for disability leave prior to their delivery due date if there are complications. Once the child is delivered, the employee will transition to Childbirth Leave and the disability claim will be closed. Employees should work with their agency human resources representative regarding Adoption/Childbirth Leave. Adoption or childbirth leave will not be managed by Sedgwick.

29. How does disability interact with FMLA?

FMLA will not be administered by Sedgwick and will instead continue to be handled by the State of Ohio. Agency human resources representatives will be responsible for coordinating the FMLA process and will work with employees to gather any necessary FMLA forms.

Miscellaneous

30. Who is my agency human resources representative?

Employees should talk to their supervisor if they are unsure of their agency human resources representative.

31. I can't find a behavioral health provider, what do I do?

Employees enrolled in a State of Ohio medical plan should contact Optum Behavioral Solutions:

Phone: 1-800-852-1091

Website: LiveAneWorkWell.com | State of Ohio access code number: 00832

Employees should remind providers, "I am a State of Ohio employee in the Optum Behavioral Network, so in-network providers must offer an appointment within 10 business days."

Employees who are not enrolled in a State of Ohio medical plan should contact the Ohio Employee Assistance Program for support at 1-800-221-6327.

32. What if I have a relapse of my condition after returning to work?

If an employee's condition relapses, the employee should contract Sedgwick to discuss next steps and any necessary documentation.

33. What is, and is not, considered a relapse?

A relapse is a related condition that occurs within six months from your return-to-work date. A different body part is not considered a relapse unless the original medical addresses both body parts.

A related disability that occurs beyond six months of the employee's return to work status is considered a **new claim**.

Any unrelated disability that occurs after a previously approved disability is considered a new condition and would be a **new claim**.
