RGA | GROUP DISABILITY CLAIMS APPEALS

The Group Disability Claims Appeals Survey is a first-ever snapshot of common practices across the U.S. market. It reveals what group disability carriers can expect from this complex process.

FACT 1
DEDICATED STAFF

What are the average caseloads of staff reviewing disability claims appeals?

20 AVERAGE U.S. CASELOADS PER FULL-TIME EMPLOYEE

All U.S. carriers in the survey used dedicated (in-house staff) to manage appeals. Appeals staff typically receive case assignments based on availability versus complexity.

FACT 2
HIGH SKILL

What are the average tenure levels of staff reviewing disability claims appeals?

75% OF INSURERS CONSIDERED THE ROLE OF APPEALS SPECIALISTS TO BE AT A HIGHER LEVEL THAN LONG-TERM DISABILITY CLAIM ANALYSTS.

Appeals specialists have an average tenure of 11 years in disability claims experience.

FACT 3
ADVERSE DECISION

What are the top five reasons for adverse decisions on long-term disability (LTD) claim appeals?

1. Not totally disabled (Own Occ/Any Occ)
2. Pre-existing conditions
3. Failure to provide proof of loss
4. Conditions in the policy
5. Eligibility issues

FACT 4
PROCESS CHECK

How many insurers require at least one external peer review during the appeals process?

77% OF U.S. CARRIERS REQUIRE PEER REVIEW (LONG-TERM DISABILITY)

FACT 5
HUMAN TOUCH

How many insurers are currently incorporating artificial intelligence into appeal reviews?

ZERO IN THE U.S., THE DISABILITY CLAIMS APPEALS REVIEW PROCESS IS ENTIRELY MANUAL

FACT 6
CONSIDERING THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA):

What are the areas of highest concern among the participant group around these strict guidelines set by the U.S. Department of Labor?

- TIGHT TIMELINES FOR SHARING INFORMATION WITH THE CLAIMANT
- LACK OF REGULATORY CLARITY
- ACCESS TO PHYSICIAN REVIEWERS

FOR MORE INFORMATION, CONTACT US