

From the Masthead



Mainstay Insurance Brokerage Inc. Phone: (905)886-9203

In order to serve you better

To assist you with your employee benefit plan, we are continually updating our website. Located at:

www.mainstayinsurance.ca

The site provides easy access to many insurance company's websites and to the health and dental claim forms you utilize on a regular basis. We have also added links to the log on pages for members (employees) in order to provide quick entry to other websites.

If you use a form that is not on our website and would like it added, please send us an e-mail at:

feedback@mainstayinsurance.ca

Did you know that..

You can make life much easier by registering on the member website? You can obtain benefit information, forms and view your past claims. A great feature is the ability to get your claim payments directly deposited to your bank account so you get reimbursed as soon as possible.

More and more of the insurers are allowing claims to be submitted online. While we remain concerned with potential abuse and fraud, this can be a great benefit. There are random audits on these e-claim submissions so remember to submit any insurer requested data or risk losing the ability to claim electronically in the future.

Please READ THIS before you travel !

Each year we mention the limitations of emergency medical travel coverage. These limitations exist in every plan to some degree (both group and individual coverage) and everyone should be aware of them.

The most important item is the definition of what **emergency** travel coverage is. Many insurers define it as "an accident or injury or an **unforeseen illness** that **begins** while the insured person is traveling". They often further clarify the key words highlighted above, as "any illness previously diagnosed or treated in Canada may not be covered". WHAT DOES THIS MEAN?

These definitions may mean that you are **NOT** covered when you travel out of Canada if:

1. You are in a high-risk pregnancy or beyond your 32nd -35th week of pregnancy.
2. You have recently had or are scheduled to have surgery or treatment for a medical condition.
3. It has been suggested that you have a medical test, have been scheduled for one, or recently had one and are awaiting test results.
4. Your physician would say or has said that you are not medically stable or safe to travel.
5. You have had recent changes to existing

medication, or it has been recommended that you do so or you start on a new medication or treatment. Even a change in dosage would qualify as a "change" under this definition.

It is important to note that your out of country coverage may still be in effect for other illnesses and injuries that are **NOT** related to your pre-existing condition.

The second item that can cause a problem is the requirement by carriers to contact them immediately when medical treatment is required. This is significant as many carrier plans say that they will **NOT** pay if they are not notified immediately of a medical issue.

Often when someone seeks medical attention in a foreign country (this includes the US) they are asked for their insurance information and are assured that the hospital will "take care of everything". This **DOES NOT** mean that the hospital will contact the insurer. In fact, they may intentionally **NOT** contact them in an effort to run additional and possibly unnecessary tests. Some insurers specifically state for example, that they will not pay for any PET/CAT scans, or MRI's unless they are pre-authorized.

Some insurers will not pay a claim for an emergency incurred in a country or region for which the Canadian government issued either one of these travel warnings: avoid non-essential travel; or avoid all travel.

What can you do to ensure that you are going to have full medical coverage in place when you travel?

1. Ensure you are in good, stable health and are not traveling against doctor's orders.
2. Take your OHIP and travel insurance card and brochure with you when you travel.
3. Call the insurer the moment an event arises. Do not wait for a hospital or clinic to do so.

4. Check the website <http://www.voyage.gc.ca/>

When you are traveling, consider the use of a service such as Canada Direct (1-800-561-8868). This provides you with a local phone number so that you can place a call from most countries back to Canada. This is done with an English-speaking operator and allows services such as collect calling and third party billing. Calling the number above or checking the front pages of your local phone directory can provide more information.



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Note: This side of the newsletter is intended for you, the plan administrator. The information on the 'front' is targeted more to your staff and can be copied and distributed for their reference.

Just in case you were wondering...

Registered Dental Hygienists may provide oral healthcare in settings other than a dental office. They may choose to have their own office or travel to their client's place of residence. Dental Hygienists who are authorized by the CDHO to 'self initiate' do not require the client to have an order from a dentist.

College of Dental Hygienists of Ontario

This information is provided as a reference to clients of Mainstay Insurance Brokerage Inc. It is not intended as advice. Your situation and the contract provided by your insurer as well as any relevant legislation shall always take precedence. Always obtain appropriate legal, human resource or accounting advice.

Misuse, Abuse and Fraud. What is it?

Over the past few years we have seen a significant increase in both the frequency and the financial costs of fraud affecting benefit plans. In the Greater Toronto Area (GTA), the hardest hit areas have been medical equipment and services including orthotics, surgical stockings and paramedical services.

This fraud can be performed with or without the employees consent but in many cases the employees are complicit.

Fraud can range from smaller dollar items such as a health spa performing manicures or pedicures and then providing a registered massage therapy receipt. The employee would then submit this RMT receipt for reimbursement. THIS IS FRAUD.

Some "spas" provide a service where they will review a client's employee benefit booklet to see how they can best service the person and their family.

They will review the booklet and look for areas where they have "arrangements" with providers and add them all up. For example; they might say, "your plan has \$500 for chiropractor treatment, \$500 for massage therapy, \$500 for registered acupuncture treatments, \$500 for physiotherapy and \$500 for naturopathic treatments. These combined will add up to \$2,500. You pay us \$2,500 cash and we'll give you \$2,500 on account to

use for whatever services you want. Massage, haircuts, waxing, facials etc. Married? We can add the same amount for your spouse and each eligible child." THIS IS FRAUD.

Employees may be offered orthotics or braces that are "off the shelf" products that are not custom made and therefore not eligible under most plans. The provider will mark it up as a custom made product and provide a receipt for the employee to submit for reimbursement under their plan. THIS IS FRAUD.

Another example of fraud is to offer everything from designer shoes and handbags to colour TV's, often at prices higher than retail. Receipts are provided however so they can obtain reimbursement for apparent "legitimate services" through their benefit plan. In these cases no treatment of any kind is provided. The employee is knowingly submitting fake receipts. THIS IS FRAUD.

Some areas of fraud are less obvious to employees. A dentist providing legitimate treatment that offers to forgive the 20% coinsurance on an 80% plan for example. Is that fraud? The insurer is not paying any more for the claim, and the employee is not paying their full portion. YES, THIS IS FRAUD!!! A dentist may choose to offer you a discount, but you are required to pay 20% of that discounted price and the insurer will pay the other 80%.

There is a new "vertically integrated" type of fraud that is occurring more often. This is where fraud is perpetuated at all levels, often without the knowledge of employees or the health care practitioners. Employee data can be obtained from a variety of sources some as low tech as rummaging through dumpsters near health care clinics to find names or receipts. The organizers will also steal the practitioners' registration numbers and file claims using the employee data and the practitioners' registration information. This happens quite often in auto insurance where "fake" accidents are staged and "fake" injuries are billed using real people and real healthcare professionals data to obtain payment.

While insurers are constantly on the watch for these kinds of fraud, they are very difficult to catch and police are slow to respond to these "smaller" white-collar crimes.

If you are aware of these types of situations happening at your workplace, you can call the insurer (many have tip lines where you can remain anonymous) or call us at Mainstay to report the problem.

Ultimately any misuse, abuse or fraud of your benefit plan drives prices up causing employers to reduce plan coverage. Fraud is stealing from your employer and it costs all employees.