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Benefits Fraud is Everyone's Business

There has been a lot talk in the news lately about "benefits fraud". Benefits fraud can sometimes be disguised as many things and not always easy to spot. The Canadian Life & Health Insurance Association (CLHIA) has been active in ensuring that Members, Employers and Insurance Carriers/Third Party Plan Administrators take an active role recognizing and preventing benefits fraud. Please review their Fraud = Fraud website <https://fraudisfraud.ca/what-is-benefits-fraud> for tips on how to recognize it and the role that we **all** play in mitigating this. It really is Everyone's Business.

Recent estimates revealed that 10 to 20% of all claims are fraudulent. In Canada, this amounts to \$3 billion in paid claims. The Canadian Health and Dental Insurance Industry is actively and, in some cases, aggressively, developing and implementing strategies to combat this growing problem.

What Is Manion Doing About Benefits Fraud

Perform Regular Claims Audits

Manion audits claims entered or touched by adjudicators. Our claims efficiency specialist audits claims for adherence to process and procedures, as well as for unusual claims activity.

For claims submitted through the portal, we use a forced document process for Medical/Dental, HSA and Wellness claims. This allows us to randomly review claims submitted through the portal. For these claims, adjudicators will verify information and confirm provider

credentials as necessary. Our adjudicators review not just process but providers and their receipts/claims practices. They will, as necessary, call members and providers to confirm dates of service and procedure codes. They will also ask for proof of payment when they are unsure, which may include a picture of the item purchased.

We have levels and thresholds in place for the claim's adjudication staff so that higher dollar value claims are seen by a Specialist, Supervisor or Manager before they are released.

In addition to our processes, our PBMs (Pharmacy Benefit Managers) Express Scripts Canada (ESC) & ClaimSecure perform their own audits at the pharmacy level. Close to 100% of all pharmacies are audited annually.

Manion belongs to the Canadian Life & Health Insurance Association (CLHIA). They have a Working Group on Fraud & Prevention which has quarterly meetings and an annual conference which **Manion** staff attend. The attendees bring relevant information or tools back to the claims teams.

Provider Credentialing

Our third party vendors validate all providers to ensure the provider is licensed and in good standing with their governing body (colleges or associations). Re-credentialing is done every 1 - 2 years at a minimum.

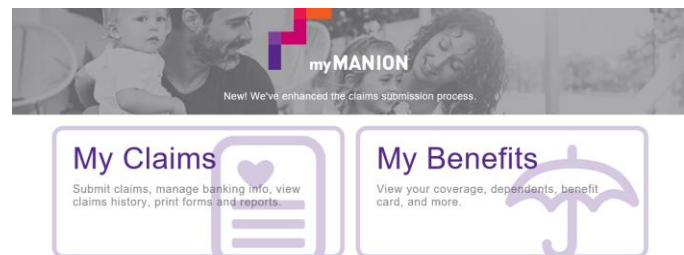
Paramedical Provider Directory

Effective June 1, 2015, **Manion** enhanced the way we adjudicate licensed and registered paramedical providers across Canada. **Manion** has purchased the license to a directory that contains all license and registration data extracted from the different colleges and associations to provide our clients with improved fraud control, reduced risks and improved overall claims management.

Manion receives a weekly file that we import that contains important information on provider name, offices, designations and license status. When we receive a claim for a service provider not found on our database, we do a further investigation to determine the provider credentials. When we receive a claim for a service provider that is not registered or active with an appropriate college, we will deny the claim with the appropriate explanation of benefits.

Manion Claims Corner

MyManion Portal Tips



General

- Be sure to read the Claim Submission Terms and Consent pages thoroughly. You must retain copies of your receipts for 12 months following the date you submitted the claim.
- Be sure to attach your receipt if requested to do so. If you do not attach a receipt within six days you will be sent an email reminder to do so. Your claim will be rejected after nine days if you do not attach a receipt.
- Receipts must include the date of service, service provided, amount paid, patient name & provider name.
- Your claim will be adjudicated quicker and thus you will be paid quicker if you enter in all the claim details. If you pick "Photo Claim" it may take a little longer as an adjudicator must enter the information manually.

Prescription Drug Claims

Be sure you enter the correct “quantity”. This is the number of pills, tablets or packets you received. Entering “1” may cause your claim to underpay. An example is Quantity field (Qty) = 200TAB or Tablets.

Medical Claims

When choosing the claim type or service, if you choose “all other services” you will always be required to attach a receipt. If you can, choose a specific claim type and service from the drop-down lists provided. Your claim may auto adjudicate and be processed faster.

HSA Claims

If you enter your claim as a Health Spending Account claim it will only be adjudicated against your Health Spending Account bank balance. If it is eligible under your medical, dental or Rx plan first, you should start under your core or regular benefit and then enter under the HSA.

Manion Staff Corner

New Hires, Promotions & Retirements

Promotions:

- Alice Kao was promoted to Financial Analyst on August 1, 2019
- Sarah Furnas was promoted to Jr. Disability Claims Examiner on September 1, 2019

Retirements:

- Lucy Roach – Bilingual Contact Centre Agent – August 16, 2019

Manion Pension Corner

Bankruptcy and Insolvency Act and Companies’ Credit Arrangement Act Reform

The federal government is reforming the Bankruptcy and Insolvency Act and the Companies’ Creditors Arrangement Act (CCAA) on Nov. 1, 2019 to enhance retirement security and protect pension plans.

The amendments will:

- Require participants in an insolvency proceeding to act in good faith;
- Provide for the possibility of court-ordered disclosure of a creditor’s real economic interest in an insolvent company;
- Impose director liability in appropriate cases for executive compensation payments in a lead-up to an insolvency;
- Limit the decisions that can be taken at the outset of a CCAA proceeding to measures necessary to avoid the immediate liquidation of an insolvent company, thereby improving participation of all players; and
- Exempt assets held in registered disability savings plans from creditor claims in bankruptcy.

As announced in the 2019 budget, the reforms are aimed at making the insolvency process fairer, more transparent and more accessible. These reforms will protect Canadian retirement security and help reduce hardship pensioners face because of their employer’s insolvency and underfunded pension plans.