



INSIGHTS

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ISSUED QUARTERLY

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Fraud ... Abuse

There are things you can do to protect your plan



Fraud in group benefits has always existed. Fraud by its very nature is intended to be concealed. So, to precisely define how much fraud impacts group benefits plans is difficult to say, but the Canadian authority on health care fraud – the Canadian Health Care Anti-Fraud Association – estimates that fraud accounts for between 2% to 10% of total health care spending in Canada.

Benefits fraud comes in many varieties, but it can be easily categorized by those who commit it. There are three basic types of fraud: Provider fraud – when a health care service provider(s) acts to exploit the plan for their own personal gain. Plan member fraud – when a plan member(s) acts to exploit the plan for their own personal gain, and Providers and plan member collusion – when a healthcare provider and plan member work together to exploit the plan for mutual gain.

Benefits plans are exploited in many ways. Some of these qualify as fraud, while others may be classified as abuse. Although a fine line may often separate the two, what makes fraud and abuse different is that fraud is always illegal and can be easier to prove when caught. Abuse may damage plans and be unethical, it is not usually illegal. Fraud is when a plan member intentionally provides false information on a claim for the purpose of attaining financial gain. Abuse is when a health care provider performs unnecessary treatment on a plan member in order to maximize their billings.

As a plan sponsor here are some things you can do to help yourself:

- Ensure reasonable coverage limits and benefit maximums are in place
- Use co-insurance to keep plan members financially involved
- Consider a health spending account for those procedures that are not covered under the plan
- Educate your plan members about the role they play in helping to prevent fraud since fraud leads to increased premiums and for the potential for reduced or lost plan benefits

As a plan member here are some things you can do:

- Do not provide blank signed claim forms to a service provider to submit the claim later
- Do not change a date on a claim or withhold information to ensure payment. If you need to know when you were covered for a particular benefit, contact RWAM.
- Don't accept receipts for services or supplies you have not received.
- Be wary of any advice you receive on how to ensure a claim is paid. You are responsible for ensuring the claim information you submit is correct.
- Be wary of aggressive marketing programs. For example, where a provider offers you a gift for becoming a client.

The effectiveness of the overall fraud management program is improved by having plan sponsors and plan members who understand their group benefit plans and who are alert to suspicious activity. If we all do our part to protect the plan from fraud our actions will ensure its viability in the future.

Until next time...



**WATERLOO AREA'S
TOP EMPLOYERS
2014**

Overuse of Medications in Nursing Homes

Growing old in Ontario may be bad for your health. Forget about the golden years if you live long enough and have to move into one of the province's nursing homes, you might be looking at the drugged-up years.

That's the disturbing message from a new Ontario Ministry of Health study into the overuse of medication in the province's nursing homes. And it poses a question the government and people of this province must answer. How will we do better for those who have given much to our society and now need a great deal from us in return? A detailed and specific plan of action from the Minister of Health would be a good place to start.

According to the new report, extremely high numbers of Ontario's nursing home residents are being given sedatives and anti-psychotic drugs, often at the same time. Even more disconcerting is the news that the practice can be dangerous and result in severe, even fatal, consequences. Some of the antipsychotic medications that are being used, including olanzapine, and quetiapine are not approved by Health Canada for elderly people with dementia. The report also discovered that 45 per cent of all Ontario nursing home residents aged 65 to 79 are being administered antipsychotic drugs, with another 30 per cent of residents receiving sedatives.

In nursing homes where there never seems to be enough staff to look after everyone every minute of the day, it is, to a degree, understandable that medication is seen as a way to control people with dementia who may pose a threat to other residents as well as themselves. Even so, the report declared the prescription

rates "appear high".

Sedation comes at a price - falls, bedsores, blood clots and direct ad-

verse reactions to the drugs themselves which can sometimes be fatal," says Dr. David Juurlink, a drug safety expert who co-wrote the report along with Tara Gomes, MHSc, scientist.

The report is a wake-up call for everyone who thinks the biggest challenge facing those who are aging and in declining health is to find a place in a nursing home. Turns out the biggest problem can be living in one.

We need to be determining why such a reliance on medication is happening to ensure that we are not putting nursing home residents in harm's way. Why are so many elderly residents being drugged? Are nursing homes understaffed? How do we ensure that doctors use proper prescription practices? Are there alternatives to drugs?

These are some of the questions we should have answers to. Provincial governments, meaning taxpayers, need to provide more funding to nursing homes so the facilities can provide not only for better safety of residents, but also to find ways without using anti-psychotic drugs to control the behaviour of nursing home residents with dementia.

Answers will be hard to come by. But we owe it to those who have gone before us to try. After all, our time is coming. ■



TAX TIPS

Registering the birth of your newborn child

You can consent to use the "Automated Benefits Application" which allows you to automatically apply for the Canada Child Tax Benefit, the Universal Child Care Benefit, the GST/HST Credit, and the Provincial/Territorial programs at the same time.

Extended Stays in the US

Staying too long in the US can cause major taxation problems! The joint entry/exit tracking system between Canada and the US is scheduled to commence July 1, 2014.

Taxable Benefits...

Employer provided medical tests may be a taxable benefit.

Foreign Property Disclosures

Incomplete foreign property disclosures on the T1135 can result in a \$2,500 penalty.

CPP Payments

The employer portion of CPP payments may have to be paid twice in the year when an employee becomes a contractor.