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MANION
We Care,
You Benefit.

Claims No Longer Eligible for Reimbursement from Certain Health Care Providers/Clinics

Manion is committed to protecting our group benefit plan sponsors and their members from benefits fraud and abuse. As part of this ongoing commitment, **Manion** relies on reviews of service providers that are routinely conducted by our insurance partners. A service provider is defined as "any organization, business or person who offers a service or product in exchange for payment". If such a review reveals concerns surrounding business practices and/or potential fraud from service providers, health claims will no longer be processed or reimbursed for servcies from these providers. This is referred to as *delisting*. Effective immediately, **Manion** will be maintaining a list of providers for whom an extensive review into business practices has resulted in the provider being delisted. Claims from any such provider will no longer be eligible for reimbursement as of the date of delisting.

We will be notifying plan members who have submitted claims for any of the delisted providers indicating that future claims from the delisted provider will no longer be eligible for reimbursement.

Enhanced Dental Administrative Practices to Protect Against Abuse

The following dental administrative practices have been incorporated into our claims adjudication processes:

a. **Caries/trauma/pain control sedative/ protective dressing)**: charges for sedative/protective dressing will no longer be reimbursed when submitted in conjunction with root canal therapy or placement of a permanent restoration. These fees for pain control are considered to be included in the cost of these services.

b. **Tooth extractions:** **Manion** will no longer automatically reimburse a surgical tooth removal for a tooth that is not typically impacted or complicated to remove. When more complex surgical extractions are necessary, the dentist will be required to provide additional information to determine eligibility, including x-rays and an explanation for the more complex service.

c. **Root canal therapy:** **Manion** will no longer automatically reimburse root canal therapy procedures submitted with additional complexity. When a more complex root canal procedure is necessary, the dentist will simply be required to provide additional information to determine eligibility, including a pre-treatment/diagnostic x-ray, a working length x-ray and a post-obturation x-ray.

d. **Apexification:** This procedure is only performed on children when a tooth is not yet fully formed, there apexification will only be reimbursed for patients under the age of 16.

e. **Pulpotomy or pulpectomy:** These charges will not be reimbursed for teeth where there is a history of prior root canal therapy performed.

f. **Periodontal re-evaluation/evaluation:** Charges for Periodontal Re-evaluation/Evaluation will be declined for patients age 25 and under where ongoing periodontal treatment or periodontal surgery is uncommon. In exceptional situations, the dentist will simply be required to provide additional information to determine eligibility, including x-rays, periodontal charting and diagnosis of the periodontal condition being treated.

g. **Frenectomy surgery for infants:** Frenectomy surgery will no longer be reimbursed for infant patients less than a year old. When performed to improve latch for breastfeeding, this surgical procedure does not treat a dental condition and it is not eligible for reimbursement.

h. **Occlusal adjustment/equilibration:** These charges will no longer be reimbursed when submitted in conjunction with restorations, root canal therapy or bridge/denture/implant services that have been recently performed. The fee for occlusal adjustment/equilibration is considered to be included in the cost of these services.

Coordination of Benefits

What is Coordination of Benefits?

Coordination of benefits is the term used by insurers to describe the agreement governing payment for an eligible product or service when you and your spouse are both enrolled as the primary insured employee in a benefit plan.

When is Coordination of Benefits applied to my Claim?

Coordination of Benefits is an increasing trend as people realize the advantage of having dual coverage (where each spouse is covered through their employer). When you and your spouse are covered by different employer plans, your coverage substantially increases for you, your spouse and your dependent children. To ensure you receive the maximum value from all benefit plans you and your family are entitled to it is important to ensure that you provide details on the other carrier. If you are covered for health and dental benefits under more than one plan, your benefits under your **Manion** plan coordinate with the other plan so you can be reimbursed to a maximum amount of the eligible expense incurred.

How Does Coordination of Benefits Work?

Coordination of Benefits is when you and your spouse both have coverage and industry guidelines ensure there is always a primary plan and a secondary plan. When the claim is for you, your **Manion** plan is always the primary plan and your spouse's plan is the secondary plan. When the claim is for your spouse, your spouse's plan is always the primary plan and your **Manion** plan is the secondary plan. Claims must be submitted to the primary plan first. Any unpaid balances should then be submitted to and paid by the secondary plan.

What if we have Children?

Under the guidelines, if you and your spouse are both enrolled for family coverage and your dependent children are enrolled as well, the insurers will determine which plan is the primary plan as follows:

- Where you and your spouse have a different month and day of birth (year of birth is not considered), the primary plan is the plan of the parent whose month and day of birth occurs earliest in the calendar year, or
- Where you and your spouse have exactly the same month and day of birth, the primary plan is alphabetically determined and the plan of the parent whose first name begins with the earlier letter of the alphabet has the primary plan.

Again, you must submit claims to the primary plan first and then any unpaid balances can be submitted to the secondary plan.

Let's say for example, your birthday is October 15, 1970 and your spouse's birthday is December 6, 1968 and you have two dependents. Since your birthday is in October and your spouse's is in December, your **Manion** plan is always the primary plan when claiming for any dependent children. Although your spouse is older than you are, the year of birth is not taken into account when determining which plan is the primary plan.

If you have been separated or divorced and you know there are or may be several benefit plans providing coverage for the children, the primary plan is determined as follows:

1. Plan of the parent who has custody of the dependent child
2. Plan of the spouse of the parent who has custody of the dependent child
3. Plan of the parent who does not have custody of the dependent child
4. Plan of the spouse of the parent who does not have custody of the dependent child

Manion Claims Corner

Need To Submit A Claim?

In order to provide more flexibility and options for Medical and Dental claims submissions, we are now offering the following options.

To Submit:

Fax your claim: 416-234-2071

OR

Email your claim: claims@manionwilkins.com

To Enquire:

Claims/Administrative Enquires: 1-866-532-8999 or info@manionwilkins.com

Please keep in mind that regardless of how you submit your claim, your submission must include a signed claim form and a copy of all receipts. Claims submitted in any manner will be processed within 3 – 5 days from date received.

Changes to the Ontario Drug Benefit (ODB) Program Funding of Opioid Medications

The Ministry of Health and Long Term Care will be implementing changes to the reimbursement of opioid medications under the Ontario Drug Benefit (ODB) Program as part of the January 2017 Formulary update.

The inappropriate use, abuse, and diversion of prescription narcotics has emerged as a significant public health and safety issue in Canada and other jurisdictions around the world. After the transition from OxyContin as a Limited Use benefit to OxyNEO reimbursement through the Exceptional Access Program (EAP), the ministry made a commitment to review the funding status of the other opioid medications and make changes as necessary to improve and encourage appropriate prescribing. For this purpose, a Pain Medication Formulary Review Subcommittee was convened to conduct a class review of narcotic medications prescribed for pain management. Members included clinical experts in pain, addiction, palliative care, clinical pharmacology, internal medicine, family practice and pharmacy.

Based on extensive discussions with the Pain Subcommittee, including further consideration of their recommendations by Ontario's Committee to Evaluate Drugs (CED), as well as a detailed analysis of opioid utilization trends, the Ministry will implement the following changes that will take effect with the January 2017 ODB Formulary update:

• Higher strengths of long-acting opioids will be delisted from the ODB Formulary:

- **Morphine 200 mg tablets;**
- **Hydromorphone 24 mg and 30 mg capsules;**
- **Fentanyl 75 mcg/hr and 100 mcg/hr patches; and**

• Meperidine 50 mg tablets will be de-listed from the ODB Formulary.

Following is a list of the DINs that will be delisted from the ODB Formulary effective with the January 2017 Formulary Update.

DRUG NAME	DIN	MANUFACTURER
MS Contin 200 mg SR Tab	02014327	Purdue Pharma
Novo-morphine SR 200 mg	02302802	Novopharm
M-Eslon 200 mg ER Cap	02177757	Ethypharm Inc.
Hydromorph Contin 24 mg	02025382	Purdue Pharma
Hydromorph Contin 30 mg	02125390	Purdue Pharma
Fentanyl transdermal patch 75 mcg	02314657	Apotex
Fentanyl transdermal patch 75 mcg	02386887	Cobalt
Fentanyl transdermal patch 75 mcg	02396734	Mylan
Fentanyl transdermal patch 75 mcg	02341409	Pharmascience
Fentanyl transdermal patch 75 mcg	02330148	Ranbaxy
Fentanyl transdermal patch 75 mcg	02327155	Sandoz
Fentanyl transdermal patch 75 mcg	02282976	Teva
Fentanyl transdermal patch 100 mcg	02314665	Apotex
Fentanyl transdermal patch 100 mcg	02386895	Cobalt
Fentanyl transdermal patch 100 mcg	02396742	Mylan
Fentanyl transdermal patch 100 mcg	02341417	Pharmascience
Fentanyl transdermal patch 100 mcg	02330156	Ranbaxy
Fentanyl transdermal patch 100 mcg	02327163	Sandoz
Fentanyl transdermal patch 100 mcg	02282984	Teva
Demerol 50 mg tab	02138018	Sanofi Aventis Pharma

There will be no consideration of delisted products under EAP or through the Compassionate Review Policy (CRP). Advance notification of these changes prior to implementation, is being made to provide adequate time for patients to consult with their physicians regarding required changes to their drug therapy.

The Ministry is committed to continuing to monitor the prescribing and dispensing of narcotics and to bringing forward further modernization in funding under the ODB Program to reduce the risk of addiction and death resulting from the abuse, misuse, and diversion of these products.

RAMQ Coverage of Remicade

Prior to October 3, 2016, writing ***NO SUB*** on a prescription for Remicade would justify coverage for Remicade based on the unavailability to access an infusion clinic for the lower priced Inflectra.

As of October 3, 2016 prescribers in Quebec cannot use any ***NO SUB*** coding to allow coverage of Remicade for new patients. Individuals starting Remicade therapy will now be reimbursed as per Inflectra pricing and will have to pay the difference out-of-pocket.

However, claimants who have received Remicade between April 23, 2015 and October 3, 2016 will continue receiving coverage for Remicade as long as ***NO SUB*** is written on all future prescriptions. Claimants switching from private to public coverage who received Remicade during the same period will also be granted these special conditions.

Private insurers could see a shift of prescriptions from Remicade to Inflectra, as trends on public payer will impact the private sector.

Manion Pension Corner

Employers With Quebec Employees Need To Comply With The New VRSP Rules

Nearly half the workers in Québec do not have access to a retirement savings plan offered by their employers. The Québec Voluntary Retirement Savings Plan Act, and supporting regulations, came into force on July 1, 2014 (Bill 39). All employers with 20 or more Québec employees as of June 30, 2016 must enroll their employees in a Voluntary Retirement Savings Plan ("VRSP") by December 31, 2016. As of June 30, 2017, employers with 10 to 19 Québec employees must enrol their employees by December 31, 2017. The legislation states that eventually employers with between five and nine Québec employees will also be required to be enrolled unless they are exempt. Individuals who work for companies with fewer than five employees or employers that do not offer a VRSP may join a VRSP on their own.

VRSPs are group savings plans similar to pooled registered retirement plans offered by employers and administered by the financial institution that manages the VRSP. They are subject to stringent rules, supervised by Retraite Québec, and are governed separate from provincial pension legislation. To date there are nine licensed VRSP administrators to choose from including banks, credit unions, insurance companies, trust companies, and investment fund managers.

Employers with Québec employees are responsible to determine whether they need to subscribe to a VRSP, or take appropriate steps to ensure their employees are exempt. Employers can offer VRSP on a voluntary basis. VRSPs are for employees who do not have access to a group retirement savings plan (i.e. RRSP or TFSA) with source deductions offered by their employers or a Registered Pension Plan. Deferred profit sharing plans are not considered exempt.

VRSPs apply to an employer established in Québec. An Ontario based company with Québec employees may not be required to join a VRSP, unless they are considered to have "an establishment in Québec" as set out in the Québec labour legislation.

Employers must inform their employees in writing of their intention to offer a VRSP at least 30 days prior to ratifying a VRSP. They must disclose the business relationship they have with the VRSP administrator, the contribution rate choice that employees will have, and the fact that ineligible employees wishing to participate are required to inform employers to this effect. The employer must advise the employee of deducting money from their earnings via payroll deductions and the employer must send these monies to the administrator on regular bases. The employer must notify the administrator if an employee terminates employment, dies or retires.

Employees must be 18 or over and have at least one year of uninterrupted service, as defined in the *Act Respecting Labour Standards*. Employers must keep proof of each employee's notice of waiver for the entire duration of employment. The default contribution rate will be 2% of gross salary until the end of 2017, 3% in 2018 and 4% as of 2019. If an employee stops working, the contributions made by the employer can be transferred to the authorized retirement savings vehicle of the employee's choice, such as an LIRA or LIF.

It is also important to note that contributions to the VRSP are tax deductible, just like an RRSP. All contributions count toward the maximum 18 per cent of prior year's earnings that are allowed to be deducted using an RRSP or other tax-assisted retirement savings vehicle. The employer contributions are not subject to payroll taxes and may be deducted from income for tax purposes. An employer may change its contribution rate at any time, and has to notify employees and the administrator of this in writing (30 day notice period may apply).

Bill 39 indicates that an employer may face penalties for not putting a VRSP in place for its employees. For more information about VRSPs consult the VRSP section on the web site of the Régie des rentes du Quebec – www.rrq.gouv.qc.ca

The Canada Pension Plan Reform: What Does It Really Mean

On October 6, 2016 legislation (Bill C-26) was introduced to enhance the Canada Pension Plan (CPP). The bill proposes to enhance the CPP to increase the amount working Canadians will receive from the CPP in their retirement years, from one-quarter to one-third of their eligible earnings.

Higher contributions will be phased in gradually over seven years starting on January 1, 2019. The CPP contribution rate will increase from 4.95% to 5.95% by 2023. Beginning in 2024, a contribution rate of 4% for both the employer and employees will apply on earnings between the projected YMPE and the projected upper limit. During this period, the projected upper limit of the YMPE for enhanced CPP contributions will be extended and is projected to be $82,700 in 2025 (5.95% up to the projected YMPE then 4% up to the projected upper limit).

The enhanced portion of the CPP will be tax deductible, and the Working Income Tax Benefit will increase to help offset CPP contributions for eligible low-income workers. The enhancement strengthens the link between contributions and benefits.

The enhancement is fully funded (no past service liability is created). Anyone retiring now will not be affected. Each year of contribution to the enhanced CPP will allow workers to accrue a partial additional benefit; the full enhanced CPP benefit will be available after about 40 years of contributions.

In order for the enhancement to be fully funded, contributions will exceed benefits for the next 30 to 35 years and will result in the accumulation of sizable assets. Funding and investment policies will need to take into account its full-funded nature and its higher exposure to investment risk.

The enhanced CPP will affect the income flows from OAS, GIS, RPP and Income Taxes. Some of the enhanced CPP pension will be clawed back in the form of smaller OAS and GIS benefits. Workplace pension plans should be augmented rather than diminished by the CPP enhancement in order for their members to retire with an appropriate level of retirement income. Most employers with plans for unionized employees indicate they do not plan to make significant changes to the workplace plans they sponsor (plans are not integrated with CPP).

Our work force is living longer, expecting lower rates of return on their savings, and will be impacted by the slow erosion of OAS pension benefits. It is important for plan sponsors to review existing pension and contribution formulas and to assess what changes will be appropriate with the enhanced CPP in place.