



GMS INSURANCE

Employee Benefits
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Accessibility Standards

In 2005, Ontario passed the *Accessibility for Ontarians with Disabilities Act (AODA)* that charged the Ministry of Community and Social Services with the goal of making Ontario completely accessible to persons with disabilities by the year 2025.

Committees were established to create standards in five general areas. The standards set out for Customer Service area were effective January 1, 2010 for public-sector organizations and January 1, 2012 for private and not-for-profit organizations. Further, any organization that contracts with a third-party to provide goods or services to the public must also be compliant.

The Customer Service Standard

Step 1: Create and Implement Accessibility Plan that:

- Considers a person’s disability when communicating with them
- Allows assistive devices in the workplace (ex. wheelchairs, oxygen tanks)
- Allows service animals
- Allows support persons
- Lets customers know when accessible services are not available
- Invites customers to provide feedback

Step 2: Train Staff

- Provide an overview of the AODA
- Outline the organization’s plan
- Explain how to interact with persons with disabilities or use an assistive device, service animal, or support person

- Instruct how to use equipment available onsite to assist with accessibility
- Determine what to do if a person is having trouble accessing goods or services

Organizations with more than 20 employees must take two further steps:

Step 3: Put the Plan in Writing

- Let customers know how to find your plan (ex. on website)
- Offer the plan in accessible formats (ex. large font, Braille)
- Keep records of training sessions including what training was provided when, by whom, and who attended

Step 4: Report Progress Online

An online reporting service is still in progress. You can sign up to receive an email when it is available on the Ministry website (<http://www.mcscs.gov.on.ca/en/mcscs/programs/accessibility/questions/form/csForm.aspx>). You can also apply to submit your report in another format by emailing them.

Compliance

Failure to comply with the Standards can be costly. The Ministry will work with the organization to guide it towards compliance but repeated failure to comply can lead to fines of up to \$100,000 per day of non-compliance.

The Ministry website provides guides and templates that you can use to establish your policy. Also, a quick Internet search returns many companies offering their services to help you through the process.

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Health Care Fraud

Many companies provide health care benefits to attract and retain employees. Unfortunately there are some employees who, instead of seeing the plan as a benefit, view it as an entitlement and will try to take advantage of it sometimes to the extent of committing fraud.

It is estimated that 2-10% of each health care dollar in North America is lost to fraud. Health care spending in Canada is about \$120 billion dollars. Therefore Canadians lose up to \$12 billion to health care fraud each year. That's a huge number to wrap your head around so consider your own plan. If your plan alone has \$100,000 of annual claims (health and dental combined) you could potentially be losing out on \$2,000 to \$10,000 in fraud. Just think of how you could reinvest that money.

The financial impact of fraud is astounding but more importantly, fraud can have adverse and even deadly health consequences due to inappropriate treatments and medications. So it is important that we devote some attention to the topic.

Fraud can be committed by a variety of parties either working alone or in collusion. Examples of various groups and the type of offences include:

Health care providers – practicing without a licence, charging for services not rendered, up-charging for services, submitting claims without your knowledge, identity theft, etc.

Employees – misrepresenting eligible dependents, altering receipts, etc.

Plan administrators – altering start dates and termination dates to allow for claims, changing job titles to allow participation in another class, incorrectly reporting job duties on a disability claim form, etc.

Commission of fraud can not only lead to immediate employment dismissal but it is an offence covered by the Criminal Code and is punishable by up to 14 years in prison.

The good news is that insurance companies have sophisticated anti-fraud systems in place to help protect your plan from fraudulent claims. However that's no reason not to be diligent. You can do your part by educating employees about the impact and consequences of fraud and encourage them to do their part by:

- Verifying services provided are necessary and performed by the practitioner who is billing you;
- Verifying the claims listed on the explanation of benefits were actually incurred;
- Being wary of practitioners

providing a set of rates for those with insurance and a lower fee for those without;

- Checking the provider's credentials and current standing of that practitioner;
- Never signing blank forms;
- Reporting suspected plan abuse either to the company or to the insurance company (having a corporate policy relating to whistle-blowing can help alleviate any fears employees may have about reporting on their peers.)

Sources:

<http://www.mcass.gov.on.ca/en/mcass/programs/accessibility/>

<http://www.blakes.com/english/view.asp?ID=4611>

www.chcaa.org

Quiz Corner

Put your mental mettle to the test and a \$50 prize in your pocket!

Which of the following is the odd one out?

DOG BEAR COW EWE HARE RAM

Answers can be sent to: info@gmsinsurance.com or by fax to 905-670-4146. We will draw a winner from the correct answers and announce the winner in the next newsletter.

Our November Quiz Whiz was Lynda Keung who responded that the boy's names are Lloyd, Aidan, Ernie, and Lenny. Congratulations!