Ensuring Employees Confirm Provider Eligibility Before Their Visit

Before your employees visit a health provider, it’s very important that they visit our member website first to see if the provider is eligible for reimbursement. The ineligible provider list is a quick and easy way for members to determine which providers are ineligible—before the member pays. Members can access the ineligible provider list at www.ab.bluecross.ca by signing in to their member account and clicking the “Find out if your provider is eligible” link.

Claims for products or services provided by ineligible providers won’t be covered or reimbursed through your benefit plan.

Alberta Blue Cross supports the CLHIA’s position: NIHB is first payer

For many years, Alberta Blue Cross has taken the position that Health Canada’s Non-Insured Health Benefits (NIHB) plan is the first payer in order of Coordination of Benefits (COB) for all individuals covered by both NIHB and a private employer group benefit plan. This has always been our position, as there is no legislation in place governing NIHB as last payer. Because NIHB is a fully-funded government program, it should be first payer.

Last year, the Canadian Life and Health Insurance Association (CLHIA) was asked by its members to review the CLHIA guidelines with respect to NIHB. On January 17, 2017, the CLHIA announced that it has changed its position on NIHB and now views NIHB as first payer in the order of COB adjudication. This new position allows all insurers of private group plans to treat NIHB as first payer.

Alberta Blue Cross is pleased with the CLHIA’s decision, as it reinforces our current position on the order of adjudication with NIHB plan members. Nothing will change for Alberta Blue Cross plan members who also receive coverage under the NIHB plan—Alberta Blue Cross will continue to be the secondary payer.
Changes coming to the Alberta Blue Cross member web site

This summer, we’ll be updating the sign-in process for the Alberta Blue Cross member web site. As a result, members will be required to go through a short re-registration process.

**Why we’re doing this**

We’ve heard from members who’ve asked us to make the sign-in process more user-friendly. While there won’t be noticeable differences to the site content, members will notice the following changes after re-registering.

1. Members will no longer need to enter their group and ID numbers to sign in. They will be able to choose their own password and login ID to sign in to the Alberta Blue Cross member web site (as long as no one else has chosen it). They can even use an email address as their login ID if that’s what they prefer.

2. If members have more than one Alberta Blue Cross benefit plan, they will be able to use one login ID and password to view them all without signing in and out of multiple accounts. To view additional plans, go to “Your profile” and select “Manage multiple plans” from the drop-down menu, then enter the other plan’s information.

After re-registering, members will be able to access the same information as before. This includes banking information for direct deposit, claim history and how much of their benefit maximum they’ve already used.

Members will also be able to use the same password as before, as long as their old password meets our new security requirements. It must contain between eight and 50 characters and include at least one number and one letter. Passwords are also case sensitive and cannot be the same as their login ID.

More information about this update will be available on the member web site closer to the launch date. This update will enable us to provide members with even more self-serve and security enhancements in the future. We hope members find these improvements worth the minor inconvenience of re-registering and thank them in advance for their patience.

Federal government opts not to tax health and dental benefits

In January, we notified you of the possibility that health and dental benefits could be subject to a federal tax in the upcoming federal budget.

Shortly thereafter, the federal government announced that it no longer has plans to tax health and dental benefit plans in the 2017 budget.

Alberta Blue Cross, the Canadian Association of Blue Cross Plans, the Canadian Life and Health Insurance Association (CLHIA) and other benefit carriers and insurance companies across Canada all expressed concern over the negative impact that this tax would have.

Employers would not only have had to bear some of the costs associated with this tax, but they would also have seen increased demands on their administrative resources as a result of system changes. The tax would also have had the potential to negatively impact compensation packages, talent recruitment and overall benefit plan design, as well as affect CPP and other payroll-related taxes and premiums.

In addition to notifying our plan sponsors and advisors directly of these proposed changes, we also communicated through social media to inform our plan members and encourage key stakeholders to protest the tax via the web site created by the CLHIA.

We will continue to monitor potential taxation changes closely and notify you of any as they arise.
Alberta Blue Cross reviews our drug claims data annually so that we can track changes to both the costs and prevalence of the health conditions affecting our members. This information helps us ensure that we’re meeting the health needs of our members while also implementing innovative drug plan management solutions for optimal management of your benefit plan. Similarly to 2015, we see a mix of specialty and traditional drug spend and usage.

Specialty drugs are high-cost medications that are used to treat complex or chronic medication conditions, are typically initiated by a specialist and require a significant degree of patient education, monitoring and management. Examples of conditions treated with specialty drugs include Crohn’s disease, rheumatoid arthritis, multiple sclerosis and hepatitis. Fewer individuals require these drugs; however, specialty drug costs usually account for 20 to 25 per cent of a group's drug spend. A new health condition treated with specialty drugs is appearing for the first time—multiple sclerosis now appears in the top 10 for amount paid. This addition is not unexpected as Alberta has one of the highest rates of multiple sclerosis in the world.

The specialty spend is forecast to continue to grow as there are many new specialty drugs in development. Offsetting some of the increases in specialty spends is the recent introduction of biosimilars. Biosimilars are now entering the marketplace, as the patents for some specialty biologics have expired. Biosimilars are priced lower than the innovator biologic, but Health Canada has designated that these agents cannot be considered interchangeable. In terms of plan management, measures such as special authorization help to ensure optimal use for specialty drugs and contribute to future plan sustainability.

Traditional drugs—those that are used to treat common conditions such as diabetes, high blood pressure, cholesterol and stomach hyperacidity—continue to account for 75 to 80 per cent of a group’s drug spend. These less costly drugs present a significant opportunity for plan savings through the following management strategies:

- **generic pricing**, which encourages the use of lower cost drugs;
- **the maintenance medication program**, which reduces unnecessary costs by limiting the number of dispensing fees for chronic ongoing medications; and
- **step therapy**, which promotes safe, equally effective and less expensive drugs before “stepping up” to more expensive alternatives.

These strategies provide the balance between appropriate medication and cost management.

We understand that not all health conditions are best treated solely with prescription medications. For example, adjusting diet and exercise routines may provide significant benefit to individuals with borderline high blood pressure, cholesterol or diabetes. Making lifestyle changes can prevent or delay having to take lifelong medications.
Do the recent changes to Canada’s Employment Insurance Regulations affect your group plan?

As you may be aware, the Government of Canada has changed the Employment Insurance (EI) waiting period effective January 1, 2017. Here’s what you should know as these changes take effect.

What’s changing?
The EI waiting period has been reduced from two weeks to one. This change also applies to Employer Supplementary Benefit plans (Short Term Disability), Supplementary Unemployment Benefit (SUB) plans and the Premium Reduction Program (PRP).

How will these changes come into effect?
The Government of Canada will be instituting a four-year transitional period to give employers time to adjust their plans to meet these new regulations. If your plan is affected, it’s highly recommended that you consider bringing it in line with the new standards well in advance of the end of the transition period. Depending on the nature of your plan, the scenarios below help illustrate how your plan might be affected.

For Short Term Disability (STD) plans:
- If you have a registered PRP for an STD or SUB plan and have an elimination period of greater than seven days, your plan will be affected. In order to maintain your PRP, you must align the elimination period of your STD plan with the one week (seven days) waiting period of the EI Regulations.
- It should be noted that employers with STD and SUB plans that move from one insurance carrier to another after January 1, 2017, fall under the new legislation and would be forced to make the changes at that time.

For Long Term Disability (LTD) plans:
- The shortening of the EI waiting period may cause a gap in coverage between the end of the EI disability coverage period and the start of your LTD benefit plan. To avoid this, you may want to consider reducing your LTD elimination period to align it with EI’s waiting period.

What happens next?
We’ll continue to monitor these and any future changes to the EI Regulations and contact you if there are additional updates that might impact your plan. If you’re unsure about whether or not your plan will be affected—or if you have other questions—please don’t hesitate to contact us.

Need help?
Should you require any more information on this subject, please contact your Alberta Blue Cross sales or service representative.

Help your employees make the most of their benefits

Along with this issue of Connection Bulletin is the latest For Your Benefit newsletter, which is designed to help your group plan members make the most of their benefits. We encourage you to distribute For Your Benefit—which is also available as a PDF in the plan administrator’s section of our web site under “Resources”—to your employees. You can save the PDF and email it to your employees or print hard copies as needed.

We welcome your comments about Connection Bulletin and For Your Benefit, and topic suggestions for future issues. Please send your feedback to connectionbulletin@ab.bluecross.ca.
Orthotics, orthopedic footwear, surgical stockings and breathing monitor claim submission requirements

As you may know, in 2016 we revised our claim submission process for custom foot orthotics, orthopedic footwear, surgical stockings and breathing monitors. These changes were applied to all plans and are consistent with industry standards.

Please ensure that your employees are aware of the following requirements when submitting claims:

**Custom foot orthotics**

1. If your plan requires a physician’s written order, plan members must also submit a copy of a biomechanical assessment completed by a physician, podiatrist, chiropractor or physiotherapist.
2. The foot orthotic must be dispensed by a podiatrist, chiropodist, physiotherapist, chiropractor, pedorthist or orthotist.
3. Plan members must submit a fabrication form completed by the orthotics provider.

**Orthopedic footwear**

1. If your plan requires a physician’s written order, plan members must also submit a copy of the original prescription completed by a physician, podiatrist or chiropractor outlining the related medical diagnosis.
2. Orthopedic shoes must be dispensed by a podiatrist, pedorthist or orthotist.
3. Plan members must submit a fabrication form completed by the shoe provider.

**Surgical stockings**

1. If your plan requires a physician’s written order, plan members must also submit a copy of the original prescription completed by a physician.
2. Surgical stockings must be dispensed by a licensed medical supplier.
3. Plan members must submit written confirmation from the provider that the surgical stockings have a minimum pressure gradient of 30 mmHg.

**Breathing monitors**

1. If your plan includes standard durable medical products, breathing monitor claims require a physician's written order and have a frequency limitation of once every three years.
2. To be certain of their coverage, plan members can contact our Customer Services line before purchasing.

To view the new fabrication form and claiming requirements checklist, visit [www.ab.bluecross.ca](http://www.ab.bluecross.ca). Under the “Plan members” drop-down menu, click on “Submitting your claims” and scroll down to “Extended health claims.”

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Plan to attend *Working Stronger 2017*

Mental illness affects one in five Canadians and impacts all Canadians at some point through family, friends and colleagues. Supporting employee mental health is as critical as supporting other aspects of their health and wellness—and benefits your organization through increased productivity and attendance and fewer health and disability claims.

Alberta Blue Cross is pleased to be a sponsor of the Canadian Mental Health Association's upcoming *Working Stronger 2017: Equipping Albertans for better workplace mental health* conference May 23 and 24 in Red Deer.

The conference will provide employers, human resource specialists, benefit administrators, occupational health and safety practitioners, employee assistance program professionals and wellness professionals with an opportunity to learn from informative speakers, panel discussions and workshops about issues and best practices in workplace mental health.

Visit [alberta.cmha.ca/events/working-stronger-conference](http://alberta.cmha.ca/events/working-stronger-conference) to register or learn more about the event. Contact conferences@cmha.ab.ca to sign up for updates.

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**Workplace Wellness Online:**

Your one-stop shop for wellness

Don’t forget to check out our online wellness resource, updated regularly, at [www.workplacewellnessonline.ca](http://www.workplacewellnessonline.ca). It’s a one-stop wellness shop for employers that features

- wellness best practices and success stories,
- wellness resources and references,
- event listings, and
- a downloadable “toolkit” that provides a step-by-step approach for incorporating wellness into your workplace.
Join the Get Out, Get Active Challenge with Alberta’s Primary Care Networks

With spring just around the corner, now is a great time to encourage your employees to get more active.

Workplaces across the province are invited to participate in the 2017 Get Out, Get Active (GOGA) Challenge, an initiative of Alberta’s Primary Care Networks, which runs from April 24 to June 4. Alberta Blue Cross is pleased to be a partner of this program.

Open to all ages and abilities, GOGA is a free, six-week online challenge that encourages Albertans to get more physically active, track their activities and take a virtual health journey to combat rapidly declining levels of physical activity—and the associated health risks.

As part of the challenge, participants can track their exercise with their own pedometer or tracking device, or simply enter their activities into GOGA’s online program, which converts activities like swimming, cycling or even gardening into an equivalent number of steps. There’s an assortment of prizes up for grabs throughout the challenge.

Registration is now open for this challenge and we encourage you to have your workplace participate. It’s a fun, interactive way to promote healthier living and positive health outcomes among your employees.

Visit www.getoutgetactivepcn.com to find out more information about where and how you can participate—and the benefits of doing so.

Join the ParticipACTION 150 Play List challenge

In celebration of Canada’s 150th birthday, ParticipACTION is encouraging Canadians to get active this year with the ParticipACTION 150 Play List—a challenge to all Canadians to try out 150 unique physical activities that define us as Canadian.

This challenge includes a comprehensive workplace component and includes a workplace toolkit that includes a manual with ideas for bringing the play list to life in your workplace, a sample 12-month calendar, posters to promote upcoming events and even suggested email wording.

Get your employees moving for a chance to win great prizes in weekly, monthly and grand-prize draws. Prizes include activity trackers, trips for two to Canada’s most beautiful destinations and even a Chevrolet vehicle. The more activities employees complete, the more entries they earn. Every activity they track online earns them a contest entry, so the more activities they check off, the better their chances of winning.

For more information—or to register—visit www.participaction.com/150-play-list.

For more information about topics in this Connection Bulletin, please call your Alberta Blue Cross group sales or service representative.

We value your comments

Connection Bulletin is published to communicate with Alberta Blue Cross employer group plan sponsors. Back issues may be found on the Alberta Blue Cross web site at www.ab.bluecross.ca

Please send your feedback via email to connection@ab.bluecross.ca, by fax to 780-498-8096 or via mail to Corporate Communications, Alberta Blue Cross, 10009 108 Street, Edmonton, AB T5J 3C5.

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