



EMPLOYEE
Benefit
news

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Making an impact on occupational claims experience

According to the Canadian Institute for Work & Health, both lost-time and no-lost-time claims should be included in the assessment of trends in occupational health and safety outcomes.

Further to this, an increase in lost-time claims can have a significant impact on your experience rating with the provincial workers' compensation boards. While the goal for no-lost-time should be 100%, realistically the ideal number will vary by industry sector. Here are some best practices to consider when looking at a way to positively impact your company's no-lost-time to lost-time ratio:

Documented policies and procedures

Don't wait for a lost-time claim to occur. Outline policies and procedures that support an environment of accommodation for injured employees. Once these policies have been created, ensure you have senior leadership commitment to these policies. Make certain people are held accountable to these policies and are

rewarded when they fully support them. Having someone with an oversight of the program, who also holds regular meetings to assess these policies and procedures, will assist in meeting this best practice.

Proactive education and communication

It's one thing to develop these processes, but it is another thing



to clearly communicate them. By proactively educating your employees, leaders, and unions about processes that support preventing a lost-time claim, you have won half the battle. All stakeholders need to understand in advance the accommodations/modifications that are available in the role to support the employee remaining in the workplace. A physical demands analysis of each job in the workplace will allow these accommodations to occur.

Timely intervention and collaboration

So now the accident has happened, and you are waiting to hear back from the provincial workers' compensation board for next steps, right? Wrong. Get involved immediately to offer solutions to your employee and their physician. By arming your employees with available accommodation

information to take to their doctor's appointment, you may prevent a lost-time claim. Confirming this communication with the leadership team and union will help get the buy-in of all parties involved.

Robust measurement

Given that this is a trend to watch in occupational claim results, it is important you understand your company's current and historical experience in no-lost-time versus lost-time claims. Once you know these numbers, you then need to understand the key drivers of this experience within your organization. After implementing solutions to these drivers, you can then do follow-up reporting to evaluate the impact these solutions may have on the duration of a workplace injury and the financial costs associated with it.

One employer's experience

With an average no-lost-time to lost-time ratio of 60% and occupational claim costs skyrocketing, a large unionized manufacturing employer recognized they needed to take action. In partnership with Manulife, by implementing these best practices they were able to improve this ratio to 69% and realize almost \$1 million in savings within six months of implementation. When they realize their overall goal over the next two years of an 85% ratio, they will have a savings of over \$2 million.

If you would like to learn more about more ways that Manulife can assist in impacting your occupational claims experience, contact your Manulife Financial representative today.

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Effective claims management practices help protect your plan members

A group benefits plan is often an important component of an overall compensation and employment strategy. It may help you attract and retain employees, and it reinforces your interest in your staff's health and well-being. Manulife's approach to claims management is one way in which we help you continue to offer a benefits plan that your employees value.

Processing claims sounds simple enough, but there is much more to it than entering data and sending payments. What's needed is a comprehensive approach to help ensure that we have the knowledge, practices and procedures necessary to deal with the complexities of claims adjudication.

One area of particular focus is risk management. Manulife, for example, processes thousands of claims each day received through multiple channels, including electronic submissions from pharmacies and dental offices, internet claims from plan members, and paper claims. Our integrated system of processes and controls (both manual and electronic) helps us manage and review claims submissions – not just pay them.

In addition to strong claims management fundamentals such as highly trained staff, sophisticated adjudication logic and careful quality monitoring, we have a variety of tools and processes in place to complement these strengths:

- **Powerful analytics to identify unusual claiming trends** – Our analysis may uncover false claims and billing abuse such as providers exaggerating or misrepresenting their services, or it may simply indicate a shift due to availability or marketing of services. Our findings

sometimes prompt an investigation, active monitoring of certain claims, or changes to our adjudication practices to help manage new risks.

- **Real time verification for claims** – This is used specifically to manage claims at high risk for overbilling. For example, we have identified a billing pattern where some dental providers charge for a more expensive emergency exam when a recall exam is the more accurate code. For this reason, when we see an emergency exam submitted with hygiene service (like scaling and polishing) we reduce the payment to the recall exam. Depending on the recall exam fees for your province, this could mean a savings of up to \$100 for your plan and the plan member who would have been out of pocket for the co-payment.
- **Expert review** – We have a roster of experts on staff with credentials in pharmacy, dentistry, health care practices and law enforcement that are in tune with current and emerging risks. These experts allow us to keep on the leading edge of risk management and are available to review any complex claims issues.
- **Monitoring our environment** – The benefits environment is always changing. We strive to stay ahead

of the curve by researching emerging trends and proactively responding. Examples include updating reasonable and customary fees, leveraging alternative funding sources (such as provincial programs), and analyzing claims experience trends to provide practice and plan design options for clients to effectively manage their claims experience.

- **Plan member education materials** – We provide a number of tip sheets on our Plan Member Secure Site to help plan members understand their benefits and learn how to be wise consumers. Recent examples include information sheets about orthopaedic shoes and massage therapy.

Manulife is focused on providing best of class claims management and continually invest in expertise and technology to ensure we are delivering on our commitments – timely, accurate and appropriate adjudication. Effective claims management is complex and requires a constant focus to ensure we deliver. The combination of powerful tools and real time verification backed by a team of highly trained experts means we can deliver the claims risk management services critical to maintaining the integrity of your group benefits plan.



eBenefit News

Web design trends in group benefits

Used a good website lately? If so, you've experienced how a well-designed site makes life easier. Usually people's favourite sites are quick and simple for them to navigate and find what they are looking for with a logical layout and intuitive processes.

Well-designed group benefits websites make life easier for employees by having a logical navigation, well-organized information, and a visually-pleasing design. Group benefits sites designed with usability in mind can make information easier to access, understand and manage for employees.

As website usability continues to increase in importance, many trends have emerged in the online delivery of group benefits plans:

Self Service

A big advantage of websites is the ability to self-serve. Group benefits transactions that can be completed online provide convenience to employees while reducing the need to call a customer service centre.

Ever-increasing tech savvy employees come to want and expect that level of control and the freedom from paper.

A well-designed group benefits website, with a logical transaction process and clear instructions, can make the ability to self-serve even more attractive. Many group benefits sites permit users to access their benefits information and submit claims online. This can allow employees to view the status of their claims and receive reimbursement faster.

Interactive tools, videos and tutorials

With the ability to use interactive tools, decision assistants and educational videos, online multimedia is an ideal format to provide education about group benefits.

Videos can be easy to watch and understand. Good websites also provide tutorials about the site, so employees can see everything the site has to offer and view how to conduct common transactions, such as how to submit claims online.

Interactive tools offered by websites can help employees track and manage their benefits and overall health. For example, Manulife offers access to a health risk assessment tool that allows employees to assess their current health status and make a personal plan for improvement.

Education

Better educated employees tend to be better benefits consumers and more appreciative of their group benefits plans. Websites are an ideal medium to provide group benefits



information in an easy to access format. Employees can take advantage of online learning with self-directed courses on health and wellness through their Employee Assistance Program (EAP) provider. Additional understanding and knowledge of group benefits plans are gained through online features that allow employees to ask questions and get answers right on the site. Manulife provides a “Send a note” feature that allows employees to email a question about their plan within the site.

A customized experience

As websites continue to improve their designs, they are also getting smarter about providing a targeted web experience for the user. Group benefits websites that are designed to provide online customization can

display information that is specially applicable or relevant for employees. For example, Manulife’s new website has a message centre and a learning centre to display alerts and information that would be pertinent for the user.

With information about the employee and the plan, a well-designed website is able to personalize messages and show helpful information specific to that employee. For example, some providers use profile information to personalize both the employee’s website and newsletters. Both display the employee’s name in the heading to grab attention and increase engagement, while the newsletter articles are customized based on the employee’s life stage and investments.

Personalization can also display reminders related to the employee’s

situation, such as an alert to update the status of an over-age dependant going to school, or a prompt to submit receipts as part of an audit process. This type of targeting can prevent missed deadlines and help employees manage their group benefits more effectively.

These recent web design trends can have a positive impact on the online delivery of group benefits as they make benefits plans more accessible to employees. The additional benefits of being able to educate, self-serve, provide tools and targeting to users of a group benefits website is that they become more informed and better users of their benefits plans. And as website design evolves, we can look forward to more innovations to make group benefits (and life) easier.





Wellness Report

Yoga: Stretch for your health

Yoga. The word may bring to mind pictures of people holding seemingly impossible poses. But it's about more than just flexibility. The word yoga comes from the Sanskrit word yog, meaning "union" (it's related to the English yoke). The practice of yoga is meant to be a union of the body and mind. This harmonious union helps the individual try to reach a peaceful and calm state of being.

Yoga relies on your body's ability to move through a series of poses that require concentration and stability and, in the process, help you to stretch and tone your muscles. It requires no bulky equipment, which means you can practice it almost anywhere: in a class, in the calm comfort of your home, or even while you're on vacation.

Over time, people who practice yoga notice physical, mental, and possibly even spiritual benefits. Healthy rewards include:

- more energy
- lower blood pressure levels
- improved immunity
- increased flexibility
- increased range of motion
- improved concentration
- better cardiovascular health and endurance
- toned and strengthened muscles
- better respiratory capacity
- improved posture
- possible weight loss.

For many people, yoga provides a stress release and allows time for relaxation and meditation. It can also help you become more aware of your body and its potential to evolve.

Is yoga for you?

Young and old alike can choose yoga as a form of exercise. Even people with conditions such as rheumatoid arthritis, multiple sclerosis, and asthma may benefit from increased range of motion, muscle strength, and endurance through yoga.

In the treatment of osteoporosis, a combination of diet and weight-bearing exercises is beneficial. Because you bear your own weight during a yoga session, this low-impact form of exercise is perfect for people who cannot jog, run, or perform other high-impact activities.

Pregnancy is another possible time to incorporate yoga into an exercise program. Stretching and toning muscles and learning breathing

techniques can help expectant moms prepare for labour. And after birth, yoga can be an excellent way to relieve stress and increase energy levels.

What does it involve?

A typical yoga class includes performing a number of poses and ends with members of the class lying on their mats in quiet meditation (focusing on calming the mind and body, not necessarily a religious observance). A class is usually 60 or 90 minutes in length with a qualified instructor teaching a group of people.

Class members perform various stretches in standing, sitting, and lying positions. The instructor describes the pose and tells you to inhale at a certain point during the pose and to exhale at another point. Breathing helps you focus on the stretch and relax into the pose. Proper breathing helps you focus when trying to maintain a position in which stability is required. Overall, breathing and concentration are keys



to becoming aware of your body's limits and its potential strengths.

What are the risks?

As one experienced yoga enthusiast acknowledged, you should be prepared to feel frustrated and off-balance during the first few workouts. Even though yoga is a class in which individuals aim to move smoothly from one pose into the next, injuries can occur. With the right precautions, you can minimize your risk of injury. Just follow a few simple tips:

- Go at your own pace. Listen to your body. Recognize the difference between pain and discomfort. If you feel pain, do not force yourself to hold the pose.
- Be careful bending your back if you already have back problems.
- Do not eat a meal for 2 to 3 hours before doing yoga.
- If you have any injuries or medical conditions, tell your instructor before you start the class.

Check with your doctor prior to commencing any new exercise program, especially if you have a serious medical condition to determine if yoga may be right for you.

The contents are for informational and educational purposes only and are not a substitute for medical advice, treatment and diagnosis.

Styles of yoga

There are so many different styles of yoga that choosing one may seem overwhelming. Which one will be right for you? You will want to do some research - and you may want to try more than one style before making a final decision.

Here are a few of the best-known yoga styles:

Hatha - This is a classical approach to yoga that emphasizes stretching and strengthening. Perfect for beginners, this style focuses on increasing flexibility, breathing techniques, and maintaining the poses.

Ashtanga - This style of yoga is more energetic in its movements. Beginners are not advised to start out with this type of yoga due to its physical demands.

Iyengar - Created by one of the most celebrated yoga teachers, B.K.S. Iyengar, this style of yoga requires proper alignment of the body in each pose and, in some cases, the use of props to perform the poses.

Kundalini - This widely practiced form of yoga focuses on breathing techniques and meditation along with the poses.

Bikram - If you like it hot, this style of yoga may be right for you. Class members sweat through a series of poses in a warm environment that is meant to help the muscles of the body stretch more easily. Bikram Choudhury founded this style of yoga.

Getting started

Beginning a new exercise program is exciting and challenging. You'll be amazed at what your body can do once you get started.

Think about renting a yoga video to see what it's all about in the comfort of your home. Or, within your community check out the parks and recreation listing or search on the Internet for yoga classes. Make a list of a few clubs that interest you and call to ask if a free introductory class is available, which will allow you to monitor your comfort level in the class before investing your time and money. Ask about the instructor's training and experience, and also talk to your Manulife Financial representative as some related expenses may be eligible under a Taxable Spending Account (TSA) product.



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For more tips on healthy living, visit Health eLinks® on the Plan Member Secure Site at www.manulife.ca.



What's on your mind?®

An effective absence management program can help employees dealing with mental health issues

People experiencing mental health concerns often face challenges in the workplace. According to a 2011 Conference Board of Canada report, nearly one third of employees say they didn't receive the support they needed from their employer in order to accommodate their mental health issue.¹

With mental illness costing the Canadian economy up to \$51 billion per year and a third of that amount attributed to productivity losses, it's more important than ever to provide a workplace environment that supports these employees.² One way to do this is by integrating an absence management program with your benefits plan. Successful absence management programs are designed to address all aspects of employee absences - from prevention to return to work. Having an effective program in place can help those suffering from mental illness get the support they need when they need it.

Key elements for a successful program

A good absence management

program provides guidance and support to both employees and managers throughout absences and during the return to work process. Communication between all parties is an essential factor in any program, especially when dealing with mental health cases.

Key elements for an effective absence management program include:

- **Prevention** – Accessible, easy to understand educational materials and other resources for both employees and managers may assist those seeking help for mental health issues. Sometimes, a simple accommodation while the employee is still at work may be enough support to get that employee through a tough time.
- **Early intervention** – Early involvement is the key to success. Evidence suggests that when an employee has been away from work for six months, the likelihood that they will return drops by 50%.³ The right support at the right time can minimize the impact of absences due to mental health.
- **Active case management** – With a comprehensive initial assessment, each case is looked at on an individual basis. Regular communication between the employee, manager and case manager creates a supportive environment for the employee and helps ensure that all factors (medical and non-medical), are addressed prior to the employee's return to work.



- **Treatment facilitation** – A quick scan of the mental health care model in Canada demonstrates how difficult it can be to find the most effective treatment for a particular diagnosis. The case manager and physician can work with the employee, to provide them with access to medical and rehabilitative resources that will help facilitate recovery, and possibly reduce the length of an absence from the workplace.
- **Return to work coordination** – Employee engagement and participation in the employee's recovery and return to work are critical. The case manager can work with the employee, treatment providers and manager, to come up with a return to work plan that is customized based on the employee's individual needs. After coordinating a plan that may include modified duties or reduced hours, the case manager can monitor the return to work schedule to help ensure its success.
- **Program Management** – A benefits provider such as Manulife can work with you to understand at a high level what is happening with your absence management program. You can then use that data to make improvements, and develop prevention strategies and materials.

If you want to know more about absence management, including details about Manulife's Absence Management Services, please talk to your Manulife Financial representative.

Visit Manulife's Workplace Solutions for Mental Health website at www.manulife.ca/mentalhealth for mental health related tools and information for managers and employees.

Sources:

¹ Building Mentally Healthy Workplaces: Perspectives of Canadian Workers and Front-Line Managers , June 2011

² The Working Wounded, The Globe and Mail, June 22, 2008

³ Return to Work and Disability Management: The Business Case, WSIB CSPATT Ontario, May 2009



The Script

Reducing drug costs means thinking like a consumer

There's an old saying, "You can lead a horse to water but you can't make it drink." This colorful description of human behavior suggests that people, like horses, will only do what they have a mind to do.

When it comes to drug plans, the effects of human behavior can have a significant impact on health outcomes and plan costs. This can be particularly challenging in Canada where universal health care is part of our national identity. So, finding ways to influence behavior can be a key concern for plan sponsors looking to manage the cost of their drug plan.

For the most part, patients and plan members genuinely want to 'do

what's right'; however, life has a tendency to get in the way. As another old saying goes, "the road to failure is often paved with good intentions." So, how do we get intentions and actions to align so that plan members can start thinking like consumers when it comes to prescription drugs?

According to our pharmacy benefits manager, Express Scripts Canada® (ESC) and their parent company Express Scripts Inc. (ESI), it's not about

changing behavior so much as activating intent. And, they say the best way to do that is by:

- making the right choice, the easy choice for plan members;
- anticipating which members will need help and provide them with solutions; and
- helping patients make the transition from 'doctors orders' to 'optimal health outcomes' in the most efficient way possible.¹

Did you know...?

- Prescription drugs are one of the fastest growing costs in Canadian health care.
- Canadian hospitals and all provincial drug plans use generic drugs to help control skyrocketing drug costs.
- In 2010, the average cost of brand-name prescriptions was \$72.12, while the average cost of a generic prescription was \$26.77.
- Approximately 40% of all prescriptions in Canada are filled with generic drugs.
- By using generic drugs, Canadians are saving almost \$1 billion annually and that figure is growing every year.

Sources: The Canadian Generic Pharmaceutical Association website (<http://www.canadiangenerics.ca>), market trends, FAQs and the brochure "Generic Drugs. Same Quality. Lower Prices" www.genericsarethesame.com.

According to ESI, in the United States programs that close the intent-behavior gap could eliminate 33% of that country's annual \$403 billion in pharmaceutical waste², or 33% of the approximate \$40 billion in pharmaceutical waste in Canada. (Note: Pharmaceutical waste includes \$26 billion in non-adherence, which describes patients who do not take medications as prescribed, resulting in unnecessary hospital admissions, avoidable emergency room visits, additional physician visits, extra laboratory tests, additional therapy and other health care costs.)³

A few tips plan members can use to help them act more like consumers when it comes to prescription drug purchases are:

- Shop around for the best price – compare the dispensing fees and drug costs between pharmacies. Like most consumer products, the cost of prescription drugs will vary depending on where you shop.
- Ask the pharmacist for a three-month supply for medications taken on a regular basis. This handy tip not only saves the price of two dispensing fees, but means fewer trips to the pharmacy are needed for refills.

- Choose lower-cost generics over brand name drugs.
- Talk to the experts (in this case their physician and pharmacist), about the medications being prescribed before they buy and try effective, affordable first-line therapies before more costly alternatives (first-line therapies are simple, effective brand name drugs and their generic equivalents that are time-tested and proven by Health Canada. They work in much the same way as second-line therapies and offer similar health benefits, but generally cost less).
- Take medications exactly as they are prescribed.

Beyond pure education, plan design solutions can also help to incent plan members to become better prescription drug consumers.

Managed formularies, generic substitution, introducing different coinsurance levels for brand and generic drugs, as well as limiting the number of dispensing fees that a plan will reimburse are some of the plan design features available to help plan sponsors manage costs and incent plan members – through their wallets – to become more engaged in prescription drug purchases.

Programs like these that offer an element of choice along with a personal motivator, such as a financial component, also empower plan members to engage in discussions with their physicians and pharmacists. It's that kind of dialogue that can help lead patients to make more informed decisions about the drugs they take.

Solutions that help motivate and guide consumer behavior while preserving the power of personal choice can speak volumes when it comes to driving plan performance and reducing costs. Manulife has a consumer education sheet, *Drug Smart*, that also provides plan members with useful tips and information to help them to start thinking like a shopper with prescription drugs purchases. Manulife also has a generic drug info sheet called *Save on prescription drug costs - choose generic over the brand name!* (GL4964E/F).

Whether you call it consumerism, smart shopping or simply being drug smart, adding incentive to intention creates action for both plan sponsors and plan members alike. Together, that can add up to a prescription for a healthy plan.

² <http://www.express-scripts.com/research/consumerology/activatingintent/>

³ Canadian figures courtesy of ESC



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