



# THE advantage<sup>®</sup>

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THE STUFF YOU NEED TO KNOW...

## MORE ON THE NEW MEDICAL CANNABIS (MARIJUANA) COVERAGE OPTION – NOW AVAILABLE

As we've outlined in recent publications, GSC has introduced a new product that will offer you more options for incorporating medical cannabis (MC) into your benefits plan, but with a much greater level of oversight and rigour than is currently available through a health care spending account (HCSA). This MC coverage option is now available, and will apply to claims dated on or after March 26, 2018.

Coverage for MC will be available to plan members age 25 and older with one of the following medical conditions:

- Chronic neuropathic pain
- Spasticity due to multiple sclerosis
- Nausea and vomiting due to cancer chemotherapy

To be eligible for coverage, plan members must have tried and failed with all other standard treatments available, including commercially-available, pharmaceutical-grade cannabinoids (e.x., nabilone, nabiximol). That means MC will be considered as a last-treatment option. This approach is consistent with the most up-to-date clinical evidence, prescribing guidelines, and policy statements from national and provincial regulatory bodies.

We are offering flexibility in the annual dollar maximum, with a recommended limit ranging from \$1,500 to \$6,500 per year. Note the following about this maximum:

- It will apply every 12 months from the date of the first paid claim
- Only the MC product and associated dispensing charges will be eligible; administration devices (i.e. vapourizers) and/or growing equipment will not be reimbursed
- MC must be purchased from a Health Canada licensed producer

### *Inside This Issue:*

- More on the new medical cannabis (marijuana) coverage option – now available
- Glucose monitoring systems (GMS) – more details about the upcoming change to extended health services benefits (effective June 1, 2018)
- We're making some changes to Online Services to improve the plan member experience
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- Quebec optometrists to opt out of RAMQ – what we know so far
- Saskatchewan government repeals PST on life and health insurance premiums – future collection and refunds

- Only Health Canada approved forms will be eligible (currently fresh/dried herb, oils, seeds, and plants)
- It will be separate from an existing drug maximum, but will be included within an overall health maximum (if applicable) – including copayments and/or deductibles

If you would like to add this benefit to your plan, or for more information, please contact your GSC account team. And for more information about MC in general, **click here to read an article** from the February 2018 edition of *The Inside Story*<sup>®</sup>, or **here to listen to our podcast** featuring Mike Sullivan from Cubic Health Inc.

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## GLUCOSE MONITORING SYSTEMS (GMS) – MORE DETAILS ABOUT THE UPCOMING CHANGE TO EXTENDED HEALTH SERVICES BENEFITS (EFFECTIVE JUNE 1, 2018)

In the February 2018 issue of *The advantage*<sup>®</sup> (**click here to read it again**), we let you know that we will be adding glucose monitoring systems (GMS)\* as a standard medical device on our extended health services benefits plans. This change will be effective **June 1, 2018**, and will apply to all plans that currently provide coverage for diabetic devices/supplies. The change comes as a result of careful consideration of the cost-benefit analysis, plan member experience, and available clinical research based on health outcomes. GMS consist of a device (monitor) and supplies that are dependent on the model/brand selected.

GMS will be eligible for a subset of plan members with insulin-dependent diabetes (Type 1 and Type 2), based on specific medical criteria. The benefit will be subject to our medical authorization process, meaning a primary care provider (medical doctor or nurse practitioner) must complete and sign our medical authorization form.

To be eligible for GMS coverage, the plan member must:

- Be on **intensive** insulin therapy, which means using either short acting, intermediate acting or a combination of long-acting and short/intermediate-acting insulin. The use of long-acting insulin alone does not meet eligibility criteria.

AND

- Require testing (using a blood glucose meter and test strips) four or more times per day

OR

- Use an insulin pump

Coverage is subject to a combined annual maximum of \$3,000 (every 12 months from the date of the first paid claim), for all GMS equipment – the device (monitor) and supplies. This maximum falls in line with the most cost-effective product available on the market today. If a plan member selects a higher-cost option, the amount over and above the maximum will be an out-of-pocket expense. The GMS maximum will be included within an overall health maximum (if applicable) – including copayments and/or deductibles. The combined maximum is broken down further:

- GMS device (monitor): reimbursed to the cost of a blood glucose meter. The current reasonable and customary fee for a blood glucose meter is \$120.
- GMS supplies: sensors and/or transmitters (depending on the model/brand used) will be reimbursed to the current reasonable and customary fee of \$90.

Any cost impacts will flow through your extended health services experience and any changes will be applied at renewal. Over our entire book of business, we estimate that the impact will be less than one per cent of total health costs, however, a number of factors could impact the degree of uptake related to this change, most clearly the prevalence of Diabetes in the employee population. Conversely, costs associated with Diabetes could also be reduced with lowering of test strip and lancet utilization. (Once a plan member is approved for GMS coverage, their test strips will be limited to 600 per year, as the testing frequency is decreased.)

If you don't want this change to apply to your benefits plan, contact your GSC account team no later than **May 15, 2018**. If your opt out request isn't received by this date, the above noted coverage will be effective June 1, 2018.

\*GMS includes both continuous glucose monitors and flash glucose monitors.

## WE'RE MAKING SOME CHANGES TO ONLINE SERVICES TO IMPROVE THE PLAN MEMBER EXPERIENCE

Plan members will notice some valuable enhancements on our Online Services self-serve platform in early April. The changes will offer a better and more efficient plan member experience, while allowing GSC to continue to help keep your benefits plan free from fraud. Thanks to these changes, plan members can:

- **Submit additional types of claims online.** No need for them to send us anything in the mail, as the **Submit a Claim** page will show every category of claim type available, including an "other" option just in case plan members can't find what they're looking for. Depending on the claim type, plan members will either be guided down a real-time journey (seeing results immediately), or prompted to upload their claims to us electronically – it's as simple as taking a picture with a smart phone. Many new claim types can be uploaded to us, the most highly utilized are: dietitian services, hearing aids, and custom-made foot orthotics – to name a few.
- **Get confirmation emails.** For uploaded claims, we'll let plan members know that we successfully received their claim, which means they won't need to take the extra step to check in with us to be sure.
- **Check the status of their uploaded claim.** While a confirmation email is great, a new feature will allow plan members to track their claim through the adjudication process on the new **My Web Uploads** page.
- **Upload supporting documents.** Sometimes we need additional information from plan members to assess their claim. We're making it easier for them to upload electronic copies of claims documents (such as a completed claim form, medical prescription, debit/credit card receipts, etc.) through their Online Services account – linking the supporting documents directly to the claim they previously submitted.
- **Get their money back faster.** We'll provide a link for plan members to validate the mailing address we have on file (avoiding payment delays if an old address hasn't been updated with us), and at the same time, providing them with opportunities to sign up for direct deposit – the most efficient way to receive their payment.
- **Check eligibility for counselling services.** We're expanding the **View my benefits coverage** page to include counselling services, providing plan members with another self-serve option to understand what their benefits plan will provide reimbursement for – before incurring an out-of-pocket expense.

While these updates will apply only to our self-serve website, you can be sure that we're looking for ways to improve our mobile experience too.

## FINGERPRINT TECHNOLOGY!

To start, we'll soon be allowing plan members using the GSC on the Go® mobile app to use their fingerprint to log on, rather than entering their user ID and password. And plan members will also be able to store their GSC ID card in their electronic "wallets". These new enhancements will be available for both iOS (Apple®) and Android.



Want to inform your plan members about these changes? **Click here** to access a plan member communication.

## CONTINUING TO FOCUS ON MENTAL HEALTH VIA THE CHANGE4LIFE® HEALTH MANAGEMENT PORTAL

GSC's Mindfulness Program, an industry-first mental health support program on the Change4Life portal, continues to gain momentum with plan members in its first few months since launch. Thousands of plan members have checked out the program and completed between one and six education modules. Based on early feedback, we know many of them are already starting to see its benefits – with the overwhelming sentiment being that mindfulness is a new tool to help them manage their mental wellness as part of their overall health. While it's still early days, we've started to assess outcomes data (based on completed pre-and post-program assessments), and we're pleased to see that it's trending in the right direction – towards improved mental health outcomes. We'll be sure to continue to measure the effectiveness of the program among plan members as more of them make their way through it in the coming months.

And when it comes to the mental well-being of our plan members, an often overlooked cause of stress is worry over financial matters. In time for the 2018 RRSP and budgeting season (and don't forget those New Year's resolutions), we added some helpful new content and resources to the Change4Life portal to help plan members manage their financial health. Several new learning modules on the portal include: how to properly budget and make a financial plan, read a credit report, and make a plan to be debt free; what to consider before borrowing money; and the pros and cons of credit cards. Plan members can now find these modules in the "Learn & Earn" section of the Change4Life portal. We also added a wealth of great resources from the Credit Counselling Society, including a self-assessment questionnaire that will help plan members determine whether they are at risk of a financial crisis and what they can do to mitigate their financial issues. These resources have been built into the "My Priorities" section of the portal, content that is determined by a plan member's responses to the health risk assessment (HRA). As a reminder, once a minimum threshold is met, you can have access to a detailed HRA report, one that identifies the main health risks of your organization. By having access to this information, you have an opportunity to implement more targeted health management interventions.

If you're looking for more ways to promote the Change4Life portal and its many resources, you can find some promotional materials by [clicking here](#). Or, be sure to ask your GSC account team about our robust suite of customizations available for a reasonable fee, including contests and challenges to boost HRA completion and participation. And speaking of contests, GSC will be running another HRA contest in a few weeks where plan members can win some great rewards for completing their HRA within a specific time period. So stay tuned!

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## QUEBEC OPTOMETRISTS TO OPT OUT OF RAMQ – WHAT WE KNOW SO FAR

Optometrists in Quebec have voted to leave la régie de l'assurance maladie du Québec (RAMQ), effective March 10, 2018. The Quebec Association of Optometrists said that 90 per cent of its members voted to no longer participate due to their dissatisfaction with the reimbursement levels for their services offered by the health care plan. Since the initial vote took place, the optometrists are challenging a ministerial amendment that will prevent optometrists from leaving RAMQ for a period of two years from February 7, 2018.

We will continue to closely monitor this situation, noting in the meantime there will be no changes to how we currently assess eye exam claims for anyone under age 18 and over age 64 in Quebec – declining them based on the availability of provincial coverage.

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## SASKATCHEWAN GOVERNMENT REPEALS PST ON LIFE AND HEALTH INSURANCE PREMIUMS – FUTURE COLLECTION AND REFUNDS

On February 26, 2018, the Saskatchewan government announced that the provincial sales tax (PST) on insurance it implemented in 2017 no longer applies to individual and group life, health, disability, accident, or sickness insurance premiums. The exemption was extended retroactively to August 1, 2017, when these premiums first became taxable in the province. GSC has updated all systems to stop future premium collection. The Ministry of Finance is actively working with insurers to determine next steps for handling eligible refunds/credits.

We will be in touch with affected plan sponsors once more details are made available to us.