

RCMP



ROYAL CANADIAN MOUNTED POLICE



Great-West Life
your Benefits Solutions People





RCMP

Disability Management

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Agenda

- RCMP DI Contractual Provisions
- Great-West Life disability management philosophy
- RCMP Disability management team
- Case management process
- Intervention resources
- Service standards
- DI Trends
- Questions



RCMP - DI Contractual Provisions

Insurable Employee –

- 1) Under age 65
- 2) He is employed:
 - a) On a permanent, non-seasonal basis: and
 - b) for at least
 - i. An average of 30 hours each week, if he is a full-time employee
 - ii. An average of 12 hours, but less than 40 hours each week, if he is a part-time employee
- 3) Regular Member or Civilian Member under the provision of the RCMP Superannuation Act, or
- 4) Employee who was in the service of the RCMP under the provision of the RCMP Superannuation Act or the RCMP Pension Continuation Act on July 15, 1984, automatically transferred to the Canadian Security Intelligence Service, and continues to be employed by the Canadian Security Intelligence Service



RCMP - DI Contractual Provisions

- **Waiting period** – The later of 91 consecutive calendar days or the date the person is discharged from the RCMP
- **Initial assessment period** – The waiting period plus the next 24 months of disability
- **Subsequent assessment period** – The period after the first 24 months
- **Benefit formula** – 75% of monthly earnings
- **Offset provision** – The person's income benefit is reduced by the following income:
 - Disability benefits under CPP & QPP
 - Retirement benefits under CPP, QPP, RCMP Superannuation Act, RCMP Pension Continuation Act



RCMP - DI Contractual Provisions

General Limitations – No benefits will be paid for:

Pre-existing conditions

- Disability arising from a disease or injury for which the person obtained medical care before he became insured.

Exclusions:

- Has been continuously insured for 1 year
- Has not had medical care for the disease/injury for a continuous period of 90 days ending on/after his insurance took effect

Reasonable & customary treatment

- Any period an employee does not participate/cooperate in reasonable & customary treatment:
 - Performed or prescribed by a legally licensed doctor of medicine
 - Is of the nature and frequency usually required for the condition involved



RCMP - DI Contractual Provisions

General Limitations – Cont'd

Substance Abuse

- Any period of sickness resulting from alcoholism or drug addiction, unless the person is receiving treatment or medical care for recovery purposed
- If substance abuse contributes to the persons disability, his treatment program must include participation in a recognized substance abuse withdrawal program



RCMP - DI Contractual Provisions

Definition of Disability - The initial assessment period

During the initial assessment period, a person is considered disabled if:

- disease or injury prevents him from performing the essential duties of his regular occupation
- “regular occupation” means the duties or duties equal to or similar to those duties performed by the employee immediately prior to the commencement of the disability period
- except for any employment under an approved rehabilitation plan, he is not employed in any occupation that is providing him with income equal to or greater than he income benefit available under this plan



RCMP - DI Contractual Provisions

Definition of Disability - The subsequent assessment period

After the initial assessment period, a person is considered disabled if disease or injury prevents him from being gainfully employed.

Gainful employment means work:

- a person is medically able to perform
- for which he has at least the minimum qualifications
- that provides income of at least 50% of his pre-disability monthly earnings
- that exists either in the province or territory where he became disabled or where he lives

The availability of work will not be considered in assessing disability



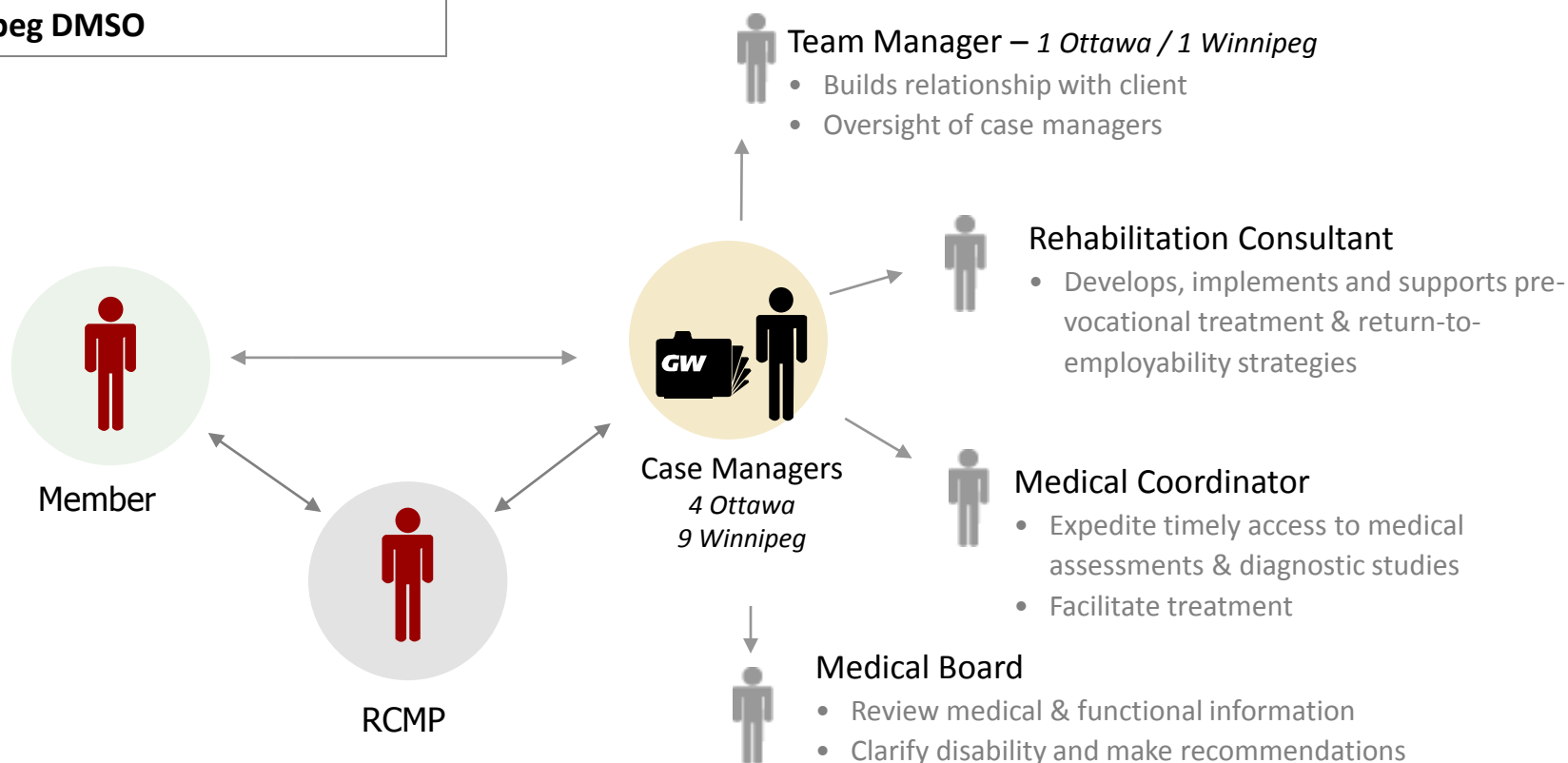
Disability management philosophy – aligning with best practices

- **Partner** with the member throughout disability management process
- **Engage** the member
- **“Get behind the paper”** - Focus on communication via comprehensive telephone interview with member to better understand the situation
- Assess the **“whole person”**
- Focus on the members **ability** rather than disability
- Communicate with the **treating physician** to discuss treatment, prognosis and return to employability
- Develop effective, creative and proactive **case management planning**
- Leverage internal intervention resources to **impact outcome**
- Identify **early return to employability** opportunities



RCMP Disability Management Team

Ottawa DMSO
Winnipeg DMSO





Case management team qualifications

- Post Secondary Education
- 2-3 years experience in group insurance or related field
- Analytical Skills
- Oral and Written Communication Skills
- Interpersonal and Problem Solving Skills
- Disability Management Designations (NIDMAR, CEBS, LOMA, HIAA, ICA)
- Professional designations (Rehabilitation Consultants)
- Regulated Health Professionals (Medical Coordinators and Medical Consultants)



Case Manager

‘Gate keeper’ of the disability management process

- Determine eligibility of the claim for benefits based on insurability, eligibility and other provisions of the clients policy contract
- Develop a case management plan from inception until the member returns to employability, or otherwise is no longer eligible for benefits
- Identify the appropriate cost-effective tools and resources required to foster the timely and successful return to health and employability
- Oversee the execution of the case management plan and ongoing entitlement to benefits through regular monitoring and ongoing evaluation of medical information and regular communication with the member and their treating physician(s)/ treatment provider(s)



DI Claim Assessment Process

Initial notice of claim should be submitted to GWL no later than 30 days after disability starts or 6 months after date of discharge

- RCMP submits Employer Statement (NCS Insurance)
- RCMP provides the member with the DI Application Kit for completion (Notice of Claim, Authorization, Attending Physician Statement)
- All forms sent directly to GWL

- Claim reviewed to determine following:
- Pension calculation from PSPC Pension Centre
 - Up to date & complete medical information
 - All necessary documentation enclosed
 - Discharge Information provided

Telephone Interview with member

- Claim review completed
- Claim decision communicated verbally and in writing to member and in writing to RCMP

APPROVE/
APPROVE
PENDING
DISCHARGE

Additional Information Required. i.e. Medical questionnaire, consultation reports independent medical examination, functional capacity evaluation etc.

DECLINE

Assigned to a Claims Administrator – set up as “Partial Claim”

If Notice of Claim is received 1st, will contact RCMP to request Employer Statement.

DAY 7 – 1st FOLLOW-UP
Follow-up call to member re: outstanding claim forms

DAY 14
• DLR is set up

DAY 45 - 2nd FOLLOW UP
• File transitioned to Case Manager
• Case Manager to contact member by telephone to follow-up on missing document(s)

DAY 90:
• If documents still outstanding, claim closed.
• DLR released
• If information sent after, will re-open for review



Telephone Interview

- Build relationship and rapport with the member
- Obtain the members understanding of their diagnosis and symptoms
- Current status (since date of disability)
- Treatment details and effectiveness
- Functional abilities including activities of daily living (work, home, physical, social, etc).
- Vocational history (education, operational & non-operational duties)
- Answer questions & explain next steps
- Provide claims decision verbally (where applicable)





DI Initial Assessment Process

Comprehensive claims assessment to assess:

- Medical
 - Diagnosis & severity of symptoms
 - Treatment
 - Prognosis for recovery
- Functional
 - Functional restrictions, limitations and work capacities in comparison to occupational demands
 - Residual functional abilities
- Vocational
 - Return to employability
- Contractual
 - Definition of disability
 - Reasonable & customary treatment

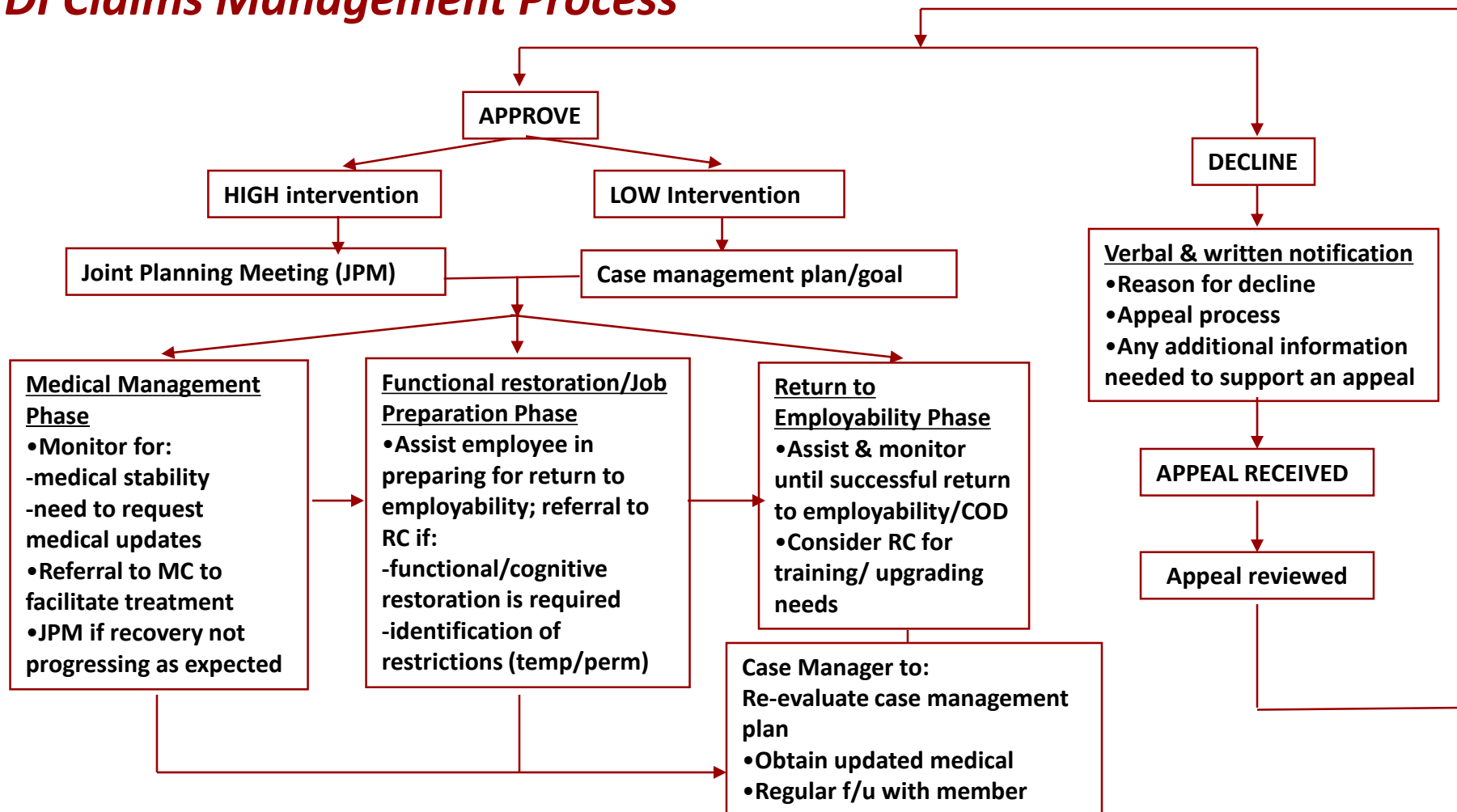


Appeals Process

- Member has the right to appeal a denial
- 2 years from date of decline letter to submit appeal
- Appeal must be in writing
- Expenses incurred in the appeal process are the responsibility of the member
- Medical appeal
 - New medical must be provided
 - Reviewed by Case Manager/Team Manager
 - May be reviewed by Medical Board
- Non-medical appeal
 - Letter from member outlining reasons for appeal
 - Reviewed by GWL head office appeals team



DI Claims Management Process





Joint Planning Meeting

Case Manager
Team Manager
Medical Coordinator
Rehabilitation Consultant
Medical Board (as required)

- Focus on 'HIGH Intervention' claims
- Comprehensive case management strategy to determine appropriate length of absence and the effectiveness of an employee's treatment plan
- Effectively define management options, including utilization of intervention resources, referral to specialists, treatment services, etc.
- Collaboratively develop the most effective case management plan shortening duration of disability and expediting the return to employability process



Return to Employability

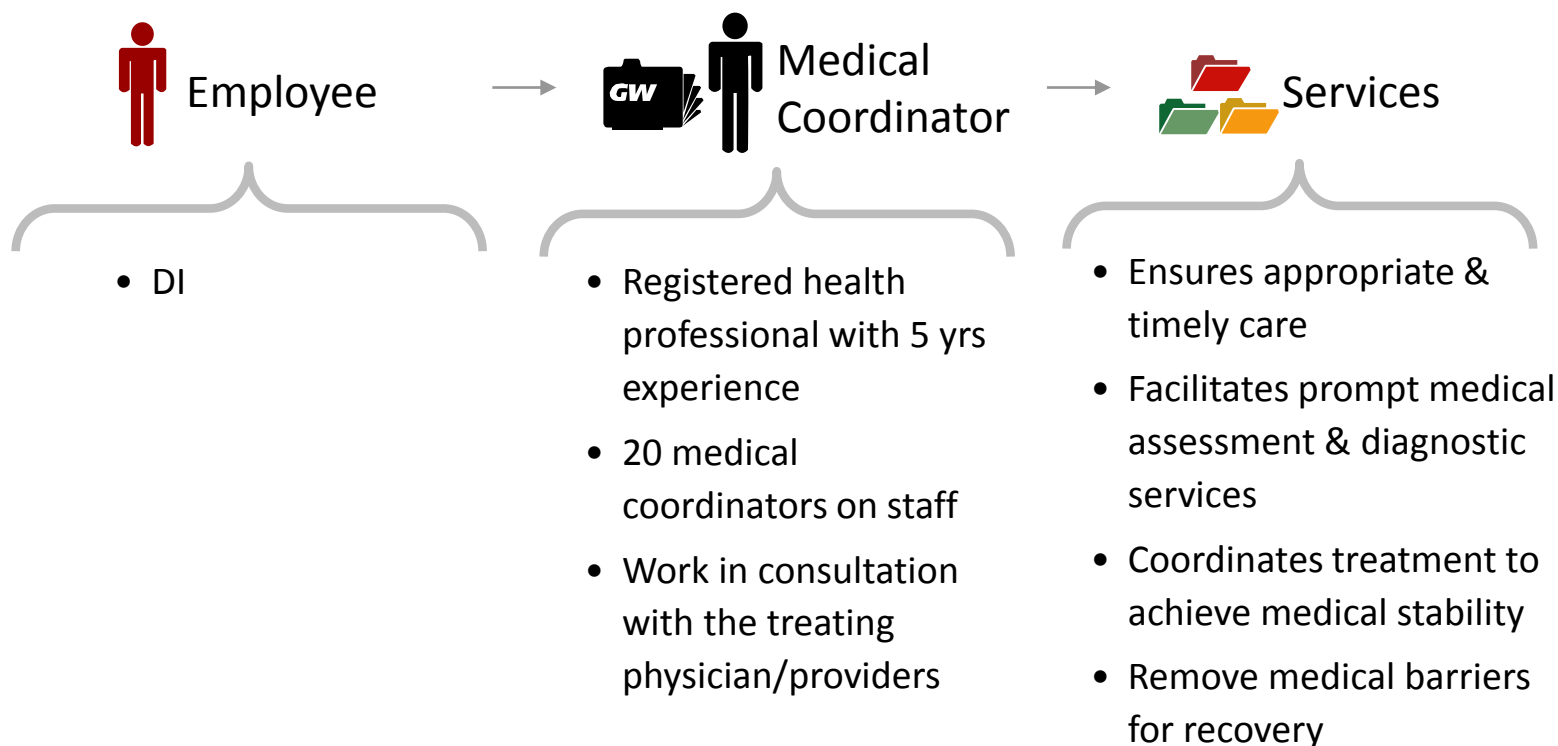
As the member will be discharged from service prior to the DI Plan, goal is to facilitate an early, safe and sustainable return to employability plan

- Established on:
 - Medical – Diagnosis, symptoms, medical history
 - Functional - Functional abilities, limitations, tolerances and work capacities with respect to job demands
 - Vocational information – Assess work experience, education, transferrable skills
- Identify any specific barriers (medical & non-medical) that are impacting the return to employability plan and to bring the resources required to address the barriers



Intervention Resources

Medical Coordination – Supporting early recovery



Note: Entitlement to DI benefits does not automatically entitle a person to medical coordination services



Intervention Resources

Rehabilitation Consultants – Assist members bridge the ‘gap’ back to employability

- 90 community-based Rehabilitation Consultants across Canada
- Backgrounds in kinesiology, occupational therapy, physiotherapy, psychology, social work
- High level of expertise in functional recovery management, strong facilitation skills, and an understanding of best practices for early recovery and return to employability
- Identify and resolve functional barriers impacting the duration of the claims and the employees ability to return to employability
- Facilitate and coordinate cost effective tools and resources geared towards return to employability
- **As per the RCMP DI Contract, participation in Rehabilitation is voluntary**

Note: Entitlement to DI benefits does not automatically entitle a person to rehabilitation services



Intervention Resources

Rehabilitation Consultant — Examples of tools & resources which may be available

Functional Restoration:

- Cognitive Behavioral Therapy
- Occupational Therapy
- Physiotherapy
- Physical conditioning & work hardening

Return to Employability:

- Functional & Cognitive Abilities Evaluations
- Transferable Skills Analysis
- Labour Market Survey
- Vocational Assessment
- Volunteer work/External work trial
- Job search support
- Skill enhancement/re-training

Note: Entitlement to DI benefits does not automatically entitle a person to rehabilitation services



Intervention Resources

Rehabilitation Consultants – Developing an intervention plan

- The level of rehabilitation activity a member requires to return to employability is determined on the basis of individual members needs.
- Intervention plans must:
 - impact duration of the claim
 - meet the gainful earning level as defined in the DI plan
 - be cost effective
- Consideration for skill enhancement/re-training is only given when a member demonstrates the abilities for return to employability but does not have the necessary existing skills and/or education to perform gainful employment that meets the necessary contractual criteria.

Note: Entitlement to DI benefits does not automatically entitle a person to rehabilitation services



Communication with the member

- Regular telephone communication with the member.

Frequency based on:

- Case management goal
 - Treatment plan
 - Response to treatment
 - Appointments with treating physician/provider(s)
 - Request for updated medical
 - Change of definition date etc.
-
- Assessment of the change of definition (end of initial assessment period) begins at 12 months, follow-up review at 18 months
 - Advise member verbally and in writing as soon as decision is rendered
 - Maintenance claims – medical questionnaire and claimant update annually
 - Only non-medical correspondence copied to RCMP



Claim Termination

- Claim is considered to be terminated once member has returned to employability or no longer meets the plan provisions:
 - No longer satisfies the definition of disability
 - Definition change
 - Maximum age reached
 - Non-participation
 - Not under appropriate treatment
- Case Manager to advise member of termination decision verbally and in writing
- Members in receipt of DI benefits for more than one year will receive a minimum 30 days notice prior to the termination of benefits
- When DI benefits are terminating due to a change in the definition of disability, member is advised of the decision as early as possible



DI Service Standards

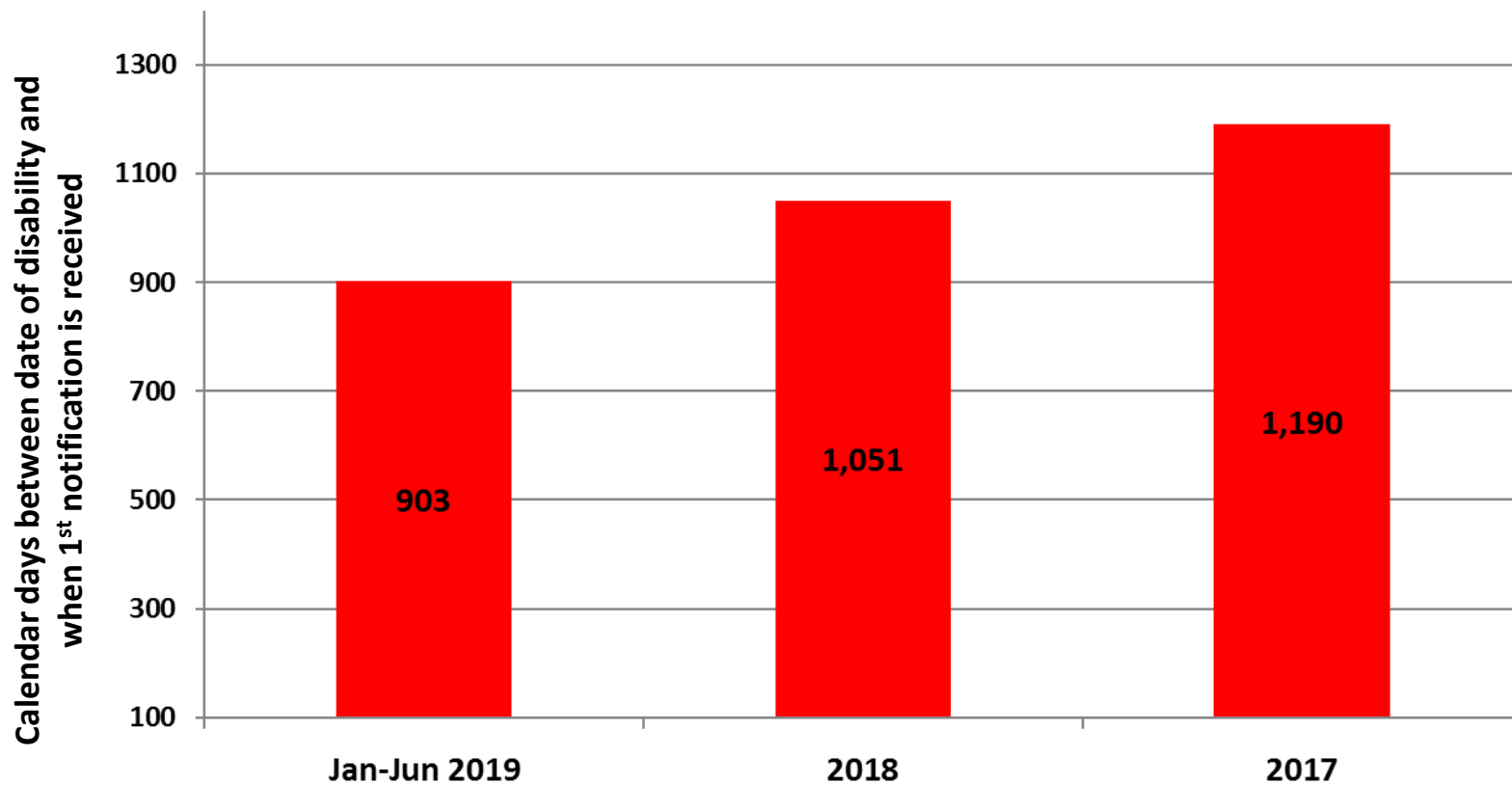
- **Time to decision**
80% of all new claims submitted must have a decision confirmed within 45 calendar days (includes any time associated with requesting additional information)
- **Service turnaround**
80% of all new information submitted must be reviewed and action taken within 14 calendar days
- **Return emails**
Within 24 hours
- **Return phone calls**
Within 24 hours



RCMP DI Trend Data

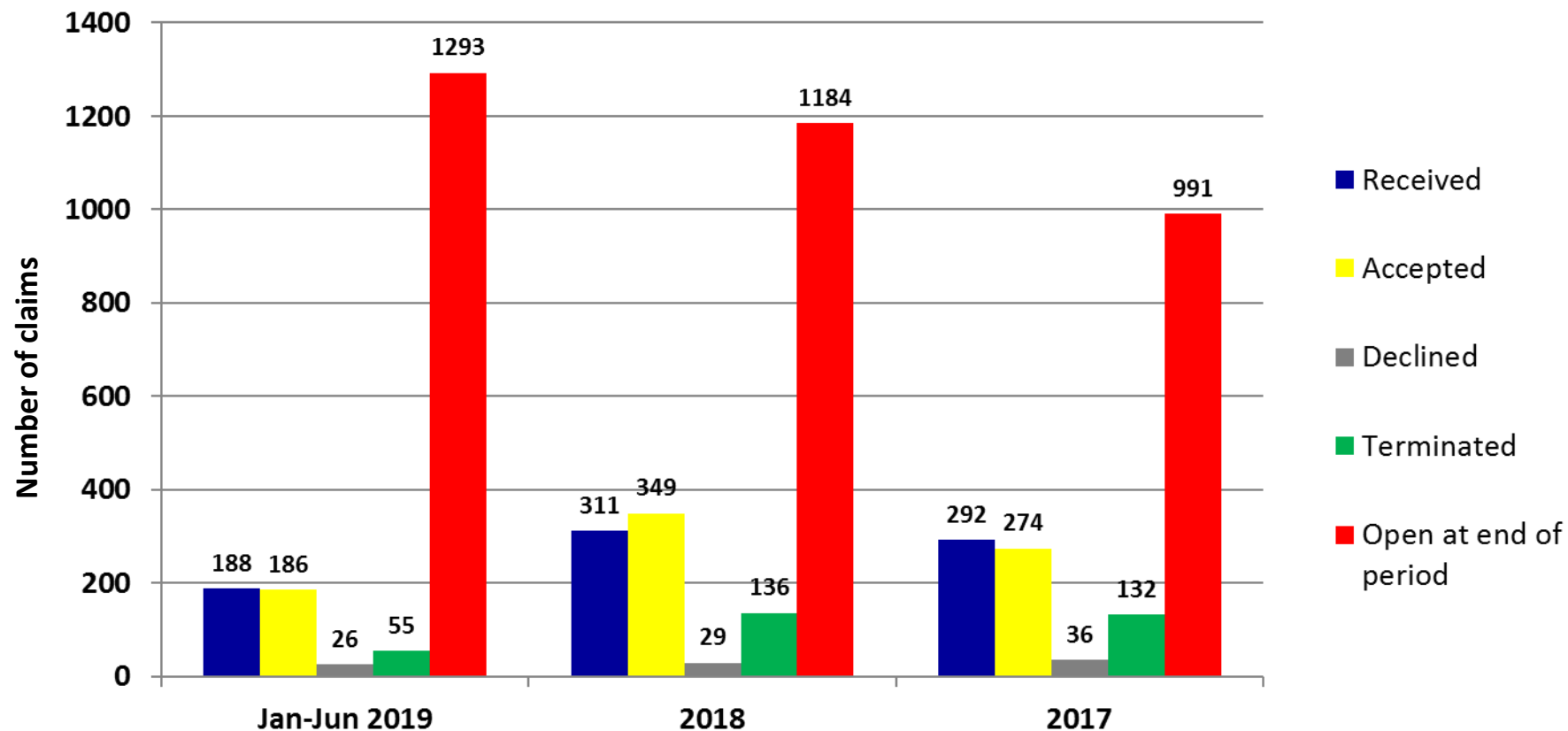


Average duration to provide notification of claim



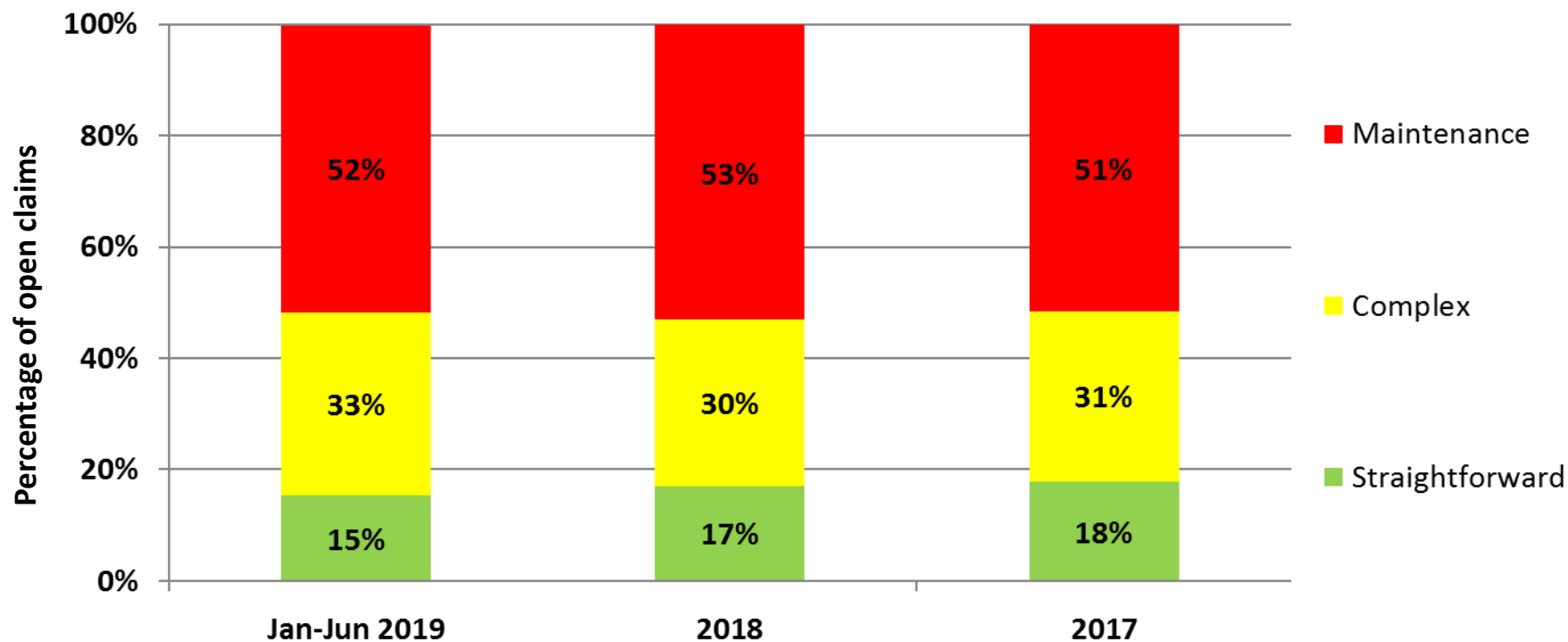


Claim referral activity



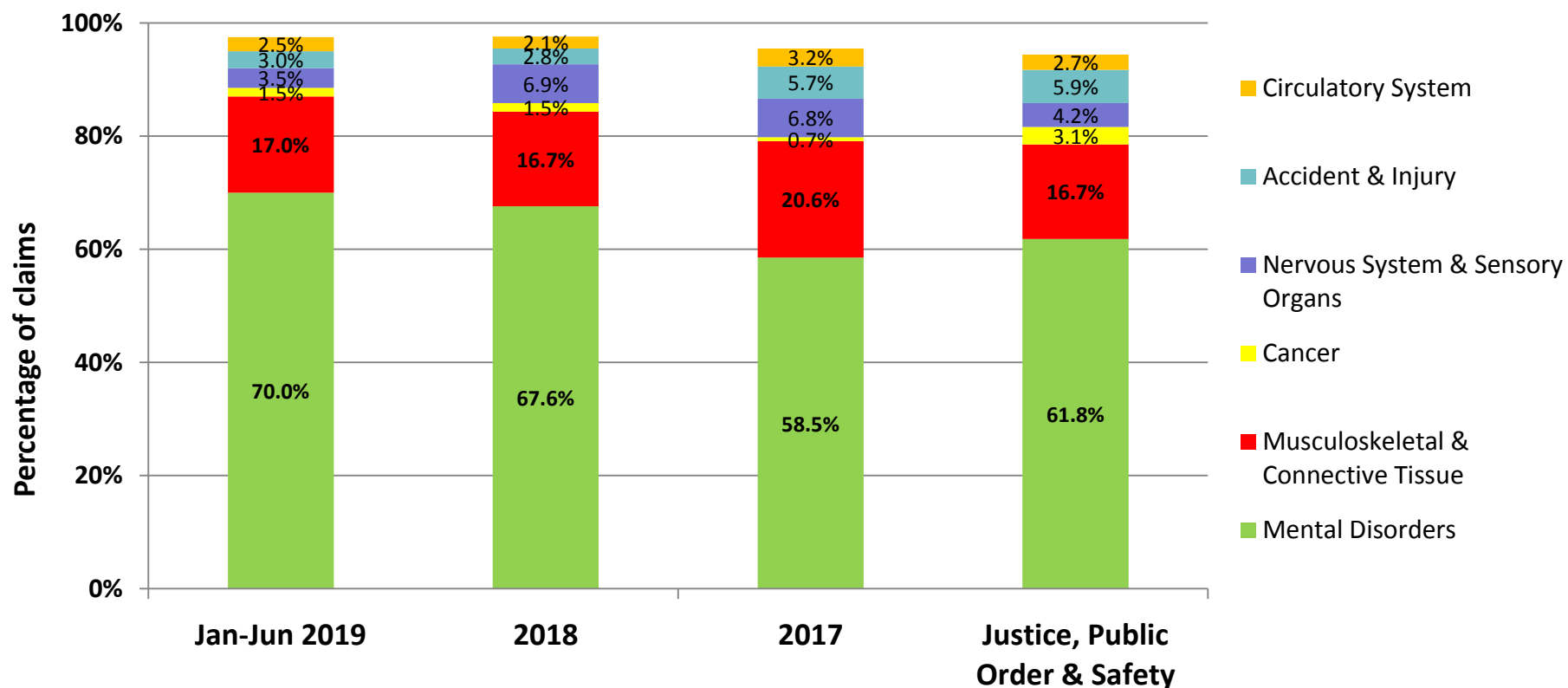


Open claims distribution at end of period by case management phase



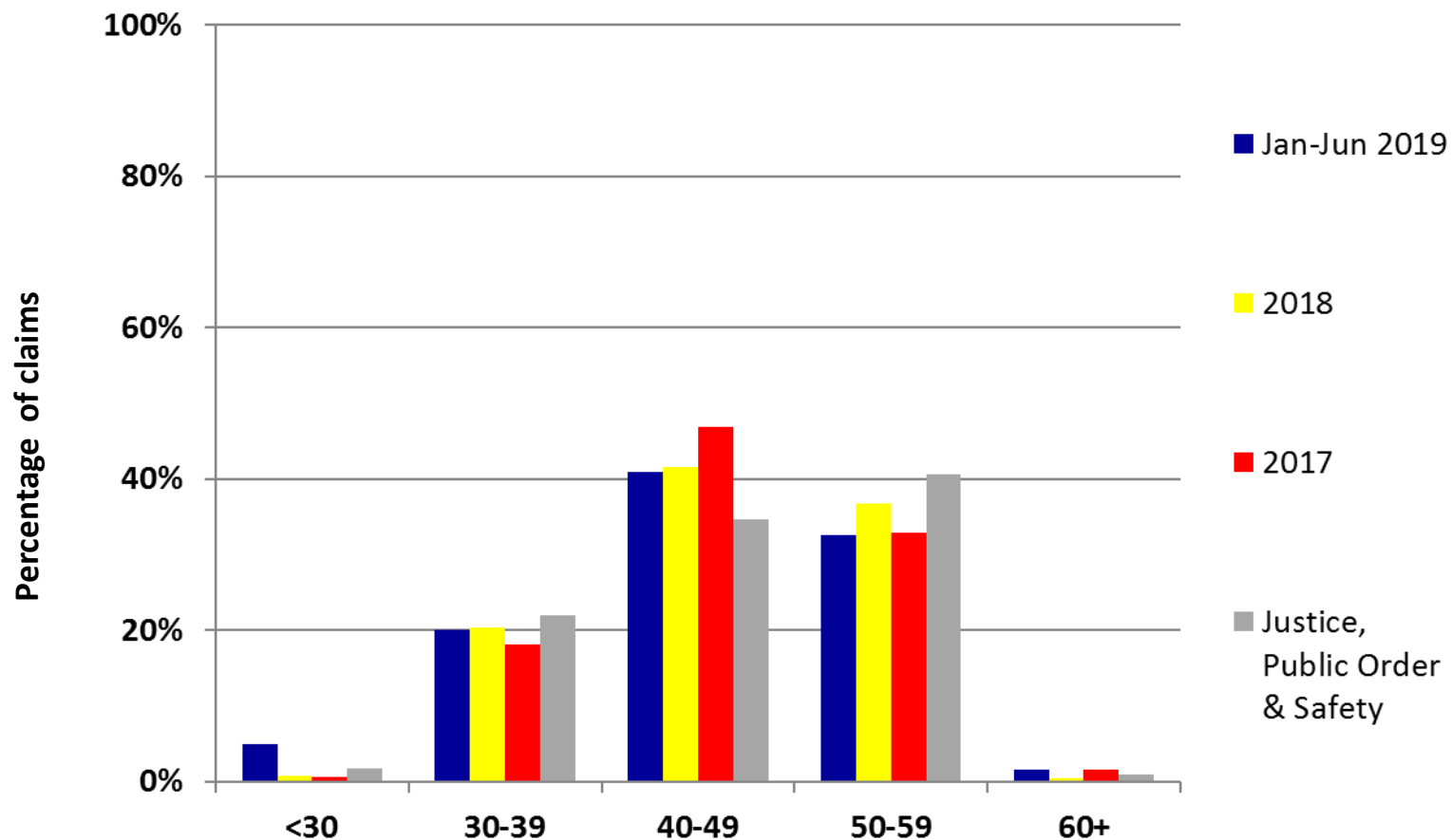


New claims accepted in period - distribution by top 6 diagnoses



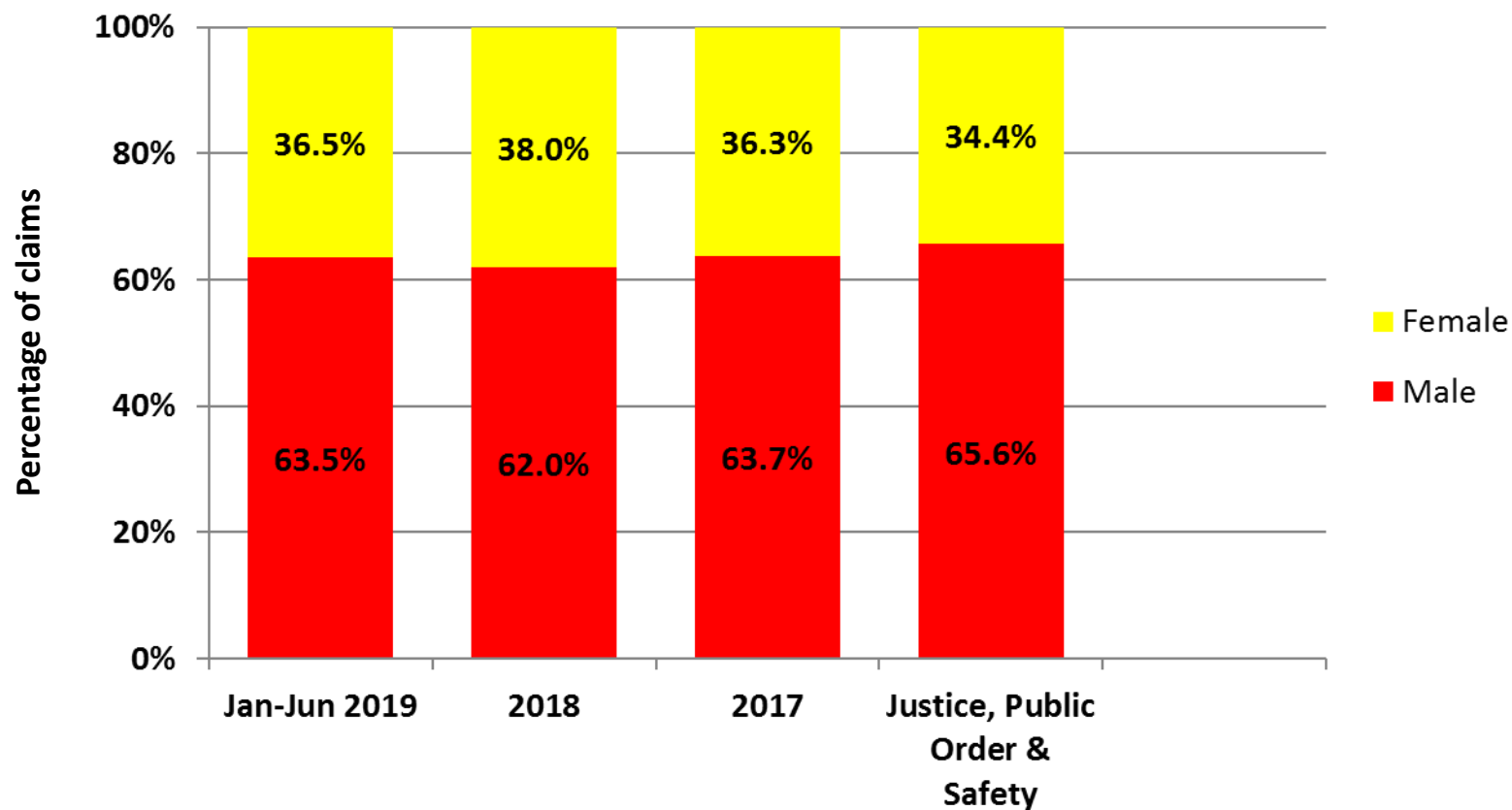


New claims accepted in period - distribution by age



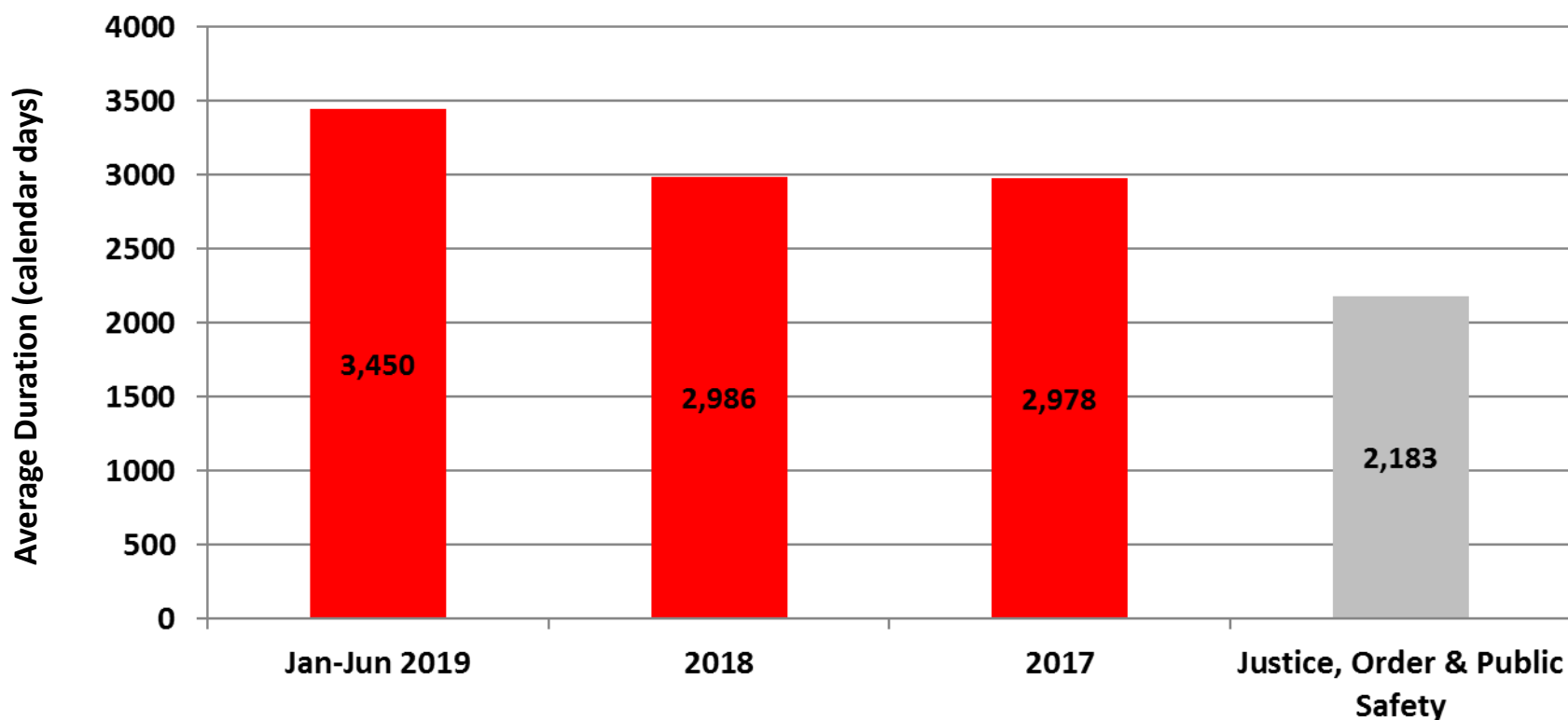


New claims accepted in period - distribution by gender



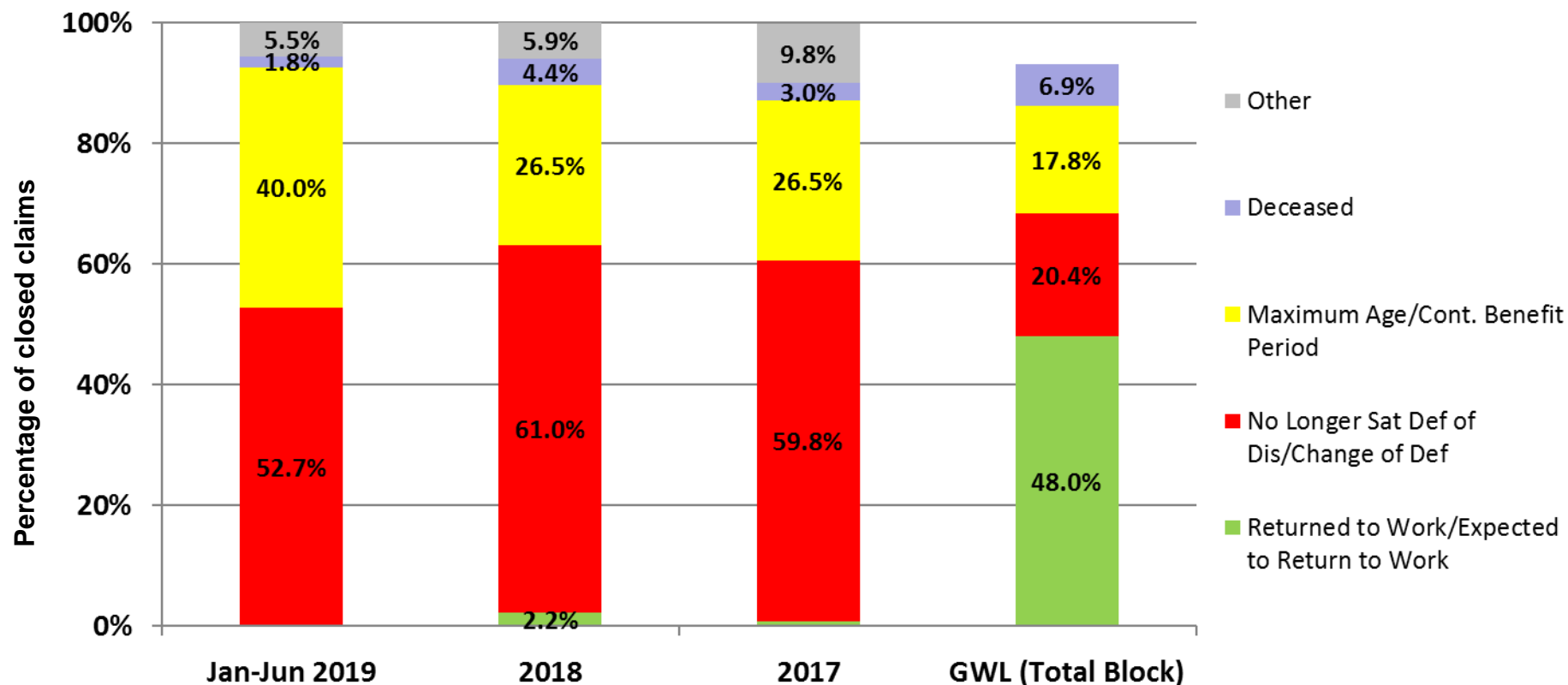


Average duration of closed claims





Reason for Termination



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Questions?