

Insurance Companies

Getting Through the Forms

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Agenda

- Insurance 101
- Your responsibilities
- What we do with the info
- Hints and Tips

- Theme
- We can work together on these issues

Intro

- My role
 - VP and Medical Director for London Life, Canada Life and Great West Life
 - Current role primarily life insurance underwriting and claims
 - Previous direct involvement with disability claims and underwriting

Principles

- We WANT the business
 - A very competitive market
- Prices are DECREASING
- Much of insurance sold to boomers
- Financial health is important too!
 - Insurance is needed by some folks
- ‘I don’t know’ is a good answer!
- For life claims, <0.1% of claims are contested

Principles 2- the good news!

- 80+% of underwriting reports are received in a month
- The system is complex, but works pretty well for all parties
- There is no reason we can't ensure that everyone is satisfied with the process

Insurance 101

- Group vrs Individual
- Claims vrs Underwriting
- Life vrs Living Benefits
- Property/Auto/Casualty vrs Life/LB/Group/Benefits

My Job

- Insurance Medicine
 - Not clinical medicine
- Underwriting
 - The job of risk assessment
 - Can be standard, rated, decline
 - About 85% of applicants can get coverage
 - The rest split rated/decline/not taken (for a number of different reasons)

Abnormal Results

- With 'wider net', we turn up medical issues
 - Eg DM, BP, proteinuria, ecg abnormalities
- We also understand the issues of false positives
- When we discover things, we automatically send abnormal results to the clinician (consent for this in our apps)
- Just because we did the test doesn't make it wrong

The Clinician's Job

- Just pass the info
- You are not underwriters or claims adjudicators
 - and don't want that role!
- You can do your role and remain the patient advocate
- We have consent on our app

Clinicians and underwriting

- We're asking for historical info from your chart
- No need to see patient
- Can send:
 - Chart summary
 - Chart copy
 - Print of emr
- Charge fairly and pays well

Risks to Docs in UW

- Take too long?
- Incomplete Info?
- Give us inaccurate info?
- This can be a 'WIN' all the way around

Clinicians- Claims

- **The most important principle**

- Clinicians role is NOT to decide disability, but to give restrictions and limitations
- The definition of disability is contractual, not medical- defined specifically in a contract, not universal
- Tell your patient that you don't know the details of the contract, workplace, other workplace issues, so you can only give us facts and we decide

Clinicians- Claims

- Initial form
 - Client pays- contractual obligation
 - We TRY to tailor them to detail needed for claim
 - Ongoing work to simplify forms- CLHIA and OMA very involved in this issue
 - We all win by making this process better

Clinicians- Claims

- If the amount is inadequate for your time, communicate that
- Answer what you can
- If you don't know, that's fine

Claims

- Return to work initiatives
 - Sometimes unions mandate the time where we ask for a sick form
 - Sometimes the employee has a pattern of behaviour that points to more than you see
- Again- the best way is for you to simply provide info

Summary

- We are in a competitive business
- This does not need to be adversarial
- We make mistakes, so do docs
- For Great West, Canada and London Life
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