



Interim Federal Health Program Provider Survey Research Report

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Ce rapport est aussi disponible en français.

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Executive summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Immigration Refugees and Citizenship Canada (IRCC) summarizing the results of the qualitative and quantitative research study investigating health care provider satisfaction with the Interim Federal Health Program (IFHP).

The IFHP provides limited, temporary coverage of health care benefits to resettled refugees, asylum seekers, and other groups until they become eligible for provincial/territorial health care coverage or, in case of unsuccessful asylum seekers, leave Canada. IRCC sets eligibility criteria and coverage scope for the IFHP and service providers are paid for their services through the claims administrator, which in turn is reimbursed by IRCC.

Through a competitive process, Medavie Blue Cross (Medavie) was awarded a contract which allowed them to become the IFHP claims administrator until January 2020. Medavie processes and adjudicates claims, provides direct customer service to providers, verifies client and service eligibility against IFHP services and benefits standards, verifies claims, and corresponds with providers. Medavie issues the payments to providers directly, produces data records, and provides statistical reports and feedback to IRCC. Finally, Medavie communicates and disseminates information to providers through a website, call centre, and written communication products.

Under the terms of Medavie's contract with IRCC, research is to be conducted every two years to assess provider satisfaction with Medavie's services. Earnscliffe was contracted to conduct a public opinion research study to assess health care provider satisfaction with regards to the claims administration services provided by Medavie Blue Cross for the Interim Federal Health Program (IFHP). The objectives of the research aimed to measure the following:

- Assess perceptions of the IFHP in general;
- Understand the motivations and barriers to providing services under the IFHP;
- Assess satisfaction with various aspects of IFHP claims administration, including, but not limited to: the communications materials, enrolment, claims administration and adjudication, customer service, and the provider portal (system); and,
- Identify efficiencies with current and future claims administration services.

The research results will be used to help IRCC identify and implement areas for efficiencies with current claims administration processes and IFHP design generally. The total contract value to conduct this research was \$113,211.20 including HST.

Earnscliffe conducted a two-part research program. The research program began with an initial quantitative phase involving a comprehensive survey of health care providers registered with the IFHP. Building on the learning from the initial quantitative phase, we conducted a qualitative phase involving six online communities with health care providers and administrators who are registered with the IFHP.

The initial quantitative phase involved an online survey in collaboration with our quantitative sub-contractor Leger. The survey was conducted using a list of registered IFHP health care providers provided by IRCC, who have registered with IFHP or submitted an IFHP claim since April 1, 2016. Not all providers represent distinct organizations, so where multiple providers shared an email address, only one invitation was sent and only one response was accepted. The person who was most knowledgeable about the IFHP claims process was asked to respond to the survey, which could have been the registered health care provider or their claims administrator

(the term “provider” is used throughout the report). Surveys with 1,332 IFHP providers were conducted between February 22 and March 14, 2018 (in English and French) and took an average of 11 minutes to complete. The data have been weighted to reflect the original composition of the list by provider type and region. Because a census approach was used, there is no margin of sampling error to be estimated or reported. The treatment here of the non-probability sample is aligned with MRIA guidelines.

In reading this report, please keep the following in mind:

- Percentages may not add up to 100 percent due to rounding.
- Where response categories have been combined (for example, ‘very satisfied’ and ‘somewhat satisfied’ being combined into ‘satisfied’), the percentages may not appear to add up perfectly due to rounding.
- Differences between subgroups are only discussed where they are statistically significant.
 - Statistical testing has been used to determine whether observed differences can be considered meaningful, such that they are very unlikely to be the result of random variation.
- The proportions presented in this report are weighted, which is to say, the survey results have been multiplied by a factor that brings the distribution of respondents by region and provider type into line with the actual population.
 - This controls for potential bias in the overall results caused by over- or underrepresenting given regions or provider types, due to variance in their likelihood to have completed the survey.
 - All base sizes shown are the actual, unweighted counts.

For the qualitative phase, we conducted six concurrent online communities over the course of six days, from March 20 to 25, 2018. Participants in the online community were recruited from those who completed online survey. A total of 80 health care providers and administrators participated. Those who participated were given an honorarium of \$200 as a thank you for their time. The six communities were as follows:

- English Medical Providers – Health care providers who use the medical system (includes medical physicians, vision care, ambulance, etc.)
- English Medical Administrators – Those who support health care providers who use the medical system (includes medical physicians, vision care, ambulance, etc.)
- English Medical Hospitals – Individuals who work in hospitals and use the medical system
- English Pharmacy – Users of the pharmacy system
- English Dental – Users of the dental system
- French All system users – Users of the medical system (includes medical physicians, hospitals, etc.), the pharmacy system and the dental system

For the purposes of this report, it is important to note that qualitative research is a form of scientific, social, policy and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved, the participants are not representative in a statistical sense of the larger population from which they are drawn and findings cannot reliably be generalized beyond their number.

The key findings from the quantitative and qualitative research are presented below.

Quantitative research

Almost two-thirds (64%) of the providers surveyed are somewhat or very satisfied with Medavie’s claims administration services. They also generally agree that the service is professional (70%). Slightly fewer (61%) say it is easy to deal with, and 59% say it is timely.

- Dentists stand out from the overall group in providing lower scores for timeliness – just over one-third (37%) are satisfied, while 45% are dissatisfied.
- Open-ended feedback for aspects that are working well and aspects that could be improved upon varied widely. The claims submission process (10%) as the most frequently mentioned aspect that is working well while the general timeliness of the process (11%) is the most frequently mentioned aspect that could be improved upon.

The majority are satisfied with the registration process (59%) and verifying client eligibility (65%). Fewer (49%) are satisfied with the prior approval system.

- Providers rate the prior approval system lower on several characteristics (clarity, submission process and obtaining approval in a timely manner) than they do the simplicity and timeliness of the eligibility verification process.
- Again, dentists offer a more negative opinion – 35% are satisfied with the prior approval system overall. Medical doctors are also less satisfied than the overall provider group with the clarity and timeliness of prior approvals. By contrast, the majority of vision care practitioners (78%) are satisfied with the prior approval system overall.

Providers primarily interact with Medavie through the call center (83%) and the website or web portal (81%).

Among those who use these methods of interacting with Medavie, slightly more are satisfied with the call centre (69%) than the portal (61%). There is a split between those who use the call centre and the secure provider portal to verify eligibility (50% for each), but more use the portal to request prior approvals (46%) than the call centre (24%). The top reason to use the call centre is to ask general questions about the IFHP (54%) while the top reason for using the website or web portal is to submit a claim (59%). Call center users largely agree that agents are polite (89%) and serve them in the official language of their choice (89%); most agree that agents answered their questions to their satisfaction (78%) while two-thirds (67%) that the wait time was acceptable. About two-thirds agree that the website or web portal is easy to use (63%) and easy to find information (57%).

Three in five were at least moderately aware of eligible IFHP benefits. More than two-fifths (43%) say they have never used the benefit grids. Of those who use the benefit grids, more agree than disagree that they are easy to use, easy to find, clearly indicate eligible benefits and that they’re up to date. Of note, about one-quarter did not know how to rate the benefit grids. About two-thirds say they have used various reference tools and more are satisfied with the reference tools than dissatisfied.

Almost two-thirds submit claims online. Those who submit online are more satisfied (77%) with the payment process than those who submit on paper (55%). While 66% of providers say they receive their payments in a timely manner, that number is lower among dentists: 46% strongly or somewhat agree that this is the case for them. The majority feel that their payment summary was accurate (77%) and their expectations for payment were met (72%).

Nearly half (42%) are aware of the dispute resolution process. Of the one-quarter (24%) who say they have used the process, the majority are either satisfied (39%) or are neither satisfied nor dissatisfied (32%) and feel that their dispute was resolved in a timely manner (41% agree, 27% neither agree nor disagree).

Qualitative research

The groups of providers offered a variety of perspectives on the IFHP claims administration process. There was little uniformity of experience and satisfaction across all segments. Overall, satisfaction with each aspect of the claims process depended on the type of provider, the number of eligible IFHP patients they serve, and the length of time they have been using the program.

- Those who have been using the IFHP for longer and more frequently have established routines and made them work to suit their needs.
- That said, virtually all participants had suggestions that would help streamline the process and make their jobs easier.

Though there were criticisms of the program's structure and function, **most agreed that the IFHP is an important program because of the population it serves.** There is a sense of duty to help newcomers get the health care they need. Despite the program's flaws, it is a worthwhile initiative that participants would recommend their fellow health care practitioners register for.

- One caveat to their enthusiasm is that they would warn other providers to expect payment delays and that they may be disappointed by the lack of coverage for some services, particularly dental work.

Feedback on the call centre was positive in some respects. The agents were described as friendly, polite and responsive. However, while they might be well-intentioned, some participants reported that different agents gave conflicting answers, or incorrect responses to their questions.

Several participants were not aware of the portal or the Medavie website. Those who had not heard of it or who had not used it were eager to try it out in the future.

Those who use the portal and the website tended to be satisfied with both. They were described as clear, user-friendly and easy to navigate, for the most part, and much more efficient than mailing or faxing claims.

- Several participants pointed out that while they appreciated the simplicity and speed of submitting a claim electronically, it did make them more frustrated with delays in payment.

Not all participants reported verifying client eligibility or submitting requests for prior approval. For example, if patients have been referred to a specialist, the specialist's office assumes their eligibility was verified by the practitioner who sent them. In emergency or urgent situations, sometimes providers reported going ahead with the procedure needed, regardless of whether or not they had verified eligibility and/or gotten it pre-approved.

Overall, participants were more satisfied with the process to verify client eligibility than in the process for obtaining prior approval.

The prior approval process was a pain-point for dentists in particular.

- Several participants reported that often work takes a long time to be approved, and approvals seem arbitrary at times (for example, approval is given to perform a procedure on one tooth, but not on another with a very similar issue).
- Participants also voiced frustration that often when a procedure is not approved, they cannot find out why.

Not all participants use the benefit grids. More seasoned users, and pharmacists who believe that most things are covered, rarely use them. That said, several participants mentioned keeping a copy handy by their desk.

Participants liked the “claims results” section on the portal that shows what is approved, and if there were any issues with the claim submission and appreciated the ability to upload files such as eligibility documentation, invoices, and other supporting files.

They offered many suggestions to improve the submission process, including:

- More autofill sections and drop-down menus.
- A tutorial on how to use the portal.
- Rapid notification if a claim is rejected.
- Live, online help.
- The ability to attach x-rays with claims.
- Faster payment.

In keeping with their recommendations above, participants said their ideal claims system would be online, responsive in real time, and a one-stop shop where they can complete all activities associated with the IFHP.

The detailed findings from this research are presented in subsequent sections of this report. Appended to this report are the in-depth survey methodology report, the survey instruments and online community guides (English and French), and detailed data tables (presented under a separate cover).

Research Firm: Earnscliffe Strategy Group Inc. (Earnscliffe)
Contract Number: B8815-180360/001/CY
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I hereby certify as a Representative of Earnscliffe Strategy Group that the final deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:



Doug Anderson
Principal, Earnscliffe
Date: August 14, 2018

Detailed quantitative findings

This quantitative report is divided into six sections, as follows:

- Overall Satisfaction with Medavie’s Services;
- Registration and Verification;
- Reference Tools;
- Claims Submission;
- Dispute Resolution Process; and
- Interacting with Medavie.

Details about the survey design, methodology, sampling approach and weighting of the survey may be found in the Survey Methodology Report at Appendix A.

Overall satisfaction with Medavie’s services

Just under two-thirds (64%) are satisfied with Medavie’s claims administration service, though satisfaction varies by region and provider type. Providers in Ontario (69%) are the most satisfied, while those in Atlantic Canada (51%) are the least satisfied. Dentists are also less satisfied than providers as a whole – under half (49%) report being satisfied, including 13% who report that they are very satisfied.

Respondents are more inclined to say that they are satisfied with the level of professionalism in Medavie’s service (70%), including almost half (45%) who say they are very satisfied. Almost two-thirds (61%) say that Medavie is easy to deal with, while a similar number (59%) are satisfied with timeliness. Significantly fewer dentists (37%) are satisfied with Medavie’s timeliness.

When asked for open-ended feedback regarding what’s working well and what could be improved with the claims administration process, the responses varied widely. The top mentioned aspect that is working well is the claim submission process which was mentioned by 10% of providers, followed by the general payment process (9%). The top mentioned aspect that could be improved is the timeliness of the overall process (11%), though it should be noted that only slightly fewer (8%) indicated that general timeliness is a part of the process that is working well.

**Exhibit A1 – Question: Overall, how satisfied are you with Medavie’s claims administration services?
Base: Total sample (n=1332).**

	Total
Very satisfied	29%
Somewhat satisfied	35%
Neither satisfied nor dissatisfied	12%
Somewhat dissatisfied	10%
Very dissatisfied	7%
Do not know	6%

Exhibit A2 – Question: Overall, to what extent are you satisfied or dissatisfied with Medavie on the following attributes? [RANDOMIZE]

Base: Total sample (n=1332).

	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Do not know
Professionalism	45%	25%	15%	3%	3%	9%
Easy to deal with	34%	28%	14%	10%	8%	7%
Timeliness	32%	26%	12%	13%	10%	6%

Exhibit A3 – Question: What is working well with Medavie’s administration of IFHP claims? [OPEN ENDED]

Please note: Responses are only shown when provided by at least 3% of respondents.

Base: Total sample (n=1332).

	Total
Claim submission	10%
Payment process (in general)	9%
Timely process	8%
Timely payment	7%
eSubmission process	7%
Easy process	6%
Website is user-friendly	5%
Call centre service (in general)	5%
Effective process	4%
Good website (in general)	3%
Good information	3%

Exhibit A4 – Question: How can Medavie’s administration of IFHP claims be improved? [OPEN ENDED]

Please note: Responses are only shown when provided by at least 3% of respondents.

Base: Total sample (n=1332).

	Total
Timeliness of process	11%
Make website user-friendly	7%
Improve process (in general)	7%
Providing information (in general)	6%
Easier process	6%
Better service (coverage, criterias, etc)	6%
Better communication (mail, fax, eDocuments, etc.)	6%
Provide documentation (billing info, forms)	5%
Providing instructions (to patient, provider)	5%
Timeliness of payment	5%
Payment process (in general)	4%
Improve eSubmission (access, process)	4%
Claim submission	4%
Improve website (in general)	4%

Improve diagnosis/claim code list	4%
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Registration and verification

Satisfaction with the registration process was slightly lower than for Medavie’s claims administration as a whole – 59% are satisfied. Satisfaction is lowest in Atlantic Canada (50%). Roughly two thirds feel registering to be an IFHP provider is easy to do (62%) and that they were able to register in a timely matter (64%). Fewer (49%) agree that the information kit sent to them was useful, however almost one quarter (23%) were unable to rate the usefulness of the kit. Providers in Quebec in particular were unsure how to rate the kit (32%).

About one in five respondents indicated that they had not verified a client’s eligibility or obtained prior approved of IFHP benefits. These responses were removed from the remaining analysis in this section given that these individuals were generally unable to provide a response.

Among those who had, providers were more satisfied with client eligibility verification (65%) than with the prior approval of IFHP benefits (49%). Satisfaction with the latter varies widely by provider type. Just one-third (35%) of dentists are satisfied with the prior approval process, while the vast majority of vision care providers (78%) are satisfied. There is an even split between those who verify eligibility over the phone (50%) and those who verify using the secure provider portal (50%). When it comes to submitting requests for prior approval, 46% use the portal, while 24% use the call centre. Another 17% use regular mail, and 13% use fax.

Two-thirds (64%) believe that verifying client eligibility is easy to do and that they are able to verify eligibility in a timely manner (65%). Providers were significantly less satisfied with all processes related to prior approval – just 49% say it is clear which benefits require prior approval, and 48% say they are able to obtain prior approval in a timely manner. Slightly more (57%) agree that it is clear how to submit requests for prior approval. Dentists are among the least satisfied with the timeliness to obtain prior approval (36%), but are clearer on which benefits require prior approval (56%), compared with the overall group of providers. In contrast, fewer medical doctors believe it is clear (39%). Further to their higher satisfaction, vision care practitioners are much more likely than the overall group of providers to agree that IFHP prior approval is timely (81%) and that the process is clear (69%).

Exhibit B1 – Question: To what extent are you satisfied or dissatisfied with the registration process for the IFHP?
Base: Total sample (n=1332).

	Total
Very satisfied	27%
Somewhat satisfied	32%
Neither satisfied nor dissatisfied	18%
Somewhat dissatisfied	10%
Very dissatisfied	6%
Do not know	7%

Exhibit B2 – Question: To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

Base: Total sample (n=1332).

	Strongly agree	Somewhat agree	Neither	Somewhat disagree	Strongly disagree	Do not know
Registering to be an IFHP provider is easy to do	27%	35%	14%	11%	5%	7%
I was able to register for the IFHP in a timely manner	29%	35%	12%	9%	6%	8%
The information kit sent to me was useful	20%	29%	17%	7%	4%	23%

Exhibit B3 – Percent who have verified client eligibility and who have submitted a request for prior approval. Derived from questions: Which of the following methods do you use most often [to verify a client’s eligibility for the IFHP / for submitting requests for prior approval of benefits]? (Percent who did not select “I have never...” for each)
 Base: Total sample (n=1332).

	Total
Client eligibility verification	76%
Prior approval of IFHP benefits	78%

Exhibit B4 – Question: To what extent are you satisfied or dissatisfied with the following aspects of the verification process? [RANDOMIZE STATEMENTS]

	Base:	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Do not know
Client eligibility verification	Have ever verified client eligibility for the IFHP (n=1004)	33%	32%	10%	12%	11%	2%
Prior approval of IFHP benefit	Have ever submitted a request for prior approval of benefits (n=1034)	21%	28%	12%	16%	13%	9%

Exhibit B5 – Question: Which of the following methods do you use most often to verify a client’s eligibility for the IFHP? [RANDOMIZE ITEMS; ANCHOR “NEVER” AT THE BOTTOM]
 Base: Have ever verified client eligibility for the IFHP (n=1004)

	Total
Secure provider web portal	50%
Call centre inquiry line	50%

Exhibit B6 – Question: Which of the following methods do you use most often for submitting requests for prior approval of benefits? [RANDOMIZE ITEMS; ANCHOR “NEVER” AT THE BOTTOM]

Base: Have ever submitted a request for prior approval of benefits (n=1034)

	Total
Secure provider web portal	46%
Call centre inquiry line	24%
Mail	17%
Fax	13%

Exhibit B7 – Question: To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

Base: Have ever verified client eligibility for the IFHP (n=1004)

	Strongly agree	Somewhat agree	Neither	Somewhat disagree	Strongly disagree	Do not know
Verifying client eligibility is easy to do	34%	30%	13%	12%	8%	3%
I am able to verify client eligibility in a timely manner	35%	30%	11%	13%	9%	3%

Exhibit B8 – Question: To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

Base: Have ever submitted a request for prior approval of benefits (n=1034)

	Strongly agree	Somewhat agree	Neither	Somewhat disagree	Strongly disagree	Do not know
It is clear which IFHP benefits require prior approval	24%	25%	13%	18%	11%	9%
It is clear how to submit a request for prior approval of IFHP benefits	25%	32%	15%	13%	8%	9%
I am able to obtain prior approval of IFHP benefits in a timely manner	22%	26%	14%	15%	12%	10%

Reference tools

The majority (61%) are moderately, very, or completely aware of eligible IFHP benefits, while 23% say they are not very aware, and 9% say they are not at all aware. Awareness is slightly higher among administrators (68% moderately aware) compared to health care practitioners (57%). Meanwhile, awareness is higher among vision care practitioners (85%), dentists (82%), hospitals (82%) and audiologists (81%) and lower among medical doctors (46%), paramedical practitioners (53%) and pharmacies (60%). About two-thirds of respondents (57 to 64%) have used each reference tool. However, among those who have, more are satisfied than dissatisfied with them. Just over one third (37%) say the benefit grids and prescription drug lists are easy to use. A similar percentage feel the benefit grids and prescription drug lists are easy to find (35%), that they clearly indicate what services and products

are eligible under the IFHP (39%), and that they are up to date (35%). Of note, roughly one quarter of respondents were unable to provide feedback about each of these attributes.

Exhibit C1 – Question: To what extent are you aware or unaware of eligible IFHP benefits?

Base: Total sample (n=1332).

	Total
Completely aware	6%
Very aware	17%
Moderately aware	38%
Not very aware	23%
Not at all aware	9%
Do not know	6%

Exhibit C2 – Percent who use each reference tool.

Derived from question: To what extent are you satisfied or dissatisfied with the following reference tools? (Percent who did not select “Never used” for each reference tool)

Base: Total sample (n=1332).

	Total
IFHP provider handbook	64%
ePay submission guide	61%
IFHP bulletins	59%
IFHP benefit grids and prescription drug lists	57%

Exhibit C3 – Question: To what extent are you satisfied or dissatisfied with the following reference tools? [RANDOMIZE]

	Base:	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Do not know
IFHP benefit grids and prescription drug lists	Users of IFHP benefit grids and prescription drug lists (n=757)	14%	30%	28%	10%	5%	13%
IFHP bulletins	Users of IFHP bulletins (n=785)	12%	27%	34%	6%	4%	16%
IFHP provider handbook	Users of IFHP provider handbook (n=851)	15%	28%	31%	8%	5%	13%
ePay submission guide	Users of ePay submission guide (n=803)	18%	23%	30%	7%	6%	17%

Exhibit C4 – Question: To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]**Base: Users of IFHP benefit grids and prescription drug lists (n=757).**

	Strongly agree	Somewhat agree	Neither	Somewhat disagree	Strongly disagree	Do not know
The benefit grids and prescription drug lists are easy to use	14%	23%	26%	7%	5%	25%
The benefit grids and prescription drug lists are easy to find when I need them	13%	22%	26%	9%	6%	24%
The benefit grids and prescription drug lists clearly indicate what services and products are eligible under the IFHP	14%	24%	24%	7%	6%	24%
The benefit grids and prescription drug lists are up to date	14%	21%	26%	5%	4%	29%

Claims submission

The majority (64%) submit claims through the web portal, and 35% use mail or fax, including 6% who submit claims both ways. There is a more even split in terms of how they receive payment – 49% receive payment by direct deposit, and 46% by cheque, including 4% who receive payment both ways. Satisfaction with online submissions (77%) is higher than satisfaction with paper submissions (55%). Respondents generally agree that payment summaries are accurate (77%), while 72% say their expectations for payment were met. Two thirds agree that they received their payment in a timely manner, though that number was much lower among dentists (46%).

Exhibit D1 – Question: In which format(s) do you submit your claims? Please select all that apply.**Base: Total sample (n=1332).**

	Total
Online (via web portal)	64%
Paper (via mail or fax)	35%
Not applicable – I have not yet submitted a claim [EXCLUSIVE CHOICE]	8%

Exhibit D2 – Question: In which format(s) do you receive payment? Please select all that apply.**Base: Total sample (n=1332).**

	Total
Direct deposit	49%
Cheque	46%
Not applicable – I have not yet received payment for a claim [EXCLUSIVE CHOICE]	9%

Exhibit D3 – Question: To what extent are you satisfied or dissatisfied with the following aspects of the claims submission process?

	Base:	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Do not know
Paper claims submission (via mail or fax)	Made paper claims submission (n=478)	22%	33%	18%	14%	12%	1%
E claims submission (via web portal)	Made E claims submission (n=854)	44%	33%	10%	5%	5%	3%

Exhibit D4 – Question: To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

Base: Have received a payment for a claim (n=1226).

	Strongly agree	Somewhat agree	Neither	Somewhat disagree	Strongly disagree	Do not know
My expectations for payment were met	39%	32%	10%	8%	7%	4%
I received payment for my claim in a timely manner	36%	30%	10%	12%	9%	4%
The payment summary was accurate	46%	31%	10%	5%	4%	5%

Dispute resolution process

Overall, 42% indicated that they were aware of the dispute resolution process with just 21% who say they are moderately, very, or completely aware of it. One-quarter (24%) have used the dispute resolution process. Among those who have, two in five (39%) are satisfied with the process while one in five (19%) are dissatisfied; 32% are neither satisfied nor dissatisfied. Overall more agree (41%) than disagree (19%) that their dispute was resolved in a timely manner.

Exhibit E1 – Question: To what extent are you aware or unaware of the dispute resolution process for IFHP claims administration?

Base: Total sample (n=1332).

	Total
Completely aware	3%
Very aware	5%
Moderately aware	13%
Not very aware	21%
Not at all aware	38%
Do not know	20%

Exhibit E2 – Percent who have used the dispute resolution process.

Derived from question: To what extent do you agree or disagree that your dispute was resolved in a timely manner? (Percent who did and did not select “I have not used the dispute resolution process”)

Base: Total sample (n=1332).

	Total
Have used the dispute resolution process	24%
Have not used the dispute resolution process	76%

Exhibit E3 – Question: Overall, how satisfied are you with the dispute resolution process for IFHP claims administration?

Base: Have used the dispute resolution process. (n=327).

	Total
Very satisfied	15%
Somewhat satisfied	24%
Neither satisfied nor dissatisfied	32%
Somewhat dissatisfied	12%
Very dissatisfied	6%
Do not know	10%

Exhibit E4 – Question: To what extent do you agree or disagree that your dispute was resolved in a timely manner?

Base: Have used the dispute resolution process. (n=327).

	Total
Strongly agree	14%
Somewhat agree	27%
Neither agree nor disagree	27%
Somewhat disagree	10%
Strongly disagree	9%
Do not know	11%
Not applicable – my dispute was not resolved	3%

Interacting with Medavie

Of the five ways of interacting with Medavie, most providers use either the call center inquiry line (83%) or the website or web portal (81%); about half use email (52%), fax (52%) or mail (51%). When asked to select one preferred method, there is a slight preference for using the call center (45%) over the website or web portal (35%). Among those who use each channel, providers are the most satisfied with the call centre (69%) followed by the website or web portal (61%). The vast majority of call center users agree that they are served in their preferred language (89%, no statistically significant difference by language) and feel that the agents are polite (89%, including 60% who strongly agree). Four in five agree that their questions are answered to their satisfaction (78%) while about two-thirds (67%) feel that the call center wait time is acceptable. Meanwhile, about three in five website and web portal users agree that it’s easy to use (63%) and easy to find information (57%).

Over half of call center users use it for general questions about the IFHP (54%) and verifying client eligibility (52%). It is also frequently used for questions about the registration process and for prior approval of benefits (both 40%).

The web portal is most commonly used for claim submission (59%), claim payment (51%), the registration process in general (43%), such as the registration form (41%), and verification of client eligibility (41%). Mail is also popular for claim submission (34%), as well as claim payment (36%). Email is most commonly used for the bulletins (21%) or general registration (19%), while the most common reason for using fax is claim submission (33%).

Exhibit F1 – Percent who interact with Medavie in each way.

Derived from question: To what extent are you satisfied or dissatisfied with the following ways to interact with Medavie? (Percent who did not select “Not applicable – do not use” for each)

Base: Total sample (n=1332).

	Total
Call center inquiry line	83%
Website or Web portal	81%
Email	52%
Fax	52%
Mail	51%

Exhibit F2 – Question: To what extent are you satisfied or dissatisfied with the following ways to interact with Medavie?

	Base:	Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied	Very dissatisfied	Do not know
Call center inquiry line	Use call centre (n=1088)	35%	34%	13%	9%	6%	3%
Website or Web portal	Use website or portal (n=1086)	28%	33%	17%	9%	7%	6%
Email	Interact with Medavie by email (n=702)	20%	25%	26%	6%	5%	18%
Mail	Interact with Medavie by mail (n=692)	20%	28%	26%	7%	6%	13%
Fax	Interact with Medavie by fax (n=689)	21%	24%	28%	7%	5%	15%

Exhibit F3 – Question: What is your preferred method of interacting with Medavie?

Base: Total sample (n=1332).

	Total
Call center inquiry line	45%
Website or portal	35%
Email	7%
Mail	4%
Fax	4%
Do not use any of them	6%

Exhibit F4 – Call centre inquiry line

Question: For which of the following reasons have you used the following touchpoints with Medavie for the IFHP? Please select all that apply. [RANDOMIZE, ANCHOR OTHER AT THE BOTTOM]

Base: Use call centre (n=1088).

	Total
Questions about the IFHP in general	54%
Verification of client eligibility	52%
Registration process in general	40%
Prior approval of benefits	40%
Claim dispute resolution	33%
Claim payment	30%
Registration form	27%
Claim submission	27%
Provider kit	15%
IFHP benefit grids and prescription drug lists	15%
IFHP ePay submission guide	15%
IFHP provider handbook	14%
IFHP bulletins	9%

Exhibit F5 – Website or web portal

Question: For which of the following reasons have you used the following touchpoints with Medavie for the IFHP? Please select all that apply. [RANDOMIZE, ANCHOR OTHER AT THE BOTTOM]

Base: Use website or portal (n=1086).

	Total
Claim submission	59%
Claim payment	51%
Registration process in general	43%
Registration form	41%
Verification of client eligibility	41%
Prior approval of benefits	33%
IFHP ePay submission guide	32%
IFHP benefit grids and prescription drug lists	30%
IFHP provider handbook	27%
IFHP bulletins	26%
Provider kit	24%
Questions about the IFHP in general	22%
Claim dispute resolution	14%

Exhibit F6 – Email

Question: For which of the following reasons have you used the following touchpoints with Medavie for the IFHP? Please select all that apply. [RANDOMIZE, ANCHOR OTHER AT THE BOTTOM]

Base: Interact with Medavie by email (n=702).

	Total
IFHP bulletins	21%
Registration process in general	19%
Registration form	17%
Questions about the IFHP in general	13%
Claim payment	13%
Provider kit	12%
Claim dispute resolution	12%
Prior approval of benefits	11%
Claim submission	10%
IFHP provider handbook	9%
IFHP ePay submission guide	9%
IFHP benefit grids and prescription drug lists	8%
Verification of client eligibility	6%

Exhibit F7 – Mail

Question: For which of the following reasons have you used the following touchpoints with Medavie for the IFHP? Please select all that apply. [RANDOMIZE, ANCHOR OTHER AT THE BOTTOM]

Base: Interact with Medavie by mail (n=692).

	Total
Claim payment	36%
Claim submission	34%
Provider kit	30%
IFHP provider handbook	25%
Registration form	20%
Prior approval of benefits	20%
IFHP bulletins	16%
Registration process in general	14%
IFHP benefit grids and prescription drug lists	12%
IFHP ePay submission guide	12%
Claim dispute resolution	12%
Questions about the IFHP in general	6%
Verification of client eligibility	6%

Exhibit F8 – Fax

Question: For which of the following reasons have you used the following touchpoints with Medavie for the IFHP? Please select all that apply. [RANDOMIZE, ANCHOR OTHER AT THE BOTTOM]

Base: Interact with Medavie by fax (n=689).

	Total
Claim submission	33%
Prior approval of benefits	18%
Registration form	17%
Claim payment	17%
Registration process in general	16%
Claim dispute resolution	11%
Verification of client eligibility	9%
IFHP bulletins	8%
Provider kit	7%
IFHP benefit grids and prescription drug lists	7%
Questions about the IFHP in general	6%
IFHP ePay submission guide	5%
IFHP provider handbook	4%

Exhibit F9 – Question: To what extent do you agree or disagree with the following statements? [RANDOMIZE]

Base: Use call centre (n=1088).

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Do not know
The wait time to reach an agent was acceptable	32%	35%	14%	10%	5%	4%
The agent was polite	60%	29%	5%	1%	1%	4%
The agent answered my questions to my satisfaction	46%	32%	10%	5%	3%	4%
I was able to receive service in the official language of my choice	70%	19%	5%	1%	<1%	5%

Exhibit F10 – Question: To what extent do you agree or disagree with the following statements? [RANDOMIZE]

Base: Use website or portal (n=1086).

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Do not know
The website or web portal is easy to use	26%	37%	15%	11%	6%	5%
It is easy to find the information I'm looking for on the website or web portal	21%	36%	17%	13%	7%	6%

Detailed qualitative findings

Part two of this study was qualitative and consisted of six online communities. Development of the community guide was based on the results from the quantitative research. This qualitative report is divided into five sections, as follows:

- Overall findings;
- Methods of interacting with Medavie;
- Verifying client eligibility and prior approval;
- Benefit grids; and
- Claims submission.

Overall findings

The groups of providers offered a variety of perspectives on the IFHP claims administration process. One fundamental perspective that was shared broadly was a sense of importance attached to the program itself. Many went out of their way to express that this is a valuable program and their participation in it was not particularly motivated by the business aspect of it, but rather a sense of doing something to help a segment of society who could really benefit from their professional services. As further evidence of this widely shared sense of purpose, regardless of the level of satisfaction with the program, there was virtually unanimous agreement among participants that they would recommend their fellow health care practitioners register for the program. Even as some volunteered that they may warn other providers to expect payment delays, or as others volunteered that some professionals may be disappointed by the lack of coverage for some services, particularly dental work, there is clearly a sense of duty to help newcomers get the health care they need that is of greater importance to these participants than any aspect they raise as worth improving.

In terms of the experiences and levels of satisfaction – either overall or with one aspect or another – the online participants demonstrated there are very diverse relationships these professionals have with Medavie and the IFHP and, as a direct result, there is little uniformity of experience and satisfaction across all segments. Overall, satisfaction with each aspect of the claims process depended on the type of provider, the number of eligible IFHP patients they serve, whether they use the online portal or not, and the length of time they have been participating in the program. Those who have been using the IFHP for longer and more frequently have established routines and made them work to suit their needs. That said, when prompted, virtually all participants were able to offer suggestions that would help streamline the process and make their jobs easier.

As will be demonstrated in the sections below, participants were also very eager to provide their feedback on the program, quite forthcoming in providing constructive criticism to help improve in a number of ways, and happy their views were being solicited to help make improvements. While out of scope of this project, many added they would appreciate the opportunity to be consulted on other aspects of the program, including coverage.

Methods of interacting with Medavie

Feedback on communication reflected the findings of the quantitative research. Those who use the call centre, the website or the portal tended to be satisfied with them, with a few exceptions.

Call centre

Feedback on the call centre was positive in some respects. The agents were described as friendly, polite and responsive. However, while they might be consistently regarded as well-intentioned, some participants reported that different agents gave conflicting answers, or incorrect responses to their questions. Others, particularly in the pharmacist group, wished the call centre's operating hours were longer. Pharmacies are often open later than other medical offices or clinics, and it can be difficult to make inquiries on behalf of patients if they come into the pharmacy after 5:00 PM. Finally, while some respondents felt the service was timely, others recounted being on hold for what they felt was an unreasonable time period. There was no notable difference between French and English-speaking participants' experiences with the call centre.

"While the representatives were always friendly and polite they were not knowledgeable about the claims process for my benefit code. Many times this led to lengthy phone calls, being placed on hold, or being told to resubmit all documents." – Medical provider

"I used this number when I needed help registering my physician group with the site. They were extremely helpful and it was a pretty quick service." – Medical administrator

"I've only used the call centre twice I believe. Both times it was time consuming but I did get the answers I was looking for. I feel that could be improved." – Medical administrator

Website/portal

Several participants were unaware of the portal and Medavie website. After being introduced to it during the course of the research, those who had not heard of it or who had not used it were eager to try it out in the future, and anticipated that it could streamline a lot of their work.

Those who were already experienced with the portal and the website tended to be satisfied with both. They were described as clear, user-friendly and easy to navigate, for the most part, and much more efficient than mailing or faxing claims.

Nevertheless, some users of the online system offered observations on aspects that may benefit from improvement. A few participants were frustrated that they could not find information as to why their claim had been rejected on the website. Some mentioned they have had trouble uploading claims or having to click through an inordinate number of web pages to submit a claim. Several users also pointed out that while they appreciated the simplicity and speed of submitting a claim electronically, it contrasted with their sense of lethargy or delay in receiving payment. They did not understand how the process could be so simple on the one hand, and so slow on the other.

"Checking coverage, submitting documents, etc. Predetermination responses are not electronic but would be most welcome as it would save time." – Hospital provider

"La seule chose qui manquerait afin que j'inscrive "très satisfaite" serait que l'on soit informés lorsqu'une demande est refusée et qu'aucun chèque ne seras émis, car je n'ai pas le temps et je ne pense pas toujours à aller vérifier les relevés de paiement au fournisseur lorsqu'une demande est envoyée et qu'on attend un paiement depuis un certain temps." – Medical provider

“We have sent out documentation for prior approval via the website but the responses are not electronic and waiting for them in the mail can take exceptionally long periods of time, which is not acceptable for clients who require immediate treatment.” – Dental administrator

“Works well but I wish it was all on one page, instead of flipping through all the pages to submit.” – Medical administrator

“Checking coverage, submitting documents, downloading payment summaries, etc. Payment summary downloads are tedious in the sense that multiple pages require clicking just to get to the actual document (especially for offices with multiple providers - it would be nice if all providers could be assimilated onto a single document if the payment is go to a single location / office).” – Hospital provider

Verifying client eligibility and prior approval

Not all of the participants verify client eligibility or obtain prior approval. For example, if patients have been referred to a specialist, the specialist’s office assumes their eligibility was verified by the practitioner who sent them. In emergency or urgent situations, sometimes providers reported going ahead with the procedure needed, regardless of whether or not they had verified eligibility and/or gotten it pre-approved. Sometimes, they would find out after that the procedure was not covered.

Verifying client eligibility

Overall, participants were more satisfied with the process to verify client eligibility than the process for obtaining prior approval. Those who verify online found it particularly fast, as long as they have the ID number handy (not all clients remember to bring it with them). However, a few did note that after submitting a request, it took an unexpectedly long time to receive a response.

When asked to suggest improvements to the client eligibility verification process, many participants instead offered feedback on how to improve prior approval, which reinforced their earlier assertions that the latter proves more frustrating. Those who did have suggestions about eligibility verification mentioned:

- A 24-hour automated service for those who work in Urgent Care or emergency rooms;
- Shorter call centre wait times;
- Online verification (for those who were unaware of the website);
- Clear notification when a patient is not eligible;
- Verifying eligibility and coverage at the same time;
- The ability to verify with date of birth and name when the ID number is not available; and
- Scanning a barcode rather than entering a number

“I generally don't verify eligibility. I try to make an IFH submission and that's how I find out if a client IFH is valid or not. I've never had a rejection for any of my claims.” – Medical administrator

“Since I only had to provide anesthesia for elective cases and the list of patient's is compiled by the surgeon, all IFH patients already have their eligibility checked by the surgeon office. This might be unique to my specialty” – Medical provider

"The streamline of only needing an ID# is what makes it so great. Sometimes (a lot of times) patients in general "forget" their paperwork, so only needing that one piece of info is ideal. I found it to be very quick to verify eligibility online, without having to call in and speak to someone." – Dentist

"If we were able to key in the code for the services we are providing on the same screen with the client ID no and if it tells you the eligibility and coverage that would be great. Existing system is still great." – Hospital administrator

"Pour moi la meilleure façon c'est en ligne avec le ID UCI# Aussi avoir l'option, ça pourrait aussi être avec le nom et prénom et date de naissance. Surtout quand nous n'avons pas de documents officiel, seulement un UCI # pour toute une famille." – Hospital administrator

Prior approval

As noted above, participants were considerably less satisfied with the prior approval process. The most consistent complaints about the prior approval process were, echoing the quantitative results, the length of time participants waited to receive approval and perceived gaps in coverage. Dentists in particular felt the coverage is lacking. Many wrote passionately about the IFHP patients they serve, and their disappointment when they are unable to cover what they believe to be basic procedures. They felt that approvals seem arbitrary at times (for example, approval is given to perform a procedure on one tooth, but not on another with a very similar issue) and also voiced frustration that often when a procedure is not approved, they cannot find out why.

When asked what one change they would make to the entire claims administration process, many, including almost all participants in the dental community, referenced the prior approval process. Dentists and dental administrators felt they should be able to perform more emergency treatment without prior approval. Providers from other communities said they would like to be notified in a more timely manner when authorization is either given or denied.

"Nous traitons des gens en douleur, qui se font informer, que nous allons malheureusement réparer leurs dents le jour même de leur rendez-vous. Ces gens ont de multiples traitements à faire dont des extractions, réparations volumineuses, traitements de canal, etc... Tous, n'ont jamais eu de nettoyage et la seule chose que nous pouvons pratiquer le premier jour est un examen sommaire avec quelques radiographies et leur expliquer qu'ils devront attendre des semaines avant d'avoir de nos nouvelles (attendre réponse PFSI). Et que les traitements seront rudimentaires, comme quelques extractions (ce qui n'est absolument pas dans leur culture), et 2-3 réparations. Le reste, ils devront attendre une année, lorsqu'ils seront sur la rampe, à ce moment nous serons en mesure de poursuivre les traitements, rudimentaires. Ça semble logique sur papier mais, l'expliquer à un humain souffrant cela devient pénible et demande beaucoup de temps et de compassion. Heureusement nous avons du personnel qui parle arabe ça aide un peu." – Dentist

"I only requested approval once (about 2.5 years ago) for a vaccine. It was the last time I did it because the process was just not worth it and I wasn't going to call my patient again in days/weeks just to ask him/her to come get a vaccine that was finally approved. I've never requested authorizations since then and either I stick to the bare minimum in terms of additional services or I provide them without getting paid for them. I don't usually charge patients who are part of the IFHP... they're usually already going through enough to on top of that ask them to pay for a service." – Medical provider

“I don’t do this (preapproval). As an MD I do what I need to do for patient care regardless of checking first if I would get paid. We don’t have time to do administrative stuff like this and that’s why this whole process is painful.” – Medical provider

“Yes the time between submitting and receiving authorization is in my opinion way too long. The most recent case I sent for pre-det was on Jan 15th via e-mail. The letter I received last week (March 14th) authorizing 1 out of 3 restorations the letter did say date of approval was Feb 26th had this been completed electronically the client would not have suffered an extra two weeks. Also submitted 3 similar codes but only one was approved? I don't get it!” – Dental administrator

Benefit grids

Not all participants use the benefit grids. More seasoned users, and pharmacists who believe that most things are covered, rarely use them. That said, several participants mentioned keeping a copy handy by their desk.

Participants in each community were asked to review and mark up, using green “like” and red “dislike” symbols, an image of the benefit grid that applied to their field. Participants in the medical provider, medical administrator, and hospital groups liked that the grids contain benefit codes. However, some wished they were better organized (for example, using a drop-down menu). Many appreciated the maximum dollar amount, stating that it is useful for billing. They found the number and detail of the notes confusing at times. Dentists, who were shown a different benefit grid specifically for dental providers, reacted positively to those procedures listed that do not require prior approval. Negative responses to the benefit grid for the most part had to do with frustration about coverage. Finally, pharmacists also found the notes section of their own benefit grid frustrating. They approved of many of the benefits offered without pre-approval, and highlighted that some, such as the medication used to treat lice and pre-natal vitamins, could be particularly helpful for families.

Participants who use the grids offered constructive criticism as to how they could be improved, including:

- Making them more easily searchable and sortable (by code, DIN number, procedure, coverage, etc.);
- Adding pop-ups that appear when a system user hovers over a note number, rather than scrolling to the bottom of the page to read an explanation;
- Mental health care providers noted a particular issue regarding how their services are described. Some described being classified as social workers, then told they do not qualify and having to go through additional processes to correct the issue and be approved; and
- Dentists’ dissatisfaction with the grids was driven more by frustration with the lack of coverage, or number of services that require pre-approval, than by the claims administration process itself.

“The codes, can be simplified by using a drop down system, way more effective and user friendly, at least for vision care.” – Vision Care Provider

“The whole grid is fairly straightforward. I like the attention to detail.” – Pharmacist

“The number of notes is confusing. It makes is very complicated for billing or understanding billing.” – Administrator

“I personally have used grids before and do believe that they’re invaluable in terms of displaying relevant information. A possible improvement could be incorporating specific codes in reference to each division for more distinct clarity..” – Dentist

“Yes I do consult the grid once in a while. this is when clarification is needed for when payment is denied or reduced. I think it is simplified enough but if there is room for more simplicity, it is always welcome.” – Hospital

“C’est ma principale source de vérification. Les notes explicatives dans les dernières pages sont assez claires afin de bien nous diriger avec les possibilités de remboursement. Par contre, il y a beaucoup de notes par frais remboursé (soins de la vue). Possible d’avoir de notes? Sinon, le tableau est très fonctionnel.” – Vision Care Provider

Claims submission

Participants were asked to mark up, using green “like” and red “dislike” symbols, three different screens that appear while submitting a claim. Participants found the patient information section useful and relevant. They also appreciated the drop-down menus for program and service description. For the most part, participants liked the ability to upload supporting documentation to their claims. However, a few noted that not all documents can be uploaded through the portal and have to be sent by fax or mail, which they found unfair. Finally, participants liked the “claims results” section on the portal that shows what is approved, and whether there were any issues with the claim submission. They felt it is simple, clear, and helpful. A few also noted they often use the option that allows them to print the receipt directly from the portal.

While they approved of many features, participants offered many suggestions to improve the submission process, including:

- More autofill sections and drop-down menus;
- A tutorial on how to use the portal;
- Rapid notification if a claim is rejected;
- Live, online help;
- The ability to attach x-rays with claims; and
- Faster payment.

The few third-party administrators in the communities mentioned that they find it onerous when submitting hundreds of claims as each must be done individually. Other administrators who are not third party, but manage the system for larger offices wished that they could submit claims under a group number for their clinic, rather than using a different number for each dentist, for example.

“Wish I could do as many claims as I have at once. Sometime I have to open another claim for the same patient.” – Pharmacist

“Easy to use. The name of a person appears, once I enter their number.” – Physician

“I hate that we have to scroll multiple times for each claim. If the type of service auto fills for the next claim, this would make the process much less tedious.” – Physician

“I would like to be able to look up clients by other methods besides ID number. Date of birth would be a nice option.” – Hospital

The ideal system

When asked to design their ideal claims system, participants said they would like to see an online system that is responsive in real time, and a one-stop shop where they can complete all activities associated with the IFHP. They would like notifications about payments to be more proactive, and some, particularly in Quebec, mentioned other systems they felt would provide an appropriate model. As previously mentioned, many providers, mostly dentists, would like to be able to perform more procedures without prior approval. A few providers across all groups mentioned that it would be helpful if the limit of claims that could be submitted for one patient at a time was higher.

“Ideally it would be a simple format with clear and concise terms of use. Eligibility would be easy to acquire and basic information on coverage limitations would be available to treatment providers who are already regulated by privacy policies. The system would be able to handle eligibility requests, claims and basic predetermination requests in real time. Any claims or predeterminations with supporting documentation and/or x-rays and photos would be easily uploaded and sent. I feel that there is a lot of unnecessary paper work generated in the system with the predetermination process not being able to be dealt with in real time or at least within a timely manner. Having these systems in place would also free up representatives and assessors to be able to deal with more critical calls.”
– Dentist

“Web address must be easy to remember, registration process should be easy, must have a 24hr support service for claim verifications and end users questions, it should be easy to use and be user friendly, should have a record of amount claimed and paid, should allow rejected claims to be resubmitted.” – Physician

“Je ferais un système qui nous permet de voir la date à laquelle un patient est éligible pour le code de traitement sélectionné en plus des points positifs du système actuel (ex en ligne, pouvoir vérifier l'admissibilité, etc.). Nous pourrions ainsi le mentionner plus rapidement au patient.” – Hearing Care Provider

“I think the IFHP system is good with a bit of tweaking i.e. redundant diagnosis for the same visit, when you type 3 letters it should automatically highlight the requesting service and you won't have to scroll down to find it.” – Physician

Conclusions and recommendations

Overall, the research suggests that while providers view the IFHP as a valuable, professional service, there is opportunity for improvement. Just under two-thirds of providers surveyed are satisfied with the claims administration service and this satisfaction correlated fairly highly with whether they were using the online system or paper. Those who used the online portal were much more likely to indicate being satisfied with the claims submission process. Regardless of the level of satisfaction, providers offered a wide variety of suggestions for how processes could be improved and, in turn, how that could improve their level of satisfaction with the program.

- **In both the quantitative and qualitative research, prior approval stood out as an aspect that may be holding back levels of satisfaction, particularly when compared to the more positive ratings provided for verifying client eligibility.** Providers rate the prior approval system lower on several characteristics (clarity, submission process and obtaining approval in a timely manner) than they do the simplicity and timeliness of the eligibility verification process. Many also feel that fewer services should require prior approval.
 - Dentists, in particular, have numerous complaints about prior-approval, including what they perceive to be a lack of coverage and arbitrary coverage decisions.
 - Providers from across all categories also noted they often wait too long to receive confirmation of prior approval, notification of claim rejection, and payment.
- **Not all use the benefit grids, but those who do are more satisfied than dissatisfied with them.** They are clear and easy to use. Anything that makes them easier to sort through (search tools, drop down menus, etc.) would be welcome.
 - Negative reaction often had more to do with what was not included in the grids because it is not covered, or procedures listed that require prior-approval, rather than the format of the grids themselves.
- **One opportunity to improve providers' experience with the IFHP would appear to be raising awareness of the online portal and website.** Those who use both are generally satisfied with the interface, the timeliness and service. Those who were previously unaware of them are eager to use them to help answer questions and submit claims.
 - That said, there is still room for improvement – participants in the online communities noted that delays in payment when they submit using the online portal are frustrating, and that a tutorial about the system would be helpful.
- **When attempting to encourage more providers to use the online system, the popularity of call centre may pose a challenge.** Generally, providers feel the service is professional and timely.
 - That said, a few participants in the online communities mentioned that sometimes they receive inconsistent answers from representatives at the call centre.
- **Asked to describe an ideal system, providers from across all segments agreed that it would be responsive in real time (for verification and pre-approval), and a one-stop shop where they can complete all activities associated with the IFHP.** They also recommended a more proactive claim acceptance and payment notification system, alerting them with status updates.

All of this is offered within the context of a universe of providers who are clearly quite proud to be involved in a program that provides a tremendous benefit to people who are often in dire circumstances and who would have no other opportunity for receiving care. Given their enthusiasm for the program and their engagement in the research, some demonstrable improvement in certain aspects of the portal – including the promotion of the portal itself – may very well have a notable impact on satisfaction ratings offered in future waves of study.

Appendix A: Survey methodology report

Survey methodology

Earnscliffe Strategy Group’s overall approach for this study was to conduct an online survey, using a list of registered IFHP health care providers from across the country, provided by IRCC. A detailed discussion of the approach used to complete this research is presented below.

Questionnaire design

The questionnaire for this study was designed by Earnscliffe in consultation with IRCC and provided for fielding to Leger. The survey was offered to respondents in both English and French and completed based on their preferences.

Sample design and selection

The sampling plan for the study was designed by Earnscliffe in collaboration with IRCC. We used a census approach, inviting all providers who have used the Medavie system at least once since April 2016. The contact list was provided to IRCC by Medavie, and originally included 25,720 providers. However, there were many cases in which multiple providers’ names were all linked to the same email address. To ensure that each completed survey represented a distinct organization, cases with duplicate emails were removed, reducing the size of the list by 8,606 cases to 17,114. Another 23 providers were excluded due to invalid email addresses. In total, 17,091 providers were invited to complete the survey.

Data collection

The survey was conducted in English and French from February 22 to March 14, 2018. The survey was conducted online by Leger. A reminder to complete the survey was sent on March 12, 2018.

Quality controls

Leger conducted a soft-launch pre-test of the survey, and Earnscliffe reviewed the data to ensure that all skip patterns were working and that all respondents were completing the survey in an appropriate amount of time.

Results

Final dispositions

A total of 2,502 individuals entered the survey, of which 1,332 qualified as eligible and completed the survey. The response rate for this survey was 8% (calculated by dividing the total completed surveys by the number of providers invited to complete the survey). The completion rate was 57%.

Disposition	Count
Total Entered Survey	2,502
Completed	1,332

Not Qualified/Screen out/over quota	184
Suspend/Drop-off	986

Non-response

Non-response bias can affect a survey's results when there is a meaningful difference between those who completed the survey and those who were invited to participate but did not complete the survey. This error can be systematic, where a characteristic of those who did not participate caused them not to participate, or it can be random. In order to mitigate these potential effects, this survey and its email invitation were designed in a way to maximize the overall response rate and to minimize any disparate impact on given segments of the target population. Potential respondents were given several weeks in which to participate, and a reminder email was sent to encourage non-responders and partial responders to complete the survey before the deadline.

In the case of a census approach, as with this study, all members of the known universe of organizations that provide IFHP services were given the opportunity to participate. As the tables below show, there did not appear to be any particular tendency for any segment of the universe to be less inclined to participate. To further reduce the potential impact of non-response, weighting was applied to the final data.

Weighting

The final data were weighted to reflect the composition of the de-duped list. A RIM weight was used to match proportions for region and provider type, as shown in the tables below.

Regional sample profile: unweighted vs. weighted distributions

	Original Sample	De-Duped Sample	Unweighted Sample	Weighted Sample
Nova Scotia	2%	2%	3%	2%
Prince Edward Island	<1%	<1%	1%	<1%
Newfoundland and Labrador	<1%	1%	<1%	1%
New Brunswick	1%	2%	2%	2%
Quebec	17%	13%	15%	13%
Ontario	56%	58%	55%	58%
Manitoba	3%	2%	3%	2%
Saskatchewan	1%	1%	2%	1%
Alberta	11%	11%	9%	11%
British Columbia/Territories	9%	10%	10%	10%

Provider type sample profile: unweighted vs. weighted distributions

	Original Sample	De-Duped Sample	Unweighted Sample	Weighted Sample
Ambulance	<1%	<1%	<1%	<1%
Audiology	1%	2%	3%	2%
Dental Services	15%	17%	15%	17%

Hospital	3%	3%	5%	3%
Individual	<1%	1%	1%	1%
Medical Equipment	1%	1%	1%	1%
Medical Doctors	51%	42%	48%	42%
Nursing Home/Services	1%	1%	1%	1%
Oxygen Equipment	<1%	<1%	<1%	<1%
Paramedical Practitioner	11%	11%	8%	11%
Pharmacy	11%	15%	8%	15%
Vision Care	7%	9%	11%	9%

Margin of error

Since the entire population of active registered IFHP health care provider offices were invited to participate in this study there is no margin of sampling error to be estimated or reported. The potential impact of non-sampling error due to non-response is discussed in the non-response section above. The data have been weighted to reflect the composition of the sampling frame by region and provider type.

The treatment here of the non-probability sample is aligned with MRIA guidelines.

Survey duration

The median survey duration was 11 minutes.

Appendix B: Survey instrument

Bilingual e-mail invite text

Subject Line: Survey for the Government of Canada / Sondage pour le gouvernement du Canada

Un message en français suit.

Hello/Bonjour,

The Government of Canada is conducting a research survey to gather information on the claims administration process for the Interim Federal Health Program (IFHP). As one of the IFHP health care providers who consented to be contacted for this survey research, we are inviting you to participate to a short survey that will take up to ten minutes to complete. It is to be completed by the person who submits claims to the IFHP. If that is not you, kindly forward this invitation to the appropriate individual. If it is you, we appreciate your participation in this survey.

Your participation in the survey is voluntary and completely confidential – your answers will remain anonymous and will be combined with responses from all other respondents.

Earnscliffe Strategy Group has been hired to administer this survey which has been registered with the Research Registration System. Click on the following hyperlinks if you wish to verify the survey's authenticity or to view our privacy policy.

To proceed to the survey, please click on the following link (or copy and paste it into your browser):

[INSERT URL]

Please complete this survey no later than February 23, 2018.

Thank you for taking the time to complete this survey.

Le gouvernement du Canada effectue un sondage de recherche pour recueillir de l'information sur le processus de gestion des demandes de règlement dans le cadre du Programme fédéral de santé intérimaire (PFSI). Puisque vous êtes un fournisseur de soins de santé du PFSI et que vous avez accepté que nous communiquions avec vous, nous vous invitons à participer à un court sondage qui prendra tout au plus dix minutes à remplir. Il doit être rempli par la personne qui présente des demandes au PFSI. Si ce n'est pas vous, veuillez transmettre cette invitation à la personne concernée. Si vous êtes la personne indiquée, sachez que nous sommes reconnaissants de votre participation au présent sondage.

Votre participation à ce sondage se fait sur une base volontaire et strictement confidentielle; vos réponses resteront anonymes et seront combinées avec les réponses de tous les autres répondants.

Les services de Léger ont été retenus par Earnscliffe Strategy Group pour assurer la gestion du présent sondage qui a été enregistré auprès du système d'enregistrement des sondages. Cliquez sur les hyperliens suivants si vous souhaitez vérifier l'authenticité du sondage ou consulter notre politique de confidentialité.

Pour participer au sondage, veuillez cliquer sur le lien suivant (ou copiez-le et collez-le dans votre navigateur) :

[INSÉRER L'URL]

Veuillez répondre au sondage d'ici le 23 février 2018.

Merci de prendre le temps de remplir ce sondage.

Bilingual landing page

Welcome and thank you for your interest in this survey. The purpose of this survey is to gather information on the claims administration process for the Interim Federal Health Program (IFHP). The study is being conducted on behalf of the Government of Canada.

The survey takes approximately 10 minutes to complete. Your participation in the survey is voluntary and completely confidential. All your answers will remain anonymous and will be combined with responses from all other respondents.

This survey has been registered with the Research Registration System. Click here if you wish to verify its authenticity. To view our privacy policy, click here.

During the survey, please do not use your browser's FORWARD and BACK buttons. Please use the button below to move forward through the survey.

Click "next" at the bottom of the page to begin the survey.

Bienvenue et merci de l'intérêt que vous portez à ce sondage. Le but de cette enquête est de recueillir de l'information sur le processus de gestion des demandes de règlement dans le cadre du Programme fédéral de santé intérimaire (PFSI). Le sondage est mené pour le compte du gouvernement du Canada.

Le sondage prendra environ 10 minutes de votre temps. Votre participation à ce sondage se fait sur une base volontaire et strictement confidentielle. Toutes vos réponses resteront anonymes et seront combinées avec les réponses de tous les autres répondants.

Ce sondage a été enregistré auprès du système d'enregistrement des sondages. Veuillez cliquer ici si vous souhaitez vérifier son authenticité. Pour consulter notre politique de confidentialité, veuillez cliquer ici.

Pendant le sondage, nous vous demandons de ne pas utiliser les boutons SUIVANT et PRÉCÉDENT de votre navigateur. Veuillez utiliser le bouton ci-dessous pour avancer dans le sondage.

Choisissez votre langue préférée et cliquez sur « suivant » en bas de la page pour commencer le sondage.

English questionnaire

Part 1: Demographic screening questions

Préféreriez-vous répondre à ce questionnaire en anglais ou en français ?

Would you prefer to complete the survey in English or French?

- English
- Français

Which of the following best describes your role?

- I am a health care professional who provides IFHP services
- I am an administrator who submits IFHP claims on behalf of health care professionals
- I am a third party who submits claims on behalf of health care professionals
- Other (please specify)
- None of the above

Please choose the type of service you or your team provide(s) as categorized by Medavie Blue Cross (Medavie).

- Ambulance
- Audio
- Dental
- Hospital
- Individual
- Intermediate Care
- Medical Doctor
- Medical Supplies
- Nursing
- Oxygen
- Paramedical Practitioner
- Pharmacy
- Vision
- None of the above

In which province(s) and/or territory(ies) do you provide IFHP services? Please select all that apply.

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador
- Yukon
- Nunavut
- Northwest Territories

In 2017, approximately how many claims did you submit to IFHP on behalf of the registered health care provider?

If you are registered with Medavie as a hospital, please try to estimate the total claims submitted by the hospital invited to complete this survey.

If you are registered with Medavie as a health care professional, please try to estimate the total claims submitted by, or on behalf of, the health care professional invited to complete the survey.

[NUMERIC ENTRY]

Part 2: Overall satisfaction with Medavie’s services

Overall, how satisfied are you with Medavie’s claims administration services?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Do not know

Overall, to what extent are you satisfied or dissatisfied with Medavie on the following attributes? [RANDOMIZE]

- a) Professionalism
- b) Easy to deal with
- c) Timeliness

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Do not know

Part 3: Registration

The following questions will focus on registering for the IFHP.

To what extent are you satisfied or dissatisfied with the registration process for the IFHP?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Do not know

To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

- a) Registering to be an IFHP provider is easy to do
- b) I was able to register for the IFHP in a timely manner
- c) The information kit sent to me was useful

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Do not know

Part 4: Verification

Now we would like to switch to the verification process for client eligibility and prior approval of IFHP benefits.

To what extent are you satisfied or dissatisfied with the following aspects of the verification process? [RANDOMIZE STATEMENTS]

- a) Client eligibility verification
- b) Prior approval of IFHP benefits

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Do not know

Which of the following methods do you use most often to verify a client's eligibility for the IFHP? [RANDOMIZE ITEMS; ANCHOR "NEVER" AT THE BOTTOM]

- Secure provider web portal
- Call centre inquiry line
- I have never verified a client's eligibility for the IFHP

Which of the following methods do you use most often for submitting requests for prior approval of benefits? [RANDOMIZE ITEMS; ANCHOR "NEVER" AT THE BOTTOM]

- Secure provider web portal
- Call centre inquiry line
- Mail
- Fax
- I have never submitted a request for prior approval of benefits

To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

- a) Verifying client eligibility is easy to do
 - b) I am able to verify client eligibility in a timely manner
 - c) It is clear which IFHP benefits require prior approval
 - d) It is clear how to submit a request for prior approval of IFHP benefits
 - e) I am able to obtain prior approval of IFHP benefits in a timely manner
- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
 - Do not know

Part 5: Reference tools

The next section focusses on the reference tools available to IFHP providers.

To what extent are you aware or unaware of eligible IFHP benefits?

- Completely aware
- Very aware
- Moderately aware
- Not very aware
- Not at all aware
- Do not know

To what extent are you satisfied or dissatisfied with the following reference tools? [RANDOMIZE]

- a) IFHP benefit grids and prescription drug lists
 - b) IFHP bulletins
 - c) IFHP provider handbook
 - d) ePay submission guide
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
 - Do not know
 - Not applicable - Have never used

[IF BENEFIT GRIDS/DRUG LISTS HAVE BEEN USED]

To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

- a) The benefit grids and prescription drug lists are easy to use
- b) The benefit grids and prescription drug lists are easy to find when I need them

- c) The benefit grids and prescription drug lists clearly indicate what services and products are eligible under the IFHP
 - d) The benefit grids and prescription drug lists are up to date
- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
 - Do not know

Part 6: Claims submission and payment

The next section focuses on the claims submission and payment process.

In which format(s) do you submit your claims? Please select all that apply.

- Paper (via mail or fax)
- Online (via web portal)
- Not applicable – I have not yet submitted a claim [EXCLUSIVE CHOICE]

In which format(s) do you receive payment? Please select all that apply.

- Cheque
- Direct deposit
- Not applicable – I have not yet received payment for a claim [EXCLUSIVE CHOICE]

[SKIP IF HAVE NOT YET SUBMITTED A CLAIM]

To what extent are you satisfied or dissatisfied with the following aspects of the claims submission process?

- a) [IF HAVE SUBMITTED PAPER CLAIM] Paper claims submission (via mail or fax)
 - b) [IF HAVE SUBMITTED ONLINE CLAIM] E claims submission (via web portal)
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
 - Do not know

[SKIP IF HAVE NOT YET RECEIVED PAYMENT FOR A CLAIM]

To what extent do you agree or disagree with the following statements? [RANDOMIZE STATEMENTS]

- a) My expectations for payment were met
- b) I received payment for my claim in a timely manner
- c) The payment summary was accurate

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Do not know

Part 6b: Dispute resolution process

To what extent are you aware or unaware of the dispute resolution process for IFHP claims administration?

- Completely aware
- Very aware
- Moderately aware
- Not very aware
- Not at all aware
- Do not know

[IF AWARE OF DISPUTE RESOLUTION PROCESS]

Overall, how satisfied are you with the dispute resolution process for IFHP claims administration?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Do not know

[IF AWARE OF DISPUTE RESOLUTION PROCESS]

To what extent do you agree or disagree that your dispute was resolved in a timely manner?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Do not know
- Not applicable – my dispute was not resolved
- Not applicable – I have not used the dispute resolution process

Part 7: Interactions with Medavie

The next few questions will cover the ways in which you can interact with Medavie.

To what extent are you satisfied or dissatisfied with the following ways to interact with Medavie?

- a) Call center inquiry line
 - b) Website or Web portal
 - c) Email
 - d) Mail
 - e) Fax
-
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
 - Do not know
 - Not applicable – do not use

[IF INTERACT WITH MEDAVIE IN MORE THAN ONE WAY]

What is your preferred method of interacting with Medavie?

- [IF USED] Call center inquiry line
- [IF USED] Website or portal
- [IF USED] Email
- [IF USED] Mail
- [IF USED] Fax

[IF INTERACT WITH MEDAVIE IN MORE THAN ONE WAY]

For which of the following reasons have you used the following touchpoints with Medavie for the IFHP? Please select all that apply. [RANDOMIZE, ANCHOR OTHER AT THE BOTTOM]

- a) [IF USED] Call centre inquiry line
 - b) [IF USED] Website or web portal
 - c) [IF USED] Email
 - d) [IF USED] Mail
 - e) [IF USED] Fax
-
- Questions about the IFHP in general
 - Registration process in general
 - Registration form
 - Provider kit
 - Verification of client eligibility
 - Prior approval of benefits
 - IFHP benefit grids and prescription drug lists
 - IFHP provider handbook
 - IFHP bulletins
 - IFHP ePay submission guide
 - Claim submission
 - Claim payment
 - Claim dispute resolution

- Other (please specify)

[IF USED CALL CENTRE INQUIRY LINE]

To what extent do you agree or disagree with the following statements? [RANDOMIZE]

- a) The wait time to reach an agent was acceptable
- b) The agent was polite
- c) The agent answered my questions to my satisfaction
- d) I was able to receive service in the official language of my choice

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Do not know

[IF USED WEBSITE OR WEB PORTAL]

To what extent do you agree or disagree with the following statements? [RANDOMIZE]

- a) The website or web portal is easy to use
- b) It is easy to find the information I'm looking for on the website or web portal

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Do not know

Part 8: Final comments

What is working well with Medavie's administration of IFHP claims?

[INSERT TEXT BOX]

How can Medavie's administration of IFHP claims be improved?

[INSERT TEXT BOX]

Part 9: Follow-up qualitative research

We may conduct follow-up qualitative research about the claims administration process for the IFHP. This would take the form of a moderated online community of individuals like yourself who submit claims for the IFHP. The online community would last three days, and would take approximately 30 minutes of your time each day to complete. Participants would receive an honorarium of \$200 as a thank you for their time.

Participating in the next phase of research is completely voluntary. If you are interested, you will be required to provide your first name, last name and a contact telephone number to be screened for the online community. Please note that this information will not be used for any analysis of your responses and will only be used if you are selected to be among those invited to participate in a subsequent qualitative phase of research.

Would you be interested in participating?

- Yes
- No [END SURVEY]

Thank you for your interest. Please provide the following contact information

First name:

Last name:

Contact number:

That concludes the survey. Thank you very much for your thoughtful feedback. It is much appreciated.

French questionnaire

Section 1: Questions de dépistage démographique

Préférez-vous répondre à ce questionnaire en anglais ou en français ?

Would you prefer to complete the survey in English or French?

- English
- Français

Lequel des énoncés suivants décrit le mieux votre rôle?

- Je suis un professionnel de la santé qui fournit des services en vertu du PFSI.
- Je suis un administrateur qui présente des demandes de règlement au PFSI, au nom de professionnels de la santé.
- Je suis une tierce partie qui présente des demandes de règlement au nom de professionnels de la santé.
- Autre (veuillez préciser)
- Aucune de ces réponses

Veuillez sélectionner le type de services que vous ou votre équipe fournissez, selon le classement des services de Croix Bleue Medavie (Medavie).

- Services ambulanciers
- Services audiologiques (audition)
- Soins dentaires
- Services hospitaliers
- Soins individuels
- Soins intermédiaires

- Médecin
- Fournitures médicales
- Soins infirmiers
- Colombie-Britannique
- Soins infirmiers
- Pharmacie
- Soins de la vue
- Aucune de ces réponses

Dans quelles provinces ou dans quels territoires fournissez-vous les services couverts par le PFSI?

- Colombie-Britannique
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Québec
- Nouveau-Brunswick
- Nouvelle-Écosse
- Île-du-Prince-Édouard
- Terre-Neuve-et-Labrador
- Yukon
- Nunavut
- Territoires du Nord-Ouest

En 2017, environ combien de demandes avez-vous présentées au PFSI au nom du fournisseur de soins de santé inscrit?

Si vous êtes inscrit auprès de Medavie en tant qu'hôpital, veuillez estimer le nombre total de demandes de règlement présentées par l'hôpital invité à répondre à ce sondage.

Si vous êtes inscrit auprès de Medavie en tant que professionnel de la santé, veuillez estimer le nombre total de demandes de règlement présentées par le professionnel de la santé invité à répondre au sondage ou par la personne qui les soumet en son nom.

[ENTRÉE NUMÉRIQUE]

Section 2: Satisfaction globale avec les services de Medavie

Dans l'ensemble, êtes-vous satisfait des services de gestion des demandes de règlement offerts par Medavie?

- Très satisfait
- Plutôt satisfait
- Ni satisfait ni insatisfait
- Plutôt insatisfait
- Très insatisfait

- Je ne sais pas

Dans l'ensemble, dans quelle mesure êtes-vous satisfait ou insatisfait des aspects suivants de Medavie?
[PRÉSENTER DE FAÇON ALÉATOIRE]

- a) Professionnalisme
 - b) Souplesse
 - c) Rapidité
- Très satisfait
 - Plutôt satisfait
 - Ni satisfait ni insatisfait
 - Plutôt insatisfait
 - Très insatisfait
 - Je ne sais pas

Section 3: Enregistrement

Les questions suivantes porteront sur l'inscription au PFSI.

Dans quelle mesure êtes-vous satisfait ou insatisfait du processus d'inscription au PFSI?

- Très satisfait
- Plutôt satisfait
- Ni satisfait ni insatisfait
- Plutôt insatisfait
- Très insatisfait
- Je ne sais pas

Dans quelle mesure êtes-vous en accord ou en désaccord avec les énoncés suivants? [PRÉSENTER DE FAÇON ALÉATOIRE]

- a) Il est facile de s'inscrire pour devenir un fournisseur de services dans le cadre du PFSI
 - b) J'ai pu m'inscrire au PFSI rapidement
 - c) La pochette de documentation qui m'a été envoyée était utile
- Fortement en accord
 - Plutôt en accord
 - Ni en accord ni en désaccord
 - Plutôt en désaccord
 - Fortement en désaccord
 - Je ne sais pas

Section 4: Vérification

Nous aimerions maintenant passer au processus de vérification de l'admissibilité des clients et de l'approbation préalable des prestations du PFSI.

Dans quelle mesure êtes-vous satisfait ou insatisfait des aspects suivants du processus de vérification?
[PRÉSENTER DE FAÇON ALÉATOIRE]

- a) Vérification de l'admissibilité du client
- b) Approbation préalable des prestations du PFSI

- Très satisfait
- Plutôt satisfait
- Ni satisfait ni insatisfait
- Plutôt insatisfait
- Très insatisfait
- Je ne sais pas

Laquelle des méthodes suivantes utilisez-vous le plus souvent pour vérifier l'admissibilité d'un client au PFSI?
[PRÉSENTER DE FAÇON ALÉATOIRE; GARDER "JAMAIS" AU BAS]

- Portail Web sécurisé du fournisseur
- Ligne téléphonique de demandes de renseignements
- Je n'ai jamais vérifié l'admissibilité d'un client au PFSI

Parmi les méthodes suivantes, lesquelles utilisez-vous le plus souvent pour présenter des demandes d'approbation préalable de prestations? [PRÉSENTER DE FAÇON ALÉATOIRE; GARDER "JAMAIS" AU BAS]

- Portail Web sécurisé du fournisseur
- Ligne téléphonique de demandes de renseignements
- Courrier
- Télécopieur
- Je n'ai jamais vérifié l'admissibilité d'un client au PFSI

Dans quelle mesure êtes-vous en accord ou en désaccord avec les énoncés suivants? [PRÉSENTER DE FAÇON ALÉATOIRE]

- a) La vérification de l'admissibilité des clients est facile à faire
- b) Je suis en mesure de vérifier l'admissibilité des clients rapidement
- c) Les prestations du PFSI qui nécessitent une approbation préalable sont clairement définies
- d) La façon de soumettre une demande d'approbation préalable des prestations du PFSI est clairement définie
- e) Je suis en mesure d'obtenir l'approbation préalable des prestations du PFSI rapidement

- Fortement en accord
- Plutôt en accord
- Ni en accord ni en désaccord
- Plutôt en désaccord
- Fortement en désaccord
- Je ne sais pas

Section 5: Outils de référence

La section suivante porte sur les outils de référence à la disposition des fournisseurs de services du PFSI.

Dans quelle mesure connaissez-vous les prestations du PFSI admissibles?

- Je les connais parfaitement
- Je les connais très bien
- Je les connais moyennement bien
- Je ne les connais pas très bien
- Je ne les connais pas du tout
- Je ne sais pas

Dans quelle mesure êtes-vous satisfait ou insatisfait des outils de référence suivants? [PRÉSENTER DE FAÇON ALÉATOIRE]

- a) Grilles de prestations du PFSI et listes de médicaments d'ordonnance
- b) Bulletins du PFSI
- c) Manuel du fournisseur de services du PFSI
- d) Guide de présentation de demandes par ePay

- Très satisfait
- Plutôt satisfait
- Ni satisfait ni insatisfait
- Plutôt insatisfait
- Très insatisfait
- Je ne sais pas
- Ne s'applique pas – je ne l'ai jamais utilisé

[SI ON A UTILISÉ LE TABLEAU DES AVANTAGES]

Dans quelle mesure êtes-vous en accord ou en désaccord avec les énoncés suivants? [PRÉSENTER DE FAÇON ALÉATOIRE]

- a) Les grilles de prestations et les listes de médicaments sur ordonnance sont faciles à utiliser
 - b) Les grilles de prestations et les listes de médicaments sur ordonnance sont faciles à trouver quand j'en ai besoin
 - c) Les grilles de prestations et les listes de médicaments sur ordonnance indiquent clairement les services et les produits qui sont admissibles en vertu du PFSI
 - d) Les grilles de prestations et les listes de médicaments sur ordonnance sont à jour
- Fortement en accord
 - Plutôt en accord
 - Ni en accord ni en désaccord
 - Plutôt en désaccord
 - Fortement en désaccord
 - Je ne sais pas

Section 6: Demande de règlement et paiement

La section suivante porte sur la présentation des demandes de règlement et le processus de paiement.

Dans quels formats présentez-vous vos demandes de règlement? Veuillez sélectionner toutes les réponses qui s'appliquent.

- Version papier (par courrier ou télécopieur)
- En ligne (par l'intermédiaire du portail Web)
- Sans objet – Je n'ai pas encore présenté de demande de règlement [CHOIX EXCLUSIF]

Dans quels formats recevez-vous les paiements? Veuillez sélectionner toutes les réponses qui s'appliquent.

- Chèque
- Dépôt direct
- Sans objet – Je n'ai pas encore reçu de paiement pour une demande de règlement [CHOIX EXCLUSIF]

[SI ON N' A PAS ENCORE PRÉSENTÉ DEMANDE DE RÈGLEMENT]

Dans quelle mesure êtes-vous satisfait ou insatisfait des aspects suivants du processus de présentation de demandes de règlement?

- [SI ON A PRÉSENTÉ DEMANDE EN PAPIER] Présentation de demandes en version papier (par courrier ou par télécopieur)
 - [SI ON A PRÉSENTÉ DEMANDE EN LIGNE] Présentation de demandes électroniques (par l'intermédiaire du portail Web)
- Très satisfait
 - Plutôt satisfait
 - Ni satisfait ni insatisfait
 - Plutôt insatisfait
 - Très insatisfait
 - Je ne sais pas

[SI ON N' A PAS ENCORE REÇU DE PAIEMENT POUR UNE DEMANDE DE RÈGLEMENT]

Dans quelle mesure êtes-vous en accord ou en désaccord avec les énoncés suivants? [PRÉSENTER DE FAÇON ALÉATOIRE]

- Mes attentes en matière de paiement ont été satisfaites
 - J'ai rapidement reçu le paiement associé à ma demande de règlement
 - Le résumé du paiement était exact
- Fortement en accord
 - Plutôt en accord
 - Ni en accord ni en désaccord
 - Plutôt en désaccord
 - Fortement en désaccord
 - Je ne sais pas

Section 6b: Processus de résolution des différends

Dans quelle mesure connaissez-vous le processus de résolution des différends relatifs à la gestion des demandes de règlement dans le cadre du PFSI?

- Je le connais parfaitement
- Je le connais très bien
- Je le connais moyennement bien
- Je ne le connais pas très bien
- Je ne le connais pas du tout
- Je ne sais pas

[SI ON CONNAIT DU TOUT LE PROCESSUS DE RÉOLUTION DES DIFFÉREND]

Dans l'ensemble, dans quelle mesure êtes-vous satisfait du processus de résolution des différends relatifs à la gestion des demandes de règlement dans le cadre du PFSI?

- Très satisfait
- Plutôt satisfait
- Ni satisfait ni insatisfait
- Plutôt insatisfait
- Très insatisfait
- Je ne sais pas

[SI ON CONNAIT DU TOUT LE PROCESSUS DE RÉOLUTION DES DIFFÉREND]

Dans quelle mesure êtes-vous en accord ou en désaccord avec le fait que le différend vous impliquant a été réglé rapidement?

- Fortement en accord
- Plutôt en accord
- Ni en accord ni en désaccord
- Plutôt en désaccord
- Fortement en désaccord
- Je ne sais pas
- Sans objet – le différend n'a pas été réglé
- Sans objet – je ne l'utilise pas

Section 7: Interactions avec Medavie

Les prochaines questions porteront sur les façons d'interagir avec Medavie.

Dans quelle mesure êtes-vous satisfait ou insatisfait des façons suivantes d'interagir avec Medavie?

- a) Ligne téléphonique de demandes de renseignements
- b) Site Web ou portail Web
- c) Courriel
- d) Courrier

e) Télécopieur

- Très satisfait
- Plutôt satisfait
- Ni satisfait ni insatisfait
- Plutôt insatisfait
- Très insatisfait
- Je ne sais pas
- Sans objet – je ne l'utilise pas

[SI ON INTERAIT AVEC MEDAVIE DANS PLUS Q'UN FAÇON]

Quelle façon d'interagir avec Medavie préférez-vous?

- [SI UTILISÉ] Ligne téléphonique de demandes de renseignements
- [SI UTILISÉ] Site Web ou portail
- [SI UTILISÉ] Courriel
- [SI UTILISÉ] Courrier
- [SI UTILISÉ] Télécopieur

[SI ON INTERAIT AVEC MEDAVIE DANS PLUS Q'UN FAÇON]

Pour lesquelles des raisons qui suivent avez-vous utilisé les points de contact suivants avec Medavie pour le PFSI? Veuillez sélectionner toutes les réponses qui s'appliquent. [PRÉSENTER DE FAÇON ALÉATOIRE; GARDER "AUTRE" AU BAS]

- a) [SI UTILISÉ] Ligne téléphonique de demandes de renseignements
- b) [SI UTILISÉ] Site Web ou portail Web
- c) [SI UTILISÉ] Courriel
- d) [SI UTILISÉ] Courrier
- e) [SI UTILISÉ] Télécopieur

- Les questions sur le PFSI en général
- Le processus d'inscription en général
- Le formulaire d'inscription
- La pochette de documentation pour le fournisseur
- La vérification de l'admissibilité du client
- L'approbation préalable des prestations
- Les grilles de prestations du PFSI et les listes de médicaments d'ordonnance
- Le manuel du fournisseur de services du PFSI
- Les bulletins du PFSI
- Le guide de présentation de demandes par ePay du PFSI
- La présentation de demandes de règlement
- Le paiement des demandes de règlement
- La résolution des différends relatifs aux demandes de règlement
- Autre (veuillez préciser)

[SI ON A UTILISÉ LIGNE TÉLÉPHONIQUE DE DEMANDES DE RENSEIGNEMENTS]

Dans quelle mesure êtes-vous en accord ou en désaccord avec les énoncés suivants? [PRÉSENTER DE FAÇON ALÉATOIRE]

- a) Le temps d'attente pour joindre un agent était acceptable
- b) L'agent était poli
- c) L'agent a donné des réponses satisfaisantes à mes questions
- d) J'ai pu recevoir le service dans la langue officielle de mon choix

- Fortement en accord
- Plutôt en accord
- Ni en accord ni en désaccord
- Plutôt en désaccord
- Fortement en désaccord
- Je ne sais pas

[SI ON A UTILISÉ SITE WEB OU PORTAIL WEB]

Dans quelle mesure êtes-vous en accord ou en désaccord avec les énoncés suivants? [PRÉSENTER DE FAÇON ALÉATOIRE]

- a) Le site Web ou le portail Web est facile à utiliser
- b) Il est facile de trouver les renseignements que je cherche sur le site ou le portail Web

- Fortement en accord
- Plutôt en accord
- Ni en accord ni en désaccord
- Plutôt en désaccord
- Fortement en désaccord
- Je ne sais pas

Section 8: Commentaire final

Qu'est-ce qui fonctionne bien dans la gestion que Medavie assure relativement aux demandes de règlement dans le cadre du PFSI?

[INSERER BOITE DE TEXTE]

De quelle façon la gestion que Medavie assure relativement aux demandes de règlement dans le cadre du PFSI peut-elle être améliorée?

[INSERER BOITE DE TEXTE]

Section 9: Recherche qualitative de suivi

Nous pouvons effectuer une recherche qualitative complémentaire sur le processus de gestion des demandes de règlement dans le cadre du PFSI. Celle-ci serait menée sous la forme d'une communauté en ligne modérée,

constituée de personnes comme vous qui présentent des demandes de règlement en vertu du PFSI. Les participants recevraient des honoraires de 200 \$ en guise de remerciement pour leur temps.

Votre participation à la prochaine phase de cette recherche est tout à fait volontaire. Si vous êtes intéressé, vous devrez fournir votre prénom, votre nom de famille et le numéro de téléphone où vous joindre pour être sélectionné afin de faire partie de la communauté en ligne. Veuillez noter que ces renseignements ne seront pas utilisés pour l'analyse de vos réponses et ne seront utilisés que si vous êtes sélectionné parmi les personnes invitées à participer à une phase qualitative ultérieure de la recherche.

Souhaiteriez-vous participer à cette recherche?

- Oui
- Non [TERMINER LE SONDAGE]

Nous vous remercions de votre intérêt. Veuillez fournir les renseignements et coordonnées demandés.

Prénom :

Nom de famille :

Numéro de téléphone :

Le sondage est maintenant terminé. Merci beaucoup pour vos commentaires très réfléchis. C'est vraiment très apprécié.

Appendix C: Qualitative discussion guide

English

The specific objectives of the research are to:

- Assess perceptions of the IFHP in general;
- Understand the motivations and barriers to providing services under the IFHP;
- Assess satisfaction with various aspects of IFHP claims administration, including, but not limited to:
 - communications materials,
 - enrolment,
 - claims administration and adjudication,
 - customer service, and
 - the provider portal (system);
- Identify efficiencies with current and future claims administration services.

The research involves a series of six (6) online communities with five in English and one in French, with the following target audiences:

- English Medical providers (ex. physicians, vision, audiologists, etc.)
- English Medical administrators (ex. administrators in offices for physicians, vision, audiologists, etc.)
- English Dentists
- English Pharmacists
- English Hospitals
- French [all French Quebec providers (ex. medical providers, dentists, pharmacists) and claims administrators given that 28 French Quebec participants have agreed to follow-up qualitative research]

Approximately fifteen (15) participants will be recruited for each community, for a total of 90 for the entire project. The online communities will be concurrent and take place between March 20th and 23rd, 2018.

Pre-community introduction

Before joining the community, participants will be told:

- The online community is being facilitated by Earncliffe and is a qualitative research project being conducted on behalf of the Government of Canada;
- The purpose of this research is to gather information on the claims administration process for the Interim Federal Health Program (IFHP) and better understand the needs of the health care providers who provide services to IFHP beneficiaries and those who submit claims;
- Role of participants: share open and honest opinions. Remember that there are no wrong answers and no need to agree with each other;
- Not to reveal their family name or any other personal information that is not pertinent to the discussion during the online community;
- Results are confidential and reported all together. Individuals are not identified and participation is voluntary;

- That participants are expected to complete a total of three (3) activities between March 20 and 23 and the estimated length of time required to complete each activity is approximately 30 minutes; and
- That observers will be monitoring responses online in order to fully understand the opinions being gathered.

Community home page

[DISPLAY NAMES & PHOTOS OF MODERATORS]

Hi everyone! Thank you so much for joining our community.

As your study moderators, we're looking forward to uncovering new insights with you. We work at an independent public affairs and market research company called Earnscliffe and we are facilitating this community on behalf of the Government of Canada, and more specifically, on behalf of Immigration, Refugees and Citizenship Canada (IRCC).

Over the next four days, we are going to be discussing the claims administration process for the Interim Federal Health Program (IFHP). Your feedback will be extremely helpful, so we encourage you to be open and honest in your comments and active in your interactions with others in the community. We also ask that you remain respectful of other people's opinions and views at all times.

This page will display your next available activity as well as any relevant community updates. Please check in regularly and contact us if you have any questions or concerns.

[DISCUSSIONS CARD]

We expect to be adding discussions on new topics over the course of the project - be sure to check-in to see what's new!

Activity 1: Getting to know you

[TASK 1] **Let's get started**

Welcome to this first ice-breaker activity!

We would like to take a few minutes to get to know you a little better. We also want to make sure you are comfortable using the platform and the various tools we will be using throughout the discussion.

If you're ready to get started, go ahead and click on the "continue" button.

[TASK 2] **Where are you based?**

In which province or territory do you work? Please drag and drop the green marker in the box at the top left (with the word "drag" under it) onto the province or territory in which you work. Feel free to place the marker as close to where you are regionally within the province.

[TASK 3] **Introduce yourself** (text)

We'd love to get to know you a little bit. Please tell us a bit about what kind of work you do and/or about the kind of place where you work.

[INSERT RESPONSE]

[TASK 4] **IFHP in your life**

Most of the discussions we'll be having will be about the claims administration process for the IFHP.

In a typical month, how many hours do you think you spend dealing with some aspect of IFHP claims?

[Less than 5 hours/month, 5-10 hours/month, 10-19 hours/month, 20+ hours/month]

Can you describe how long (in years) you have been handling IFHP claims and your relationship with the claims system?

[INSERT RESPONSE]

[FOR PROVIDER/ADMIN COMBINED GROUPS] Which of the following best describes your role?

- I am a health care professional who provides IFHP services
- I am an administrator who submits IFHP claims on behalf of health care professionals
- I am a third party who submits claims on behalf of health care professionals

[FOR MEDICAL AND QUEBEC GROUPS] Please choose the type of service you or your team provide(s) as categorized by Medavie Blue Cross (Medavie).

- Ambulance
- Audio
- Hospital
- Individual
- Intermediate care
- Medical Doctor
- Medical Supplies
- Nursing
- Oxygen
- Paramedical Practitioner
- Vision

[TASK 5] **Complete this sentence**

For the last exercise before we start the discussion, using the boxes below, please finish each sentence.

The **best thing** about the IFHP claims process is...

[COMPLETE THE SENTENCE]

The **worst thing** about the IFHP claims process is...

[COMPLETE THE SENTENCE]

If I had to pick three words to describe the IFHP claims process they would be...

[PROVIDE THREE ADJECTIVES]

[TASK 6] **Well done!**

Thank you for completing this first ice-breaker activity!

Once you have submitted your responses (by clicking "submit" below), please take a moment to get to know others in the community, by reading through their introductions. Feel free to click "like" and "comment" on their entries - open discussion and communication is encouraged!

And, be sure to check back in tomorrow for the next activity

Activity 2: IFHP claims administration

For today's activity, we would like to hear your thoughts on the IFHP registration process, the process for verifying client eligibility and the IFHP resources available to help you.

[TASK 1] Getting Registered as a Provider

If you were involved in the registration process, we'd like to know how you felt about it.

How easy did you find it to register as an IFHP provider? Did you have any issues registering? (If you were not at all involved in the process of registering as a provider, just point that out.)

[INSERT RESPONSE]

PROBES IF NECESSARY:

- Once registered, did you feel you were given enough information to start providing IFHP services?
- Do you have a suggestion on how this can be improved?

[TASK 2] Satisfaction with Client Eligibility Verification

How satisfied are you with the process for verifying a client's eligibility? (If you don't verify eligibility, please select the "Not Applicable" option.)

[Completely dissatisfied, somewhat dissatisfied, neither, somewhat satisfied, completely satisfied, NA]

[BOX BELOW] Please describe how you generally go about verifying eligibility and why you have that level of satisfaction. If you don't verify client eligibility, please explain why you do not.

[INSERT RESPONSE]

PROBES IF NECESSARY:

- What aspects, if any, are the most irritating about the process of verifying eligibility?
- Have you ever had any issues or difficulties verifying eligibility? If so, describe them.
- How often do you receive a negative response from Medavie with regard to the eligibility status of a client? What do you do in such circumstances?

[TASK 3] Improving Client Eligibility Verification

Now we'd like to hear your thoughts on how the client eligibility verification process could be improved to better serve your needs. If you could design the best possible method for verifying eligibility, what would it involve? What are the kinds of things that would make it as easy as possible for you to verify eligibility?

[INSERT RESPONSE]

PROBES IF NECESSARY:

- Is there any additional information you need to verify client eligibility?
- Would you be using a different format than the current one?
- If you use the Medavie Provider Inquiry Call Centre most often to confirm a client's eligibility, why do you use this method as opposed to confirming eligibility using the Secure Provider Web Portal?

[TASK 4] Benefits Grids

Next, we would like your thoughts on the benefit grids. Below are a couple of images depicting a typical benefit grid. They may not be exactly what you see with the grids you use, but hopefully, they will remind you of what we are talking about so you can describe your opinions on them.

[MEDS, DENT & PHARM communities will each see only their relevant grid. We can provide an image of any other for any communities of others.]

Do you use the grids? If so, why and when? If not, why not? Are there ways the grids could be improved to make them more useful, easy to understand, or efficient for you?

[INSERT RESPONSE]

Using the "like" and "dislike" markers, please use "like" to indicate any aspects that you liked or found particularly easy to use or helpful and use "dislike" to indicate any that you found particularly confusing, difficult or unhelpful.

What elements, if any, stand out for you as particularly helpful?

[INSERT RESPONSE]

What elements, if any, stand out for you as particularly unhelpful, or confusing?

[INSERT RESPONSE]

PROBES IF NECESSARY:

- Is there any additional information they should include?
- Is this format the best for you or would some other format be better?
- Do you have any recommendations for changing how the information is organized? What alternative presentation format would help you in your work?

[TASK 5] Prior Approval of IFHP benefits

How satisfied are you with the process for obtaining prior approval of IFHP benefits? (If you have never obtained prior approval of IFHP benefits, please select the “Not Applicable” option.)

[Completely dissatisfied, somewhat dissatisfied, neither, somewhat satisfied, completely satisfied, NA]

[BOX BELOW] Please describe how you generally go about obtaining prior approval of IFHP benefits and why you have that level of satisfaction?

[INSERT RESPONSE]

PROBES IF NECESSARY:

- Do you use the provider portal or the call centre to obtain prior approvals?
- What aspects, if any, are the most irritating about the process of obtaining prior approval of IFHP benefits?
- Have you ever had any issues or difficulties obtaining prior approval of IFHP benefits? If so, please describe what happened.
- Have you ever run into an issue when you should have obtained prior approval of an IFHP benefit, but didn't? If so, please describe what happened.
- How often do you receive a negative response from Medavie with regard to the obtaining prior approval of IFHP benefits? What do you do in such circumstances?
- Is the process clear? Do you know when to request a prior approval for IFHP benefits?
- (if issues) How could this process be made easier? Clearer? Quicker?

[TASK 6] Submitting a Claim

For the last task today, we'd like your thoughts on the portal used for submitting claims.

Below are a few images depicting a typical claim submission on the portal. In this case, it is for a physiotherapy treatment, so it may not be exactly what you see when you submit a claim, but for the purposes of our discussion, let's review it.

Using the "like" and "dislike" markers, please use “like” to indicate any aspects that you liked or found particularly easy to use or helpful and use “dislike” to indicate any that you disliked or found particularly difficult, confusing or unhelpful.

What elements, if any, stand out for you as particularly helpful?

[INSERT RESPONSE]

What elements, if any, stand out for you as particularly **unhelpful**, difficult, or confusing?

[INSERT RESPONSE]

What elements, if any, are missing that you think should be included?

[INSERT RESPONSE]

How can the payment process be improved?

[INSERT RESPONSE]

[TASK 7] **Well done!**

Thank you for completing this Activity! We know it was a lot to ask and the rest will be much easier.

After submitting your responses (by clicking "submit" below), please take a moment to check out the comments made by others in the community. Click "like" and/or "comment" on the entries that interest you or if you agree with them.

And, be sure to check back in tomorrow for the final Activity – it will be much shorter!

Activity 3: Wrap-up

[TASK 1] **Ideal IFHP claims administration**

To begin today's activities, we'd like to hear your thoughts on an ideal claims administration system.

What would an ideal claims administration system look like to you? What would it do? How would it function?

[INSERT RESPONSE]

PROBES IF NECESSARY:

- What are the most important characteristics of a claims administration system to you?
- What are the top two priorities that need to be considered in the design of a claims administration system?

[TASK 2] **Methods of Communicating**

Next, we'd like to know how you feel about IFHP communications in general. To begin with, please indicate how satisfied you are with each of the following. If it is a method you never use, please select "Not Applicable".

[Completely dissatisfied, somewhat dissatisfied, neither, somewhat satisfied, completely satisfied, NA]

- The Medavie Portal (<https://secure.medavie.bluecross.ca/eai/login>)
- Medavie's IFHP website (<https://www.medaviebc.ca/en/health-professionals>)
- The Medavie call centre (1-888-614-1880)

- Bulletins (emailed and posted to website)

Additional comments for each channel:

- Please explain your opinion. [OPEN-END]

How, why and when do you use this method of communication?

[INSERT RESPONSE]

PROBES IF NECESSARY:

- Are any of these channels more important to you?
- Does it usually provide you with the information you need? When it doesn't, what is the reason and what do you do next?
- Is it an efficient process for you?
- What can be done to improve this and how important is it to you that it be improved?

[TASK 3] **What Else Would You Like?**

Next, we are interested in knowing what other improvements can be made in terms of communications with and from IFHP. Is there information that you would like to receive that we have not discussed? Is there a better way to provide you with information than the methods that are currently used? Do you feel you are notified about changes to the IFHP in a timely manner? Is it better to communicate with you or with someone else in your office?

PROBE IF NECESSARY: What about ideas for reaching new providers?

Please explain.

[INSERT RESPONSE]

[TASK 4] **What Advice Would You Give a Colleague Interested in the IFHP?**

Finally, we'd like to know what advice you would give a colleague who is considering registering as an IFHP provider. Would you recommend they register or try to dissuade them? Why? What would you most want your colleague to know before they registered?

[INSERT RESPONSE]

[TASK 5] **Final Comments**

Those are all the tasks we have for you. We really appreciate your participation. Before we wrap up, do you have any final comments or advice to offer IRCC on how it can improve the IFHP.

[INSERT RESPONSE]

[TASK 6] **Thank You!**

This concludes what we needed to cover in this online community. We really appreciate you taking the time to participate and share your views. Your input is very important.

French

Les objectifs spécifiques de la recherche sont :

- Évaluer les perceptions à propos du PFSI en général;
- Comprendre les motivations et les obstacles à fournir des services en vertu du PFSI;
- Évaluer le taux de satisfaction sur divers aspects de l'administration des demandes de règlement du PFSI y compris, sans toutefois s'y limiter :
 - le matériel de communication,
 - l'inscription,
 - l'administration et les décisions concernant les réclamations,
 - le service à la clientèle, et
 - le portail fournisseurs (système);
- Déterminer l'efficacité des services actuels et futurs d'administration des demandes de règlement.

Cette recherche repose sur une série de six (6) communautés en ligne, dont cinq en anglais et une en français, avec la participation de audiences cibles suivantes :

- Fournisseurs de soins médicaux anglophones (par ex., médecins, vision, audiologistes, etc.)
- Administrateurs médicaux anglophones (par ex., administrateurs dans des bureaux de médecins, soins de la vue, audiologistes, etc.)
- Dentistes anglophones
- Pharmaciens anglophones
- Hôpitaux anglophones
- Français [tous les fournisseurs francophones du Québec (par ex. médecins, dentistes, pharmaciens) et administrateurs de demandes de règlement, étant donné que 28 Québécois francophones ont accepté de participer à la recherche qualitative]

Environ quinze (15) participants seront recrutés pour chaque communauté, pour un total de 90 personnes pour l'ensemble du projet. Les communautés en ligne seront menées simultanément entre le 20 et le 23 mars 2018.

Présentation initiale précommunauté

Avant de joindre une communauté ou groupe, les participants seront informés de ce qui suit :

- La communauté en ligne est facilitée par Earncliffe; il s'agit d'un projet de recherche qualitative mené pour le compte du gouvernement du Canada;
- Le but de la recherche est de recueillir des renseignements sur le processus de traitement des demandes de règlement pour le Programme fédéral de santé intérimaire (PFSI) et de mieux comprendre les besoins des professionnels de la santé qui fournissent des services aux bénéficiaires du PFSI et des personnes qui soumettent des réclamations;
- Rôle des participants : faire part de leurs opinions ouvertement et honnêtement, se rappeler qu'il n'y a pas de mauvaises réponses et qu'ils n'ont pas à être d'accord les uns avec les autres;

- Ne pas révéler leur nom de famille ou tout autre renseignement personnel qui n'est pas pertinent à la discussion durant la communauté en ligne;
- Les résultats de la recherche sont confidentiels et seront regroupés pour tous les participants; les personnes ne sont pas identifiées et la participation est volontaire;
- On attend des participants qu'ils complètent un total de trois (3) activités entre le 20 et le 23 mars et le temps nécessaire pour y arriver est d'environ 30 minutes par activité; et
- Les observateurs feront le suivi des réponses en ligne afin de bien comprendre les opinions recueillies.

Page d'accueil de la communauté

[AFFICHER LE NOM ET LA PHOTO DES MODÉRATEURS/MODÉRATRICES]

Bonjour tout le monde! Merci beaucoup de faire partie de notre communauté.

En tant que modérateur/modératrice de l'étude, nous avons hâte de partager de nouvelles idées avec vous. Nous travaillons pour une entreprise indépendante d'affaires publiques et de recherche du marché appelée Earnscliffe et notre rôle est de faciliter cette communauté, pour le compte du gouvernement du Canada et, plus particulièrement, pour celui d'Immigration, Réfugiés et Citoyenneté Canada (IRCC).

Au cours des prochains jours, nous allons discuter de questions portant sur le processus de traitement des demandes de règlement en vertu du Programme fédéral de santé intérimaire (PFSI). Vos commentaires seront très utiles et nous vous encourageons à donner des réponses et à faire des commentaires ouverts et honnêtes et à agir de manière proactive dans vos interactions avec les autres membres de la communauté. Nous vous prions également de respecter les opinions et points de vue des autres personnes en tout temps.

Cette page affichera votre prochaine activité de même que toutes les mises à jour pertinentes à la communauté. Veuillez la vérifier régulièrement et contactez-nous si vous avez des questions ou des inquiétudes.

[CARTE DE DISCUSSIONS]

Nous prévoyons ajouter des discussions sur de nouveaux sujets au cours du projet – assurez-vous de vérifier pour connaître les dernières nouvelles!

Activité 1 : Mieux vous connaître

[TÂCHE 1] **Commençons**

Bienvenue à cette activité de premier contact!

Nous aimerions prendre quelques minutes pour mieux vous connaître. Nous voulons également nous assurer que vous êtes à l'aise avec la plateforme et les divers outils que nous utiliserons dans le cadre de notre discussion.

Si vous êtes prêt(e) à commencer, il vous suffit de cliquer sur le bouton « continuer ».

[TÂCHE 2] **Où habitez-vous?**

Dans quelle province ou dans quel territoire travaillez-vous? Veuillez glisser et déposer le marqueur vert dans la case qui se trouve en haut à gauche (avec le mot « glisser » inscrit dessous) sur la province ou sur le territoire où vous vivez. N'hésitez pas à placer le marqueur aussi près que possible de l'endroit où vous vivez (région).

[TÂCHE 3] **Présentez-vous** (texte)

Nous aimerions mieux vous connaître. Veuillez nous faire part du genre de travail que vous faites ou du genre d'endroit où vous travaillez.

[INSÉREZ VOTRE RÉPONSE]

[TÂCHE 4] **Le PFSI dans votre vie**

La plupart des discussions que nous aurons porteront sur le processus de traitement des demandes de règlement du PFSI.

Au cours d'un mois type, à votre avis combien d'heures consacrez-vous à traiter d'un aspect quelconque des demandes de règlement du PFSI?

[Moins de 5 heures/mois, 5-10 heures/mois, 10-19 heures/mois, 20+ heures/mois]

Pouvez-vous décrire depuis combien de temps (en années) vous avez traité des demandes de règlement du PFSI ainsi que votre relation avec le système?

[INSÉREZ VOTRE RÉPONSE]

[GROUPES DE FOURNISSEURS/ADMINISTRATEURS COMBINÉS] lequel des énoncés suivants décrit le mieux votre rôle?

- Je suis un professionnel/une professionnelle de la santé qui fournit des services du PFSI
- Je suis un administrateur/une administratrice qui soumet des demandes de règlement du PFSI pour le compte de professionnels de la santé
- Je suis une tierce partie qui soumet des demandes de règlement pour le compte de professionnels de la santé

[GROUPES MÉDICAUX ET CEUX DU QUÉBEC] Veuillez choisir le type de service que votre équipe et vous fournissez dans une des classes de la Croix Bleue Medavie (Medavie).

- Ambulance
- Audio
- Hôpital
- Individuel
- Soins intermédiaires
- Docteur en médecine
- Fournitures médicales
- Soins infirmiers
- Oxygène

- Praticien paramédical
- Soins de la vue

[TÂCHE 5] Complétez cette phrase

Comme dernier exercice avant de passer à la discussion, à l'aide des cases ci-dessous, veuillez finir chaque phrase.

La **meilleure chose** à propos du processus de demandes de règlement du PFSI est ...

[COMPLÉTER LA PHRASE]

La **pire chose** à propos du processus de demandes de règlement du PFSI est ...

[COMPLÉTER LA PHRASE]

Si je devais choisir trois mots pour décrire le processus de traitement de demandes de règlement du PFSI, ce serait...

[DONNER TROIS ADJECTIFS]

[TÂCHE 6] Excellent!

Merci d'avoir rempli l'activité de premier contact!

Une fois que vous aurez soumis vos réponses (en cliquant « soumettre » ci-dessous), veuillez prendre quelques minutes pour faire la connaissance des autres membres de la communauté et lire leurs présentations. N'hésitez pas à cliquer sur « j'aime » et « commentaire » sur leurs contributions – nous encourageons une discussion et une communication ouvertes!

Assurez-vous de revenir demain pour prendre part à la prochaine activité.

Activité 2 : Traitement des demandes de règlement du PFSI

Comme activité du jour, nous vous demandons de nous faire part de vos idées sur le processus d'inscription au PFSI, sur le processus de vérification de l'admissibilité d'un client et sur les ressources disponibles pour vous aider.

[TÂCHE 1] S'inscrire comme fournisseur

Si vous vous êtes inscrit(e) comme fournisseur de soins de santé, nous aimerions savoir ce que vous pensez du processus d'inscription.

Était-il suffisamment simple? Avez-vous eu des problèmes? (Si vous n'avez pas participé au processus d'inscription comme fournisseur, vous n'avez qu'à le mentionner)

[INSÉREZ VOTRE RÉPONSE]

APPROFONDIR SI NÉCESSAIRE :

- Une fois inscrit(e), avez-vous senti qu'on vous a donné suffisamment de renseignements pour commencer à fournir des services en vertu du PFSI?
- Avez-vous une suggestion sur la façon d'améliorer ce processus?

[TÂCHE 2] **Satisfaction au sujet de la vérification de l'admissibilité du client**

À quel point êtes-vous satisfait(e) du processus de vérification de l'admissibilité d'un client? (Si vous ne vérifiez pas l'admissibilité, veuillez choisir l'option « sans objet ».)

[Très insatisfait(e), plutôt insatisfait(e), ni l'un ni l'autre, plutôt satisfait(e), très satisfait(e), S/O]

[CASE CI-DESSOUS] Veuillez décrire la façon dont vous vérifiez, de façon générale, l'admissibilité d'un client et les raisons pour lesquelles vous ressentez ce degré de satisfaction. Si vous ne vérifiez pas l'admissibilité du client, veuillez expliquer pour quelle raison.

[INSÉREZ VOTRE RÉPONSE]

APPROFONDIR SI NÉCESSAIRE :

- À votre avis, quels sont les aspects les plus irritants du processus de vérification de l'admissibilité?
- Avez-vous déjà eu des problèmes ou des difficultés à vérifier l'admissibilité d'un client? Dans ce cas, veuillez décrire.
- À quelle fréquence recevez-vous une réponse négative de Medavie sur le statut d'admissibilité d'un client? Que faites-vous en pareils cas?

[TÂCHE 3] **Améliorer la vérification de l'admissibilité du client**

Maintenant, nous aimerions connaître vos idées sur la façon dont le processus de vérification de l'admissibilité du client pourrait être amélioré pour mieux répondre à vos besoins. Si vous pouviez concevoir la meilleure méthode possible pour vérifier l'admissibilité, quelles mesures prendriez-vous? Quelles mesures prendriez-vous pour faciliter autant que possible la vérification de l'admissibilité d'un client?

[INSÉREZ VOTRE RÉPONSE]

APPROFONDIR SI NÉCESSAIRE :

- Y a-t-il des renseignements additionnels dont vous auriez besoin pour vérifier l'admissibilité d'un client?
- Serait-il plus facile d'utiliser un format différent de celui qui est utilisé présentement?
- Si vous avez recours au Centre d'appel des fournisseurs Medavie le plus souvent pour confirmer l'admissibilité d'un client, pourquoi utilisez-vous cette méthode plutôt que de confirmer l'admissibilité d'un client par l'entremise du Portail Web sécurisé?

[TÂCHE 4] **Tableaux des avantages**

Maintenant, nous aimerions connaître vos idées sur les tableaux des avantages. Vous trouverez, ci-après, une image illustrant un tableau des avantages typique. Il est possible que ce ne soit exactement ce que vous voyez lors

vous consultez un tableau mais, espérons-le, cela vous aidera à mieux comprendre ce dont nous parlons. Vous pouvez décrire vos opinions à ce sujet.

[Les communautés MEDS, DENT et PHARM ne verront que le tableau qui leur est propre. Nous pouvons fournir une image de tout autre tableau pour toute autre communauté.]

Vous servez-vous des tableaux? Pourquoi ou pourquoi pas? Y aurait-il moyen d'améliorer les tableaux pour les rendre plus utiles, plus faciles à comprendre ou plus efficaces?

[INSÉREZ VOTRE RÉPONSE]

À l'aide des marqueurs « aime » et « n'aime pas », veuillez utiliser « aime » pour indiquer les aspects que vous avez aimés ou que vous avez trouvés particulièrement faciles à utiliser et « n'aime pas » pour indiquer les aspects que vous n'avez pas aimés ou que vous avez trouvés généralement déroutants ou peu utiles.

À votre avis, quels éléments se sont démarqués comme étant particulièrement utiles, le cas échéant?

[INSÉREZ VOTRE RÉPONSE]

À votre avis, quels éléments se sont démarqués comme étant particulièrement inutiles ou déroutants, le cas échéant?

[INSÉREZ VOTRE RÉPONSE]

APPROFONDIR SI NÉCESSAIRE :

- Les tableaux devraient-ils comprendre des renseignements additionnels?
- Ce format vous va-t-il ou est-ce qu'un autre format serait préférable?
- Avez-vous des recommandations à faire pour changer la façon dont l'information est présentée?

[TÂCHE 5] **Autorisation préalable des avantages du PFSI**

À quel point êtes-vous satisfait(e) du processus d'obtention d'une préautorisation des avantages du PFSI? (Si vous n'avez jamais obtenu une préautorisation des avantages, veuillez choisir l'option « sans objet ».)

[Très insatisfait(e), plutôt insatisfait(e), ni l'un ni l'autre, plutôt satisfait(e), très satisfait(e), S/O]

[CASE CI-DESSOUS] Veuillez décrire la façon dont vous procédez, en général, pour obtenir une préautorisation des avantages du PFSI et les raisons pour lesquelles vous éprouvez ce degré de satisfaction?

[INSÉREZ VOTRE RÉPONSE]

APPROFONDIR SI NÉCESSAIRE :

- Vous servez-vous du portail Fournisseurs ou du centre d'appels pour obtenir des préautorisations?
- À votre avis quels sont les aspects les plus irritants du processus d'obtention d'une préautorisation des avantages du PFSI?

- Avez-vous déjà eu des problèmes ou des difficultés à obtenir une préautorisation pour les avantages du PFSI? Dans ce cas, veuillez décrire ce qui s’est passé.
- Avez-vous déjà eu un problème alors que vous auriez dû obtenir une préautorisation d’un avantage du PFSI mais que vous ne l’avez pas fait? Dans ce cas, veuillez décrire ce qui s’est passé.
- À quelle fréquence recevez-vous une réponse négative de Medavie en ce qui concerne l’obtention d’une préautorisation pour les avantages du PFSI? Que faites-vous en pareil cas?
- Le processus est-il clair? Savez-vous quand l’utiliser?
- (Si problèmes) Comment le processus pourrait-il être facilité? Clarifié? Accéléré?

[TÂCHE 6] **Soumettre une demande de règlement**

Comme dernière tâche du jour, nous aimerions connaître vos idées sur le portail utilisé pour soumettre des demandes de règlement.

Vous trouverez ci-après quelques images illustrant une demande de règlement typique sur le portail. Dans ce cas, il s’agit d’un traitement de physiothérapie. Il est donc possible que ce ne soit pas exactement ce que vous voyez lorsque vous soumettez une demande de règlement mais, pour les fins de notre discussion, passons-les en revue.

À l’aide des marqueurs « aime » et « n’aime pas », veuillez utiliser « aime » pour indiquer les aspects que vous avez aimés ou que vous avez trouvés particulièrement faciles à utiliser ou utiles et « n’aime pas » pour indiquer les aspects que vous n’avez pas aimés ou que vous avez trouvés particulièrement difficiles, déroutants ou inutiles.

À votre avis, quels éléments se sont démarqués comme étant particulièrement utiles, le cas échéant?

[INSÉREZ VOTRE RÉPONSE]

À votre avis, quels éléments se sont démarqués comme étant particulièrement inutiles ou déroutants, le cas échéant?

[INSÉREZ VOTRE RÉPONSE]

À votre avis, quels sont les éléments qui manquent et qui devraient être ajoutés, le cas échéant?

[INSÉREZ VOTRE RÉPONSE]

Comment le processus de paiement pourrait-il être amélioré?

[INSÉREZ VOTRE RÉPONSE]

[TÂCHE 7] **Excellent!**

Merci d’avoir terminé cette Activité! Nous savons que c’était beaucoup demander mais le reste sera beaucoup plus facile.

Une fois que vous aurez soumis vos réponses (en cliquant sur « soumettre » ci-dessous), prenez le temps de lire les commentaires des autres membres de la communauté. Cliquez « aime » ou « commentaire » sur leurs réponses lorsqu’elles vous semblent intéressantes ou si vous êtes d’accord.

Assurez-vous de revenir demain pour l'Activité finale – elle sera beaucoup plus courte!

Activité 3 : Conclusion

[TÂCHE 1] **Système idéal d'administration des demandes de règlement du PFSI**

Pour commencer les activités d'aujourd'hui, nous aimerions connaître vos idées sur un système idéal d'administration des demandes de règlement.

À votre avis, à quoi devrait ressembler un système idéal d'administration des demandes de règlement? Que ferait-il? Comment fonctionnerait-il?

[INSÉREZ VOTRE RÉPONSE]

APPROFONDIR SI NÉCESSAIRE :

- À votre avis, quelles sont les parties/caractéristiques les plus importantes d'un système d'administration des demandes de règlement?
- Quelles sont vos deux principales priorités?

[TÂCHE 2] **Moyens de communication**

Maintenant, nous aimerions savoir ce que vous pensez des communications du PFSI. Pour commencer, veuillez indiquer à quel point vous êtes satisfait(e) de chacun des moyens suivants. S'il s'agit d'une méthode que vous n'utilisez jamais, veuillez choisir l'option « sans objet ».

[Très insatisfait(e), plutôt insatisfait(e), ni l'un ni l'autre, plutôt satisfait(e), très satisfait(e), S/O]

- Le portail Medavie (<https://secure.medavie.bluecross.ca/eai/login>)
- Site Web du PFSI de la Croix Bleue Medavie (<https://www.medaviebc.ca/en/health-professionals>)
- Centre d'appel de Medavie (1-888-614-1880)
- Bulletins (envoyés par courriel et affichés sur le site Web)

Commentaires additionnels pour chaque canal :

- Veuillez expliquer votre opinion. [RÉPONSE OUVERTE]

Comment et pourquoi utilisez-vous ce moyen de communication lorsque vous le faites?

[INSÉREZ VOTRE RÉPONSE]

- APPROFONDIR SI NÉCESSAIRE :
- Un de ces canaux de communication est-il particulièrement important à vos yeux?
- Y trouvez-vous les renseignements dont vous avez besoin? Quand ce n'est pas le cas, quelle en est la raison et que faites-vous ensuite?
- S'agit-il d'un processus efficace selon vous?

- Qu'est-ce qui pourrait être fait pour l'améliorer et jusqu'à quel point est-ce important, selon vous, de l'améliorer?

[TÂCHE 3] Que voudriez-vous d'autre?

Maintenant, nous aimerions savoir quelles autres améliorations pourraient être faites en termes de communications avec le PFSI. Y a-t-il des renseignements que vous aimeriez recevoir et dont nous n'avons pas parlé? Y a-t-il une meilleure façon de vous donner des renseignements que les moyens utilisés présentement? Avez-vous l'impression d'être avisé(e) suffisamment rapidement des changements apportés au PFSI? Est-ce mieux de communiquer avec vous ou avec quelqu'un d'autre de votre bureau?

APPROFONDIR SI NÉCESSAIRE : Avez-vous des idées sur la façon d'atteindre de nouveaux fournisseurs?

Veuillez expliquer.

[INSÉREZ VOTRE RÉPONSE]

[TÂCHE 4] Quel conseil donneriez-vous à un(e) collègue qui s'intéresse au PFSI?

Finalement, nous aimerions savoir quel conseil vous donneriez à un(e) collègue qui envisage de s'inscrire comme fournisseur dans le PFSI. Lui recommanderiez-vous de s'inscrire ou tenteriez-vous de le/la dissuader? Pourquoi? Qu'est-ce que vous aimeriez que votre collègue sache avant de s'inscrire?

[INSÉREZ VOTRE RÉPONSE]

[TÂCHE 5] Derniers commentaires

Ce sont les tâches que vous deviez remplir durant cette séance. Nous apprécions sincèrement votre participation. Avant de conclure, nous aimerions savoir si vous avez un dernier commentaire ou conseil à donner à IRCC sur la façon dont le ministère pourrait améliorer le PFSI.

[INSÉREZ VOTRE RÉPONSE]

[TÂCHE 6] Merci!

Voilà qui conclut ce que nous devons couvrir dans la communauté en ligne. Nous apprécions réellement que vous ayez pris le temps de participer et de nous faire part de votre point de vue. Vos commentaires sont très importants.

Appendix D: Benefit grid and claim submission images

The following are images of Medavie benefit grids and screenshots of the Medavie online portal. They were shown to participants in the online communities in order to elicit feedback on each tool.

Figure 1 – Basic Coverage Benefit Grid (English)

Image of the English version of the IFHP Benefit Grid for Basic Coverage, used for the English Medical Providers, Administrators, and Hospitals communities

IFHP Benefit Grid - Basic Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Per Diem									
In-patient (up to 45 days)	0164IPU	5-Nov-14		Yes				\$668.70 / day	See NOTES 1, 2, 32 & 42
In-patient (over 45 days)	0164IPO	5-Nov-14		Yes				\$200.65 / day	See NOTES 1, 2, 32 & 42
In-patient Rehabilitation facility (up to 45 days)	0164IPRU	5-Nov-14		Yes				\$668.70 / day	See NOTES 1, 2, 28, 32 & 42
In-patient Rehabilitation facility (over 45 days)	0164IPRO	5-Nov-14		Yes				\$200.65 / day	See NOTES 1, 2, 28, 32 & 42
Inpatient for Only 1 Day - Under 8 Hours	0164IPDU	5-Nov-14		Yes				\$93.70	See NOTE 32 & 42 Must include admission and discharge times. Only Emergency room fee is payable.
Inpatient for Only 1 Day - Over 8 Hours	0164IPDO	5-Nov-14		Yes				\$334.35	See NOTE 32 & 42 Must include admission and discharge times. Half the per-diem will be reimbursed.
Main Facility Fees									
Emergency Room	0155ER	5-Nov-14		Yes				\$93.70 / day	See NOTE 3, 4, 5, 32 & 42 Exception to NOTE 3: CT and MRI secondary facility fees can be billed together with Emergency Room main facility fee.
Outpatient	0155OP	5-Nov-14		Yes				\$26.75 / day	See NOTE 3, 5, 32, 33 & 42
Outpatient - Patient in									

Figure 2 – Basic Coverage Benefit Grid (French)

Image of the French version of the IFHP Benefit Grid for Basic Coverage, used for the French All System Users community

Tableau des avantages du PFSI - Couverture de base

Description de l'avantage	Code d'avantage	Date d'effet	Préautorisation requise	Code CIM-9 / CIM-10 ou diagnostic écrit requis	Code de santé provincial requis	Prescripteur requis	Limite de la fréquence	Montant maximum en dollars	Commentaires
Frais quotidiens									
Patient hospitalisé (jusqu'à 45 jours)	0164IPU	5-Nov-14		Oui				668,70 \$ / jour	Voir NOTES 1, 2, 32 et 42
Patient hospitalisé (plus de 45 jours)	0164IPO	5-Nov-14		Oui				200,65 \$ / jour	Voir NOTES 1, 2, 32 et 42
Patient hospitalisé - établissement de réadaptation (jusqu'à 45 jours)	0164IPRU	5-Nov-14		Oui				668,70 \$ / jour	Voir NOTES 1, 2, 28, 32 et 42
Patient hospitalisé - établissement de réadaptation (plus de 45 jours)	0164IPRO	5-Nov-14		Oui				200,65 \$ / jour	Voir NOTES 1, 2, 28, 32 et 42
Patient hospitalisé pour seulement 1 journée (moins de 8 heures)	0164IPDU	5-Nov-14		Oui				93,70 \$	Voir NOTES 32 et 42 Doit inclure l'heure d'admission et l'heure du congé. Seuls les frais associés à la salle d'urgence sont remboursables.
Patient hospitalisé pour seulement 1 journée (plus de 8 heures)	0164IPDO	5-Nov-14		Oui				334,35 \$	Voir NOTES 32 et 42 Doit inclure l'heure d'admission et l'heure du congé. La moitié des frais quotidiens seront remboursés.
Frais d'établissement principal									
Salle d'urgence	0155ER	5-Nov-14		Oui				93,70 \$ / jour	Voir NOTES 3, 4, 5, 32 et 42 Exception à la NOTE 3 : les frais d'établissement secondaire pour les tomodensitogrammes et les IRM peuvent être facturés avec les frais associés à la salle d'urgence.
Patient non hospitalisé	0155OP	5-Nov-14		Oui				26,75 \$ / jour	Voir NOTES 3, 5, 32, 33 et 42
Patient externe dans un lit (gardé pour observation moins de 24 heures)	0155OPB	5-Nov-14		Oui				93,70 \$ / jour	Voir NOTES 3, 5, 32 et 42

Figure 3 – Dental Coverage Benefit Grid (English)

Image of the English version of the IFHP Benefit Grid for Dental Coverage, used for the English Dental community

Treatment	Pre-Authorization Required	Criteria or Limitations
Oral Exams	NO	<ul style="list-style-type: none"> ▪ Emergency examinations are covered no more than once every six months per dental office.
X-rays	NO	<ul style="list-style-type: none"> ▪ One panoramic radiograph limited to once per lifetime. ▪ Periapical and Bitewing radiographs to a maximum of 16 radiographs per lifetime (any combination). <p>** X-rays must be clear, discernible and properly labeled. Digital X-rays are acceptable. Intraoral photographs in addition to X-rays are accepted but must be labeled with macros noted on teeth with decay. **</p>
Caries, Trauma, Pain Control	NO	
Writing or Dispensing an Emergency Prescription	NO	
Amalgam/Composite Restorations	YES	<ul style="list-style-type: none"> ▪ Covered for severely affected teeth. ▪ Incipient lesions or those not visible on an X-ray are not covered. ▪ Restorations will be paid on a continuous surface basis only. ▪ Molar teeth are limited to the cost of an equivalent bonded or non-bonded amalgam restoration.

Figure 4 – Prescription Drug Coverage Benefit Grid (English)

Image of the English version of the IFHP Benefit Grid for Prescription Drug Coverage and Additional Drug Benefits, used for the English Pharmacy community

PRESCRIPTION DRUG COVERAGE

Benefit Description	Pre-authorization Requirements	Comments
Regular Drug Benefit List (by province or territory)	See NOTES section	See NOTES 1, 2, 3, 5, 6 & 7
Limited Use, Exceptional Status, Special Authorization or Restricted Use Medications	Yes	See NOTES 2, 4 & 6

IFHP ADDITIONAL DRUG BENEFITS

SCABICIDES AND PEDICULICIDES		
Gamma-Benzene Hexachloride 1% lot	No	See NOTES 1 & 2
Gamma-Benzene Hexachloride 1% Shampoo	No	See NOTES 1 & 2
Permethrin 5% lot	No	See NOTES 1 & 2
Permethrin 1% Cr Rinse	No	See NOTES 1 & 2
Permethrin Dermal Cream 5% Cr	No	See NOTES 1 & 2
VITAMINS / MINERALS / ANTIANEMIA DRUGS		
Calcium Carbonate 500 mg tab	No	See NOTES 1 & 2
Calcium Carbonate/Vitamin D 500 mg - 125 UI and 200 UI tab	No	See NOTES 1 & 2
Calcium Carbonate/Vitamin D 500 mg - 400 UI tab; caps	No	See NOTES 1 & 2
Vitamin D 10 000 UI caps; 10 000 UI tab	No	See NOTES 1 & 2
Vitamin D 400 UI caps; 400 UI tab	No	See NOTES 1 & 2
Pre-Natal Multivitamins - Materna	No	See NOTES 1 & 2
Cyanocobalamin (B12) tab	No	See NOTES 1 & 2
Folic Acid 5 mg tab	No	See NOTES 1 & 2
Electrolyte & Dextrose Oral	No	See NOTES 1 & 2
Ferrous Sulfate Tab 300 mg to 325 mg (Fe-60 mg to	No	See NOTES 1 & 2

Figure 5 – Submitting a Claim (English)

Three screenshots of the English version of Medavie’s online portal’s claim submission pages, used for the English communities

This screenshot shows the 'Submit a Claim' page with the 'Patient Identification' and 'Claim Submission' sections expanded. The 'Patient Identification' section includes a dropdown for 'Program' (Interim Federal Health Program (IFHP)) and a text input for 'Identification Number'. A note states: 'For beneficiaries with a ten-digit UCI, please enter only the last nine digits of the UCI. Do not enter the first digit of the UCI.' The 'Claim Submission' section includes a 'Coordination of Benefits' section with a radio button for 'Does the patient have other Health Coverage?' (Yes/No), and two 'Services' sections, each with a dropdown for 'Service Description', 'Date', 'Amount', and 'Occurrences'.

This screenshot shows the 'Submit a Claim' page with the 'Documents' section expanded under 'Claim Submission'. It contains a text area with the instruction: 'You can attach documents (pdf, images, etc.) by browsing, choosing the document, and then uploading it.' Below this is a file selection input with 'Browse...' and 'Upload' buttons. At the bottom of the form are 'Cancel Claim', 'Previous Step', and 'Next Step' buttons.

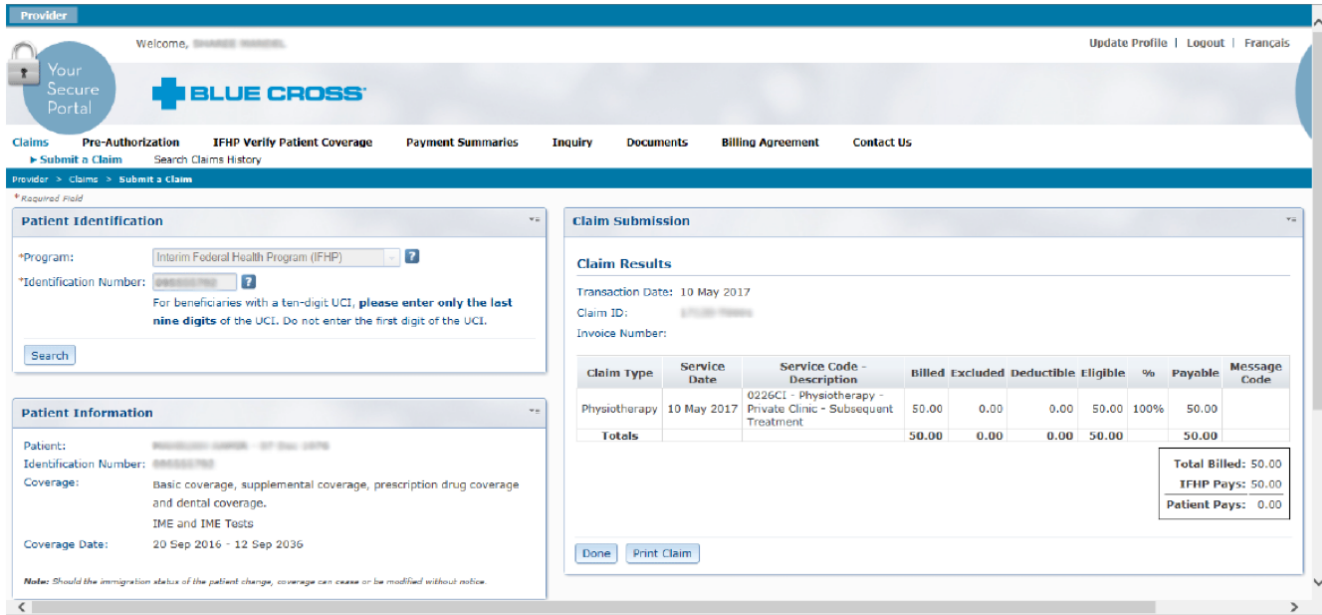
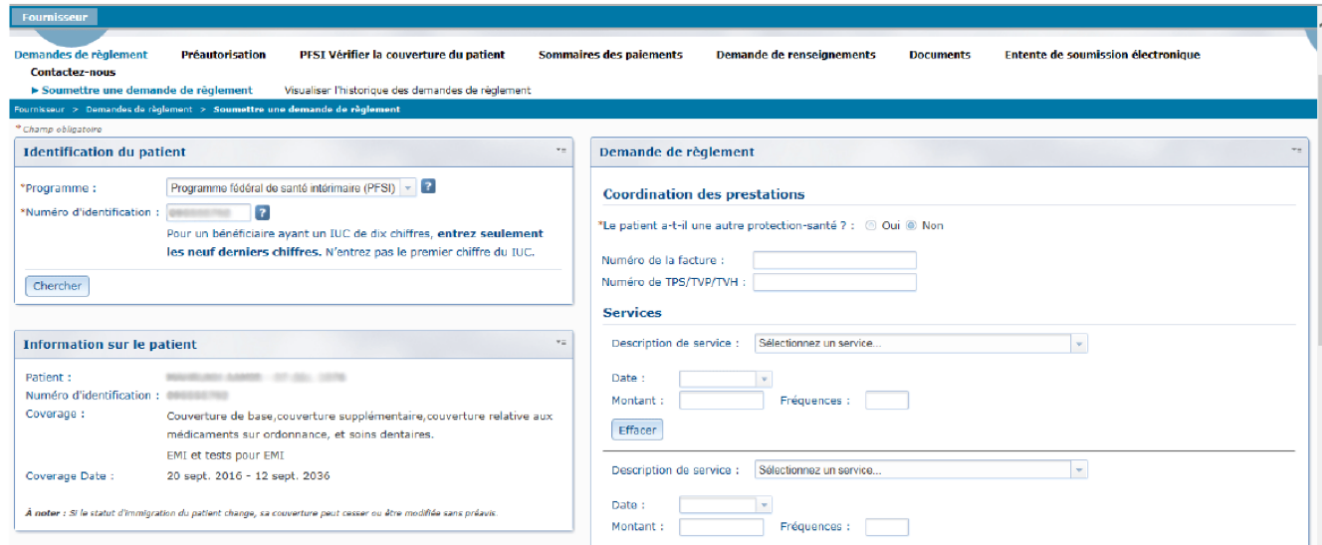


Figure 6 – Submitting a Claim (French)

Three screenshots of the French version of Medavie’s online portal’s claim submission pages, used for the French community



Fournisseur

Bienvenue [Nom] [Prénom]

Mise à jour du profil | Quitter | English

[Demandes de règlement](#)
[Préautorisation](#)
[PFSI Vérifier la couverture du patient](#)
[Sommaires des paiements](#)
[Demande de renseignements](#)
[Documents](#)
[Entente de soumission électronique](#)

Contactez-nous

► Soumettre une demande de règlement Visualiser l'historique des demandes de règlement

Fournisseur > Demandes de règlement > Soumettre une demande de règlement

* Champ obligatoire

Identification du patient

*Programme :

*Numéro d'identification :

Pour un bénéficiaire ayant un TUC de dix chiffres, **entrez seulement les neuf derniers chiffres**. N'entrez pas le premier chiffre du TUC.

Demande de règlement

Documents

Vous pouvez joindre des documents (PDF, images, etc.). Il suffit de chercher le document, le choisir et le télécharger.

Information sur le patient

Patient : [Nom] [Prénom]

Numéro d'identification : [Numéro]

Coverage : [Couverture]

Fournisseur

Demandes de règlement Préautorisation PFSI Vérifier la couverture du patient Sommaires des paiements Demande de renseignements Documents Entente de soumission électronique

Contactez-nous

► Soumettre une demande de règlement Visualiser l'historique des demandes de règlement

Fournisseur > Demandes de règlement > Soumettre une demande de règlement

* Champ obligatoire

Identification du patient

*Programme :

*Numéro d'identification :

Pour un bénéficiaire ayant un IUC de dix chiffres, **entrez seulement les neuf derniers chiffres**. N'entrez pas le premier chiffre du IUC.

Demande de règlement

Résultats de la demande de règlement

Date de la transaction : 10 mai 2017

Numéro de la demande de règlement : [Numéro]

Numéro de la facture : [Numéro]

Type de la demande de règlement	Date du service	Code du service - Description	Facturé	Exclu	Franchise	Admissible	%	Payable	Code Message
Physiothérapie	10 mai 2017	G226CI - Physiothérapie - Traitement subséquente - Dans une clinique	50,00	50,00	0,00	0,00	0%	0,00	01
Totaux			50,00	50,00	0,00	0,00		0,00	

01 PAIEMENT INADMISSIBLE. CE SERVICE A DEJA FAIT L'OBJET D'UN PAIEMENT.

Total facturé : 50,00

Le PFSI paie : 0,00

Le patient paye : 50,00

Information sur le patient

Patient : [Nom] [Prénom]

Numéro d'identification : [Numéro]

Coverage : Couverture de base, couverture supplémentaire, couverture relative aux médicaments sur ordonnance, et soins dentaires. EMI et tests pour EMI

Coverage Date : 20 sept. 2016 - 12 sept. 2036

A noter : Si le statut d'immigration du patient change, sa couverture peut cesser ou être modifiée sans préavis.