



Interim Federal Health Program Provider Survey Executive Summary

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Ce rapport est aussi disponible en français.

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).

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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
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