Veterans Affairs
Canada

Anciens Combattants
Canada

Registered Provider Satisfaction Survey on Federal Health Claims Processing Services
Final Report

Prepared for the Department of Veterans Affairs Canada

Ce rapport est aussi disponible en français.

Canada

Registered Provider Satisfaction Survey on Federal Health Claims Processing Services

Prepared for the Department of Veterans Affairs Canada
Supplier name: Earnscliffe Strategy Group
December 2020

This public opinion research report presents the results of online survey and online communities conducted by Earnscliffe Strategy Group on behalf of Department of Veterans Affairs Canada. The research was conducted in February, March, and November 2020.

Cette publication est aussi disponible en français sous le titre : Sondage sur la satisfaction des fournisseurs inscrits au sujet du service fédéral de traitement des demandes de soins de santé.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to the Department of Veterans Affairs Canada (VAC) summarizing the results of the research into registered health care providers' experiences with the Federal Health Claims Processing Services (FHCPS).

The FHCPS contract provides health benefit authorizations, claims processing services, client and provider inquiry services and related functions to support Veterans Affairs Canada (VAC) clients and serving members of the Royal Canadian Mounted Police (RCMP) and Canadian Armed Forces (CAF). Health care providers are registered with the FHCPS contractor, Medavie Inc. operating as Medavie Blue Cross (MBC), and provide health related products and/or services to these clients/members.

The specific objective of the research was to obtain feedback from FHCPS on the services involved in and aspects of claims administration, including claims processing, communication, audits, authorization, the call centre, website and the provider relations unit.

This research will help VAC, the CAF and the RCMP assess providers' perspectives of the claims processing services as well as determine which contracted services are working well and where there is room for improvement.

The total contract value of this research was $77,108.28, including HST.

Earnscliffe conducted a two-part research program. The research program began with an initial quantitative phase involving an online survey of 1,429 RCMP, CAF and VAC FHCPS health care providers. The survey was conducted online in collaboration with our quantitative sub-contractor, Léger, using lists provided by VAC. Once duplicates were removed, the list contained 19,829 providers, all of whom were invited to participate. The survey was conducted from February 20 to 26, 2020 and was an average of 10 minutes in length. Respondents could answer the survey in either French or English, based on their preference. The data has been weighted according to the distribution of providers, by provider type and province in the list provided by VAC, after removing list duplicates. Since this survey was conducted using a census approach, meaning that all eligible providers were invited to participate, results can be extrapolated to the universe of providers and no margin of error can be calculated.

The qualitative phase involved a series of two online communities with providers who had participated in the quantitative phase. During the quantitative phase, we asked respondents if they would be interested in participating in follow-up qualitative research. After pausing the project for a few months due to considerations relating to the COVID-19 pandemic, the project resumed in October 2020 at which point, respondents who had initially expressed interest in the qualitative research were re-contacted. A total of 30 providers were recruited; 15 English speakers in one community and 15 French speakers in the other. An effort was made to recruit diverse provider types and for the English community, providers from across the country. All the providers in the French community were based in Quebec. The two online communities ran from November 16 to 19, 2020. Each day, providers were required to log on and complete an activity, as well as answer questions from the moderators and engage with others in the community. Participants received an incentive of $200 as a thank you for their time.

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 in the online communities cannot be expected to be

thoroughly 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 research are presented below.

Key Findings

- Overall, providers tend to be satisfied with the claims processing services as well as with various aspects of it.
  - Responses in the quantitative portion only really vary by the degree of satisfaction. In a similar vein, dissatisfaction with almost all aspects of the services tested is very low.
  - The results of the online communities suggest there are a few improvements that, if made, could bolster satisfaction by making the user experience even faster and simpler.

- Most providers surveyed (79%) are satisfied overall with the claims processing services.
  - The qualitative research revealed that satisfaction overall is largely attributed to the timeliness with which providers receive payment, and the simplicity and ease of use of the online claims submission platform.

- Three-quarters of providers surveyed (76%) are satisfied with the registration process and this attitude extends to several aspects of the process. For example, over two-thirds of those involved in registration are satisfied with the ease of registering (71%) and the clarity of instructions (68%).

- Over two-thirds (71%) of roughly half of providers surveyed (57%) who have used it are satisfied with the pre-authorization process. Just one-in-five (20%) are dissatisfied.
  - The staff at the Medical Authorization Centre receive top marks for their professionalism (61% very satisfied and an additional 23% somewhat satisfied, for a total of 84% satisfied). Significantly fewer are very satisfied (28%) with the time it takes to receive pre-authorization, and while over half (62%) in total are satisfied, a quarter (27%) are dissatisfied. Across all aspects of services tested, this result stands out as the most negative.
  - The qualitative research did highlight a few issues providers have had with pre-authorization, and offered suggestions for improvement. Consistent with the results from the quantitative phase, the issues identified mostly had to do with perceived delays in pre-authorization. One recommendation for improving the process was that notification of approval of pre-authorization and pre-authorized payments should be sent via email.

- When it comes to the claims administration process, satisfaction is very high across a number of aspects– around half of providers are <u>very</u> satisfied with the time it takes to receive payment (48%), the clarity of payment summaries (52%) and the professionalism of the staff (52%), to name a few examples. Almost two-thirds are very satisfied with the accuracy of payments (63%).

- o That said, there were a few constructive suggestions offered over the course of the online communities to improve the process, including better information about why claims are denied, clearer information on maximum benefits, when to request a new prescription and a clearer way to see how many treatments or prescriptions have already been given.

- Almost all (85%) of those who submit claims electronically are satisfied with the electronic claims submission process, but the granular data shows that some components may be working better than others. For example, more are satisfied with the clarity of instructions (75%) than they are with the ease of finding benefit grids (62%) and the clarity of the grids (66%).
  - o Participants in the communities really appreciated being able to submit claims online. They had a few suggestions to improve the interface and data entry process, such as auto-populating information in claims, and the ability to do more without having to log in and out when switching patients or providers (for administrators who work with more than one provider).
  - o The benefit grids received more mixed reviews in the online community than in the survey. Few had actually used them. Those who had used the benefit grids found them clear. In contrast, those who had never used the benefit grids only understood some aspects and found other aspects? unclear or confusing.

- Among those who have used it, 40% are very satisfied and another 40% are somewhat satisfied with the claims resolution process. However, the online communities highlighted a few pain points with the process. A few complained about waiting a long time to reach someone by phone to resolve an issue, or getting re-directed from person to person and having to start the process from scratch each time, while others had very positive experiences.
  - o Respondents to the survey rate the staff's professionalism (87% satisfied), helpfulness (86%) and knowledge (81%) highly.
  - o Almost half (48%) of those who have had issues are very satisfied with the outcome of their claim resolution process, while a third (34%) were somewhat satisfied. Perhaps reflecting some of the complaints in the online communities, satisfaction is lower for the time it takes to resolve claim issues (69% total satisfied) and the structure of the process (68% satisfied).

- Almost all (86%) who have used the Provider Call Centre are very or somewhat satisfied with their experience.
  - o Satisfaction is quite high for a number of elements related to the staff, including their professionalism (90% very/somewhat satisfied), knowledge (84%) and ability to answer questions (83%). Satisfaction is lower when it comes to the amount of time spent on calls, but still three-quarters (76%) are at least somewhat satisfied.

- Few have participated in a Provider Audit (9%). Among that small group, 62% are satisfied with the process.
  - o Satisfaction with all aspects of Provider Audits is lower than for other components of the claims administration services, but still no more than 15% are dissatisfied with any one aspect.

o   Almost half (48%) are satisfied with the outcome of audits they have participated in. Half (51%) feel they had enough time to prepare. Fewer (36%) are satisfied with the helpfulness of the feedback they received from auditors.

Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe)
Contract Number: 51019-199001/001/CY
Contract award date: January 23, 2020

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: Date: December 11, 2020

Doug Anderson
Principal, Earnscliffe

INTRODUCTION

Earnscliffe is pleased to present this report to the Department of Veterans Affairs Canada (VAC) summarizing the results of the research into registered health care providers' experiences with the Federal Health Claims Processing Services (FHCPS).

The FHCPS contract provides health benefit authorizations, claims processing services, client and provider inquiry services and related functions to support Veterans Affairs Canada (VAC) clients and serving members of the Royal Canadian Mounted Police (RCMP) and Canadian Armed Forces (CAF). Health care providers are registered with the FHCPS contractor (Medavie Inc. operating as Medavie Blue Cross (MBC)) and provide health related products and/or services to these clients/members.

This research will help VAC, the CAF and the RCMP assess providers' perspectives of the claims processing services, determine which contracted services are working well and where there is room for improvement.

The specific objectives of the research were to obtain feedback from FHCPS on the following services:
- Claims Processing – the FHCPS contractor processes both paper and electronic claims based on the business rules provided by CAF, RCMP and VAC. This process includes tracking claims, receiving and adjudicating claims, issuing payments/statements and retaining history.
- Communication Material - MBC provides FHCPS providers with communications material on a regular basis based on material provided by CAF, RCMP, and VAC. This may include communications regarding benefit/service rate changes, benefit/service frequencies, updates to processes or any other important information that needs to be shared.
- Audit - MBC Provider Audit Group undertakes a full range of audit and investigative services for each of the three (3) departments (CAF, RCMP, VAC). This includes, system audits, financial audits, providers audit, audit control, quality control, close proximity verification, client confirmation, information management and security audits.
- Authorization Services - MBC provides authorization services related to reimbursement decisions to FHCPS providers based on rules provided by the Departments. Certain benefits/services require pre-authorization in order for clients to receive benefits from each department (CAF, RCMP, VAC).
- Provider Call Centre - MBC provides and maintains a toll-free FHCPS Provider Call Centre service. The Provider Call Centre is a first point of contact for all registered FHCPS providers. This call center can be used to check on client's eligibility for benefits and services, request authorizations and obtain other general information such as provider registration, etc.
- Website Usability - MBC's website contains a section specifically for providers. Through this portal, providers can register as a FHCPS provider, submit claims, view information such as benefit grids, bulletins, etc.
- Provider Relations - MBC created this unit to develop and maintain relationships with providers and associations.

Earnscliffe conducted a two-part research program. The research program began with an initial quantitative phase involving an online survey of 1,429 CAF, RCMP and VAC FHCPS health care providers. The survey was conducted online in collaboration with our quantitative sub-contractor, Léger, using a list provided by VAC. For this project, we used a census approach, meaning we invited the entire universe of providers, based on a list provided by VAC, to complete the survey. Once duplicates were removed, the list contained 19,829 entries. The survey was conducted from February 20 to 26, 2020 and was an average of 10 minutes in length. Respondents could answer the survey in either French or English, based on their preference. The data has been weighted according to the

distribution of providers by provider type and province, after removing list duplicates. We also set soft quotas for the survey by provider type and province, using the distribution of provider types from the list with duplicates removed (see table below). Since this survey was conducted using a census approach, meaning that all eligible providers were invited to participate, results can be extrapolated to the universe of providers. No margin of error can be calculated, as the respondents were drawn from the entire group of possible respondents, rather than a random sample.

PROVIDER CATEGORIES	De-duped list %
Ambulance	0.30%
Audiology	5%
Dental Services	2%
Hospital	2%
Individual	1%
Medical Equipment	2%
Medical Doctors	15%
Nursing Services	2%
Oxygen Equipment	1%
Paramedical Practitioner	50%
Pharmacy	11%
Vision Care	9%

PROVINCE	De-duped %
AB	14%
BC	17%
MB	4%
NB	5%
NL	2%
NS	7%
ON	32%
PE	1%
QC	15%
SK	4%
Terr	

The qualitative phase involved a series of two online communities with providers who had participated in the quantitative phase. During the quantitative phase, we asked respondents if they would be interested in participating in follow-up qualitative research. After pausing the project for a few months due to considerations relating to the pandemic, the project resumed in October 2020 at which point, respondents who had initially expressed interest in the qualitative research were re-contacted. A total of 30 providers were recruited; 15 English speakers in one community and 15 French speakers in the other. An effort was made to recruit diverse provider types and for the English community, providers from across the country. All the providers in the French community were based in Quebec. The two online communities ran from November 16 to 19, 2020. Each day, providers were required to log on and complete an activity, as well as answer questions from the moderators and engage with others in the community. Participants were offered a $200 incentive as a thank-you for their time.

The communities were hosted online using Recollective, an industry-leading research tool for developing robust insights communities and conducting online research studies of any duration and size. Recollective was developed by the Ramius Corporation (Ramius), an enterprise social software and services company. The online community allows the moderator to program a series of modules, made up of several activities, for participants to complete. The activities for this study included multiple choice questions, open-ended text responses, fill-in-the-blanks and image reviews. Once participants in this study completed all the activities in a module, they were encouraged to comment on the responses from other participants and respond to any additional questions posed by the moderator.

The online communities presented the most efficient way to generate qualitative insights for this project because it allowed us to efficiently generate input from Canadian health care providers from across the country in a forum that will allowed them to engage at a time that is convenient for them. Rather than requiring all participants to be present on a specific date at a set time, as done for a focus group, the online community gives the participants

flexibility to complete activities when they have time over the course of a day. The flexibility was an important feature of this research in order to respect the busy schedules of the health care providers and administrators who participated.

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 in the online communities cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

The detailed findings from this research are presented in subsequent sections of this report. Appended to this report are the online community and survey methodology reports, questionnaire, discussion guide, screener, and data tables (presented under a separate cover).

DETAILED FINDINGS

This report is divided into six sections of combined results from the quantitative and qualitative research: Overall Experience Submitting Claims & Satisfaction; Registration; Pre-Authorization; Claims; Provider Inquiry Call Centre; and Provider Audits.

Any differences highlighted between provider types, region, roles, the number of claims submitted and any other demographic or attitudinal breaks are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test.

Section A: Overall Experience Submitting Claims & Satisfaction

Half (50%) of the respondents to the survey have been submitting claims for 10 years or less, while a third (33%) have been submitting claims for more than 10 years. The number of claims providers surveyed report submitting varies. In 2019, a third (34%) say that they submitted 20 or less, while another third (36%) submitted 21 or more. Just under a third (30%) do not know. The providers surveyed submit claims for Veterans more often than for members of the CAF or the RCMP. Three-quarters (74%) submitted claims in 2019 for Veterans, compared to 45% who submitted for members of the CAF and 53% who submitted for members of the RCMP.

Exhibit A1: Q6 – *For how many years has your organization been submitting claims for services/products for members/clients of the CAF, the RMCP, and/or Veterans?* n=1,429

Answer category	%
2 or less	13%
3-5	19%
6-10	18%
11-15	11%
16-20	9%
Over 20	13%
Don't know/Prefer not to say	17%

Exhibit A2: Q7 – *In 2019, approximately how many claims did your organization submit for services/products to members of the CAF, the RMCP, and Veterans?* n=1,429

Answer category	%
5 or less	14%
6-10	9%
11-20	11%
21-50	15%
51-100	9%
100 or more	12%
Don't know/Prefer not to say	30%

Exhibit A3: Q8 – *In 2019, approximately how many clients did you submit claims for from each of the following categories?* n=1,429

Answer category	RCMP	CAF	Veterans
None	39%	45%	17%
1-9	32%	25%	41%

10-25	11%	8%	15%
26-50	5%	3%	7%
More than 50	5%	8%	12%
Don't know/Prefer not to say	8%	10%	8%

Overall, respondents are satisfied with the claims processing services for the services and/or products they provide to clients who are members of the CAF, the RCMP and Veterans. Over three-quarters (79%) say they are satisfied, including 42% who say they are very satisfied. Satisfaction is higher among paramedical practitioners (82%) compared to medical doctors (72%) and those who offer vision services (66%). Those who submit more than 25 claims annually are more satisfied (83%) than those who submit less than 5 (72%).

Exhibit A4: Q9 – *Overall, how satisfied are you with the claims processing services for the services/products to members/clients of the CAF, RCMP, and Veterans?* n=1,429

Answer category	%
Very satisfied	42%
Somewhat satisfied	37%
Neither	7%
Somewhat dissatisfied	8%
Very dissatisfied	5%
Don't know/Prefer not to say	2%

Qualitative Insights : Drivers of Satisfaction with the Claims Process

Results from the online communities help to explain the key drivers of satisfaction with the process. They include the speed with which payment is usually received, along with relative ease of use. Words most often used to describe the process included "easy", "accessible", "paperless", "fast" and "simple". Some described the process as "tedious" and "slow", though it is worth noting that these individuals were in the minority.

Although the qualitative research reinforced that most providers are happy with the system, when prompted the participants could think of a few areas for improvement. Most suggestions had to do with processes being made more efficient to save time or features that would make the platform more user-friendly. Some suggestions for improvement, which will be highlighted when relevant throughout this report, included:

- o   the ability to do more without having to log out and back in (e.g., managing multiple claims relating to different days, different patients and/or different providers);
- o   the ability to correct/reverse errors and resubmit without having to send a separate request);
- o   better information explaining the rationale for a denied request;
- o   clearer information on maximum benefits, when they will need to request a new prescription and a clearer way to see how many treatments or prescriptions have already been given;
- o   a payment summary page to avoid opening individual windows for each payment;
- o   avoid repetitive data input by auto-populating information in claims such as dates;
- o   integration with their electronic medical records; and
- o   a homepage for administrators that shows all the client files they manage, rather than having to search by ID number.

Section B: Registration

About half of providers surveyed (49%) registered to become a provider of services and/or products to members of the CAF, RCMP and Veterans within the last 10 years. Slightly less than two-thirds (61%) were involved in the registration process. Among those who had been involved, three-quarters (76%) are satisfied with the process. Of note, those who submitted more than 25 claims in the last year are more likely to be satisfied (83%) than those who submit 5 or fewer (66%) and 6 to 25 (71%).

Exhibit B1: Q10 – *How many years ago did you or your organization register to become a provider of services/products to members of the CAF, the RMCP, and/or Veterans?* n=1,429

Answer category	%
0	0%
1-2	13%
3-5	19%
6-10	17%
11-20	16%
Over 20	7%
Don't know/Prefer not to say	28%

Exhibit B2: Q11 – *Were you involved in the registration process?* n=1,429

Answer category	%
Yes	61%
No	36%
Don't know/Prefer not to say	4%

Exhibit B3: Q12 – *[INVOLVED IN REGISTRATION] Overall, how satisfied were you with the registration process?* n=912

Answer category	%
Very satisfied	39%
Somewhat satisfied	37%
Neither	12%
Somewhat dissatisfied	6%
Very dissatisfied	3%
Don't know/Prefer not to say	4%

Those who were involved in registration are, on balance, satisfied with the various aspects of the process. The ease of registering (71%) and the clarity of instructions (68%) have a slight edge over the clarity of the rules (66%) and the helpfulness of the information kit and other information provided after registration (62%).

Exhibit B4: Q13 – *[INVOLVED IN REGISTRATION] On each of the following criteria, to what extent are you satisfied or dissatisfied with the registration process?* n=912

Criteria	% Satisfied
The ease of registering	71%
The clarity of instructions	68%
The clarity of the rules contained in the Claims Submission Agreement for federal programs	66%
The helpfulness of the information kit and other information provided after registration	62%

Section C: Pre-Authorization

Just over half (57%) have contacted the Medical Authorization Centre for Health, Dental and/or Pharmacy pre-authorizations. Of those who have been through the pre-authorization process, 71% are satisfied. Those who provide vision services (77%) and paramedical practitioners (72%) are more likely to be satisfied than medical doctors (52%). Service providers in Ontario are more likely to be satisfied than those in Atlantic Canada (78% vs 67%).

Exhibit C1: Q14 – *Have you contacted the Medical Authorization Centre for Health, Dental and/or Pharmacy pre-authorizations?* n=1,429

Answer Category	%
Yes	57%
No	38%
Don't know/Prefer not to say	5%

Exhibit C2: Q15 – *[HAVE APPLIED FOR PRE-AUTHORIZATION] Overall, how satisfied are you with the pre-authorization process?* n=853

Answer Category	%
Very satisfied	33%
Somewhat satisfied	38%
Neither satisfied nor dissatisfied	8%
Somewhat dissatisfied	13%
Very dissatisfied	7%
Don't know/Prefer not to say	0%

When it comes to specific aspects of the pre-authorization process, respondents are particularly satisfied with the professionalism of the Medial Authorization Centre's staff. Well over half (61%) are very satisfied with the staff, while a quarter (23%) are somewhat satisfied. Fewer, though still over half overall (63%), are satisfied with the amount of time it takes to receive pre-authorization (28% strongly and 34% somewhat). Of note, administrators are a bit more likely than health care professionals to be satisfied (67% overall vs 59%).

Qualitative Insights : Pre-Authorization

Overall, participants were satisfied with the pre-authorization process, but did offer suggestions for improvement when prompted. Criticism usually had to do with perceived delays in receiving pre-authorization. For example, one participant mentioned that when they needed to make adjustments to their request, the process was often delayed. The anecdotes may help explain the slightly greater proportion in the survey who were dissatisfied with the wait time, compared to those who are dissatisfied with the process for pre-authorization overall.

Other specific complaints about the process mostly related to a perceived lack of electronic capabilities and automation, which they felt slowed the process. For example, one participant was frustrated by having to fax in information, which they viewed as time consuming and confusing. One wondered if notification of approval of pre-authorization and pre-authorized payments could be sent via email.

Exhibit C3: Q16 – *[HAVE APPLIED FOR PRE-AUTHORIZATION] The professionalism of the Medical Authorization Centre's staff - On each of the following criteria, to what extent are you satisfied or dissatisfied with the pre-authorization process?* n=853

Answer Category	%
Very satisfied	61%
Somewhat satisfied	23%

Neither satisfied nor dissatisfied	9%
Somewhat dissatisfied	3%
Very dissatisfied	2%
Don't know/Prefer not to say	2%

Exhibit C4: Q16 – *[HAVE APPLIED FOR PRE-AUTHORIZATION] Generally, the amount of time it takes to receive a pre-authorization - On each of the following criteria, to what extent are you satisfied or dissatisfied with the pre-authorization process?* n=853

Answer Category	%
Very satisfied	28%
Somewhat satisfied	34%
Neither satisfied nor dissatisfied	9%
Somewhat dissatisfied	16%
Very dissatisfied	11%
Don't know/Prefer not to say	1%

The most popular way of requesting pre-authorization is by telephone (61%), followed by electronically (46%), fax (27%) and traditional mail (14%). Those who submit the highest volume of claims, more than 25 annually, are more likely to seek pre-authorization by phone (66%) than those who submit 5 claims are less annually (45%) or 6 to 25 claims (54%). Those who submit 5 claims or less annually are more likely to use traditional mail (23%) than those who submit more than 25 (11%).

Exhibit C5: Q17 – *[HAVE APPLIED FOR PRE-AUTHORIZATION] What method do you use to request pre-authorizations?* n=853

Answer Category	%
Telephone	61%
Electronically	46%
Fax	27%
Traditional mail	14%
Don't know/Prefer not to say	1%

Section D: Claims

The vast majority are satisfied with the claims administration process. Almost half (45%) are very satisfied, while 38% are somewhat satisfied. Satisfaction with many aspects of the claim administration process is high. Almost all (86%) are satisfied with the accuracy of payments. Slightly fewer (80%) are satisfied with the ease of submitting claims and the clarity of payments (79%). About three-quarters (76%) are satisfied with the professionalism of the claims administration staff and the amount of time it takes to receive payment.

Exhibit D1: Q18 – *Do you submit claims for benefits covered under the CAF, the RCMP and/or VAC health care programs?* n=1,429

Answer Category	%
Yes	93%
No	5%
Don't know/Prefer not to say	2%

Exhibit D2: Q19 – *[SUBMIT CLAIMS] Overall, how satisfied are you with the claims administration process??* n=1,339

Answer Category	%
Very satisfied	45%
Somewhat satisfied	38%
Neither satisfied nor dissatisfied	7%
Somewhat dissatisfied	7%
Very dissatisfied	4%
Don't know/Prefer not to say	0%

Exhibit D3: Q20 – *[SUBMIT CLAIMS] On each of the following criteria, to what extent are you satisfied or dissatisfied with the claims administration services provided for the CAF, the RCMP and/or VAC health care programs?* n=1,339

Criteria	% Satisfied
The accuracy of the payments	86%
The ease of submitting a claim	80%
The clarity of the payment summaries	79%
The instructions for submitting a claim	78%
The professionalism of the claims administration staff	76%
The amount of time it takes to receive payment	76%

Over half of respondents (59%) say that they receive payment usually within 2 weeks of when a claim was submitted. Just 10% say it takes less than a week. Providers in Atlantic Canada (13%), Quebec (13%) and Ontario (11%) report receiving payment in under a week more often than those in the Prairies (1%), Alberta (6%) and BC (3%). While only 11% say payment takes more than 4 weeks, among those who submit the fewest claims (5 or less) 19% say it takes more than 4 weeks.

Of note, satisfaction with claims processing may be linked to the time in which respondents receive payment. Those who are dissatisfied with the claims submission process are more likely to report that payment takes more than 4 weeks (41%) compared to those who are satisfied (7%).

Exhibit D4: Q21 – *[SUBMIT CLAIMS] How long does it normally take to receive payment once a claim has been submitted?* n=1,339

Answer category	%
Less than a week	9%
1-2 weeks	50%
3-4 weeks	24%
More than 4 weeks	11%
Don't know/Prefer not to say	6%

The vast majority prefer to receive their statements electronically. Those who submit between 6 to 25 claims annually and more than 25 claims annually have a stronger preference for electronic statements (83% and 85%, respectively) compared to those who submit 5 or less (71%). Traditional mail is more popular among those who submit 5 or less claims annually (21%).

Exhibit D5: Q22 – *[SUBMIT CLAIMS] Do you prefer to receive your statements electronically or by traditional mail?* n=1,339

Answer category	%
Electronically	81%
Traditional mail	11%

Have no preference	8%
Don't know/Prefer not to say	1%

Payment

Over three-quarters (79%) of respondents receive payments by direct deposit. Those who submit the most claims (more than 25 annually) are even more likely to receive payments by direct deposit (86%), compared to those who submit 6 to 25 (78%) or less than five (72%). Of note, those who are satisfied with the claims processing services overall are more likely to use direct deposit compared to those who are dissatisfied (81% vs 72%).

Exhibit D6: Q23 – *Do you receive your payments by direct deposit?* n=1,339

Answer category	%
Yes	79%
No	16%
Don't know/Prefer not to say	5%

Most who do not receive direct deposit are aware that they could (77%). Worth noting, those who submit less than five claims a year are less likely to be aware (31% unaware) compared to those who submit over 25 (11%).

Exhibit D7: Q24 – *[IF DO NOT USE DIRECT DEPOSIT] Are you aware that you can register for direct deposit?* n=211

Answer category	%
Yes	77%
No	20%
Don't know/Prefer not to say	3%

Almost all submit claims for services and products rendered (87%). Among the few who charge patients directly, a quarter say they do so in order to charge the balance or copay. Fewer say the patient's coverage was exhausted (13%) or they do it for client preference/convenience (10%).

Exhibit D8: Q25 – *Do you charge patients/clients (who are members of the CAF, the RMCP, and/or Veterans) directly, or do you submit claims, or do you do both?* n=1,339

Answer category	%
Charge patients/clients	1%
Submit claims for services/products rendered	87%
Both	11%
Don't know/Prefer not to say	1%

Exhibit D9: Q26 – *[DO NOT SUBMIT CLAIMS] Can you briefly explain why you charge patients/clients (who are members of the CAF, the RMCP, and/or Veterans) directly?* n=140

Answer category	%
Charge the remaining balance/ copay	27%
Service provided was not covered/ coverage exhausted	13%
Client preference/convenience (to pay directly, to pay and be reimbursed later, etc.)	10%
Billing system in place (charge first, reimburse later/ can't bill directly to insurer)	9%
Patient doesn't provide proper information or authorization number/ authorized amounts are not shown	8%
Online claims issues (e.g., site down)	6%
Too long of a delay to receive authorization of reclamation	5%

Patients are starting treatment before pre-authorization/ patient doesn't have a valid medical doctor's referral	4%
Insurer doesn't pay enough/ insurer does not pay service up to its true value	3%
To avoid administrative work/ too much administrative work	2%
Not aware that person is member of CAF/RCMP/Veterans/ not sure if person is covered	2%
Person not aware she may be available for coverage	2%
Claim goes pending	2%
Difficulty of getting approval for treatment	2%
Claims submission process is too complex/ it's simpler this way	2%
Insurer pays less than billed/ problems managing billing problems	2%
Other	3%
Don't know/ Prefer not to say/ no answer	20%

Qualitative Insights : Payment

It is worth noting that participants were very pleased with the speed with which they receive payments. When asked to describe claims administration, several chose the words "quick" or "fast payment". However, the findings from the online community point to a few areas of improvement related to payments. When participants were asked which information they lacked throughout the entire claims administration process, most of their responses had to do with payments. For example, they would like to know approximate payment dates for each claim. They would also appreciate notifications when there are payment errors, or payments are refused. Notification of fee changes would also be helpful.

Electronic Claim Submission

Almost all (88%) use electronic claims submissions tools. Medical doctors are slightly less likely to use electronic tools (79%) compared to paramedical practitioners (92%) and audiologists (89%). The few who do not use the electronic claims submission tools have varied reasons for not doing so. About one in five (19%) say they don't use the electronic tools because they do not know about it. Fewer say it is not available to them (11%), that they had poor instructions (10%) or that it was too complicated (10%).

Exhibit D10: Q27 – *Do you use electronic claims submissions tools?* n=1,339

Answer category	%
Yes	88%
No	8%
Don't know/Prefer not to say	5%

Exhibit D11: Q28 – *[IF DO NOT SUBMIT ELECTRONICALLY] Why do you not use electronic claims submissions tools?* n=98

Answer category	%
Did not know about it / did not know it was possible	19%
Not available for this insurer / not available in my case	11%
Poor instructions / confusing / lack of information	10%
Too complicated / more efficient to submit another way (centralized database, error-checking, etc.)	10%
I use/prefer another way (fax, mail, giving them directly to staff, etc.)	10%
No use for them / don't need them	4%
Not user friendly / very difficult	4%

Need for paper methods (requirement by insurer, patient needs)	3%
No access to necessary equipment / software	3%
Does not allow for billing of modifiers / not allowed to attach supporting documents	3%
Claims take too long to receive payments / no notifications for payments	3%
Claims more often don't go through with this method / it doesn't work	2%
We partially use it (depends on the care provided)	2%
Other	4%
Don't know / Prefer not to say / no answer	24%

Over half (56%) use electronic claims submission tools 26 times or more in the last two years. Very few (5%) say they use it only once or twice. Of note, administrators are more likely to have used electronic tools over 100 times than health professionals (35% vs 24%).

Exhibit D12: Q29 – *[IF SUBMIT CLAIMS ELECTRONICALLY] In the past two years, how many times would you estimate you used electronic claims submission tools?* n=1,272

Answer category	%
Once or twice	5%
3-25 times	32%
26-100 times	27%
More than 100 times	29%
Don't know/Prefer not to say	7%

Almost half (48%) who submit claims electronically are very satisfied with the process. Over a third (37%) are somewhat satisfied. Over half are satisfied with each element of the electronic claims submission. Those that get the highest ratings are how easy it is to use (78%) and the clarity of the instructions (75%). Slightly fewer are satisfied with how easy it is to find the information you need (69%), with the clarity of the benefit grids (66%) and the ease of finding the grids (62%).

Qualitative Insights : Electronic Claims Submission

It is worth noting that participants in the online communities greatly appreciated that most, if not all, of their claims submission work could be completed online. As one participant explained, the website is fairly intuitive, "We find the portal easy to use. The fill in the blanks are great. Knowing what is covered immediately is helpful. Very rarely are there website problems which we also appreciate in the course of a busy day!". Overall, the data entry process was deemed simple enough. Participants generally appreciated its simplicity and logic, and the accuracy, and instant visibility of information. One noted that when having a problem, the help line staff was patient and helpful.

However, as noted earlier, participants' satisfaction could likely be boosted by small tweaks to the platform that save them time. Notably, they mention the ability to manage multiple client files without having to log in and out, a payment summary page that shows all the claims and payments for their clients, rather than opening individual windows for each one, and auto populating information such as dates. One participant summed up the ways in which the platform could be made more efficient, stating:

> *"I would like to see the portal response time quicker. I would like to be able to change practitioner without having to sign into a new practitioner to submit for same patient. I would like to be able to submit to multiple days without having to input the same info… using a calendar option would be*

> *helpful. It would be less time consuming if we could reverse errors without having to send a request to reverse."*

As this participant outlined, integration with other systems (calendars, electronic medical records, etc.) and easier troubleshooting would be welcome changes.

As with the survey, most participants in the online communities felt the Provider Portal was easy enough to figure out. That said, most had learned how to use the platform by trial and error, and did not seem to have been provided with much instruction. Few had ever seen the Provider Guide or knew it existed. Some wished they had known about it when they began submitting claims. Participants felt the Provider Guide was easy to use and clear and offered useful information, such as deadlines, the meaning of codes, who to contact for help, and information on provider registration. While some felt the little information they had been provided with at the outset of their experience with the system was sufficient, a few felt that an initial "walk-through" of the process from a representative to new users would be helpful, as would email bulletins explaining any changes to the system and process.

Finally, while over half of respondents in the survey say the benefit grids are clear and easy to use, the qualitative research offers a bit more? detail on how often providers use them and how they understand them. Notably, few claimed to have used the benefit grids, and most were seeing them for the first time in the online community. Those who have used them found them easy to understand, while those who were not familiar with them had difficulty understanding certain aspects, including the date format (Year/Month/Day vs Year/Day/Month) and whether pre-authorization for groups A and B is required. Some understood what the "Limit" heading meant and found it useful, while some were unsure of its meaning. Several mentioned that they found the Notes section difficult to read because all the text is in capital letters. However, participants also found some information useful, including the description of the benefit, the benefit codes, the frequency, and whether or not a prescription or referral is required.

Exhibit D13: Q30 – *[IF SUBMIT CLAIMS ELECTRONICALLY] Overall, to what extent were you satisfied or dissatisfied with electronic claims submissions?* n=1,272

Answer category	%
Very satisfied	48%
Somewhat satisfied	37%
Neither satisfied nor dissatisfied	6%
Somewhat dissatisfied	5%
Very dissatisfied	2%
Don't know/Prefer not to say	2%

Exhibit D14: Q31 – *[IF SUBMIT CLAIMS ELECTRONICALLY & DID NOT SAY "NOT APPLICABLE"] With regards to your experience(s) with electronic claims submissions, to what extent were you satisfied or dissatisfied with each of the following?* n=1,272

Aspect of electronic submission	% Satisfied
How easy was it to use	78%
The clarity of the instructions	75%
How easy it was to find the information you needed	69%
The clarity of the benefit grids	66%
The ease of finding the benefit grids	62%

Claim Resolution Process

Over half (59%) have had to resolve claims issues in the past 24 months. Of that group, half say they have issues only rarely (49%), while 40% say they sometimes have issues. Very few say they frequently have issues (10%).

Exhibit D15: Q32 – *In the past 24 months, have you contacted the Provider Inquiry Call Centre to resolve an issue related to one or more of your claims?* n=1,429

Answer category	%
Yes	59%
No	36%
Don't know/Prefer not to say	5%

Exhibit D16: Q33 – *[IF HAD CLAIMS ISSUES] How often in the past 24 months did you have issues with claims?* n=866

Answer category	%
Rarely	49%
Sometimes	40%
Frequently	10%
Don't know/Prefer not to say	1%

Almost all (80%) are very or somewhat satisfied with the overall claims resolution process, including 40% who are very satisfied. Health care practitioners are slightly more likely to be dissatisfied compared to administrators (14% vs 9%).

The staff involved in the claims resolution process receive particularly high ratings in terms of participants' satisfaction with the service they provide. Well over three-quarters say they are satisfied with the professionalism with which their issue was handled (87%), the helpfulness of the staff (87%), and the staff's knowledge (81%). Of note, over three-quarters are also satisfied with the outcome (82%), including almost half (48%) who say they are very satisfied. Medical doctors are less likely to be satisfied (67%) compared to audiologists and paramedical practitioners (both 91% satisfied).

Three-quarters (75%) are satisfied with the level of information provided about the resolution, including 41% who are very satisfied. Similarly, just shy of three-quarters (73%) are also satisfied with how easily their issue was resolved, including 41% who are very satisfied.

Fewer are satisfied with the length of time it takes to get a claim resolved (69%) and how the process is structured (68%), but still over two-thirds are satisfied.

Almost all (93%) are satisfied with their ability to interact in their preferred language, and there are no statistically significant differences between French and English participants.

Qualitative Insights : Claims Resolution

While the quantitative research demonstrates that overall, the claims resolution process is satisfactory, the qualitative component uncovered a few pain points to address. Some participants had very positive experiences with claims resolution, while others had complaints. A few complained about waiting a long time to reach someone by phone to resolve an issue, or getting re-directed from person to person and having to start the process from scratch each time. On the other hand, some say that the people they spoke to in order to resolve their issues were incredibly helpful, and the process did not take too long.

Exhibit D17: Q34 – *[IF HAD CLAIMS ISSUES] To what extent were you satisfied or dissatisfied with the overall claim resolution process?* n=866

Answer category	%
Very satisfied	40%
Somewhat satisfied	40%
Neither satisfied nor dissatisfied	8%
Somewhat dissatisfied	8%
Very dissatisfied	3%
Don't know/Prefer not to say	1%

Exhibit D18: Q35 – *[IF HAD CLAIMS ISSUES] With regards to your experience with the claim resolution process, to what extent were you satisfied or dissatisfied with each of the following?* n=866

Aspect of the claims resolution process	%
Your ability to interact in your preferred language	93%
The professionalism with which it was handled	87%
The helpfulness of staff	87%
The outcome	82%
The knowledge of staff	81%
The level of information provided on the resolution	75%
How easily it was resolved	73%
The length of time it took to get resolved	69%
How the claim resolution process is structured	68%

Section E: Provider Inquiry Call Centre

Two-thirds (63%) have used the Provider Inquiry Call Centre. A third say they've used it once or twice (32%), while another third have used it three times or more (31%). Administrators are slightly more likely to have called than medical practitioners (69% vs 60%).

Almost half (47%) who have used it are very satisfied with the Provider Inquiry Call Centre. Well over a third (39%) are somewhat satisfied. Satisfaction is a bit higher among paramedical practitioners (87%), audiologists (91%) and pharmacists (96%) compared to vision care providers (73%) and medical doctors (80%).

Again, the staff receive high ratings for their professionalism (90%), knowledge (84%), the information they provide (81%) and ability to answer questions (81%). Slightly fewer are happy with the amount of time they spent on calls (77%) and ability to obtain a resolution the first time they called (77%), but still satisfaction is widespread. Almost all (92%) are satisfied with their ability to be served in the language of their choice.

Exhibit E1: Q36 – *In the past two years, how many times would you estimate you called the Provider Inquiry Call Centre with a general question relating to a service/product for a member of the CAF, the RCMP and/or Veterans?* n=1,429

Answer category	%
Have not called Provider Inquiry Call Centre for this reason in the past two years	30%
Once or twice	32%
3-25 times	28%
26-100 times	3%
More than 100 times	1%
Don't know/Prefer not to say	7%

Exhibit E2: Q37 – *[IF CALLED] Overall, are you satisfied or dissatisfied with the Provider Inquiry Call Centre?* n=923

Answer category	%
Very satisfied	47%
Somewhat satisfied	39%
Neither satisfied nor dissatisfied	8%
Somewhat dissatisfied	4%
Very dissatisfied	2%
Don't know/Prefer not to say	1%

Exhibit E3: Q38 – *[IF CALLED] Overall, are you satisfied or dissatisfied with the Provider Inquiry Call Centre?* n=923

Aspects of the Call Centre Experience	% Satisfied
The ability to be served in the language of your choice	92%
The professionalism with which call was handled	90%
How knowledgeable the staff are	84%
The outcome	81%
The ability of the staff to answer your questions	81%
The level of information provided by the staff	81%
The amount of time on the call	77%
Obtaining a resolution the first time you called	77%

Section F: Provider Audits

Few (9%) have been audited for claims related to services/products to members of the CAF, the RCMP and/or Veterans. Half (51%) of those who have been audited say they receive written correspondence for each audit, while 12% say they sometimes receive written correspondence, and a quarter (23%) say they never have. Health care professionals are more likely to say they have never received written correspondence about an audit (35%) compared to administrators (9%).

Among the few who have been audited, just under a third say they are either very (31%) or somewhat (31%) satisfied. One-in-five (20%) are neither satisfied, nor dissatisfied. Just 10% are very dissatisfied with the audit process, though this proportion is higher among medical professionals (17%) than among administrators (5%).

Satisfaction with aspects of the audit process is overall lower than for other services, but outright dissatisfaction is small – no more than 15% are dissatisfied with any one aspect. About half are satisfied with the preparation time allotted (51%) and the clarity of the information provided (51%), the outcome (48%) and the fairness of the process (47%). Under half were satisfied with the helpfulness of the feedback from auditors (44%) and how the issue resolution process is structured (45%).

Qualitative Insights : Audits

While only a few participants had been audited, their feedback helps to detail parts of the process that work well, and where there may be room for improvement. They described the auditors and the process as quite professional. Some said the process and requested documentation (in one pharmacist's case, a copy of a mixture ingredients, cost, lot number, and expiry dates for compounds) was easy to submit. Another participant felt it took a long time for them to pull together all the relevant information.

Exhibit F1: Q39 – *Have you been audited for claims related to services/products to members of the CAF, the RCMP and/or Veterans in the last 3 years?* n=1,429

Answer category	%
Yes	9%
No	74%
Don't know/Prefer not to say	18%

Exhibit F2: Q40 – *[IF AUDITED] To what extent were you satisfied or dissatisfied with the provider audit process?* n=120

Answer category	%
Very satisfied	31%
Somewhat satisfied	31%
Neither satisfied nor dissatisfied	20%
Somewhat dissatisfied	4%
Very dissatisfied	10%
Don't know/Prefer not to say	5%

Exhibit F3: Q41 – *[IF AUDITED] Did you receive written correspondence regarding the audit(s)?* n=120

Answer category	%
Never	23%
Sometimes, but not for every audit	12%
Yes, for every audit	51%
Don't know/Prefer not to say	15%

Exhibit F4: Q42 – *[IF AUDITED] With regards to your experience(s) with the provider audit process, to what extent were you satisfied or dissatisfied with each of the following?* n=923

Aspects of the Audit Process	% Satisfied
The preparation time allotted	51%
The clarity of the information provided	51%
The outcome	48%
The fairness of the process	47%
How the issue resolution process was structured	45%
The helpfulness of the feedback from the auditors	44%

CONCLUSIONS

Overall, the findings of the research indicate health care providers are generally quite satisfied with the claims administration services and process. The vast majority of providers are satisfied with almost all aspects of the process, from pre-authorization (71% satisfied), to the electronic claims submission tools (85%), to resolving claims issues (80%). The qualitative research identified some probable key drivers of this widespread satisfaction, including the speed with which payment is received, the overall perceived simplicity of the platform, and that almost everything related to claims administration can be done online. The platform and submission process were deemed simple and logical, and providers did not have a hard time finding the information they needed, for the most part.

While most are satisfied with the claims administration process overall, suggestions were offered for ways to make satisfaction even higher and improve the user experience for providers. As noted in this report, anything that can be done to eliminate repetitive data entry or simplify record-keeping could further boost satisfaction. The ability to more easily correct errors, maintain a centralized list of all the patients for whom administrators submit claims, and auto-populate information, such as dates, or information about recurring prescriptions, would be welcome changes.

The speed with which payments are received is, as mentioned earlier, an important driver of positive impressions. Those who spend less time waiting for payment are more satisfied with the process overall, and participants in the online communities often mentioned that they appreciated quick payments. However, participants did have suggestions to improve the payment process, which should be noted, given the importance of fast payment to administrators overall. The suggestions included approximate payment dates, direct notification of payment errors or delays, and notification of fee changes.

Finally, there may be opportunities to bolster satisfaction with both the pre-authorization and claims resolutions processes. Though the majority are satisfied with both, participants in the qualitative research could easily suggest improvements. For pre-authorization, these included notifying administrators of pre-authorization approval or rejection by email. When it comes to claims resolution, though over half of providers surveyed were satisfied with the outcome and process, some in the community were frustrated when they had to wait a long time on the phone to resolve their issue. Reducing wait times may be important to some.

APPENDIX A: SURVEY METHODOLOGY REPORT

Survey Methodology

Earnscliffe Strategy Group's overall approach for this study was to conduct an online survey of 1,429 providers who submit claims for members of the CAF, RCMP and Veterans, using Leger's online survey platform. The providers included health care professionals and administrators who submit claims. 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 VAC and provided for fielding to Léger. 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 to ensure the appropriate quotas were achieved and to ensure sufficient that the sample reflected the distribution of providers by type across the country. The list of 28,581 providers was provided by VAC to Earnscliffe. Once duplicate email addresses were removed, the list contained 19,829 entries. Due to the finite universe of providers, instead of a random probability sample, we used a census approach (inviting all potential respondents in the universe) in order to achieve the desired sample size. Since all providers on the list provided by VAC were invited, the results can be extrapolated to the universe of providers.

Data Collection

The survey was conducted in English and French from February 20 to 26, 2020. The survey was undertaken by Léger's online survey platform. In total, 1,429 interviews were conducted online.

Targets/Weighting

We set quotas by provider type and region based on the distribution of providers in the list provided by VAC, once duplicates were removed. The data was weighted by region and provider type.

Provider Categories	De-duped %
Ambulance	0.30%
Audiology	5%
Dental Services	2%
Hospital	2%
Individual	1%
Medical Equipment	2%
Medical Doctors	15%
Nursing Services	2%
Oxygen Equipment	1%
Paramedical Practitioner	50%
Pharmacy	11%
Vision Care	9%
TOTAL	100%

PROVINCE	De-duped %
AB	14%
BC	17%
MB	4%
NB	5%
NL	2%
NS	7%
ON	32%
PE	1%
QC	15%
SK	4%
Terr	-

Reporting

Bolded results in the tables presented in this report (under a separate cover) indicate that the difference between the demographic groups analysed are significantly higher than results found in other columns in the table. In the text of the report, unless otherwise noted, demographic differences highlighted are statistically significant at the 95% confidence level. Any differences highlighted in the body of the report between provider types, region, roles, and the number of claims submitted are also statistically significant. The statistical test used to determine the significance of the results was the Z-test.

Quality Controls

Léger 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 - ONLINE

A total of 1,559 individuals entered the online survey, of which 1,429 qualified as eligible and completed the survey. The response rate for this survey was 7.21%.

Total Entered Survey	1559
Completed	1429
Not Qualified/Screen out	1
Over quota	-
Suspend/Drop-off	129
Unresolved (U)	**18270**
Email invitation bounce-backs	1513
Email invitations unanswered	16757
In-scope - Non-responding (IS)	**129**
Non-response from eligible respondents	N/A
Respondent refusals	N/A
Language problem	N/A
Selected respondent not available	N/A
Qualified respondent break-off	129
In-scope - Responding units (R)	**1430**
Completed surveys disqualified – quota filled	0
Completed surveys disqualified – other reasons	1
Completed surveys	1429
Response Rate = R/(U+IS+R)	**7.21%**

NONRESPONSE

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. Reminder emails were sent to encourage participation.

In the case of a census approach, as with this study, all members of the known universe of organizations that provide FHCPS services were given the opportunity to participate. As the tables below show, there was a tendency for paramedical practitioners to respond, while a lower proportion of pharmacy providers and medical doctors participated. Residents of Quebec were proportionally more likely to

respond than providers in Ontario. To reduce the potential impact of non-response, weighting was applied to the final data.

SAMPLE PROFILE: UNWEIGHTED VS. WEIGHTED DISTRIBUTIONS

Regional sample profile: unweighted vs. weighted distributions

	De-Duped Sample*	Unweighted Sample	Weighted Sample
BC	17%	17%	17%
AB	14%	14%	14%
SK	4%	4%	4%
MB	4%	3%	4%
ON	32%	27%	32%
QC	15%	20%	15%
NB	5%	6%	5%
NL	2%	2%	2%
NS	7%	7%	7%
PE	1%	<1%	1%

*Refers to the list of providers after duplicate emails, entries etc. were removed.

Provider type sample profile: unweighted vs. weighted distributions

	De-Duped Sample*	Unweighted Sample	Weighted Sample
Ambulance	0.30%	<1%	<1%
Audiology	5%	6%	5%
Dental Services	2%	2%	2%
Hospital	2%	2%	2%
Individual	1%	3%	1%
Medical Equipment	2%	2%	2%
Medical Doctors	15%	11%	15%
Nursing Services	2%	3%	2%
Oxygen Equipment	1%	1%	1%
Paramedical Practitioner	50%	61%	50%
Pharmacy	11%	3%	11%
Vision Care	9%	6%	9%

*Refers to the list of providers after duplicate emails, entries etc. were removed.

MARGIN OF ERROR

Since the entire universe of FHCPS health care provider offices (19,829) 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.

SURVEY DURATION

The median survey duration was 10 minutes.

APPENDIX B: SURVEY QUESTIONNAIRE

Survey Introduction

Hello/Bonjour

le message en français suit ci-dessous

The Government of Canada is conducting a survey to better understand the processes and experiences of health-care providers who submit health care claims for services/products for the Canadian Armed Forces (CAF), the Royal Canadian Mounted Police (RCMP), and Veterans Affairs Canada (VAC) respective health-care programs.

As you may be aware, CAF, RCMP and VAC offer health-care programs for their respective eligible members/clients. These members/clients receive services/products under these programs from approved health-care providers. CAF, RCMP and VAC define the program eligibility, business rules and related functions for claims processing. Medavie Blue Cross is contracted by CAF, RCMP and VAC to act as the claims administrator for the claims processing services for these health-care programs. Medavie Blue Cross follows the rules provided by CAF, RCMP and VAC.

We are inviting you to participate in a short survey that will take approximately 15 minutes to complete. It is to be completed by the person in your organization with the most knowledge/interaction related to claims processing services administered by Medavie Blue Cross. If that is not you, kindly forward this invitation to the appropriate individual. 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 contracted by Veterans Affairs Canada to administer this survey. Leger has been subcontracted by Earnscliffe Strategy Group to conduct the online survey.

To view Leger's privacy policy, click here.

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 March 6, 2020.

Thank you for taking the time to complete this survey.

[FRENCH]

Bilingual Landing Page:

Welcome and thank you for your interest in this survey. The purpose of this survey is to gather information about the processes and experiences of health-care providers who submit health care claims for services/products for the Canadian Armed Forces (CAF), the Royal Canadian Mounted Police (RCMP), and Veterans Affairs Canada (VAC) respective health-care programs.

As you may be aware, CAF, RCMP and VAC offer health-care programs for their respective eligible members/clients. These members/clients receive services/products under these programs from approved health-care providers. CAF, RCMP and VAC define the program eligibility, business rules and related functions for claims processing. Medavie Blue Cross is contracted by CAF, RCMP and VAC to act as the claims administrator for the claims processing services for these health-care programs. Medavie Blue Cross follows the rules provided by CAF, RCMP and VAC.

The survey takes approximately 15 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.

The information you provide will be administered according to the requirements of the Privacy Act, the Access to Information Act and any other pertinent legislation.

What happens after the online survey?
The final report written by Earnscliffe Strategy Group will be available to the public from Library and Archives Canada (http://www.bac-lac.gc.ca/).

Earnscliffe Strategy Group has been contracted by Veterans Affairs Canada to administer this survey. Leger has been subcontracted by Earnscliffe Strategy Group to conduct the online survey.

To view Leger's privacy policy, click here.

If you have any questions about the survey and/or its authenticity, you may contact Earnscliffe at research@earnscliffe.ca.

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 "Continue" at the bottom of the page to begin the survey.
[FRENCH]
Demographic Screening Questions

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

    English   1
    French   2

2. Which of the following best describes your role? [SELECT ALL THAT APPLY]

I am a health care professional who provides services/products to members of the CAF, the RCMP and/or Veterans.   1
I am an administrator who submits claims on behalf of one or more health care professionals who provide(s) services to members of the CAF, the RMCP, and/or Veterans.   2
Other (please specify): _____   96

3. Please choose the type of service/product(s) you or your organization provide(s) to members of the CAF, the RMCP, and/or VAC. [SELECT ALL THAT APPLY]

Aids for Daily Living [ROLLOVER: devices designed to assist in activities with everyday tasks)   1
Ambulance Services [ROLLOVER: required for an emergency situation or a specified medical condition]
                                                                                                                                                          2
Audio (Hearing) [ROLLOVER: equipment and accessories related to hearing impairment]   3
Dentistry Services   4
Hospital [ROLLOVER: treatment services in an acute care, chronic care or rehabilitative care hospital] 5
Physician Services [ROLLOVER: services provided by a licensed physician]   6
Medical Supplies [ROLLOVER: medical and surgical equipment and supplies normally used by an individual in a non-hospital setting]   7
Nursing Services [ROLLOVER: services generally include Nursing assessments, foot care, and home visits]
                                                                                                                                                          8
Oxygen Supplies [ROLLOVER: oxygen and accessories as well as respiratory equipment and supplies]   9
Pharmacies   10
Prosthetics and Orthotics [ROLLOVER: prostheses, orthoses, accessories, and repairs and maintenance]
                                                                                                                                                         11
Health Services [ROLLOVER: services provided by health professionals such as Physiotherapy, chiropractic, etc.)]   12
Special Equipment [ROLLOVER: equipment for the care of eligible clients/members wheelchairs, walkers, ramps, etc.)   13
Vision [ROLLOVER: eye examinations, lenses, frames and accessories to correct sight impairments]
                                                                                                                                                         14
Other (SPECIFY)   98
Prefer not to say [TERMINATE]   99

4. In which province(s) and/or territory(ies) are you located? Please select all that apply.

Newfoundland and Labrador   1
Nova Scotia   2
Prince Edward Island   3
New Brunswick   4
Quebec   5
Ontario   6
Manitoba   7

Saskatchewan	8
Alberta	9
British Columbia	10
Yukon	11
Nunavut	12
Northwest Territories	13
Prefer not to say [TERMINATE]	99

5. In which type of community or communities do you or your organization provide services/products to members of the CAF, the RMCP, and/or Veterans? Please select all that apply.

Urban	1
Rural	2
Remote	3
Prefer not to say [TERMINEZ]	99

Thank you, let's begin the survey.

Experience

This section includes a series of questions about you or your organization's experience submitting claims for products/services for the CAF, the RCMP and VAC health care programs.

6. For how many years has your organization been submitting claims for services/products for members/clients of the CAF, the RMCP, and/or Veterans?

    [NUMERIC ENTRY]
    Don't know/Prefer not to say

7. In 2019, approximately how many claims did your organization submit for services/products to members of the CAF, the RMCP, and Veterans?

    [NUMERIC ENTRY]
    Don't know/Prefer not to say

8. In 2019, approximately how many clients did you submit claims for from each of the following categories?

 a) RCMP members
 b) CAF members
 c) Veterans

None	0
1-9	1
10-25	2

26-50	3
More than 50	4
Don't know/Prefer not to say	9

9. Overall, how satisfied are you with the claims processing services for the services/products to members/clients of the CAF, the RCMP and Veterans?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

Registration

The next few questions are about the registration process to become a provider of services/products to members of the CAF, the RMCP, or Veterans.

10. How many years ago did you or your organization register to become a provider of services/products to members of the CAF, the RMCP, and/or Veterans?

[NUMERIC IN YEARS]	
Don't know/Prefer not to say	99

11. Were you involved in the registration process?

Yes	1
No	2
Don't know/Prefer not to say	9

12. [IF INVOLVED IN REGISTRATION] Overall, how satisfied were you with the registration process?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

13. On each of the following criteria, to what extent are you satisfied or dissatisfied with the registration process? [RANDOMIZE]

a) The helpfulness of the information kit and other information provided after registration
b) The clarity of instructions

c) The ease of registering
d) The clarity of the rules contained in the Claims Submission Agreement for federal programs

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
NOT APPLICABLE TO MY EXPERIENCE	8
Don't know/Prefer not to say	9

Authorization Services

The next few questions are about the process to obtain a pre-authorization from the Medical Authorization Centre for services/products for members of the CAF, the RMCP, and/or Veterans.

14. Have you contacted the Medical Authorization Centre for Health, Dental and/or Pharmacy pre-authorizations?

Yes	1
No	2
Don't know/Prefer not to say	9

15. [IF USED PRE-AUTHORIZATION] Overall, how satisfied are you with the pre-authorization process?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

16. [IF USED PRE-AUTHORIZATION] On each of the following criteria, to what extent are you satisfied or dissatisfied with the pre-authorization process? [RANDOMIZE]

a) The professionalism of the Medical Authorization Centre's staff
b) Generally, the amount of time it takes to receive a pre-authorization

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

17. [IF USED PRE-AUTHORIZATION] What method do you use to request pre-authorizations? Click all that apply

Electronically	1
Traditional mail	2
Telephone	3
Fax	4
Don't know/Prefer not to say	9

Claims

The next few questions are about the claims administration process for services/products provided to members of the CAF, the RMCP, and/or Veterans.

18. Do you submit claims for benefits covered under the CAF, the RCMP and/or VAC health care programs?

Yes	1
No	2
Don't know/Prefer not to say	9

19. [IF SUBMIT CLAIMS] Overall, how satisfied are you with the claims administration process?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

20. [IF SUBMIT CLAIMS] On each of the following criteria, to what extent are you satisfied or dissatisfied with the claims administration services provided for the CAF, the RCMP and/or VAC health care programs? [RANDOMIZE]

a) The professionalism of the claims administration staff
b) The amount of time it takes to receive payment
c) The accuracy of the payments
d) The instructions for submitting a claim
e) The ease of submitting a claim
f) The clarity of the payment summaries

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4

Very dissatisfied	5
Don't know/Prefer not to say	9

21. [IF SUBMIT CLAIMS] How long does it normally take to receive payment once a claim has been submitted?

Less than a week	1
1-2 weeks	2
3-4 weeks	3
More than 4 weeks	4
Don't know/Prefer not to say	9

22. [IF SUBMIT CLAIMS] Do you prefer to receive your statements electronically or by traditional mail?

Electronically	1
Traditional mail	2
Have no preference	3
Don't know/Prefer not to say	9

23. [IF SUBMIT CLAIMS] Do you receive your payments by direct deposit?

Yes	1
No	2
Don't know/Prefer not to say	9

24. [IF NOT REGISTERED FOR DIRECT DEPOSIT] Are you aware that you can register for direct deposit?

Yes	1
No	2
Don't know/Prefer not to say	9

25. [IF SUBMIT CLAIMS] Do you charge patients/clients (who are members of the CAF, the RMCP, and/or Veterans) directly, or do you submit claims, or do you do both?

Charge patients/clients	1
Submit claims for services/products rendered	2
Both	3
Don't know/Prefer not to say	9

26. [IF CHARGE OR BOTH] Can you briefly explain why you charge patients/clients (who are members of the CAF, the RMCP, and/or Veterans) directly? [OPEN-END] Note: Do not provide any personally identifiable information in the textbox below.

      Prefer not to say

27. Do you use electronic claims submissions tools?

Yes	1
No	2
Don't know/Prefer not to say	9

28. [IF NO] Why do you not use electronic claims submissions tools? [OPEN END] Note: Do not provide any personally identifiable information in the textbox below.

Don't know/Prefer not to say	99

29. [IF YES] In the past two years, how many times would you estimate you used electronic claims submission tools?

Once or twice	1
3-25 times	2
26-100 times	3
More than 100 times	4
Don't know/Prefer not to say	9

30. [IF YES] Overall, to what extent were you satisfied or dissatisfied with electronic claims submissions?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

31. [IF YES] With regards to your experience(s) with electronic claims submissions, to what extent were you satisfied or dissatisfied with each of the following? [RANDOMIZE]

a) How easy was it to use
b) The clarity of the instructions
c) How easy it was to find the information you needed
d) The ease of finding the benefit grids
e) The clarity of the benefit grids

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5

NOT APPLICABLE TO MY EXPERIENCE   8
Don't know/Prefer not to say   9

32. In the past 24 months, have you contacted the Provider Inquiry Call Centre to resolve an issue related to one or more of your claims?

Yes   1
No   2
Don't know/Prefer not to say   9

33. [IF YES] How often in the past 24 months did you have issues with claims?

Rarely   1
Sometimes   2
Frequently   3
Don't know/Prefer not to say   9

34. [IF YES] To what extent were you satisfied or dissatisfied with the overall claim resolution process?

Very satisfied   1
Somewhat satisfied   2
Neither satisfied nor dissatisfied   3
Somewhat dissatisfied   4
Very dissatisfied   5
Don't know/Prefer not to say   9

35. [IF YES] With regards to your experience with the claim resolution process, to what extent were you satisfied or dissatisfied with each of the following? [RANDOMIZE]

a) The outcome
b) The professionalism with which it was handled
c) The level of information provided on the resolution
d) How easily it was resolved
e) The length of time it took to get resolved
f) How the claim resolution process is structured
g) The helpfulness of staff
h) The knowledge of staff
i) Your ability to interact in your preferred language

Very satisfied   1
Somewhat satisfied   2
Neither satisfied nor dissatisfied   3
Somewhat dissatisfied   4
Very dissatisfied   5
Don't know/Prefer not to say   9

Provider Inquiry Call Centre

The next few questions are about the Provider Inquiry Call Centre services for the CAF, the RCMP and VAC health-care programs.

36. In the past two years, how many times would you estimate you called the Provider Inquiry Call Centre with a general question relating to a service/product for a member of the CAF, the RMCP, and/or Veterans?

Have not called Provider Inquiry Call Centre for this reason in the past two years	0
Once or twice	1
3-25 times	2
26-100 times	3
More than 100 times	4
Don't know/Prefer not to say	9

37. [IF CALLED] Overall, are you satisfied or dissatisfied with the Provider Inquiry Call Centre?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

38. [IF CALLED] With regards to your experience(s) with the Provider Inquiry Call Centre, to what extent were you satisfied or dissatisfied with each of the following? [RANDOMIZE]

a) The outcome
b) The professionalism with which call was handled
c) How knowledgeable the staff are
d) The ability of the staff to answer your questions
e) The level of information provided by the staff
f) The ability to be served in the language of your choice
g) The amount of time on the call
h) Obtaining a resolution the first time you called

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

Provider Audits

The next few questions are about the provider audit process for providers submitting claims for services/products for the CAF, the RCMP and/or VAC health care programs.

39. Have you been audited for claims related to services/products to members of the CAF, the RMCP, and/or Veterans in the last 3 years?

Yes	1
No	2
Don't know/Prefer not to say	9

40. [IF AUDITED] To what extent were you satisfied or dissatisfied with the provider audit process?

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
Don't know/Prefer not to say	9

41. [IF AUDITED] Did you receive written correspondence regarding the audit(s)?

Never	1
Sometimes, but not for every audit	2
Yes, for every audit	3
Don't know/Prefer not to say	9

42. [IF AUDITED] With regards to your experience(s) with the provider audit process, to what extent were you satisfied or dissatisfied with each of the following? [RANDOMIZE]

a) The preparation time allotted
b) The clarity of the information provided
c) The helpfulness of the feedback from the auditors
d) The fairness of the process
e) The outcome
f) How the issue resolution process was structured
g) The professional conduct of the onsite auditors

Very satisfied	1
Somewhat satisfied	2
Neither satisfied nor dissatisfied	3
Somewhat dissatisfied	4
Very dissatisfied	5
NOT APPLICABLE TO MY EXPERIENCE	8

Don't know/Prefer not to say   9

Follow-up qualitative research

We may conduct follow-up qualitative research about the claims administration process for services/products provided to members of the CAF, the RMCP, or Veterans.

This would take the form of a moderated online community of individuals like yourself who submit claims. The online community would last three days and would take approximately 30 minutes 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.

43. 30. Would you be interested in participating?

   Yes
   No [END SURVEY]

44. [IF YES] 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.

APPENDIX C: FOCUS GROUP METHODOLOGY REPORT

Methodology

The two communities, one in English and one in French, were comprised of participants who had completed the survey earlier in 2020 and had agreed to take part in follow-up qualitative research.

In total, we recruited 30 participants; 15 participants in each community in the hopes that 12 (per community) would participate in an online discussion over a four-day period. A total of 20 participants engaged across the two communities, completing all the required activities. Of the 11 participants in the English community, 5 were (or administer claims for) paramedical practitioners, 3 provided medical services, 1 provided audiology services, 1 provided oxygen equipment, and 1 provided hospital services. In the French community, 7 were paramedical practitioners, 1 provided medical services and 1 provided nursing services.

The communities launched for a period of four days on November 16, 2020 and concluded on November 19, 2020.

The communities were hosted online using Recollective, an industry-leading research tool for developing robust insights communities and conducting online research studies of any duration and size. Recollective was developed by the Ramius Corporation (Ramius), an enterprise social software and services company. The online community allows the moderator to program a series of modules, made up of several activities, for participants to complete. The activities for this study included multiple choice questions, open-ended text responses, fill-in-the-blanks and image reviews. Once participants in this study completed all the activities in a module, they were encouraged to comment on the responses from other participants and respond to any additional questions posed by the moderator.

The online communities presented the most efficient way to generate qualitative insights for this project because it allowed us to efficiently generate input from Canadian health care providers from across the country in a forum that will allowed them to engage at a time that is convenient for them. Rather than requiring all participants to be present on a specific date at a set time, as done for a focus group, the online community gives the participants flexibility to complete activities when they have time over the course of a day. The flexibility was an important feature of this research in order to respect the busy schedules of the health care providers and administrators who participated.

Recruitment

Participants were recruited using an email invitation and screening questionnaire (included in Appendix C). For each group we recruited 15 participants, for 12 to participate.

Our data collection partner for the quantitative phase, Leger, sent the email invitation to respondents from the online survey who had agreed that they would be interested in participating in follow-up qualitative research.

Participants were offered a $200 incentive as a thank-you for their time. Only those who completed all the required activities were eligible to receive the incentive.

Moderation

Two moderators were charged with monitoring the online communities over the course of the week, ensuring participants completed the modules and probing for further information when required. Each moderator took notes and summarized their findings and debriefed once during the communities, and upon completion of the communities.

A note about interpreting qualitative research results

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 cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn and findings cannot reliably be generalized beyond their number.

APPENDIX D: DISCUSSION GUIDE

The specific objectives of the research are to assess providers' impressions of claims processing services administered by Medavie Blue Cross on behalf Veterans Affairs Canada to determine areas of strength and weakness and identify areas for improvement. The research consists of a quantitative phase (survey) and a subsequent qualitative phase (online community) to delve more deeply into the findings from the quantitative phase. The survey phase gathered feedback from health care providers on the following services:

- Claims Processing;
- Communication Material;
- Audit;
- Authorization Services;
- Provider Call Centre; and
- Website Usability.

The survey uncovered findings that can be better understood with specific enquiry in this qualitative phase:
- Satisfaction levels are generally high – What do providers say are the main drivers of satisfaction? What things are working well? What things are pain points or would most benefit from improvement?
- Understand the motivations and barriers to providing services to members of the CAF, RCMP and Veterans ;
- Get a more granular understanding of experiences relating to various aspects of claims administration, including, but not limited to focusing on aspects where dissatisfaction was notably higher:
    o Pre-authorization;
    o Resolving claim issues; and
    o Perceptions of the audit process – both among those few who have been audited and among those who have not.
- Identify opportunities to improve the process or the information providers receive.

Pre-Community Introduction

Before joining the community, participants will be told:
- Their rights under the Privacy and Access to Information Acts and that we will ensure that those rights are protected throughout the research process. This includes the information below, as well as assurance that the information provided will be administered according to the requirements of the Privacy Act.
- The online community is being facilitated by Earnscliffe 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 CAF, RCMP and Veterans Affairs Canada respective health care programs and better understand the needs of the health care providers who submit claims to Medavie Blue Cross for these services;
- 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, any personal information that is not pertinent to the discussion, and any information that could be used to identify another person or patient 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 over the course of four days, November 16 to November 19. 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 Homepage

[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 Veterans Affairs Canada (VAC).

Over the next four days, we are going to be discussing the claims administration process for services/products for the Canadian Armed Forces (CAF), the Royal Canadian Mounted Police (RCMP), and Veterans Affairs Canada (VAC) respective health-care programs. 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 may 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]
Claims processing in your life
Most of the discussions we'll be having will be about the claims administration process for health care claims for services/products for the CAF, the RCMP, and VAC's respective health-care programs.

In a typical month, how many hours do you think you spend dealing with some aspect of these sorts of claims?
[Less than 5 hours/month, 5-10 hours/month, 10-19 hours/month, 20+ hours/month]

[TASK 5]
Claims processing in your life
Can you describe how long (in years) you have been handling claims for members of the CAF, the RCMP and Veterans, and your relationship with the claims system?
[INSERT RESPONSE]

[TASK 6]
Your Role

Which of the following best describes your role?
- I am a health care professional
- I am an administrator who submits claims on behalf of health care professionals
- I am a third party who submits claims on behalf of health care professionals

[TASK 7]
Your Services
Please choose the type of service you or your team provide(s).
- Assistive Devices and Accessories for Daily Living (devices designed to assist in activities with everyday tasks)
- Ambulance (required for an emergency situation or a specified medical condition)
- Audiology (equipment and accessories related to hearing impairment)
- Dental services
- Hospital (treatment services in an acute care, chronic care or rehabilitative care hospital)
- Medical Physician services (services provided by a licensed physician)
- Medical Equipment and Supplies (medical and surgical equipment and supplies normally used by an individual in a non-hospital setting)
- Nursing Services (services generally include Nursing assessments, foot care, and home visits)
- Oxygen / Respiratory Equipment and Supplies (oxygen and accessories as well as respiratory equipment and supplies)
- Pharmacy
- Prosthetic and orthotic services (prostheses, orthoses, accessories, and repairs and maintenance)
- Health Professionals' Services other than Physician (services provided by health professionals such as Physiotherapy, chiropractic, etc.)
- Special Equipment (equipment for the care of eligible clients/members wheelchairs, walkers, ramps, etc.)
- Vision Care (eye examinations, lenses, frames and accessories to correct sight impairments)

[TASK 8]
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 claims process is…
[COMPLETE THE SENTENCE]

The <u>worst thing</u> about the claims process is…
[COMPLETE THE SENTENCE]

If I had to pick three words to describe the claims process they would be…
[PROVIDE THREE ADJECTIVES]

[TASK 9]
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: Claims Process Satisfaction

For today's activity, we would like to hear about your satisfaction with the claims process in general and what is it that most influences your level of satisfaction.

[TASK 1]
Overall Satisfaction with the Claims Process
How satisfied are you with the claims process overall?
[Completely dissatisfied, somewhat dissatisfied, neither, somewhat satisfied, completely satisfied, NA]

[BOX BELOW] Please describe the main things you are considering when you come up with your overall level of satisfaction.
[INSERT RESPONSE]

PROBES IF NECESSARY:
- What aspects, if any, do you think work really well for your purposes?
- Have you ever had any issues or difficulties with specific aspects (e.g. the portal, pre-authorization, claims resolution, audit, etc.)? If so, describe them.

[TASK 2]
Improving the Claims Process
Now we'd like to hear your thoughts on how the process could be improved to better serve your needs. If you could change one or two things about the process, what would they be? How would they best be done? How much of a difference would they make to your satisfaction with the process?
[INSERT RESPONSE]

PROBES IF NECESSARY:
- Please review what others have answered on this and comment on their responses.

[TASK 3]
COVID-19 AND CLAIMS

Has the COVID-19 pandemic affected your experience submitting claims? What has changed? How have you adapted?

[TASK 4]
Pre-Authorization of Benefits
Do you ever seek pre-authorization? [Y/N]
*Note that in this case, we are referring to pre-authorization from the Medical Authorization Centre for services/products.

PROBES:
- For those who do not, why do you not seek pre-authorization? Is there anything that would need to change in order for you to seek pre-authorization? Would that be helpful?

[TASK 5]
[IF SEEK PRE-AUTH] Satisfaction with Pre-Authorization of Benefits
How satisfied are you with the process for obtaining pre-authorization? (If you have never obtained prior approval of 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 pre-authorization of 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?
- Is the process clear? Do you know when to request pre-authorization?
- Have you ever had any challenges, issues or difficulties obtaining pre-authorization? If so, please describe what happened.
- How could this process be improved?

[TASK 6]
Resolving Claims Issues
Have you ever had to seek a resolution to a claims issue? [Y/N]

PROBES:
- For those who have not, what is your expectation of the claims resolution process? Do you expect it would be helpful? Efficient? Please explain why you have these assumptions of the claims resolution process.

[TASK 7]
Satisfaction with the Claims Resolution Process
How satisfied are you with the claims resolution process? (If you have never had to resolve a claims issue, please select the "Not Applicable" option.)
[Completely dissatisfied, somewhat dissatisfied, neither, somewhat satisfied, completely satisfied, NA]

[BOX BELOW] Please describe how you have made use of the claims resolution process and why you have that level of satisfaction?
[INSERT RESPONSE]

PROBES IF NECESSARY:
- What aspects of the claims resolution process, if any, work well?
- What aspects, if any, are the most irritating about the claims resolution process?
- Is the process clear? Fair? Transparent?
- How could this process be improved?

[TASK 8]
Audit
Have you ever been through the provider audit process for providers submitting claims for services/products for the CAF, the RCMP and/or VAC health care programs? [Y/N]

PROBES:
- For those who have not, what is your expectation of the audit process? Do you expect it would be easy? Fair? Transparent? Please explain why you have these assumptions of the audit process.

[TASK 9]
Satisfaction with the Audit Process
How satisfied are you with the audit process? (If you have never had an audit, please select the "Not Applicable" option.)
[Completely dissatisfied, somewhat dissatisfied, neither, somewhat satisfied, completely satisfied, NA]

[BOX BELOW] Please describe your impression of the audit process and why you have that level of satisfaction?
[INSERT RESPONSE]

PROBES IF NECESSARY:
- What aspects of the audit process, if any, work well?
- What aspects, if any, are the most irritating about the audit process?
- Is the process clear? Fair? Transparent?
- Were the audit steps timely?
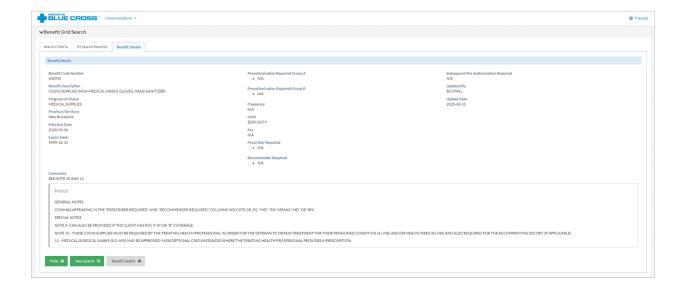- How could this process be improved?

[TASK 10]
Do you use Benefit Grids?
Do you ever use the Benefit Grids to find coverage details, such as frequencies and coverage limits? Y/N

[TASK 11]
Benefits Grids
Next, we would like your thoughts on the benefit grids. Below are are images depicting a few typical benefit grids. 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.

If you have never used, or are not familiar with the benefit grids, please answer the questions below based on your impressions of the grids pictured here.

Details: Ontario: Benefit Code 244984

Start new search

Benefit Description
PSYCHOLOGIST - CLINICAL CARE MANAGER

Benefit Code Number
244984

Program of Choice
POC12—Related health services

Province
Ontario

Prescriber Required
No

Recommender Required
No

Preauthorization Required
Yes

Limit
N/A

Frequency
90/1 Calendar Year

Negotiated Fee
$112.50/HALF HOUR

Provincial Coverage
No

Comments
N/A

Notes
GENERAL NOTES VAC WILL AUTHORIZE SERVICES UNDER A REGISTERED PROVIDERS SCOPE OF PRACTICE UP TO THE BENEFIT GRID LIMIT EXCEEDING FREQUENCIES - VAC PRE-AUTHORIZES POC 12 SERVICES UP TO AN ANNUAL FREQUENCY LIMIT AS IDENTIFIED ON THE VAC BENEFIT GRIDS. APPROVAL OF SESSIONS BEYOND THE ANNUAL FREQUENCY LIMIT MAY BE APPROVED TO ADDRESS CLIENT NEEDS WHEN A TREATMENT CAN BE SHOWN THAT IT HAS BEEN EFFECTIVE AND IS REASONABLY EXPECTED TO CONTINUE TO BE EFFECTIVE IN REACHING THE DESIRED TREATMENT OUTCOMES. THE VAC FORM «REQUEST FOR EXTENSION OF TREATMENT » AND/OR A TREATMENT PLAN FROM THE PROVIDER ARE TO BE USED IN DETERMINING IF EXCEEDING THE FREQUENCY IS JUSTIFIED. USE OF «OTHER» CODES - THE MAC MAY REQUIRE SUPPORTING DOCUMENTATION FROM THE PROVIDER AND/OR OTHER HEALTH PROFESSIONALS AND/OR MAY NEED TO CONSULT WITH HEALTH PROFESSIONALS AND/OR OTHERS BEFORE AUTHORIZING THE REQUESTED SERVICE UNDER THE «OTHER» CODE. A RATIONALE MUST BE DOCUMENTED WHEN USING THE POC 12 «OTHER» CODE. REHABILITATION - ALL BENEFITS FOR REHABILITATION CLIENTS MUST BE PRE- AUTHORIZED. THE FREQUENCY AND MAXIMUM LIMITS ARE GUIDELINES ONLY. LIMITS MAY BE EXCEEDED BY WAIVING THE RULES FOR FREQUENCY AND MAXIMUM IN THE AUTHORIZATION IF DIRECTED IN THE WORK ITEM BY THE CASE MANAGER. REPORTS - OCCURRENCE WILL EQUAL ONE HOUR UNLESS OTHERWISE NOTED. IF MORE TIME IS REQUIRED TO COMPLETE A REPORT, ADDITIONAL OCCURRENCE(S) CAN BE AUTHORIZED. RATIONALE MUST BE DOCUMENTED. SPECIAL NOTES

Do you use the benefits grids? If so, why and when? If not, why not?
How do you search for benefit grids? Are they easy to find?

Are there ways the grids could be improved to make them more useful, easy to understand, or efficient for you?
[INSERT RESPONSE]

Are the notes and prescriber requirements in the benefit grids easy to understand? [INSERT RESPONSE]

[SHOW BENEFIT GRID AGAIN] 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. You can also use the "?" marker to let us know if you have any questions about a particular aspect of the grid.

Again, if you have not used benefit grids or are not familiar with them, please do your best to answer based on your initial impressions of the grid below.

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 12]
Provider Guide
Now, we would like to hear your thoughts about the Health Care Benefits Program Provider Guide. You may have used it before, or may be seeing it for the first time, but either way we would like to hear your feedback! Please open the guide in a separate window using the following link: http://pub.medavie.bluecross.ca/pub/0001/PublicDocuments/Provider%20Guide-%20FINAL%20EN.pdf

Have you used this guide before? Y/N

[IF HAVE USED THE GUIDE]
Where did you access it?
Did you find the guide very helpful, somewhat helpful, not very helpful, or not helpful at all? Why do you provide that answer?

[ALL] Is there any information in the guide that you feel is particularly important or helpful? [OPEN END]

Is there anything you would add? [OPEN END]

[TASK 13]
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: The Ideal

[TASK 1]
Ideal claims administration
To begin today's activities, we'd like to hear your thoughts on an <u>ideal</u> claims administration system.

What would an ideal claims administration system look like to you? What would it do? How would it function? [OPEN-END]

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 communications regarding the claims administration process for services and products for the CAF, RCMP and Veterans Affairs Canada respective health care programs.

▪   Of the information you already receive about the claims administration process, is there anything you find particularly helpful? [OPEN-END]
▪   What kind of information are you lacking or would find to be very helpful? [OPEN-END]
    ▪   Please explain your opinion. How, why and when do you use this method of communication? [OPEN-END]

PROBES IF NECESSARY:
•   Are any types of communications or 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. 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 claims administration process in a timely manner? Is it better to communicate with you or with someone else in your office?

Please explain.
[INSERT RESPONSE]

[TASK 4]
What Advice Would You Give a Colleague?
Finally, we'd like to know what advice you would give a colleague who is considering registering as a provider who submits health care claims for services/products for members of the CAF, the RCMP, and Veterans. 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 VAC on how it can improve the claims administration process?
[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.

- Provide explanation for receiving incentives.

APPENDIX E: SCREENER

Hello [INSERT FIRST NAME]

We are contacting you today on behalf of Veterans Affairs Canada to request your participation in an online study about the claims administration process for health care claims for services/products for the Canadian Armed Forces (CAF), the Royal Canadian Mounted Police (RCMP), and Veterans Affairs Canada (VAC) respective health-care programs.

Our records show that in February 2020, you completed a survey from Veterans Affairs Canada about submitting health care claims for services/products to members of the CAF, the RMCP, and Veterans and indicated that you would be interested in participating in the follow-up research. This research was put on hold due to the COVID-19 pandemic and we recognize several months have passed since you completed the survey. We hope you still consider participating in this online study.

The research will consist of a moderated online community of individuals like yourself who submit claims as outlined above. The online community will last four days, from November 16 to 19, 2020, and will take approximately 30 minutes of your time each day to complete. Activities will be made available on different days over the duration of the online community. The research is being conducted by Earnscliffe Strategy Group on behalf of Veterans Affairs Canada.

Participants will receive an honorarium of $200 as a thank you for their time, if they complete all the activities between November 16 to 19, 2020. If you agree to participate, we ask that you log on to the platform on November 16 to answer a few preliminary questions.

Your participation in this research is completely voluntary. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The research will be conducted by a research professional from Earnscliffe. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified.

If you wish to verify the authenticity of this research project, please contact:

François Beaupré
Manager – Contract Administration Unit
Strategic & Enabling Initiatives, Service Delivery and Program Management Division
Veterans Affairs Canada / Government of Canada
francois.beaupre@canada.ca / Cell: 902-314-1920

[SHOW AS A SURVEY QUESTION] Do you agree to participate? Yes/No

[IF YES]

Employees from Veterans Affairs Canada will have access to the online community in order to observe the discussion.

Do you agree to be observed by Veterans Affairs Canada employees? Yes/No

[IF YES] Thank you for agreeing to participate. Please provide your name, email and phone number below in order for a representative from Earnscliffe to be able to contact you to provide information about joining the online community.

FIRST NAME [TEXT BOX]
LAST NAME [TEXT BOX]
EMAIL [TEXT BOX]
PHONE NUMBER [TEXT BOX]

[IF YES] As we are only inviting a small number of people to participate, your participation is very important to us. If for some reason you are unable to participate, please email Earnscliffe so that we may get someone to replace you. You can reach us at **research@earnscliffe.ca**. A representative from Earnscliffe will contact you leading up to the start of the community to confirm your participation and provide further instructions for the online community.

Please do not hesitate to contact Earnscliffe at the email above if you have any questions.