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Registered Provider Satisfaction Survey on Federal Health Claims Processing Services Executive Summary

Prepared for the Department of Veterans Affairs Canada

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December 2020

This public opinion research report presents the results of online survey and online communities conducted by Earncliffe 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.

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Sondage sur la satisfaction des fournisseurs inscrits au sujet du service fédéral de traitement des demandes de soins de santé.

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EXECUTIVE SUMMARY

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this executive summary 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 very 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%).

- 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%).
 - 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).
 - 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.
 - Respondents to the survey rate the staff's professionalism (87% satisfied), helpfulness (86%) and knowledge (81%) highly.
 - 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.
 - 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.
 - 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.

- 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)
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Signed:

Date: December 11, 2020



Doug Anderson
Principal, Earnscliffe