



TELUS Health eClaims Solution

February 5, 2013

Information for life



Agenda



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Benefits of Collaboration



TELUS on behalf of our customers, the Insurance companies, would like to work collaboratively with the Associations. We encourage an open dialogue, and are committed to the collaboration with Associations on approaches to reach the end goal.

We believe that by working together that all parties will benefit.

The benefits include, but are not limited to:

- **Association improves its value proposition to its members and prospective members by allowing for the submission of electronic claims & direct payment, via a Memorandum Of Understanding (MOU)**
- **Patient convenience and speed of payment is improved**
- **Electronic submission is environmentally friendly**

History of TELUS Health



- Canadian company that has developed and currently operates electronic drug, dental and extended health care services including claims real-time delivery and adjudication systems
- Large insurance companies are customers of TELUS Health
- Claims network services reaching nearly 100% of all dentists & pharmacists in Canada, and being deployed for extended health-care Providers (eClaims)
- Company went through a few names changes, i.e. Assure Health, then later to be known as BCE Emergis, then Emergis
- In 2008 TELUS acquired Emergis
- TELUS Health has a diversified suite of products and services in the Health sector, which includes such solutions as, but not limited to, Electronic Medical Records, Telehealth, Home Care Monitoring, practice management systems for pharmacies and medical clinics
- Please visit our website at www.telushealth.com, where you will find information on the array of products and services that TELUS offers in the health care sector, with security and privacy being at the forefront of everything we do

Overview of the eClaims Solution



What is the eClaims Solution?

- A solution by TELUS Health, enabling the electronic exchange of insurance claims between health care Providers (extended healthcare community) and the Insurers
- Design of new service similar to services within dental offices and pharmacies, in which claims are remitted electronically on behalf of their patients – direct billing

Who pays for the service?

- TELUS Health customers are the Insurers/Payers and they recognize the benefit of not having to handle paper claims
- eClaims is completely FREE to all health care Providers

Do I have to be a TELUS customer (i.e. cell phone, Internet) in order to use eClaims?

- No

Overview of the eClaims Solution



Claims Submission via TELUS Health eClaims Portal

- **Secure access to a specialized TELUS Health Portal**
- **Claims captured via WEB pages designed for extended health care Providers**
- **Transaction Types: Standard reimbursement request/claim, Reversals/voids, Pre-determination**
- **Able to view previous claims**

EHC Claim Submission via API (Application Program Interface)

- **For Providers using a Practice Management System, TELUS Health supplies a free API and assists the software vendors with certification activities**

Overview of the eClaims Solution



Provider Registration (*Regulated by Provincial Governing Body*)

- Self registration via TELUS Health eClaims portal www.telushealth.com/eclaims
- Once registration is complete, Provider will receive a reference number, which acknowledges that TELUS Health has received the registration request
- During the registration process, Providers will be required to electronically accept an agreement outlining the terms and conditions of the services
- TELUS Health verifies the Provider's credentials with their governing body to ensure they are licensed, and in good standing. Re-credentialing also occurs every 3 years
- Once credentials have been confirmed, Provider is emailed a Welcome Package which includes user ID and password, reference guide, support information, etc.
- Provider can start using the free service
- NOTE – for Providers working in a Spa, registration will only be accepted as an independent Provider, meeting all credentials identified.

Insurers & Provider Roles Using eClaims



eClaims Participating Insurance Companies

- **Great-West Life** : all Provider roles accepted in regulated provinces, since the fall of 2012
- **Sun Life Financial** (Chiropractic, Physiotherapy & Vision accepted. Massage Therapy, Acupuncture & Naturopathy planned for late 2013)
- **Sécurité financière Desjardins**
- **Standard Life** – Planned for mid 2013
- **Industrial Alliance** has signed on for eClaims - 2013
- eClaims solution being evaluated by other Insurers

Provider Roles Accepted

- **Chiropractors, Physiotherapists, Optical/Vision Providers**
- **Massage Therapists, Naturopathic Doctors and Acupuncturists** in regulated provinces (expansion plan to cover non-regulated provinces in 2013)

Provider Adoption



As of February 1, 2013:

Provider Role	Total Providers Registered
Chiropractors	3801
Physiotherapists	4382
Opticians	1521
Optometrists	1962
Massage Therapists	2126
Naturopathic Doctors	106
Acupuncturists	42
TOTAL	13,940

Advantages of the TELUS eClaims Solution



Advantages to the Providers

- **Ease-of-use: On-line registration and claims submission**
- **Real-time adjudication response – instant confirmation from insurance companies**
- **Faster payment processing for payment assignments (payment can be directed to Provider or patient)**
- **Internet accessible and convenient**
- **Free service, with no commitment**
- **Allows for better management of billing and receivables**
- **Less paperwork**
- **Value-added, secure service to the patients**

Advantages to the Plan Members / Patients

- **Elimination of paper claims, mailing and associated delays**
- **Information on adjudication results at the point of service (and predetermination)**
- **Payment assignment: Elimination/reduction of out-of-pocket expenses at point of service**

Current Credentialing Process



- TELUS Health must verify each Provider's credentials with their governing bodies (or *approved* provincial Associations)
- TELUS Health needs access to a list of registered Providers
 - Name, address, postal, license #, etc... (word, excel or similar format)

Why does TELUS need all this information?

- Provider identification: License # (or identification from Association) is requested from Provider at registration
- Provider identification is contained in the claims message issued to the Insurer, without it, the Provider is unable to submit an electronic claim
- The Central Provider Registry is critical to the integrity of the service and the proper identification of a Provider

Established processes for:

- Periodic registry updates (retirements, not in good standing, etc...)
- Credentialing activities – initial & re-credentialing



Process for Non-regulated Groups

Collaboration with Associations



- TELUS Health on behalf of our customers would like to initiate an open dialogue with your Association and work collaboratively with you in how your members operate
- All parties have a vested interest to ensure public safety and that Providers operate in an ethical manner

What are the joint objectives of this collaboration?

- To ensure that professional standards are maintained, including such processes as code of conduct & ethics compliance, minimum education requirements, record keeping & billing, ongoing upkeep of registry, complaint review & disciplinary processes
- Enable improved customer service via faster payment
- Greater efficiency for Insurers, supporting cost sustainability of plan sponsors' coverage
- Electronic submission is the greener solution for everyone
- Improve the value proposition of the Association via a mechanism (MOU), allowing their members to be eligible for Provider eClaims submission
- Ensure that practices are in place to minimize the potential for a non-ethical activities and to ensure that your members are aware of their responsibilities
- Patient safety

Value Proposition



- **Adhering to best practices, ethics, & standards is key for the continued integrity of your profession**
- **Potential for increased membership - Providers seeking the benefits that an Association offers to its members, are likely to belong to an Association that requires their members to adhere to high standards**
- **As electronic billing is becoming more widely used, your members have an opportunity to increase their business, by belonging to an Association recognized within the health care community, as having high standards that must be practiced by all its members**

Memorandum of Understanding (MOU)



- **TELUS Health on behalf of our customers, would like to work with you on the terms for an MOU requiring approval of the Association**
- **The MOU approach has been defined by TELUS Health and insurers, for groups/provinces that are not subject to regulation at present time**
- **The intent of the MOU is to:**
 - obtain assurance from the Association, that it has processes and practices in place, and that it ensures compliance by its members
 - establish an approach where TELUS Health could validate a registration request against an official registry maintained by the Association
 - ensure that members are fully aware of their responsibilities defined in their agreement with the Association
 - ensure that health care Providers are acting in an ethical manner, including but not limited to, how they treat their patients, billing, privacy, record keeping, etc.
- **Approval of the MOU would lead to the introduction of the eClaims services to Members of the Association**

Rationale for MOU



MOU	Rationale
<ul style="list-style-type: none">▪ Maintain & enforce a code of conduct & code of ethics▪ Providers should not determine fees or perform unnecessary services based solely on the presence or absence of a patient's benefit plan▪ Ensure accurate statement of services provided & billing records are retained▪ Have in place minimum education requirements	<ul style="list-style-type: none">▪ For patient safety & the integrity of the Provider profession▪ Such practice could increase the cost of Insurance, which could result in higher premiums, and plan sponsors scaling back on plan coverage which could have a negative impact to your member's business▪ Minimizes delay of payment & adheres to federal and/or provincial regulations▪ For the safety of patients & affirms the Provider's commitment to their profession

Rationale for MOU



MOU	Rationale
<ul style="list-style-type: none"><li data-bbox="233 565 562 602">■ Patient Privacy <li data-bbox="233 841 1014 1052">■ Agreement with each Provider that confirms compliance with the Association's code of ethics, education requirements, other Association rules and procedures, etc.	<ul style="list-style-type: none"><li data-bbox="1085 565 1866 735">■ Ensure compliance to Federal/Provincial privacy regulation is being adhered to. Patients have the right to know if their records are securely being stored. <li data-bbox="1085 850 1866 1110">■ Enforces to your members that the code of ethics, rules and procedures are to be taken seriously, and if not adhered to, there are consequences such as licenses can be revoked or disciplinary action being taken

Rationale for MOU



MOU	Rationale
<ul style="list-style-type: none">■ Have in place a formal complaints process, along with a disciplinary process<ul style="list-style-type: none">– Provide notice to TELUS Health of the status of Provider's, i.e. disciplinary action taken place, suspensions, licenses revoked, etc.– Disciplined Providers that have breached the Association's code of conduct, code of ethics, applicable laws, etc.	<ul style="list-style-type: none">■ For the safety of patients & the integrity of the extended health care profession. Should misconduct be identified, the Provider's right to practice should be subject to a decision of the disciplinary committee. Ensures that the Provider does not continue to remit claims, and can minimizes the liability Insurers to which Insurers could be exposed to

Rationale for MOU



MOU	Rationale
<ul style="list-style-type: none"><li data-bbox="233 461 1012 630">▪ The Association must maintain a registry of all past and present members. The registry is to be made available for TELUS Health<li data-bbox="233 824 1012 906">▪ Have the ability to upkeep a Provider registry & have it available for the public	<ul style="list-style-type: none"><li data-bbox="1085 461 1864 721">▪ Current and accurate Provider information is critical to the integrity of the eClaims service. TELUS Health must ensure that the Provider Registry is accurate, so that proper Provider credentialing can take place.<li data-bbox="1085 834 1864 964">▪ Prospective patients should be able to determine which Providers are members in good standing.

Next Steps



Questions

Next Steps