

HIBC QUARTERLY STATUS REPORT: APRIL, MAY, JUNE 2015

BACKGROUND

This is the first quarterly report for the 11th operational year of Health Insurance BC. It looks at the performance of the organization against key service measurements. Health Insurance BC (HIBC) administers the Medical Services Plan (MSP) and PharmaCare programs and is managed on behalf of the B.C. government by MAXIMUS BC.

HIBC responsibilities include:

- Administration of MSP and PharmaCare business services (including registration for MSP and processing applications for Premium Assistance and Fair PharmaCare); and
- Registration of health care providers and payment of medical and pharmacy claims.

The Ministry's objective for HIBC is to improve and modernize MSP and PharmaCare services for the public. The Ministry has established service level requirements (SLRs) to monitor performance for a number of functional areas that are critical to service delivery for the public and health care providers including:

- Answering calls promptly and providing accurate assistance;
- Processing enrolment, premium assistance applications and account maintenance requests in a timely manner;
- Processing claims and provider requests in a timely manner; and,
- Maintaining technology that supports health care providers in a timely manner.

During the fourth quarter of the eighth operational year of HIBC, the BC Services Card (BCSC) was introduced and the government of B.C. extended the Master Service Agreement (MSA) with MAXIMUS BC by five years, to continue to deliver Health Insurance BC services. Please see Attachment B for more information.

With the extension, some SLRs were revised and came into effect starting April 1, 2013. Table 1 in Attachment A has been updated to reflect the revised SLRs, and all numbers represent performance measurements based on the April 1, 2013 SLR definitions.

STATUS UPDATE

HIBC met or exceeded all SLRs in April, May and June of this quarter.

This quarter saw the continuation of significant service achievements realized by HIBC operations, which included:

- Processing the vast majority of public documents within the service level standard since the end of November 2005;
- Answering telephone calls from the public, on average, within less than three minutes for nine years and nine months straight;
- Answering telephone calls from service providers, such as doctors and pharmacists, on average within less than one minute, for nine years and ten months straight;
- Maintaining technology to ensure uninterrupted services were maintained for 10 years and three months straight.

Attachment A provides a summary of key SLRs.

TEMPORARY PREMIUM ASSISTANCE

During this quarter, HIBC began administering the Temporary Premium Assistance (TPA) program, which was transferred from Revenue Services BC on April 1, 2015. TPA provides a short term waiver of MSP premiums for individuals and families who are not able to pay premiums due to unexpected financial hardship.

ONGOING COMMITMENT TO SERVICE

HIBC remains committed to continual service improvements to make it easier for British Columbians to access MSP and PharmaCare services. This includes daily and weekly monitoring of service level performance and ongoing identification of process improvements to facilitate additional service improvements.

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ATTACHMENT A: KEY SERVICE LEVEL REQUIREMENTS

In the contract there are detailed SLRs that are monitored. Penalties can be assessed for substandard performance. These penalties grow if performance continues not to meet the established standard and are a strong incentive for performance.

Table 1 below outlines performance on some of the key SLRs that are critical to the success of HIBC in its interface with the public and service providers.

Table 1: Key Service Level Requirements

Expected Service Levels	1st Quarter Performance	Additional Performance Information
<p>General Public Telephone Inquiry Response Time</p> <ul style="list-style-type: none"> • Average speed to answer first call – Less than three minutes, averaged monthly. <p>Health Care Providers and Pharmacists Inquiry Response Time</p> <ul style="list-style-type: none"> • Average speed to answer first call – Less than one minute, averaged monthly. 	<p>These service levels were met in April, May and June.</p>	<p>HIBC received over 404,000 calls during the first quarter.</p>
<p>MSP Enrolment Processing</p> <p>Processing of all MSP enrolment applications and issuing non-photo BC Services Cards/CareCards</p> <ul style="list-style-type: none"> • 80% within 10 business days • 99% within 20 business days 	<p>This service level was met in April, May and June.</p>	<p>HIBC processed over 44,000 enrolments in the first quarter.</p>
<p>MSP Premium Assistance Application Processing</p> <ul style="list-style-type: none"> • 80% within 10 business days • 99% within 20 business days 	<p>This service level was met in April, May and June.</p>	<p>HIBC processed over 52,000 Premium Assistance applications in the first quarter.</p>

<p>MSP Account Maintenance Processing of all changes to accounts such as change of address, change of account from one spouse to another, etc.</p> <ul style="list-style-type: none"> • 80% within 10 business days • 99% within 20 business days 	<p>This service level was met in April, May and June.</p>	<p>HIBC processed over 65,000 account changes in the first quarter.</p>
<p>Medical Claims Processing In-province auto adjudicated claims</p> <ul style="list-style-type: none"> • 96.5% within next payment cycle <p>Health Care Provider Payments</p> <ul style="list-style-type: none"> • 100% on-time mid and end of month payments <p>Pharmacy Payments</p> <ul style="list-style-type: none"> • 100% on-time weekly payments 	<p>These service levels were met in April, May and June.</p>	
<p>PharmaCare Pharmacist Help Desk, Availability of Pharmacy Claims Processing System and Medical Electronic Claims Processing System (Teleplan), Fair PharmaCare Interactive Voice Response, Web Applications and Travel Assistance Application</p> <ul style="list-style-type: none"> • Available 24 hours a day, seven days per week (allows for minor outages and planned maintenance) 	<p>These service levels were met in April, May and June.</p>	

PENALTIES

No penalties were applied in this quarter.

ATTACHMENT B: AMENDED SERVICE LEVEL REQUIREMENTS

The extension to the Master Services Agreement continues the requirement to report out on service levels.

However, some service levels have been changed in the following ways:

- some were combined;
- the processing times were adjusted; and/or
- the scope of what was being measured was adjusted.

Coupled with the implementation of the BC Services Card and the resultant process and reporting changes, some of the performance data contained in Table 1 (Attachment A) do not correspond directly to those in previous quarterly reports. Table 2 below outlines changes to the SLRs that have been updated.

Table 2: Amended Service Level Requirements

Service Type	Number	Description	Measures	Change
SLR	1a	Providers Registration	99% within 2 Business Days	Combines the previous SLRs 1 & 2 into one SLR.
SLR	4	MSP Premium Assistance	80% within 10 Business Days 99% within 20 Business Days	Updated to Include Multi Year Premium Assistance applications.
SLR	5	Fair PharmaCare Paper Registration	99% within 3 Business Days	Turnaround time changed and measures combined. Was previously defined as: 80% within 2 Business Days 99% within 5 Business Days
SLR	8	Provider Account Maintenance	99% within 5 Business Days	Turnaround time changed and measures combined. Was previously defined as: 80% within 5 Business Days 99% within 10 Business Days
SLR	13	In-province manually Adjudicated Claims	100% of claims processed within 85 days	Measure Changed. Was previously agreed to as 50,000 claims adjudicated per month & 964,000 adjudicated per year.
SLR	14a	Out of country claims (peak and non peak)	80% processed within 4 Payment Cycles 95% processed within 6 Payment Cycles	Updated to include 3rd party travel insurance claims (previously measured as SLO 11) as of April 1st.

Service Type	Number	Description	Measures	Change
SLR	20a	PharmaNet Help Desk, PharmaNet Application, Teleplan Application accepting claims	24/7 99.9% of the Contract Year (i.e. 8.76 hours per application for a total of 26.28 hours of downtime cumulatively permitted per Contract Year) with no single outage > 4 hours after total downtime > .1% during the Contract Year	Combines Services previously measured as SLR 20, 21, 22.
SLR	23a	Fair PharmaCare IVR and Web Application, IVR Travel Assistance Application, Self Service Options and IVR Applications	24/7 99.8% of the Contract Year (i.e. 17.52 hours per application for a total of 52.56 hours of downtime cumulatively permitted per Contract Year) with no single outage > 4 hours after total downtime > .2% during the Contract Year	Combines Services previously measured as SLR 23, 24, 25.
SLR	26	Quality Adjudication	Minimum of 98% accuracy	Updated to include Quality Monitors for the Northern Isolation Outreach and Rural Locum Programs.