The Public Service Health Care Plan

Bulletin

Number 22
April 2009

Preparing for the pay-direct drug card

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A new contract for enhanced service

In Bulletin 21 last year, we indicated that the contract for a plan administrator to do claims processing and administrative services for the PSHCP was in the process of being tendered. Currently, Sun Life provides these services.

The bids are now in and proposals are being evaluated. This brings us one step closer to a new contract and the introduction of the pay-direct drug card. This is a major milestone on the way to more convenient access to PSHCP benefits for our members. If all goes according to plan, the new contract should be in place by the end of this year. There will still be a number of things that need to happen before the drug card is implemented, and the articles that follow give details on some of these.

Government of Canada systems changes

The pay-direct drug card relies on the electronic exchange of information. Millions of Canadians use drug cards and Canada's pharmacies and health insurance companies have built secure systems to adjudicate and process claims almost instantaneously. One key activity to introducing this service to PSHCP members is making changes to the Government of Canada's pay and benefits systems.

Public Works and Government Services Canada is working with Treasury Board Secretariat to streamline the way eligibility information is provided to the plan administrator. In an era of electronic claims processing, the plan administrator needs to receive information immediately when a person is hired and becomes eligible for coverage, goes on leave, resigns, or retires. Streamlining the way this information is gathered and provided to the plan administrator will set the stage for providing enhanced service to you. ➤➤

Preparing for the pay-direct drug card

➤ Improving the efficiency of gathering eligibility data and getting it to the plan administrator quickly is complicated for our plan. After all, the system must gather data from a wide range of different federal organizations. This data includes nearly 600,000 employees and pensioners with different types and levels of PSHCP coverage living in Canada and abroad. Work is on target to be completed by the time the new contract is awarded.

Positive enrolment update

As soon as the new contract is awarded, the first task of the plan administrator will be implementing a positive enrolment system. Positive enrolment, which is the process of providing specific information for you, your spouse/common law partner and each eligible child, is required to get the drug card. For example, you will need to give your children's name, gender, and age, and indicate whether you or your spouse/common law partner has coverage under another group health plan. This is a major undertaking for a plan that provides coverage for well over 1.2 million participants.

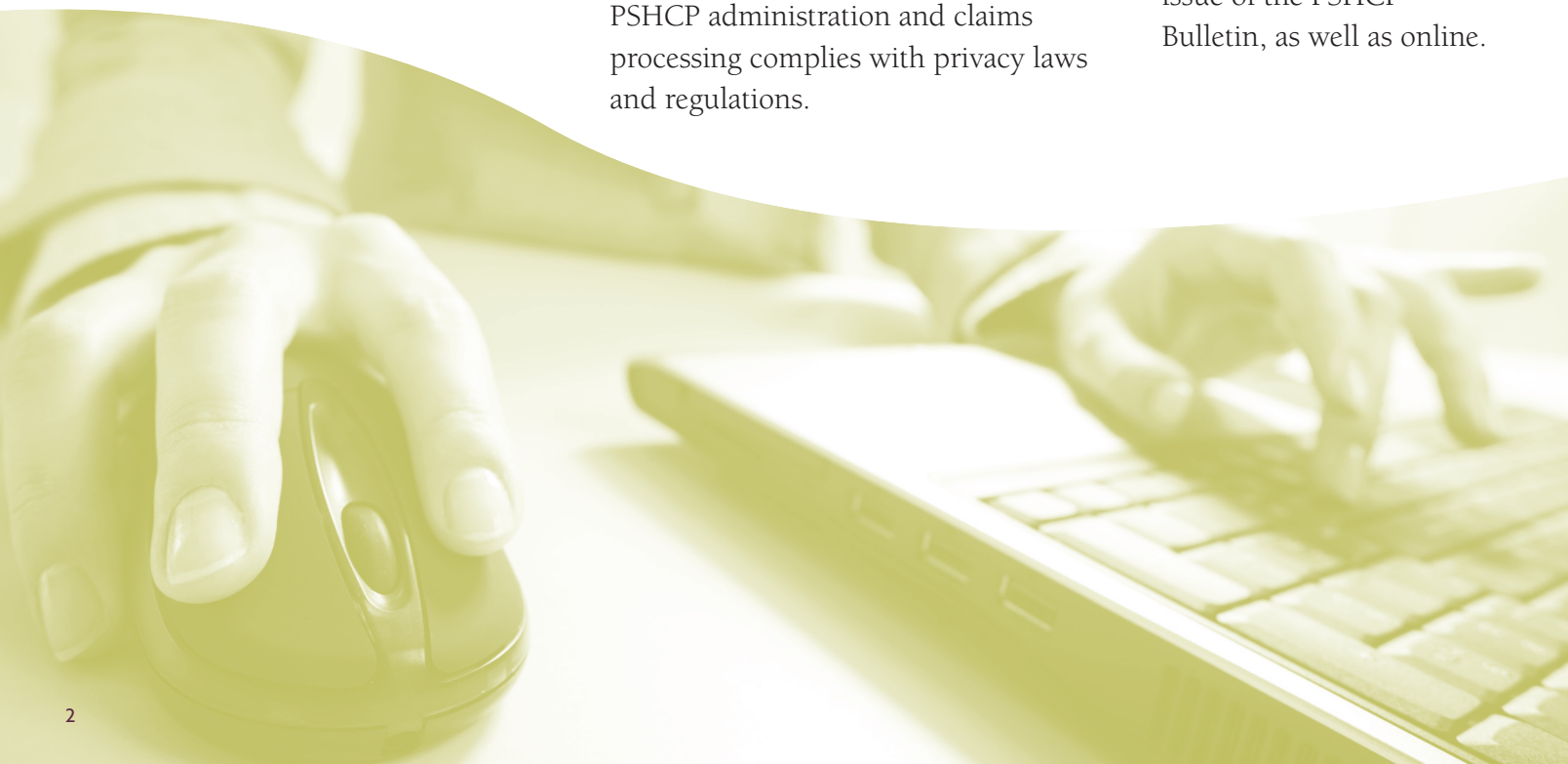
We'll keep you informed on how and when positive enrolment will be implemented in future issues of the Bulletin and on the PSHCP Administration Authority's website at www.pshcp.ca.

Protecting your privacy

Ensuring the privacy and security of plan members' personal information is a top priority in the transition to electronic claims processing. A Privacy Impact Assessment has been completed to identify possible risks to the privacy of members' information and identify the safeguards that must be in place to make sure that every aspect of the PSHCP administration and claims processing complies with privacy laws and regulations.

Members will soon be able to review the new PSHCP Privacy Statement for themselves. This statement clarifies what information is being collected and by whom, how it is being used, to whom it will be disclosed, how long it will be kept, and how members can get access to their information and make changes if there are errors. The privacy statement also states clearly, for everyone administering your personal information under the plan, their duties and responsibilities to protect the confidentiality of your information and respect your privacy.

We look forward to introducing the privacy statement in the next issue of the PSHCP Bulletin, as well as online.



A day in the life of the PSHCP

- **Over 300 new members join the plan, roughly 75% of those with dependants**
- **Sun Life receives over 10,000 claims including more than 60,000 medical products and services**
- **The plan pays almost $3 million in benefits to plan members.**
- **Almost 1,000 reimbursement cheques are cashed or directly deposited in members' accounts.**
- **Sun Life's call centre handles over 2,500 PSHCP-related calls.**

Assignment of prescription drug claims

Currently, the PSHCP allows you to assign payment for your prescription drugs directly to a pharmacy; you pay your share of the cost and your pharmacist bills Sun Life directly for the remainder.

Since the drug card will conveniently process drug claims instantaneously at point-of-sale, assignment of drug benefits will no longer be necessary and therefore this feature will disappear from the PSHCP.

What you need to know

If you want to assign your drug payments to your pharmacist until the drug card is implemented, here are a few things you need to know.

- Assignment is an arrangement between you and your pharmacist. Your pharmacist must agree to meet PSHCP requirements.
- Each time you purchase an eligible prescription or series of prescriptions, you must transfer your right to receive reimbursement for that expense to your pharmacist.
- You must provide the same information when a claim is assigned as when you submit a drug claim to Sun Life for reimbursement.
- You remain responsible for paying any amount the plan does not pay to your pharmacist, for example, expenses not covered by the plan such as over-the-counter drugs or costs that exceed a plan maximum.

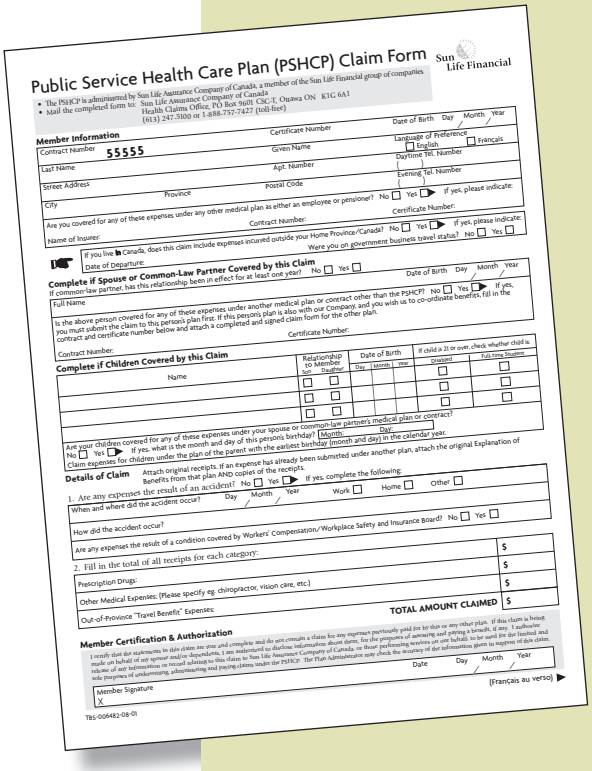
Assignment of prescription drug claims

What Sun Life needs to assign your drug claims

To pay your claim to a pharmacy rather than to you, Sun Life must receive a signed and completed PSHCP claim form, as well as your written, currently dated authorization to assign payment to your pharmacist.

The process is straightforward; you simply give your pharmacist an assignment authorization and a signed and dated PSHCP claim form[1] with all sections completed and all questions answered.

Your pharmacist attaches these two documents to detailed, official receipts and submits them to Sun Life. If the assignment authorization is not current or contains a photocopied signature, Sun Life will pay the claim to you directly, rather than to your pharmacist.


Public Service Health Care Plan (PSHCP) Claim Form

Sun Life Financial

• The PSHCP is administered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies
• Mail the completed form to: Sun Life Assurance Company of Canada, Health Claims Office, PO Box 9698 CSC-T, Ottawa ON K1G 6A1 (613) 247-5100 or 1-888-757-7427 (toll-free)

Member Information

Contract Number 55555 | Certificate Number | Date of Birth Day Month Year

Last Name | Given Name | Language of Preference ☐ English ☐ Français

Street Address | Apt. Number | Daytime Tel. Number

City | Province | Postal Code | Evening Tel. Number

Are you covered for any of these expenses under any other medical plan as either an employee or pensioner? No ☐ Yes ☐ If yes, please indicate:

Name of Insurer | Contract Number: | Certificate Number:

If you live in Canada, does this claim include expenses incurred outside your Home Province/Canada? No ☐ Yes ☐ If yes, please indicate:

Date of Departure: | Were you on government business travel status? No ☐ Yes ☐

Complete if Spouse or Common-Law Partner Covered by this Claim

If common-law partner, has this relationship been in effect for at least one year? No ☐ Yes ☐

Full Name | Date of Birth Day Month Year

Is the above person covered for any of these expenses under another medical plan or contract other than the PSHCP? No ☐ Yes ☐ If yes, you must submit the claim to this person's plan first. If this person's plan is also with our Company and you wish us to co-ordinate benefits, fill in the contract and certificate number below and attach a completed and signed claim form for the other plan.

Contract Number: | Certificate Number:

Complete if Children Covered by this Claim

Name	Relationship to Member: Son	Daughter	Date of Birth: Day	Month	Year	If child is 21 or over, check whether child is: Disabled	Full-time Student
	☐	☐				☐	☐
	☐	☐				☐	☐
	☐	☐				☐	☐

Are your children covered for any of these expenses under your spouse or common-law partner's medical plan or contract? No ☐ Yes ☐ If yes, what is the month and day of this person's birthday? Month: Day:

Claim expenses for children under the plan of the parent with the earliest birthday (month and day) in the calendar year.

Details of Claim — Attach original receipts. If an expense has already been submitted under another plan, attach the original Explanation of Benefits from that plan AND copies of the receipts.

1. Are any expenses the result of an accident? No ☐ Yes ☐ If yes, complete the following:

When and where did the accident occur? Day Month Year | Work ☐ Home ☐ Other ☐

How did the accident occur?

Are any expenses the result of a condition covered by Workers' Compensation/Workplace Safety and Insurance Board? No ☐ Yes ☐

2. Fill in the total of all receipts for each category:

Prescription Drugs:	$
Other Medical Expenses: (Please specify eg. chiropractor, vision care, etc.)	$
Out-of-Province "Travel Benefits" Expenses:	$
TOTAL AMOUNT CLAIMED	$

Member Certification & Authorization

I certify that the statements in this claim are true and complete and do not contain a claim for any expenses previously paid for by this or any other plan. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of assessing and paying a benefit, if any. I authorize release of any information or record relating to this claim to Sun Life Assurance Company of Canada, or those performing services on our behalf, to be used for the limited and sole purposes of underwriting, administering and paying claims under the PSHCP. The Plan Administrator may check the accuracy of the information given in support of this claim.

Member Signature X | Date Day Month Year

(Français au verso) ▶

TBS-006482-08-01

[1] You receive a personalized claim form each time Sun Life assesses one of your claims even when your claim is assigned. You can also print a form at www.sunlife.ca\pshcp or www.pshcp.ca.

Types of assignment authorizations

Many pharmacists have their own assignment authorization forms that you can sign. The following information needs to be on any assignment your pharmacist submits on your behalf:

- the pharmacy's name, address, and telephone number;
- your first and last names and a telephone number where you can be reached during the day; and
- your original signature and the date.

If your pharmacist does not have an assignment authorization form, you can print a sample form at www.pshcp.ca.

What your pharmacist may need

As we have said, assignment is an arrangement between you and your pharmacist. Your pharmacist may have specific practices related to assignment, and will let you know of any administrative requirements.

What if you need help?

If you or your pharmacist needs more details on how to assign drug claims under the PSHCP, you can contact Sun Life's call centre at:

- 1-888-757-7427 (toll-free in North America); or
- 613-247-5100 in the National Capital Region.

The PSHCP appeals process – frequently asked questions

Under the PSHCP, every member has the right to request that the Federal PSHCP Administration Authority reconsider a coverage or claims decision under the plan. Your right to appeal gives you the opportunity to explain why your situation calls for additional investigation. Members have asked a number of questions about how appeals work, who does what, and how long it takes, so we have put together answers to some of your most frequently asked questions.

What do I do if I disagree when my claim is denied?

If you have a claim denied by Sun Life, and you disagree with or don't understand the decision, here are the steps to follow.

1. Go back to your PSHCP member booklet to verify whether the denied supply or service is covered by the plan. If you don't have a copy of the member booklet, contact your personnel or pension office. Remember, you can also find plan information online, at www.pshcp.ca.
2. If you don't understand the plan wording or why your claim was denied, contact the Sun Life call centre.
3. If you have additional information that could help Sun Life in adjudicating your claim, the customer service representative will ask you to mail it in.

If this doesn't resolve the problem and you still disagree with Sun Life's decision, you can then submit an appeal to the Administration Authority.

What is the role of the Federal PSHCP Administration Authority?

The Administration Authority was created to oversee the administration of the PSHCP and monitor Sun Life's performance. Our role is to ensure that benefits and services to plan members and their covered dependants are delivered in a way that ensures the effective and efficient administration of the plan. One of our important tasks is hearing appeals:

- making sure that PSHCP provisions are followed in determining what expenses are payable from the plan; and
- confirming that all plan participants are treated fairly and equitably under the rules of the plan.

The PSHCP plan document gives the Administration Authority the authority to hear appeals and, in doing so, "the discretion to reach a decision that embodies due consideration for individual circumstances and plan provisions".

Is there a time limit to submit an appeal?

You must submit your appeal in writing no more than one year after the date Sun Life mailed a Claim statement informing you that your claim has been denied.

What happens if I submit an appeal for a supply or service not covered by the plan?

Appeals for coverage of products or services that are not eligible expenses under the plan will not be granted. The Administration Authority will not overrule plan provisions in hearing appeals.

For example, the plan contains maximums for certain benefits, such as vision care or hearing aids. An appeal will not result in you receiving more than the maximum allowable reimbursement under the plan. ➤➤

PSHCP appeals process

➤If you believe that a particular health product or service should be covered or treated differently under the PSHCP, you can write a letter to the Administration Authority explaining why. Periodically, changes are made to the plan through a collaborative process that involves the Treasury Board Secretariat, public service bargaining agents, and the association representing federal pensioners. In deciding which benefits will be covered, these parties consider the health needs of members and their families, while remaining conscious of the overall cost of the plan. We maintain a record of members' comments and feedback, which we pass on when these changes are being discussed.

Where do I submit my appeal?

Send your written appeal to:

Federal PSHCP Administration Authority
Box 1328 Station "B"
Ottawa ON K1P 5R4

What do I have to include when I appeal?

With your letter explaining why you are appealing, be sure to provide all the relevant facts related to your original claim, your reasons for disputing Sun Life's decision, and any supporting documentation.

What happens to my appeal once I submit it?

The Administration Authority acknowledges receipt of your appeal the day we receive it. Then, we:

- review your appeal to ensure that we clearly understand your position and that you have provided the necessary information (if you don't include enough information with your appeal, we will get back to you for more information);
- research the original claim;
- analyze Sun Life's position in denying the claim; and
- undertake the necessary research to enable the Appeals Committee to reach an informed decision to uphold or deny your appeal.

The process may also include pulling one or more claims, listening to recordings of calls you made to the Sun Life call centre, and reviewing claiming history, if necessary. When all documentation has been received and reviewed, Sun Life's medical consultant is also called on, whenever necessary, to review the case.

Finally, the appeal is summarized and presented to the Appeals Committee for hearing. As soon as the decision of the Appeals Committee is ratified by the Board of Directors, the Administration Authority informs you of the Appeals Committee decision.

When does this review begin?

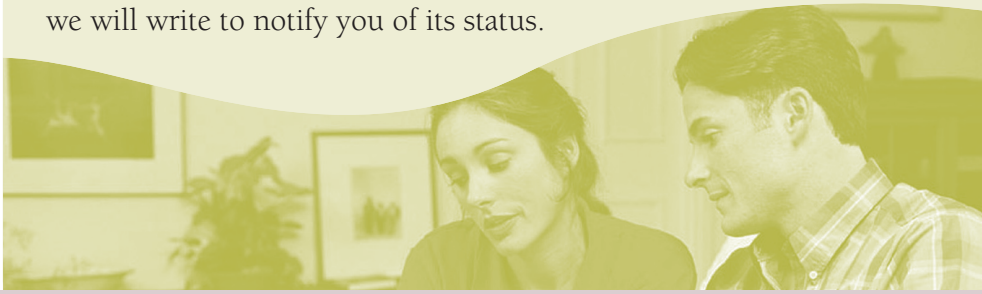
As soon as possible. However, we do receive a number of appeals every day and each appeal must go through the same rigorous process. Appeals enter the review process in chronological order of their receipt.

How long does it take?

The appeal process generally takes four months from the time we acknowledge receipt of an appeal to the ratification of the Appeals Committee decision by the Board of Directors. This represents the elapsed time required to complete the critical review steps that are part of the process.

For appeals relating to a member's eligibility for coverage under the plan (often a matter of an administrative delay or error in processing an enrolment or contributions), the review can be completed more quickly. When additional information or medical reports are required, however, the process takes longer.

If your appeal has not been heard within four months, we will write to notify you of its status.



The *PSHCP Bulletin* is produced by the Federal Public Service Health Care Plan Administration Authority to provide benefit and administrative information about your health care plan.