

# Claims and Payment Modernization



Medigent:  
A Canadian Healthcare Claims and Payment Solution



October 20, 2021

# Agenda

- **Introductions**
- **The Case for Change**
- **Medigent Overview**
- **Summary**

# Introductions



# Introductions

- Cindy McMath
  - Over 30 years' experience working in the Medicare space in Canada
  - Optimizing claims adjudication using system rules that balance processing speed with risk management for all types of payment models
  
- Peter Smith
  - 23 years' experience implementing public claims processing systems
  - Primary focus on payment and alternate payment programs

# Responding to the Changing Public Health Landscape in Canada



# Current State

- Health spending continues to rise each year
- Governments across Canada continue to evolve health care compensation
- This approach recognizes the link between better patient outcomes and cost containment

Health  
Spending  
2019:

11.5%  
of GDP

\$7,050+  
per person

\$265B  
per year

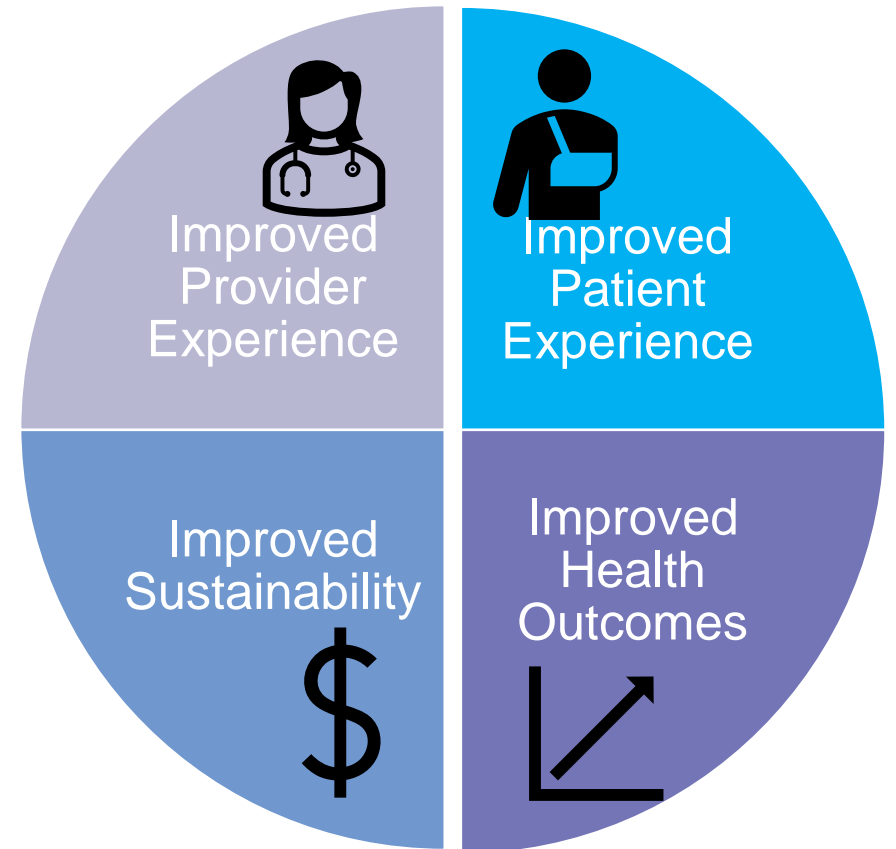
# The Case for Change

- Legacy systems make some changes expensive and time-consuming
  - This lack of flexibility can lead to:
    - A patch-work of payment models that are sometimes distributed between Ministry departments or even between Ministry and Health Authorities
    - Changes being implemented in the fee-for-service model, even when other models would be more appropriate
  - The lack of a cohesive view
    - Makes tracking patient outcomes difficult
    - Leaves government exposed to overpayments (whether intentional or unintentional)

# Healthcare Modernization Goals

Medigent Supports the Quadruple Aim through:

- Enabling submission of billing and encounter records for all models of care through a single platform
- Helping patients receive their records to make informed decisions about their health
- Providing more integrated data so that our clients can measure holistic costs and patient outcomes
- Driving efficiencies through use of a single platform





# Medigent Overview



# Medigent Highlights



- Medigent provides full scope of public Health Benefit Programs
- Commercial off the shelf (COTS) offering – each client utilizes its own instance of a single code base
- Purpose built for Canadian public-sector health benefit program management
- Highly configurable in all layers of the solution
- Incorporates advances in business operations and program requirements (i.e. the Functional Roadmap)
- Remains current with advances in technology (i.e. the Technical Roadmap)
- Open, accessible data store
- Medigent is scalable, adapting to meet program requirements and volumes for large or small jurisdictions
- Highly integrated through its support of national transaction standards and its Open Interface Framework

# Medigent Footprint

## Nunavut

Pharmacy and Supplementary Benefits  
EMR  
Medical  
Medical Travel  
Vital Statistics  
Provider Registration

## Northwest Territories

EMR  
Medical  
Provider Registration  
Beneficiary Management  
Medical Travel  
Vital Statistics

## Yukon

Pharmacy and Supplementary Benefits  
EMR  
Provider Registration  
Beneficiary Management  
Medical  
Medical Travel  
Drug Information System

## British Columbia

Beneficiary Management

## Alberta

Medical  
Beneficiary Management  
Provider Registration

## Nunatsiavut

Pharmacy and Supplementary Benefits  
Dental  
Beneficiary Management  
Provider Registration

## Newfoundland & Labrador

Pharmacy and Supplementary Benefits  
Beneficiary Management  
Provider Registration

## Prince Edward Island

Drug Information System  
Pharmacy and Supplementary Benefits  
EMR  
Medical  
Vital Statistics  
Dental  
Beneficiary Management  
Provider Registration

## Nova Scotia

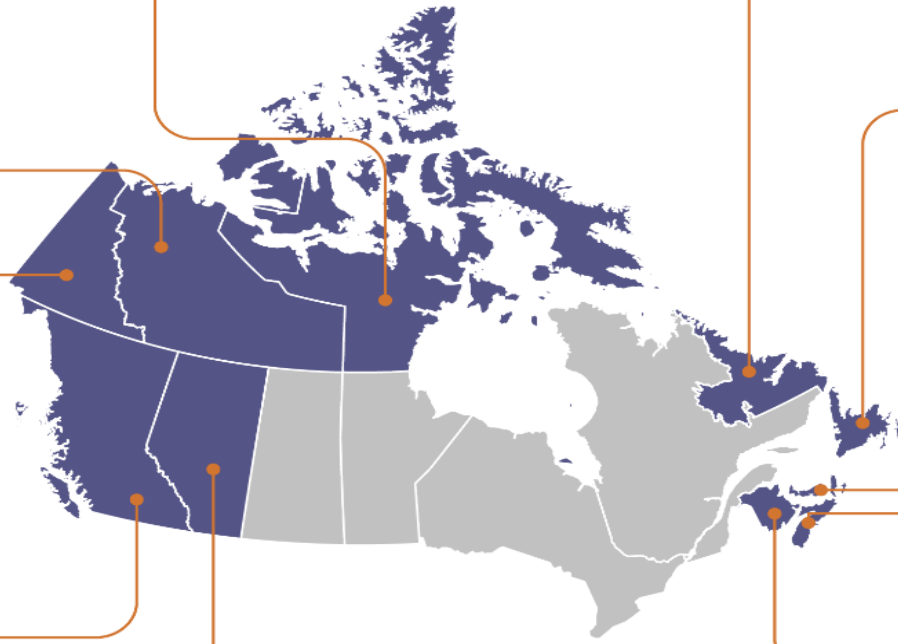
Drug Information System  
Reciprocal Billing  
Beneficiary Management  
Provider Registration

## New Brunswick

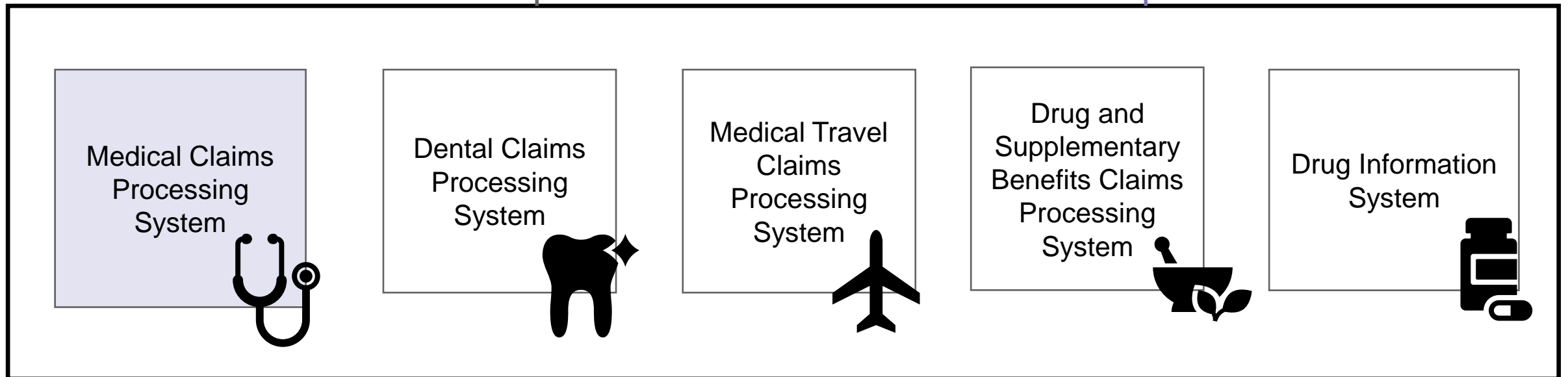
Drug Information System

## Bahamas

Beneficiary Management  
Provider Registration  
Medical



# Medigent Modules



# Beneficiary and Provider Management

- Manages the full lifecycle from enrolment / registration to end of eligibility
- Manages workflow through queuing
- Enables association between beneficiaries (e.g., households) and providers (e.g., provider to clinic / hospital / private practice)
- Provides historical tracking of updates to records
- Integrates with external systems of record (e.g., Provider Registries, Provincial Client Registries)
- Supports enrolment into various care models for both beneficiaries and providers
- Enables automation
- Includes document management functionality



# Medical Claims Processing System (CPS)

- Manages allowable benefits and prices for provider and hospital delivered medical services under a Provincial/Territorial Medicare Program
- Integrates directly with physician EMRs
- Through the Medigent Claim Converter, automates electronic claim intake from diverse source systems
- Supports Portal or paper-based claim submission and adjudication for one-of and out-of-country claims
- Manages the Reciprocal Billing Program workflow and supports electronic exchange with other jurisdictions via the reciprocal and hospital claim standards
- Enforces program edit checks, Business Rules, and fiscal adjudication rules
- Supports payment processing on a configurable schedule and integrates with enterprise financial information systems for both fee for service and alternate payment programs



# Summary



# Summary

## Medigent:

- Made specifically for the Canadian Public Healthcare space
- Supports the full scope of public health benefit programs
- Supports migration to existing / emerging new models of care (e.g., Primary Care Networks, blended capitation, salaried and sessional models) as well as the traditional fee-for-service model
- Provides a rich data source to allow focus on Health Outcomes and a holistic view of health service delivery.
- Modular structure enables governments to choose where to begin modernization, knowing that additional programs can be on-boarded later in a fully interoperable, configurable suite of services
- Provides opportunity for cross program analytics/trend mapping to measure value from both fiscal and population health perspectives.
- Allows seamless integration and can be single submission point for service providers, improving overall experience and cost to manage.



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