

Paramedical e-claims make life brighter for plan members

Plan members are saying great things about their online self-serve experience on our Plan Member Services website. (You may have read some of their testimonials in a recent [Focus Update](#)).

We listened to their feedback and as a result are expanding the e-claims functionality on Plan Member Services to include paramedical e-claims.

Do you have **e-claims for dental and vision care** expenses enabled on our Plan Member Services website? If so, on October 26, 2009, e-claims will be automatically extended to include the following most popular paramedical expenses:

- Physiotherapy
- Massage therapy
- Chiropractic services*
- Chiropody
- Podiatry services*
- Psychology
- Naturopathy

* Includes x-rays

With the addition of e-claims for paramedical expenses, now 95 per cent of all claims we receive are for expenses that are eligible for instant adjudication.

This also brings us one step closer to a totally paperless — and greener — medical and dental claiming experience.

Paramedical e-claims steps

Paramedical e-claims have the same look and feel as other types of e-claims. The process is based on the provider's information. For the initial claim, the member is prompted to enter the provider's details, which we validate and store on our website for subsequent claims. In just a few easy steps, the claim is instantly adjudicated online, the plan member gets confirmation, and the payment is deposited in their bank account within 24 to 48 hours.

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Audits and controls

We have implemented increased fraud management controls throughout the online claims and adjudication process. All e-claims are subject to comprehensive and rigorous audits in addition to the limits in the benefits plan. Here are some examples:

- When a member submits a paramedical claim, we validate whether the provider is in our national provider database. The database integrates data provided by the associations that govern each practitioner type. If the provider is not registered with their association, the claim is not eligible.
- Each paramedical online claim submission triggers an instant automated analysis of that member's claims activity to detect any suspicious and potentially fraudulent behaviour.
- During the claim adjudication process, all online claims are subject to random audits, maximum amounts that can be paid for each online submission and mandatory audits for claims over certain amounts.

If you don't have e-claims enabled

Now is the time to consider implementing e-claims. Plan members have told us they appreciate the tools and information on our Plan Member Services website, especially the ability to submit claims for instant adjudication. Enabling e-claims will enhance plan member satisfaction and help promote you as an employer of choice. Contact your Sun Life Financial group representative about enabling e-claims and providing your members with the most effective benefits experience possible.

Communicating with plan members

We encourage you to share this [member announcement](#) with your plan members.

Questions?

Please contact your Sun Life Financial group representative.