WHEN TO MAKE A CLAIM FOR HOSPITAL SERVICES

Within Canada

If you are admitted to an acute care, extended care, or rehabilitation hospital in another Canadian province or territory, the Ministry of Health will pay the standard ward rate for inpatient care or the interprovincial rate for outpatient services. You will need to show your BC Services Card/CareCard at the time of service. There are excluded services. Contact Out-of-Province Claims for information (see General Contact Information).

Outside Canada

Only emergency and daycare surgical hospital benefits are provided outside Canada. These benefits are available for admission to an approved acute care, extended care or rehabilitation hospital. Hospital benefits will not exceed $75 a day (Canadian funds) for each day of service. There are excluded services. Contact Out-of-Province Claims for information (see General Contact Information).

Making a Claim for Hospital Services

If you are hospitalized outside Canada please complete and submit an Out-of-Country Claim form as soon as possible. Forms are available online at www.health.gov.bc.ca/exforms/msp.html or by calling HIBC (see General Contact Information).

COLLECTION AND USE OF PERSONAL INFORMATION

Personal information is collected under the authority of the Medicare Protection Act and used to determine residency in British Columbia and determine eligibility for provincial health care benefits. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only as provided by that Act. Questions about the collection, use and disclosure of this information can be directed to HIBC (see General Contact Information).

WHAT TO DO IF YOUR BENEFITS END

You are advised to be covered at all times. If you know your B.C. benefits will end, be sure to obtain alternative coverage from the place where you’re staying or if available, from a private insurance company.

If you plan to re-establish residency in B.C. after your eligibility for B.C. benefits has ended, keep in mind that benefits cannot be renewed. That wait period will consist of the balance of the month of your permanent return to B.C. plus two months. If absence from Canada exceeded a total of 30 days during the wait period, eligibility for benefits may be affected. Application should be made to HIBC immediately after arrival rather than at the end of the wait period.

WHAT IF YOU NEED TO ADVISE HIBC OF AN ABSENCE

If you need to advise HIBC of an absence or you need further information about physician and hospital claims outside Canada, please have your BC Services Card/ CareCard ready and contact HIBC.

Online: www.health.gov.bc.ca/msp/infoben/contacts.html

By Phone:
Lower Mainland:  604-663-7151
Rest of B.C.:  1-800-665-7100

By Mail:
P.O. Box 4849 Stn Prov Govt
Victoria, B.C. V8W 9E7

For more information on hospital services within Canada:
Out-of-Provincial Claims
Ministry of Health
2-1 1551 Blanshard St
Victoria, B.C. V8W 3C8
Victoria:  250-952-1334
Rest of B.C.:  1-800-663-7667 (8 inquiry BC)

MSP FORMS

Permanent Resident Outside B.C. form:
www.health.gov.bc.ca/forms/msp/1063s.html

Out-of-Country Claim form:
www.health.gov.bc.ca/forms/msp.html

Other MSP forms available:
• online at www.health.gov.bc.ca/forms/msp.html
• request forms be faxed to you by calling 250-356-0996
• contact HIBC by phone
• at a Service BC office – visit www.servicebc.ca for nearest office

HOSPITAL SERVICES

ITEMS AND SERVICES NOT COVERED OUTSIDE B.C.

• prescription drugs
• ambulance services
• services of a nurse practitioner or physician assistant
• services of a nurse anesthetist
• home care services (nurse)
• embalming services
• massage therapy
• physiotherapy
• chiropractic
• acupuncture
• naturopathy
• podiatry
• optometry
• orthodontia
• orthodontia
• dentistry

Ambulance Services

If you require ambulance service while in another province or outside Canada, you will need to obtain service from an ambulance company in that jurisdiction and will be charged the fee established by the out-of-province service provider. Fees range from several hundred to several thousand dollars.

When purchasing additional out-of-province health insurance you are advised to obtain insurance that will cover emergency transportation while you are away and, if necessary, the cost of transportation back to B.C.

WHAT TO DO IF YOUR BENEFITS END

You are advised to be covered at all times. If you know your B.C. benefits will end, be sure to obtain alternative coverage from the place where you’re staying or if available, from a private insurance company.

If you plan to re-establish residency in B.C. after your eligibility for B.C. benefits has ended, keep in mind that benefits cannot be renewed. That wait period will consist of the balance of the month of your permanent return to B.C. plus two months. If absence from Canada exceeded a total of 30 days during the wait period, eligibility for benefits may be affected. Application should be made to HIBC immediately after arrival rather than at the end of the wait period.

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Other MSP forms available:
• online at www.health.gov.bc.ca/forms/msp.html
• request forms be faxed to you by calling 250-356-0996
• contact HIBC by phone
• at a Service BC office – visit www.servicebc.ca for nearest office

www.hibc.gov.bc.ca
You are advised to buy additional, private health insurance to supplement your basic coverage before you leave the province. This is true regardless of whether you’ll be in another part of Canada or outside the country – even if you only plan to be away for a day. If you have a pre-existing medical condition, you need to mention this when choosing additional insurance as most policies will not cover treatment of that condition outside the province.

Some private insurance companies have a signed agreement with the Ministry of Health. This permits them to pay to physician and hospital claims up front and then only submit the net amount that the Ministry will eliminate the need for beneficiaries to handle their own claims. In all other cases, physician and hospital claims must be submitted to the Ministry for payment, leaving the policyholder to pay the difference if the Ministry denies payment.

It is physically present in B.C. if:
- he/she has his/her home in B.C., or
- makes his/her home in B.C., and
- is physically present in B.C. for at least 30 days in a calendar year (January 1 – December 31) or
- a shorter prescribed period*.

This includes a person who is deemed under the regulations to be a resident, but does not include a tourist or visitor to British Columbia.

WHY YOU SHOULD KNOW BEFORE LEAVING B.C.

Health services provided outside Canada often cost more than what is paid by the Ministry of Health. Sometimes the difference is substantial.

Some items/services that may be in benefit in B.C. are not covered outside the province e.g., prescription drugs and dental care.

The Ministry of Health does not pay any portion of fees charged for ambulance services obtained outside British Columbia.

Leaving Canada to Obtain Medical or Hospital Care

If you plan to leave Canada specifically to obtain medical or hospital care, it is necessary for the specialist looking after your care in B.C. to write to B.C. to provide the physician and hospital prior approvals for the insured services. If approval is not received, all costs of such services will be your responsibility. Travel costs and accommodation are the responsibility of the patient.

More information is available online at www.health.gov.bc.ca/msp/priorapproval.html or by contacting HIBC (see General Contact Information).

LEAVING B.C. TEMPORARILY

Temporary Absences

To maintain eligibility for MSP coverage, an individual must continue to meet the residency requirements (see Health Care Coverage in B.C. section). Residents who will be absent from B.C. for six months or more in a calendar year, need to contact HIBC to confirm continuing eligibility and discuss options for coverage that may be available during an absence.

Extended Absences

In some circumstances, while temporarily outside the province for work or vacation, individuals may retain eligibility for coverage during an extended absence of up to 24 consecutive months, once in a 36-month (five year) period. To qualify, the individual must:
- be a Canadian citizen or a person lawfully admitted to Canada for permanent residence,
- make his/her home in B.C., and
- be physically present in Canada for six of the 12 months immediately preceding the absence, and
- have not been granted an extended absence in the previous 60 months (five years).

If an individual returns to B.C. for over 30 consecutive days during their extended absence, their absence is no longer considered as being an extended absence; and
- have not returned to the province for more than 30 travel days during the previous 90 days.

Residents who leave B.C. temporarily will continue to be billed for premiums. Although it is recommended that residents maintain their provincial health care coverage during a temporary absence, you may be required to pay for insured services and seek reimbursement from MSP.

If you present your valid card, Services Card/CareCard, most private health care insurance plans (except Quebec) will bill their provincial health care plan for the services. MSP will then reimburse the other plan.

Within Canada and outside Quebec

When you leave B.C. to go outside Canada or Quebec, you may be required to pay for insured services and seek reimbursement from MSP.

MSP will pay for unexpected insured services you receive outside B.C. for up to 12 months. But if you receive services you receive elsewhere in Canada, the services will be paid for by your private health insurance plan, if you have one. Before you leave, you need to contact your private insurance company to arrange for coverage outside B.C. for the services you receive.

Claims for medical care must be submitted within 90 days of the date of service and hospital claims must be submitted within six months of the date of discharge. To submit a claim visit www.health.gov.bc.ca/exforms/msp.html for the Out-of-Country Claim form, which can be printed and mailed with your original receipts to HIBC at the address on the form. Please retain copies for your records.

MSP will pay for unexpected insured services you receive outside B.C. for up to 12 months. But if you receive services you receive elsewhere in Canada, the services will be paid for by your private health insurance plan, if you have one. Before you leave, you need to contact your private insurance company to arrange for coverage outside B.C. for the services you receive.

Claims for medical care must be submitted within 90 days of the date of service and hospital claims must be submitted within six months of the date of discharge. To submit a claim visit www.health.gov.bc.ca/exforms/msp.html for the Out-of-Country Claim form, which can be printed and mailed with your original receipts to HIBC at the address on the form. Please retain copies for your records.

It is important to contact HIBC before leaving B.C. or submit a Permanent Move Outside B.C. form online at: www.health.gov.bc.ca/exforms/msp/7032.html.

While in Canada

Provincial coverage for physician and hospital services will continue for the balance of the month you leave the province, plus two months. If required, coverage may be extended up to three extra months to cover you while in hospital, in cases where you should immediately apply to the health plan of your home province for extended coverage.

Outside Canada

Coverage will continue for the balance of the month you leave the province.

WHAT YOU NEED TO KNOW ABOUT OUTSIDE SERVICES

When you receive services outside B.C., this may result in your personal information being shared with the out-of- province service provider for the purpose of administering benefits (unless you have given a signed agreement of claim) under the Medicare Protection Act.