

# Extra-billing provisions in the *Medicare Protection Act* – Information for Patients

## Q1. How are medical services paid for in BC?

In Canada, public health insurance is available to eligible residents. Canadian citizens and permanent residents can apply for provincial health insurance. In B.C., public health insurance is called the Medical Services Plan (MSP). It covers the cost of medically necessary insured medical services (known as benefits). Some medically necessary services are insured through the *Hospital Insurance Act* and are also covered for individuals enrolled in MSP.

The *Medicare Protection Act* sets rules for billing for services provided by physicians and certain other health care practitioners who are enrolled with MSP – charges for services covered by MSP must be submitted directly to MSP rather than to beneficiaries (i.e. patients who are covered by MSP) or their representatives.

Services that are not medically necessary are not insured and must be paid for separately.

Information on which services are covered and which are not can be found online at:

<https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/benefits>

## Q2. What is extra-billing?

Extra-billing occurs when a patient or a person acting on behalf of a patient, is charged a fee by a medical practitioner for services covered under MSP. Under the *Medicare Protection Act*, this is not permitted.

Under Section 18 of the *Medicare Protection Act*, a practitioner who is not enrolled in MSP and performs services insured by MSP in a hospital, a continuing care facility, publicly funded community care facilities or assisted living residences, or a health authority, may only charge at the MSP rates. Additional charges in these circumstances are extra-billing.

## Q3. Who is affected?

These changes affect medically necessary insured benefits provided by physicians. In general, practitioners are billing appropriately as outlined in the *Medicare Protection Act*; therefore, these amendments should have minimal impact on their day-to-day work. The list of insured benefits is not changing as a result of these amendments.

Eligible BC residents should ensure they are aware of the scope of these changes to ensure they are not charged for benefits.

#### **Q4. Why is this happening now?**

These amendments were originally passed by the Legislative Assembly in 2003 but were not brought in to force at that time. Bringing these sections of the *Medicare Protection Act* into force and introducing penalties for non-compliance will ensure that eligible BC residents (beneficiaries) receive quality public health care based on need, not on ability to pay. These changes uphold the fundamental principles of the *Medicare Protection Act* as well as the *Canada Health Act*.

#### **Q5. What do these changes mean for an MSP beneficiary receiving care?**

These amendments clarify that medical practitioners and clinics are not permitted to charge any person enrolled in MSP for services covered by MSP, or for any matters related to rendering these benefits. This includes charging for priority access to waitlisted benefits.

These amendments to the *Medicare Protection Act* do not prevent practitioners or clinics from charging for completion of physician's notes for employers or for other services that are not insured benefits (e.g. elective cosmetic procedures).

#### **Q6. What happens if I find out I was extra-billed?**

Individuals who are receiving benefits covered by MSP should first ask for clarification from their practitioner at the time of service. Individual actions should be determined based on the information received from those discussions.

#### **Q7. Does Bill 92 apply to laboratory services?**

In 2015, the *Laboratory Services Act* (LSA) was enacted and replaced the *Medicare Protection Act* and the *Hospital Insurance Act* as the authority for insuring laboratory services in the province. As a consequence, changes to the *Medicare Protection Act* resulting from Bill 92 do not apply to services governed by the LSA.

#### **Q8. What about WCB and ICBC claims? How do the new provisions affect these claims?**

The provisions regarding extra-billing do not affect arrangements ICBC or WCB have with private clinics to deliver services to their clients, as services provided under these arrangements are not benefits under MSP or the *Hospital Insurance Act*.

#### **Q9. Where can I find the legislation being referenced?**

The current version of the *Medicare Protection Act* can be found at:  
[http://www.bclaws.ca/civix/document/id/complete/statreg/96286\\_01](http://www.bclaws.ca/civix/document/id/complete/statreg/96286_01)

#### **Q10. Who can I contact with questions?**

Additional questions from a beneficiary regarding extra-billing may be directed to the Medical Services Commission by email at: [MSC@gov.bc.ca](mailto:MSC@gov.bc.ca). Or write to

Administrator  
Beneficiary Services and Strategic Priorities Branch  
PO Box 9649 Stn Prov Govt  
Victoria, B.C. V8W 9P4 Fax:  
(250) 952-3268