4 Offline (Manual) Claims

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4.1 Claims by Offline and Out-of-Province Providers

[June 1, 2015: Updated to reflect Provider Regulation terminology]

[July 31, 2019: Updated for clarifications]

**General Description**

This section provides information for providers who are not connected to PharmaNet, but who participate in PharmaCare.

**Policy Details**

- Connection to PharmaNet for in-province providers (other than pharmacies) is not mandatory.

- Out-of-province (OOP) providers must enroll in the PharmaCare program as providers if they wish to participate in PharmaCare, that is, be paid by PharmaCare or enable their patients to be reimbursed by PharmaCare.

- Offline and out-of-province (OOP) providers should note that an individual ceases to qualify for PharmaCare coverage on the day he or she leaves British Columbia to reside, elsewhere even though Medical Services Plan (MSP) coverage may continue.

- Offline and OOP providers submit manual claims to PharmaCare for benefits being provided to B.C. residents with PharmaCare coverage for the drug or device in question through 100% coverage plans (Plans C, D, F, G, W and Z).

- Offline and OOP providers should not submit manual claims to PharmaCare for benefits provided to B.C. residents with coverage under only Fair PharmaCare (Plan I). Fair PharmaCare beneficiaries may submit claims using the Manual Patient Claims process detailed in Section 4.2.

- Offline and OOP providers may opt out of PharmaCare at any time, but if they do so their patients will not be reimbursed by PharmaCare for any purchases made at their site.

- OOP sites wishing to be providers are required to sign a declaration. If the enrollment application is approved, the site will become a PharmaCare provider, but will not be connected to PharmaNet.

- OOP providers are subject to the same policies and procedures as in-province providers.

- Payment is not made for B.C. residents visiting an OOP community. Payment is provided only because the OOP provider is closer to or more accessible from a B.C. resident’s home than the nearest B.C. provider.

- All claims by providers are subject to PharmaCare audit.

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1 By signing the Declaration, OOP providers agree to serve the residents of B.C., to be bound by the laws of the Province of B.C. and to have any court proceedings related to their enrollment in PharmaCare conducted in B.C.
Procedures

Processing Manual Claims

- Upon receipt of a manual claim, PharmaCare adjudicates the claim using the PharmaNet system.
- If a manual claim is accepted, payment for the PharmaCare portion is issued by the Ministry of Finance and a statement (the Remittance Advice) is sent by PharmaCare to the provider. The Remittance Advice itemizes all processed claims for an individual provider.
- The documentation submitted with an accepted claim is not returned.
- Claims that are not accepted—as well as those that are incomplete or incorrect—are returned to the provider with the Remittance Advice.

For more information on rejected claims, please refer to Incomplete/Incorrect Claims, below.

Direct Deposit Payments

- The Ministry of Finance issues payments to providers for accepted claims. To receive payment by Electronic Funds Transfer, complete a British Columbia Government Direct Deposit Application. Submit the application and an original void cheque to:
  
  PharmaCare Information Support
  PO Box 9655 Stn Prov Govt
  Victoria BC V8W 9P2

- The Direct Deposit Application is included in the PharmaCare Welcome Package sent to new providers, and additional copies are available from HIBC Info Support at informationsupport@hibc.gov.bc.ca.

Manual Claims by Providers

- All manual provider claims must include the:
  - top copy of the completed PharmaCare Claim Forms (HLTH 5336).
  - provider’s work order/invoice, with costs itemized.
  - top copy of a completed PharmaCare Prescription Invoice (HLTH 5335).

PharmaCare Claim Forms

Record of the information for each individual product dispensed.

PharmaCare Prescription Invoice

Summary of the total number and total dollar value of the claims submitted (up to 100 claim forms may be submitted with a single invoice form).
• Up to 100 claim forms may be submitted with a single Prescription Invoice.

Completing the 3-part PharmaCare Claim Form (HLTH 5336)

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Patient’s name and Personal Health Number (PHN).</td>
</tr>
<tr>
<td>Date</td>
<td>Date (YYYY/MM/DD) that the device or service was provided.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Name of the provider to whom payment should be sent.</td>
</tr>
<tr>
<td>Pharmacy Code</td>
<td>Provider’s Site ID.</td>
</tr>
<tr>
<td>Plan</td>
<td>PharmaCare Plan (Plan C, D, F, G, W or Z).</td>
</tr>
<tr>
<td>Physician MSP Number</td>
<td>Prescribing physician’s MSP billing number.</td>
</tr>
<tr>
<td>Prescription No.</td>
<td>Provider’s work order or invoice number.</td>
</tr>
<tr>
<td>Quantity</td>
<td>The full metric quantity of the drug or product covered by the claim.</td>
</tr>
<tr>
<td>CDIC No.</td>
<td>The federal government's DIN (Drug Identification Number) for drugs or the</td>
</tr>
<tr>
<td></td>
<td>PharmaCare-assigned PIN (Product Identification Number) for compounds or</td>
</tr>
<tr>
<td></td>
<td>products.</td>
</tr>
<tr>
<td>Dispensing Fee</td>
<td>Up to the PharmaCare maximum.</td>
</tr>
<tr>
<td>Ingredient Cost</td>
<td>Up to the maximum cost covered by PharmaCare.</td>
</tr>
<tr>
<td>Total $ Claimed</td>
<td>Total of Dispensing Fee and Ingredient Cost.</td>
</tr>
<tr>
<td>Balance Due</td>
<td>Grand total (same amount as in the Total $ Claimed)</td>
</tr>
<tr>
<td>Signature of Patient (or</td>
<td>Patient's signature. (An agent may be the parent of a child-patient or someone</td>
</tr>
<tr>
<td>Agent)</td>
<td>with Power of Attorney for a patient.)</td>
</tr>
</tbody>
</table>

Ensure that all the following information is provided and that the correct unit of measure is used when specifying product quantity.

1. Complete a separate PharmaCare Claim Form for each product or service (even if a number of products or services are provided for the same patient), including all the following information:
2. Submit the **top copy** of each *PharmaCare Claim Form* to PharmaCare with supporting documents such as work orders or invoices. (Up to 100 Claim Forms can be sent in with each *Prescription Invoice.*) Give the second copy to the patient. Retain the third copy for your records.

**Completing the 2-Part PharmaCare Prescription Invoice (HLTH 5335)**

![Prescription Invoice Form](image)

1. Complete the invoice including **all** of the following information:

<table>
<thead>
<tr>
<th>Identification</th>
<th>Provider’s name and address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>The date of the invoice (YYYY/MM/DD).</td>
</tr>
<tr>
<td>No. of Claims</td>
<td>Total number of claims being submitted with this invoice.</td>
</tr>
<tr>
<td>Phcy. Code</td>
<td>Provider’s Site ID.</td>
</tr>
<tr>
<td>Total Amount</td>
<td>Total $ amount for all the claims covered by this invoice.</td>
</tr>
<tr>
<td>Signature</td>
<td>Provider’s authorized representative’s signature.</td>
</tr>
<tr>
<td>Position</td>
<td>Position or title of the person who has signed the invoice.</td>
</tr>
</tbody>
</table>

2. Submit the top copy of the *Prescription Invoice* with the top copy of up to 100 claim forms and associated documents by mail to:

   PharmaCare  
   PO Box 9655 Stn Prov Govt  
   Victoria BC V8W 9P2

Retain the second copy of the invoice (labelled PHARMACY) for your records.

Note: Forms may be couriered to:

   PharmaCare  
   Health Insurance BC  
   716 Yates Street  
   Victoria BC V8W 1L4
### Quantities

- Accurate quantity reporting is critical to the efficient and accurate adjudication of claims.
- If you are unsure of the unit of measure to use for a particular product, consult the [Correct Quantities](#) list on the PharmaCare website.

### Incomplete/Incorrect Claims

- PharmaCare returns incomplete or incorrect claim forms to the provider for correction or completion. The claims are returned with the **Remittance Advice**. The **Prescription Invoice** that accompanied the claim will not be returned; PharmaCare retains the invoice and deducts the amount of the incomplete or incorrect claim from the invoice total.

> The claim form is also returned if the claim is rejected due to patient ineligibility or because the product is not a benefit. These claims should not be re-submitted.

- If an incomplete or incorrect claim form is returned to you:
  1. Correct or complete the original form. Do **not** submit a new claim form.
  2. Ensure that the date on the claim form is the date the product or service was received by the patient.
  3. Include the $ amount of the corrected claim on a new **PharmaCare Prescription Invoice**.
  4. Submit the **Claim Form** and **Prescription Invoice** to Health Insurance BC.
4.2 Manual Patient Claims

[July 2019: Updated to clarify and permit faxed patient-pay manual claims]

**General Description**

- PharmaCare claims may be submitted by the patient. The provider is encouraged to assist the patient in filing the claim.

**Details**

- A patient's PharmaCare claim may cover multiple receipts if all purchases were made within a single calendar year. Claims must be submitted before March 31st of the year immediately following the benefit purchase.

- Providers can obtain PharmaCare Claim Forms from the PharmaNet Help Desk. The public can request forms by calling Health Insurance BC.

- Manual patient claims may also be submitted with a patient-signed letter containing the patient’s full name, birth date, PHN, and address.

- To assist a patient in filing a Fair PharmaCare claim:
  1. Collect the full cost of the prescription or item from the patient.
  2. Provide the patient with a receipt clearly showing itemized costs, and provider name and address.

    *The patient should complete the claim form or letter and affix the receipt(s).*

  3. The provider or patient may forward the claim to PharmaCare at the address listed on the claim form or fax it (including receipts) to HIBC. If the fax number is secure and private and the patient or provider wishes to receive follow-up communication by fax, please note “PRIVATE FAX” on the submission. All receipts must be clearly visible on the fax.

**Processing of Patient Fair PharmaCare Claims**

- Health Insurance BC processes Fair PharmaCare claims on PharmaNet. The PharmaCare portion of each claim, if any, is remitted to the patient by a cheque issued by the Ministry of Finance.

- In a separate mailing, the claim—and all submitted receipts—is returned to the patient along with a PharmaCare Statement detailing what portion of the cost of each submitted receipt PharmaCare will cover as well as the total amount of the cheque.

  *A patient covered by a third-party insurer may then use the returned receipts and PharmaCare Statement to submit a claim to the insurer.*

- If a claim is faxed from a private, secure fax, any follow-up communication, including the resulting PharmaCare statement, may be faxed to the patient or provider by HIBC.

- If a Fair PharmaCare patient’s annual deductible has not yet been met, some (or all) of the claim amount for an eligible benefit will accumulate towards that deductible/family maximum.