

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]

General Description

This section provides information for non-prosthetic and non-pharmaceutical suppliers and a small number of out-of-province (OOP) border community pharmacies or device 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.
- OOP providers, may, but are not required to, enroll as PharmaCare providers. As part of their enrollment, OOP providers are required to sign a declaration.¹ If the enrollment application is approved, the provider will not be connected to PharmaNet. Out-of-province providers may opt out of PharmaCare at any time.
- 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.
- OOP providers are subject to the same policies and procedures as in-province providers.
- All claims by providers are subject to PharmaCare audit.

Out-of-province Providers

- OOP providers submit manual claims to PharmaCare for benefits provided to B.C. residents having PharmaCare coverage.
- Payment is not made for B.C. residents who may be visiting an OOP community. Payment is provided because the OOP provider is closer to a B.C. resident's home than the nearest B.C. provider.

Procedures

Processing Manual Claims

- Upon receipt of a manual claim, PharmaCare adjudicates the claim using the PharmaNet system.
- If the claim is accepted, payment for the PharmaCare portion is issued by the Ministry of Finance on a weekly basis 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.

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.

Payments to **Providers** for Plans C, D, F and G Claims

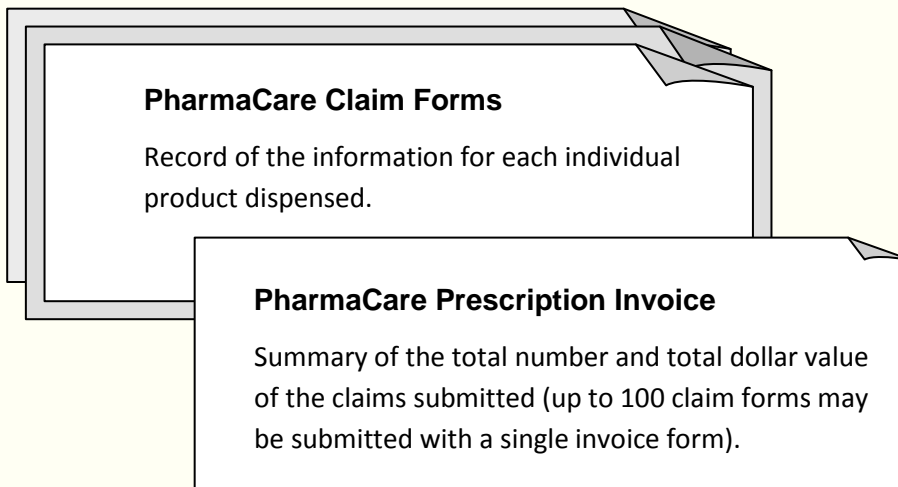
- The Ministry of Finance issues payments for accepted claims. To receive payment by Electronic Funds Transfer, complete a British Columbia Government *Direct Deposit Application*. Submit the application and an **original void cheque** to:

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**.

Manual Claims by **Providers** for Plan C, D, F or G

- 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)*.



- Up to 100 claim forms may be submitted with a single *Prescription Invoice*.

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

PharmaCare - Claim Form		DATE	
PROVINCE OF BRITISH COLUMBIA		YYYY	MM DD
PATIENT	PHYSICIAN MSP NO.	CDIC NO.	
	PRESCRIPTION NO.	QUANTITY	INGREDIENT COST
	R	DAYS SUPPLY	DISPENSING FEE
	AMOUNT PAID BY PHARMACARE NOT FOR INCOME TAX PURPOSES.	BALANCE DUE	
PHARMACY	PHARMACY CODE	I CERTIFY THAT THE PATIENT FOR WHOM THIS CLAIM IS MADE IS AN ELIGIBLE RECIPIENT OF BENEFITS IN THE PROGRAM NOTED ON THIS FORM, THAT ELIGIBILITY IS IN EFFECT AND THAT THE BENEFITS RECEIVED ARE FOR THE SOLE USE OF THAT PATIENT.	
HLTH 5336 2003/02/21		X SIGNATURE OF PATIENT OR AGENT	


ORIGINAL - SUBMIT FOR PAYMENT

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

Patient.....	Patient's name and Personal Health Number (PHN).
Date	Date (YYYY/MM/DD) that the device or service was provided.
Pharmacy.....	Name of the provider to whom payment should be sent.
Pharmacy Code.....	Provider's PharmaCare code.
Plan.....	PharmaCare Plan type (Plan C, D, F or G).
Physician MSP Number.....	Prescribing physician's MSP billing number.
Prescription No.	Provider's work order or invoice number.
Quantity.....	The full metric quantity of the drug or product covered by the claim. See Correct Quantities .
CDIC No.....	The federal government's DIN (Drug Identification Number) for drugs or the PharmaCare-assigned PIN (Product Identification Number) for compounds or products. <i>Refer to the lists of Product Identification Numbers available at www.gov.bc.ca/pharmacarepharmacists and www.gov.bc.ca/pharmacaredeviceproviders.</i>
Dispensing Fee	Up to PharmaCare maximum.
Ingredient Cost.....	Up to the maximum cost covered by PharmaCare. See Section 5.6 through 5.12 and Sections 5.13 to 5.22 .
Total \$ Claimed	Total of Dispensing Fee and Ingredient Cost.
Balance Due.....	Grand total (same amount as in the Total \$ Claimed)
Signature of Patient (or Agent)	Patient's signature. (An agent may be the parent of a child-patient or someone with Power of Attorney for a patient.)

- 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)

PHARMACY IDENTIFICATION			PRESCRIPTION INVOICE		INVOICE NUMBER
	FOR PRESCRIPTION PAYMENTS UNDER BRITISH COLUMBIA PRESCRIPTION DRUG PLANS				
	PHARMACY USE				
	YYYY	DATE MM	DD	NO. OF CLAIMS SUBMITTED	PHARMACY CODE
TOTAL AMOUNT INVOICED		\$			
CERTIFICATION – I have examined the claims supporting this invoice and certify that the amount invoiced is correct, is in accordance with all agreements and/or contracts and represents bona fide transactions.					
Signature			Position		
HLTH 5335 2002/03/05					

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

Pharmacy Identification	Provider's name and address.
Date	The date of the invoice (YYYY/MM/DD).
No. of Claims Submitted	Total number of claims being submitted with this invoice.
Phcy. Code.....	Provider's PharmaCare code.
Total Amount Invoiced.....	Total \$ amount for all the claims covered by this invoice.
Signature.....	Provider's signature.
Position	Position or title of the person who has signed the invoice.

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 for Fair PharmaCare

General Description

- Fair PharmaCare claims are submitted by the patient, not by the **provider**. The **provider** may, however, assist the patient in filing the claim.

Details

- A patient's *PharmaCare Claim form* 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](#).
- 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 the official British Columbia PharmaCare receipt and a *PharmaCare Claim form (HLTH 5325)* (shown [below](#)).

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

3. The **provider** or patient may forward the claim to PharmaCare at the address listed on the claim form.

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—are 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 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.



Do not write in this space - For Office Use only

PHARMACARE CLAIM

PO Box 9655 STN PROV GOVT, Victoria, B.C. V8W 9P2

• Greater Victoria: (250) 952-2866 • Greater Vancouver: (604) 682-6849 • Elsewhere in British Columbia: toll free 1-800-554-0250

Claims must be filed before March 31st of the year immediately following the benefit year.

EXPENSES FOR CALENDAR YEAR: _____
YYYY

PERSONAL HEALTH NUMBER									

HOME TELEPHONE					WORK TELEPHONE				
()	()				

BIRTHDATE					
YYYY			MM		DD

GENDER	
M	F

For Office Use Only

(PLEASE PRINT) Cheque payable to:

SURNAME			GIVEN NAME			INITIAL		
COMPLETE MAILING ADDRESS								
POSTAL CODE								
V			-					

CERTIFICATION

I hereby certify that the information given in this application for benefits and in any documentation attached or forming part of this Claim is true and correct, and reimbursement is being claimed on allowable drugs and other items prescribed for my use and that of my eligible dependent(s) and purchased at my expense during the benefit period. I also authorize the Minister of Health Services or the minister's agent to access any information required to substantiate this claim. I further agree that, if my Claim for benefits has arisen as a result of the negligence of a third party, then, in consideration of payment of my Claim for benefits and to the extent of such claim, (a) I assign any rights I may have against that third party to the Minister of Health Services, and (b) I will pay to the Minister of Health Services any indemnification I may receive from any party.

Applicant's Signature

YYYY MM DD

DATE

INSTRUCTIONS

- Please affix all your official PharmaCare receipts (provided by your pharmacy with each prescription purchased) to the back of this claim form, including those which may have been sent to a private health insurer. Attach additional forms as necessary.
- Submit only original receipts. Statements from private health insurers, photocopies, cancelled cheques, etc., are not acceptable.
- Do not overlap receipts, or cover any information on the receipts, when applying them to the back of claim.
- Complete all areas of the claim form in full and sign the form. Unsigned claim forms will be returned without processing or reimbursement.
- Receipts for eligible expenses can be submitted before you exceed your deductible. Reimbursement will be issued when you exceed your deductible.
- Your claim form and receipts will be returned when processing is complete.
- Please have your Personal Health Number available if making any telephone enquiries.