



MEDICAL SERVICES PLAN

# GROUP PROCEDURE GUIDE



Health  
Insurance BC

# ▶ GROUP PROCEDURE GUIDE

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## ► ELIMINATION OF MSP PREMIUMS

Medical Services Plan (MSP) premiums were eliminated as of January 1, 2020. As of this date, residents of British Columbia are no longer charged MSP premiums. Enrolment in MSP remains mandatory for all residents.

The structure of MSP accounts remains the same after January 1, 2020: accounts include an account holder and, if applicable, a spouse and/or children. All new and returning residents who have not already done so are required to complete two steps for MSP enrolment:

- Submit an Application for MSP Enrolment to Health Insurance BC (HIBC); and
- Obtain a BC Services Card by visiting an ICBC driver licensing office.

**Note:** as of January 1, 2020, individuals applying for MSP enrolment on group accounts who have not completed enrolment by obtaining a BC Services Card are no longer placed on self-administered accounts. All group members will be placed on your group account. Those who have completed enrolment will be placed on the account with active MSP coverage. Those who have not completed enrolment will be placed on the account with pending (inactive) MSP coverage.

Premium debts owed prior to January 1, 2020 remain a debt payable to the province. Revenue Services of British Columbia will continue to bill for unpaid premiums.

Following January 1, 2020, those who have not already applied for Regular Premium Assistance and who want to apply for MSP supplementary benefits (which provide partial payment for certain medical services obtained in British Columbia and may provide access to other income-based programs) must submit an Application for Supplementary Benefits.

## ► INTRODUCTION

Health Insurance BC (HIBC) is the operational arm of the Medical Services Plan (MSP), which provides basic medical benefits to eligible BC residents. Information on these benefits is available by visiting the Ministry of Health's website at [www.gov.bc.ca/medicalservicesplan](http://www.gov.bc.ca/medicalservicesplan)

This Group Procedure Guide is designed to help you in the administration of your organization's group medical coverage. Definitions and regulations are outlined and we have provided instructions to assist you in the completion of our various forms.

This guide provides a general outline only. All information is subject to change in accordance with the provisions of the *Medicare Protection Act* and Medical and Health Care Services Regulation, and the *Hospital Insurance Act* and Regulations. If a discrepancy exists between the guide and the legislation, the legislation will prevail.

## VERSION HISTORY

January 2020: Updated to reflect changes to policies and procedures related to the elimination of Medical Services Plan (MSP) premiums effective January 1, 2020.

## GLOSSARY

### ***Two-Step Enrolment:***

To enrol in the Medical Services Plan (MSP), new and returning adult residents must complete two steps:

1. Complete Identity Proofing by visiting an Insurance Corporation of BC (ICBC) driver licensing office, and requesting a Photo BC Services Card; and
2. Submit an application for MSP enrolment to HIBC, along with supporting documentation.

### ***MSP Registration:***

MSP registration is one part of the two-step MSP enrolment process. An individual can register for MSP by submitting an MSP Application for Enrolment or MSP Application for Group Enrolment. An individual that has only completed MSP registration will not have access to insured provincial health care benefits. Enrolment must be completed by visiting an ICBC driver licensing office.

### ***MSP Enrolment:***

MSP enrolment is the complete process of obtaining MSP coverage via Two-Step Enrolment. An individual who has completed MSP enrolment will have access to insured provincial health care benefits.

### ***ICBC driver licensing office:***

MSP enrolment can be completed by visiting an ICBC driver licensing office and requesting a Photo BC Services Card. An ICBC driver licensing office may include an ICBC office, or, in some communities, a designated Service BC location. Residents can book an appointment to visit an ICBC driver licensing office at a location and time that suits them. For more information, please visit [www.icbc.com/appointment](http://www.icbc.com/appointment).

### ***Identity Proofing:***

When visiting an ICBC driver licensing office to complete enrolment, individuals must verify their identity with two pieces of acceptable identification. One of the pieces of identification must be primary ID. Visit [www.icbc.com/acceptedID](http://www.icbc.com/acceptedID) for more information.

## **► MSP DIRECT**

MSP Direct is an on-line service that allows group plan administrators to make on-line adjustments on behalf of their employees/pensioners. This service reduces turn around time and administrative costs, and eliminates billing for cancelled employees.

With MSP Direct you are able to do the following, and more, under your group plan:

- Validate an address
- Record documents
- Add employees
- Add employee's dependant(s) (spouse or child)
- Cancel employees
- Cancel employee's dependant(s) (spouse or child)
- Extend coverage for eligible children age 19 – 24
- Obtain and update employee's contact address

It is no longer possible to submit personal information changes (e.g. name change) through MSP Direct. Please use a Group Change Request form for this purpose.

To find out more about MSP Direct visit: <http://www.gov.bc.ca/mspdirect>

# ► ELIGIBILITY FOR HEALTH CARE BENEFITS

## WHO IS ELIGIBLE

To qualify for health care benefits in British Columbia (BC) a person must be a resident of BC. The *Medicare Protection Act* defines a resident as a person who:

- “(a) is a citizen of Canada or is lawfully admitted to Canada for permanent residence,
  - (b) makes his or her home in British Columbia, and
  - (c) is physically present in British Columbia for
    - (i) at least 6 months in a calendar year, or
    - (ii) a shorter prescribed period,
- and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.”

The shorter prescribed period is defined in the Medical and Health Care Services Regulation and applies to eligible BC residents for vacation purposes only, for a total absence of up to seven months per calendar year.

Those deemed to be residents may include individuals who hold temporary immigration status or who are temporarily absent from British Columbia. For more information on residency requirements, visit the MSP website at <http://www.gov.bc.ca/mspeligibility>.

## REQUIREMENT TO ENROL

Residents of BC are required to enrol with MSP.

Under Section 7(1) of the *Medicare Protection Act*, a resident must apply to the Medical Services Commission

- “(a) for enrollment as a beneficiary if not already enrolled, and
- (b) for enrollment of each of the resident’s children as a beneficiary if the child
  - (i) is a resident, and
  - (ii) is not already enrolled, or does not already have someone applying for enrollment on the child’s behalf.”

Benefits for active members of the Canadian Forces are a federal responsibility; therefore, these members are ineligible for provincial health care benefits and exempt from enrolling.

A small number of residents, for religious or other reasons, may not want to participate in the province’s health care plans. These residents can file an Election to Opt Out statement with the Ministry of Health; however, the consequences of doing so are very serious. **If a person chooses to file an Election to Opt Out statement, he/she must contact HIBC directly.**

Under no circumstances may an Election to Opt Out be made on behalf of a child who is a resident.

## ► EMPLOYEE ENROLMENT

### APPLICATION FOR GROUP ENROLMENT

An Application for Group Enrolment must be submitted for each member who is to be registered under your group plan. To retain eligibility, a minimum of two members with active MSP coverage, who are not in the same family structure, must be maintained at all times.

- For members with active MSP coverage, refer to EXISTING BC RESIDENTS.
- For members who must enrol in MSP, refer to NEW AND RETURNING BC RESIDENTS.

### EXISTING BC RESIDENTS

Applications to add a new member to your group should be submitted to HIBC as soon as possible. Please ensure the application form is completed in full by the member and that he/she includes any required documents before the application is sent to our office.

If documents are not required (e.g. a new member with active MSP coverage is added), members can submit the Group Enrolment form electronically at [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms).

#### *Pre-Existing Self-Administered Coverage*

If a member is enrolled with MSP on an individual basis or as a spouse or child, HIBC will cancel the existing account when your group application is processed. Revenue Services of British Columbia (RSBC) is responsible for refunding any over-payment of premiums.

#### *Pre-Existing Group Coverage*

If a member is already enrolled with MSP under another group (or spouse's group), HIBC will not automatically cancel the existing account when your group application is processed. If the member's former group does not cancel the member's coverage, the member should contact that group directly for assistance.

### NEW AND RETURNING BC RESIDENTS

#### *BC Services Card and PHN*

To obtain access to insured provincial health care benefits, eligible BC residents must complete MSP enrolment and obtain a BC Services Card. Each resident of BC enrolling in MSP is issued a unique lifetime identifier for health care called the Personal Health Number (PHN). This number appears on the BC Services Card and is the same throughout the cardholder's lifetime regardless of any change to personal status.

There are three types of BC Services Cards:

- Combined Card - BC Driver's Licence & BC Services Card
- Photo BC Services Card
- Non-Photo BC Services Card

There is currently no fee for replacement of cards. However, if combining a BC Services Card with a driver's licence, fees that apply to the regular driver's licence process still apply. For more information on replacing a card, please visit: [www.gov.bc.ca/bcservicescard](http://www.gov.bc.ca/bcservicescard)

## TWO STEPS TO ENROL IN MSP

Enrolment in MSP is a two-step process for persons 19 years of age or over who have Canadian citizenship or permanent resident status in Canada.

### ***Step 1:***

New and returning residents that are to be added to an MSP group account need to identity proof by visiting an Insurance Corporation of BC (ICBC) driver licensing office, and requesting a Photo BC Services Card. The BC Services Card provides access to insured provincial health care benefits for eligible BC residents.

Residents can book an appointment to visit an ICBC driver licensing office at a location and time that suits them. For more information, please visit [www.icbc.com/appointment](http://www.icbc.com/appointment).

At the ICBC driver licensing office, residents will need to:

- Provide two pieces of identification – one of which must be primary ID; (visit [www.icbc.com/acceptedID](http://www.icbc.com/acceptedID) for more information);
- Declare that they are a BC resident; and
- Have their photo taken.

### ***Step 2:***

New and returning BC residents will need to submit an application for MSP enrolment to HIBC, along with supporting documentation.

Visit: [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms) for the Application for Group Enrolment.

Account holders and/or spouses who have not completed both steps for MSP enrolment will be registered on an account under your group with pending (inactive) coverage status. These individuals will not be able to claim MSP benefits, including benefits accessible through income-based programs. Once each individual has completed both enrolment steps, and residency requirements are fulfilled, they will be enrolled with active coverage and will be able to claim MSP benefits.

Note: children will be placed on your group with active coverage status, at the time of their parent's/guardian's registration.

Pending and active coverage status will be reflected in the Group Account Maintenance Confirmation letter (sent monthly to all groups) and Group Account Coverage Summary letter (if requested). For more information, see "Monitoring Your Group Plan Membership", p. 13.

If a member submits an Application for Group Enrolment first, please ensure that the member visits an ICBC driver licensing office before the conclusion of their MSP wait period. The MSP wait period is the balance of the month in which residence in British Columbia is established, plus two months. If the MSP wait period has already been completed prior to application, the member should complete identity-proofing by visiting an ICBC driver licensing office as soon as possible to complete MSP enrolment.

### ***Premium Billing and Retroactive Coverage***

A new and returning resident will not be enrolled in MSP with active coverage until they have visited an ICBC driver licensing office to request a BC Services Card and completed the Application for Group Enrolment.



### ***Temporary Immigration Status***

Individuals with temporary immigration status – regardless of age – are not required to visit an ICBC driver licensing office to obtain a BC Services Card. Individuals with temporary immigration status will automatically be issued a Non-Photo BC Services Card from HIBC.

For more information on the BC Services Card, please visit: [www.gov.bc.ca/bcservicescard](http://www.gov.bc.ca/bcservicescard)

### ***Renew Enrolment in MSP***

Most BC residents 18.5 years of age and over will be sent a notification letter instructing them to renew enrolment in MSP by completing identity-proofing at an ICBC driver licensing office. If the person's name on the notification letter is different than their current name, they will need to contact HIBC before visiting an ICBC driver licensing office.

Residents can book an appointment to visit an ICBC driver licensing office at a location and time that suits them. For more information, please visit [www.icbc.com/appointment](http://www.icbc.com/appointment).

At the ICBC driver licensing office, the individual will need to:

- Provide two pieces of identification – one of which must be primary ID; (visit [www.icbc.com/acceptedID](http://www.icbc.com/acceptedID) for more information);
- Declare that they are a BC resident; and
- Have their photo taken.

They should also bring their CareCard or expired/expiring BC Services Card with them.

After meeting these requirements, the applicant will receive a BC Services Card Statement of Declaration which, in most cases, will include their PHN. The member can use this interim document to access insured health care benefits until their BC Services Card arrives in the mail.

Children under the age of 19 have no obligation to renew their enrolment. Children under 18.5 will automatically be issued a new BC Services Card when their cards expire.

Beneficiaries 75 years of age or over are not required to renew enrolment in MSP. To obtain a Photo BC Services Card, they may visit an ICBC driver licensing office. To obtain a Non-Photo BC Services Card, they may contact HIBC.

Persons with temporary immigration status are not required to visit an ICBC driver licensing office. See page 7 for more information.

## **COLLECTION AND USE OF PERSONAL INFORMATION**

Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) for the purposes of administration of the Medical Services Plan. Information may be disclosed pursuant to section 33 of FOIPPA. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Office, PO Box 9035 STN PROV GOVT, Victoria, BC V8W 9E3 or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll-free).

## ► ASSIGNING EMPLOYEE'S EFFECTIVE DATE

### COVERAGE FOR ESTABLISHED RESIDENTS

Generally speaking, group coverage is provided when requested by the group administrator, on the first day of the month of employment or the first day of the month following employment, provided the applicant has met the residency requirements for provincial health care benefits.

### NEW RESIDENTS

#### *Moving from within Canada*

Canadian citizens and holders of permanent resident status (landed immigrants) who move to BC from another province are eligible for coverage after a wait period consisting of the balance of the month in which residence in BC is established, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility for benefits may be affected.

There is an inter-provincial agreement to ensure that persons moving within Canada are able to maintain uninterrupted medical coverage. Arrangements should be made by the beneficiary to continue coverage with the former province until the wait period is completed.

When a family moves to BC from within Canada and the applicant and spouse arrive separately, each person has their own wait period based on their individual BC arrival dates.

#### *Moving from outside Canada*

Canadian citizens and holders of permanent resident status (landed immigrants) who move to BC from outside Canada are eligible for coverage after a wait period consisting of the balance of the month in which residence in BC is established, plus two months. If absences from Canada exceed a total of 30 days during the wait period, eligibility may be affected. Obtaining private insurance for the wait period is the responsibility of the individual.

#### *Exceptions*

- Canadian Forces members who are discharged in BC do not have to fulfill the wait period. They are eligible for coverage on the date of release provided they are in BC on that date. Their spouse and/or children returning from a posting outside BC are eligible for coverage on their date of arrival in British Columbia.
- When a child remains in another province or country to continue schooling and intends to join the family later, benefits are provided for the child effective the same date as for the account holder.

### TEMPORARY DOCUMENT HOLDERS

Persons who hold temporary immigration status may be eligible for coverage. In order to determine eligibility, HIBC must view photocopies of their immigration documents. If eligible, coverage will generally be extended to the "valid until date" shown on their immigration document, provided residency requirements continue to be met. Photocopies of all new documents must be submitted to HIBC in order to determine whether coverage can continue.

## ► CHANGES TO EMPLOYEE'S ACCOUNT

Personal information changes must be submitted with the Group Change Request form along with supporting documentation to HIBC. When the change is confirmed, all adults qualifying for a photo BC Services Card will receive a letter directing them to the ICBC driver license office (DLO). Those qualifying for non-photo cards will receive them automatically from HIBC.

A Group Change Request can be completed to make adjustments to accounts. If documents are required (e.g. adding a dependant who is new to the province or changing the name of an existing employee or dependant) go to [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms) and use the Group Change Request. Complete and submit the forms along with supporting documentation.

If no documents are required (e.g. removing an existing dependant) employees or group administrators can submit the Group Change Request electronically at [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms).

In some cases, when obtaining or renewing their BC Services Card at an ICBC DLO, an employee or dependant may provide a change of personal information, with supporting documentation, to the DLO counter agent. ICBC may forward the documentation to HIBC to update the employee's MSP account; or the employee will have the option of forwarding their documents to HIBC. In this event, HIBC will update the employee or dependant's personal information. For changes to the account holder's information, HIBC will send you a letter outlining the change.

## GUARDIANSHIP

If requesting addition of a child who is not the beneficiary's child, HIBC requires a photocopy of a legal document indicating guardianship to determine eligibility as a dependant. This information must be sent with a change form.

A person must be a resident of BC to qualify for provincial health care benefits. Please refer to page 2 for the definition of a resident, under "Who is Eligible".

## ► ADDITION OF FAMILY MEMBER

A family member includes a spouse, child or dependent post-secondary student.

“Spouse” with respect to another person means a resident of BC who is married to another person or is living with another person in a marriage-like relationship.

“Child”, for the purpose of determining who may be included on a member’s MSP account, means a resident of BC who:

- (a) is a child of a beneficiary or a person in respect of whom the beneficiary stands in place of a parent,
- (b) is a minor,
- (c) does not have a spouse, and
- (d) is supported by the beneficiary.

“Dependent post-secondary student”, for the purpose of determining who may be included on a member’s MSP account, means a resident of BC who is:

- (a) older than 18 and younger than 25 years of age,
- (b) in full-time attendance at a recognized post-secondary institution, and
- (c) supported by a beneficiary who is the person’s parent or who stands in place of the person’s parent.

A dependent post-secondary student may include a student enrolled in full-time studies at a trade school, technical school or high school.

See Baby Enrolment / Addition of Newborn or Group Change Request, found at [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms).

## ADDING A SPOUSE

To add a spouse to a Group Account (employer, pension plan or other): the Group member or Group Administrator should submit an MSP Group Change Request form (HLTH 170) (PDF version) to HIBC, authorized by the Group Administrator if required, along with all required supporting documents.

Groups submitting spouse changes (addition or removal of a spouse) via MSP Direct must retain a copy of one of the following:

- MSP Group Change Request form (HLTH 170) completed and signed by the group account holder requesting the change; or

- A statement completed and signed by the group account holder requesting the change and including the following:
  - the date of signature
  - the date of divorce or separation
  - the group member's and former spouse's full names
  - the former spouse's current address, or an indication that the new address is unknown
  - the group member's and former spouse's Account Numbers or Personal Health Numbers

Failure to update an MSP account after a Group member is married or begins living in a marriage-like relationship may impact eligibility for MSP supplementary benefits and other income-based programs.

## COVERAGE FOR ESTABLISHED RESIDENTS: ELIGIBILITY

*Spouse* – is eligible as of the date of marriage.

*Newborn* – is eligible as of the date of birth.

*Student age 19 to 24* – if coverage is required, is eligible for coverage under the parent's plan on the first day of the month of enrolment at an accredited school or university. For studies outside of BC, please refer to page 13 "Attending School Outside British Columbia".

*Adopted Child* – if adopted within Canada the child is eligible from the date of adoption. A copy of the Notice of Placement from the adoption agency is required. If being adopted from outside Canada the child is generally eligible on the date of arrival in BC. A copy of the child's immigration document and a letter from the Director of Adoptions, Ministry of Children and Family Development, to Immigration, Refugees and Citizenship Canada (either a letter of no objection or a Hague letter) is required. If the child is being adopted from the United States and arrives in BC before an immigration document has been issued, the parents should include a note to this effect, and a copy of the letter described previously.

*Common-law Spouse* – is eligible on the first day of the month requested by the beneficiary.

## COVERAGE FOR NEW RESIDENTS

Family members establishing residence in BC may be eligible for coverage as outlined on page 5.

## ► CANCELLING A FAMILY MEMBER'S GROUP COVERAGE

A family member's group coverage will be cancelled at the end of the month he/she ceases to be eligible. Please have your employee complete and submit a Group Change Request (found at [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms)), along with all required supporting documents, to cancel group coverage if any of the following situations occur:

### *Spouse if*

- Divorced / separated
- Deceased

### *Child if*

- Employed full time
- Married or living and cohabiting in a marriage-like relationship
- Age 19\* or older and no longer enrolled in a full-time study program at a recognized educational facility
- Deceased

If a spouse or child has moved permanently from British Columbia, direct your group member to update their account using the online Permanent Move form ([www.health.gov.bc.ca/exforms/msp/7063.html](http://www.health.gov.bc.ca/exforms/msp/7063.html)).

If a spouse or child obtains his/her own coverage, HIBC will cancel the spouse or child from the employee's plan.

*\* The next section provides information regarding children age 19 to 24.*

## ► CHILDREN AGE 19 AND OVER

In order to remain eligible for coverage upon a child's 19th birthday, a child must meet the residency requirements and all of the following requirements as a dependent post-secondary student:

- Single (not married or living and cohabiting in a marriage-like relationship)
- 24 years of age or younger
- Supported by the account holder, who is their parent or guardian
- Enrolled in a full-time study program at an accredited recognized post-secondary institution

A child between 19 and 25 years of age may be enrolled on a parent or guardian's account if they are in full-time attendance at a recognized post-secondary institution, and are financially supported by the parent or guardian.

An account holder with a child turning 19 or 25 years old will receive notification from Health Insurance BC providing options for the child's ongoing MSP coverage. You will receive notification if any children are added to or removed from a family's coverage on your group account.

## ▶ ATTENDING SCHOOL OUTSIDE BRITISH COLUMBIA

Residents, who leave BC temporarily to attend school or university, may be eligible for MSP coverage for the duration of studies, provided they are in full-time attendance at an accredited educational facility and at the time of leaving were physically present in Canada for six of the 12 months immediately preceding departure.

Beneficiaries who have been studying outside BC must return to the province by the end of the month following the month in which studies are completed. Residents studying outside BC must contact HIBC prior to departure and upon return to BC to confirm eligibility. Students who do not plan to return to BC within the required timeframe, or who decide to leave BC permanently, must contact HIBC.

Please provide our Leaving BC pamphlet to any account holder or family member who will be leaving the province to attend school or university.

## ▶ MONITORING YOUR GROUP PLAN MEMBERSHIP

HIBC provides MSP Group Plan administrators with information on their plan membership through two types of monthly mailed letters:

- *Confirmation of MSP Group Account Changes.* This letter indicates any **changes** to membership in the previous calendar month, including new additions and cancellations, with the associated account numbers/PHNs and effective dates. It is sent to all MSP Group Plans by default (if there were any changes in the past month).
- *Summary of MSP Group Account Enrolment.* This letter lists **all members** of an MSP Group Plan, with the associated account numbers/PHNs and number of individuals covered with each account holder. It is available upon request by an MSP Group Plan administrator, and can be provided on an ongoing monthly basis, or as a single issuance.

Please contact HIBC to request the Summary of MSP Group Account Enrolment letter, or to discontinue subscription to either letter type.

## ► CANCELLATION OF BENEFITS

Group enrolment is cancelled on the last day of the month; however, if an employee leaves before becoming eligible, his/her group coverage can be cancelled as of the effective date. MSP requires the reason for cancellation, the person's current address and, if the person has moved outside BC, the date of the move.

To request a cancellation, submit a Coverage Cancellation form (HLTH 217, found at [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms)), to Health Insurance BC (HIBC), or submit a written request including your group number, employee account number(s) and name(s), and all the information required on the form.

### TWO MONTH RULE LIMIT

Retroactive cancellations are allowed up to a maximum of two months including the current month. For example, if a cancellation request is received during December, groups can ask for cancellation retroactive to October 31.

### DUPLICATE COVERAGE

If advised that duplicate MSP coverage has occurred, HIBC can cancel retroactive to the date the duplication began to a maximum of five years.

### EMPLOYEES TRANSFERRING BETWEEN GROUPS/DEPARTMENTS

Administrators who have more than one group account and who transfer employees from one account to another can do so without completing applications for enrolment.

Please contact HIBC for details.

### WHEN GROUP ENROLMENT ENDS

Group administrators are asked to ensure that employees are:

- Aware of the date their group account will be cancelled; and,
- Provided with a "Notice to Terminating Employees" form (found at [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms)).

The employee does not need to reapply to MSP. We will automatically set up a self-administered account for him or her and any family members.

Exception: If the employee has a temporary immigration document, the employee must contact HIBC to arrange further coverage.

### COVERAGE FOR DEPENDANTS OF A DECEASED BENEFICIARY

When you cancel coverage for a deceased employee or pensioner, coverage for a surviving spouse and children will be cancelled as of the same cancellation date as the account holder. The spouse and children will be enrolled on a new self-administered account. If you would like the coverage for the spouse and children to remain active under your group, you must advise Health Insurance BC.



## CANCELLATION OF A GROUP

Cancelling a Medical Services Plan (MSP) Group Plan is a significant undertaking which must be carefully considered. For over 40 years, MSP Groups have worked in partnership with the Ministry of Health and partners to manage the coverage of members and dependents. MSP Group Administrators help to provide current demographic, address, and family structure information in the MSP system of record. Groups may take advantage of supported technical interfaces to facilitate their efforts, including MSP Direct.

If your organization has determined that its MSP group(s) will be cancelled, detailed preparation by your Group Administrator is required. This begins with the submission of the HLTH 295 MSP Group Plan Termination Form to HIBC, with at least 90 days' notice.

In addition to providing formal notification to HIBC, third-party organizations, and technical interface providers (as appropriate), Group Administrators must also inform their members of this change. Prior to cancellation, Group Administrators are expected to consult with members to confirm that all address and family structure information in MSP is correct and current.

For more information, and steps to cancel an MSP Group Plan, please refer to the HLTH 295 MSP Group Plan Termination Form, available online at [www.gov.bc.ca/mspgroup-plan-cancellation](http://www.gov.bc.ca/mspgroup-plan-cancellation). Allow at least 90 days for this process, to provide your Group and members sufficient time to prepare.

Once all of the required steps have been completed, your MSP Group Plan will be cancelled on the last day of the specified month. HIBC will then move all members to self-administered accounts. To help inform your members, please provide your group members with the HLTH 1904: End of Group Coverage Notice at least 30 days prior to cancellation, available on the MSP website at [www.gov.bc.ca/mspgroup-plan-cancellation](http://www.gov.bc.ca/mspgroup-plan-cancellation).

Care and attention from your MSP Group will ensure that this change is seamless for your group members and their families.

## ► CHANGING COMPANY NAME

If you are simply changing the name of your company, HIBC requires a copy of the company's legal name change. If, however, a new company has been created, a new Third Party Registration form (found at [www.gov.bc.ca/mspgroupplanadministratorforms](http://www.gov.bc.ca/mspgroupplanadministratorforms)) must be completed. Please contact HIBC.

## ▶ RETROACTIVE PREMIUM ASSISTANCE

Retroactive Premium Assistance provides back-dated financial support for payment of MSP premiums, based on adjusted net income for past tax years. Individuals can apply for Retroactive Premium Assistance by submitting the print application form (HLTH 104) found at [www.gov.bc.ca/msp/retropremiumassistance](http://www.gov.bc.ca/msp/retropremiumassistance) to HIBC, or by applying online.

If an individual was covered under a group MSP account during any years for which they are applying for Retroactive Premium Assistance, they must apply using the print application form and must obtain authorization from the group under which they were covered. The Group Administrator must indicate authorization on the form, specifying each authorized year. Please advise your members of this requirement, and provide authorization as needed for applications submitted by your group members.

For more information, see [www.gov.bc.ca/msp/retropremiumassistance](http://www.gov.bc.ca/msp/retropremiumassistance).

## HEALTHY KIDS PROGRAM

Healthy Kids provides financial assistance for basic dental treatment, optical care, and hearing assistance for children under the age of 19, if the parent is receiving supplementary benefits and the employer does not offer extended health or dental benefits. For more information about the benefits available under the Healthy Kids program, please call the Ministry of Social Development and Social Innovation at 1 866 866-0800.

## ▶ GROUP INVOICE

RSBC issues MSP premium invoices, processes payments and collects overdue accounts.

MSP Groups in good standing received their last MSP premiums invoice in December 2019. If there are no outstanding premiums, no further invoices will be issued except in the case of retroactive adjustments. Overdue accounts and group plan adjustments are invoiced until the account is paid in full.

## PAYMENT OF INVOICES

You can pay outstanding MSP premiums for your group plan through your bank or financial institution; at a government office; or by mail.

### *Through Your Bank or Financial Institution*

Most banks and financial institutions offer bill payment services that can be accessed through:

- your online banking account
- an automated teller machine (ATM)
- telephone banking

Once your payment is received, it will be applied to your account within two business days.

To pay your outstanding MSP premiums using a bill payment service you need to add a payee for MSP to your bank account. To add a new payee to your bank account you need to know the RSBC payee name and your account number.

### ***Payee Name***

You should be able to find RSBC listed with your bank under “MSP Group-RSBC”.

Some banks and financial institutions will use a variation of the payee name above. If you are unable to find RSBC, call your bank for assistance.

### ***Account Number***

Your account number is listed on the top of your MSP invoice (e.g. X34012345678).

### ***At a Government Office***

You can pay your MSP invoice in person at a Service BC Centre. To make a payment you must have your MSP account number (e.g. X34012345678) from your invoice.

Payments are accepted by cash, debit, cheque, bank draft or money order made payable to the Minister of Finance. Credit card payments aren't accepted.

Once your payment is received, it will be applied to your account within three business days.

### ***By Mail***

You can make payments by cheque, bank draft or money order made payable to the Minister of Finance through the mail. Do not send cash.

If you administer multiple group plan accounts, you should pay each account with a separate cheque. You can include multiple payments in the same envelope, if you include a copy of the payment coupon portion of the invoice for each account.

If the payment amount differs from the amount indicated on the invoices or your enclosed directions, RSBC will use its discretion in applying your payment(s) to the accounts involved.

Send your payments to:

Medical Services Plan  
PO BOX 9482 STN PROV GOVT  
VICTORIA BC V8W 9W6

## **OVERDUE PAYMENT**

When an arrangement is made to pay all or part of another person's premiums or to collect premiums from another person, those premiums must be paid on or before the required due date as stated in Section 32 (1) of the Medicare Protection Act.

If you did not pay the MSP group premiums you owed in full by the due date, your account became overdue and you are charged interest on any overdue amount.

MSP premium debts from before January 1, 2020 remain payable. Collection action will begin on overdue accounts and your group plan may be cancelled.

## **INTEREST**

Interest is compounded monthly at a rate of prime plus 3%. Interest is charged on:

1. all overdue MSP group premiums
2. premium adjustments
3. previously invoiced interest

Interest will only appear on your invoice if you owe more than \$5.00 of interest. If it is the first time the interest has appeared on your invoice it is calculated from the first day the amount became overdue up to the date the invoice was generated. You have 30 days to pay the interest amount to avoid further interest charges.

If your payment is not received within the 30 day period, interest will begin compounding retroactive to the date the interest was due.

## **MULTIPLE ACCOUNTS**

If you administer multiple group accounts, payment for each account should be made with a separate cheque reflecting the appropriate account number. This is required to ensure the correct amount is credited to the right account. Multiple payments can be sent in the same envelope, provided there is an accompanying payment coupon for each account.

## **AMOUNT RECEIVED DIFFERS FROM DIRECTIONS/PAYMENT COUPON**

If the amount of the payment differs from the amount indicated on the coupons or the directions enclosed, RSBC will use its discretion in applying the payment to the accounts involved. To avoid reconciliation problems/interest charges, it is strongly recommended that payment for each account be made with a separate cheque.

## **DISHONOURED PAYMENTS**

If your payment is returned by your financial institution as dishonoured for any reason, you will need to make another payment.

Interest and a fee of \$30.00 will be charged on all dishonoured payments. This fee is in addition to any fees that your financial institution may charge.

## **NOTATIONS ON PAYMENT COUPONS**

The system for processing payments is automated; therefore, requests for changes noted on invoices will not be processed. The correct forms must be submitted to HIBC.

## **ACCOUNT ADJUSTMENTS**

Changes to a premium amount and/or family size are flagged by an asterisk and an adjustment code on the invoice. Retroactive premium credits and debits appear in the adjustment column.

***Keys to Adjustment Codes on Invoice:***

- A new application
- C addition of dependant
- D cancelled coverage/deletion of dependant
- E retroactive change in effective date
- F change in amount billed (Regular Premium Assistance)
- G forward effective date change
- L re-establishment of coverage
- M multiple adjustments; combination of two or more adjustments
- N forward change in cancellation date
- O retroactive change in cancellation date
- R premium for prior month(s) retroactive to last cancellation date
- T recertification subsidy change
- V premium adjustment for prior month(s) due to verification of income

***Size Codes***

- 00 cancelled coverage
- 01 - 99 number of persons covered

***Subsidy Codes***

<b>Subsidy Code</b>	<b>Adjusted Net Income 2018-2019</b>	<b>MSP Premium Rate</b>
H	\$0 – \$24,000	\$0.00
I	\$24,001 – \$26,000	\$0.00
J	\$26,001 – \$28,000	\$23.00
K	\$28,001 – \$30,000	\$35.00
L	\$30,001 – \$34,000	\$46.00
M	\$34,001 – \$38,000	\$56.00
N	\$38,001 – \$42,000	\$65.00
C	over \$42,000	\$75.00

# ► LEAVING BRITISH COLUMBIA

## GENERAL INFORMATION

Persons who are not residents of BC lose their eligibility for MSP benefits and other provincial health care benefits. For example, a person who chooses to reside in Washington State is not eligible for coverage, regardless of whether he/she commutes to Vancouver to work every day.

For the definition of a resident refer to page 3.

Out of country medical services may result in your personal information being provided to the out of country service provider for the administration of benefits (such as processing claim payment) under the *Medicare Protection Act*.

Please provide a Leaving BC pamphlet to any employee or family member who will be outside the province on a temporary or permanent basis.

## LEAVING BRITISH COLUMBIA TEMPORARILY

### *Temporary Absences*

To remain eligible for MSP coverage a beneficiary must continue to meet the residency requirements (see “Who is Eligible”, p. 2).

### *Extended Absences*

When a person leaves BC on vacation or for temporary employment benefits may be available during an extended absence for up to 24 consecutive months. Approval is limited to once in a 60 month (five year) period for such absences that exceed six months in a calendar year. If your employee/pensioner is unsure whether coverage can continue during an absence, or knows that eligibility will end, advise him or her to contact HIBC for details or visit the Leaving BC website at [www.gov.bc.ca/leavingbctemporarily](http://www.gov.bc.ca/leavingbctemporarily).

### *Itinerant Worker*

A person who is engaged in an occupation that requires the person to routinely travel outside BC for more than six months in a calendar year, may continue to qualify for benefits. As the person must obtain approval prior to leaving BC and cases vary, please contact HIBC with full details in order that we can determine eligibility as a resident.

## LEAVING BRITISH COLUMBIA PERMANENTLY

### *Within Canada*

Benefits will continue for the balance of the month of departure, plus two months.

If requested, benefits may be extended up to three extra months to cover a person while in transit. Upon arrival, the individual should immediately apply to the health plan of the new home province or territory.

### *Outside Canada*

Benefits will continue for the balance of the month of departure.

## ▶ OTHER INFORMATION

The information below might be useful in providing advice about MSP coverage to your group members:

### FAIR PHARMACARE

The Fair PharmaCare plan helps British Columbians with the cost of eligible prescription drugs and medical supplies. Fair PharmaCare coverage is based on income. The lower the individual's income, the more help they receive.

To be eligible for Fair PharmaCare, a beneficiary must have valid MSP coverage; and must have filed an income tax return for the relevant taxation year (that is, two years ago).

More information about Fair PharmaCare eligibility can be found at:

[www.gov.bc.ca/fairpharmacare](http://www.gov.bc.ca/fairpharmacare). Group members can register at [www.gov.bc.ca/AHDC](http://www.gov.bc.ca/AHDC).

### SUPPLEMENTARY BENEFITS

Supplementary Benefits provide partial payment for certain medical services obtained in British Columbia (for example, massage therapy and chiropractic services) and may provide access to other income-based programs. Eligibility for Supplementary Benefits is based on an Account Holder's net income (combined, if applicable, with his or her spouse's net income) less allowable deductions.

More information about Supplementary Benefits can be found at:

[www.gov.bc.ca/msp/supplementarybenefits](http://www.gov.bc.ca/msp/supplementarybenefits). Group members can apply at [www.gov.bc.ca/AHDC](http://www.gov.bc.ca/AHDC).

### RETROACTIVE PREMIUM ASSISTANCE

Beneficiaries can continue to apply for Retroactive Premium Assistance following January 1, 2020. For more information, visit [www.gov.bc.ca/MSP/retropremiumassistance](http://www.gov.bc.ca/MSP/retropremiumassistance). If a beneficiary's MSP premiums were covered by your group (employer, union or pension plan) during the applicable tax year, you must authorize the application before it is submitted.

## ▶ CONTACT INFORMATION

We ask that you quote your group number and the employee's account number or Personal Health Number (PHN) when contacting HIBC.

For security reasons, please advise your employees that they should be directing all non-group related enquiries regarding their MSP account to HIBC.

If you have questions about payment of MSP premium debts from before January 1, 2020, call Revenue Services of British Columbia at 1 877 405-4909 (toll-free).

The Insurance Corporation of BC (ICBC) issues the photo BC Services Card and the combined Driver's Licence and BC Services Card. HIBC issues the non-photo BC Services Card.

## INTERNET

You can visit the following websites for MSP information:

Health Insurance BC: [www.hibc.gov.bc.ca](http://www.hibc.gov.bc.ca)

Ministry of Health: [www.gov.bc.ca/health](http://www.gov.bc.ca/health)

Revenue Services of British Columbia/Ministry of Finance: [www.fn.gov.bc.ca/rev.htm](http://www.fn.gov.bc.ca/rev.htm)

You can access MSP forms by visiting: [www.gov.bc.ca/mspbcrecidentforms](http://www.gov.bc.ca/mspbcrecidentforms)

For information on the BC Services Card, visit: [www.gov.bc.ca/bcservicescard](http://www.gov.bc.ca/bcservicescard)

You can find information on ICBC Driver Licensing Offices by visiting: [www.icbc.com](http://www.icbc.com)

## CORRESPONDENCE

Mailing address for  
Health Insurance BC:

Health Insurance BC  
PO Box 9140 Stn Prov Govt  
Victoria BC V8W 9E5

Mailing address for  
Revenue Services of British Columbia:

Revenue Services of British Columbia  
PO Box 9482 Stn Prov Govt  
Victoria BC V8W 9W6

## TELEPHONE

HIBC: Lower Mainland: 604 683-7520  
Other Areas in British Columbia: 1 877 955-5656

RSBC: Toll-free: 1 877 405-4909

## WHO SHOULD I CALL TO ANSWER MY MSP QUESTIONS?

HEALTH INSURANCE BC	REVENUE SERVICES OF BRITISH COLUMBIA
<p>HIBC will update your company's information including name, address, phone number and contact information.</p> <p>For persons under your group plan we:</p> <ul style="list-style-type: none"> <li>• Enrol with MSP or change coverage, including adding or removing family members</li> <li>• Cancel MSP coverage, including when moving outside BC</li> <li>• Update personal information including name, address, date of birth and phone number</li> <li>• Administer supplementary benefits</li> <li>• Replace/issue non-photo BC Services Cards</li> </ul>	<ul style="list-style-type: none"> <li>• Payments of outstanding premium debts and refunds</li> <li>• Payment options</li> <li>• Payment arrangements</li> <li>• Payment history</li> <li>• Collection of overdue balances</li> <li>• Adminstrating insolvency (e.g. bankruptcy)</li> </ul>