Interior Health (IH) Frequently Asked Questions

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• How do I get B.C. Medical coverage? I have permanently moved to B.C.

- If you are a legal B.C. resident and meet the B.C. Medical Service Plan (MSP) criteria, you are required to have MSP Coverage. Please notify the contact listed on your bill once you have applied for your coverage.
- MSP coverage is not automatic and you will need to apply in order to receive an active B.C.
 Health Care number.
- Canadians moving from another province could continue to have healthcare coverage from their previous home province for the balance of the month of their permanent move, plus 2 calendar months. This is known as the three month reciprocal period.
- Visit the <u>MSP</u> website for more information on <u>eligibility</u> and coverage for study/work permits.
- Apply for MSP Coverage at 1-800-663-7100 or <u>apply online</u>.

• How do I Pay my Bill?

 \circ Please refer to your bill or the letter insert with your bill for payment options.

• How do I get a Receipt?

- Receipts for On-line payment transactions can only be printed from your Payment Portal Account. Go to <u>Payment.interiorhealth.ca</u>
- For other types of payment receipts or detailed statements: call 1-866-314-2806 or email accountsreceivable@interiorhealth.ca

• How do I set up a Payment Plan?

• Please use the contact name and phone number listed on your bill.

• Why did I get a bill? I have medical coverage with another province.

- Interior Health may be missing required information to bill your home province.
- Each province has a different level of service coverage. Check your provincial health website for more information.
- Quebec does not allow direct inter-provincial billing for physician services. Quebec Residents are required to pay their doctor bill then apply for reimbursement from the Régie de L'assurance Maladie du Québec (RAMQ).

IH can bill your home province if you meet the following Criteria:

- You are a visitor to BC and your permanent residence is another province
- You are a student attending school in BC and your permanent residence is another province
- You are a Canadian Citizen from another province living or working in BC temporarily
- Other (including medical referrals from your home province)

Please have the following information available when you call the billing contact listed on your bill.

- \circ $\;$ Valid Health Care Number including any Expiry Date on the card
- Date you left your home Province
- Most Recent Address in your home province.

• Why did I receive this bill? I have medical coverage with the BC Medical Service Plan (MSP).

- Contact MSP at 1-800-663-7100 for all coverage questions
 - Having a Personal Health Care number does not mean your coverage is active.
 Enrolment in BC Medical is not automatic. You must apply to BC Health Services

- If you have a study or work permit, contact MSP to renew your coverage
- Once your coverage is active, please advise the contact name on your Interior Health bill. MSP does not update Interior Health when reactivations take place.
- Some services and supplies are not an insurable benefit by MSP.

The patient is the responsible party for the invoiced amounts until any outstanding billing issues are resolved.

• Why did I get a bill? I had medical coverage with a travel insurance company when I visited Canada.

- Most insurance companies require patients to pay their bills upfront and then they can seek reimbursement.
- Insurance companies require patients to start the claim, even if you provided insurance documents at the hospital during your visit.
- Any amount not paid for by your insurance company is the responsibility of the patient.
- Depending on your insurance plan, you may need to request a health record for your claim.
 Please call the Heath Records department of the hospital you received treatment at
 <u>IHA Facilities Listing</u>

• Why did I get a bill for Physician services?

- Uninsured patients are required to pay both a physician fee and a hospital fee.
 - IH bills for physician services for some hospitals
 - Some physicians or specialist offices will bill privately for their services
- Please direct all questions or payments to the billing address shown on the statements.

\circ $\;$ Why did I get a bill for Supplies/Miscellaneous charges?

- Supply or Miscellaneous charges are not covered by MSP and billable to the patient.
- This includes but is not limited to crutches, casts, splints, medication packs.
- IH cannot bill extended benefit plans for these charges.
- View a complete list of charges not covered by **Provincial Health Care**

• Why have I received a bill for medical imaging/lab tests (i.e. PSA, Cholesterol, etc.)?

- The B.C. Medical Services Plan does not cover some tests ordered by third parties. For example immigration/emigration departments, midwives, nurse practitioners, or naturopaths.
- Some tests are not MSP billable unless your physician has indicated there is a risk factor such as PSA, cholesterol etc.
 - If you feel this test was medically required, have your doctor contact the name and number on your bill.

\circ $\;$ Why did I receive a bill for a Private or Semi-Private Room Charge?

- $\circ~$ IH bills patients who request and receive a preferred room (private or semi-private).
- IH can bill most extended health providers directly with specific information. Please provide your extended health coverage information to the contact listed on your bill.
- Clients are responsible to pay any deductible or outstanding amount not covered by an extended health provider.
- \circ If you did not request a preferred room, phone the billing clerk listed on the top of your bill.

• Why did I receive a bill for Cataract Lenses/Surgery?

- Interior Health bills the patient for the <u>Specialty Lens</u> on Cataract Surgeries
- The Ophthalmologist charges a fee.
- For additional questions, contact the phone number on the top of your bill.

• Why did I receive a bill for Medical/Patient Transport?

- A cost effective way to transport non-emergency patients between IH facilities and another location, is using a medical transportation company.
- o Inter-facility Transport (IFT) is the transportation company used by IH.
- The date and description on your bill will provide specific details of any charges.
- Fees vary for patients without MSP coverage.
- Emergency Transport (i.e. Ambulance), is billed by BC Ambulance, not Interior Health. Please send all BC Ambulance payments to the address listed on their bill. 1-800-665-7199 (within BC) or 250-356-0052.

$\circ\quad$ Why did I get a bill for Orthotics or Prosthetics?

- Orthotic and Prosthetics are billable to the patient and not covered by MSP.
 - Please discuss with your respective orthotic department, <u>HERE</u> if you have coverage through:
 - Pharmacare
 - Ministry of Social Development & Poverty Reduction
 - First Nations Health Authority
 - Veteran Affairs Canada
 - If you continue to receive a bill, contact the name and number on the top of your bill.
 - WorksafeBC or Worksafe from another province

• Why did I receive a bill for a workplace Injury?

- Provincial health care plans (i.e. MSP, Alberta Health Care etc.) do not cover any workplace injuries.
- The patient is responsible for the bill until the patient advises IH of the approved claim number.

BC Workplace injuries

- o IH cannot bill <u>WorkSafeBC</u> without an approved claim for the injury
- The patient is responsible for filing a <u>WorkSafeBC</u> claim and supplying the claim number to IH.

Out of province Workers' Compensation Board claims

• Please provide the province name and claim number to the clinic or department each time you receive service for this injury.

• Why did I get a bill for Home Support? I am on GIS.

 Please notify your case manager with proof of GIS and ask to have your financial assessment updated.

• Long Term Care and Home Support Services - Rate Setting

- The BC Ministry of Health sets new rates each calendar year.
- Short Term, Convalescent, Respite and Palliative/End of Life clients pay a flat monthly rate or a daily rate if not in a site for a complete calendar month.
- Long Term client and Home Support rates are determined with a completion of a financial assessment.

- Case managers, access coordinators or discharge planners complete the financial assessments.
- For all questions regarding rates, please contact your case manager.

• Long Term Care and Home Support - Requesting a Temporary Rate Reduction (TRR)

- Contact your case manager if you are facing a financial hardship.
- Financial information is required to determine if you qualify for a TRR.
- Long Term Care Services Billing
 - Short-stay clients (Respite/Convalescent care/End of Life), are billed at the beginning of the month for the previous month's stay.
 - Permanent stay clients are billed at the beginning of each month for the current month's stay.
 - Clients transferring from a short-stay to a permanent bed will have both sets of charges (previous and current month) included on one statement.
- Long Term Care Services- Comfort Fund
 - Comfort funds are like a 'bank account'. This allows the client to spend on items such as outings, haircuts, foot care, etc.
 - Clients must have comfort funds available in their account before making any purchases.

• Long Term Care Services - Refund Policy

- Refunds are automatically processed 45 days after the date of discharge to allow time for all charges to be entered.
- Refunds will include any funds owed to the client for both accommodation and comforts less any outstanding accounts owed to Interior Health.
- Cheques are mailed to the most recent billing address
- Cheques will be made out in the client's name (or Estate, if applicable)

• I have a complaint about my service, whom do I call?

- For a complaint about your home support service or Long Term Care stay, call your case manager.
- For a complaint about your hospital visit or Long Term Care Stay, call the Patient Care Quality Office
 - Toll free: 1-877-442-2001 or email <u>Patient.concerns@interiorhealth.ca</u>