

British Columbia

Source: https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/ooc_funding_guidelines.pdf

For More Information:

Health Insurance BC Authorization Coordinator – Out of Country Programs

Telephone Toll Free BC: 866-456-6950
Vancouver: 604-456-6950

Fax 250-405-3588

Mail Medical Services Plan
PO Box 9480 Stn Prov Govt
Victoria, BC V8W 9E7

Ministry of Health – General Inquiries

Mail Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

E-mail hlth.health@gov.bc.ca

Minister of Health

Telephone 250-953-3547

Fax 250-356-9587

Mail Minister of Health
Room 337, Parliament Buildings
Victoria, BC V8V 1X4

E-mail hlth.minister@gov.bc.ca

Out-of-Province

BC will fund the cost of physician and acute care hospital services in other Canadian provinces and territories (except Quebec) provided the service meets the following criteria:

- a) It is medically required;
- b) It is provided by a medical practitioner or oral surgeon entitled to practice in the province or territory where the service is rendered; and
- c) It would be a benefit if performed in BC unless otherwise stipulated by the terms of the reciprocal agreement.



Out-of-Country

a) **Generally, eating disorder treatment services are not eligible for out of country funding because treatment services are available in BC. Exceptions may be funded pursuant to these Guidelines.**

b) Applications for out of country funding for treatment of eating disorders outside of Canada require the following information to be submitted by the appropriate specialist involved in the beneficiary's care:

(i) a written recommendation based on an assessment by the Director of the St. Paul's Hospital Eating Disorders Program (located at St. Paul's Hospital in Vancouver) following assessment and referral from a BC tertiary eating disorder program (for adults, St. Paul's Hospital Eating Disorders Program, for children, B.C. Children's Hospital Eating Disorders Program);

(ii) Details of the referring physician's attempts to locate appropriate medical care within Canada;

(iii) A written treatment plan and transfer protocol (a written plan detailing date and manner of return of the beneficiary to BC following the provision of out of country medical care)

(iv) Proof of accreditation of the proposed facility; and

(v) Approximate length of stay for the treatment plan and an undertaking by the out of country treating physician to provide MSP and the referring specialist with monthly follow-up reports on the outcomes of the treatment program.

c) If funding is approved under this provision, payment will be at the negotiated U&C* or contract rate.

* "usual and customary rate" (U&C) is the preferred customer rate that MSB will negotiate in advance of the provision of out of country medical services during the pre-approval process. It is a preferred rate received by large insurance providers.

Application and Review Process for Funding of Out of Country Medical Care

Printable Application Form: <https://www2.gov.bc.ca/assets/gov/health/forms/2810fil.pdf>

In relation to an application for elective out of country medical care, MSB may consider:

a) Whether the treatment is recommended by the medical profession in BC and/or elsewhere in Canada;

b) If the treatment is experimental or developmental, Health Canada's position with respect to the efficacy of the treatment including if a drug or device has been approved by Health Canada for the proposed use;

c) If a procedure offered in the United States is beyond Phase III clinical trials and approved by the Centers for Medicare & Medicaid Services; and

d) Whether all avenues for treatment within the Canadian healthcare system have been exhausted.

The Application and Approval Process



INTRODUCTION

Prior approval of provincial coverage for elective out of country medical care is the responsibility of Out of Country Claims Branch, HIBC, and the Medical Services Branch, Ministry of Health Services. In order to consider provincial coverage for elective out of country medical care, an application for prior approval must be received by HIBC. In cases where out of country funding is appropriate, the preapproval process enables the province to negotiate a reasonable and fair compensation rate from out of country service providers prior to the provision of the service.

APPLICATION BY APPROPRIATE SPECIALIST

Applications for prior approval of funding for medically necessary out of country services must be submitted to HIBC by an appropriate specialist actively involved in the beneficiary's care in BC. An appropriate specialist is one with the most knowledge in the proposed service and/or specialty that will be provided out of country.

DOCUMENTATION

It is the responsibility of the appropriate medical specialist making application on behalf of the beneficiary to submit all supporting documentation, including, when appropriate or required, a written recommendation from the tertiary care centre or appropriate agency responsible for standards of care in BC regarding the proposed out of country medical care.

APPLICATIONS

Only complete applications will be considered. Incomplete or abandoned applications are not eligible for review by an authority delegated by the MSC. An incomplete application is one that does not include a recommendation from the appropriate attending medical specialist and/or does not include the required documentation or written recommendation from a tertiary care centre or the appropriate agency responsible for the medical standard of care in BC.

If additional information is requested during the course of reviewing an application, the information must be received within 45 days of the request, or on an agreed date. If the information is not received, the application for out of country funding will be considered abandoned.

SUMMARY OF THE DECISION PROCESS

Stage 1 - Consideration and decision by Medical Services Branch

The completed application for funding approval and any supporting documentation is considered by MSB or its designate, Health Insurance BC, and a decision is made as to whether or not funding for out of country care will be provided.

Stage 2 - Administrative Review by Medical Services Branch

If the decision made by MSB is to deny the application for funding, the beneficiary may request an administrative review of the denial. To request the administrative review, the beneficiary must supply MSB with additional relevant information from the appropriate specialist.

The request for an administrative review must be made by the beneficiary within six months after the date of the initial determination made by MSB.

Stage 3 - Formal Review by Medical Services Commission

If, after the administrative review is concluded, the application for funding is denied again, the beneficiary may request that the MSC formally review the decision of MSB. The question for the MSC to determine in the formal review is whether MSB properly applied the Out of Province and Out of Country Medical Care Guidelines for Funding Approval.

The formal review is conducted by an MSC Review Panel, which consists of three members -- one representative from each of the Ministry of Health Services, the British Columbia Medical Association and the general public.