5. REGISTRATION FOR ONTARIO HEALTH COVERAGE

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5. REGISTRATION for ONTARIO HEALTH COVERAGE

5.1 Client Registration Overview

The registration of residents of Ontario with the Ministry of Health and Long-Term Care (MOHLTC) for assignment of a health number, health card, version code and eligibility takes place at twenty-four Ontario Health Insurance Plan (OHIP) offices located across the province as well as a number of outreach sites.

To receive Ontario health coverage, each eligible resident must apply and substantiate basic personal information by providing documentary proof of his or her Canadian citizenship/immigration status, identity and residency within Ontario.

Information on each registered person is collected by means of a standard registration form issued by the ministry and stored as electronic data on the Registered Persons Data Base (RPDB). Every eligible person who applies for Ontario health coverage is assigned a permanent and unique health number.

Beginning in early 1995, people 15½ years of age and older began registering in person to provide their signature and to have their photo taken. There may be exemptions from photo and/or signature requirements for medical or other reasons.

At the time of registration for a health number, people 16 years of age and over can register their organ donation wishes. This information is stored in the ministry's database and a corresponding code is printed on the photo health card or a sticker is sent to holders of a red and white health card.

Upon approval for Ontario health coverage, client registration and identification information is entered onto the ministry Registered Persons Data Base (RPDB). Within a few days, providing there is no waiting period, the insured person is issued a plastic identification card bearing his or her photo, signature, name, date of birth, address, organ donation information and other identifying data. Each time there is a change to the information or the card is lost, stolen, damaged or not received, a replacement card is issued with the same health number but a new version code.

People with a valid health card and eligibility can obtain insured medical and hospital services, prescription drugs (for a limited population group) and proves entitlement to various other provincially funded health services and benefits.

5.1 Client Registration Overview (Continued)

The RPDB is used in various ministry-processing systems to verify eligibility for services. A significant use of the data is in the fee-for-service medical claims system where claims can be paid to the provider if the patient has current eligibility and has presented a health card with a current version code.

Providers and hospitals have the following tools to assist them in determining if the health number and version code are valid and eligible at the time of service: Interactive Voice Response (IVR), Health Card Reader (HCR) and Overnight Batch Eligibility Checking (OBEC).

5.2 Eligibility Overview

Every applicant who is determined to be eligible for Ontario health coverage becomes an insured person and is issued a health card. To receive insured services, the insured person must present his or her health card upon the request of the health care provider. The card must be returned to the ministry or destroyed when it is no longer valid.

All personal information stored by the ministry is protected by the *Freedom of Information and Protection of Privacy Act* and by the confidentiality provisions of the *Health Insurance Act.* The ministry and every registered person jointly maintain the accuracy of his or her registration record in the ministry's Registered Persons Data Base (RPDB). Maintaining the accuracy of the information in the RPDB is essential for determining eligibility for Ontario health coverage.

Eligibility policies are based on the *Health Insurance Act* and the *Canada Health Act* and its provisions of accessibility and portability as defined in the Interprovincial Eligibility and Portability Agreement.

Only a resident of Ontario is eligible for Ontario health coverage. Visitors, tourists and transients are not eligible for coverage. When applying for Ontario health coverage, a person must intend to reside in Ontario for a period of greater than 5 months (a minimum of 153 days). The criteria for the determination of eligibility are Canadian citizenship/immigration status and being "ordinarily resident" in the province. To be "ordinarily resident" a person must make their permanent and principal home in Ontario and must be physically present at least 153 days within any 12-month period.

Most eligible new or returning residents are subject to a 3-month waiting period prior to the effective date of coverage. End dates of coverage may vary based on the individual circumstances or reason for cancellation.

5.2 Eligibility Overview (Continued)

Under specific circumstances, an insured person may qualify for continuous eligibility during temporary absences from Ontario greater than 7 months; however, this must be reported prior to departure.

It is the responsibility of each insured person to notify the ministry of changes to his or her personal information and changes that may affect continuing eligibility for Ontario health coverage. Should the ministry obtain information that a registrant is not eligible, coverage will be terminated. When requested by the ministry, each resident must provide proof of his or her continuing eligibility for Ontario health coverage.

Participation in the Ontario health plan is voluntary. Duplicate coverage within Ontario is prohibited.

5.3 Health Cards

It should be noted that all of the following health card types are still acceptable. Health card validation processes should be used to determine if a health card is valid.

Red and White Health Cards

In 1990, the ministry introduced individual health numbers and issued new red and white health cards to all eligible residents of Ontario. Those over the age of 65 were issued a red and white health card displaying “65” on the face of the card.

Transitional Health Card

In August of 1994, the transitional health card was introduced. This card looked the same as the original red and white card with added security features. The transitional health card displayed the heading “Card Valid/Carte valide” under which were listed the card issue and expiry dates. The cardholder’s birth date and sex were also displayed. Every transitional health card issued included a two-alpha letter version code.

Photo Health Card

The photo health card introduced in February 1995 represented a government action to protect the integrity of the health care system and to preserve it for the future. The photo health card contains several security features as illustrated in the examples that follow.

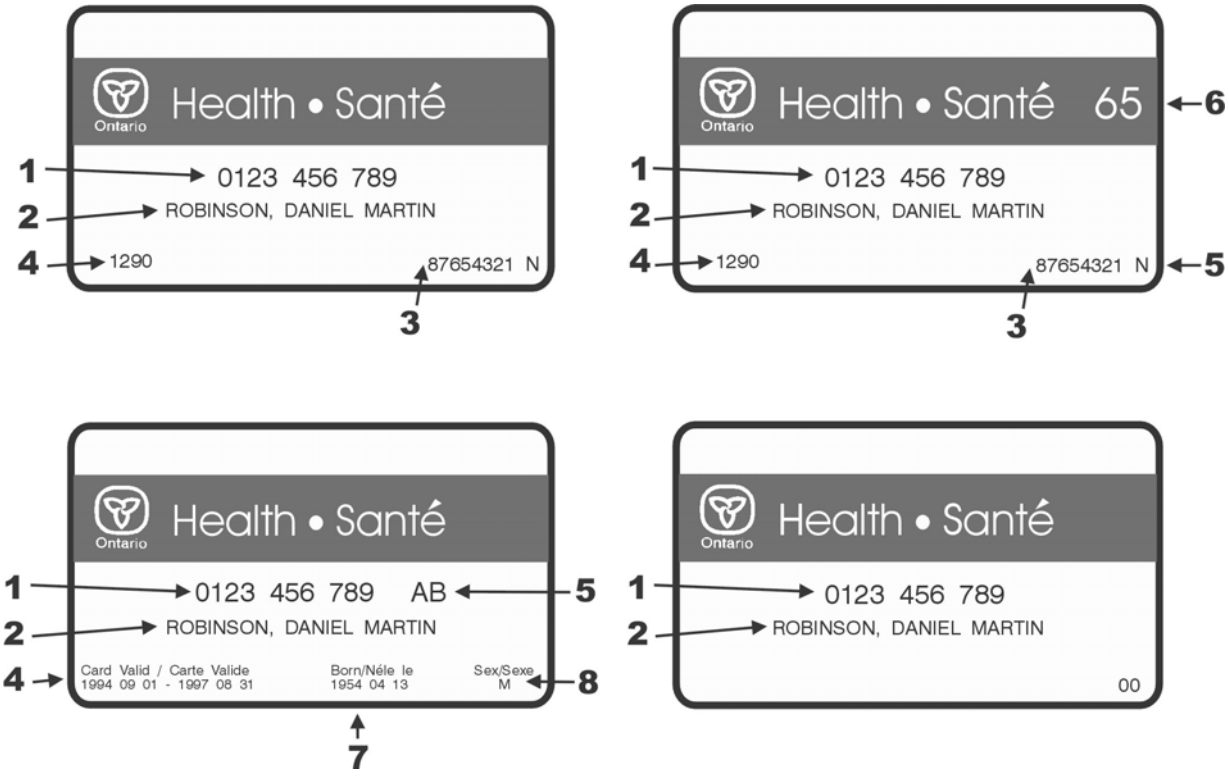
5.3 Health Cards (Continued)

Health Cards for Newborns

The registration of newborns through hospitals is completed using a Pre-Assigned Health Number (PAHN) form. The registration form, completed by the parent, is forwarded by the birthing hospital to the ministry for processing. Until the child's health card is mailed to the parents, the parent will have a record of the child's health number preprinted on the registration form's tear-off strip.

5.3 Health Cards (Continued)

Health Card – Red and White



1 Health number

2 Name

3 OHIP number

4 Expiry date of coverage (month/year) – not on most red and white cards

5 Version code – on replacement cards only

6 Health 65 Indicator – signifies eligibility for Ontario Drug Benefit (available only in Ontario)

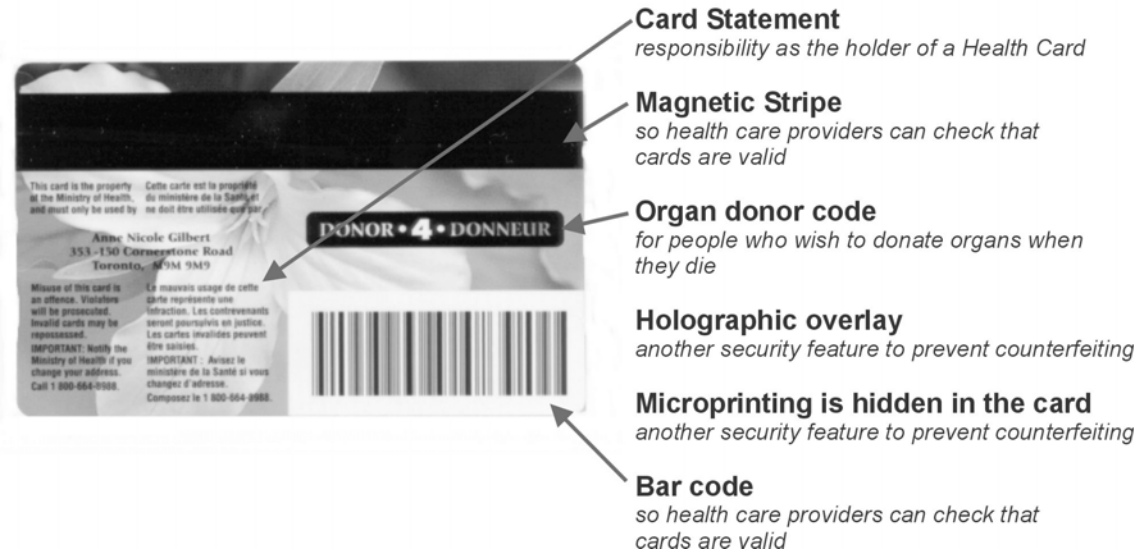
7 Date of Birth

8 Sex

Cards must be signed. Red and white cards are signed on the back while the photo card is signed on the front.

5.3 Health Cards (Continued)

Photo Health Card



5.4 Health Card Validation

Health Card Validation (HCV) allows a health care provider to access the ministry's Registered Person Database (RPDB) to determine the status of a health number and health card version code when presented at the point of service.

Why Validate?

- reduces eligibility claim rejects
- reduces version code claim rejects
- reduces administrative costs
- reduces health care fraud
- confirms uninsured clients for direct billing (e.g., debit/credit, credit card)
- verifies patient data
- provides the most recent oculo-visual assessment date of service (IVR only)

Service Encounter

Each time a patient visits the office:

- patient presents his or her health card at the time of service
- health card/number is validated with the ministry

Validation determines:

- if the health number/version code is valid/not valid
- if the patient is eligible/not eligible for Ontario health care
- if the appropriate fee schedule code is entered (system will provide either the date of service of an oculo-visual assessment and a service response code, or just a service response code)

Types of Health Card Validation

There are three Health Card Validation systems available that provide access to the ministry's Registered Persons Database (RPDB):

- Interactive Voice Response (IVR)
- Health Card Reader (HCV)
- Overnight Batch Eligibility Checking (OBEC)

5.4 Health Card Validation (Continued)

Interactive Voice Response (IVR)

- automated telecommunications system using a touch tone telephone system available 7 days a week, 24 hours a day
- allows for entry of a health number and version code
- allows for entry of a fee schedule code
- provides response code indicating a current status of health number/version code combination
- provides either the date of service of an oculo-visual assessment and/or a service response code if applicable
- provides access to a bulletin board and a ministry help desk

Health Card Reader (HCR)

- a range of hardware and software solutions can be used (e.g., standalone point of service validation device or a health card reader application integrated with a patient registration system)
- connected to the ministry through dedicated or dial-up network access
- available on a 7 x 24 basis
- access to technical help desk
- allows for information from RPDB to be transmitted from the ministry, such as: current status of health number and version code combination, date of birth, gender, last name

Overnight Batch Eligibility Checking (OBEC)

OBEC is another Health Card Validation system available to health care providers. The ministry verifies the health numbers and version codes and returns a file with responses the following day. This system is associated with the Electronic Data Transfer (EDT) process. Information about applying for OBEC is located in this manual in the Claims Submission section under the sub-heading "Electronic Data Transfer (EDT)".

- complements existing IVR and HCR validating systems
- for providers with significant numbers of referrals (with health number and version code)
- for providers with out-of-town patients
- for providers that are unable to use IVR or card swipe for every patient (e.g., volume, physical location)

5.4 Health Card Validation (Continued)

Contact: Ministry of Health and Long-Term Care Help Desk at
1 800 262-6524 or (613) 548-7981

- for additional information on Health Card Validation
- to discuss your requirements
- to request access to Health Card Reader technology
- to request access to IVR
- to pilot a Point of Service Validation Device (available for a two-week trial period)
- 7 x 24 hour technical support provider

5.5 Health Number Release

The purpose of the Health Number Release (form 1265-84) is to allow medical service providers access to a client's health number and version code at the time of service if the client cannot produce a health card.

In most of these circumstances, the client has either forgotten to bring the health card to the medical facility, or the card is misplaced, lost or stolen.

A person's health number and version code is considered "personal information" under the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The ministry cannot disclose an individual's health number and version code to a service provider unless the individual consents to the disclosure. Obtaining a health number and version code of a client without consent is in direct violation of FOIPPA.

Consent to disclose an individual's health number and version code is normally given when the client presents their health card. However, in cases where a health card cannot be produced or the health card needs to be verified, the health care provider must obtain written consent from the client to access the health number. The Health Number Release serves the purpose of legally documenting the consent.

The Health Number Release must be completed and signed by the client and completed by the provider at the point and time of service. Only then can the health care provider request the ministry to release the client's health number and version code.

5.6 Questions and Answers

Is there a waiting period for OHIP coverage?

Most new applicants for coverage, and former residents returning to Ontario to live permanently, have a three-month waiting period before coverage begins. There are some exceptions, such as babies born in Ontario and Canadian Forces and RCMP personnel discharged in Ontario.

Can a Ministry of Health and Long-Term Care decision be appealed?

Everyone has the right to appeal a ministry decision about eligibility for OHIP. Your patient should contact his or her local ministry office for information about the appeal process.

What does my patient need to obtain a photo health card?

Your patient will be asked to provide proof of: Canadian citizenship, immigrant or Aboriginal status, residency and identity. Please advise your patient to contact their local ministry office for document requirements.

My patients are asking me if they need to obtain a new photo health card. Should I be telling them to visit a ministry office and request a photo health card?

If your patient's red and white card is still valid, they should continue to use it. If their health card has been lost, stolen, damaged or if they need to change their personal information, please advise them to call their local ministry office for more information.

5.6 Questions and Answers (Continued)

What is the ministry's policy on "good faith" payments?

In the past, in situations where the provider could not determine an eligibility problem by looking at the health card, claims were paid until such time as the provider had been notified by the ministry via the provider's monthly "Remittance Advice".

In 1994, the Health Card Validation (HCV) system was implemented and extended with the use of point-of-service validation mechanisms. This enables all providers to validate health numbers presented or used in billing the ministry before claims are submitted and rejected.

Despite HCV implementation the good faith payment policy was continued for those services provided in hospitals where the provider could not determine the cardholder's eligibility. The ministry has installed dedicated 1-800 Emergency Support numbers where ministry agents are available on a 24 hour, 7 day a week basis to assist the hospital staff in determining the patient's correct health number and version code for payment purposes. **As of March 1, 1998, the ministry no longer makes "good faith" payments (**refer to Bulletins 4303 and 4305).

Should I ask my patients to present their health cards every time they require insured health services?

Yes, it is recommended that you ask your patients to present their health cards each time they visit you. You will then be able to determine quickly if they are eligible for insured health services using any of the health card validation options available.

What is a health card version code?

The version code is a randomly generated alpha-code used with the health number to identify the status of a health card. The version code is used to identify a health card. This is important for health card validation to identify whether a health card is currently valid. This is an important feature of the anti-fraud strategy should a health card be reported lost or stolen. Whenever your patient receives a replacement card, the health number remains the same but the version code changes and automatically renders the previous health card invalid.

A version code may be one or two letters. Not all health cards have version codes. A health card without a version code may be valid. You should ensure the card is valid each time a patient receives services.

5.6 Questions and Answers (Continued)

Should I bill my patients for medical services if they do not have their health card when they visit me?

One purpose of the ministry's current anti-fraud initiative is to ensure that only those individuals who are eligible, receive insured health services. All people with a valid health card at the time services are rendered will not be required to pay for insured health services.

If your patient does not have their health card with them and they advise you that they have not been issued a new health card since their last visit, you should look up their health number and version code on your records. If you cannot determine if your patient is eligible, you may:

- require him or her to pay for service until their eligibility is confirmed request him or her to complete a "Health Number Release" (form 1265-84) to allow the ministry to release the health number and version code
- hold the claim until the confirmation of eligibility is received

You should discuss these options with your patient. If you charge a patient who later is proven to be covered by OHIP (eligible) at the time of service, then you must reimburse the patient the full amount charged.

What happens if my patient does not have their health card and they need insured health services in an emergency?

The patient can sign a "Health Number Release" (form 1265-84), or the hospital may consult the ministry's Help Desk at 1 800 262-6524. The patient cannot be refused emergency medical treatment.

Can I charge for completing a Health Number Release form?

No. The Health Number Release is a ministry form and is considered a part of the insured service.

5.6 Questions and Answers (Continued)

My patient has lost his or her red and white health card but cannot appear at an office for medical reasons.

When a patient has a medical condition that prevents him or her from appearing in person at one of our offices to re-register for a photo health card, an exemption must be applied for. To assist the patient in this process you must complete the Declaration of Health Care Provider portion of the Exemption Request (form 3164-84 available from your local ministry office). The patient/representative is responsible for completing the other sections and mailing or delivering the form to the ministry.

As the Exemption Request is a ministry form, it is considered to be part of an assessment/insured service, and no fee can be charged to either the patient or the ministry for the completion of the form.

My patient has reported his or her red and white card stolen/lost but has not received a replacement health card yet. The patient has presented a Transaction Record to me to obtain medical services. Is this acceptable?

A Transaction Record with the version code of the new card is issued to clients during their visit to our office to process their new/replacement photo health card. The Transaction Record is to be used to obtain medical services prior to receipt of their new photo health card. Please validate this health number and version code on your IVR/HCR systems.

5.6 Questions and Answers (Continued)

What should I do if I suspect that one of my patients is no longer living in the province and returns to Ontario only when in need of medical services?

Physicians and other prescribed persons are now required by law to report certain incidents of suspected or detected OHIP fraud. Providers may call the Provider Fraud Line at 1 800 265-4230 or complete a Provider/Public Fraud Report (form 2022-82) and return it to:

Ministry of Health and Long-Term Care
Registration and Claims Branch
Verification Unit
49 Place d'Armes, 3RD Floor
Kingston ON K7L 5J3

How should my patients advise the ministry if they change their address?

Changes of addresses must be submitted in writing to the ministry or can be made at a Service Ontario Kiosk.

It is important that we always have the client's current address on our records. We would appreciate your assistance in reminding patients that they must notify the ministry of any change in address information by completing the Change of Address (form 1057-82).

My patients often advise me that they are going to be travelling outside of Canada and inquire about out-of-country health care services. What should I tell them?

If your patients have a valid Ontario health card they are entitled to certain benefits when outside Canada. Since coverage for out-of-country health care services is limited, your patients should purchase supplementary insurance.