HEALTH CARDS

MODULE HIGHLIGHTS

- Provincial/territorial healthcare coverage
- Ontario Health Insurance Document Coverage List
- Registered Persons Database (RPDB)
- Health card eligibility in Ontario
- Identification numbers in health cards

- Defining elements of health cards
- Updating and revision of health cards
- Ministry of Health forms in Central Repository
- Health card validation
- Real-time health card and batch validation

This module provides an understanding of Canada's health card systems and the validation of health cards.

MANAGING PROVINCIAL/TERRITORIAL HEALTHCARE COVERAGE

Patients are required to present a **health card** before receiving medical services.

When applying for **Ontario Health Insurance Plan (OHIP)** coverage, applicants must provide documents in three categories:

- Proof of Canadian citizenship or immigration status
- Proof of residency
- Supporting documentation for personal identity

The documentation required is detailed on the **Document Coverage List** available through ServiceOntario or through the Ministry of Health.

In Ontario, applicants must present in person to a ServiceOntario Centre with the required documentation in hand.

Version codes were introduced to assist in the reduction of fraud as they uniquely identify a health card.

If a health card is deemed invalid, the patient will be advised when registering for an appointment to have the health card replaced. When validating health cards with the Ministry of Health, invalid cards will be flagged, and messages sent to the medical office; this will be discussed further in this module.

Upon registration, a card deemed lost or stolen should be kept by the medical office assistant and appropriately destroyed. This procedure may vary by facility. In Ontario, any health card fraudulency must be reported to the Ministry of Health.

All provinces and territories, except Quebec, have signed a **reciprocal billing** agreement. Physicians are paid at their own provincial/territorial rate for services provided, which will be discussed later in this workbook in Module 8. Reciprocal billing is voluntary, and physicians may opt to receive payment upon rendering services rather than using the reciprocal billing process, therefore making the patient responsible for the cost of services.

Quebec patients pay for their services and make claims through **Régie de l'assurance maladie du Québec (RAMQ)** for reimbursement. Some offices may choose to directly bill RAMQ and accept payment even though the rates are generally lower than other provinces and territories. Should a patient not have a health card, payment must be made to the physician, and it is the patient's responsibility to submit the receipt to the Ministry of Health for reimbursement.

REGISTERED PERSONS DATABASE (RPDB)

Information on each registered person is collected on a standardized registration form issued by the Ministry of Health and stored as electronic data on the **Registered Persons Database (RPDB)**. In Ontario, every eligible person who applies for Ontario Health Insurance Plan coverage is assigned a permanent and unique health number, also referred to as a **health services number (HSN)**.

Only organizations and personnel approved by the Ministry of Health can access the Registered Persons Database.

HEALTH CARD ELIGIBILITY IN ONTARIO

The criteria for an Ontario health card, as regulated by the Ministry of Health, are detailed in the Ontario Health Insurance Coverage Document List:

- Canadian Citizen (registered at birth or upon citizenship)
- Permanent Resident (formerly called "landed immigrant")
- Physically present in Ontario for 153 days in a 12-month period
- Physically present in Ontario for at least 153 days of the first 183 days immediately after establishing residency in the province
- Primary place of residence in Ontario

OHIP coverage normally becomes effective three months after the date that residency is established in Ontario. The Ministry of Health encourages new and returning residents to purchase private health insurance in the event of illness during the OHIP waiting period. Under special circumstances, such as COVID-19, the Ministry of Health will waive the waiting period. It is a good practice to check current criteria. When a person relocates to another province or territory, OHIP will provide coverage for a period of three months while the covered person waits for health insurance to be effective in the new province or territory.

All newborns born in Ontario are eligible for OHIP. Temporary health card numbers are provided until the birth certificate can be registered by completing an Ontario Health Coverage Infant Registration form. The form provides a pre-printed health number assigned to the baby. This record is kept until the Ontario permanent health card is received by mail. The temporary and permanent health cards possess the same health card number.

Adopted children are considered new registrants, and an application would be filed for a new health card number. The medical biller must ensure that the health card is valid.

PAYMENT OF PREMIUMS

In Ontario, payment for OHIP is income-based. Those with a lower income could be exempt from paying any premiums. The Ontario Health Premium is paid through Ontario's personal income tax system when a person files an annual income tax return.

HEALTH CARD IDENTIFICATION NUMBERS

Each health card has a personal identification number on it. Depending on the province or territory, this number ranges from 7 to 12 digits. In Ontario, each person is assigned a health card number for life; however, updating a card for reasons such as a name change will result in a change in the version code. In Ontario, the version code consists of two letters. Version codes reduce the risk of health card fraud.

A health card is an important personal document that must be treated as private and confidential.

HEALTH CARD ELEMENTS

Each province or territory will determine the necessary information required on the health card, as well as the application process. The elements included on an Ontario health card are:

- Health card number (HCN)
- Version code
- Date of birth (DOB)
- Sex
- Expiry date/renewal date
- Photo identification (with signature) — when a patient cannot physically access a ServiceOntario location, the photo is replaced with a trillium symbol

After the expiry date, the health card is invalid and must be renewed. The renewal is the cardholder's responsibility.

It is illegal to ask someone to show a health card for identification purposes (such as cashing a cheque, applying for a credit card, or proof of age).

UPDATING AND REVISING HEALTH CARDS

Health cards must be updated under the following circumstances:

- Name change
- Address change
- Gender change
- Damaged card
- Lost card

- Stolen card
- Expired card

MINISTRY OF HEALTH FORMS

The most common forms used in medical offices for medical billing purposes are:

- Registration for Ontario Health Coverage
- Health Card Re-Registration
- Health Card Renewal
- Change of Address
- Change of Information
- Out-of-Province Claim Submission
- Out-of-Country Claim Submission

VALIDATION OF HEALTH CARDS

Health card validation (HCV) allows a healthcare provider to access the Ministry of Health'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.

In a hospital setting, patients with an invalid card can be turned away and rescheduled if the reason for presenting to the hospital is not urgent. In the hospital's emergency department, a patient will receive service but must sign a Release of Health Card Information form. Invalid cards are one of the most common reasons for claims being rejected.

A person's health number and version code are considered personal health information under the Personal Health Information Protection Act (PHIPA).

METHODS OF HEALTH CARD VALIDATION (HCV)

There are currently two methods of access for Health Card Validation:

- Real-time validation: HCV Web Service, Interactive Voice Response, and Health Card Reader Software Application
- Batch validation: Overnight Batch Eligibility Checking (OBEC)

REAL-TIME VALIDATION OF HEALTH CARDS

There are three types of real-time (immediate) validation of health cards. To use these services, the healthcare provider must be a registered user. The Ministry of Health does not send or receive emails or facsimiles for confidentiality reasons. The Ministry of Health will provide the message "Valid Health Card" if there are no errors. If there is an error with the card (for example, a version code or an expired card) explanation and error codes will be provided.

The three types of real-time validation are:

1. **Interactive Voice Response (IVR)** — Service available 24/7 using a touch-tone phone to call a toll-free number. A provider must apply for IVR participation. The IVR system cannot be used with a cellular phone because the confidential data transmitted may be intercepted by others.

2. **Health Card Reader (HCR)/Point-of-Service (POS) Device** — A range of devices, called magnetic card readers or point-of-service devices, are available for health card validation. These devices can be used alone or incorporated into the office's software program. This method of access for health card validation is not available to new vendors and is best suited for high-volume users.

3. **Health Card Validation (HCV) Web Service** — The Ministry of Health verifies card numbers via the Electronic Business Service (EBS), which is an Internet-enabled service that can be accessed from any computer using third-party software. The HCV Web Service provides a more secure service to validate the eligibility of a patient's health card in real time against Ministry of Health databases. The HCV Web Service is available 24/7 except for weekly scheduled system maintenance.

BATCH VALIDATION OF HEALTH CARDS — OVERNIGHT ELIGIBILITY CHECKING (OBEC)

OBEC is used to validate a health number and version code before a health service is provided, reducing the potential for claims rejections. The health numbers and version codes are inputted and batched into formatted files to be electronically submitted to the Ministry of Health. Eligibility is verified against the Ministry of Health's database based on the date the file is submitted. A response file is returned to the user the next business day.

OBEC uses the **Medical Claims Electronic Data Transfer (MC EDT)** service and the current **Electronic Data Transfer (EDT)** service for the electronic transmission of batch files from the medical service provider's EMR system to the Ministry of Health's mainframe computer.

Healthcare providers validate health card eligibility for pre-scheduled appointments for referred patients, for out-of-town patients, and for patients who have had claims rejected in the past. Pre-validating with OBEC emphasizes any discrepancies with patients either before or during their office visit to identify where direct billing may be necessary.

RESPONSE CODES

During the validation process for health cards with the Ministry of Health, **response codes** are provided related to the status of the health card. The Ministry of Health also provides a recommended action, if required. These response codes are listed in Section 3 of the Health Card Validation Reference Manual provided by the Ministry of Health.

Examples are:

05   Health Number submitted is not 10 numeric digits

50   Health card passed validation

53   Health card passed validation; card is expired

65   Invalid version code

TASK 1	PROVINCIAL AND TERRITORIAL HEALTH CARDS

RESOURCES: Resource Spreadsheet
             Internet

Instructions:
The Government of Canada has a website with links to the provincial and territorial health cards.

1. Add this link to your resource spreadsheet you created in Module 1.
2. Sort alphabetically.

TASK 2	BMC PATIENT DATABASE

RESOURCE: Appendix B — Patients — BMC

Instructions:
If your education institution is using the BMC patient database, it will have to be updated to reflect the patient's ages.

Update the BMC patient database found electronically by calculating the year of birth for each patient based upon the age they are currently.

You would accomplish this by taking the current year and subtracting the patient's age to receive the year of birth. Be mindful of the month you are doing this task, as some patients have not reached their birthday in the current year.

TASK 3	PATIENTS — STUDENT

RESOURCES: Appendix B — Patients — BMC
              Appendix D — Patients — Student

Instructions:
To work with your patients throughout the modules, you must create a patient spreadsheet of your own fictitious patients.

Your instructor may prefer you use the BMC spreadsheet; however, you may be responsible for creating your own set of unique patients in order not to conflict with other students. The database is available to you electronically.

Read the exercise first, prior to commencement. There are sample instructions at the bottom of the exercise.

Using the student spreadsheet, create 33 new patients using the criteria below:

- Patients 1 to 4 — Family 1 — select the same unique last name, and create an alias (nickname) for Patient 1
- Patients 5 and 6 — Family 2 — parents of Patient 4 — select the same unique last name
- Patients 7 to 9 — Family 3 — select the same unique last name
- Patients 10 and 11 — Family 4 — select the same unique last name, and create an alias for Patient 10
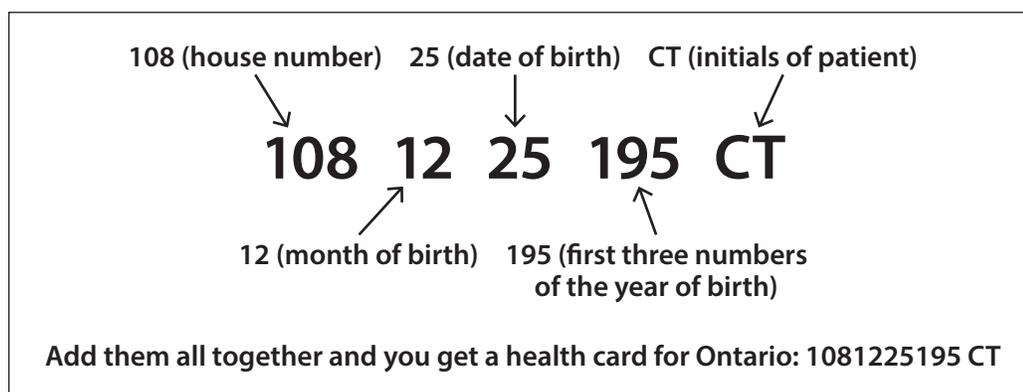
- Patients 12 to 15 — Family 5 — select the same unique last name, and create an alias for Patient 12
- Patient 16 — Family 6 — an out-of-province patient
- Patient 17 — Family 7 — an out-of-province patient
- Patient 18 — Family 8 — a Quebec patient — female (RAMQ)
- Patient 19 — Family 9 — a WSIB Ontario patient
- Patient 20 — Family 10 — a foreign student
- Patient 21 — Family 11
- Patient 22 — Family 12
- Patient 23 — Family 13
- Patient 24 — Family 14
- Patient 25 — Family 15
- Patient 26 — Family 16
- Patient 27 — Family 17
- Patient 28 — Family 18
- Patient 29 — Family 19
- Patient 30 — Family 20
- Patient 31 — Family 21
- Patient 32 — Family 22
- Patient 33 — Family 23 — Nova Scotia

- Create a unique last name and first name for each of the patients under the appropriate column headings
- Create the date of birth by choosing a unique month and a day with two digits to add to the year already indicated in the column
- Create a unique street address that has a 3-digit house number, such as 115
- Use your city and your province except for Patients 16, 17, 18, and 20
- Create two addresses for Patient 20 — one foreign and one Canadian
- Create unique postal codes — Ottawa postal codes should start with K, and out-of-province patients should have appropriate area codes for the city chosen
- Create unique home, work, or cellphone numbers — Ottawa's area codes are 613 and 343
- OHIP numbers have 10 digits — For our purposes, create unique OHIP numbers except for Patients 16, 17, 18, and 20. OHIP numbers should begin with the 3-digit street address number (such as 108), a 2-digit month of birth (such as 03), a 2-digit day of birth (such as 31), and the first three numbers of the birth year (such as 195 for the year 1958) — the OHIP number would be 1080331195
- Note: In any EMR system, invalid health card numbers will appear in red — ensure your health card numbers are invalid for the purposes of this workbook
- The version code for an Ontario patient is the first initials of the patient's first and last name

- The health card for the Quebec patient (Patient 18 on your spreadsheet) will be as follows:
    - The first four characters are the first three letters of the last name (such as JOH) followed by the first letter of the first name (such as C)
    - The next four digits are the last two digits of the year of birth (such as 58) and the month of birth (such as 12) — since the cardholder is a female, the number 50 is added to the year of birth such as $12 + 50 = 62$ and, therefore, 62 would be the last set of digits in the first four numbers
    - The last four digits are the day of birth and an administrative code used by the Régie (such as 2510) — use administrative code 10 for your example
    - There is no version code for Quebec
    - The Quebec health card number would be JOHC 5862 2510
    - Note: If the patient is female, the maiden name will be the last name used on the card
- For the three out-of-province patients (Patients 16, 17, and 33), create the fictitious information based upon the provincial format using the link from Task 1
- For EMR system purposes, create relationships within the families, such as husband, wife, brother, sister, aunt, or common law partner

Following is an explanation to help you with creating your fictitious patients' health card numbers and version codes:

Last name: Thomas

First name: Cindy

Date of Birth: Y58-12-25

Initials: CT

House number: 108

You will make unique health card numbers by using the patient information.

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108 (house number)   25 (date of birth)   CT (initials of patient)

108 12 25 195 CT

12 (month of birth)   195 (first three numbers of the year of birth)

Add them all together and you get a health card for Ontario: 1081225195 CT

TASK 4	ONTARIO CENTRAL FORMS REPOSITORY

RESOURCES: Resource Spreadsheet
　　　　　　　Internet

Instructions:
The Government of Ontario has a website for forms, which is the Government of Ontario Central Forms Repository.

1. Find the sites for the Government of Ontario Central Forms Repository and OHIP forms and add the links to your resource spreadsheet you created in Module 1.
2. Search the website for the following forms and add them to your resource spreadsheet created in Module 1:
   a) Ontario Health Insurance Plan (OHIP) Document List
   b) Health Number Release
   c) Application for IVR Participation
3. Save a copy of the forms.
4. Sort your spreadsheet alphabetically.

TASK 5	HEALTH CARD VALIDATION REFERENCE MANUAL

RESOURCE: Resource Spreadsheet

Instructions:
The Ministry of Health publishes a Health Card Validation Reference Manual. You will be using this manual to complete Task 8.

1. Search the website for the link to the PDF of the manual and add it to your resource spreadsheet.
2. Sort alphabetically.

TASK 6	HEALTH NUMBER RELEASE

RESOURCES: BMC Contact Information
　　　　　　　Health Release Number Form

Instructions:
Using the form you saved from Task 4, complete the Health Number Release form using the following information:

1. Use BMC Patient 10
2. The applicant is signing the form
3. The date is January 19, 20xx
4. The healthcare provider is Dr. Redden
5. The reply is to go to Dr. S. Redden at BMC

TASK 7   APPLICATION FOR IVR PARTICIPATION

RESOURCES: Application for IVR Participation Form
               Facility Contact Information

Instructions:

Using the form you saved from Task 4, complete the Application for IVR Participation form using the following information:

1. Complete the form using Patient 10
2. Use the updated patient spreadsheet information from Task 6
3. The physician's name is Dr. Paul Blue, department of Cardiology
4. Section 2 will be filled out as the Facility, not the Provider
5. The facility is BMC
6. This is not a new facility address
7. The language preference is English
8. The date is January 15, 20xx
9. Sign the form with your name

TASK 8	HCV REFERENCE MANUAL RESPONSE CODES

RESOURCES: Health Card Validation Reference Manual
Appendix D — HCV Reference Manual Response Codes Table

Instructions:

Using the link from your resource spreadsheet to access the Health Card Validation Reference Manual, complete the following table indicating how you would action the response codes.

Response Code	Description	Action Required
52		
65		
75		
83		
10		
05		
50		
70		
53		
15		

TASK 9 SERVICEONTARIO

RESOURCES: Resource Spreadsheet
          Internet

Instructions:
ServiceOntario is responsible for the delivery of government on Ontario services to Ontario citizens. This site is where you can apply/renew a health card or change your address. This is done online or you can visit a ServiceOntario centre.

1. Locate the website for ServiceOntario and add it to your resource spreadsheet.
2. Sort the spreadsheet alphabetically.

TASK 10 DOCUMENT COVERAGE LIST FOR HEALTH CARDS

RESOURCES: Resource Spreadsheet
          Appendix D — Document Coverage List Table

Instructions:
The Ministry of Health has provided a list of categories and documents that are required for obtaining or renewing a health card. You will find this information on the document you downloaded in Task 4 or you can search the ServiceOntario website.

The document provides three lists outlining the required documents for proof of identity. Provide the titles of the three lists and an example of a document in each category. Ensure you have three different documents.

List Title	Document

TASK 11   THEORY QUESTIONS

1. All valid Ontario health cards must have a version code, an expiry date, and a photo for identification.

   True or False

2. Patients may still receive treatment with an expired health card for a scheduled appointment.

   True or False

3. The health card number (HCN) is also known as a health services number (HSN).

   True or False

4. Newborns are not eligible for OHIP until they have received their permanent health card.

   True or False

5. An Ontario resident's health card number is assigned on a permanent basis; it is only the version code that will change should there be a change in the person's name or in the replacement of a lost or stolen card.

   True or False

6. It is legal to request to see a health card as an official identification card.

   True or False

7. Health cards are validated prior to claim submission to avoid potential error messages and withholding of payment from the Ministry of Health.

   True or False

8. Validating a health card using a telephone call to the Ministry of Health is the

   _____ method, and it provides real-time validation.

9. MC EDT is an unsecured Internet service connecting to the Ministry of Health for validation of a health card.

   True or False

10. Batch validation is an overnight service where a number of health cards can be validated where a report is provided to the physician by the Ministry of Health.

    True or False