The Paperless Drug Card Initiative

User Guide for Processing Periodic Oculo-Visual Assessment Claims for Social Assistance Clients

November 14, 2016

What is the Paperless Drug Card Initiative?

The Ministry of Community and Social Services (MCSS) is improving service delivery to social assistance clients by enabling them to use their Ontario health card, instead of a monthly paper drug card, to access drug coverage under the Ontario Drug Benefit (ODB) program.

As part of social assistance service delivery modernization, the Paperless Drug Card Initiative is one component of MCSS's efforts to move toward a substantially paperless environment.

This change will apply to all clients of:

- Ontario Disability Support Program (ODSP) – including Assistance for Children with Severe Disabilities (ACSD)
- the Ontario Works Program (OW) – including Temporary Care Assistance (TCA)

Note: this includes First Nations clients who receive benefits from ODSP and M'Chigeeg First Nation.

There is no change for clients served by First Nations Ontario Works Administrators who do not use the Social Assistance Management System (SAMS). These clients will continue to receive monthly paper drug eligibility cards until further notice.

People who are in receipt of benefits under one of the above programs have also used the paper drug card to access service for Periodic Oculo-Visual Assessments (POVA). The eligibility criteria for providing these services has not changed.

As of December 1, 2016, social assistance clients will no longer receive a monthly paper drug eligibility card. In instances where social assistance clients are not eligible for an Ontario health card, they will continue to receive a paper drug card to access health benefit coverage.

Optometrists and physicians will require an alternate method for confirming social assistance eligibility when providing POVAs.

Note: To support transition to the new approach, service providers can accept November paper drug eligibility cards from social assistance clients during the month of December.

Questions specific to the Paperless Drug Card Initiative, should be e-mailed to MCSS at SASM-Q&A@ontario.ca.

What will change for service providers on December 1, 2016?

In the absence of the paper drug card, service providers will use alternate ways of validating a social assistance clients' eligibility for a POVA. Social assistance clients may present different forms of proof of eligibility, including:

- a social assistance Statement of Assistance for the month in question
- a monthly paper drug card

Where a social assistance client does not present one of the above forms of proof of eligibility, service providers may **call the Social Assistance Verification (SAV) Helpline, toll-free at 1-888-284-3928 between 7:00 a.m. and 7:00 p.m., Monday to Friday (excluding statutory holidays).**

In some circumstances, the client can obtain a Letter of Eligibility from their caseworker

> **Note:** There is **no change** to the way that eligibility for POVAs is determined: a person is eligible for one assessment per 24 month period, which must be determined by calling the Ministry of Health and Long-Term Care's Interactive Voice Response (IVR) system

Instructions

Clients may present the following alternative forms of proof of eligibility to receive service:

1. Statement of Assistance

All clients receive a monthly Statement of Assistance which can be used to verify eligibility for the month in question. As spouses and dependents are not listed on the Statement of Assistance, eligibility for these benefit unit members can be verified by calling the SAV Helpline.

2. Paper Drug Card

The current process can be followed when a client presents a paper drug card. The following clients will continue to receive a paper drug card:

- Social assistance clients, who are not eligible for an Ontario health card, and

- Clients served by First Nations Ontario Works Administrators who do not use the Social Assistance Management System (SAMS)

3. Social Assistance Verification Helpline

If a person does not present another proof of eligibility, service providers should call the SAV Helpline.

The SAV Helpline is an in-bound call centre service that is administered provincially. The SAV Helpline is staffed by live agents who have access to social assistance case-related details and can confirm a client's eligibility status for authorized callers.

The SAV Helpline will provide the service provider with a confirmation number upon completion of the call.

The hours of operation for the SAV Helpline are **between 7:00 a.m. and 7:00 p.m., Monday to Friday (excluding statutory holidays).**

*The hours of operation are based on the availability of the social assistance technology. The social assistance technology may also be periodically unavailable for a limited time, during business hours, for maintenance. Notices will be broadcast via the SAV Helpline.

Identifying Yourself

When calling the SAV Helpline during business hours, service providers must verify their identity by providing the following information:

- First and last name of service provider and name of the clinic
- Eight (8)-digit Interactive Voice Response Personal Identification Number (IVR PIN) assigned at the time the OHIP Billing Number was provided by the Ministry of Health and Long-Term Care (MOHLTC)

Callers must positively identify themselves by correctly providing their eight-digit IVR PIN.

Note: Service providers who have forgotten their IVR PIN or do not have an IVR PIN should contact the Service Support Contact Centre helpdesk at 1-800 262-6524 or by email at SSContactCentre.MOH@ontario.ca

Information Required by the SAV Helpline

Once a caller is positively identified and validated by the SAV Helpline, a live agent will request the following information which is then used to search for a client in the Social Assistance Management System (SAMS):

- Client's Member ID (if provided by client);
- Client's first and last name, and
- Client's birth date

Generally, only the client's first and last name and date of birth are required. Occasionally, the SAV Helpline agent may require the client's address to assist in distinguishing between multiple clients who have the same name and date of birth.

If Eligibility Cannot be Confirmed by the SAV Helpline

If the SAV Helpline is unable to provide the caller with confirmation of a client's eligibility, the caller should:

- Advise the client that his/her eligibility was not confirmed for the period of time in question, and
- Advise the client to contact his/her local office to resolve
  - In some circumstances, the client can obtain a Letter of Eligibility from their caseworker

Submitting Claims

There is no change to the way claims for POVAs provided to social assistance clients who have a valid Ontario health card are to be submitted through the Medical Claims - Electronic Data Transmission (MC EDT). POVA claims will be made in the usual manner using the appropriate fee code as listed in Appendix A of the Schedule of Benefits for Optometry Services and Appendix F of the Schedule of Benefits for Physician Services.

Fee for service claims <u>must be submitted within six months of the date of service</u> for an optometrist or a physician.

> **Billing codes for Periodic Oculo-Visual Assessment (POVA) – one eye exam per 24 month period:**
>
> Optometrist:
>   V450 – Ontario Disability Support Program
>   V451 – Ontario Works
>
> Physician:
>   K065 – Ontario Disability Support Program
>   K066 – Ontario Works

Documentation/Audit Requirements

MOHLTC may request that service providers provide proof that the social assistance client's eligibility for coverage was established if a service encounter is rejected with the error message "EPS – Patient Not Eligible for Program" through the MC EDT and for audit purposes.

If a provider submits a POVA claim through the MC EDT and it is rejected with the EPS error code they can submit the claim to MOHLTC.

1. **Statement of Assistance, Paper Drug Card, Letter of Eligibility**

Service providers should retain _any_ physical proof of eligibility that a client provides, as per the current process for use of the paper drug card, and provide to MOHLTC, if requested.

2. Social Assistance Verification Helpline

Where the social assistance client's eligibility for coverage was established through the SAV Helpline, service providers should record the following information on the client/patient's file (or the service provider's database) and provide to MOHLTC, if requested:

- The first and last name of the person who made the call to the SAV Helpline
- The date and time of the call
- Client/Patient first and last name
- Health Number (obtained from patient file)
- Date of Service (Date of service for POVA)
- Type of Coverage Confirmed (i.e. social assistance program)
- Dates of Coverage Confirmed
- Confirmation number provided by the SAV Helpline

Example:
For Jane Jones (client/patient), John Smith (physiotherapist) called SAV Helpline on January 14, 2017 at 10:35 a.m. and confirmed that client/patient was eligible for ODSP in the month of January 2017. Conf # 12345.