

Section 1: MSP CONTACTS

| | | |
|------------|--|-------------|
| 1.1 | Medical Services Plan | 1-3 |
| 1.2 | MSP Contacts..... | 1-5 |
| | MSP Mailing Address | 1-5 |
| | MSP Web Site | 1-6 |
| | MSP Contact Information | 1-7 |
| | MSP Claims Information..... | 1-7 |
| | Claims Benefit Services and Billing Support | 1-7 |
| | Provider Programs..... | 1-7 |
| | Out-of-Country Claims..... | 1-8 |
| | Claims Info-by-Fax | 1-8 |
| | Travel Assistance Program | 1-8 |
| | Teleplan Support Centre | 1-9 |
| | Payment Schedule Administration & Medical Consultation | 1-9 |
| | Diagnostic Facilities Administration..... | 1-9 |
| | Medical Services Operations and Policy..... | 1-9 |
| | Primary HealthCare Coordinating Office..... | 1-10 |
| | Beneficiary Services- Client Service Lines (IVR) | 1-10 |
| | Supplementary Benefits Program | 1-10 |
| 1.3 | Related Ministry of Health Programs | 1-11 |
| | Alternative Payments Program..... | 1-11 |
| | BC HealthGuide..... | 1-11 |
| | BC NurseLine Phone Numbers | 1-11 |
| | Billing Integrity Program (Audit)..... | 1-12 |
| | Chronic Disease Management | 1-12 |
| | Clinical Practice Guidelines and Protocols..... | 1-12 |
| | Rural Health..... | 1-13 |
| | Nurse Practitioners | 1-13 |
| 1.4 | PharmaCare..... | 1-14 |
| | PharmaCare Benefits | 1-14 |
| | Coverage of Prescription Drugs | 1-14 |
| | PharmaCare Plan Inquiries | 1-14 |
| | PharmaCare Plans | 1-15 |
| | Reference Drug Program | 1-17 |
| | Low Cost Alternative (LCA) Program | 1-17 |
| | Limited Coverage Drug Program..... | 1-18 |
| | Special Authority Forms | 1-18 |
| | Medical Practice Access to PharmaNet | 1-20 |
| 1.5 | MSP Publications and Brochures | 1-21 |
| | Web Site | 1-21 |
| | Publications | 1-21 |
| | International Classification of Diseases, 9th Edition | |
| | (ICD9) Code Books | 1-21 |
| | Explanatory Code Books..... | 1-21 |
| | MSC Financial Statement (Blue Book)..... | 1-21 |
| | MSC Payment Schedule | 1-22 |

Section 1: MSP CONTACTS

| | |
|---|------|
| MSCommuniqué | 1-22 |
| MSP Group Procedures Guide | 1-22 |
| MSP Resource Manual for Physicians | 1-22 |
| Physician's Newsletter and MSP Bulletin | 1-23 |
| Clinical Practice Guidelines and Protocols | 1-23 |
| Brochures | 1-23 |
| Introducing Physicians to the Medical Services Plan | 1-23 |
| Leaving BC | 1-23 |
| Medical Services Plan | 1-23 |
| Over-Age Claims: 90-Day Submission Limit | 1-23 |
| Travel Assistance Program (TAP) | 1-23 |

1.1 Medical Services Plan

The Medical Services Commission manages the Medical Services Plan on behalf of the Government of British Columbia in accordance with the provisions of the *Medicare Protection Act*.

The Medical Services Plan (MSP) is British Columbia's publicly funded Medicare program. It provides coverage for medically required services provided by physicians and health care practitioners to eligible beneficiaries in British Columbia.

MSP benefits include:

- medically required services of general practitioners and specialists;
- medically required laboratory services and diagnostic procedures, including x-rays and ultrasound examinations, upon referral from a qualified practitioner as defined in the Regulations;
- dental and oral surgery when performed in a hospital.

1.2 MSP Contacts

This section presents information about MSP programs and how to contact MSP and Health Insurance BC.

Medical Services Plan

MSP is responsible for:

- enrolling beneficiaries;
- administering premium assistance programs for low-income beneficiaries;
- registering practitioners;
- adjudicating and paying practitioners' fee-for-service billings;
- developing related policies and programs.

MSP Mailing Address

Medical Services Plan
PO Box 9035, Stn Prov Govt
Victoria, BC V8W 9E3

MSP Web Site

<http://www.health.gov.bc.ca/msp/>

Use the MSP Web Site to access comprehensive information on the Medical Services Plan, the Medical Services Commission and related Ministry of Health programs.

Information available online via the MSP Web Site includes:

- Site specifically for Medical and Health Care Practitioners
- MSP forms for Medical and Health Care Practitioners
- Billing Procedures and Guidelines for Physicians
- copies of Protocols and Guidelines;
- MSC Payment Schedule/ICD9 Codes and Explanatory Codes
- Physician's Newsletter
- MSC Financial Statement (Bluebook)
- MSP Fee-for-Service Payment Statistics
- MSP Tutor

MSP Contact Information

MSP Claims Information

Vancouver 604 456-6950

Other areas of BC (toll free) 1 866 456-6950

- Answers general claims questions and directs calls regarding specific questions to the appropriate staff.

MSP Practitioner Info Line

Victoria 250 383-1226

Vancouver 604 669-6667

Other areas of BC (toll free) 1 800 742-6165

- Confirms patient coverage, last eye examination, patient's initials and surname and supplementary benefit coverage.

Benefits Services and Billing Support

Vancouver 604 456-6950

Other areas of BC (toll free) 1 866 456-6950

Fax 250 405-3593

- Processes pay-patient claims and provides benefit information.
- Responds to third party requests for medical records, including requests from the RCMP, ICBC, WCB, lawyers' offices, coroners' offices, and beneficiaries.
- Releases patient records in accordance with the provisions of the *Freedom of Information and Protection of Privacy (FOIPP) Act*.
- Handles reconciliation problems for practitioners, service bureaus, and hospitals.
- Provides information regarding how practitioners can bill for services.
- Answers questions about benefits.
- Answers Preamble and fee item questions.
- Handles adjudication reassessments.
- Responds to questions about reciprocal billing and critical care coverage billing.

Provider Programs

Vancouver 604 456-6950

Other areas of BC (toll free) 1 866 456-6950

Fax 250 405-3592

- Enrolls practitioners with MSP.
- Processes "opting out" and "opting in" applications from practitioners.
- Handles assignments of payment, incorporation, electronic claims submissions, direct bank deposits and supports a number of rural programs

Out-of-Country Claims

Vancouver 604 456-6950

Other areas of BC (toll free) 1 866 456-6950

Fax 250 405-3588

- Answers questions regarding the referral of patients for medical services outside British Columbia.
- Pays claims for services provided outside Canada.

Claims Info-by-Fax

Victoria: 250 383-1226

Vancouver: 604 669-6667

Toll-free: 1 800 742-6165

- Using a touch tone phone, listen to the message, press the number for the information you want, and enter your fax number to have the system fax the information to you.
- Available items include the current *MSP Bulletin* (restricted payments), other claims and billing publications, forms, information on close-off dates and statutory holidays, Payment Schedule and fee item information.

Travel Assistance Program

Toll-free: 1 800-661-2668

Fax: 250 405-3592

- Provides information about, and pre-approval for, travel assistance for beneficiaries travelling outside their communities for required, non-emergency medical services.
- Automated service is available 24 hours a day, 7 days a week.

Teleplan Support Centre

Vancouver 604 456-6950

Other areas of BC (toll free) 1 866 456-6950

Fax 250 405-3592

- Handles electronic billing problems.
- Liaises with software vendors.
- Processes electronic remittance statements and refusals.
- Resets passwords.
- Assists with technical problems.

**Payment Schedule Administration
and Medical Consultation**

250 952-3188

Fax: 250 952-3133 or;

250 952-2992

- Provides professional advice on the Payment Schedule, assessment of unusually complex claims, reassessment of disputed claims, and out-of-country medical services.

Diagnostic Facilities Administration

250 952-3190

Fax: 250 952-3133

- Provides administrative and program support for MSC's approval (licensing) process, whereby MSC determines whether or not the services of a diagnostic facility are MSP benefits.
- Liaises with the Diagnostic Accreditation Program of the College of Physicians and Surgeons of BC (see also *Section 6.1: General Billing Information - Diagnostic Facilities Administration*).

Medical Services Operations and Policy

250 952-1059

Fax: 250 952-3133

- Provides program and policy support for Medical Services Division/Ministry of Health initiatives.
- Develops and distributes MSP publications.

Primary HealthCare Coordinating Office

250 952-1347
Fax: 250 952-1417

- Monitors utilization of physician services
- Provides informational and administrative support to the Guidelines and Protocols Advisory Committee for the implementation of guidelines
- Provides data and economic analyses, projections for utilization monitoring, policy development, strategic and negotiation support under MSP

**Beneficiary Services -
Client Service Lines (IVR):**

Vancouver: 604 683-7151
Toll-free: 1 800 663-7100
Fax: 250 405-3595

- Operates an automated telephone service, 24 hours a day, 7 days a week, to provide answers to common questions and general information.
- Assists callers through client service representatives who are available to receive calls between 8:00 am and 4:30 pm, Monday through Friday.
- Assists beneficiaries with enrollment, premium payments, premium assistance, changes in coverage, and questions about benefits.

Supplementary Benefits Program

Victoria: 250 952-2888
Fax: 250 952-3133

MSP provides payment for chiropractic, physiotherapy, naturopathy, massage therapy and non-surgical podiatry to B.C. residents who are eligible for premium assistance. Surgical podiatry is a benefit for all B.C. residents. Routine eye examinations are a benefit for persons 18 years and younger or 65 years and older.

The Supplementary Benefits Program manages the provision of supplementary health care benefits, and provides administrative, policy, and program support to the Special Committee that governs the provision of supplementary benefits.

1.3 Related Ministry of Health Programs

Alternative Payments Program

Telephone: 250 952-3200
 Fax: 250 952-3486

Alternative payments is the term used to describe the funding of physician services through means other than the fee-for-service method. The APP assists local health authorities in the delivery of programs that most appropriately address the specific health care needs of their communities through flexible and cost-efficient alternative funding models.

For detailed information on Alternative Payment Program funding options contact APP to request publications “Alternative Payments Program: General Information and Glossary of Terms” and its companion document “Conditions of Funding.” Or you can visit the Alternative Payments Program web site at:

Web site: <http://www.health.gov.bc.ca/pcb/app.html>

BC HealthGuide

Telephone: 1 800 465-4911
 Email: HLTH.Health@gov.bc.ca
 Web site: <http://www.bchealthguide.org/>

The BC HealthGuide Handbook provides symptom based information to help recognize, seek and carry out appropriate treatment for 190 common health concerns. The BC HealthGuide Handbook was endorsed by the British Columbia Medical Association, the British Columbia College of Family Physicians, the Registered Nurses Association of British Columbia, and the College of Pharmacists of British Columbia.

Health information and advice is also offered through a toll-free telephone line. Staffed by registered nurses, the line is open 24 hours a day, 7 days a week. The service is also available for those who are deaf or hard of hearing, and translation services are available in 130 languages.

BC NurseLine Phone Numbers

| | |
|-------------------------------------|----------------|
| Within Greater Vancouver | 604 215-4700 |
| Toll-free elsewhere within B.C | 1 866 215-4700 |
| Deaf and hearing-impaired Toll-free | 1 866 889-4700 |

Billing Integrity Program

Telephone: 250 952-2829

Monitors and investigates the billing patterns of medical and health care practitioners.

Web site: <http://www.health.gov.bc.ca/msp/infoprac/bip.html>

Clinical Practice Guidelines and Protocols

Clinical practice guidelines and protocols are developed under the direction of the Guidelines and Protocols Advisory Committee (GPAC), jointly sponsored by the B.C. Medical Association and the Ministry of Health.

You will find a list of current guidelines on the web site at:

<http://www.health.gov.bc.ca/msp/protoguides/gps/index.html>

Telephone: 250 952-1347

Fax: 250 952-1417

E-mail: hlth.guidelines@gov.bc.ca

Chronic Disease Management

Telephone: 250 952-3124

Fax: 250 952-1417

Information for British Columbia health care providers and individuals living with a chronic disease. You can also find out about the latest developments in chronic disease management in British Columbia.

Practitioner information on improving clinical management of chronic diseases, patient registers, performance measures, clinical practice guidelines, and information on specific diseases. For information:

Web site: <http://www.health.gov.bc.ca/cdm/>

Mailing Address:

3-2, 1515 Blanshard St
Victoria, BC V8W 3C8

E-mail: hlth.cdm@gov.bc.ca

Rural Health

Telephone: 250 952-3596

Fax: 250 952-1034

Rural Health manages a number of programs related to provincial rural and remote health care issues.

Web site: <http://www.health.gov.bc.ca/rural/index.html>

Nurse Practitioners

In August 2005, the Nurses (Registered) and Nurse Practitioners Regulation established the College of Registered Nurses of B.C. (CRNBC) with the authority to regulate Nurse Practitioners as a new category of Registered Nurse.

Web site: <http://www.healthservices.gov.bc.ca/msp/infoprac/np/index.html>

1.4 PharmaCare

PharmaCare is the provincial drug program that assists British Columbia residents in paying for prescription drugs and designated medical supplies. PharmaCare's mission is to improve the health of British Columbians by ensuring reasonable access to, and appropriate use of, prescription drugs.

PharmaCare benefits

- Eligible medications prescribed by a physician, dentist, midwife, podiatrist, or nurse practitioner licensed and practising in British Columbia.
- Insulin, needles and syringes for patients with insulin-dependent diabetes.
- Blood glucose monitoring strips for patients with diabetes who have a Certificate of Training from an approved Diabetic Education Centre.
- Certain ostomy supplies.
- Designated, pre-approved permanent prosthetic appliances and children's orthotic devices (braces).

Coverage of prescription drugs through other agencies

Some prescription medications are provided through, or funded by, agencies other than PharmaCare. For instance:

- Medications dispensed in hospitals are funded by the local health authority.
- Oncology medications are provided through the British Columbia Cancer Agency. For more information, visit www.bccancer.bc.ca.
- Medications for treating transplant patients are provided through the British Columbia Transplant Society. For more information, visit www.transplant.bc.ca.
- Medications for treating kidney dialysis patients are provided through the BC Renal Agency. For more information, visit www.bcrenalagency.ca
- Antiretroviral medications are provided through the BC Centre for Excellence in HIV/AIDS. For more information, visit www.cfenet.ubc.ca.

PharmaCare Inquiries

When inquiring about their PharmaCare benefits, clients should provide their Personal Health Number as shown on their B.C. CareCard. Patient inquiries about PharmaCare should be directed to Health Insurance BC using the mailing address and telephone numbers provided below:

Mailing Address:

PharmaCare
Ministry of Health
PO Box 9655 Stn Prov Govt
Victoria BC V8W 9P2

Telephone:

Vancouver: 604 683-7151
Toll-free: 1 800 663-7100

Web site:

www.health.gov.bc.ca/pharme/

PharmaCare Plans

The following PharmaCare plans are available to residents of British Columbia:

Fair PharmaCare

The Fair PharmaCare plan provides financial assistance to B.C. families based on family net income. One-time registration is required.

Under the plan, each family is assigned a **deductible**¹ based on their family net income. When the family's payments towards eligible drug costs reach the deductible, PharmaCare begins contributing 70% towards their eligible prescription costs.

Each family is also assigned an annual **family maximum**. If their payments towards their eligible drug costs reach this amount, PharmaCare covers 100% of their eligible drug costs for the rest of the year.

Families that include one or more persons born before 1940 qualify for enhanced assistance. For these families, PharmaCare contributes 75% towards their eligible prescription costs after they reach their deductible.

Monthly Deductible Payment Option—PharmaCare offers a monthly deductible payment option for individuals and families receiving assistance under the Fair PharmaCare plan.

The Monthly Deductible Payment Option benefits families who have high prescription costs and expect to meet their deductible by allowing them to spread the deductible costs over the course of the year. Once enrolled, families pay their Fair PharmaCare deductible in monthly installments and receive PharmaCare assistance with eligible prescription costs right away.

Further information is available on the homepage of the PharmaCare website at www.health.gov.bc.ca/pharme or by calling the telephone numbers provided above.

¹ Lower income families may have a deductible of \$0.

Plan B—Permanent Residents of licensed Long-Term Care Facilities

Permanent residents of licensed long-term care facilities receive benefits at no charge.

Plan C—Recipients of B.C. Income Assistance

Individuals receiving Income Assistance through the Ministry of Human Resources receive 100% coverage of their eligible prescription costs.

Plan D—Cystic Fibrosis Patients

B.C. residents registered with one of the four provincial Cystic Fibrosis Clinics receive 100% coverage of digestive enzymes. Plan D eligible patients may also qualify for coverage of certain nutritional products through other PharmaCare plans (such as Fair PharmaCare).

Plan F—At Home Program Children

Plan F is for children who are deemed eligible for the At Home Program of the Ministry of Children and Family Development. The At Home program provides community-based, family-style care for severely handicapped children who would otherwise become reliant on institutional care. Plan F beneficiaries receive PharmaCare benefits at no cost.

Plan G—No-Charge Psychiatric Medication Program

Plan G is available to individuals registered with a mental health service centre who are in clinical and financial need. Eligibility is determined by the patient's physician and the local mental health service centre. Beneficiaries receive certain psychiatric medications at no charge.

Plan P—Palliative Care Drug Plan

The BC Palliative Care Benefits Program supports B.C. residents of any age who have reached the end stage of a life-threatening illness (life expectancy up to six months) and who wish to receive palliative care at home. Eligible patients receive:

- coverage of palliative care medications through PharmaCare's B.C. Palliative Care Drug Plan, and
- medical supplies and equipment through the local health authority.

A physician must submit an application to PharmaCare certifying that the patient is eligible for the program. To be eligible, the person must be enrolled in the Medical Services Plan and:

- be living at home²,
- have been diagnosed with a life-threatening illness or condition,
- have a life expectancy of up to six months (please refer to Physician’s Guide on the PharmaCare website for more information), and
- consent to the focus of care being palliative rather than treatment aimed at cure.

Visit the PharmaCare website Downloads page at www.health.gov.bc.ca/pharme/outgoing/palliative.html to access:

- The **Physician Guide** that provides detailed guidelines for determining a patient’s medical eligibility.
- A downloadable version of the **application form** and contact information or ordering printed forms
- A downloadable **patient information sheet**.

Reference Drug Program (RDP)

The Reference Drug Program encourages cost-effective, first-line prescribing for common medical conditions. Under the RDP, PharmaCare coverage is limited to the cost of the referenced drug (or drugs) considered to be equally as effective as the other drugs in the category and the most cost efficient.

The RDP currently applies to the following five classes of drugs:

- H2 Antagonists
- Nitrates
- Non-Steroidal Anti-Inflammatory drugs (NSAIDs)
- Dihydropyridine Calcium Channel Blockers (CCBs)
- Angiotensin Converting Enzyme (ACE) Inhibitors.

Low Cost Alternative (LCA) Program

If more than one drug contains identical active ingredients, PharmaCare provides coverage only for the lower priced³ drugs.

2 “Home” is defined as wherever the person is living, whether in their own home or living with family or friends, or living in a supportive living residence or hospice that is not covered under PharmaCare Plan B.

3 Although many products included in the LCA Program have identical manufacturer list prices, the cost claimed from PharmaCare can vary significantly. Because the LCA price is based on PharmaCare payment data, drugs with the same list price do not automatically have the same LCA benefit status.

Within each LCA category, PharmaCare identifies the drug with the lowest average PharmaCare-claimed price⁴. The price of that drug (known as the designated low cost alternative) becomes the LCA price for the category. The designated low cost alternative, and any other product with a price within 1% of the LCA price, are designated as full benefits. The remaining products are partial benefits.

When a patient purchases a full benefit product, it is fully covered subject to the usual rules of their PharmaCare plan. If a patient purchases a partial benefit product, it is covered only up to the LCA price. If the drug cost claimed is higher than the LCA price:

- the claim is automatically reduced to the LCA price; and
- the patient must pay any difference in the cost; and
- if the patient is covered under the Fair PharmaCare plan, only the LCA price will accumulate towards their deductible.

If a patient has an allergy to any of the non-drug ingredients in a low cost alternative product, their physician can submit a Special Authority Request form asking for coverage of another product. The form should include the medical reason for the request.

Limited Coverage Drug Program

Limited coverage medications are drugs that are not generally considered to be first line therapies or drugs that have more cost-effective alternatives. For each Limited Coverage Drug, PharmaCare has defined specific coverage criteria required for the patient to qualify for Special Authority coverage. The physician must submit a Special Authority request certifying that the patient meets the criteria.

Special Authorities

A Special Authority grants full benefit status to a medication that would otherwise be a partial benefit or a limited coverage drug. Actual coverage is based on the usual rules of the patient's PharmaCare plan (including any deductible requirement).

Special Authorities are granted for a specific drug and patient. However, in rare cases, a Special Authority exemption may be granted to a physician or physician specialty group. These exemptions provide coverage of a specific drug(s) for all the patients of a physician or specialty group.

⁴ With some exceptions, an LCA category contains drugs of the same strength and dosage form.

Physicians can apply for Special Authorities on behalf of their patients in the following circumstances:

- If the patient has an allergy to a non-medicinal ingredient in a full benefit Low Cost Alternative Program product
- If the patient has an allergy or is intolerant to the full benefit drug in a Reference Drug Program category
- If the patient meets the criteria for a Limited Coverage Drug.

Special Authority Criteria and Forms

A full list of limited coverage drugs and the criteria for coverage is available on the PharmaCare Web site at

www.health.gov.bc.ca/pharme/sa/criteria/restricted/restrictedtable.html.

Special Authority request forms are also available on the PharmaCare Web site at

www.health.gov.bc.ca/pharme/sa/saindex.html.

Please note that Section 17 of the *Medicare Protection Act* prohibits extra billing for "matters that relate to the rendering of a benefit." Minor administrative matters, including the completion of forms required by PharmaCare or Health Canada for exceptional coverage of a drug, are considered to be associated with rendering a benefit and may not be billed to the patient. Forms not associated with rendering a benefit include camp medicals, insurance medicals, and notes for employers

Medical Practice Access to PharmaNet

PharmaNet is a computer network that records information on all prescriptions dispensed in B.C. community pharmacies. PharmaNet medication profiles include details of all drugs dispensed to a patient regardless of who prescribed the medication.

Medical Practice Access to PharmaNet (MPAP), a Ministry of Health eHealth service, is available to physicians who would like to access to their patients' PharmaNet medication profiles from their medical offices.

Strong measures are in place to protect patient privacy, including encryption of transmitted patient data, formal processes to control access, and a provision for patients to lock access to their profiles with a keyword.

The Benefits of Access to PharmaNet

Physicians who have access to patient medication profiles from their medical offices reap several benefits in dealing with their patients:

- They do not need to rely on a patient's memory of the medications dispensed to them. A patient's PharmaNet profile provides a more accurate and complete record. Access to this information is vital, especially if language barriers or impaired mental acuity hamper a patient's ability to communicate accurately.
- The profile shows other medications that may have been prescribed by a specialist, other health care practitioners, or by a walk-in clinic the patient may have visited. Often the family physician may be unaware of these medications.
- The profile provides a real-time, up-to-the-minute record of all drugs that have been dispensed to a patient. Consequently, the physician can immediately identify potential drug-seeking individuals.
- Online availability of this information can reduce the need to call the patient's pharmacy for clarification.

How does MPAP work?

MPAP provides access to PharmaNet from the computer(s) in a medical practice using software provided by an approved vendor (see information below).

To protect patient privacy in compliance with the Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act, patients must provide written consent for each physician at a practice to access their information. The patient needs to provide this consent only once.

Where can I get more information?

For more information, please visit the MPAP website at

www.health.gov.bc.ca/ehealth/das/medpract.html or contact Data Access Services by e-mail to HLTH.DataAccessServices@gov.bc.ca.

Physician's Newsletter and MSP Bulletin

Provide physicians with current information on MSP administration and operations, including new and changing procedures, billing rules, programs, services, and beneficiaries subject to payment restrictions.

Available on the MSP web site at:

www.health.gov.bc.ca/msp/publications.html

Contact: Medical Services Operations and Policy Victoria 250 952-1059

Clinical Practice Guidelines and Protocols

Provides physicians with clinical recommendations for common medical circumstances.

Available on the MSP web site at:

www.health.gov.bc.ca/msp/protoguides/index.html

Contact: Clinical Practice Guidelines and Protocols Victoria 250 952-1347
Fax: 250 952-1417

Brochures

Leaving BC

Provides an overview of out-of-province and out-of-country health care restrictions and benefits.

Medical Services Plan

Provides general information for beneficiaries regarding coverage, eligibility, enrollment, and other related matters.

Travel Assistance Program (TAP)

Provides instructions for patients and physicians on procedures to follow when accessing discounts offered under the Travel Assistance Program.