

Medical Services Plan Guidelines for Hard and Soft Opt Out Status (and informing patients about being opted out)

In accordance with the *Medicare Protection Act* – Part 3 – Practitioners Section 14(2) – you must notify the Medical Services Plan (MSP) in writing that you have elected to opt out. The actual effective date will be determined by MSP and will be 30 to 45 days from the receipt of the request. MSP will attempt to accommodate requests for specific effective dates within that timeline.

If you are applying for an MSP Billing Number using the Practitioner Registration Form (HLTH 2848 – CX307), you should check the OPT OUT (*BILL THE PATIENT*) box on the form. If you check the OPT IN (*BILL THE MEDICAL SERVICES PLAN*), you are agreeing to accept the MSP fee as payment in full for the service. If you checked the wrong box, contact HIBC (see contact details below) to correct the error.

There are two main types of “opting out”, generally referred to as “**hard opt out**” and “**soft opt out**” status.

“**Hard Opt Out**” - the practitioner chooses to collect payment in full directly from the patient, including the MSP fee. MSP then reimburses the patient directly for insured services.

“**Soft Opt Out**” - the practitioner elects to opt out but continues to be reimbursed by MSP (on behalf of the patient) for the MSP portion of the fee. The patient pays the practitioner any additional charges.

Provide the following information in your letter requesting opt out status:

- Opted Out status that you require – Hard Opt Out or Soft Opt Out
- If you will be billing electronically or on claim cards.
- Indicate if you want direct bank deposit (DBD) - (for Soft Opt Out only).
- Your MSP Practitioner and Payee number
- Current address
- Signature of Practitioner(s)

Please mail or fax to:

**Health Insurance BC/Medical Services Plan
Provider Programs
PO Box 9480
Victoria, B.C. V8W 9E7
Fax 250 405-3592**

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General Information

- Practitioner's request to opt out will be processed by MSP within 30 to 45 days from receipt of request
- Practitioner will receive an opt-out date notification package by mail
- Opted out practitioners who bill electronically should contact their software vendor regarding changes in their software and changes in format for submitting opted out MSP claims.

HARD OPT OUT **MSP Reimbursement Directed to Patients**

General Information

- Reimbursement for MSP services is paid once per month at the end of the month
- You need to order claim cards from MSP (4 to 6 weeks delivery time)
- Claims billed on claim cards receive an error report (in hard copy format) once per month
- Practitioner will ensure patient name and address is on the claim
- Claim cards are submitted with patient's name and address - paid once a month and sent directly to patient's name and address on claim.

As required by legislation you must:

- Inform patient that you are opted out
- Inform patient how much they will be reimbursed by MSP
- Inform patient how much, if any, they will be paying in addition to MSP fee

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CHECK LIST

- Send MSP a letter requesting hard opt out status (opted out date will be 30 to 45 days from receipt of letter). MSP will inform you of your opted out date.
- Letter requesting opted out status is required from each practitioner in your office.
- Order claim cards from MSP (4 to 6 wks. delivery). To order contact MSP at 250 456-6950 if calling from Vancouver or; 1 866 456-6950 for the rest of BC.
- Practitioner's office is responsible for filling out claim card and ensuring patient's name and address is on the claim.
- Inform patient you are opted out and how much they will be charged in addition to the MSP fee.
- Claims are billed with patient's name and address, paid once a month, and cheques sent directly c/o the patient's name and address on the claim card.

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SOFT OPT OUT – Option 1a Electronic Billing Only
MSP Reimbursement Directed Back to Practitioner

General Information

- Reimbursement for MSP services is paid twice a month
- Practitioner must bill electronically
- Can have direct bank deposit (DBD) or receive a manual cheque twice a month
- An agreement between MSP and practitioner must be in place (third party agreement)
- An agreement needs to be in place for every associated payment number and practitioner number (i.e. if you have a locum or associate working in your office)
- must have an *Assignment of Medical Services Plan Benefits to Opted Out Practitioner* form signed by patient and retained in each file where MSP is the insurer
- Remittance statements sent electronically twice a month

As required by legislation you must:

- Inform patient that you are opted out.
- Inform patient how much they will be reimbursed by MSP.
- Inform patient how much, if any, they will be paying you in addition to MSP fee.

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CHECK LIST

- Send a letter to MSP requesting **Option 1a Soft Opt Out** status.
- Check with software vendor to see if your software can submit claims in opted out format.
- Complete an *Application for Teleplan Service – Opted Out*.
- Ensure address on the electronic claim record is your practitioner address (contact your software vendor).
- Inform the patient that you are opted out and how much they will be paying you in addition to the MSP fee.
- Complete an *Assignment of Medical Services Plan Benefits to Opted Out Practitioner form signed by patient and retain in each file where MSP is the insurer*.
- Complete *Agreement between Practitioner and MSP* form (Third party agreement) and mail or fax to MSP.
- MSP will provide you with the date of your “opted out status” and that is the date that should be on your *Agreement between Practitioner and MSP* form.
- Agreement form must be completed for every associated payment number and practitioner number in your office – then mail or fax form(s) to MSP.
- If you chose to direct deposit, a *Direct Deposit (DBD)* form must be completed and returned to MSP along with a copy of a void cheque.
- If you do not choose DBD and do not complete the form, you will receive one cheque, twice a month.
- Remittance statements are sent twice a month.
- Contact MSP at 250 456-6950 in Vancouver or 1 866 456-6950 for the rest of BC prior to submitting claims to make sure that all applications have been processed.

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SOFT OPT OUT – Option 1b Electronic Billing or Claim Cards MSP Reimbursement Directed Back to Practitioner

General Information

- Reimbursement for MSP services is made once a month, at the end of the month.
- Multiple cheques are sent to practitioner's office each month is patient's names with the practitioner's address.
- Practitioners should confirm their financial institution accepts such third party cheques.
- Practitioner may bill electronically or using claim cards.
- Practitioner must have an *Assignment of Medical Services Plan Benefits to Opted Out Practitioner* form signed by each patient and retained in each file where MSP is the insurer.
- Complete an *Application for Teleplan Service – Opted Out* if billing electronically.
- Check with software vendor regarding opted out format.
- No direct deposit option.
- **No Agreement between Practitioner and MSP form (Third party agreement) required.**

As required by legislation you must:

- inform patient that you are opted out.
- inform patient how much they will be reimbursed by MSP.
- inform patient how much, if any, they will be paying you in addition to MSP fee.

Medical Services Plan Guidelines for Hard and Soft Opt Out Status (and informing patients about being opted out)

CHECK LIST

- Send a letter to MSP requesting **Option 1b Soft Opt Out** status.
- Claims can be billed electronically or on a claim card. If billing electronically, check with software vendor to see if your software can submit claims in opted out format.
- If billing electronically, complete an *Application for Teleplan Service – Opted Out*.
- Inform the patient that you are opted out and how much they will be paying you in addition to the MSP fee.
- Cheque is made out in patient's name and practitioner's address – ensure the address on the claim is that of the practitioner's office (you may need to check with your software vendor).
- Payment is made by multiple cheques sent once a month in the name of each patient.
- No remittance statement is sent if billing using claim cards.
- If billing electronically, payments are once a month and remittance statements are sent electronically.
- Make sure your financial institution accepts multiple cheques made out to third parties.
- Contact MSP at 250 456-6950 in Vancouver or 1 866 456-6950 for the rest of BC prior to submitting claims to make sure that all applications have been processed.**