



The BC Services Card. Your CareCard, and more.

To [MLA]:

Date: [Insert Date]

Re: Update on the BC Services Card

We are pleased to provide you with a public communications kit for the BC Services Card program. Your kits include materials such as posters and brochures, which are for your reference to help answer questions from the public about the card. Some of you may have received a similar package before.

The BC Services Card is replacing the CareCard. It can be combined with a driver's licence and also acts as photo ID. The program implementation began on February 15, 2013, and more than 500,000 cards have been issued to date. Over the next five years, all eligible BC residents will be required to obtain a BC Services Card and renew enrolment in the Medical Services Plan (MSP). All BC Services Cards have an expiry date and enhanced security features, and most will have a photograph and digital signature, which will help to improve patient safety and reduce card misuse.

In the future, we anticipate that additional in-person and online government programs and services will be accessible using the BC Services Card. However, the focus of the initial launch is on the replacement of the CareCard. The BC Services Card is beginning to be presented when accessing health services and can be used in the same way as the CareCard or Gold CareCard are today.

In August 2013, government published a *Designing the Digital Service* white paper that was made available for public review and feedback. Preliminary feedback indicated that British Columbians want a strong voice in the design of government digital services, and ongoing steps are being taken to allow for further discussion and facilitate easier access for the citizens of BC to accomplish this. You may wish to inform your constituents about the opportunity to participate in the online discussion about the future of digital services.

The BC Services Card represents a change in provincial identification that will be of interest to all British Columbians. We are communicating with BC residents about the actions they will have to take in order to obtain a new BC Services Card in the next five years.

For more information, please direct your constituents to visit the BC Services Card website at BCServicesCard.ca or to telephone Service BC at 1-800-663-7867, 604-660-2421 (Metro Vancouver), or 250-387-6121 (Victoria).

If your office would like to order more printed materials, you can do so at BCServicesCard.ca/order or by telephone at 250-952-4559. There is no cost for these materials or for shipping/handling.

We hope that these materials will help inform you about the program and where to direct inquiries from the public about the BC Services Card. Thank you for your support as we transition from the CareCard to the new BC Services Card.

Sincerely,

Honourable Terry Lake,
Minister of Health

Honourable Andrew Wilkinson,
Minister of Technology, Innovation
and Citizens' Services



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BC Services Card: Name Mismatch Issue

October 26, 2013

What is the name mismatch issue?

- Historically, there has been variation between the record keeping practices at ICBC and the Ministry of Health, particularly with respect to how clients' middle names have been recorded. The BC Services Card program partners (i.e. Ministry of Health, Insurance Corporation of BC, Ministry of Technology, Innovation and Citizens' Services) recognize that this is a significant inconvenience for those impacted individuals.
- An individual's name is not always recorded the same way for their Medical Services Plan (MSP) account at Health Insurance BC (HIBC) and the client record for their driver's licence/BC Identification (BCID) at the Insurance Corporation of BC (ICBC). For example, a person may have a middle initial on their driver's licence record, and a full middle name on their MSP account record.
- If the names cannot be matched exactly, there is no way to verify that the two identity records are for the same person.
- Although we estimate that 92.3 per cent of driver's licence/BCID holders' data will match, we will not be able to issue a Photo BC Services Card for individuals whose names do not match until they correct their name records.

Why is it an issue?

- For individuals whose names do not match, resolving the problem will require additional steps. These individuals must submit a foundation document (e.g. a birth certificate) to correct their recorded name at either ICBC or HIBC.

What are we doing about it?

- During summer 2013, we increased name matches by 13.7 per cent by removing the middle name from the match criteria entirely when a Personal Health Number is provided.



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- Targeted communications to clients who may encounter a mismatch issue are underway, advising them to take action if their name on their driver's licence and CareCard do not match.
- Affected clients are advised to contact Health Insurance BC at 1 800 663-7100 prior to attending an ICBC driver licensing office.
- In cases when the mismatch cannot be resolved through Health Insurance BC, clients must present a foundation document (such as a birth certificate) at an ICBC driver licensing office.
- As noted previously, the BC Services Card program partners recognize this is a significant issue for impacted individuals and are continuing to find ways to address the name mismatch issue.

How is an individual's privacy protected?

- Medical records and driver's licence records are not shared between agencies. For example, a health care provider will not be able to access the card holder's driving record, just as police officers, ICBC agents or Service BC agents will not be able to access the card holder's health records.

For information about the BC Services Card, please visit **BCServicesCard.ca**



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QUICK FACTS

- **What:** The BC Services Card began to replace the CareCard and is secure government-issued identification that eligible British Columbians can use to verify their identity and access provincially-funded health services. The card holds the potential for accessing online services.
- **How:** The BC Services Card will be delivered as an integrated program of the Ministry of Health, Ministry of Technology, Innovation and Citizens' Services, and the Insurance Corporation of BC
- **Why:** The BC Services Card is being introduced to enhance convenience, improve patient safety, reduce health card misuse, and provide future in-person and online access to other government services.
- **Cost:** Approved 5 year project operating budget = \$150 million
- **Privacy:** Health care providers will not be able to access a patient's driving record, just as police officers, ICBC or Service BC agents will not be able to access an individual's health records. The magnetic stripe contains only the information that appears on the card. The embedded chip does not contain any personal or medical information.
- **Increased security:** Most cards include a photograph of the beneficiary, anti-forgery features, a digitized signature and an expiry date.
- **When:** Public launch date Feb. 15, 2013 (implementation over five years)
- **Three types of cards:**
 - BC driver's licence and BC Services Card (combined card);
 - BC Services Card (photo card); and,
 - BC Services Card (non-photo card). This card is limited to exempt citizens only.
- **Phased roll-out:** plan to issue 6.3 million cards over the next five years leveraging existing ICBC driver's licence/BCID renewal processes
- **Initial targeted groups:**
 - BC drivers
 - BCID holders
 - People with temporary immigration status
 - People new to province (including newborns)
- **New Requirement:** Starting Feb. 15, 2013, most eligible adult Medical Services Plan beneficiaries will be required to renew their enrolment in MSP every five years.
- **Exemptions:** Children and certain groups of adults, such as the elderly or those with a persistent or serious health condition – for whom renewing enrolment would be impractical or present a hardship – may be exempted from re-enrolling completely (e.g. children) or managed through modified processes.
- **No additional fee:** There is no fee for the BC Services Card. However, if you choose to combine your BC Services Card with your driver's licence, the regular driver's licence renewal process fees will still apply.
- **How to get a BC Services Card:** Eligible British Columbians can simply enrol when renewing their driver's licence. People who do not drive can still enrol at the nearest location where driver's licences are issued.
- **Public and Stakeholder communication:**
 - Health and business stakeholders engaged spring 2012 – ongoing
 - Initial public information campaign Jan. 7 through March 31, 2013 (info bulletin, print/digital ads, interior transit ads, public website)
- **For more information:**
 - Public and business stakeholders visit: BCServicesCard.ca
 - Health stakeholders visit: www.health.gov.bc.ca/insurance/pros.html
 - Call the Service BC Contact Centre 604-660-2421 (Metro Vancouver), 250-387-6121 (Greater Victoria), or 1-800-663-7867 (elsewhere in B.C.).

Business Case

Project Name _____ **Government CareCard Project** _____

Project Sponsor

Signature

Date

Carolyn Bell

Executive Director, MOHS

(Lead) Ministry CIO

Signature

Date

Darcy Goodwin, MOHS

(Lead) ADMCS/EFO

Signature

Date

Elaine McKnight, MOHS

*For Sector Initiatives:
list and signatures for all Partner
Ministry representative*

_____	_____
_____	_____
_____	_____
<i>Name, Title, Ministry</i>	<i>Signature / Date</i>

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1. Executive Summary

The current BC CareCard has not changed significantly since it was introduced in 1989. Existing business practices for Medical Services Plan (MSP) enrolment, CareCard issuance and access to health care services have not kept pace with industry anti-fraud and identity proofing measures. As the health sector introduces enhanced electronic information and services – including the ability to access sensitive personal information online – there is an emerging need for a trustworthy way to confirm a citizen’s identity over the Internet.

A new BC Services Card must realize the following key objectives:

- reduce consumer fraud resulting from CareCard misuse
- reduce identity theft resulting from CareCard misuse
- ensure the delivery of health services to the right person, enhancing the accuracy of health record information
- enable secure online client access to health and other government information and services
- progress towards a future goal of a combined card for all BC Government
- leverage existing front counter and secure identity information practices
- enhance privacy protections

Three options for a new BC Services Card are offered:

1. A new expiring BC Services Card that combines and re-brands the current CareCard and ICBC-issued BC Identity Card (BCID);
2. A combined Driver’s Licence and BC Services Card (same as the option 1, with the choice for drivers to obtain a combined Drivers Licence and BC Services Card); and,
3. Continuing with the current CareCard (status quo, cards do not expire).

The new BC Services and/or Combined Driver’s Licence Cards will include a photograph and a computer-chip that uses the latest banking security technology. They will be forgery resistant and enable electronic access to multiple government services. The cards will have a five year expiry aligned with BC Driver’s Licence renewal dates.

Delivering the new BC Services Card will require cooperation and commitment across government. The Ministry of Health Services is uniquely positioned to champion this project, which has major benefits within health, across government and in the private sector. Since the MSP program covers more than 99 per cent of the BC population, a high quality identity and service eligibility card for the health sector can be used for virtually any government service. With the new BC Services Card and Combined Drivers Licence, BC can realize the vision:

Identity done once, done right, done for everyone

2. Background and Problem Statement

Background

Government spending in the Ministry of Health Services in 2008/09 reached \$13.59 billion, an increase of 57 per cent from \$8.65 billion in 2000/01. The scale and rate of escalation in health service costs needs to be met with better assurance that services are being provided to properly identified patients who are eligible for the coverage that they seek.

The CareCard is the primary identification document used at health sector points of services. Weaknesses in the CareCard itself and in its related policies, practices and information systems create the potential for fraud and mis-identification in the health system and the public sector. The Canadian Health Care Anti-fraud Association (CHCAA) estimates that from 2 to 10 per cent of every health care dollar in North America is lost to fraud (source: www.chcaa.org). In BC, over \$13 billion is spent annually on health care, meaning that potential BC health care fraud costs could be between \$260 million and \$1.3 billion each year.

Since the current CareCards were first introduced in 1989, 18.6 million CareCards have been issued to 6.2 million clients of the Medical Services Plan, including clients whose coverage has now been cancelled. Over the last two decades the card and the policies related to how it is issued have changed minimally.

Problem/Opportunity

Of the 18.6 million CareCards issued since 1989, 10.0 million carried expiry dates that are now past (expiry dates were removed in 1995). This means that up to 8.6 million CareCards may still be in circulation for 4.5 million legitimately eligible subscribers. In 2009, approximately 13,000 CareCards were reported stolen and another 56,000 CareCards were reported as lost. Many duplicate CareCards are in circulation for a number of reasons. For example, Gold CareCards are issued at age 65 but old cards are not returned to government; similarly, many families have duplicate cards for their children (e.g., for split families).

Although the CareCard was originally designed as a tool for accessing health services in BC, it has since gained wide application outside of health. It can be used to open bank accounts, obtain credit cards and driver's licences, acquire passports, and even get a discount at BC Ferries. The CareCard is not merely a vehicle for potential abuse of health services. As the CareCard can be easily obtained, it is an accessible vehicle for identity theft and can be used outside of health as a supporting document to fraudulently obtain higher level identity documents.

Attempting to rectify the deficiencies associated with the CareCard through measures focused solely on the card itself will miss the mark. The CareCard is part of a system for identity and eligibility verification that extends throughout the health care system. The fix must consider the entire life-cycle. This includes: what the cards are; how they are issued; how they are associated to the patient; how they are used to receive services, make records of patient information, and enable patient access; and, how the cards are expired, renewed and invalidated.

The future of the CareCard must also consider government's broader need for providing secure access to services and information, both online and offline, and for enabling service integration across sectors and program boundaries. The lack of a trusted means for confirming identity is a roadblock confronting every sector of the public service. Another key issue is government's ability to protect citizens' personal information, including their health records. Any plan for something new must be done in a way that enhances and does not erode privacy protections.

3. Project Description

Project Description

This initiative is a key result area for the Health sector. It will transform the current CareCard into a new BC Services Card for BC residents. The Health sector is enhancing the existing CareCard to include photo identification and computer chip technology to help reduce healthcare and consumer fraud, and as a first move to a new BC Services Card that will support cross-government services in the future. The scope of the initiative includes all aspects of implementing the new BC Services Card, including identity information, front counter and telephone services, along with change management at health care points-of-service regarding use of the card. The new BC Services Card is being designed and implemented to enable online access to health and other government services.

Objectives

Seven key objectives for the new Program flow from the discussion above:

1. Reduce consumer fraud resulting from CareCard misuse;
2. Reduce identity theft resulting from CareCard misuse;
3. Ensure the delivery of health services to the right person, enhancing the accuracy of health record information;
4. Enable secure online client access to health and other government information and services;
5. Progress towards a future goal of a combined card for all BC Government;
6. Leverage existing front counter and secure identity information practices; and,
7. Enhance privacy protections

Anticipated Outcomes

Outcome/Deliverable	Estimated Completion
Partner Estimates/Solution Concepts	Aug. 20/10
Draft Request for Legislation	Oct. 29/10
Financial Model - to support the Business Analysis	Aug. 20/10
Treasury Board Submission <ul style="list-style-type: none">• Draft to ADM Steering Committee• Agenda and Priorities• Final TB Sub	Oct. 15/10 Oct. 21/10 Oct. 29/10
Business Analysis Document	Oct. 15/10
Project Plan – final draft	Oct. 29/10
Project Charter – final draft	Oct. 29/10
Detailed Design Complete	Nov. 12/10
Solution Build Completed and Implemented	CQ3/4 2011
Transition to Ongoing Operations Complete	CQ4 2011
New CareCard Launch (i.e. first card out the door)	CQ4 2011 (To be determined – TBD)

Outcome/Deliverable	Estimated Completion
Utilize Contactless Smart Card Features	TBD
Complete Roll-out of new CareCards to all British Columbians, and de-commissioning of current CareCards	CQ4 2016 (TBD)

Scope

The following aspects must be considered as in scope for this project:

- *Development* – Development of all services, processes and systems necessary for putting a new card in every eligible person’s hands in the Province of BC and invalidating the current stock of CareCards.
- *Operations* – Ongoing sustainment of operational services, processes and systems for card issuance, renewal and management, including an operational resource model for human resources, budgets, facilities and equipment.
- *Regulatory and Policy Framework* – Review and revision of applicable legislation, regulation, policy, guidelines and standards applicable to the new Program.
- *Program Governance and Management Framework* – Review and alignment of program mandates, authorities and accountabilities and formalization of program management processes, including planning and decision-making, funding & resource allocation, outsourcing and partnership agreements, organization structures, and program evolution and improvement.

The scope of this project does not include:

- *Changes to Points of Service* (e.g. hospitals, doctor’s offices, social workers, etc.), which will likely need to revise business procedures, install new technology (e.g., card readers) and integrate new software functionality in their computer systems. None of these points of service modifications are required in order to deploy a replacement for the CareCard, although these modifications will likely take place over time to fully realize the benefit of a new card.
- *Changes to Existing Organizational Mandates* – The approaches considered within this project have been constrained to those possible within the mandates and accountabilities of existing government organizations.

Stakeholders

Stakeholder Group	Represented by	Interests, Expectations, Concerns
Ministry of Health Services	Elaine McKnight Sheila Taylor Bob Nakagawa Manjit Sidhu Jack Shewchuk	<ul style="list-style-type: none"> All aspects of implementing the new BC Services Card, including project management, developing the funding model, policy development, and solution architecture oversight Medical Services Division - MSP enrolment policies, exception handling, impacts to practitioners, etc. Pharmaceutical Services Division - Impacts to pharmacies Vital Statistics Agency - Interfaces with the Client Registry systems and alignment with Client Subject ID Strategy Medical Services Commission (including ambulance services) - MSP premiums currently do not include costs for CareCards. Expand investigative powers of the MSC with respect to ensuring valid enrolment of beneficiaries
Ministry of Citizens' Services (Service BC and the Office of the Chief Information Officer)	Dave Nikolejsin	<ul style="list-style-type: none"> The requirement to enable information sharing between government organizations for the purpose of using citizen identity information to access multiple programs and services. The OCIO sets the standards and designs the solution architecture to be scalable for use by other government programs in the future. A Health only architected solution would not be scalable for broader use and would impact the broader e-Government strategy. Increased transaction volumes and costs may impact service delivery
Shared Services BC	Val St. John	<ul style="list-style-type: none"> Will be responsible for developing and operating (with the OCIO) all corporate services Identity Assurance Services components: <ul style="list-style-type: none"> - manage identity information about citizens - facilitate the linking of citizens' identity information to programs in a privacy-enhancing way - manage the lifecycle of smartcard credentials, including the linking of a credential to an individual - manage the identity proofing and registering of citizens by counter agents
Insurance Corporation of BC (ICBC)	Fred Hess	<ul style="list-style-type: none"> ICBC's requirement to participate is reliant on PSSG direction and support. ICBC is regulated by the BC Utilities Commission which may be considered an indirect stakeholder. Increased transaction volumes (front counter) and costs may impact service delivery
Service BC	Bette Jo Hughes	<ul style="list-style-type: none"> An increase in the number of calls/enquiries will affect their ability to service the public Same as ICBC for transaction volumes and counter impacts
MAXIMUS BC	Duff Lang	<ul style="list-style-type: none"> Systems changes and project management
Health Insurance BC	Laura Podgorenko	<ul style="list-style-type: none"> Modifications to the existing enrolment form and system changes will be required to accommodate changes to the identity proofing process. Also significant help desk impacts
Ministry of Finance, Revenue Services of BC		<ul style="list-style-type: none"> The Ministry of Finance has identified minor development costs and an increase in operating costs to process invoices
Public Safety and Solicitor General		<ul style="list-style-type: none"> PSSG's direction to ICBC regarding priority initiatives may impact ICBC's involvement both from a time commitment and an overall ability to participate in the solution in the future

Stakeholder Group	Represented by	Interests, Expectations, Concerns
Public Affairs Bureau		<ul style="list-style-type: none"> Given the scope and significance of the new BC Services Card, an effective communications strategy will be needed to promote the benefits of improved identity proofing and the value to individual citizens
Other ministries <ul style="list-style-type: none"> Ministry of Housing and Social Development (and its third-party service providers) Ministry of Children and Family Development Ministry of Health Living and Sport 		<ul style="list-style-type: none"> TBD Will include potential alignment with the Integrated Case Management (ICM) project (represented by Jill Kott)
Health Authorities		<ul style="list-style-type: none"> There would be a requirement to change current practices by practitioners across the province, by requiring a confirmation of identity through the new CareCard
College of Physicians and Surgeons of BC		<ul style="list-style-type: none"> Processing claims for reimbursement and any changes to practices for verifying that the right person is receiving medical services through the use of the CareCard
Health Care Providers/ Organizations <ul style="list-style-type: none"> BC Medical Association College of Pharmacists Health Canada Mental Health Service Centres (MHSCs) Medical Office Assistants' Association of British Columbia Individual providers – doctors, pharmacists, MOAs, surgeons, pharmacies, etc. Supplementary health care providers (eg. Chiropractors and naturopaths) Long term and continuing care 		<ul style="list-style-type: none"> Changes to the CareCard would be of interest to all health care providers/organizations as they are key stakeholders that have an impact on the acceptance of changes to approach resulting from the introduction of a new Smart Photo CareCard Major changes to policies and compliance standards for accessing health care at all points of service Many of the changes proposed for eligibility/identity checking as well as fraud reporting will result in an increased workload for health service providers. Without consultation and buy-in of these proposed business and culture changes, it is likely that they will object. Providers will need to confirm the client's identity or eligibility, or they will expose themselves, and the client, to the associated health, financial, and other risks
Low-income and homelessness advocacy and outreach groups		<ul style="list-style-type: none"> British Columbia has a history of strong advocacy groups for privacy, homelessness and civil liberties and it should be expected they will take keen interest
Group plan administrators		<ul style="list-style-type: none"> TBD
The public		<ul style="list-style-type: none"> The requirement to re-enrol in MSP is the most direct and obvious change for the public

4. Environmental Analysis

This section is based on discussions with provinces across Canada and the Yukon Territory.

Monitoring and Fraud Reduction

British Columbia, Ontario, Newfoundland and Quebec are the provinces most actively engaged in investigations, monitoring and/or health care fraud reduction.

- **Monitoring and fraud activity:** Following an audit in 1997, the Ontario Ministry of Health and Long Term Care entered into partnership with the Ontario Provincial Police to deliver anti-fraud services. The budget for this activity has been higher than the documented fraud recoveries over the past 11 years.
- **User fraud:** Alberta/Ontario note that the number of health numbers is significantly higher than the census population in areas close to the US border
- **Photo ID and fraud reduction:** Photo ID has served as a mid-level deterrent against user fraud in both Ontario and Quebec. The enhanced card was found to discourage health card sharing and could be used by the police to pursue individuals suspected of committing health care fraud.

Registration Processes

Ontario and Quebec, which have photo ID, are the only two provinces that require in-person registration. Several others provide a mail-in process as well as in-person registration. Since foundation documents may be easily falsified, some jurisdictions have established relationships with other government bodies to verify documents submitted for registration.

Card Expiry and Renewal

The primary rationale for an expiring health card in other jurisdictions is to keep their respective client registries current and remove large numbers of invalid cards from circulation. The average period a health card remains valid in Canada is three to five years. Most provinces stagger the expiry dates on their health cards to minimize administrative stress.

- **Renewal process:** To reduce costs, Saskatchewan and Yukon mail out stickers to renew health cards. Most provinces update cards through a mail-out to existing registrants and rely on returned mail to identify out-of-date addresses.
- **The role of expiry dates in a transition to photo ID cards:** Quebec used the existing staggered expiry dates on health cards to facilitate a rapid four-year transition period to photo ID.

Legislation and Policy

Several Canadian jurisdictions have created policy or legislation to address the issue of health card abuse. Saskatchewan created legislation that explicitly prohibits Canadians who hold American green cards from accessing health services in Saskatchewan. New Brunswick introduced legislation in 1995 to enforce a deadline after which health cards without an expiry date would no longer be valid.

Communication Strategy

Evidence from multiple Canadian jurisdictions demonstrates that a multi-stakeholder and multi-faceted communications strategy is required to successfully transition to an enhanced health card and reduce health card misuse. These strategies typically address fraud and registration issues and are targeted at both health service providers and the public. Quebec launched a substantial public information campaign prior to launching the enhanced health card. Ontario and Alberta have dedicated hotlines for reporting health care fraud.

5. Options

Option 1 – A New BC Services Card

Under this option the current ICBC-issued BC Identity (BCID) card will be modified to work as a transformed CareCard and as a general use card for any other government services where confirmation of identity information is a requirement. The current BCID will be rebranded from the “*BCID Card*” to the “*BC Services Card*” to better indicate that its purpose is to obtain and interact with government services. The cardholder’s PHN will appear on the back of the card. Computer chip technology will be embedded in the card to support easier and better validation at points of service and to enable the person’s access to online services.

The government will require existing MSP clients to re-enrol. Further, proposed policy will require that clients be properly identified before they are re-enrolled and before a new client is initially enrolled. Proposed policy states that in order to be considered properly identified, clients who are 19 years or older will have their identity information verified and registered with the government and be issued a BC Services Card. This ensures that when an individual needs health care they can be easily re-identified, confidently matched to their medical records, and eligibility for MSP coverage confirmed.

Existing clients that drive will re-enrol in MSP and obtain their BC Services Cards during their next Driver’s Licence renewal visit. Non-drivers will also be required to present at a Driver’s Licensing Office. A person’s BC Services Card will be set to expire in five years and will coincide with their Driver’s Licence renewal, if appropriate. The current CareCard will become invalid and will not be accepted once the five year rollout is complete.

Critical Success Factors:

- An established development budget and dedicated cross-ministry project teams/governance bodies
- Development of the necessary BC Services Card services, processes and systems
- A multi-stakeholder and multi-faceted communications strategy
- Devoting additional resources to investigate potential misuse cases is required to reduce fraud
- Revised applicable policy, legislation, guidelines and standards

Limitations and Constraints:

- Issuance of new cards requires re-enrolment of all current MSP beneficiaries
- In order to achieve assurance of identity, citizens will be required to present in person at front counters for identity proofing
- The solution must be cost-effective

Advantages (Qualitative):

- Reduces consumer fraud and identity theft resulting from CareCard misuse
- Ensures the delivery of health care services to the right person and enhances accuracy of health record information
- Enables secure online patient (citizen) access to information and services, and privacy protections
- Creates a single government credential for eGovernment initiatives

Disadvantages (Qualitative):

- Potential lack of public acceptance to get the new card; public must appear in person to enrol
- Potential reluctance by health care providers to invest in changes to current practices and technology

Stakeholder Impact Analysis:

- *Ministry of Health Services* – MoHS efforts are comprised of development required in the Vital Statistics Agency associated with the Client Registry systems and the development and testing of the interfaces to

the central Identity Information Service. Also, incremental increases to staffing levels for MSD appeals and exception processing and Residency and Misuse investigations are expected.

- *MAXIMUS BC* – MAXIMUS has provided estimates for services that support the BC Services Card as it relates to the operations of MSP. System development will be required for the base components (BC Services Card request service and MSP enrolment services), infrastructure, operational readiness, recruitment and training.
- *ICBC* – ICBC efforts include: additional human resources to handle increased counter volumes; compensation for Appointed Agents; new business processes for review of facial recognition matches, contact centre calls, complaints, returned mail and refund requests; development and project management of new BC Services Card systems and integration with health and OCIO systems; systems infrastructure, hardware and data storage enhancements; and increased card production volumes.
- *OCIO/SSBC* – The development services provided by the OCIO/SSBC will provide a new Provincial Identity Information System, including identity registration, identity protection and authentication services, chip lifecycle services, and new interfaces to ICBC and MSP. The development effort includes software development, licensing, hosting services, software licensing, requirements, design and training.
- *Service BC* – Service BC currently provides drivers services in 29 locations. The additional processing time required for BC Services Card transactions will include confirming MSP enrolment, PHN lookups and verifying residency. An increase in the amount of staff to support the additional volumes at the Service BC front counters is expected.
- *Ministry of Finance* – The Ministry of Finance has identified an increase in processing invoices.
- *Communications - Public Affairs Branch (PAB)* – PAB will be counted upon to implement a media campaign as the new BC Services Card is launched across British Columbia.

Risk Assessment & Management

Risk, Event or Assumption	Likelihood to Occur (L, M, H)	Impact if Occurs (L, M, H)	Mitigation Plan
Public does not support obtaining new cards: (1) People refuse to get the new card (2) General backlash	M	H	<ul style="list-style-type: none"> • Proposed mandatory re-enrolment for existing MSP clients • Existing policy requires presentation of valid health card at point of service • Consultation with advocacy groups and OIPC required
Advocacy groups do not support new card (1) Organized opposition (2) Legal challenge is mounted	H	M	<ul style="list-style-type: none"> • Consultation with advocacy groups required • Extensive public education and communications strategy required • Mechanisms to exempt at-risk populations from standard registration processes required • Education required for MHSD and MCFD. Leverage existing counter services at MHSD and MCFD
Health service providers do not comply with existing and new policies and legislation	M	M	<ul style="list-style-type: none"> • Physician and pharmacist directives need to be improved • Consultation with health service providers required • Extensive communications/education strategy required for public and health service providers

Risk, Event or Assumption	Likelihood to Occur (L, M, H)	Impact if Occurs (L, M, H)	Mitigation Plan
Leveraging bank card technology that may have been compromised could cause privacy exposure	M	M	<ul style="list-style-type: none"> • OCIO currently investigating whether EMV security issue with bank/credit cards is material to the current project • Card/technology vendors may be required to fix technology issue
Lack of availability of key project stakeholders/resources	M	M	<ul style="list-style-type: none"> • Project deliverables are delayed and timelines slip, possibly leading to an increase in project costs
<ul style="list-style-type: none"> • Additional requirements continue to be added to the project • Scope creep 	M	M	<ul style="list-style-type: none"> • Strong scope control, employing regular updates to executive and executive approval for any scope change

Option 2 – Combined Driver’s Licence and BC Services Card

This option is fundamentally the same as the option for a new BC Services Card except that it adds the ability for drivers to choose to use a slightly modified Driver’s Licence as their BC Services Card. Their PHN will appear on the back of their licence. Computer chip technology will be embedded in the licence to support easier and better validation at points of service and to enable the person’s access to online services.

Non-drivers will obtain a “BC Services Card” as described in Option 1. Drivers that do not want to use their Driver’s Licence for other purposes will have to obtain a “BC Services Card”. A person choosing to combine their cards onto their Driver’s Licence will need to accept that it remains subject to all of the existing laws, procedures, and processes relating to Driver’s Licences, including how they are issued, expired, suspended, revoked, renewed, or surrendered. Loss of the licence would trigger the need to visit a service location and obtain – possibly for an additional fee – a replacement BC Services Card.

This option is nearly identical to Option 1 - BC Services Card and rather than repeat all of the material the remainder of this section will only describe the aspects of the combined Driver’s Licence and BC Services Card option that are different.

Critical Success Factors:

Same as those listed for Option 1.

Limitations and Constraints:

Same as those listed for Option 1, with the addition of:

- Increased pressure on project timelines due to the additional policy/business structures required due to the addition of the combination Driver’s License/BC Services Card
- Potential card re-development limitations due to American Association of Motor Vehicle Administrators restrictions

Advantages (Qualitative):

Same as those listed for Option 1, with the addition of:

- Perceived benefit by some citizens for combining two cards into one

Disadvantages (Qualitative):

Same as those listed for Option 1, with the addition of:

- Backwards compatibility – the Driver’s License/BC Service Card combo cannot accommodate magnetic stripes for both the Driver’s License and the BC CareCard. The ability to use the CareCard magnetic stripe would be lost. Points-of-service will have to change their card reader technology.
- Public perception impacts - confiscation of a combined Driver’s Licence by the police would leave a client temporarily without a health card (this will not affect eligibility for health care services) – a client would have the option of obtaining a BC Services Card
- Ability to implement the combined Driver’s Licence in 2011 – ICBC will need time to negotiate a new international Driver’s Licence agreement

Stakeholder Impact Analysis:

This section is unchanged from Option 1 – BC Services Card, except that implementation activities also include those necessary for including a PHN on the back of the Driver’s Licence and properly sharing and capturing this information in the requisite information systems without compromising privacy. ICBC has also highlighted the potential for delay in implementation while discussing the potential Driver’s Licence changes with national and international Driver’s Licence standards organizations.

Risk Assessment & Management

This section is unchanged from Option 1 – BC Services Card except for the following additional risks:

Risk, Event or Assumption	Likelihood to Occur (L, M, H)	Impact if Occurs (L, M, H)	Mitigation Plan
Health service providers object to new card and: 1) Refuse to check new card because of lack of compatibility with existing point-of-service magnetic strip card readers 2) Will seek compensation for changing to new contactless chip card readers	H	M	<ul style="list-style-type: none">• Physician and pharmacist directives need to be improved• Consultation with health service providers required• Extensive communications/education strategy required for health service providers• Possible negotiation with impacted service providers
Combined card does not meet standards set out by Canadian Council of Motor Transport Administrators (CCMTA) and American Association of Motor Vehicle Administrators (AAMVA)	M	M	<ul style="list-style-type: none">• Consultation with CCMTA and AAMVA• Determine whether BC is required to adhere to these standards• Determine risk incurred by failing to follow these standards <p>(Note: this risk mitigation has been tasked to ICBC and PSSG)</p>

Option 3 – Continue Current CareCard

The current CareCard is non-expiring and is provided at no charge to citizens with exception of providing duplicates or replacing lost or stolen cards (current fees are \$20 for replacement, although the fee can be waived for many reasons).

Critical Success Factors:

Continue to have MAXIMUS BC operate the CareCard service through their agreement with government as they do today. Only produce new cards with new MSP registrations and as required for replacement.

Limitations and Constraints:

Maintaining the status quo does not improve health care service delivery to the right person at the right time.

Advantages (Qualitative):

- There would be no new program costs to deliver the cards as they are provided today
- Policy or legislation changes relating to continuing with the current CareCard would be minimal

Disadvantages (Qualitative):

- Growth in the number of CareCards in circulation would continue, increasing the potential for consumer fraud and identity theft from CareCard misuse
- BC falls further behind other jurisdictions that are enhancing their health cards
- Does not ensure the delivery of health services to the right person and does not enhance accuracy of health record information
- Does not enable secure online citizen access to information and services
- Does not enhance privacy protections or address mis-use/fraud concerns

Stakeholder Impact Analysis:

Minimal change compared to current system.

Risk Assessment & Management

Risk, Event or Assumption	Likelihood to Occur (L, M, H)	Impact if Occurs (L, M, H)	Mitigation Plan
Weaknesses in the physical CareCard credential, and in its related policies, practices and information systems, create the potential for fraud and mis-identification in the health system	H	M/H	New policies and procedures for supporting identification at points-of-service (note: this was already recommended in a CareCard Strategy document in 2009 that was rejected by MoHS Executive for not going far enough to address existing CareCard weaknesses).

6. Cost/Benefit Analysis and Funding Considerations

Alternatives to Address CareCard Transformation				
Alternatives	Year 1 (2010/11)	Year 2 (2011/12)	Year 3 (2012/13)	Year 4 (2013/14)
	Capital / Operating	Capital / Operating	Capital / Operating	Capital / Operating
1. <i>Option 1*</i>	\$2.2M / \$3.0M	\$3.3M / \$26.3M	\$0 / \$29.4M	\$0 / \$30.5M
2. <i>Option 2</i>	\$2.2M / \$3.0M	\$3.3M / \$25.5M	\$0 / \$28.1M	\$0 / \$30.2M
3. Do Nothing				

* Not the recommended option.

Note that full implementation of the recommended option would occur over 6 years; table above shows only partial costs.

Qualitative Analysis – Non-Financial Benefits & Costs

Options 1 and 2	<ul style="list-style-type: none"> • A reduction in consumer fraud and identity theft resulting from CareCard misuse • Assurance of the delivery of health services to the right person, enhancing the accuracy of health record information • Enabling secure online client access to health/other government information and services • Progress towards a combined services card for all BC Government • The ability to leverage existing front counter and secure identity information practices • Enhancement of privacy protections
Option 3	<ul style="list-style-type: none"> • No effort required by government staff to implement • Lowest direct cost option • Does not meet any of the stated objectives

Other Funding Considerations

BC Services Card and Combined Driver's Licence Funding Considerations

Two funding options are being assessed:

Option A

Fund the initiative from the Consolidated Revenue Fund (CRF), from revenue collected through scheduled rate increases in MSP premiums.

Option B

Fund the initiative through existing Ministry budget allocations.

Funding from existing Ministry allocations will require the reallocation of funding from other priorities.

7. Recommendations and Proposed Implementation Strategy

Recommendation

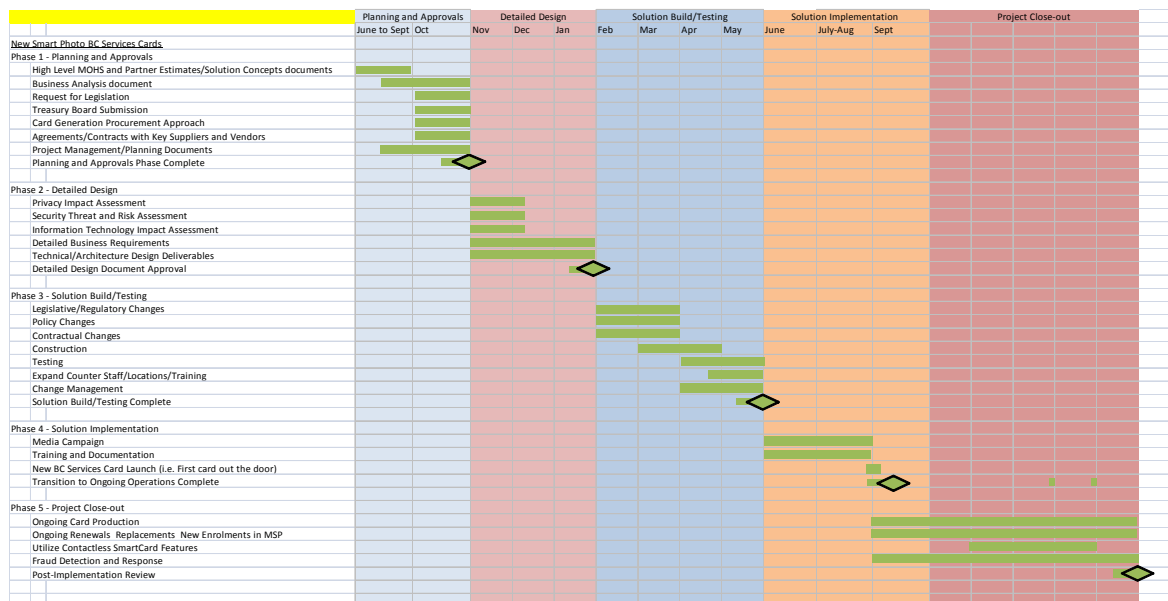
It is recommended that:

1. *Ratify Option 2* – The Province ratify option 2 as the preferred option.
2. *Approve Funding Model* – A limited set of funding models be developed in support of the solution. Make these funding models the options of a Treasury Board submission.
3. *Amend Legislation* – Determine if the project will undertake solution development before, or after, any required legislative amendments.
4. *Proceed with Development* – Assuming solution development is to begin as soon as possible, direct the Ministry of Health Services and its partners to proceed with implementation. This will establish the development budget and put in place the dedicated cross-ministry project teams and governance bodies needed for successful delivery.

Given the stated program objectives, Option 3 of continuing with the current CareCard is simply not viable or sustainable. As such it has been discarded from further consideration. In choosing between the first and second options, it needs to be reiterated that the second option is simply an extension of the first. Combining this with the relatively marginal increase in overall program costs from Option 1 to Option 2, implementation of the BC Services Card without the Combined Driver's Licence feature would simply be stopping short of the ideal end state. Even acknowledging the slightly increased risks of Option 2 over Option 1 – particularly the potential for public backlash – should not deter the Province from striving for a complete implementation and alignment with all program objectives. Finally, ratifying Option 2 implicitly requires that Option 1 also be implemented. This provides the Province with an opportunity to choose an incremental and phased implementation starting with Option 1. This approach could help to mitigate any of the risks of proceeding immediately with the Combined Driver's Licence.

Proposed Implementation Strategy

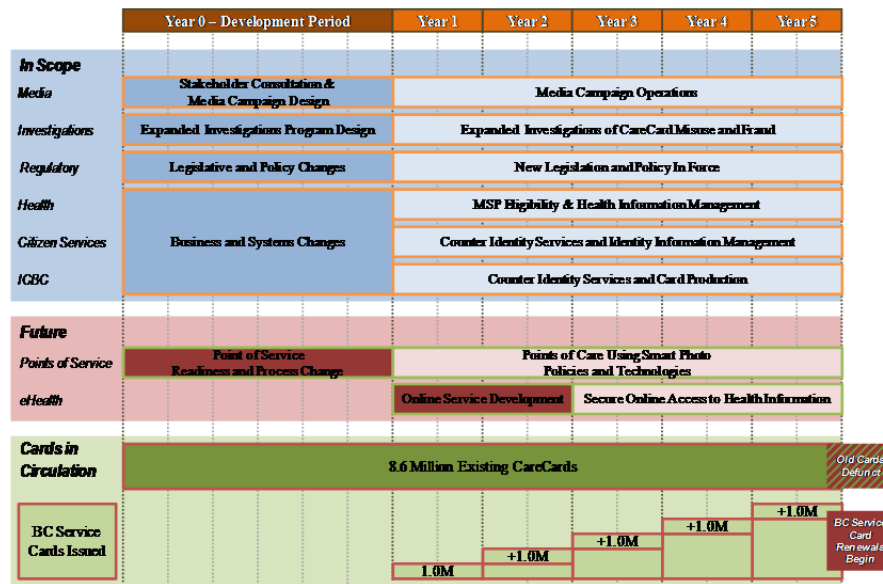
The project implementation strategy has five major project phases. Each phase has a number deliverables/targets dates for achievement. This high-level timeline will be refined during the design phase.



Next Steps

A Business Analysis will form part of a detailed information briefing for the Deputy Minister and Minister of Health Services, the DMCTT and Cabinet. Based on ratification by these groups, a Treasury Board submission will be scheduled. Further direction and action will be contingent on the decisions of the Board.

Assuming approval from the Board, next steps will involve formation of cross-ministry project teams and governance bodies, as outlined in this document. This will be followed closely with a series of implementation strategy decisions (such as which vendor will be producing which cards) and commencement of development and communications efforts. The figure below provides a synopsis of the activities needed to implement the new BC Services Card as the solution for developing and delivering all of the business and technical changes just discussed.

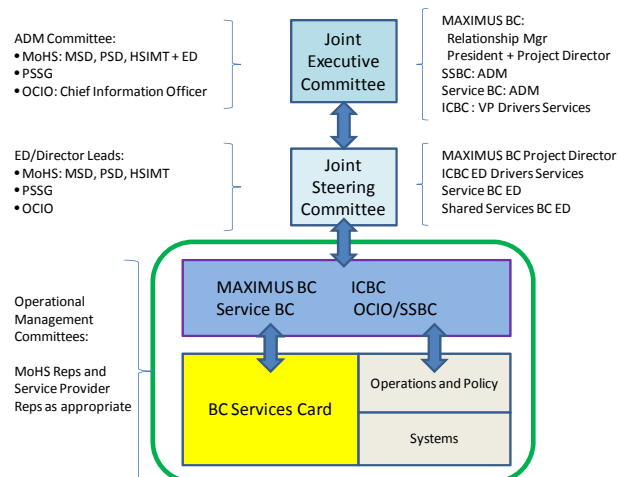


Implementation Plan for BC Services Cards

Project Governance

Program Governance Model

Beginning in fiscal year 2011 and post implementation the recommended governance model is:



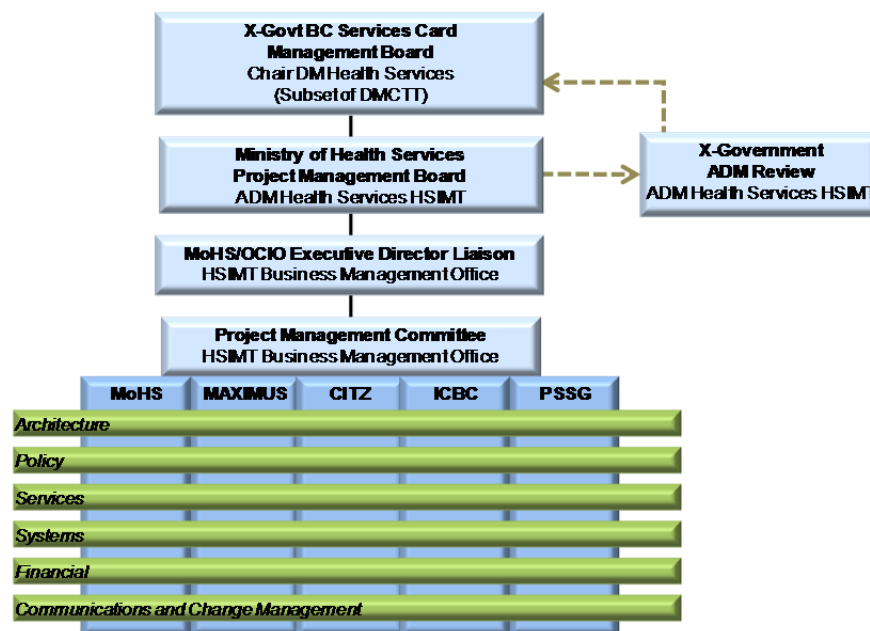
Proposed Program Governance Model

Planning - An Annual planning cycle will coincide with ministries service and budget planning. Strategic planning for the evolution of the BC Services Card will be done as a collaborative effort with service delivery partners to determine long term vision and strategic priorities. Operational planning will provide for service provider forecasting of annual costs, driven by volumes and changes to the operation.

Decision-Making - All organizations involved in delivering the new BC Services Card are responsible for their own decisions as it relates to the delivery of their individual components of the operations. Strategic decisions will involve senior decision makers that will include the relevant authority as required, to ensure that decisions are made where the accountability resides and that all key stakeholders support the decisions.

Outsourcing and Partnership Agreements - The service delivery model leverages existing government delivery channels and the private sector agreements in place today. There may be a future requirement (post implementation) to review the “ownership” of the BC Services Card to allow for the separation of program accountability from corporate government identity management services through the BC Services Card.

Project Management



Proposed Project Governance Model

Project Governance 2010 to 2011

- *Cross-Government BC Services Card Management Board (subset of DMCTT)* - Executive level oversight to provide the strategic direction and the decision making on critical x-government project concerns and the resolution of issues requiring DM level support/approval.
- *Cross-Government ADM Review*- Review and support of the decision making on critical cross-government project concerns and resolution of issues prior to being raised to the DM level for support/approval.
- *MoHS Project Management Board* - To provide for MoHS executive decision making on critical project deliverables; scope containment and ensuring delivery according to plan.
- *MoHS/OCIO Executive Director Liaison and Project Management Committee* - The committee is the working group for the project. Their role is to review and accept specific project deliverables prior to commitments at MoHS Steering Committee and Cross-Government ADM Review Board.

Phase 2: New Ask

Historical Overview

- April 2011, project was approved at \$148.7 million
 - Estimate was based on conceptual program and low degree of cost certainty
 - Contingency was low (1.5%)