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## NEWS RELEASE

For Immediate Release  
2011HLTH0026-000565  
May 19, 2011

Ministry of Health

### **B.C. paves way for new card to replace CareCard**

VICTORIA – Amendments to the Medicare Protection Act were introduced today in the B.C. legislature to support the introduction of a more secure card, designed to improve patient safety and reduce fraud.

The new card, which would replace the current Care Card, will offer more security benefits than a current driver's licence, including a photograph of the beneficiary, anti-forgery features, high-level identity proofing – as well as a security chip. People can choose to have the new card, or to have their driver's licence indicate they are enrolled in the Medical Services Plan.

The current plastic BC CareCard was introduced in 1989 with no significant changes over the last 20 years. Proof of identity is critical in assisting doctors and other health-care providers determine the most appropriate treatment for patients and ensuring the right care is delivered to the right person. In addition, there is concern across government and other sectors about the potential for misuse and fraud, especially as the BC CareCard is considered an acceptable form of government-issued identity. Today, there are about 9.1 million BC CareCards in circulation for a population of about 4.5 million people.

Unlike the current approach, the new card will require re-enrolment on a regular basis that will help to ensure that only those entitled to valuable publicly funded health-care services receive them. Enrolment and re-enrolment are required to maintain beneficiary status for health-care benefits.

When patients access care in hospitals or the community, they are asked to produce a valid BC CareCard. People who fail to re-enrol will not be eligible for publicly paid health services hospital services, as they will no longer be beneficiaries of the Medical Services Plan. They could also lose subsidized coverage for services such as ambulance service and Fair PharmaCare. However, individuals will never be denied essential medical care in real emergency situations even if they fail to re-enrol or do not have a card. Re-enrolment will be straightforward and, where possible, aligned with the date for renewal of an individual's driver's licence.

No person under the age of 19 will be asked to re-enrol. Certain groups of adults, such as the elderly or marginalized populations – for whom re-enrolling would be impractical or present a hardship – will also be exempted or managed through special arrangements.

Drivers will be able to re-enrol when they renew their driver's licence. Obligations to renew enrolment will be set every five years at the same time driver's licences expire. Non-drivers will have a similar cycle. This will allow for a phased-in approach. When a person successfully re-enrols, they will be issued a new secure card.

Once the legislative amendments are passed, government will develop regulations to support the new enrolment process and launch of the card. Full implementation of the new card is expected to be phased in over five years beginning before the end of 2012.

**Quotes:**

Health Minister Michael de Jong –

"Health-card fraud costs us millions of dollars every year. The new card will put in place more rigorous procedures to reduce health-care fraud and improve patient safety. The planned changes will not only ensure that we deliver services to the person on the card, but will also support a more secure identity card."

Solicitor General Shirley Bond –

"Unfortunately, identity theft is becoming more and more common, and victims' lives can be made miserable for months or years as a result. The new more secure card will make it tougher for people to steal your identity by using latest anti-forgery features."

Dr. Ian Gillespie, BC Medical Association president –

"This is a good, practical move by government that uses more secure technology in an effort to prevent fraud. It will help ensure that only those people entitled to receive medical services paid for through the Medical Services Plan are the ones receiving care."

**Learn More:**

Canadian Health Care Anti-fraud Association: [www.chcaa.org](http://www.chcaa.org)

Contact: Ryan Jabs  
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## INFORMATION BULLETIN

2011AG0011-000563  
May 19, 2011

Ministry of Attorney General

### **Bill amends miscellaneous statutes**

VICTORIA – Bill 13, the Miscellaneous Statutes Amendment Act (No. 2), 2011, was introduced in the legislature today by Attorney General Barry Penner. If passed, the amendments will affect a number of provincial statutes.

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**Medicare Protection Act** – Changes to the act will create authority to require adult British Columbians to re-enrol in the Province’s Medical Services Plan by updating proof of their identity to a higher assurance level. The amendments to the Medicare Protection Act will support the introduction of a more secure photo card, which would replace the current CareCard.

Not Responsive

Not Responsive

**Contacts:**

Not Responsive

**Medicare Protection Act**  
Ryan Jabs  
Ministry of Health  
250 952-1887 (media line)

Not Responsive

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## **Ministry of Health**

## **BC Services Card Project**

## **Business Requirements Document (BRD)**

Document Number:	Project Number /BRD
Version:	1.1
Last Updated:	January 25, 2012

## **Final Report**

## 1. Executive Summary

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The ICBC identity proofing process also includes functions to detect and manage investigation of potentially fraudulent identity information presented by clients. The BC Services Card project will extend these processes to support those who identity proof for BC Services cards and extend established fraud reporting processes between ICBC and the Ministry of Health.

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9. **Fraud and Investigations [Not included in project scope, see immediately following Scope / Out of Scope sections]** – Services to detect, investigate and respond to potential BC Services Card misuse and abuse. Fraud detection functions are integrated with the counter service, identity proofing, and card production processes. These functions pair with investigation processes that activate if fraud is established. More specifically, investigations may be conducted to confirm residency and for finding cause for orders against beneficiaries under the Medicare Protection Act. These may includes (but aren't limited to):
- To determine whether a person has provided false or misleading information to the Commission about their identity, residency or children
  - To determine whether a beneficiary provided their PHN to another person knowing that the other person would use the PHN to obtain benefits
  - To determine whether a person knowingly used a PHN other than their own to obtain benefits
  - To determine whether a person used their PHN to obtain benefits after their coverage was cancelled

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### Diagram – Part 1 of 3 - Collect ID

#### 06 - ICBC Identity Proof Customer for MSP at Counter (for a Driver)

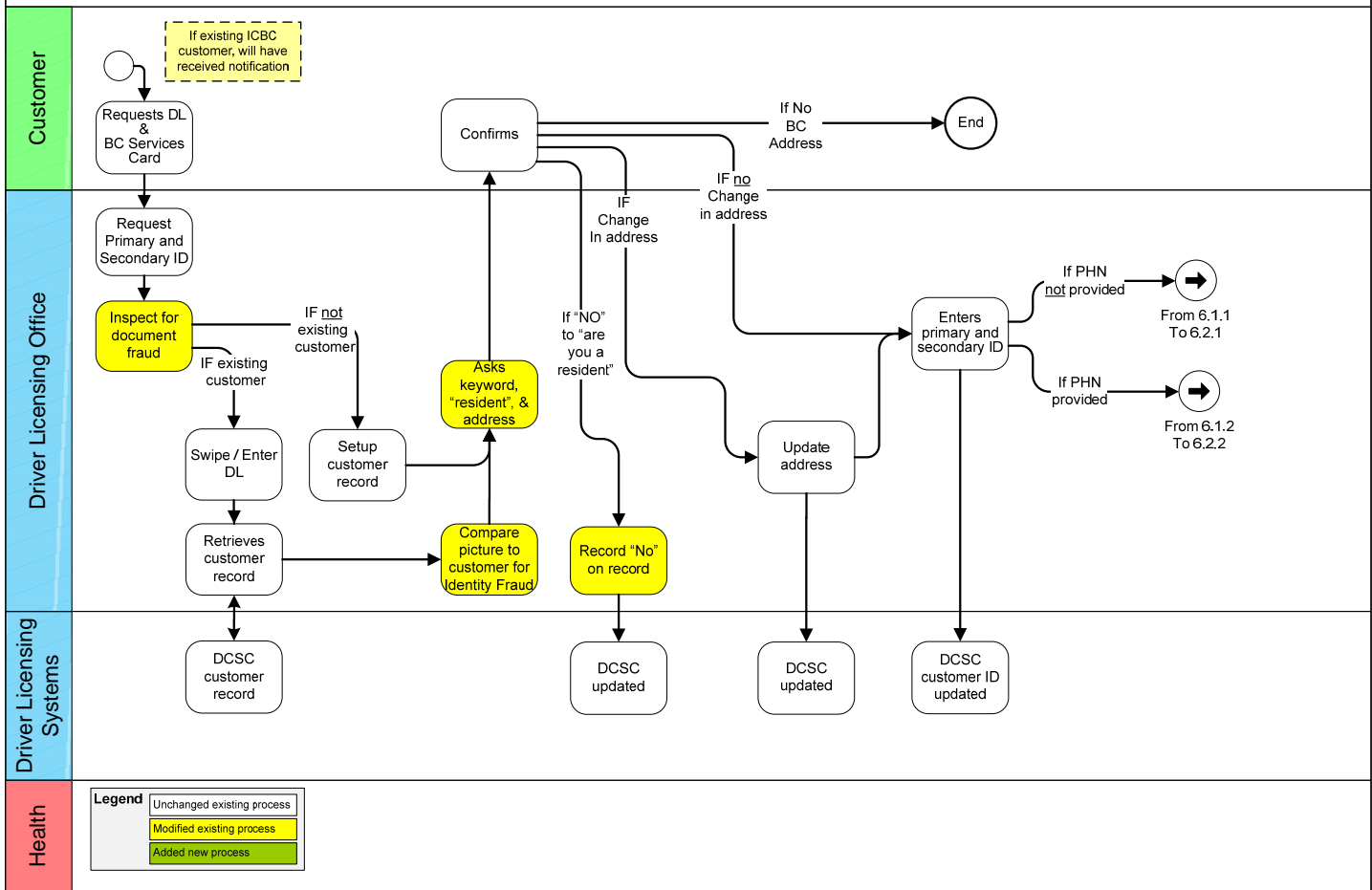


Figure 7 Swim lane 06 - ICBC Identity Proof MSP Client at Counter – Part 1 of 3 – Collect ID

Page 11 redacted for the following reason:

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S13, S15

## Diagram

08b SIU – Post Counter Service Fraud Process

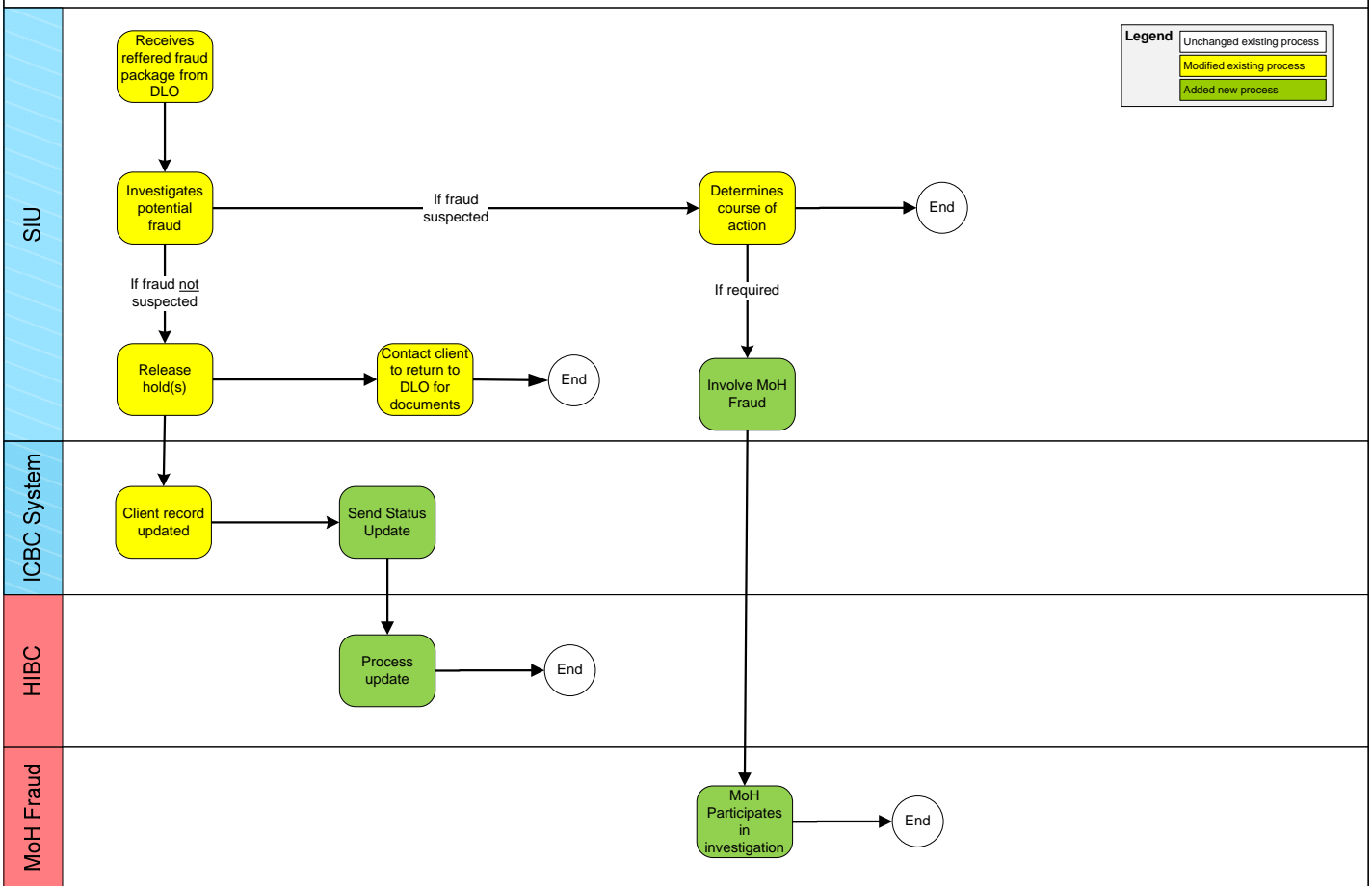


Figure 13 Swim lane 08b - ICBC Post-Counter Fraud Process

### 3.2.6. Business Process Swim Lane 09– HIBC Enrolment

#### Swim Lane Details

- Description - The process BC residents use to enrol themselves in MSP.
- Process Group – MSP Beneficiary Management

Pages 13 through 15 redacted for the following reasons:

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S13, S15 and Not Responsive



# **BC Services Card Project**

## **Business Rules Register**

**DRAFT – Current as of Document Date**

Version: 1.0  
March 8, 2012

Pages 17 through 19 redacted for the following reasons:

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S13, S15 and Not Responsive  
S13, S15 and Not Responsive.



## **BC Ministry of Health**

### **BC Services Card Project**

#### **Project Charter**

Document Number:	Project Number
Version:	2.1
Includes updates to:	April 30, 2012
Last Updated:	May 30, 2012

#### **Discussion Draft**



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## 1. Executive Summary

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This vision will provide the following benefits:

- Majority of citizens will be encouraged to get a photo card which will be as secure as the existing Drivers Licence and BCID and will leverage technologies to prevent counterfeiting and other forms of fraud.
- Adding an expiry date, re-enrolment process and a chip-enabled services card will enable more accurate matching of individuals to their health records;
- Augmenting these enhanced processes with more rigorous identity proofing conducted every five years at re-enrolment will provide another level of assurance that only those eligible receive health care services,
- Provide a foundation for renewed focus on the management of health benefit fraud and abuse, and

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- The production of three new types of cards: a combo card (combination Drivers Licence and BC Services card), a photo BC Services card, and a non-photo BC Services card that collectively replace the current CareCard issued to MSP beneficiaries. Each of these new card types use the same security features that exist in today's Drivers Licence and offers capabilities that may be part of future extensions to the BC Services Card program.

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### **3. Project Overview and Background**

#### **3.1. Background**

The majority of individuals currently enrol once in the Medical Services Plan (MSP), when they apply for coverage. Successful application results in the issuance of a CareCard with no expiry or re-enrolment. The ministry uses an extensive audit program to find misuses and abuse of cards and MSP annually.

The current BC Medical Services Plan Card (i.e. CareCard) was introduced in 1989 and has not been significantly changed in the last 20 years. During this period more than 18.6 million CareCards have been issued to an estimated 6.2 million clients of MSP, including those whose coverage has been cancelled. The CareCard serves the dual purpose of identifying health clients and establishing eligibility for provincially funded health services but also has unintended applications in the broader private sector (e.g. accepted as proof of identity). Existing health benefits administration business practices for MSP enrolment, issuing CareCards and accessing health care services have not kept pace with industry anti-fraud and identity proofing measures. For example, 9.1 million BC CareCards are potentially in circulation for a population of about 4.5 million people.

Legislation governing the MSP has been changed to require all adults to re-enrol in the MSP by December 1, 2017 and re-enroll subsequently every five years. During the first 5 years of the program, the re-enrolment process will encourage an individual to present themselves at an ICBC Drivers Licence Office (DLO) or authorized agent to provide specific identification credentials and to confirm their residency status through an attestation process. Confirmation of the individuals' identification and MSP beneficiary status will result in the production of a BC Services Card to be used to obtain subsidized medical services.

Government spending by the MoH in 2012/2013 is expected to be \$16.18 billion, an increase of 87 percent from \$8.65 billion in 2000/01. This 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 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](http://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. A subset of this total fraud is related to the cards.

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). Improving the client identity assurance and re-enrolment processes are a key element of the Ministry's ongoing program to raise assurance that only those qualified receive benefits under the Medical Services Plan.

### **3.2. Overview**

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The business benefits that will be realized with the completion of the BC Services Card Project will have a direct positive impact on the residents of British Columbia. These benefits will include:

- Adoption of Drivers Licence Security features into the BC Services card that leverage technologies and features available in the DL that prevent counterfeiting.
- The distribution of BC Services Cards that are based on chip enabled card technology within the first year of card production,
- The establishment of MSP expiry and re-enrolment cycles and the enhancements to their supporting processes,
- Leveraging the level-3 identify proofing for those BC citizens 19 and over who are presenting at the ICBC Drivers Licensing Office (DLO), and
- The introduction of 'chip enabled' cards and standards will, through future enhancement, enable BC citizen access to a broader array of electronic services. The BC Services Card Project will focus on meeting the requirements set by the Ministry of Labour and Citizens Services Office of the Chief Information Officer (OCIO) for the chip. Future releases that may be defined as separate projects not covered by this charter will focus on

extending the infrastructure and enabling citizens and other points of service to take advantage of the chip enabled card's capabilities.

These benefits will help to reduce MSP fraud as well as set the stage for improved access to BC government services for the citizens of British Columbia.

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## **5.7. Business Benefits**

The implementation of a new BC Services Card will support the government's commitment to reducing health care fraud and creating a structure that will simplify citizen access to BC government services. The key business objectives of the BC Services Card Project will be:

- To build the foundation for future electronic online services,
- To distribute approximately 1.2 million BC Services Cards with chip within the first year of production and 6 million during the first 5 years, with 70-80% being combo cards,
- To establish MSP expiry and re-enrolment cycles,
- To establish Level 3 identify proofing for 90% of BC citizens over 19+,
- To introduce a 'chip enabled' card that will allow BC citizens to access a broader array of services through the use of the BC Services Card in the future, and
- Improved patient identity and safety for eHealth/client subject ID strategy.