

# Ontario Health Insurance Plan (OHIP)

## *A Summary for Ontario Medical Students*



*This module is the product of the efforts of Michael Kilian and Ryan Luther, two dedicated members of the Ontario Medical Students' Association Political Advocacy Committee and medical students at the University of Toronto.*

*Updated by Iuliia Povieriena, University of Ottawa Medical School student and a member of the Ontario Medical Students' Association Political Advocacy Committee on January 2015.*

The module contains information on OHIP eligibility, summary of services (what is covered and what is not), as well as how does the coverage work in case of travelling outside the province or Canada. Additional details provided about New Canadians, Aboriginal and members of Canadian Forces services.

Although there are college courses on OHIP billing, information resources for physicians are included in the end of the module for those who want to sneak peek into details at this stage of their medical career.

### **1. Eligibility for OHIP**

- Canadian citizen, permanent resident or a newcomer that is approved by the Ontario Health Insurance Act. **AND**
- Physically present in Ontario for 153 days in any 12 month period. **AND**
- Physically present in Ontario for at least 153 of the first 183 days immediately after establishing residency in the province. **AND**
- Make your primary place of residence in Ontario

### **2. Summary of Services**

#### *Insured Services*

OHIP covers a wide range of health services; however, it does not pay for services that are not medically necessary, such as cosmetic surgery. A brief description of insured services follows below.

1. All medically necessary services provided by physicians
2. Dental surgery if done in hospital
3. One eye examination per year for individuals under 20 and over 65, or for people between 20-64 who have a medical condition requiring regular eye exams
4. Ambulance services are covered, but patients must pay \$45.00. This fee can be waived in specific circumstances
5. Some physiotherapy services
6. Podiatry services are partially covered

#### *Uninsured Services*

Uninsured medical services are not covered by the Ontario Health Insurance Plan (OHIP) and may be charged directly to the patient (or third party) at the discretion of the physician. Physicians should inform the patient or the person(s) financially responsible about such charges prior to rendering the service and should make an appropriate record (as required) of the uninsured services they provide.

The following services are not covered:

1. Cosmetic surgery
2. Some physiotherapy services
3. Dental services in a dentist's office
4. Eye exams for patients between 20 and 64, except for patients with specific medical conditions
5. Services obtained at a non-licensed health facility
6. Preferred hospital accommodation unless prescribed by a physician
7. Private duty nursing service
8. Prescription renewals over the telephone
9. Completion of forms/certificates for work, school, fitness clubs or insurance
10. Testimony in court

Also, the OMA Economics Department provides members with billing advice and assistance on the Ontario Health Insurance Plan (OHIP), payable to physicians for insured medical services. The OMA publishes the Schedule of Fees, the Physician's Guide to Other Uninsured Services and the Scale of Grading and Remuneration, to assist physicians in billing for uninsured services.

There is a new 2015 OMA Physician's Guide to Uninsured Services available through the OMA website (registration to access required)

<https://www.oma.org/Member/Resources/Documents/PhysiciansGuideToUninsuredServices.pdf>

*Drug coverage*

OHIP only covers medications that are administered in a hospital. However, each year, 2.8 million people receive \$3.8 billion in drug benefits from Ontario Public Drug Programs. This coverage is provided through five provincial drug plans:

- [Ontario Drug Benefit \(ODB\) Program](#)  
Drug benefits for Ontarians aged 65 and older, residents of long-term care homes and homes for special care, recipients of professional home services and social assistance and recipients of the Trillium Drug Program.
- [Trillium Drug Program](#)  
Drug benefits to Ontario residents that have high drug costs in relation to their household income. Any Ontario resident that does not qualify under any of the other plans can apply for the Trillium Drug Program.
- [Special Drugs Program](#)  
Drug benefits for Ontarians with a valid Health Card for certain outpatient drugs used to treat specific diseases or conditions.

- [New Drug Funding Program for Cancer Care](#)  
Drug Benefits for newer, intravenous drugs, typically administered in hospitals and cancer care facilities. The Ministry provides about 75% of the overall funding for intravenous cancer drugs in Ontario and hospitals fund the remaining 25% through their operating budgets.
  - [Inherited Metabolic Diseases Program](#)  
Benefits for Ontarians with a valid Health Card for certain outpatient drugs, supplements and specialty foods used in the treatment of specific metabolic disorders.
  - [Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program](#)  
Funds palivizumab for infants who are at high risk for hospitalization and complications from a Respiratory Syncytial Virus infection.
- These publicly funded programs account for 43 per cent of spending on prescription drugs in Ontario.

### *Long Term Care*

Long term care can take one of two forms:

- 1) at home
- 2) in an establishment

While still living at home, patients can receive care from visiting health care professionals, personal support workers, homemakers and have access to community support services. Patients must submit an application to the Community Care and Access Center (CCAC).

The CCAC will determine their eligibility for publicly funded services as well as select the necessary providers. If patients are not eligible for publicly funded support the CCAC can still assist in connecting the patient to the appropriate resources in the community.

If an individual wishes to move into a separate establishment for care, there are three options:

- Supportive housing,
- Retirement homes and,
- Long-term care homes.

For supportive housing, patients may be eligible for government subsidies to cover the cost of rent. Retirement homes on the other hand are not covered by the government

Long term care homes are meant for individuals who require 24 hour nursing care and supervision. Funding is available for long-term care homes but residents must also provide a co-payment.

More information on how to apply and services available: <http://www.ontario.ca/health-and-wellness/homecare-seniors>

### **3. Travel**

*Services while out of Canada*

To maintain OHIP coverage while out of Ontario, individuals must not be out of the province for more than 212 days in any 12 month period.

Individuals may be eligible for extended coverage during longer absences for:

- Study outside of Canada
- Work outside of Canada
- Charitable work outside of Canada

If you require medical care while travelling, you are covered for the following amounts:

- Emergency health services are covered up to \$50.00/day.
- Inpatient medical services are covered up to \$200/day.
- Specialized services including surgery, coronary care, intensive care, neonatal or pediatric special care are covered up to \$400/day.
- Outpatient dialysis services are covered up to \$210/day.

The following services are not covered while out of the country:

- Ambulance services
- Services obtained at a non-licensed health facility
- Services that are considered to be experimental, for research, or part of a study
- Treatment for an illness that began while in Canada

It is recommended that **all** individuals purchase supplemental insurance while travelling

#### *Out of Province Services*

- Most Ontario health coverage benefits can be used across Canada
- Provinces will usually bill Ontario directly, but if you have to pay, you can submit the receipts for reimbursement
  - Note: You will be reimbursed at OHIP rates. The OHIP rate may be less than the amount you were charged
- Prescription drugs from pharmacies, home care services, ambulance services and long-term care services are not covered in other provinces.

#### *Out of Province Canadians Coming to Ontario*

One of the principles of the Canada Health Act is portability. This principle ensures that even if a resident moves to a different province or territory, they are entitled to receive health care coverage by their home province. Thus, Canadians can travel within the country with the same health coverage as they would enjoy in their home province. All that is required is that the individual present their provincial health care the same as a citizen of Ontario would present their OHIP card to a health care provider. However, the provisions of «additional benefits» such as prescription drugs or air ambulance services are generally not portable outside one's home province or territory. Coverage for these services can be purchased from a private insurance provider.

Students from outside Ontario who is in full-time attendance at an educational institution in Ontario, are eligible for health insurance coverage for insured physician and hospital services for the duration of their studies from their home province or territory where they maintain permanent residence.

#### **4. Subgroups**

##### *Services for new Canadians*

For newcomers to Canada, OHIP coverage becomes effective three months after residency is established.

During these three months, newcomers must purchase private health insurance in order to receive health care coverage. Detailed information on how to apply for OHIP card:

[http://www.settlement.org/sys/faqs\\_detail.asp?faq\\_id=4001246](http://www.settlement.org/sys/faqs_detail.asp?faq_id=4001246)

##### *Coverage for Aboriginals*

Aboriginal peoples living in Ontario are able to services insured by OHIP. The Federal government also assists this population by providing health promotion programs and public health services on reserves or certain Inuit communities. If areas are out of reach of appropriate medical services the government of Canada provides both primary and emergency care services.

The First Nations and Inuit Health Branch (FNIHB) is responsible for delivering these services. Since 2013 there have been a number of changes in drug coverage and other benefits (lacing devices, foot care, incontinence items, dental care, etc.). Access to some drugs have been reduced by dose limiting or limiting to certain conditions (ex. gabapentin, nabilone, tiotropium, metadole etc) and improved for others (birth control).

More detailed information on FNIHB updates <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/newsletter-bulletin-eng.php>.

##### *Coverage for members of the military*

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All Regular Force personnel are covered by the Spectrum of Care (SoC) from the time of enrolment to the effective date of release from the Canadian Forces (CF). Reserve Force personnel are covered only during specified periods of eligibility based on their duty status and the relatedness of their illness or injury to military service.

The CF Spectrum of Care document provides direction to CF health care providers, Base/Wing Surgeons, Dental Detachment Commanders, CF chain of command and CF members. It authorizes the use of public funds to ensure that CF members have access to a standard of health services that is comparable overall to that received by Canadians under provincial health care plans. Inclusions and exclusions apply everywhere in Canada and abroad, regardless of what health services are covered by provincial or allied health plans.

Information on CF Medical Coverage, Eligibility, Management and Access to Health Care could be found here: <http://www.forces.gc.ca/en/caf-community-health-services-benefits-drug-coverage/coverage-eligibility-management-access.page>

#### **5. Information Recourses for Physicians**

The **Resource Manual for Physicians** is a document designed to provide information on the Ministry of Health and Long-Term Care policy and procedures as they relate to health care providers and various ministry insured services. The manual contains the following information:

- How to register in order to receive an OHIP billing number
- An overview of the Schedule of Benefits
- An overview of the monitoring of physician claims
- An overview of the claims submission process
- Details on registering for Ontario health coverage
- Lists of applicable acts and regulations
- Description of various inter-related programs

[http://www.health.gov.on.ca/english/providers/pub/ohip/physmanual/physmanual\\_mn.html](http://www.health.gov.on.ca/english/providers/pub/ohip/physmanual/physmanual_mn.html)

Health Insurance Act: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h06\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h06_e.htm)

OHIP for Healthcare Professionals: <http://www.health.gov.on.ca/en/pro/programs/#ohip>

OHIP Specialty Allocation

<https://www.oma.org/Member/Resources/AgreementCentre/Pages/MSPCSpecialtyAllocation.aspx>