

Frequently Asked Questions: ICBC Legislative Changes and the Impact on Pacific Blue Cross Members

New legislation has changed the way ICBC participates in the payment of claims with healthcare benefit and insurance companies.

May 17, 2018: The Government of British Columbia enacted changes to ICBC under the Insurance (Vehicle) Act, through the passing of Bill 20, which removes the right of insurance companies to subrogate against ICBC. Bill 20 also says that ICBC will not reimburse or pay in future for similar benefits if a person also has access to benefits through another source, such as an employer plan. PBC was unaffected by this change because our plans do not pay benefits, they advance funds.

November 9, 2018: Legislative changes were made to the definition of benefits within Bill 20, which added the advancement of funds. If Pacific Blue Cross continues to advance funds, it will impede our Member's ability to be reimbursed or collect on future claims from ICBC. To avoid this, for our Extended Health and dental plans only, Pacific Blue Cross is eliminating this practice.

April 1, 2019: ICBC becomes first payor for eligible accident benefits (except wage loss). ICBC premiums will directly pay for recovery expenses relating to auto injuries.

In light of these changes with ICBC, what is the new Process for PBC Members?

PREVIOUS PROCESS



NEW PROCESS: APRIL 1, 2019



Should Members' still send us their EHC claims?

Yes. ICBC has advised that our Members should continue to send claims to us as a precautionary measure until they have had an opportunity to stabilize their operations for these new changes. Your rejected claim becomes your proof and may help to alleviate any delay in processing with ICBC. After April 1, 2019 this additional step will not be necessary.

What happens when employees with benefit plans send claims to ICBC?

Any citizen without employee benefits can apply directly to ICBC to have their expenses paid, without penalty and without delay, however employees with benefit plans may experience administrative delays in having their claims paid by ICBC.

Why doesn't Pacific Blue Cross pay these claims?

These claims are excluded from our plans, and therefore not considered in our financial calculations.

Our general exclusions prohibit us from paying claims for injuries where a third party is liable, in whole or in part, to pay these expenses. ICBC has a legal obligation to pay as they collect premiums to pay EHC type expenses – and Pacific Blue Cross does not.

Our provisions also allow for an advancement of funds where there is a delay in determining liability. Wage loss remains an excess coverage for ICBC and remains an exclusion for PBC. As a result, a modified advancement process is appropriate to ensure our Members are taken care of financially while recovering from their injuries.

Why are Extended Health Claims (EHC) and Disability claims handled differently?

ICBC has advised us that Members with wage loss claims will experience an undefined delay in receiving these benefits as they go through ICBC's adjudication process. We do not want our Members to struggle financially while this delay occurs. The advancement of funds option is to help our Members through this period if they require assistance.

EHC claims will be paid by ICBC without delay so advancement is not required. Members can receive immediate reimbursement for these claims, or even experience direct payment through providers.

Why has this legislation affected Pacific Blue Cross differently than other health insurers?

Something that makes us unique is that we serve 1 in 3 British Columbians – and this informs the ways we help ensure the sustainability of your plan. All British Columbians are afforded the legislative right of recovery from ICBC; therefore, we exclude these types of claims and do not collect premiums for them.

A Member has already signed a Reimbursement Agreement. What happens now?

If a Member signed an RA prior to November 9, 2018, then there is no change in process.

If a Member signed an RA for an accident that happened after November 9, 2018, they will be receiving information from our recoveries team to explain next steps. Members should continue to submit their claims to Pacific Blue Cross in the meantime.

This applies to both EHC and dental as well as disability claims.

What if Members don't want to claim from ICBC and would like PBC to pay the claim?

Members are entitled to certain benefits from ICBC. Our plans exclude injuries for which Members are entitled to benefits from a third party.

Just how much will ICBC pay?

The following rate schedule has been approved in the legislation. These new rates and frequencies will be in force on April 1, 2019. Some of our Members may be impacted by the previous ICBC rates during the transitional period to higher limits. If a Member has a claim for which ICBC has not paid the full balance, we do not pay the difference. This applies for our ICBC claims now and will continue as usual.

Table 1

Item	Column A Health Care Service	Column B Fee Limit for Assessment Visit and Report	Column C Fee Limit for Standard Treatment	Column D Number of Pre-Authorized Treatments
1	Acupuncture	\$105	\$88	12
2	Chiropractic	\$199	\$53	25
3	Counselling	\$210	\$120	12
4	Kinesiology	\$135	\$78	12
5	Massage Therapy	\$107	\$80	12
6	Physiotherapy	\$250	\$79	25
7	Psychology	\$340	\$195	12

Table 2

Item	Column A Health Care Service Provided by Physician	Column B Fee Limit for Health Care Service Provided by Physician
1	Standard assessment and report	\$120
2	Extended assessment and report	\$325
3	Re-assessment and report	\$210
4	Initial registered care advisor assessment and report	\$380
5	Follow-up registered care advisor assessment	\$120

Any Questions?

For any further questions, please contact your Pacific Blue Cross Representative.