

The born identity

Prescription drug coverage by eligibility group

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Financial support for prescription medications involves many different criteria. Determining whether a patient is eligible demands a thorough knowledge of the qualifying requirements and prerequisites, most of which comprise a combination of financial need, type of disability, and age. Each institution has a different definition of financial need and disability; however, it is often assumed that age is a simple, uncomplicated piece of information.

Case description

Mrs G. is a patient with type 2 diabetes and chronic back pain. She is taking acetaminophen for the back pain and injectable insulin for her diabetes. She is also taking ramipril, atorvastatin, and acetylsalicylic acid. Mrs G. has been a Canadian citizen for many years. However, when she first came to Canada via Sudan after fleeing Ethiopia in the 1980s she did not have any official papers with her (nor can she locate them now). When her citizenship papers were eventually processed, her English language skills were still quite poor; as a result, her documented date of birth on her citizenship papers and passport is different from her actual chronologic age. Her age on her official documents is 61 years, but she is actually 68. This presents a problem, as many of her medications are only covered in those 65 years of age or older. Documented age versus chronologic age: what is Mrs G.'s "born identity"?

Discussion

As Mrs G.'s physician, it would be helpful to assess whether it is in her best interests to have her documented age corrected for the purpose of eligibility for social benefits and drug coverage. However, this is not as straightforward as it might seem. Only certain drugs are covered and coverage varies among the provinces; there are differences in coverage between seniors and non-seniors, depending on income level¹; and there is special coverage for non-seniors who participate in social assistance programs for welfare and disability (Table 1).

Drug coverage for seniors. In all provinces, a person is eligible for seniors' benefits from age 65 years; however, provincial drug coverage benefits vary depending on how they are run and whether they involve a premium, a deductible, user copayment, and a maximum beneficiary contribution. For example, in British Columbia there is no premium and no deductible for low-income seniors. The user copayment is 25% of prescription costs up to an annual maximum determined by the net annual household income. In Quebec, seniors who qualify for Guaranteed Income Supplement pay no costs, but do pay a premium and a copayment up to an annual maximum that is calculated according to income.^{1,2}

Drug coverage for working non-seniors. There is currently no federal catastrophic drug coverage program to protect working individuals from enduring undue financial hardship when accessing requisite medications. For example, the Maritime provinces do not place a cap on out-of-pocket drug expenses families incur, relying instead on patient access to private drug plans.³ Similar to coverage for seniors, provincial and territorial drug plans for working non-seniors vary according to whether patients pay a premium, a deductible, user copayment, and a maximum annual beneficiary contribution. The

EDITOR'S KEY POINTS

- It is important for immigration officials to accurately obtain information on date of birth for medical reasons.
- Family physicians and social workers play a key role in advocating for patients (eg, writing to foreign embassies, advocating to patients' Members of Parliament) in cases of inaccurate demographic information disadvantages.
- Differences between documented age and chronologic age can influence medication funding support eligibility.

POINTS DE REPÈRE DU RÉDACTEUR

- Il importe que les agents d'immigration obtiennent des renseignements exacts sur la date de naissance, pour des raisons médicales.
- Les médecins de famille et les travailleurs sociaux jouent un rôle important pour défendre les intérêts des patients (p. ex. écrire aux ambassades étrangères, faire des représentations auprès des députés) dans les cas de désavantages causés par des renseignements démographiques inexacts.
- Les différences entre l'âge documenté et l'âge chronologique peuvent influencer l'admissibilité à du soutien financier pour les médicaments.

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Table 1. Summary of provincial drug coverage benefits by eligibility group: Funding criteria vary among provinces.

ELIGIBILITY GROUP	DESCRIPTION OF COVERAGE
Seniors	Begins at age 65 in all provinces No consistency across provinces as to whether coverage plans involve a premium, a deductible, user copayment, and a maximum beneficiary contribution
Working non-seniors	Catastrophic drug coverage (ie, a cap on the financial burden a family incurs for requisite prescription drugs) in all provinces except Alberta and the Maritimes Eligibility requirements vary among provinces Cost-sharing strategy for each province calculated according to number of family members in a household Monthly or annual maximum contribution from beneficiaries in some provinces Beneficiaries can combine provincial drug coverage with work benefits in cases in which work benefits do not cover 100% of costs
Non-senior social assistance recipients*	All provinces provide drug coverage to social assistance and provincial disability benefit programs Variations exist among provinces regarding copayments

*Unemployed or low-income individuals.

cost-sharing strategy for each province is calculated according to income and number of family members in a household and varies as to whether there is a monthly or annual maximum contribution from beneficiaries. Working non-seniors might also be able to combine private drug coverage benefits with provincial or territorial drug coverage in cases in which their private benefits do not cover 100% of costs.^{1,2}

Drug coverage for non-senior social assistance recipients. Those who are unable to work and who receive welfare or disability benefits are eligible for drug benefits through their provincial and territorial programs. Some provinces might require recipients to make copayments, while others might not. In 2006, for example, New Brunswick required adults to pay \$4 per prescription up to a maximum of \$250 per family, annually. The provinces of British Columbia, Alberta, Manitoba, Prince Edward Island, and Newfoundland and Labrador had full coverage, with no copayments required.^{1,2}

Choosing the best coverage

Mrs G. is a resident of Ontario and has been unable to work; she receives drug benefits through the Ontario Drug Benefits (ODB) provincial drug program.

There are a number of ways in which residents of Ontario can qualify for ODB.

If Mrs G. is a senior citizen and older than 65 years of age, she will automatically qualify for drug coverage and will have no problems accessing the medications that she needs. However, if her annual income is \$16018 or more, she will have to pay a \$100 deductible per year in prescription charges before she is eligible for drug coverage under the ODB program. After the \$100 deductible is paid, she will pay up to \$6.11 toward the dispensing fee each time she fills an

ODB-eligible prescription. If her income is lower than \$16018, the dispensing fee will be lower as well (no more than \$2).²

If Mrs G. is 61 years old then she can qualify for ODB through the Trillium program or through social assistance programs (either the welfare program, Ontario Works, or the Ontario Disability Support Program [ODSP]). If she was working, she could apply to the Trillium program and her costs for medications would be calculated as the deductible based on her previous year's tax return. As a low-income recipient of Ontario Works or ODSP, she would have all of her medications covered through ODB, but would potentially have to pay the \$2 dispensing fee described above.²

Case resolution

In Mrs G.'s case, it would be best if she were to qualify for ODB as a senior, as qualifying for ODB through another social assistance program would require her to comply with certain eligibility requirements. For example, if she qualified for ODSP she would have to undergo a medical review to confirm that her disability is ongoing. If she qualified for Ontario Works, she would need to participate in programs that would help her re-enter the work force, even if this were not a reasonable goal at this stage in her life.

When advocating for the patient, physicians can obtain documentation information from foreign embassies to formally demonstrate inaccessibility of birth records. Mrs G.'s Member of Parliament was contacted to assist with the case and the age inaccuracy was addressed.

Conclusion

The Canadian population is becoming increasingly multicultural and more patients are likely to have gone through immigration registration processes. There is a

Case Report

good chance that clinicians might encounter registration errors that can affect management; for example, as we have seen, discrepancies in age can affect access to drug coverage subsidies. Age inaccuracies can also affect eligibility for many screening tests (bone mineral density, mammography, etc) that are driven by epidemiologic data.

As this discussion illustrates, it is important that physicians be aware of the drug coverage requisites in their home provinces. Drug expenses can pose a huge burden on patients, particularly those who have low incomes and who are dealing with chronic diseases. Helping patients minimize the effects of financial stress is one way that physicians and associated health professionals in primary care, such as social workers, can help improve patients' quality of life.^{2,4}



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Competing interests

None declared

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