March 21, 2018

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/034/2018]

On March 14, 2018, the Department of Health and Community Services (the Department) received a transfer of your request from the Department of Finance for access to the following records:

"Please provide a copy of all policies and procedures concerning or related to determining who “is a resident” under section 3(a) of the Medical Care Insurance Beneficiaries and Inquiries Regulations."

I am pleased to inform you that a decision has been made by John G. Abbott, Deputy Minister for the Department, to provide access to the requested information. In accordance with your request for a copy of the records, the appropriate copies have been enclosed.

The Access to Information and Protection of Privacy Act requires us to provide an advisory response within 10 days of receiving the request. As this request has been completed prior to day 10, this letter also serves as our Advisory Response.

Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the Access to Information and Protection of Privacy Act (the Act). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John’s, NL. A1B 3V8
Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act.
Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7010 or by email at MichaelCook@gov.nl.ca.

Sincerely,

Michael Cook
ATIPP Coordinator
Enclosures
Access or correction complaint

42. (1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52 (1) or 53 (1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

(a) a request that is disregarded under section 21;

(b) a decision respecting an extension of time under section 23;

(c) a variation of a procedure under section 24; or

(d) an estimate of costs or a decision not to waive a cost under section 26.

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.
Direct appeal to Trial Division by an applicant

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42, the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner’s refusal under subsection 45 (2).
BENEFICIARY REGISTRATION POLICY

PURPOSE:
The Beneficiary Registration Policy identifies the circumstances and documentation required that, when produced by an applicant, may sufficiently prove that the applicant is a bonafide resident of the province for the purpose of qualifying for MCP coverage. The documentation required by an applicant is dictated by the individual circumstances of the applicant.

BENEFICIARY ELIGIBILITY REQUIREMENTS:
A person must apply for coverage and present documentation that, in the opinion of the department, sufficiently proves that the applicant is a resident of the province or is establishing residency in the province. Dependants of MCP beneficiaries are also entitled to MCP coverage provided they can demonstrate that they are also resident in the province. Beneficiaries cannot be residents of another jurisdiction.

Beneficiary
A person shall be a MCP beneficiary provided that person: (a) is a resident; (b) has duly completed an application for registration; and (c) has received a valid MCP number from MCP.

A beneficiary is entitled to MCP coverage of insured services at the approved rates provided the beneficiary has a valid MCP number and has presented same to a physician rendering insured services.

Resident
The Newfoundland and Labrador Medical Care and Hospital Insurance Act, 1999 defines a "resident" as a person lawfully entitled to be or to remain in Canada, who makes his or her home and is ordinarily present in the province, but does not include a tourist, transient or visitor to the province. In order to be deemed a resident for MCP purposes a person must:

1. Be “lawfully entitled to be or to remain in Canada”.
   For MCP beneficiary purposes, this requires that a person provide original documentation that proves that they are able to meet the criteria of one of the following groups:
   i. Canadian Citizen or Permanent Resident of Canada; or
   ii. International Worker with an appropriate Employment Authorization from Citizenship and Immigration Canada (CIC) valid for at least 365 days from the date of arrival in Newfoundland and Labrador; or
   iii. International Health Care Worker employed by the Department of Health and Community Services or a Regional Health Authority with an appropriate Employment Authorization from Citizenship and Immigration Canada; or
iv. International Post-Secondary Student with a valid Study Permit from Citizenship and Immigration Canada entitling them to stay in the country for at least 365 days; or
v. Convention Refugee, Resettled Refugee or “Person in Need of Protection” as defined by the Immigration Board. With valid immigration documents; or
vi. Dependant of an MCP beneficiary entitled to be in Canada for at least 365 days; or
vii. Dependant(s) of Members of another Country’s Armed Forces in the province under North Atlantic Treaty Organization (NATO) Agreements.

2. Must prove that they make their “home” in the province.
To satisfy this requirement an applicant must provide sufficient original documentation to prove that they maintain their primary place of residence in the Province of Newfoundland and Labrador. This includes declaring Newfoundland and Labrador as their province of residence for tax purposes where appropriate; and

3. Must prove that they are “ordinarily present in the province”.
To satisfy this requirement an applicant must provide sufficient original documentation to prove that they are in the province for a minimum of 183 days in any 365 day period and that they intend to reside in the province for a period of at least 365 days.

**Ineligible applicants:**
a) Tourists
b) Transients
c) Visitors
d) Members of the Canadian Forces who are covered by the federal government.

e) Persons with less than 365 days eligibility to remain in Canada unless they are renewing a valid MCP number as an International Student or International Worker. Coverage for these applicants is limited to their eligibility to remain in Canada.

f) Students or residents of another Canadian jurisdiction who are entitled to coverage from that jurisdiction.

g) Refugee Claimants
Duration of Out-of-Province Coverage Certificates
After the first year of residency, eligible beneficiaries who adhere to MCP’s residency requirements are eligible to apply for an Out-of-Province Coverage certificate for a **maximum of 365 days (12 months)** out-of-province coverage, the exact length of the certificate is determined on a case by case basis.

**CATEGORY 1: BENEFICIARIES LEAVING FOR VACATION PURPOSES**

*Eligibility Requirements:*
Beneficiaries must meet **ALL** of the following requirements:
1. Must have established residency in the province.
2. Must complete an application for an Out-of-Province Coverage certificate and provide supporting documentation, if requested.
3. Must state their intention to re-establish residency in Newfoundland and Labrador once the vacation is finished; **and**
4. Must provide proof that they are maintaining a permanent residence in or are maintaining other significant ties to Newfoundland and Labrador, if requested.

*Coverage Details:*
Out-of-Province Coverage certificates issued for vacation purposes are valid for up to **243 days (8 months)** coverage. A 122 day (4 month) residency requirement must be satisfied in the year preceding the leave and in the year following the leave. A beneficiary may receive one Out-of-Province Coverage certificate for more than 243 days coverage (to a maximum of 365 days or 1 year) for vacation purposes once every 5 years. The 122 day (4 month) residency requirement must be satisfied in the year preceding the leave and in the year following the leave.

*Restrictions:* This coverage is only available to Canadian Citizens or Permanent Residents of Canada.