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<b>Subject:</b> Second Fee for Service Retroactive Payments for 2022-23 Fiscal Year	Reference: MED 262 - Fee For Service Retroactive Payments for 2022-23 Fiscal Year			

## To: All physicians and billing staff

The 2022 Alberta Medical Association (AMA) Agreement established yearly macro allocation rate increases to each AMA member section as outlined in Schedule 3 of the AMA Agreement (see Table below). Due to the one year delay in implementing the new Schedule of Medical Benefits (SOMB) rates, two retroactive payments are being made to physicians for 2022-2023 fiscal year:

- The first payment covering services provided from April 1, 2022, to December 1, 2022, and paid by December 9, 2022, was issued to physicians on January 13, 2023.
- The second retroactive payment will cover the remainder of services provided in 2022-2023 fiscal year and paid after December 9, 2022. This will be the final FFS retro payment for 2022-2023 Fiscal Year.

The second payment will be calculated by multiplying the total Fee for Service payments made to physicians, for the period under consideration, by the relevant section's 2022-23 macro-allocation increase per the schedule at the end of this bulletin.

This second payment is scheduled to be deposited on August 18, 2023. Please note retroactive adjustment payments of less than \$1.00 to a physician will not be paid. Each lump-sum payment will be made by automatic deposit (electronic funds transfer) to the Business Arrangement (BA) payee under which the original service was provided. A physician will receive a separate retroactive adjustment payment for each BA under which they provided services and submitted claims during the period. On the Statement of Account, the payee will find details regarding the BA and physician to whom each payment corresponds. This information will be included in the description for each manual payment. The description provided on the Statement of Account will contain the following information:

## FFSRetro2223 555555 5555555 Payment Reason Business Arrangement Practitioner ID

Contact:	Provider Compensation and Strategic Partnerships Branch	Approved by:	Jonathan Koehli
Email:	Retro Payment Inquiry Form	Position:	Executive Director
Eman.	Retro Fayment Inquity Form	i osition.	Provider Compensation and Strategic Partnerships Branch

Class cation: Public

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There will be no Statement of Assessment associated with these retroactive payments, as the retroactive payment process does not involve the reassessment of individual claims. However, the Statement of Account identifies the retroactive adjustment payment applicable to each physician. **Physicians should contact their BA payee for the details of any retro payments they are owed**. If you are unable to obtain the information from your BA payee, then you may complete and submit the <u>Retro Payment Inquiry Form</u>. A representative from Alberta Health will follow up on your request.

Remember to provide Alberta Health with updated information regarding any changes to your banking or address information. Updates to your banking information can be provided using form AHC1143 – Direct Deposit Request. Updates to your address information can be provided using form AHC11459 – Notification of Business Address Change. Follow the instructions on the forms to submit. These forms can be found on Alberta Health's website at the following link: <a href="https://www.alberta.ca/health-professional-business-forms.aspx">www.alberta.ca/health-professional-business-forms.aspx</a>.

Determination of the retroactive payment amounts for Clinical Alternative Payment Plans (ARPs) and Academic Medicine and Health Sciences Program (AMHSP) is currently underway. Further information on these retroactive payments will be issued through a separate communication. In the meantime, physicians should contact the authorized representative(s) for the ARP, or AMHSP department leader if there are any questions regarding the status of the retroactive payments.

SCHEDULE 3 2022/23, 2023/24 AND 2024/25 MACRO-ALLOCATIONS

	Year 1	Year 1	Year 2	Year 3	Compounded
	(2022/23)	BCP**	(2023/24)	(2023/24)	increase
	rate	increase	rate	rate	first three
AMA member section	increase	estimate	increase	increase	Fiscal Years
Family Medicine & Generalists in Mental Health	1.35%	0.89%	1.48%	1.48%	5.25%
Neurology	1.98%	0.22%	1.48%	1.48%	5.24%
Obstetrics & Gynaecology	1.93%	0.27%	1.48%	1.48%	5.24%
Pediatrics	1.78%	0.44%	1.48%	1.48%	5.25%
Psychiatry	1.89%	0.32%	1.48%	1.48%	5.24%
Anesthesiology	0.85%	0.02%	0.85%	0.85%	2.60%
General Surgery	0.85%	0.09%	0.85%	0.85%	2.66%
Internal Medicine	0.85%	0.24%	0.85%	0.85%	2.82%
Emergency Medicine	0.50%	0.00%	0.50%	0.50%	1.51%
Endocrinology/Metabolism	0.50%	0.14%	0.50%	0.50%	1.65%
Gastroenterology	0.50%	0.08%	0.50%	0.50%	1.59%
Infectious Diseases	0.50%	0.00%	0.50%	0.50%	1.51%
Nephrology	0.50%	0.05%	0.50%	0.50%	1.56%
Neurosurgery	0.50%	0.08%	0.50%	0.50%	1.59%
Orthopaedic Surgery	0.50%	0.11%	0.50%	0.50%	1.62%
Otolaryngology	0.50%	0.20%	0.50%	0.50%	1.71%
Physical Medicine and Rehabilitation	0.50%	0.40%	0.50%	0.50%	1.91%
Respiratory Medicine	0.50%	0.14%	0.50%	0.50%	1.64%
Rheumatology	0.50%	0.10%	0.50%	0.50%	1.60%
Urology	0.50%	0.12%	0.50%	0.50%	1.63%
Cardio & Thoracic Surgery	0.35%	0.00%	0.35%	0.35%	1.05%
Cardiology	0.35%	0.11%	0.35%	0.35%	1.16%
Critical Care Medicine	0.35%	0.00%	0.35%	0.35%	1.05%
Dermatology	0.35%	0.37%	0.35%	0.35%	1.43%
Other*	0.35%	0.03%	0.35%	0.35%	1.08%
Plastic Surgery	0.35%	0.06%	0.35%	0.35%	1.11%
Thoracic Surgery	0.35%	0.04%	0.35%	0.35%	1.10%
Vascular Surgery	0.35%	0.18%	0.35%	0.35%	1.23%
Diagnostic Radiology	0.25%	0.01%	0.25%	0.25%	0.77%
Ophthalmology	0.25%	0.20%	0.25%	0.25%	0.95%
Total (all AMA member sections)  * Residual lab medicine fees (mostly EG	1.00%	0.45%	1.00%	1.00%	3.48%

Classification: Public

<sup>\*</sup> Residual lab medicine fees (mostly ECG technical fees paid to Dynalife and APL)

\*\*The BCP increase estimate identified in column 2 of this table was used to calculate the BCP rate, which has been set to \$3.59 pursuant to clause 5 of Schedule 7, and is included in this table for illustrative purposes only and does not form part of the amount being macro-Allocated.