

<b>Number:</b> Gen 142	<b>Date:</b> October 27, 2023
<b>Subject:</b> Claims for benefits for medically required services where the physician is unable to confirm coverage under the AHCIP	<b>Reference:</b>

**To: All physicians and billing staff:**

Claims for benefits for medically required services can be submitted for patients who are unable to provide a valid Alberta personal health care card/number or who do not have active Alberta Health Care Insurance Plan (AHCIP) coverage (commonly referred to as a “good faith” claim).

The policy intends to minimize the risk of Alberta practitioners not being paid for services to Alberta residents who the practitioner believes are eligible for coverage under the AHCIP at the time of service but cannot provide proof of coverage. Claims for services for out-of-province patients who are eligible for coverage under another provincial or territory can be submitted using the instructions in the Appendix.

Prior to submitting a claim to Alberta Health for payment, for patients that claim to be registered with the AHCIP but are unable to provide proof of coverage or residency, the physician, either personally or through their staff, should exhaust all options to verify that a patient has valid and active coverage through:

1. Alberta Health’s 24-hour Interactive Voice Response (IVR) inquiry service, available at 1-888-422-6257, which enables physicians and their staff to verify if a patient’s Alberta Personal Health Number (PHN) is valid and active on the date of service.
2. Alberta Netcare, which enables physicians, their staff, and acute care facility staff to verify if a patient’s PHN is valid and active.
3. An acute care facilities’ Admission, Discharge, Transfer (ADT)/Clinical Information System (CIS) systems (Connect Care, Meditech, etc.), which assists physicians to verify coverage.
4. An acute care facilities’ registration area and/or health records department, with which physicians and their staff can connect directly, which may be able to provide the patient’s valid and active PHN.
5. If the above are not possible, have the patient call the AHCIP General Inquiries line at 780-427-1432 within Edmonton or for the rest of Alberta, call toll-free at 310-0000.

Changes to the Claim Assessment System (CLASS) are underway. Physicians are requested to hold eligible claims with dates of service effective **April 1, 2022** and after until further notice. A new Medical Bulletin will be issued as soon as CLASS changes are complete.

<b>Contact:</b> Provider Compensation and Strategic Partnership Branch	<b>Approved by:</b> Jonathan Koehli
<b>E-mail:</b> health-pcsp.admin@gov.ab.ca	<b>Position:</b> Executive Director Provider Compensation and Strategic Partnership Branch

## APPENDIX

A practitioner, their staff, and/or AHS staff are responsible to verify that a patient has AHCIP coverage. Physicians are reminded of the following ways to bill for patients who are unable to provide valid proof of coverage under the AHCIP. For example:

Individuals	How to bill
Individuals from another province/territory	<p>If a patient produces a valid health insurance card from another province/territory where they have coverage, submit a medical reciprocal claim for insured services to Alberta Health.</p> <p>Patients who cannot provide a valid and active provincial or territorial health insurance card are directly responsible for the cost of the medically required services provided by an Alberta physician. The physician should provide the patient with a completed <a href="#">Out-of-Province Claim for Physician/Practitioner Services form - AHC0693</a> and the patient may submit the claim to their home province's or territory's health insurance plan for reimbursement. If this is not possible at the time of service, physicians or their staff must email <a href="mailto:health-pcsp.admin@gov.ab.ca">health-pcsp.admin@gov.ab.ca</a> and Alberta Health will provide written instructions on how to submit the claim as good faith.</p>
Individuals who have coverage provided by the province of Quebec	<p>To be paid for providing medically required services to an individual who has coverage provided by the province of Quebec, the physician or the patient will need to complete a <a href="#">Quebec Claim for Physician/Practitioner Services form</a> found on the Régie de l'assurance maladie du Québec (RAMQ) website and submit the claim directly to Quebec's health authorities for adjudication and payment. As Quebec does not participate in the medical reciprocal program, they will not compensate physicians at the Alberta rates. As such, physicians may charge patients, who are residents of Quebec, directly for services provided. Physicians must follow the rules and rates in the Alberta Schedule of Medical Benefits for services provided. The above listed form must be completed to patients to receive reimbursement from RAMQ.</p>
Federal penitentiary inmates	<p>Individuals who are inmates in a federal penitentiary are provided health coverage by the federal government for the period of their incarceration. Medically required services provided to patients in this category should be billed directly to the federal government or other secondary insurer, as applicable.</p> <p>For medically required services provided to patients in federal penitentiaries, physicians should contact the relevant federal penitentiary and ask to speak to its director of health services,</p>

Individuals	How to bill
	who will provide information concerning how claims are to be submitted and other payment information (i.e., rates).
Members of the Canadian Armed Forces (CAF)	<p>Members of the CAF are provided health coverage by the federal government until these members are discharged or otherwise leave the CAF.</p> <p>Medavie Blue Cross is currently the federal government's designated administrator responsible for processing claims for medically required services provided to CAF members, including the adjudication and payment of eligible health care provider invoices. Please direct all medical billing for medically required services provided to CAF members to Medavie Blue Cross for processing. For more information about Medavie Blue Cross and how to bill for providing medically required services to CAF members, please refer to their website at: <a href="http://www.medaviebc.ca">www.medaviebc.ca</a>.</p>
Out-of-country patients	Physicians should charge patients from out-of-country directly for medical services. Claims for out of country patients will not be paid through the good faith process nor the medical reciprocal plan.
Individuals who have entered Alberta and Canada as refugees	The <a href="#">Interim Federal Health Program (IFHP)</a> provides coverage for individuals who have entered Canada as refugees and are in the process of obtaining refugee status so as to remain in Canada (Refugee Claimants), as well as those individuals who have been denied refugee status (Failed Refugee Claimants), but are appealing the decision.
WCB Patients	Claims for medically required services provided by a physician to Alberta residents in relation to workplace injuries must be submitted directly to the Workers' Compensation Board (WCB) for adjudication and payment.