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Subject: Change to claim submission time limit	Reference: <i>Alberta Health Care Insurance Act – Claims for Benefits Regulation</i>	

To: All practitioners and billing staff:

Effective March 31, 2020, the time limit for practitioners to submit claims to the Alberta Health Care Insurance Plan (AHCIP) for services provided in Alberta changes from 180 days to **90 days**. As a result, unless the Minister of Health considers that extenuating circumstances* exist:

- A claim for benefits is not payable if it is submitted more than 90 days after the date on which the health service was provided or the patient was discharged from the hospital.
- A resubmitted claim for benefits is not payable if it is resubmitted more than 90 days after the date on the last Alberta Health Statement of Assessment on which the claim appeared.

Note: All claims submitted to the AHCIP by practitioners through a business arrangement with Alberta Health are subject to this change.

This notification is being issued at this time to ensure practitioners have enough time to make modifications to their business practices and resolve any outstanding claims that may be otherwise affected by the change on March 31, 2020.

Any outstanding claims submitted after 90 days (and within 180 days of the service date) for services performed prior to March 31, 2020 will require manual adjudication and may take longer to process depending upon the volume. These claims will require text indicating the service was performed prior to the March 31 submission time limit change.

The *Claims for Benefits Regulation* of the *Alberta Health Care Insurance Act* will be amended to reflect the change to the claim submission timeline.

* Requests to consider extenuating circumstances in relation to outdated claims are reviewed on a case-by-case basis. Examples of extenuating circumstances are disasters where records have been destroyed (fire/flood), fraud, theft of computer or paper records, and claims refused by the Workers' Compensation Board. Information about submitting a request to consider extenuating circumstances is available by calling the Health Insurance Programs Branch at the number listed below.

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