

<b>Number:</b> Dent 42	<b>Date:</b> July 14, 2011	<b>Page:</b> 1 of 1
<b>Subject:</b> Out-of-Country Health Services Committee / Out-of-Country Health Services Appeal Panel changes	<b>Reference:</b> <i>Out-of-Country Health Services Regulation</i>	

## To: All Dentists

Changes have been made to the *Out-of-Country Health Services Regulation* (Regulation) that will **directly impact Alberta dentists and physicians**.

Effective August 1, 2011, the following will be implemented:

- An application to the Out-of-Country Health Services Committee (OOCHSC) for funding for out-of-country health services can be made **only** by an Alberta dentist or physician on behalf of an Alberta resident. Previously, applications could also be made by Alberta residents or their representatives.
- Appeals to the Out-of-Country Health Services Appeal Panel (Appeal Panel) can be made by an Alberta dentist or physician on behalf of the Albertan, or the Albertan. The Appeal Panel must reply to the appellant within 20 days of making a decision; a change from the previous requirement of 10 days.

Alberta Health and Wellness encourages all dentists and physicians to become familiar with the application process to help facilitate requests for funding of out-of-country health services.

### Out-of-Country Health Services Committee

The OOCCHSC considers applications for funding of insured medical, oral surgical and/or hospital services that are not available in Canada. The OOCCHSC operates at arm's length from Alberta Health and Wellness.

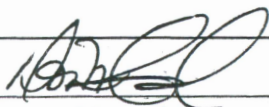
When applying for funding for an Albertan, dentists or physicians may use the Out-of-Country Health Services Committee Application form AHC2176 (copy attached) **or a referral letter**. Applications must include copies of relevant diagnostic test reports and should also include written reports from specialists with applicable expertise.

### Out-of-Country Health Services Appeal Panel

Decisions made by the OOCCHSC can be appealed. All appeals must be submitted in writing to the Appeal Panel within 60 days of the appellant receiving the OOCCHSC decision letter.

### For more information

Information about the OOCCHSC and Appeal Panel is available on the Alberta Health and Wellness website at [www.health.alberta.ca/AHCIP/coverage-outside-claims.html#OOCHSC](http://www.health.alberta.ca/AHCIP/coverage-outside-claims.html#OOCHSC). The website includes links to the OOCCHSC and Appeal Panel information sheets, the Out-of-Country Health Services Application form and the Regulation. The OOCCHSC can be reached by telephone at 780-415-8744. The Appeal Panel can be reached by telephone at 780-638-3899. To call toll-free in Alberta, dial 310-0000 then enter the applicable 10-digit number when prompted.

<b>Contact:</b> Health Care Insurance Plan Administration Branch	<b>Approval:</b>  Donna Manuel
<b>Telephone:</b> Edmonton 780-422-1600 Toll free 310-0000	<b>Position:</b> Executive Director Health Care Insurance Plan Administration Branch
<b>Fax:</b> 780-422-3552	

- An application letter or this form must be completed by an Alberta physician or dentist.
- An application may be made to the OOHSC where the resident on whose behalf the application is made has endeavoured to receive the insured health services in Canada and the services are not available in Canada.
- An application for funding of elective out-of-country health services **must be made prior to receiving the services.**
- **Attach all clinical** information, as outlined in Section E of this form.
- The OOHSC will only review complete applications, as determined by its Chair.

**Section A - Applicant Information (Must be an Alberta physician or dentist)**

Last Name		First Name (in full)	
Practitioner Identifier (PRAC ID)		Specialty	
Business Address	City	Province AB	Postal Code
Business Phone (10 digits)		Business Fax (10 digits)	

**Section B - Patient Information (Must be an Alberta resident with Alberta Health Care Insurance Plan coverage)**

Last Name		First Name (in full)		Middle Initial	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy/mm/dd)	
Home Address			City		Province AB		Postal Code
Home Phone (10 digits)	Daytime Phone (10 digits)		Confidential Fax (10 digits)			Personal Health No.	

**Section C - Out-of-Country (OOC) Health Services**

Clinical Diagnosis (condition for which funding of health services is requested)			
Description of health services for which funding is requested			
OOC Facility Name			
OOC Physician Name and Specialty			
OOC Facility Address		City	State Country
Expected duration of initial OOC health services/treatment			
Date(s) of scheduled OOC health services/treatment			



**Section C - Out-of-Country (OOC) Health Services** *(continued)*

Number and frequency of anticipated OOC follow-up health services/treatment, if applicable

Can any of the proposed OOC health services/treatment or portions of them be provided in Alberta or elsewhere in Canada?

**Section D - Reason for Out-of-Country (OOC) Referral**

Check the applicable box(es) below. Also provide any relevant supporting documentation.

- ☐ Health services in Alberta have been fully utilized
- ☐ Health services in Canada have been fully utilized
- ☐ Health service is not available in Alberta
- ☐ Health service is not available elsewhere in Canada
- ☐ Health service is available in Alberta or elsewhere in Canada but is not being utilized. Explain why.

Why has this particular OOC program, facility or specialist been chosen to provide the health services for which funding is requested?

**Section E - Clinical/Medical Supporting Information**

Complete the following sections. (**Do not** include invoices, receipts or any other information related to the costs of out-of-country services.)

Summary of health services previously provided for the condition and outcome. List the consultations, treatments and/or diagnostic tests obtained that are relevant to the Application, including dates and locations.

- Attached ☐ a) copies of relevant findings and/or reports from specialists and/or consultants (in the field of medicine or dentistry relevant to the condition for which funding of health services is requested)
- ☐ b) copies of relevant diagnostic and laboratory reports
- ☐ c) copies of any other relevant reports

If applicable, additional health services considered or explored but not pursued and reason(s) why

Describe the follow-up care arranged in Alberta or elsewhere in Canada

## Section F - Declaration

I declare that the information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature (Alberta physician or dentist)

\_\_\_\_\_  
Date (yyyy/mm/dd)

Submit this form, along with copies of diagnostic test(s) and any other pertinent information, to:

**Chair, Out-of-Country Health Services Committee**  
**Alberta Health and Wellness**  
**PO Box 1360 Station Main**  
**Edmonton AB T5J 2N3**  
**FAX: 780-415-0963**

If you require further information, please write to the Committee Chair at the above address or call 780-415-8744. To call toll-free in Alberta, dial 310-0000, then 780-415-8744.

Note: The health information on this form is collected and will be used by the Out-of-Country Health Services Committee and possibly the Out-of-Country Health Services Appeal Panel under sections 20 and 27 of the *Health Information Act*, and the *Out-of-Country Health Services Regulation* (Regulation) for the purpose of determining the patient's eligibility for funding under the Regulation. Should you have any questions regarding the collection of this information, you may contact the Committee Chair at the address or telephone number above.