



The President's Letter

Dr. G.N. (Gerry) Kiefer

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Dear Member:

Alberta Health and Wellness (AHW) needs to address a number of problems before it reduces by 50% – to 90 days from 180 days – the time Alberta physicians have to submit, or resubmit, claims for providing government-insured medical services to Albertans and residents of the other provinces and territories.

The Alberta Medical Association (AMA) has also expressed to Alberta Health and Wellness our concern that the department has not provided sufficient notice (only 93 days) for physicians to adjust to the much shorter timelines, which come into effect December 1.

Physicians are frustrated with the current process and fear that the shorter timelines could exacerbate the situation. For example:

- **Tracking down personal health numbers (PHNs):** Trying to track down Alberta patients who have no personal health number or an invalid number is time-consuming, and may be impossible within 90 days.
- **Billing transient patients:** Determining PHNs for transient patients – who are becoming more numerous in Alberta's economy – is a major issue in some towns and cities when patients do not have Alberta health care coverage or have not renewed their health care coverage with their home province or territory.
- **Claims for emergency room and in-hospital care:** Emergency room physicians and other physicians who provide in-hospital care (e.g., surgeons, anesthesiologists, internists) must rely on hospital staff to correctly collect a patient's personal health number.
 - **Dummy registration numbers:** Hospital staff create dummy registration numbers to track uninsured patients, as well as out-of-province patients, through the system, but physicians often do not know that a dummy number has been created (until Alberta Health and Wellness rejects a claim). Consequently, the physician is not paid for insured medical service(s) that were provided in good faith.

- **Incorrect PHNs:** Sometimes the health care insurance numbers of patients are not collected or are collected incorrectly. If a claim is submitted with an incorrect number and is rejected, physicians have 90 days to resubmit the claim; however, investigating and determining the correct number can take longer than 90 days.
- **Out-of-province patients:** If hospital staff do not accurately collect patient demographic information, it is almost impossible for the physician to track down an out-of-province patient to determine the personal health number. And, in the hospital setting, many physicians do not see directly billing these patients as a viable option.

Physicians are asking questions such as:

- **Good faith:** Why am I not being paid for services that I have provided, in good faith, when a patient's personal health number or the province responsible cannot be determined?
- **Ethics:** As a physician, I cannot ethically refuse to provide certain medical services. What does Alberta Health and Wellness suggest I do in these cases?
- **Action on dummy numbers:** What will Alberta Health and Wellness and the regional health authorities do to resolve the issue of dummy numbers assigned by hospital staff?
- **Confirming personal health numbers:** What assistance will Alberta Health and Wellness, and other provincial and territorial governments, provide so that I can confirm the validity of both in- and out-of-province PHNs?
- **Regional health authority issues:** What will Alberta Health and Wellness do to ensure that appropriate systems are in place in regional health authorities to ensure accurate collection of PHNs and patients' demographic information?

The minister of health and wellness has been apprised of our concerns and has agreed to consider them further. The AMA's expectation is that Alberta Health and Wellness will address these issues and questions.

The AMA is arranging a meeting September 27 in Calgary where physicians can personally explain their issues with the new timeline to submit claims. AHW representatives have been invited so that they can hear first-hand from physicians about the current claims process and the impact of the upcoming change.

If you would like to attend the meeting or to provide your comments, please contact AMA's Patrick J. Melia, Director, Physician Payment Services, at 780.482.0689 or 1.800.272.9680, ext. 689, or email patrick.melia@albertadoctors.org.

Alberta Health and Wellness has developed some points to clarify the change to the 90-day submission rule. Some of those points are included below. Further details will be provided in an AHW bulletin and in AMA's *Billing Corner* in October's *MD Scope*.

- 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 hospital. **This means that claims for services provided on or before September 2 must be received by Alberta Health and Wellness (not just by your service provider) on or before December 1.**
- A resubmitted claim for benefits is not payable if it is resubmitted more than 90 days after the date of the last Alberta Health and Wellness Statement of Assessment on which the claim appeared.
- Claims refused by the Workers' Compensation Board (WCB) must also be submitted within 90 days of the date of rejection by WCB.

In my July 6 *President's Letter* I let you know that the AMA was reviewing the ability of Alberta Health and Wellness to act unilaterally in this regard. Upon thorough examination by AMA legal counsel, we are satisfied that in this instance the minister of health had the authority to do so.

However, in light of our trilateral process and the spirit and intent of the master agreement, the AMA expected a more collaborative process. Working together ensures that we address not only physician issues, but also are able to find solutions to improve Alberta's health care system and to put the focus on Patients First®.

Yours truly,

G.N. (Gerry) Kiefer, MD, FRCSC
President