

Billing Corner



ALBERTA
MEDICAL
ASSOCIATION

12230 106 Ave NE
Edmonton AB T5N 3Z1
T 780.482.2626 F 780.482.5445
amamail@albertadoctors.org

Billing Corner is also available on the
Alberta Medical Association website
albertadoctors.org/billing-corner

Patients First® *Patients First® is a registered trademark of the Alberta Medical Association.*

Good Faith Claims Information and Claims Submission Process

Physicians: Please share this information with your billing staff after reading it.

Please ensure that your billing software has been updated to reflect the changes that are described within this document. The Billing Corner is a summary document.

On February 6th, 2024, Alberta Health announced that the claims submission process for Good Faith claims was live and available to accept Good Faith claims. The AMA has prepared additional information for members and their staff to help support the timely submission and payment of these claims.

Alberta Health Care Insurance Plan Schedule of Medical Benefits Effective February 6, 2024

Disclaimer: While care has been taken to provide accurate information, the Alberta Medical Association does not warrant or guarantee the accuracy of the information contained herein. Please refer to the Schedule of Medical Benefits for complete details. If you provide services specific to more than one section, the AMA recommends that you refer to all those that are applicable to the services that you provide.

TABLE OF CONTENTS

Key Dates 3

Physician Responsibilities 3

Previously Submitted Claims..... 4

Submission Process for Good Faith Claims 4

Frequently Asked Questions 5

Key Dates

July 1st 2024

- Claims for dates of service April 1, 2022 – February 6th, 2024, may be submitted for payment under the Good Faith process until July 1, 2024. This will allow physicians time to submit or resubmit all backdated and stale-dated claims for payment.
- Good Faith claims with dates of service February 7th, 2024, and onward will be subject to the 90-day submission timeframe.

Physician Responsibilities

Prior to submitting a Good Faith claim, physicians or their staff should exhaust all resources to ensure that the patient is eligible for health care coverage.

Steps include:

- Attempt to find a valid PHN for a patient by accessing:
 - Alberta Health's IVR system (1-888-422-6257)
 - NetCare, Admission, Discharge, Transfer (ADT)/Clinical Information System (CIS) (ConnectCare, Meditech, etc.)
 - Facilities registration or health records department
- Ensure the patient is legally entitled to be in Canada and identify their home province or territory. See below to determine eligibility.
- Try to have the patient registered either by:
 - recommending the patient contact AHCIP General Inquiries Line 780-427-1432 in Edmonton or 310-0000 for the rest of the province.
 - Contacting the onsite social worker to assist with AHCIP registration.

Also, please be aware that many patients are ineligible for this policy, as other arrangements/steps apply to obtain payment for medical services:

- a. Federal penitentiary inmates - Contact the penitentiary for claims submission info.
- b. Members of the Canadian Armed Forces – Bill Medavie Blue Cross directly.
- c. Patients from Quebec – bill the patient directly at AB rates and provide a receipt OR complete this form to be paid at the QB rates
(<https://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/formulaires/4292.pdf>)
- d. Opted out patients - bill the patient directly.
- e. Ukrainian Nationals who are NOT registered with the UETHBP – bill the patient directly.
- f. Persons covered under the Interim Federal Health Program (IFHP) – bill IFHP.
- g. WCB patients – bill WCB.
- h. Temporary residents, foreign workers, students, and their dependents who do not have an active visa or an expired Alberta Health Care Card – bill the patient directly.
- i. Out-of-country patients – bill third-party insurance or patients directly.
- j. Any patient who would not otherwise be eligible for AHCIP coverage – bill the patient directly.

With regard to out-of-province Canadian patients where a reciprocal billing arrangement exists with Alberta (i.e., all other provinces, except Quebec), the physician/clinic is advised to do the following:

1. Submit a reciprocal billing claim, if possible.
 - a. Patient has presented a health insurance card: Submit a reciprocal claim to AH, quoting the home province health insurance number/registration number and patient's address in their home province.
 - b. Patient has not presented a health insurance card: Complete the Out-Of-Province Physician or Practitioner Services form: [Out-of-Province Claim Physician or Practitioner Services \(gov.ab.ca\)](https://www.gov.ab.ca/health/hcipooc) and submit by email to Health.HCIPAOOPOOC@gov.ab.ca, or fax to 780-422-4958.
2. If it's not possible to submit a reciprocal claim, attempt to seek payment directly from the patient for services. Services should be billed at AHCIP rates.
3. If it's not possible to submit a reciprocal claim nor bill the patient, the physician may submit a good faith claim for service.

Previously Submitted Claims

If you have submitted claims and received an 05A rejection or submitted claims through the email process outlined in the October 5, 2022, commitment letter, you must resubmit the claims as brand-new claims under this new process. Claims that are in the email queue will not be processed.

Submission Process for Good Faith Claims

1. Be sure your software vendor has updated your system to accommodate Good Faith claims.
2. Complete the steps listed above to try and obtain a valid PHN for the patient.
3. Complete the claims data information as you usually would. This includes the HSC, referring PRACID if applicable, diagnostic code, etc.
4. Leave the recipient ULI blank and the service recipient registration number blank.
5. Check the Good Faith Indicator Field is set to "Y."
6. Complete the patient data segment; this includes first and last name and date of birth. Gender, complete address including postal code. TIP: Do not use dashes, abbreviations, or punctuation in the address field. This will result in the claim being refused. You must complete all personal data fields to submit the claim.
 - a. Homeless patients – the address of the nearest homeless shelter to the hospital may be used as the patient's address.
7. **Do not add text to the claim.** This will result in delayed payments.

Awaiting information from Alberta Health: Circumstances where the patient obtained AHCIP coverage between the date of care and the date the good faith claim is submitted. We understand Alberta Health has rejected these claims as they appear ineligible for good faith and exceed the 90-day rule. An update will be provided when further information is received.

Frequently Asked Questions

Q: What if the patient's AHCIP coverage has expired or their record shows no coverage, but they still have an AB driver's license?

A: Double check their registration status, if they are still not registered, you may submit a good faith claim for the date of service.

Q: How do I show this is a good faith claim?

A: Be sure your billing software has been updated, and now contains a field called "Good Faith Claim Indicator." When submitting your Good Faith claim, that indicator **must** be set to "Y," and the additional claim details mentioned above included.

Q: Do I need to delete previous claims to submit a new good faith claim?

A: Only claims that have an APLY claim result or paid at \$0 need to be deleted. Claims with a RFSE claim result do not need to be deleted before submitting a good faith claim.

Q: Can I resubmit any claims that were not submitted under good faith initially and were refused for invalid AHCIP coverage?

A: If it has been some time since you submitted these claims, please follow the steps to verify coverage. If you still believe that the patient is an eligible patient and would be eligible for AB coverage, you may submit a good faith claim.

Q: How do I claim if the patient's AHCIP coverage has lapsed?

A: Double check their eligibility for coverage on the date of service through Alberta NetCare; if they do not have coverage:

- submit a good faith claim
- be sure to include the patient's full name, DOB, address, and postal code (NOTE: Do not use any punctuation when claiming).

Q: Must the address be filled out in the claim? Most unhoused patients have no address and some do not stay at shelters.

A: The address portion **MUST** be completed to receive payment. The recommendation to use the shelter address is for the purpose of completing the address segment of the claim; the address of a community agency where the patient has connections could also be considered.

Q: How do I claim for a newborn?

A: Do not make a good faith claim.

- Mom is an Alberta resident, claim under the mom's health insurance number – see page 44 of the [Physician's resource guide - Open Government \(alberta.ca\)](#)
- Mom is a resident of another province (excluding Quebec) claim under mom's other provincial health number– see page 57 of the [Physician's resource guide - Open Government \(alberta.ca\)](#)

Q: Where do I find contact information for other provincial health departments to verify patient coverage?

A: See pages 58 and 59 of the [Physician's resource guide - Open Government \(alberta.ca\)](#)

NOTE: It is important to check eligibility for residents of other provinces and bill the other province where possible before making a good faith claim.

Q: If I settled or otherwise dismissed 05A refused claims, how can I recover the information to submit to AH?

A: Contact your billing software provider regarding availability of a report detailing these rejected claims.

Q: How do I document efforts to confirm patients' coverage?

A: Note efforts to confirm in the patient's record. AMA recommends you save or document communication with the patient, AHS and/or other provincial health departments in the patient's record.

Q: I am getting rejections of 01C; how do I correct them?

A: There are a couple of reasons why the claim is coming back 01C:

1. If the patient had coverage at some point but the coverage has lapsed, AH will pick up the last known registration of the patient. If they were covered under a federal program such as RCMP, Military, or incarcerated, they will have to apply to AH themselves to have their registration information updated.
2. The patient has been identified as a visitor to Alberta or Canada. In these instances, the claim should be submitted to the patient's home province, the patient directly, or to their third-party insurance plan.