

# Good Faith Billing Information Session

## Welcome!

The session will begin at 12:00 PM promptly

Note that participant cameras are off, and microphones are muted by default

# Land Acknowledgement

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The Alberta Medical Association acknowledges that we are located on Treaty 6, 7, and 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Métis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut'ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community.

We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada.

# Submitting Good Faith Claims

Opening Remarks: Dr. Paul Parks, AMA President

Presenter: Norma Shipley, Consultant, Physician Fees

Panel Members: D'Arcy Shade, Consultant, Allocation and Fees  
Allan Florizone, Senior Advisor, Health Economics

Moderator: Melissa Pennell  
Manager, Public Affairs

Zoom technical support (+1-888-799-9666 ext. 2)

# Housekeeping

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- Member-only information session
- The presentation portion of the information session is being recorded and will be posted on the AMA website (member-only)
- Use the Zoom Q and A function to ask questions
  - Questions will be prioritized based on upvotes and a balance among different topics
  - Questions will be answered live by panel members or via the Q and A tool (written)
  - The Q and A portion of the meeting will not be posted



# Dr. Paul Parks AMA President

# Background

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- Former Good Faith claims policy rescinded by government in March 2020
- As part of the October 2022 agreement, government agreed to reinstate Good Faith Claims ability, backdated to April 1, 2022
- Although a long time coming, reinstatement is good news for Alberta physicians
- New policy is an improvement over the old in several areas



# The Details

# Eligible Patients

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Those who the physician believes are eligible residents of Alberta

Residents of another province or territory (excluding Quebec)

- Covered by their home province health insurance plan
- Cannot/have not presented a valid health insurance card
- Where not possible/practical to bill the patient



# Ineligible Patients

AMA will be publishing a Billing Corner with details – watch for it on the AMA Fee Navigator splashdown page

Federal Penitentiary inmates	Canadian Armed Forces members	Residents of Quebec
Opted-Out Alberta residents	Ukrainian nationals who have not registered for the evacuee temporary health benefits program	Refugee claimants and approved refugees
Non-Residents of Canada (e.g., tourists, international visitors)	Temporary residents of Canada (foreign workers, students, their dependents) with expired AHCIP coverage	Injured Workers covered by WCB

# Ineligible Services (other provinces' residents)

Uninsured services (and associated anesthetics)

Experimental Services (and associated anesthetics)

Team Conferences (03.05JA, 03.05T, 03.05U, 03.05V, 03.05W, 03.05Y, 08.19F, 08.19H, 08.19J, 08.19K)

Evidence at psychiatric review panel

Telehealth and Virtual Visits and Consultations

# Check Patient Coverage/Eligibility

- Ensure patient is a legal resident of Canada and determine their province of residence
- Check NetCare and/or AH's IVR inquiry line (1-888-422-6257) to verify coverage
- Verify patient PHN through the Facility's Admission, discharge, Transfer/Clinical Information System
- Verify patient PHN with NetCare ADT /CIS (Admission, Discharge, Transfer/Clinical Information System)
- Check with the facilities' registration area and/or health records department

# Check Patient Coverage/Eligibility

No documented coverage for AB patient?

Options:

- Recommend the patient call AHCIP at 780-427-1432; outside Edmonton, dial 310-0000 first
- Contact the on-site social worker to assist with AHCIP registration

# Check Patient Coverage/Eligibility

## Out-of-Province Patient?

- Submit a reciprocal billing claim to patient home province, if possible
- If not, seek payment from patient
- If neither possible, submit a good faith claim for patient service.

# Check Patient Coverage/Eligibility

RCMP or CAF member or approved refugee claimant?

- Submit a claim to Medavie Blue Cross ([Health Professionals Centre | Medavie Blue Cross \(medaviebc.ca\)](#))
- Claims must be at Alberta Health rates
- Elective care for refugee claimants must be approved
- Do not submit a good faith claim

# Check Patient Coverage/Eligibility

Out-of-Country Patient, Refugee Claimant, Opted-out Albertan or other ineligible patient?

- Bill the patient directly for your care
- Amount is your determination – not limited to AH insured rates
- Do not make a Good Faith claim

# Check Patient Coverage/Eligibility

Federal penitentiary inmate?

- Bill the facility where the inmate is held
- Direct invoices to the medical director or warden
- Do not make a Good Faith claim



# Check Patient Coverage/Eligibility

Out-of-Country Patient, Refugee Claimant , Opted-out Albertan or other ineligible patient?

- Bill the patient directly for your care
- Amount is your determination – not limited to AH insured rates
- Do not make a Good Faith claim

# Check Patient Coverage/Eligibility

Out-of-Country Patient, or Opted-out Albertan?

- Bill the patient directly for your care
- Amount is your determination – not limited to AH insured rates
- Do not make a Good Faith claim

# Claim Requirements

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- Document efforts to confirm coverage
- Be sure your billing software provider has re-instated the good faith indicator
  - If not, contact them and request urgent reinstatement
- In addition to usual claim elements, be sure to include:

# Claim Information Requirements

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## CIB1 Claim Data Segment

- Physician PRACID and Business Arrangement
- HSC, Modifiers and Diagnostic Code(s)
- Date of Service
- Facility Number and Functional Centre
- Good Faith Indicator field set to “Y”
- Service Recipient ULI is blank
- Service Recipient Registration number is blank

# Claim Information Requirements

## CPD1 Claim Data Segment (Patient Information)

- Patient first and last name (surname)
- Date of birth
- Address including postal code
  - No punctuation
  - Unhoused patients -- may use a shelter address
- All information fields are required

# Claim Information Requirements

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## Do not add text to your claim

- For good faith and most other claims, text causes the claim to be held in the manual assessment queue
- Only submit text if instructed by Alberta Health or where the claimed code requires (e.g., 13.99J)
- AH's claims system has been programmed to pay claims in the April 1, 2022-February 6, 2024, period
- The 90-day claim submission time frame will apply to claims February 7 forward

# Submission Guidelines

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- Submit new claims for previously rejected claims – previous claims may not be reactivated and resubmitted
- Ensure you've done or had a member of your team research the patient's coverage
  - Patients may have had coverage reinstated and/or backdated since the rejection
- Be sure you're only claiming for eligible patients and services

# Submission Guidelines

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- Patient eligibility for coverage on the date of care is the key
- If they subsequently left the province or otherwise became the responsibility of another party, bill AH if the physician believed they were covered by AH on the date of service, and there is no evidence of other coverage
- If they were responsibility of another party on that date, no good faith claim may be made
- NOTE: it still important to check eligibility before submitting the claim



# Submission Guidelines

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- There are some things we are clarifying with AH and AHS, including:
- What is the process for submitting claims when the patient did not have health insurance on the date of service, but has subsequently either applied or been reinstated?
  - What if the patient has subsequently left the province?
  - What if the patient is someone who has a more itinerant lifestyle and moves back and forth between provinces but doesn't register anywhere for coverage?
- Not all software providers have sorted out the reprogramming of good faith claims – will AH allow any flexibility in submission dates on these claims if certain vendors are unable to complete the work in a timely manner?

# Submitting Good Faith Claims

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## Important Dates

- Submit your historical claims before July 1, 2024 – suggest you submit before mid-June
  - We recommend you don't hold all claims and submit toward the end
- Eligible dates? April 1, 2022-February 6, 2024
- 90-day submission window will apply to claims February 7, 2024, forward
- NOTE: If you have a large volume of claims to submit, consider batching as
- Check patient eligibility and dates, who is responsible for the patient's health care costs, and dates before submitting to avoid rejections

# Questions / Comments

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Please use the Q and A function to ask questions

Questions will be prioritized based on a combination of upvotes and a balance among different topics

Questions will be answered live by the panel members or via the Q and A tool (typed)

An anonymous summary of the Q and A session will be posted on the AMA website (member-only)

# Questions / Comments

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Questions about billing?

[billing\\_advice@albertadoctors.org](mailto:billing_advice@albertadoctors.org)

Questions about payment policies?

[allan.florizone@albertadoctors.org](mailto:allan.florizone@albertadoctors.org)