

The information collected on this form is personal information as described in the *Freedom of Information and Protection of Privacy Act (FOIP)*. This personal information is collected and used pursuant to *sections 33(c) and 39(1)(a) of the FOIP Act*, as the collection is related directly to and is necessary for administering provider participation in CII/CPAR. Alberta Health provides necessary information to the Alberta Medical Association to administer financial support under the IM/IT Physician Practice Support Program. If you have questions or concerns about the collection, use or disclosure of this personal information, please contact eHealth Services Provider Support at 1-855-643-8649.

Community Information Integration (CII) and Central Patient Attachment Registry (CPAR) CONFIRMATION OF PARTICIPATION - Primary Care and Pediatric Clinics

PART A - CLINIC DETAILS			
Clinic Name	Clinic Address	Facility ID	W DFA
EMR Vendor & Product	Is your EMR shared with another clinic?	Name of Clinic(s) the EMR is shared with:	
Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
PCN Affiliation and Practice Facilitator (If applicable)		CII/CPAR Site Liaison (Primary)	Site Liaison (Alternate)
PCN:		Name:	
PF Name:		Role:	
Email:		Email:	
Phone:		Phone:	

PART B - CLINIC READINESS (All fields to be completed)					
Have you completed the PIA Update Self-Assessment?	What type of PIA update is required?	Clinic EMR PIA Date	Is clinic live on Alberta Netcare?	Have you completed the Panel Readiness Checklist?	Is clinic actively participating in a capitation based Clinical Alternative Relationship Plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Not sure	<input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes, every box checked <input type="checkbox"/> No, checklist incomplete <input type="checkbox"/> Not applicable (no panels)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

PART C – PARTICIPATING PROVIDER(S)						
Provider Name and Email Address* (*required for access to CII/CPAR reports)	Provider PCN Membership None / not sure (drop down)	Participation Type			Specialty Skill Code ³ (if applicable)	
		Encounters	Panels and eNotifications ¹	Consult Reports ²		
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹ Primary provider choosing to submit panels and eNotifications, must submit encounters as well. Note: eNotifications are currently only available for MQ and Telus.
² Primary providers that write consults may choose to upload consults, provided they list their speciality in the speciality column.
³ Guidance on speciality may be found in Part C of the instructions.

PART C – PARTICIPATING PROVIDER(S)						
Provider Name and Email Address* (*required for access to CII/CPAR reports)		Provider PCN Membership None / not sure (drop down)	Participation Type			Specialty Skill Code ³ (if applicable)
			Encounters	Panels and eNotifications ¹	Consult Reports ²	
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Primary provider choosing to submit panels and eNotifications, must submit encounters as well. Note: eNotifications are currently only available for MQ and Telus.

² Primary providers that also have a specialty may choose all participation types, provided they list their specialty in the specialty column.

³ Guidance on specialty may found in Part C of the instructions.

PART D – CLINIC GOVERNANCE STRUCTURE

Is there a custodian representative at the clinic? A custodian representative is a custodian that has been duly authorized to sign the CII PIA Endorsement Letter and any necessary updates on behalf of the other custodians at the facility/ organization. This authorization does not revoke the other custodians’ duties and powers under the *Health Information Act*.

- YES
- NO

If you answered YES to the above question, please provide their name:

PART E - PROVIDER AWARENESS AND AGREEMENT

Site liaison or custodian representative, please confirm that all current and future participating providers:

- will be made aware and agree with the data that will be shared from their EMR and displayed in Alberta Netcare
- will be made aware and agree that the EMR data elements will be available in the Healthcare Data repository
- are familiar with the use of confidentiality functions within the EMR
- understand and agree that EMR Vendor may access their EMR instance to configure system for CII/CPAR
- **Telus users only** confirm EMR Mobile is turned on (http://help.telusemrmobile.com/en/70_Mobile/Mobile_managing_access.htm)*

Insert initials

PART F - TRAINING CONFIRMATION FOR ALL PROVIDERS

Site liaison or custodian representative, please confirm any current and future team members using CII/CPAR are trained with the following support material based on the data being submitted. Materials can be found at:

<https://actt.albertadoctors.org/CII-CPAR/Pages/Tools-and-Resources.aspx>

Privacy related training

- ✓ Health Collection Poster
- ✓ Patient Brochure
- ✓ Custodian Script for Patients
- ✓ EMR Confidentiality Flags

Roles & Responsibilities

- ✓ CII/CPAR Roles and Responsibilities

How EMR data appears in Alberta Netcare

- ✓ EMR Encounter Data List
- ✓ Sample mapped CED Report

Panels

- ✓ Panel Readiness Checklist

Insert initials

If assistance is required, please contact your PCN Facilitator or if you do not have a PCN Facilitator please contact the CII/CPAR Implementation team (ehealthcii-implementation@gov.ab.ca).

Please email completed form to ehealthcii-implementation@gov.ab.ca and copy your **PCN Facilitator** (if applicable), for awareness.

FORM COMPLETION INSTRUCTIONS

Forms must be completed in electronic format, using the following steps:

- Right click and save a new copy of the eForm to your computer to ensure you are working from the current version.
- Open and fill in the saved form. Do not try to fill in the form directly in your browser as some browsers are not compatible.
- The computer accessing the eForm must have a current version of Adobe Reader installed.

Site Prerequisites:

- | | |
|---|---|
| <input type="checkbox"/> Primary Care clinic | <input type="checkbox"/> Up to date EMR PIA reflective of current environment |
| <input type="checkbox"/> Alberta Netcare Live | <input type="checkbox"/> Using a CII/CPAR conformed EMR vendor: Ava, Microquest, OKAKI, QHR, TELUS Health |

PART A – CLINIC DETAILS

- **Clinic Name** – include the clinic name, as it appears on clinic letterhead.
- **Facility ID / WDFA** – include the AH Class Facility ID and/or WDFA #. The person in the clinic responsible for billing knows the facility ID. Netcare Access Administrator at clinic will know WDFA.
- **PCN Affiliation and Practice Facilitator** – are individuals trained in CII/CPAR who work with community care practices. If physicians are not members of a PCN, choose none for PCN Affiliation and leave PF information blank. .
- **CII/CPAR Site Liaison** - A Manager, Custodian, Office Assistant, etc., designated by the clinic to coordinate required paperwork, training go live activities and provide post-implementation feedback. For more details on the role, refer to the Clinic Journey Checklist. eHealth Intake, Privacy and Security (eIPS) team will contact Site Liaison to verify clinic PIA information.
- **Shared EMR** – when two or more clinics are running on the same EMR database (same instance).

PART B – CLINIC READINESS REQUIREMENTS (All field in this section are required)

- **Have you completed the PIA Update Self-Assessment?** - Indicate if you have completed the **self-assessment**. If you have completed a self-assessment, include it in the email as an attachment when submitting your Confirmation of Participation (CoP). This will help facilitate verification of PIA information.
- **What type of PIA update is required?** Based on the results of the self-assessment.
- **Clinic EMR PIA Date** – include the most recent PIA acceptance date, which will be located on the confirmation letter from the OIPC in response to the submission of your original PIA or addendum.
- **Clinic live on Alberta Netcare?** – clinic is live on Alberta Netcare if they have an accepted pORA for Alberta Netcare and at least one individual has access at the facility.
- **Panel Readiness Checklist Complete?** – Indicate if you have completed the **checklist**. Paneling clinics must complete the checklist. Clinics without panels are not required to complete the checklist and the not applicable option should be selected.

PART C – PARTICIPATING PROVIDER(S)

- **Provider Name** - List names of all providers who will participate in CII/CPAR.
- **PCN Affiliation** – select PCN physician is affiliated with. If not a member of a PCN, choose 'none'. If unsure, select 'not sure'.
- **Participation Type**
 - **Encounters** – Check if provider will submit encounters.
 - **Panels and eNotifications** – Check if provider will submit panels. Note that participants submitting panels are required to submit encounters. Participants submitting panels will automatically receive eNotifications, if using MQ or Telus EMR. QHR users submitting panels will begin receiving eNotifications with prior notice when the functionality is ready.
 - **Consults** – Check if provider receives consult requests and creates consult letter and wishes them to display in Netcare. Must supply specialty in specialty column. Refer to Appendix A: Finding the Facility ID and Specialty/Skill Code in the EMR.

PART D – CLINIC GOVERNANCE STRUCTURE – Check box to indicate the type of governance structure the clinic falls under. Check 'yes' if clinic has a duly authorized custodian representative who may sign the CII/CPAR Endorsement letter on behalf of other custodians at the facility. This authorization does not revoke the other custodians' duties and powers under the *Health Information Act*. Check 'No' if there is no custodian representative.

If there is no custodian representative each participating provider must sign a CII/CPAR PIA Endorsement Letter.

PART E – PROVIDER AWARENESS AND AGREEMENT – Site liaison or custodian representative to provide an initial in the box to indicate participating providers' awareness and agreement.

PART F – TRAINING CONFIRMATION FOR ALL PROVIDERS – Site liaison or custodian representative to provide an initial in the box to confirm participating providers' training.

Appendix A: Finding the Facility ID and Specialty/Skill Code in the EMR

Each EMR stores the facility ID (6-digit number) and the skill code/specialty code for each provider for billing purposes. The same code is use for CII/CPAR. Examples on where to find it in each EMR:

Microquest Healthquest

A provider's skill code is on their doctor card. The facility ID is visible in mulitple areas including the new practitioner wizard and in billing.

Client Entry / Editing - IN: 27-Oct-2020-(DN) Last At:Last At:Last At:Last At:Last At:La

Low, Steven
Chart No.: 9000020

New Save Undo Search Close
dr2dr Netcare Labs Worklists

Name/Addr Billing Employee Doctor Notes Relations Referrals Forms

Prev 1 of 2 Next
Company: Low, Steven RCMP No.:
Doc Uq No: 41 Doc Order: DND No.:
Vers: 10 Start Date: 01-JAN-1990 Lab Phys Code: LOWS
Ba Number: 4761120 End Date: 04-SEP-2001 Lab Loc Code:
Locum BA: Facility: 493010 EPIC Provider ID:
Name: LOW1 Func Center: CC Submitter ID:
Skill: GP Skill 2: CC Department ID:
Discipline: Medical Site #: Coaldale WCB Billing No: G2909452
Pay To: AH Loc Code: WCB Role: GP
CPAR Panel #: 14267 CII Export: GP WCB Contract ID: 000001 - WCB General
Default Appointment: Name (for statements): Dr. Steven Low
 Client Billing based on Appt Type Use Appointments License # (for statements):
 Alternate Payment Plan (ignores all underpayments) Walk-in Accept Online Bookings until 00/00/0000

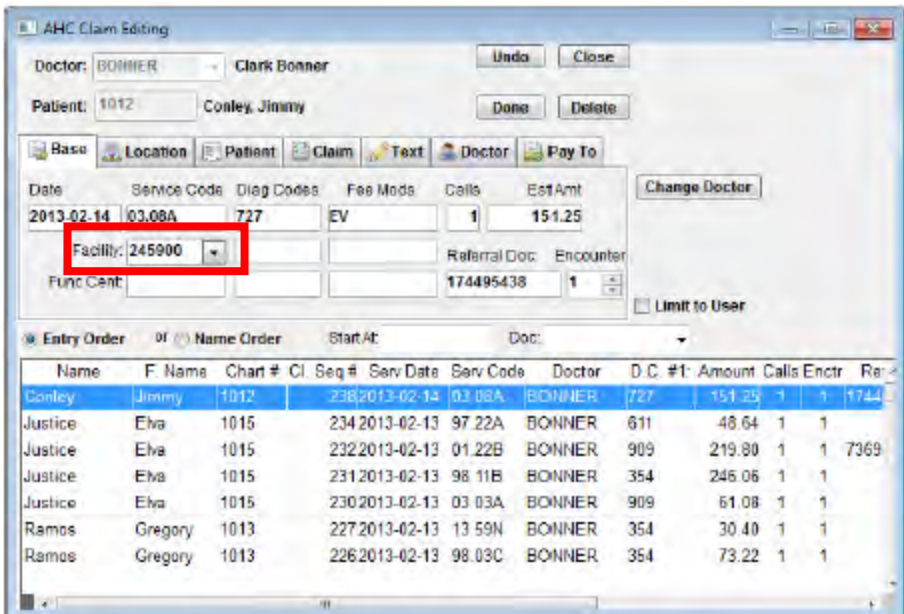
Position Pick Employees

Appt Colors
Red: 0
Green: 255
Blue: 255
Random Color
Visibility Test
Columns: 3

Acct Summary Scans AHC History Statement Letters Appointments Labels Clipboard History

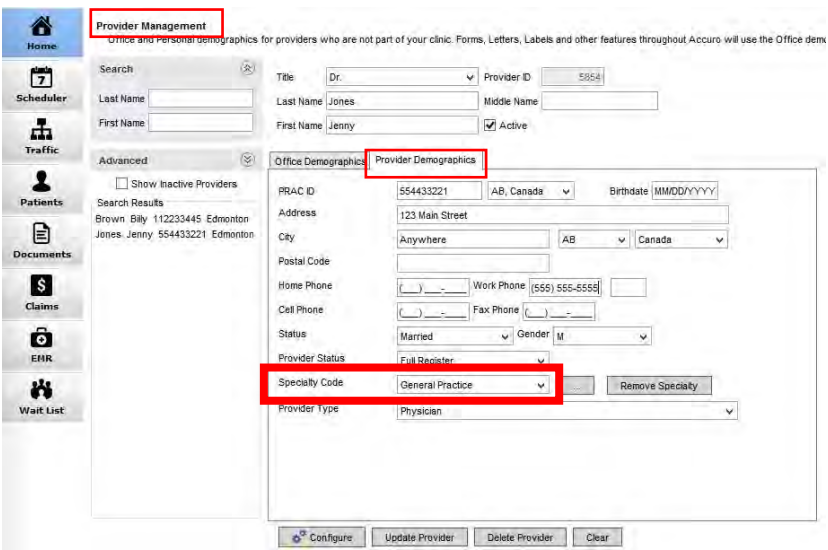
New Practitioner Wizard

Doc Uq No: 139 Skill 2:
Vers: 10 Doc Order: RCMP No.:
Ba Number: 5289998 Start Date: 31/07/2014 DND No.:
Locum BA: End Date: 00/00/0000 Palm Username:
Ref Name: TESTDOC Facility: 940610 Lab Phys Code:
Skill: GP Func Center: AIER Lab Loc Code:
Discipline: Medical Site #: All Sites WCB Billing No:
Pay To: BAPY Use Appointments WCB Role:
Default Appointment: Name (for statements):
 Alternate Payment Plan (ignores all underpayments) Client Billing based on Appt Type Online Booking
License # (for statements):

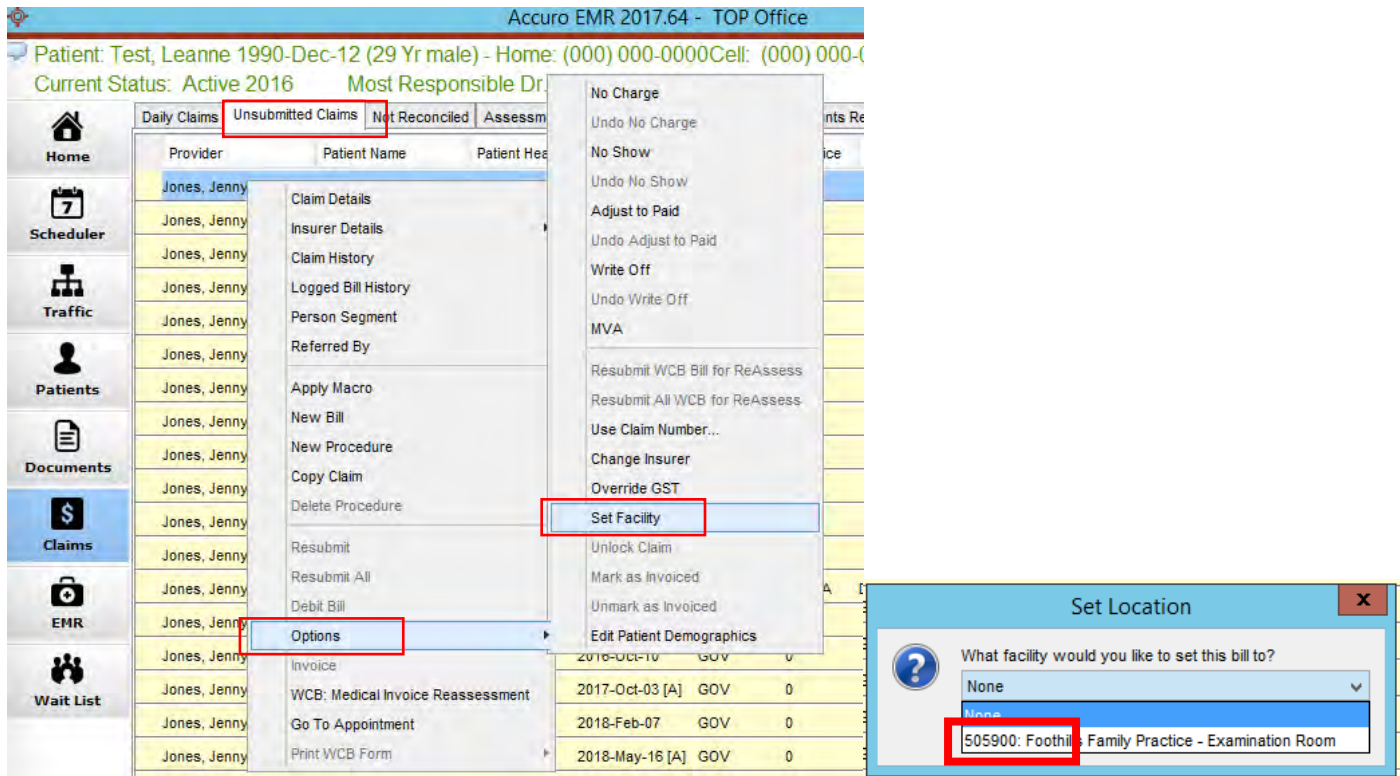


QHR Accuro

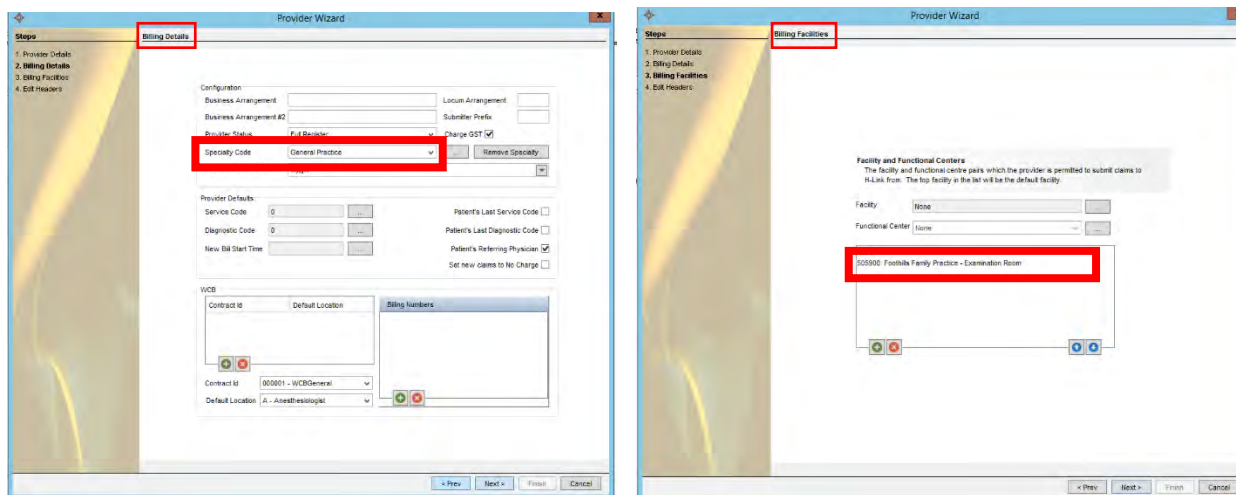
Specialty code is visible in Provider Management.



Facility ID is available in the billing module. One place may it be viewed is in Claims > Daily Claims or Unsubmitted Claims > Options > Set Location (here you will see the locations or facilities available).



A team member with access to the Provider Wizard, will have access to the specialty/skill code and the facility ID.



The provider's skill code is visible in a Bill window:

Billing Test T1001 47 years (403) 215-2151

Demog New Summary Template Print Pay All Menu

Bill

Billing Provider* **Skill** Referring Provider
Test, Provider General Practice

Business Arrangement # Facility* Functional Centre* Location
7696960 - Provider Test Test Facility

Health Service 1 Code Calls (qty) Date* Insurer
13 Apr 2017 AD 280248007

The clinic's Facility Number is recorded in the Facility record in the Providers or Facilities section of the EMR:

Search Providers or Facilities

Facility Name: Facility Type: All Province: AB Specialty: Search

Provider Status: Active

Name	Specialties	Address	City	Province	Phone	Fax	Facility #
Test Facility				AB			012345

UCMC Sunridge - OFF
South Health Campus
Sunridge Fam Med Te
T Lange Land Ziekent
100 Avenue Medical C
100 Mile District Hospi
109 St Physical Therap
111th Avenue Dental C
12 West Medical Clinic
120 St Family Medical
120 St Family Medical
121st General Hospi
124 Street Medical Gr
124 Street Medical Gr
124 Street Women's C
12th Avenue Dental Cl
17 Avenue Southeast
17 Avenue Southeast Med Centre

Update Facility

Name: Test Facility Type: Medical Sending Facility: Facility Number: 012345 Specialty: No Known Specialties Billable:

Address & Phone

Address: City: Province: Alberta Postal Code: Country: Canada Phone #: Fax #

Notes & Misc.

Notes: Schedule Color: Status: Active

Update Facility

TELUS PS Suite

Settings > Change Billing Doctor

The physician skill code and a facility ID are visible in the Bill Book

Bill Book for Doctor Five

Edit Find View Print One Special Billing Supercodes

Billing doctor: Doctor Five, 530151208 **Bill #:** 10011

Bill to: Alberta Health **Pay to code:** BAPY

Patient name/#: Golden, Kitty **Skill code:** General Practice [GP]

#13748 1970/05/06 Dr: Doctor Five **Facility:** TestClinic [1111]

AB 123654788 **Functional centre:** Examination Room [EXRM]

Referring doctor: **Location:**

Client: **Admission date:**

Contact:

Details / Diagnosis: [307] Bulemia

Services provided

TELUS Wolf

A physicians specialty was entered in Configuration > Physicians/Service Providers > Office Service Providers in the Qualifications area.

Physicians / Service Providers in Clinic

File View Options Reports

Office Service Provider: [Dropdown]

Name / Address | Other Data | Company / Bank | Locum/Work Coverage | Billing Skills | Security | PIN / EHR |

Skill Code: [Text Field] [Insert]

Description: [Text Field]

WCB Billing Number: [Text Field] [Save Skill]

WCB Contract: [Dropdown] [Delete Skill]

Current Skills

Skill Code	Description	WCB Billing ...	WCB Contr...	Inse

Calgary Health Region Provider Type: [Text Field]

The Skill Code and Facility Code are visible in Billing.

The screenshot shows a billing application window titled "Billing". The main area displays a table of services for "Friday 25 Sep 2015" performed by "Velcro, Johnny". The table has columns for Service Date, Time, Patient, Len, Invoice, FeeCd, Fee \$, ICD, Services, %, Bill \$, Bill Date, Paid \$, Paid Date, and Inv Pd \$. The services listed include tests for Alpha, Baby Daughter, Devon, Father, Mother J, Diane (Dee), New, Robin (Jiliny), Shaunda, Samantha (Cleopa), Russell (Fermin), and Son.

On the right-hand side, there is a panel with several sections. Two fields are highlighted with red boxes:

- Skill:** GP-General Practice WCB Cor
- *Facility/Sublocation:** scrambled-865910

Other visible fields in the right panel include: *BA #, *Bill To: Alberta Health Care, Service Fee, *Fee Code / Desc / Rate, *Services *Cat #, Billed \$, *Diagnostic Codes, *Explicit Fee Modifiers, *Referral, Search By (Name or U/L), and Set Billing Default To: Consultant (selected) and Family Practitioner.