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General description

Alberta Blue Cross administers the Compensation Plan for Pharmacy Services and pays participating Alberta pharmacies a set amount for providing eligible pharmacy services, as described in Ministerial Order 627/2019, to residents of Alberta that have valid Alberta Health Care Insurance Plan coverage.

Details

Eligibility requirements

- The patient must be a resident of Alberta.
- The patient’s identity must be confirmed using
  - a valid personal health number,
  - date of birth,
  - gender, and
  - surname and first name.
- Service must be provided by a clinical pharmacist registered with the Alberta College of Pharmacists (ACP).
- Service must be provided through an Alberta pharmacy.
- Residents are eligible for one initial Comprehensive Annual Care Plan (CACP) or Standard Medication Management Assessment (SMMA) per 365-day period plus subsequent follow-ups (regardless of the number of pharmacies providing services to the resident).
- Only one claim for any pharmacy service may be claimed per resident per day with the exception of
  - the assessment for the administration of injections, which is limited to two claims per resident per day, and
  - an assessment for the administration of a publicly funded vaccine.
Assessment criteria

Fees are paid only for assessments which lead to a prescription renewal as defined in Ministerial Order 627/2019 Sections 1 and 3(1).

Assessment for a prescription renewal

Criteria
Adapting an existing prescription by renewing a prescription to dispense a Schedule 1 drug or blood product to ensure continuity of care.

Eligible PINs
- 00000711111 (Patient assessment completed by a pharmacist without additional prescribing authority [APA]), or
- 00000811111 (Patient assessment completed by a pharmacist with APA).

Special service code
- F

Maximum fee paid for this service
- $20

Assessment for an adaptation of a prescription or alteration of an insulin order

Fees are paid only for the assessment which leads to the adaptation of a prescription or alteration of an insulin order as defined in Ministerial Order 627/2019 Sections 1 and 3(2).

Criteria
- The dosage or regimen for a prescribed Schedule 1 drug or insulin order has been altered.
- A prescribed Schedule 1 drug or insulin is substituted with a different drug which is expected to deliver a therapeutic effect similar to that of the prescribed drug or insulin.
- A prescribed Schedule 1 drug is discontinued if the prescribed drug confers little or no benefit and/or excessive risk of harm.
  Please note: Discontinuation of a prescribed drug is not the same as refusal to fill.

Eligible PINs
- 00000071111 (without APA), or
- 00000081111 (with APA).

Special service code
- H

Maximum fee paid for this service
- $20
Assessment for a prescribing at initial access or to prescribing to manage ongoing therapy

Fees are paid only for the assessment which leads to prescribing at initial access or to manage ongoing therapy as defined in Ministerial Order 627/2019 Sections 1 and 3(4).

Criteria
A Schedule 1 drug or blood product is prescribed when a clinical pharmacist with additional prescribing authority has assessed the patient and made a determination that the drug or blood product is appropriate through the clinical pharmacist’s own assessment of the patient.

Eligible PINs
• 000000811116 (with APA).

Special service code
• K

Maximum fee paid for this service
• $25

Assessment for an prescribing in an emergency

Fees are paid only for the assessment which leads to prescribing in an emergency as defined in Ministerial Order 627/2019 Sections 1 and 3(5).

Criteria
A Schedule 1 drug or blood product is prescribed when there is an immediate need for drug therapy and it is not reasonably possible for the patient to see another prescriber.

Eligible PINs
• 000000711111 (without APA), or
• 000000811111 (with APA).

Special service code
• I

Maximum fee paid for this service
• $20
Assessment for ensuring continuity of care in the event of a declaration of a state of emergency or declaration of a state of local emergency

Fees are paid only for the assessment which leads to a determination which results in an assessment for ensuring continuity of care in the event of a declaration of a state of emergency or declaration of a state of local emergency as defined in Ministerial Order 627/2019 Sections 1 and 3(6).

Criteria
- Renews an existing prescription to dispense a Schedule 1 drug or blood product to ensure continuity of care due to displacement of the patient by the declaration of a state of emergency or declaration of a state of local emergency.
- An assessment performed by a clinical pharmacist that leads to a determination which results in ensuring continuity of care.

Eligible PINs
- 00000071119 (without APA), or
- 00000081119 (with APA).

Special service code
- 1

Maximum fee paid for this service
- $20

Assessment for refusal to fill a prescription

Fees are paid only for the assessment which leads to a determination which results in a refusal to fill a prescription as defined in Ministerial Order 627/2019 Sections 1 and 3(7).

The refusal to fill is based on
- potential overuse/abuse, or
- a falsified or altered prescription.

**Please note:** Discontinuation of a prescribed drug is not the same as refusal to fill.

Eligible PINs
- 00000071111 (without APA), or
- 00000081111 (with APA).

Special service code
- 1

Maximum fee paid for this service
- $20
Assessment for a trial prescription

Fees are paid only for the follow-up assessment of the patient’s response and tolerance to the trial quantity as defined in Ministerial Order 627/2019 Sections 1 and 3(8).

**Eligible PINs**
- 000000711111 (without APA), or
- 000000811111 (with APA).

**Codes to be used on initial assessment for trial prescription**
- Special service code H.
- Intervention code MT: Trial Rx Program.

**Codes to be used on follow-up assessment for trial prescription**
- Special service code M.
- Intervention code
  - VN: trial not tolerated, patient advised medical doctor, or
  - VQ: trial OK, no side effects/concerns.
- **Please note:** If the outcome of the trial prescription results in a subsequent claim for the drug, the dispensing fee on the drug claim should be billed as $0.

**Maximum fee paid for this service**
- $20
- **Please note:** The initial assessment should be billed with a service fee of $0. The follow-up assessment may be billed with a maximum service fee of $20.

Assessment for the administration of a product by injection

Fees are paid only for the assessment which leads to the administration of a product by injection as defined in Ministerial Order 627/2019 Sections 1 and 3(3).

**Criteria**
- The patient is five years of age or older.
- The product is an eligible product listed as an injection on the
  - Alberta Drug Benefit List,
  - Alberta Human Services Drug Benefit Supplement, or
  - Palliative Coverage Drug Benefit Supplement.

The pharmacist administering the injection must be authorized by the Alberta College of Pharmacists for authorization to administer injections.

**Eligible PINs**
- 000000711111 (without APA), or
- 000000811111 (with APA).

**Special service code**
- J

**Maximum fee paid for this service**
- $20
- **Please note:** Maximum number of fees of two per patient per day.
Comprehensive Annual Care Plan (CACP) criteria

Fees are paid only for the preparation and documentation of the required elements defined in Ministerial Order 627/2019 Sections 1, 4 and Schedule 1.

CACP criteria

- The patient must have complex needs including a diagnosis of two or more of the following chronic diseases:
  - hypertensive disease;
  - diabetes mellitus;
  - COPD;
  - asthma;
  - heart failure;
  - ischemic heart disease
  - mental disorders; or

- The patient has one of the above chronic diseases and one or more of the following risk factors:
  - obesity (as per Ministerial Order 627/2019, “obesity” means diagnosis code 278: BMI of 30 or more);
  - addictions; or
  - tobacco.

Initial CACP assessment criteria

Claims must be submitted
- with the service date as the date on which the patient signed the CACP consent form; and
- within 14 days of the service date.

Eligible PINs
- 00000071 1 14 (without APA), or
- 00000081 1 14 (with APA).

Special service code
- L

Maximum fee paid for this service
- $100

Maximum number of fees
- One fee per patient per 365 days.
Follow-up CACP criteria

- Must have clinical significance to the patient. Rationale for follow-up must be documented and followings the instructions set out in the CACP regarding a follow-up CACP assessment.
- Initial CACP must be on file in order to submit a claim for a follow-up.
- The CACP must be updated for each follow-up CACP assessment. An update to the CACP is required if substantiated by a referral from a physician, a hospital admission or discharge within 14 calendar days or a pharmacist documented decision.

Eligible PINs

- 00000071115 (without APA), or
- 00000081115 (with APA).

Special service code

- M

Maximum fees paid for this service

- $20

Maximum number of fees

- Up to 12 follow-up fees per patient per 365 days.
Standard Medication Management Assessment (SMMA) criteria

Fees are only paid for the preparation and documentation of the required elements defined in Ministerial Order 627/2019 Sections 1, 5 and Schedule 2.

SMMA criteria

- The patient has one of the chronic disease diagnoses (listed below) and is currently taking three or more of any Schedule 1 drugs.
- The patient has diabetes mellitus and is taking at least one schedule 1 drug or insulin (SMMA Diabetes).
- The patient uses a tobacco product daily and is willing to receive tobacco cessation services at this time (SMMA Tobacco Cessation Services).
  - Tobacco cessation services must include pharmacotherapy.
- An update to the SMMA is required if substantiated by a referral from a physician, a hospital admission or discharge within 14 calendar days or a pharmacist documented decision.

Chronic diseases include

- hypertensive disease,
- diabetes mellitus,
- COPD,
- asthma,
- heart failure,
- ischemic heart disease, and
- mental disorders.
Initial SMMA criteria

Claims must be submitted
- with the service date as the date on which the patient signed the SMMA consent form; and
- within 14 days of the service date.

Eligible PINs

<table>
<thead>
<tr>
<th></th>
<th>Without APA</th>
<th>With APA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMMA</td>
<td>0000071112</td>
<td>0000081112</td>
</tr>
<tr>
<td>SMMA Diabetes</td>
<td>0000071117</td>
<td>0000081117</td>
</tr>
<tr>
<td>SMMA Tobacco Cessation Services</td>
<td>0000071118</td>
<td>0000081118</td>
</tr>
</tbody>
</table>

Special services code
- L

Maximum fees paid for this service
- $60

Maximum number of fees
- One fee per patient per 365 days for the SMMA or SMMA Diabetes.
- One fee per patient per 365 days for the SMMA Tobacco Cessation Services.

Follow-up SMMA criteria

- Follow-ups must have clinical significance to the patient. Rationale for follow-up must be documented and follows the instructions set out in the SMMA regarding a follow-up SMMA.
- The SMMA must be updated for each follow-up SMMA. Initial SMMA must be on file before submitting a claim for a follow-up.
- An update to the SMMA is required if substantiated by a referral from a physician, a hospital admission or discharge within 14 calendar days or a pharmacist documented decision.

Eligible PINs

<table>
<thead>
<tr>
<th></th>
<th>Without APA</th>
<th>With APA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMMA</td>
<td>0000071113</td>
<td>0000081113</td>
</tr>
<tr>
<td>SMMA Diabetes</td>
<td>0000071117</td>
<td>0000081117</td>
</tr>
<tr>
<td>SMMA Tobacco Cessation Services</td>
<td>0000071118</td>
<td>0000081118</td>
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</table>

Special services code
- M

Maximum fees paid for this service
- $20

Maximum number of fees
- Up to 12 follow-up fees per patient per 365 days for the SMMA or SMMA Diabetes.
- Up to four follow-up fees per patient per 365 days for SMMA Tobacco Cessation Services.
Assessment for the administration of a publicly funded vaccine

Fees are paid only for the assessment that results in the administration of a publicly funded vaccine as defined in Ministerial Order 627/2019 Sections 1, 3(9) and Schedule 7.

For the purpose of this compensation plan, the list of publicly funded vaccines as determined by the Alberta Health Immunization Program is as follows:

(a) Influenza.
(b) Pneumococcal.
(c) Diphtheria, tetanus, acellular pertussis.

Criteria
Patients are eligible for the publicly funded vaccine assessment if the following criteria of Alberta Health's Immunization Program (set out in the Influenza Immunization Policy) are met:

• Immunization services must be provided by pharmacists in approved locations and situations.
• Pharmacist immunization services **must not** be provided in a workplace and intended for employees of that workplace.
• The pharmacist completing the assessment must be authorized by the Alberta College of Pharmacists for the authorization to administer injections.
• The patient must be five years of age or older.

Eligible PINs

<table>
<thead>
<tr>
<th>Description</th>
<th>PIN</th>
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<tbody>
<tr>
<td>Influenza—pregnant women</td>
<td>5666646</td>
</tr>
<tr>
<td>Influenza—greater than or equal to 65 years of age</td>
<td>5666602</td>
</tr>
<tr>
<td>Influenza—five years to 64 years of age with an eligible chronic condition</td>
<td>5666606</td>
</tr>
<tr>
<td>including the following:</td>
<td></td>
</tr>
<tr>
<td>• cardiac or pulmonary disorders;</td>
<td></td>
</tr>
<tr>
<td>• neurologic or neurodevelopment conditions;</td>
<td></td>
</tr>
<tr>
<td>• diabetes mellitus and other metabolic diseases;</td>
<td></td>
</tr>
<tr>
<td>• cancer, immune compromising conditions (due to underlying disease, therapy,</td>
<td></td>
</tr>
<tr>
<td>or both);</td>
<td></td>
</tr>
<tr>
<td>• renal disease;</td>
<td></td>
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<tr>
<td>• anemia or hemoglobinopathy;</td>
<td></td>
</tr>
<tr>
<td>• morbid obesity (body mass index [BMI] of 40 and over); and</td>
<td></td>
</tr>
<tr>
<td>• children six months to 18 years of age undergoing treatment for long</td>
<td></td>
</tr>
<tr>
<td>periods with acetylsalicylic acid.</td>
<td></td>
</tr>
<tr>
<td>And/or belong to a high-risk population, such as individuals who are</td>
<td></td>
</tr>
<tr>
<td>Indigenous, homeless or otherwise marginalized.</td>
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*continued next page*
Eligible PINs continued

<table>
<thead>
<tr>
<th>Description</th>
<th>PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza—household or close contacts of individuals in the above three categories</td>
<td>5666604</td>
</tr>
<tr>
<td>Influenza—five years to 64 years of age (routine) with no individual risk or not a household contact of an individual in a high-risk population</td>
<td>5666605</td>
</tr>
<tr>
<td>Diphtheria-tetanus-acellular pertussis combined vaccine (dTap—pregnant women)</td>
<td>5666670</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide 23-valent vaccine (Pneumo-P 23)</td>
<td>5666671</td>
</tr>
</tbody>
</table>

Maximum fee paid for this service

- $13

(Refer to the most recent Pharmacy Benefact released approximately one month prior to the start of the Influenza Immunization Program for program specifics)
Claiming information

The following information will assist you in submitting your claims successfully:

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<tr>
<th>Pharmacy management system field</th>
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<tbody>
<tr>
<td>Group #</td>
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<tr>
<td>Section</td>
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<tr>
<td>Client ID #</td>
<td>Patient Personal Health Number (PHN)</td>
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<tr>
<td>Patient name</td>
<td>Full last and first name</td>
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<tr>
<td>Patient date of birth</td>
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<tr>
<td>Relationship code</td>
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</tr>
<tr>
<td>Carrier code</td>
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<tr>
<td>Quantity</td>
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</tr>
<tr>
<td>Pharmacist ID # (does not require zero fill)</td>
<td>Pharmacist registration # of the pharmacist providing the service</td>
</tr>
<tr>
<td>Prescriber ID code (does not require zero fill)</td>
<td>Pharmacist registration # of the pharmacist who prescribed</td>
</tr>
<tr>
<td>Prescriber Reference ID code</td>
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<td>Fee</td>
<td>Appropriate service fee in the Dispensing Fee field</td>
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Initial assessments

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<tr>
<th>Service</th>
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<tbody>
<tr>
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Follow-up assessments

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<tbody>
<tr>
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<td>SMMA Tobacco Cessation Services</td>
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Assessments

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<td>Adaptation of a prescription or alteration of an insulin order</td>
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<td>Prescribing in an emergency</td>
<td>I 00000071111</td>
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<td>Refusal to fill</td>
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Assessment for prescribing at initial access or prescribing to manage ongoing therapy

<table>
<thead>
<tr>
<th>Special service code</th>
<th>PIN APA</th>
<th>Fee APA</th>
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<tbody>
<tr>
<td>Prescribing at initial access or prescribing to manage ongoing therapy</td>
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</table>
### Assessment for ensuring continuity of care in the event of a declaration of a state of emergency or declaration of a state of local emergency

<table>
<thead>
<tr>
<th>Special service code</th>
<th>PIN non-APA</th>
<th>PIN APA</th>
<th>Fee</th>
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<tbody>
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### Assessment for trial prescription

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<thead>
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<th>Intervention code</th>
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<tbody>
<tr>
<td>Trial prescription initial</td>
<td>H = adapt Rx to current need</td>
<td>MT = Trial Rx</td>
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<tr>
<td>Trial prescription follow-up</td>
<td>M = follow-up assessment of patient’s needs</td>
<td>VN = trial not tolerated, patient advised OR VQ = trial OK, no side effects or concerns</td>
<td>00000071111</td>
<td>00000081111</td>
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</table>

**Please note:** if the outcome of the trial prescription results in a subsequent claim for the drug, the dispensing fee on the drug claim should be billed as $0.
Assessment for the administration of a product by injection

<table>
<thead>
<tr>
<th>Administration of a product by injection</th>
<th>Special service code</th>
<th>PIN non-APA</th>
<th>PIN APA</th>
<th>Fee</th>
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<tbody>
<tr>
<td>J</td>
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<td>00000081111</td>
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Assessment for administering a publicly funded vaccine

<table>
<thead>
<tr>
<th>Immunization</th>
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<tbody>
<tr>
<td>Influenza—pregnant women</td>
<td>5666646</td>
<td></td>
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<tr>
<td>Influenza—five years to 64 years of age with an eligible chronic condition including the following:</td>
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<td>$13</td>
</tr>
<tr>
<td>• cardiac or pulmonary disorders;</td>
<td></td>
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<tr>
<td>• neurologic or neurodevelopment conditions;</td>
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<td>• children six months to 18 years of age undergoing treatment for long periods with acetylsalicylic acid.</td>
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<td>And/or belong to a high-risk population, such as individuals who are Indigenous, homeless or otherwise marginalized.</td>
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## Tips on service claim rejections

<table>
<thead>
<tr>
<th>Response code</th>
<th>CPhA description</th>
<th>Tip consideration</th>
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<tbody>
<tr>
<td>34</td>
<td>Patient date of birth error</td>
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</tr>
<tr>
<td>37</td>
<td>First name error</td>
<td>Incorrect / invalid field entry; spelling</td>
</tr>
<tr>
<td>38</td>
<td>Last name error</td>
<td>Incorrect / invalid field entry; spelling</td>
</tr>
<tr>
<td>40</td>
<td>Gender error</td>
<td>Must be M or F</td>
</tr>
<tr>
<td>72</td>
<td>Special services fee error</td>
<td>Must have the correct dollar value for service provided – do not leave blank</td>
</tr>
<tr>
<td>C5</td>
<td>Plan maximum exceeded</td>
<td>All PINs are limited to one per patient per transaction date</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial assessments (SSC=L) are limited to one per patient service 365-day periods</td>
</tr>
<tr>
<td>D1</td>
<td>DIN/PIN/GP #/SSC not a benefit</td>
<td>Provide valid PIN / SSC combination used</td>
</tr>
<tr>
<td>D3</td>
<td>Prescriber is not authorized</td>
<td>Provide appropriate (APA / non-APA) PIN; must correspond with (APA / non-APA) pharmacist</td>
</tr>
<tr>
<td>DP</td>
<td>Quantity exceeds maximum per claim</td>
<td>Claim quantity must be one</td>
</tr>
<tr>
<td>FH</td>
<td>Exceeds maximum special service fee allowed</td>
<td>The fee entered should not be greater than the fee permitted for the PIN</td>
</tr>
<tr>
<td>NJ</td>
<td>Request is inconsistent with other service</td>
<td>Claiming a SMMA activity during a CACP period or claiming a CACP activity during an SMMA period</td>
</tr>
<tr>
<td>QL</td>
<td>Patient consultation suggested</td>
<td>Service claim for a follow-up where there is no initial assessment on record.</td>
</tr>
<tr>
<td>UK</td>
<td>Pharmacist is not authorized</td>
<td>Pharmacist not authorized for the administration of a product by injection</td>
</tr>
</tbody>
</table>
Resources

https://www.ab.bluecross.ca/providers/pharmacy-home.php

Questions

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Provider Relations Call Centre representative.

Toll Free: 1-800-361-9632
Edmonton and area: 780-498-8370
Calgary and area: 403-294-4041