

The Client Directed Home Care Invoicing (CDHCI) program: available across Alberta

Alberta Blue Cross is pleased to announce that as of **April 9, 2024**, we will expand online, direct billing and real-time claim submission capabilities for Alberta home care providers to additional communities throughout North, Central and Southern Alberta. For resources, please visit [Home Care providers](#) | [Health providers](#) | [Alberta Blue Cross](#)®.

Highlights of the CDHCI program include the following:

- The CDHCI program increases the options available to clients to receive home care support services, giving them input into how their care is delivered. However, the CDHCI program does not increase the client's eligibility for hours of care beyond what is available in other streams.
- Clients, family, friends or health professionals can contact 811 to be connected to a home care office for further information regarding the CDHCI program.
- Alberta Health Services (AHS) case managers will provide comprehensive client assessments and care planning to determine the support services and hours of care eligible to each client.
- Approved clients can choose their provider based on their eligible support services. The list of current providers is publicly available at ab.bluecross.ca/resources/government-programs/client-directed-home-care.php.
- The CDHCI provider agency will provide the services that have been arranged by the client and direct bill Alberta Blue

Cross for reimbursement for care provided. The provider must accurately indicate the number of service hours provided to the client per service type (the field allows for up to 2 decimal places). Claims will be reimbursed up to the client's authorized monthly hours at the current hourly rate of \$32.95 including on weekends and statutory holidays.

Details for successful claim submission can be found in our [user guide](#) or by watching our [video tutorial](#). Once a claim is successfully submitted, the claim statement is viewable. Using the *Download a PDF Copy* button, you can print or save a copy of the statement.

NOTE: you must ensure a copy of each claim statement is provided to the client so they have a record of the services billed.

In addition to providing details about the claim, the statement also includes a document number in the upper right-hand corner that can be provided to our call centres if there are any questions about the claim.

- For provider inquires, call 1-800-588-1195 to speak with a provider relations contact centre representative.
- For member inquires, please direct the member to call 1-800-661-6995 to speak with a customer service representative.

For assistance with home care inquiries, please contact the provider relations contact centre at

Healthinq@ab.bluecross.ca

780-498-8083 (Edmonton and area)

1-800-588-1195

Fax: 780-498-3544

Find more information for home care providers at ab.bluecross.ca.



Client Directed Home Care Invoicing (CDHCI) program questions and answers

Can multiple login IDs be assigned to 1 location?

No, each location will be assigned 1 login ID and password to access the Online Health Portal. Should further locations within the organization be added in future, each will receive its own credentials.

When will we receive our login IDs and passwords?

Once your registration is complete, you will receive 2 emails from Alberta Blue Cross: 1 detailing your login ID and another confirming your temporary password.

What are the maximum amounts per day/week/month?

Each client will be assigned a maximum number of monthly hours by their AHS case manager. The member will be provided written confirmation of those amounts so they can be shared with the provider. Should the member have any questions about their assigned hours, they can contact either their AHS case manager or Alberta Blue Cross Customer Services at **780-498-8000**.

What is the hourly reimbursement rate?

The current program reimbursement rate is set to \$32.95.

How does the service provider know the number of hours assigned to the number?

The member is provided with written confirmation of the number of hours assigned so they can share it with the provider.

If the client exceeds their approved number of hours, do we bill the difference to the client?

Yes, if the member chooses to access services beyond what has been approved, they will be responsible for the charges in full.

What is the allowable submission period for these claims?

Providers have 60 days to submit their claims.

Do I have to enter every service on each date of service, or can I lump together services for a week or month in a single claim line?

Each service for each date will need to be entered on its own claim line. Each submission can have a maximum of 10 claim lines. This ensures that all appropriate information is captured on our system to allow for automated adjudication to plan specifications.

Do we have to enter the codes the same as AHS has indicated to the member? Will it be an issue if we enter personal care when they have been approved for respite?

Each provider is responsible for entering their claims in a truthful manner according to their invoice. This includes the hourly billing rate chosen by the provider and the itemized services rendered.

Is there the option of submitting a csv file from our home care software rather than entering claim lines in the Online Health Portal?

No, to allow access to real-time claims adjudication, each claim will need to be entered into the Alberta Blue Cross Online Health Portal.

Once submitted, how long will it be until the reimbursement is deposited in my account?

We send out Electronic Funds Payments daily. Depending on the speed of your bank, you should see those funds in your account in 1 to 2 business days.

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Is there an option to enter an invoice number?

No, there is no option to enter invoice numbers. The provider reporting functionality does show all the relevant claim details so you can perform your reconciliation. There is also the option to export those reports as a csv if that is useful to your organization.

What role does Alberta Blue Cross play regarding compliance verification review?

Alberta Blue Cross does perform post-claim verification on this program, as per the conditions outlined in the Alberta Blue Cross Provider Agreement. This means that from time to time, supporting information may be requested from your office to validate claim submissions.

Is the system accessible outside Canada?

As this program deals with member information for an Alberta Health plan, it should not be accessed outside the province. If your organization is international, all activities relating to this program will need to occur in Alberta offices and no data should be stored on systems outside the province.

Do you offer individual online sessions where we can share our screen and go with you through submitting a claim?

The Alberta Blue Cross [provider website](#) contains a full [user guide](#) (with screenshots) and a [video tutorial](#).

We recommend your staff refer to these documents first, but if they have any questions or concerns on their first few claims, please do not hesitate to contact our Provider Relations Contact Centre at **1-800-588-1195**. Any of our coordinators would be happy to lead them through the process.

