

Client Directed Home Care Invoicing (CDHCI) program update: New Policy

The CDHCI program has received feedback from providers and clients requesting clarification on what agency retains the authority to assess client care needs and authorize the quantity of publicly funded care hours for each client's care plan.

In accordance with the Continuing Care Health Service Standards, Alberta Health Services (AHS) case managers determine an individual's unmet health care needs by using a standardized assessment instrument and determine the associated hours of publicly funded care authorized for each client. Given that many providers perform a similar assessment to that of AHS to inform discussions with clients about the services they can offer, the following policy is being implemented to clarify roles and prevent confusion.

The policy states that, **"Home care providers are not to be present during the scheduled AHS assessment appointment."** This CDHCI program policy is in effect as of the date of this communication.

Should a program client wish to purchase more hours directly from a care provider beyond the publicly funded hours authorized by AHS, clients continue to have the authority to make those arrangements and negotiate directly with the provider at any time.

If you have any questions regarding this policy or any general provider inquiries, please call 1-800-588-1195 to speak with a provider relations contact center representative.

For client inquiries, please direct the client to call 1-800-661-6995 to speak with a customer services representative.

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Provider Services contact centre representative at: 780-498-8083 (Edmonton and area) • 1-800-588-1195 (toll free) • healthinq@ab.bluecross.ca

Support is available Monday to Friday from 8 a.m. to 4:30 p.m.



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 \$33.61.

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.

continued next page

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.

