Alberta Health Services

PROCEDURE

TITLE
INVOICES FOR WORK RELATED INJURY VISITS BILLED TO WORKERS' COMPENSATION BOARD

SCOPE
Provincial

DOCUMENT #
1171-01

APPROVAL AUTHORITY
Corporate Services & Human Resources Executive Committee

INITIAL EFFECTIVE DATE
April 3, 2017

SPONSOR
Finance

REVISION EFFECTIVE DATE
Not applicable

PARENT DOCUMENT TITLE, TYPE AND NUMBER
Registration, Invoicing, and Inquiries for Workers' Compensation Board Incidents Policy

SCHEDULED REVIEW DATE
April 3, 2020

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To ensure required information is submitted to the Workers' Compensation Board (WCB) to support revenue recovery for Alberta Health Services (AHS).
- To align with the AHS *Registration, Invoicing, and Inquiries for Workers' Compensation Board Incidents* Policy.
- To promote a standardized provincial practice within AHS for processing **invoices** generated by Finance (Billing, Cash and Collections), for facility fees related to a work related injury.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

1.1 **Health record holders or designate** shall perform the tasks as outlined in this procedure, unless otherwise directed.

1.2 When written requests from WCB are received for health information related to adjudication of a patient's WCB claim, a review shall be undertaken to determine if a Finance (Billing, Cash and Collections) invoice has been generated for the visit. If a previous invoice has not been generated, the health record holder (or

designate) shall advise Finance (Billing, Cash and Collections) who shall generate an invoice in the next invoice generation cycle for processing.

For systems which have the capability to print invoices immediately or on demand this should be done as soon as possible.

1.3 **Supporting clinical documentation** can be obtained from the paper record, the electronic medical record system or the **shared electronic medical record (EMR) system**.

1.4 The health record holder (or designate) shall attach all relevant supporting clinical documentation to the invoices.

1.5 Invoices requiring supporting clinical documentation stored in the shared EMR system shall be redirected to the EMR custodian who contributed the information. The Provincial Services - Access & Disclosure staff shall be responsible for this task.

1.6 Invoices related to **health records** not managed by Health Information Management (HIM) shall be processed by the health record holder (or designate). HIM may provide a consultation and education role to the non-HIM departments to facilitate the revenue reimbursement process.

1.7 Corrections to clinical documentation shall be facilitated by the health record holder (or designate) as part of the record management role to ensure content of the health record is accurate and complete.

1.8 Sending invoices to the health record holder (or designate), or returning any invoices to Finance (Billing, Cash and Collections) may be facilitated through email or internal AHS mail. If email distribution is used, processes must align with the AHS *Transmission of Information by Facsimile* or *Electronic Mail* Policy.

2. Registration and Invoicing of a Work-Related Injury Visit

2.1 At the point of registration, Registration staff shall ensure that accuracy of insurer information is captured by asking the patient if the injury is work related.

2.2 If the visit is related to a work injury, WCB shall be selected as the insurer and the employer name and address, date of accident, occupation, claim number, body part and injury type data fields shall be completed specific to the site Admission Discharge Transfer (ADT) system functionality.

2.3 Verification and confirmation of WCB status shall be performed for all subsequent or follow-up visits to ensure accuracy of insurer information during the registration process.

3. Preparation of Emergency Department (ED) and Outpatient (OP) Records

3.1 On receipt of paper based ED and OP records, the health record holder (or designate) shall prepare copies of the required documents in preparation for receipt of the claim invoices for supporting documentation and onward submission to WCB.

3.2 Staff shall:

a) note the 'insurer' information on the record to determine if WCB has been selected as the insurer;

(i) If the insurer is WCB, staff shall scan the clinical documentation to determine if a CT scan or MRI was completed.

(ii) If the insurer is not WCB, refer to Section 14 of this procedure – Exceptions.

b) copy the **face sheet**, the related diagnostic imaging test results, including x-rays, ultrasounds, CT scan or MRI report and any other supporting documentation to support the treatment provided in relation to the work related injury; and

(i) If documents have been scanned into an electronic system, the health record holder (or designate) shall access and print the required documents for ED visits.

(ii) For OP visits:

- if the EMR system does not fall under the Information Sharing Framework, the health record holder (or designate) shall access and print the required documents.
- if the EMR system falls under the Information Sharing Framework, the shared EMR custodian or their affiliate shall access and print the required documents.

(iii) Refer to Appendix A of this procedure for additional information regarding supporting clinical documentation for ED visits.

c) staple reports together and place the copies in the designated holding area in the site established order to facilitate ease of matching up with the invoices.

4. Generation of Invoices

4.1 Invoices are generated based on the insurer information captured during registration of the patient.

4.2 Once all registration information is believed to be complete and accurate in accordance with Section 4 of the AHS *Registration, Invoicing, and Inquiries for Workers' Compensation Board Incidents* Policy, invoices shall be generated by Finance (Billing, Cash and Collections) within 10 business days. The invoices are to be provided to the health record holder (or designate) within three (3) business days after generating the invoices, in accordance with the following:

a) Inpatients – within 10 business days from date of discharge (except where this is agreed by Finance (Billing, Cash and Collections) and Registration to be impractical; for example Zones where confirmation of billable Intensive Care Unit (ICU) days causes delays);

b) Outpatient Clinics (excluding Occupational and Physical Therapies) – within 10 business days from date of service;

c) Occupational and Physical Therapies – within 10 business days from receipt of monthly reporting. For visits that take place at the Community Accessible Rehab (CAR) Clinic and the Foothill Medical Centre's Multidisciplinary Burn clinic, AHS mails invoices and supporting medical documents separately to WCB. The clinics shall mail the supporting documents directly to WCB, as appropriate; and

d) Finance (Billing, Cash and Collections) shall mail the invoices to WCB approximately two weeks after the date of service.

4.3 Invoices shall be delivered to the health record holder (or designate) using a variety of delivery systems to factor in system and departmental limitations.

a) Invoices printed in Finance (Billing, Cash and Collections) and then distributed to the health record holder (or designate) shall be sorted by site, and where possible by visit type and patient last name.

b) Invoices that are distributed by internal AHS mail shall be placed in a sealed envelope marked 'confidential', addressed to the health record owner – 'WCB Invoices' and include the site name. The sender shall include a return address and contact information.

c) Invoices that are saved to a shared drive or other electronic repository shall restrict access to those who have a role in the processing of the invoices.

d) Depending on each billing system, the invoices may include charges for multiple visits or multiple invoices and may be generated for the same patient with different visit types. AHS may charge for both visits if the outpatient visit occurred before admission or after discharge as an inpatient, as per the Alberta Health *Hospital Reciprocal Claims Guide*.

5. Intake and Processing of Invoice

5.1 The health record holder (or designate) shall enter invoice requests into the designated disclosure tracking log and shall ensure required data elements are captured on intake, processing and closing of the request. Refer to Section 8 of this procedure – Tracking and Notification of the Disclosure for additional information.

5.2 If the invoice relates to records not managed by HIM, the invoice shall be returned to Finance (Billing, Cash and Collections) within two (2) business days of receipt of the invoice into HIM.

a) HIM staff shall write the following note on the invoice:

"Records are not managed by HIM. Records are managed by <*insert clinic name and contact information*>."

b) Print and sign name; date the note.

5.3 The health record holder (or designate) shall update the disclosure tracking log for the invoices that are returned to Finance (Billing, Cash and Collections) and to be redirected to the non-HIM area for processing. Refer to Section 9 of this procedure – Tracking Status of the Invoice for additional information on updating the tracking log.

5.4 Return the invoice to the designated Finance (Billing, Cash and Collections) point of contact by secure internal AHS mail, fax or email. If sending by mail, mark the envelop 'confidential'.

5.5 The health record holder (or designate) shall retrieve the specific patient record(s) related to visits itemized on the invoices. Staff will also access the ED and OP visit copies prepared in advance as outlined in Section 3 of this procedure, as applicable.

5.6 The health record holder (or designate) shall assess and determine what supporting clinical information should be attached to the invoice as outlined below.

a) All documents being disclosed shall be specific to the work related injury and **service date** indicated on the invoice.

b) Clinical documentation outside of the service date or not related to the work injury shall not be included.

c) **Incomplete clinical documentation** shall not be included. If a report is incomplete, excluding missing signatures or blanks, the health record holder (or designate) will follow up with the applicable Physician to fast track completion of the required documents. Refer to Section 13 - Incomplete Documentation and Section 18 of this procedure - Escalation of Issues for Resolution for additional information.

d) Additional documents may be included as necessary in lieu of missing reports if, after a search for the report has been undertaken, the report cannot be located.

e) Appendix A of this procedure – *Visit Type Documentation* outlines recommendations for supporting clinical documentation based on visit type.

f) If the invoice shows a separate line item for any type of diagnostic test (e.g., diagnostic imaging x-ray, ultrasound, MRI or laboratory visit, etc.), include a copy of the specific test result.

g) If the body part is not indicated on the outpatient registration form, include additional supporting documentation which identifies the body part and side of body.

6. Turnaround Time

6.1 The health record holder (or designate) shall match up and attach the supporting clinical documentation to the invoice to substantiate the charges outlined in the invoice and submit to WCB within 20 business days from the print date of the invoice.

7. Outpatient Procedure and Billing

7.1 In accordance with applicable Government of Alberta Ministerial Orders, where observed, the procedure or visit with the highest cost per facility, per day shall be invoiced to WCB for reimbursement.

7.2 If a CT scan, MRI or other higher cost procedure was performed during the ED or Urgent Care Centre (UCC) visit and the invoice only indicates an ED or UCC visit, the health record holder or designate shall complete the following steps:

a) write the following note on the invoice:

(i) "Revised invoice required. <*insert name of higher cost procedure*> performed during visit on this date."

b) print and sign name; date the note;

c) fax or email the invoice to Finance (Billing, Cash and Collections);

d) update the disclosure tracking log to close the invoice(s) that are returned to Finance (Billing, Cash and Collections). Refer to Section 9 of this procedure – Tracking Status of the Invoice for additional information on updating the tracking log;

e) retain a copy of the invoice for follow up purposes and to facilitate communication amongst coworkers who may be assisting with the processing of the invoices;

f) defer further processing of the invoice until the new invoice has been received from Finance;

g) Finance (Billing, Cash and Collections) shall generate a revised invoice in the next print cycle and send it back to the requesting individual within two business days of receipt of notice. The revised invoice should be clearly labelled to indicate the new invoice is a revision of the initial invoice; and

h) the new invoice shall be considered a new request for processing at which point the ED/UCC visit face sheet and the diagnostic report will be attached.

8. Tracking and Notification of the Disclosure

8.1 The provision of the supporting clinical documentation is considered a disclosure of health information under the *Health Information Act* (HIA). The health record holder (or designate) shall maintain certain disclosure information in compliance with Section 41(1) of the HIA.

8.2 Section 42 of the HIA requires communication of the purpose and authority for disclosure when disclosing health information in specific situations. Disclosure to WCB falls into this category.

8.3 The most efficient manner to comply with sections 41 and 42 of the HIA is to stamp the invoice using the *Disclosure Tracking & Notification Stamp*.

8.4 Each site is accountable for ordering a sufficient number of stamps. Refer to Appendix B of this procedure – *Disclosure and Tracking Stamp Example* for an example of stamp size and content.

8.5 Stamp the front of the invoice ensuring no information is obliterated by the stamp. Complete the stamp contents as follows:

a) print legibly to complete the content fields on the stamp;

b) if the information is for Alberta WCB, place a √ in the check box for the Alberta Worker's Compensation Act;

c) if the information is for an out of province WCB, place a √ in the check box for the Alberta Hospitals Act; and

d) copy the invoice for filing in the paper health record.

9. Tracking Status of the Invoice

9.1 Tracking and communicating the status of the processing of the invoice is required to ensure Finance (Billing, Cash and Collections) is aware of the invoices that have been forwarded to WCB and any outstanding invoices that require further investigation prior to forwarding to WCB.

9.2 All Zones/sites shall use the *Disclosure Tracking Log Template* to document the status of the WCB invoices for records managed by the health record holder (or designate). The tracking log template is available on the HIM web page under 'Access & Disclosure Forms'.

9.3 The disclosure tracking log shall be completed and forwarded to Finance (Billing, Cash and Collections) by email after processing each batch of invoices. Alternatively, electronic access may be granted to Finance (Billing, Cash and Collections) to access the log directly.

10. Filing Copy of Invoice on the Record

10.1 Upon completion of processing the request and subsequent documentation of completion of the request in the disclosure tracking log or electronic release of information module, the health record holder (or designate) shall file the invoice copy on the respective health record in the appropriate correspondence section. If the record exists in electronic format only, follow specific site processes for electronic filing of the invoice.

11. Mailing Information to WCB

11.1 Each province operates its own Workers' Compensation Board. Use care to ensure health information is sent to the correct location. Sending health information to the wrong WCB is an inappropriate disclosure of information.

11.2 When invoices are ready to be mailed to the WCB, refer to the top right or left corner of the invoice (depending on Zone/ADT system) to determine the mailing address for the provincial WCB.

11.3 Non-Alberta WCB addresses can be found on the Provincial Workers' Compensation Boards in Canada: OSH Answers web page as well.

11.4 Sort the processed invoices according to the specific provincial WCB office.

11.5 Recommended method of sending invoices and clinical documentation to WCB is by mail or courier. Envelopes sent by Canada Post shall be sent by a delivery method that allows the tracking of the delivery status and confirmation that the envelope has been received by WCB. Since the information is not required for care or treatment purposes, faxing is discouraged to minimize risk of misdirected faxes and subsequent breach of information.

11.6 Place the invoices with the correct supporting clinical documentation in a secure envelope marked 'confidential' and address to the specific WCB. The sender's

return address and contact information shall be included to facilitate follow up as required. Place sealed envelope in appropriate area for outgoing mail.

11.7 The mail-out of the invoices and the supporting clinical documentation to WCB shall occur within 20 business days from invoice generation.

12. Quality Control Check

12.1 To ensure the right information for the right patient is attached to the right invoice, a quality control check is recommended at the following steps in the process:

a) when registering the patient to confirm if the reason for the visit is related to a work injury and, if so, the financial responsibility is assigned to the correct insurer; and

b) when attaching the supporting clinical documentation to the invoice, at a minimum the following should be confirmed:

(i) patient last and first names match the invoice;

(ii) body part, injury type, reason for visit and date of visit captured within the supporting clinical documentation relates to the body part, injury type and date of visit reflected on the invoice; and

(iii) reason for the visit is related to the work injury. Follow up with HIM manager/supervisor for assistance in making this decision if necessary.

13. Incomplete Documentation

13.1 If a required report has not been completed by a health care provider, the health record holder (or designate) shall forward the record to the designated staff who shall connect with the responsible care provider and request the report be completed within three (3) business days.

13.2 If an outpatient clinic note has not been completed by an Allied Health professional, i.e., Occupational Therapist, Physiotherapist; the health record holder and/or their designate shall connect with the responsible Clinic Manager and request the report be completed within three (3) business days.

13.3 The completed report shall be forwarded to designated staff for processing and attaching to the invoice.

13.4 Completion of the report shall allow sufficient processing time to submit the invoice and supporting documentation to WCB in the required 20 business day processing time of the invoice submission.

13.5 If documentation is not completed within three (3) business days, the health record holder (or designate) shall follow up with the health care provider or the

Clinic Manager with a reminder to complete the outstanding documentation within the next three (3) business days.

13.6 If documentation is not completed as requested, refer to Section 18 of this procedure - Escalation of Issues for Resolution.

13.7 All steps taken to resolve the incomplete documentation shall be documented on the tracking log.

14. Exceptions

14.1 If the supporting clinical documents are not related to the injury type indicated on the invoice:

a) review the health record to determine if the documents are related to a different work related injury or incorrect information from a previous WCB visit has been included on the invoice when the patient may have come in for a new work-related injury;

b) if yes:

(i) based on system access the health record holder (or designate) shall make changes in the ADT system or notify Finance (Billing, Cash and Collections) to make changes per local ADT procedures. They shall annotate needed changes to the invoice details, date, then print and sign the invoice below the notation;

(ii) retain a copy of the invoice for follow up purposes and to facilitate communication amongst coworkers who may be assisting with processing such invoices;

(iii) return the revised invoice to Finance (Billing, Cash and Collections) for printing of a new invoice in the next print cycle;

(iv) Finance (Billing, Cash and Collections) shall place a visual flag on the revised invoice so staff is aware the new invoice is a revision of the initial invoice; and

(v) Finance (Billing, Cash and Collections) prints invoices based solely on registration information.

c) if no:

(i) destroy the copies of the clinical documents in a confidential manner;

(ii) mark the invoice as "Not WCB", date, print name and sign the notation;

(iii) send the invoice back to Finance (Billing, Cash and Collections) via secure internal AHS mail; and

(iv) based on system access the health record holder (or designate) shall make changes in the ADT system or notify Finance (Billing, Cash and Collections) to make changes per local ADT procedures. They shall annotate needed changes to the invoice details, date, then print and sign the invoice below the notation.

14.2 If any copies of clinical documentation remain after all matches of clinical documentation to invoices have been completed and there are no matching invoices:

a) review the clinical documentation to confirm WCB has been selected as the insurer and it is related to a work related injury;

b) review the insurer in the ADT system to confirm if WCB has been selected;

c) follow site specific processes for correction of insurer in the ADT system; and

d) if insurer is captured correctly in the ADT system, contact Finance (Billing, Cash and Collections) point of contact by phone or email to advise of the situation and determine resolution required (i.e., correction of invoice or new invoice generated in next print cycle).

14.3 If there are remaining invoices after the matches to clinical documentation have been completed staff shall:

a) retrieve the record for the specific visit indicated on the invoice;

b) review the documentation and the ADT system to determine if the insurer has been assigned properly and the reason for the visit is related to a work place injury;

c) if required, depending on site processes, follow up with Registration and/or Finance (Billing, Cash and Collections) points of contact to update the insurer for the particular visit; and

d) if the invoice is not related to a work-related injury:

(i) mark the invoice as "Not WCB", date, print name and sign the notation; and

(ii) send the invoice back to Finance (Billing, Cash and Collections) via secure internal AHS mail.

15. Revisions to Invoices

15.1 If an invoice needs to be revised at any point in the process:

a) the health record holder (or designate) shall, if necessary, make changes in the ADT system to the invoice details, date, then print and sign name below the notation on the invoice;

b) write the revision date on the invoice;

c) print first and last name and sign name below the revisions;

d) return the invoice to Finance (Billing, Cash and Collections) for printing of a new invoice in the next print cycle;

e) Finance (Billing, Cash and Collections) shall generate a revised invoice in the next print cycle and send it back to the requesting individual within two business days of receipt of notice. The revised invoice should be clearly labelled to indicate the new invoice is a revision of the initial invoice; and

Note: Finance (Billing, Cash and Collections) prints invoices based solely on registration information.

f) Requests for revision should be noted on the account.

16. Rejected Invoices – Incorrect Documentation

16.1 If an invoice is returned from WCB due to incorrect documentation, such as left versus right, change to body part or otherwise, the invoice shall be directed to the health record holder (or designate) for follow up with the author of the report for correction of the information. If the correction is not made within three (3) business days, the health record holder (or designate) shall follow up with the author with a reminder to complete the outstanding correction within the next three (3) business days. If the correction is not made as requested, refer to Section 18 of this procedure - Escalation of Issues for Resolution.

16.2 Once the correction is made, the corrected document shall be attached to the invoice and forwarded to WCB.

a) Changes to body part shall be confirmed by reviewing record content and follow up with author of the report, if necessary.

b) In these circumstances, the health record holder (or designate) shall advise Registration of the correction by providing copies of the record and forwarding to the designated Registration contact as determined within each site.

c) Based on system access the health record holder (or designate) shall make changes in the ADT system or notify Finance (Billing, Cash and

Collections) to make changes per local ADT procedures. They shall annotate needed changes to the invoice details, date, then print and sign the invoice below the notation.

d) Finance (Billing, Cash and Collections) shall generate a revised invoice in the next print cycle and send it back to the requesting individual within two business days of receipt of notice. The revised invoice should be clearly labelled to indicate the new invoice is a revision of the initial invoice.

Note: Finance (Billing, Cash and Collections) prints invoices based solely on registration information.

17. Rejected Invoices – Insufficient Clinical Documentation

17.1 If an invoice is returned to the health record holder (or designate) from WCB due to insufficient supporting clinical documentation, the health record holder (or designate) shall review the record to determine if additional documents are available to send.

a) If no additional documents are available, Finance (Billing, Cash and Collections) shall be notified.

18. Escalation of Issues for Resolution

18.1 If documentation or correction remains delinquent after two (2) requests for completion or correction, the health record holder (or designate) shall escalate the issue to the Supervisor or Manager.

18.2 The Supervisor or Manager shall follow up with the care provider or Clinic Manager and request completion or correction of the documentation.

18.3 If completion or correction of the documentation remains delinquent after three (3) days, the Supervisor or Manager shall escalate the issue to the appropriate Clinical Department Head, Chief of Staff or Area Zone Medical Director.

18.4 The Clinical Department Head, Chief of Staff or Area Zone Medical Director shall consult with the health care provider/Clinic Manager for completion/correction of the outstanding documentation.

18.5 If incomplete documentation is unable to be resolved, Finance (Billing, Cash and Collections) shall be provided with a description of the reason for further resolution.

19. Denied Invoices

19.1 In some cases WCB may deny the invoice and send a denial or rejection letter:

a) staff shall redirect any denial or rejection letters to the Finance (Billing, Cash and Collections) point of contact by sending the letter in a sealed envelope marked 'confidential' by internal AHS mail; and

b) Finance (Billing, Cash and Collections) shall update the insurer and include a note on the patient account.

20. Scanning

20.1 In instances where there is an electronic release of information (ROI) module that accommodates scanning, upon completion of processing, scan the invoice and attach to the respective ROI encounter. Review the scanned image for quality and readability as per the department's established scanning quality assurance program. Retention of the paper copy shall align with the department's scanning program and the AHS *Records Retention Schedule*.

DEFINITIONS

Face sheet means, for the purposes of this procedure, the single document which contains the patient demographic information, physician assessment, and diagnosis.

Health record holder or designate means, for the purposes of this procedure, the department, clinic, or office responsible for holding and the management of the patient's health records such as a physician's office, AHS clinic or Health Information Management department.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Incomplete clinical documentation means, for the purposes of this procedure, reports that have not been completed by a health care provider such as an operative report, discharge summary, clinic note or correction of documentation discrepancies such as left versus right or body part. Incomplete documentation does not include missing signatures or blanks in transcribed reports.

Invoice means for the purposes of this procedure, a document generated and distributed by Finance (Billing, Cash and Collections) listing transactions of goods / services provided, and their related costs which have been recorded in the financial system, and are payable to AHS.

Service date means, for the purposes of this procedure, the date recorded on this invoice which represents the date of the encounter when the actual service was provided.

Shared electronic medical record means, for the purposes of this procedure, the electronic medical record governed by the terms of the Memorandum of Understanding between AHS and the Alberta Medical Association containing EMR information contributed by AHS and Participating Physicians.

Shared EMR system means, for the purposes of this procedure, the software, hardware and communications facilities used by AHS and Participating Physicians for patient care in an ambulatory or outpatient environment to electronically store EMRs, and to enable AHS and

Participating Physicians to use and disclose EMR information embedded in EMRs; and each EMR System shall be identified in the applicable Information Management Agreement.

Supporting clinical documentation means, for the purposes of this procedure, those reports that relate to the health service provided and match the date of visit, body part and injury type as indicated in the Finance invoice.

REFERENCES

- Appendix A – *Visit Type Documentation*
- Appendix B – *Disclosure Tracking and Notification Stamp Example*
- Alberta Health Services Governance Documents:
  - *Collection, Access, Use, and Disclosure of Information* Policy (#1112)
  - *Registration, Invoicing, and Inquiries for Workers' Compensation Board Incidents* Policy (#1171)
  - *Individual & Third Party Requests* Guideline (#HIM-IV-01)
- Alberta Health Services Resources:
  - *Disclosure Tracking Log Template*
  - *Disclosure Tracking & Notification Stamp*
- Non-Alberta Health Services Documents:
  - *Health Information Act* [Alberta]
  - *Hospitals Act* [Alberta]
  - *Hospital Reciprocal Claims Guide* [Alberta]
  - *Workers' Compensation Act* [Alberta]

VERSION HISTORY

Date	Action Taken

APPENDIX A

Visit Type Documentation

Visit Type	Documentation
Emergency Department and Urgent Care Center	a) Face sheet of the ED/UCC Record which includes the patient demographics, physician assessment and diagnosis including body part and side of body injured. b) Diagnostic imaging test results of the affected body part including x-rays, ultrasounds, CT scan or MRI reports. c) Consultation reports or other documents, if related to the work injury.
Outpatient/Clinic/Ambulatory	a) Clinic note/assessment or OP face sheet, if applicable, which includes the date of visit, treatment provided, body part and side of body and name of health care provider. E.g. hospital occupational therapy report b) Other documents if related to the service date and the work related injury.
Day Surgery	a) Operative report which includes the date of the procedure, procedure performed and details of the procedure. b) Diagnostic imaging test results of the affected body part including x-rays, ultrasounds, CT scan or MRI reports. c) Other documents if related to the service date and the work related injury.
Inpatient	a) Discharge summary which includes the dates of admission and discharge, final diagnosis, summary, outcome of hospital visit and name of health care provider. b) Operative report which includes the date of the procedure, procedure performed and details of the procedure. c) Other documents if related to the service date and the work related injury which may include: • Consultation reports • History and Physical • Diagnostic tests • Other related transcribed or handwritten documents

APPENDIX B

Disclosure Tracking & Notification Stamp Example

- The following is an example of a Disclosure Tracking and Notification Stamp template. For current and official stamp criteria, please contact the Health Information Management department.

Disclosure of this information is provided without patient consent and authorized by the Alberta Health Information Act, section 35(1)(p) and
☐ Alberta Worker's Compensation Act
☐ Alberta Hospitals Act.

The following information was disclosed to establish responsibility for payment.

Type of Document(s) Date:
_____
_____
_____
_____
Disclosed by: (print name) _____
Date of disclosure: YYYY_____ Mon _____DD _____ Phone #: _____