Albertan

Memorandum

Health Benefits

Subject:	Reimbursements and Charges above Government Rates
Number:	HB-MEMO-2019-003
Date Issued:	November 8, 2019
Issuer:	Andrew Fuller Manager, Health Benefits Pharmaceutical and Health Benefits Branch Alberta Health
Distribution:	Community and Social Services Delivery Services Portfolio
Contact:	Andrew Fuller, Manager, Health Benefits

MESSAGE:

The Health Benefits Exception Committee (HBEC) and Alberta Health has recently seen an increase in the number of requests for reimbursement for prescription and non-prescription drugs and optical services from our low-income program clients. Clients are expected to use their Health Benefits Card (HBC) to obtain eligible health goods or services. Only in exceptional circumstances is a client reimbursed for the cost of a health benefit, such as the good or service was prior approved by HBEC for reimbursement or the expense was incurred during an emergency situation. For these exceptional circumstances, reimbursement is also contingent on the service provider and their ability to provide the reimbursement.

There are several community pharmacies and optical providers in Alberta who have chosen not to work with our benefit administrator, Alberta Blue Cross (ABC), to direct bill for the services rendered when a client presents their HBC. Unfortunately, the client is informed by these service providers to submit their receipts for reimbursement. This is incorrect information as we do not have the ability to provide reimbursement when clients submit their receipts directly to the HBEC or ABC.

There is a risk that service providers who have chosen not to direct bill ABC for rendered services could charge the client above contracted rates, charge for services that are not eligible health benefits or not be willing to reimburse the client.

Clients should be advised that service providers <u>must</u> obtain pre-authorization by HBEC or the client <u>must</u> ensure that the service provider is able to direct bill through ABC prior to receiving any services. To support this, low-income clients should present their program specific HBC to the service provider. This will ensure that the frequency limits, clinical criteria, and agreement and contracted rates are adhered to. If the service provider is unable to direct bill ABC for services, it is recommended that the client receives services from a different provider.