

Diagnostic Facility Services'

Assignment of Payment & Medical Director Authorization Form

Instructions for Completing

The Assignment of Payment (AOP) form is made up of six (6) parts. Please read these instructions carefully and be sure your information is valid and all areas of the form are complete before submitting an AOP.

IMPORTANT: The AOP form is a legal document and must be authorized by the **Medical Practitioner and Medical Director**. If an AOP form is submitted with inaccurate information, errors, omissions, or has been altered after the authorization date, a new AOP form must be authorized and submitted. Repeated AOP submissions cause delay and risk non-recoupable payment loss.

PART A: Practitioner, Payment and Facility Numbers

- Name of Practitioner – provide the first and last name of the practitioner.
- MSP Practitioner Number – provide the medical practitioner's five digit MSP Practitioner Number.
- Name of Diagnostic Facility – list the facility/hospital name, **not** the organization.
- Payment Number – payment number must match the diagnostic facility in the same row.
- Facility Number – facility number must match the diagnostic facility in the same row.

PART B: Modality

- Services – select Public Health Authority **OR** Privately Owned (do not submit both on the same form).
- Facility must have a valid Certificate of Approval for the services selected (for the dates listed in Part C).
- Select **only** the services that the practitioner is assigning payment for.
- Practitioner must be credentialed for all services selected, and credentialing must be valid for the dates listed in Part C.

PART C: Effective Date of Service

- Effective Date of Service is the first day of MSP-billable services being assigned.
- Payment can be assigned for a maximum of **2 years**.
 - o AOP forms can be submitted up to 3 months in advance. If submitting an AOP after services have started, submit within 60 days from the Effective Date of Services to avoid missing payments.
- Select only one box** for the physician service: Locum, New Full Time, New Service, or Renewal.
 - o Select renewal for practitioners with prior approval **and** a previous two-year AOP.
 - o If there is no break in service, a renewal start date is the day *after* the previous AOP end date (e.g. a renewal for a service ending on April 30, 2016 will have a start date on May 1, 2016)

PART D: Medical Director / Delegated Signing Authority

- Authorization – Provide the **first and last name, title, facility/department, signature and date signed** by the Facility Medical Director **with responsibility for the modality selected in Part B**. Alternate authorization may be provided by:
 - o **Delegated Signing Authority** - All sections noted above must be completed **AND** include the first and last name of the authorized Medical Director on whose behalf the delegate is authorizing the AOP; **or**
 - o **Facility Regional Medical Director** – Complete all of the Regional Medical Director sections, and ensure that this section is signed and dated in the appropriate field.

PART E: Practitioner and Payee Authorization

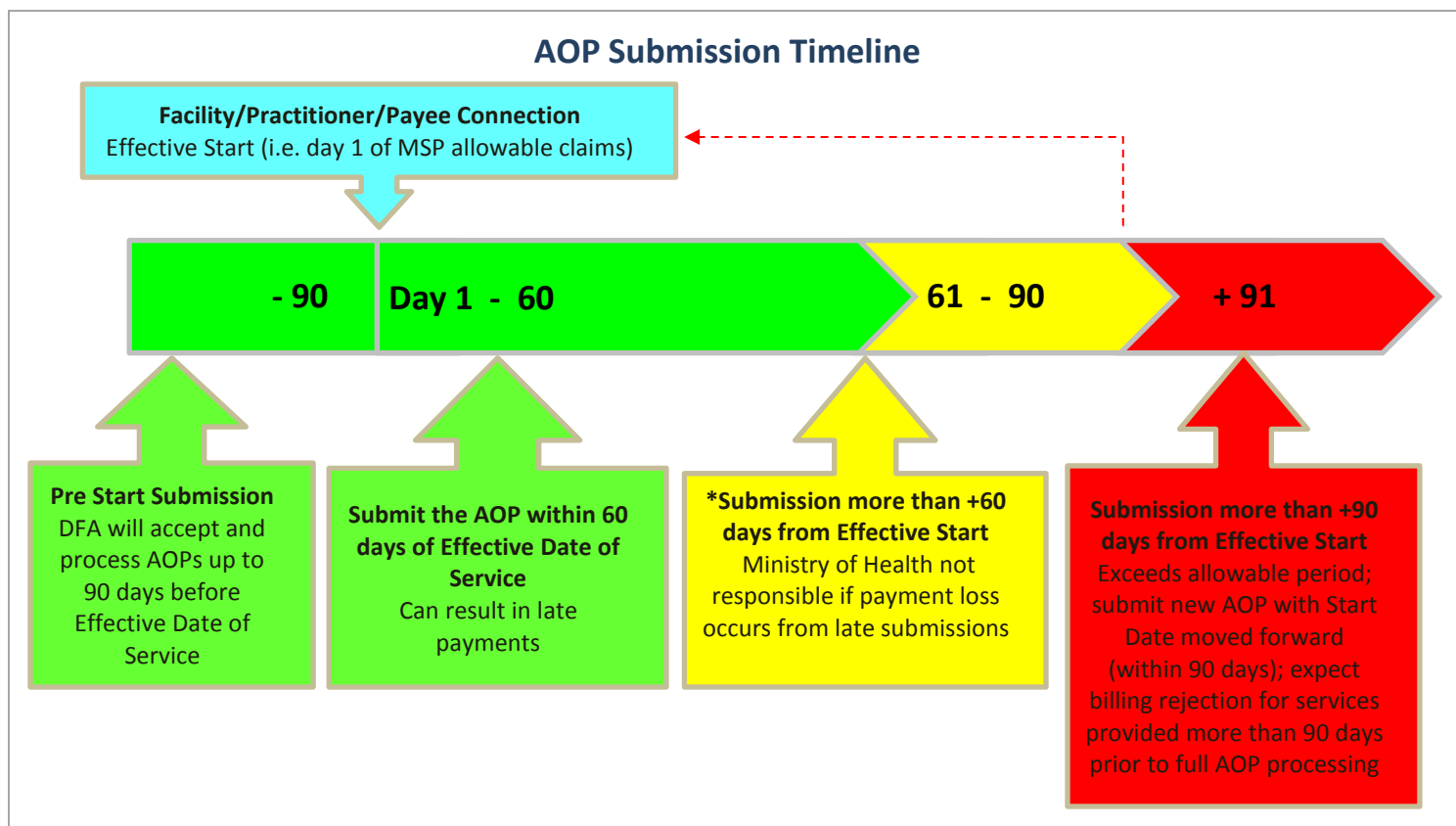
- Practitioner **must** sign and date the form.
- Authorized Payee – Authorized payee (facility approved financial administrator) **must** print their first and last name, sign, and date the form

PART F: Confirmation of Approval (optional)

- Provide the first and last name, title and email of individuals who wish to receive email confirmation when the Ministry of Health has approved and completed initial processing of an AOP form.

IMPORTANT INFORMATION

- **An AOP form is a legal document**; if any information should change after the form has been submitted, a new form must be authorized and submitted.
- **AOP forms that are incomplete, inaccurate, or have errors cannot be processed**; successive forms will be processed from the date they are received and not from the date of the first submission.
- **The facility must have a valid Certificate of Approval for the modality/services AND the practitioner must have the appropriate credentialing** for the effective date of service prior to submitting the AOP form.
- **The effective date of service is the first date indicated** on the AOP form.
- **An AOP must be fully processed within 90 days** of the effective date of service in order to receive payment from the Medical Services Plan.
- **When submitting an AOP form *after* the Effective Start Date, it is strongly recommended you submit within 60 days** from the effective start date to allow 30 days for Diagnostic Facilities Administration to complete step one and HIBC to complete step two of the AOP process.
- **The Ministry of Health/Medical Services Commission will not be responsible for billing rejections** that occur due to submissions received more than 60 days after the effective date of service.*
- **The Ministry of Health will not approve requests for exemption (Code A Approval) from the 90 day limit** due to administrative, staffing, vendor or service bureau issues.
- **Credentialing in public and privately-owned facilities is processed differently:**
 - **Practitioners working *solely* in privately-owned facilities** are credentialed through the College of Physicians and Surgeons of BC.
 - **Practitioners working in public facilities** are credentialed through their health authority.



For more information see: www.gov.bc.assignmentofpayment or email DFAdmin@gov.bc.ca

***AOPs submitted more than +60 days From Effective Date of Service**
 Ministry of Health not responsible for payment loss from AOPs submitted more than 60 days from Effective Date of Service