Assignment of Payment & Medical Director Authorization Form
Completion Instructions

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, Medical Director, and Payee.** If an AOP form is submitted with inaccurate information, errors, omissions, or has been altered after the practitioner authorization date, a new AOP form must be authorized and submitted. Repeated AOP submissions cause delay and risk payment loss.

PART A: Practitioner, Payment and Facility Numbers (recommend completion by the payee)

- ❒ 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 (recommend completion by the payee)

- ❒ Select Public Health Authority **OR** Privately Owned services (do not submit both on the same form).
- ❒ Services must match the approval for the facility(ies) in Part A (for the dates listed in Part C).
- ❒ Select **only** the services that the practitioner is assigning payment for.
- ❒ Services with (*) require confirmation of credentialing, and credentialing must be valid for the dates listed in Part C. Confirmation of credentialing must be uploaded with the AOP form. See page 2 for additional information.

PART C: Effective Date of Service (recommend completion by the payee)

- ❒ 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: Locum, New Full Time Staff Member, New Part Time Staff Member, New Service/Modality, or Renewal.
  - o Select renewal for practitioners providing the same services at the same facility as the most recent AOP submission.
  - 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: Practitioner and Payee Authorization (recommend completion by the payee)

- ❒ Practitioner **must** sign and date the form.
- ❒ Payee – Authorized payee (authorized representative of organizing receiving payment) **must** print their first and last name, sign, and date the form.

PART E: Medical Director / Delegated Signing Authority (do not sign for renewals)

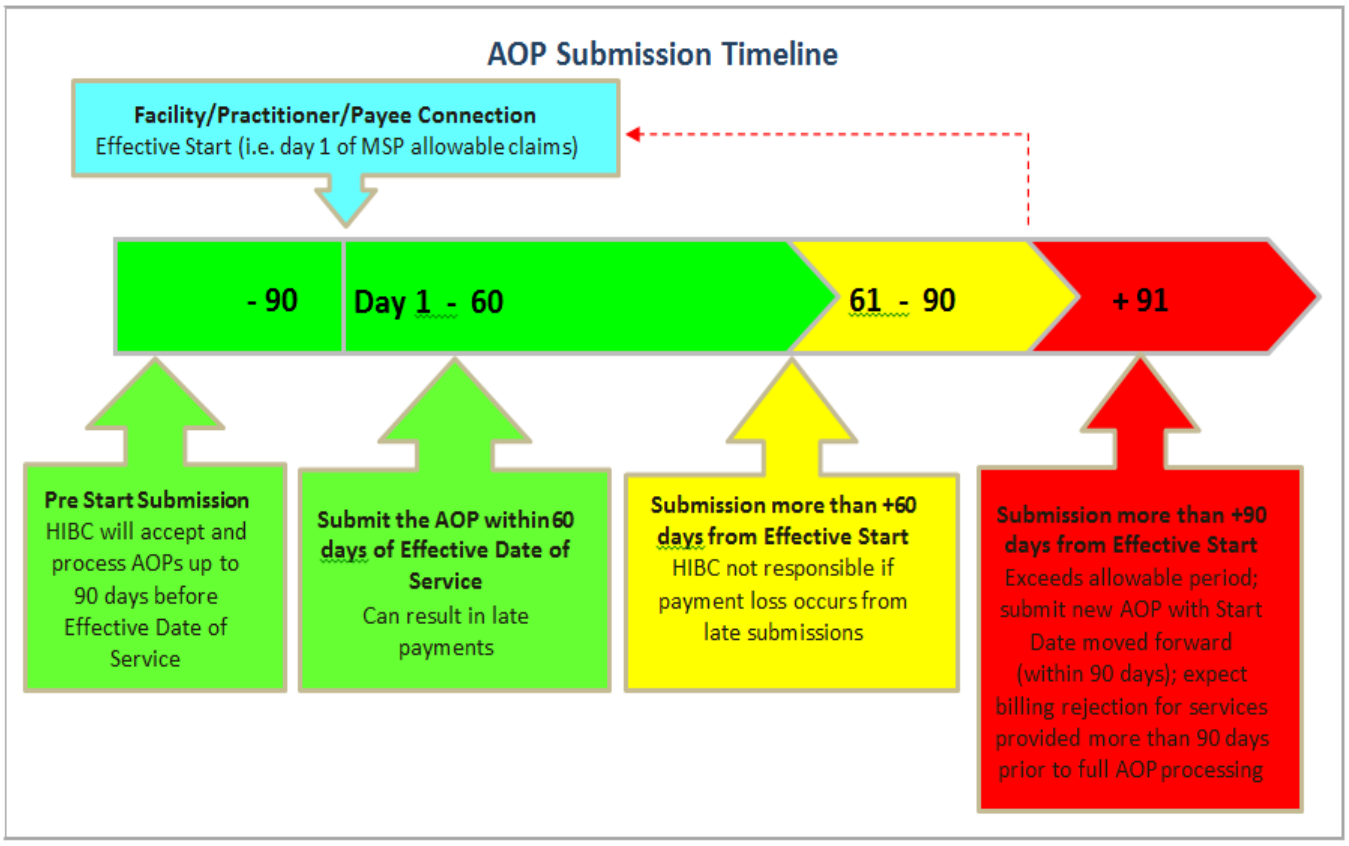
- ❒ Authorization – Provide the **first and last name**, **signature** and **date signed** by the Facility Medical Director **with responsibility for the modality(ies) indicated in Part B**. Alternate authorization may be provided by:
  - o **Delegated Signing Authority** – Provide the first and last name, delegate title, signature/date signed, and the medical director on whose behalf they are authorizing the information required.
- ❒ Medical Director authorization is not required for a renewal of an existing AOP (same practitioner, facility and service(s) assigned), but continues to be required when an AOP form is for a Locum, New Full-Time Staff Member, New Part-Time Staff Member, or for a New Service.

PART F: Confirmation of Approval

- ❒ Once Health Insurance BC has vetted/approved the information provided and completed processing of the AOP form, e-mail notification will be provided to the individual who submitted the 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 start date indicated** on the AOP form in Part C.
- **An AOP must be fully processed within 90 days** of the effective date of service start date in order to receive payment from the Medical Services Plan.
- Processing an Assignment of payment can take up to 30 days.
- **When submitting an AOP form *after* the start date in Part C, it is strongly recommended you submit within 60 days** from the effective start date to allow HIBC to complete AOP processing.
- **HIBC will not be responsible for billing rejections** that occur due to submissions received more than 60 days after the effective date of service.
- **HIBC 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.
- **When confirmation of credentialing is required** it must be uploaded with the AOP form.



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