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Assignment of Payment Frequently Asked Questions

What services/fee items require an Assignment of Payment Form?

An Assignment of Payment (AOP) form must be completed to assign payment for the following modalities:

- Electromyography (EMG)
- Electroencephalography (EEG)
- Nuclear Medicine
- Polysomnography
- Pulmonary Function
- Radiology
- Ultrasound

To review the categories and fee items that fall under each modality, go to the DFA website at:

www.gov.bc.ca/diagnosticfacilities

How do I submit an Assignment of Payment Form?

Once an Assignment of Payment or related form has been completed and authorized, follow these steps to securely submit to HIBC office:

- Step 1.** Scan the form and save a digital copy to your computer using the required naming conventions:
<https://www.health.gov.bc.ca/exforms/aop/submit.html>
- Step 2.** Open the secure upload form in your browser at:
<https://www.gov.bc.ca/assignmentofpaymentupload> (tip: bookmark for later use)
- Step 3.** Complete all information fields on the upload tool form.
- Step 4.** Click “Browse” and locate the scanned forms on your computer. Click “Add file” to add additional forms to a maximum of 5 separate Assignment of Payment (or related) forms

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Step 5. Submit form(s)

After submitting, you will receive a 'pop-up' message on your computer screen and a confirmation email, indicating the form was successfully received. To report any issues with the upload tool, please email: HIBC.AOP@gov.bc.ca.

Please refer to the [AOP Completion Instructions](#) for further detail.

When do I need to submit an Assignment of Payment Form?

An AOP form must be submitted when you wish to attach a practitioner to a facility for the purpose of billing the Medical Services Plan.

The maximum allowable time to submit claims to the Medical Services Plan is 90 days following the date of service. The date of service must fall within the dates listed on the Assignment of Payment form. The effective date of service is the first date the service is performed (not the date practitioner starts work).

We recommend you allow 30 days to process an Assignment of Payment, so please submit the AOP form no later than 60 days after the first date of service.

You can submit an Assignment of Payment form up to three (3) months in advance, as long as the appropriate dates of services are indicated on the form.

Who needs to sign an Assignment of Payment form?

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

When does the Medical Director need to sign an Assignment of Payment form?

The Medical director's signature is required when an Assignment of Payment form is for a Locum, New Full Time Staff Member, New Part Time Staff Member or New Service/ Modality.

What is credentialing?

Credentialing refers to the provincial standard established as a requirement to perform and bill a particular outpatient service or fee code. Physicians are required to verify compliance with such standards in order to bill for the corresponding service or fee code. Credentialing does not consider hospital/facility requirements for privileging or reappointment. Health authorities are responsible for credentialing any physician working within that organization (i.e., with privileges at a health authority facility). For physicians working fully outside the health authority system (e.g. employed solely at a community imaging clinic), credentialing is managed through the College of Physicians and Surgeons of British Columbia.

When does confirmation of credentialing need to be provided?

Services with (*) require confirmation of credentialing, and credentialing must be valid for the dates listed in Part C of the form.

How fast will you process my Assignment of Payment Form?

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Processing an Assignment of payment can take up to 30 days.

Confirmation of Assignment of Payment Approval

Once HIBC has vetted and approved the information provided, and completed processing of an AOP form, an e-mail notification will be sent to the individual who submitted the form, indicating that processing has been completed.

If there are any errors in your form, HIBC staff will contact the form submitter via email.

When can I start billing for services related to the Assignment of Payment Form I submitted?

It is recommended that the confirmation email from HIBC indicating that the AOP form has been processed is received before submitting billings for the services detailed in the AOP form.

Can I add multiple facility and payment numbers to one Assignment of Payment Form?

Yes, the Assignment of Payment form allows up to five (3) facility names, payee numbers, and facility numbers.

How do I know what services require additional practitioner credentialing?

Part B of the Assignment of Payment form indicates the services that require additional credentialing approval.

All services marked with an asterisk (*) on the form requires confirmation of additional practitioner credentialing.

The practitioner MUST have credentialing approval prior to submitting an Assignment of Payment Form. Confirmation of practitioner credentialing MUST be submitted with the related Assignment of Payment form,

How do I change a payment/payee number?

All approved facilities should contact Health Insurance BC to apply to change or add a payment number. Contact Health Insurance BC toll-free line at 1-866-456-6950.

After I change my payment/payee number, do I need to submit an Assignment of Payment Form?

Yes, this is required. Provide a revised Assignment of Payment form reflecting the new payment number and also email HIBC (HIBC.AOP@gov.bc.ca) to replace the current payment/payee number with the updated payment/payee number.

How do I investigate billing rejections?

Direct the billing rejection questions to Health Insurance BC by sending an email to HIBC.AOP@gov.bc.ca

For all rejection inquires, provide:

1. Data centre number
2. The type of rejection code(s) – ie X0, WA
3. Dates of service for rejections

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4. a few MSP sequence numbers for the rejected claims
5. practitioner number(s), and
6. facility number(s)

Do I need to submit a new Assignment of Payment Form if a *practitioner* will be providing a new service?

Yes, if a practitioner will be providing a new service, a new Assignment of Payment form is required.

Do I need to submit a new Assignment of Payment Form if a *facility* will be providing a new service?

Yes, if a facility will be providing a new service, a new Assignment of Payment form is required.

Our Medical Director changed (retired/moved/no longer works here etc.), do I have to inform someone?

Yes. Medical and Health Care Services Regulations stipulate that the Medical Services Commission must be notified when the Medical Directorship of an approved facility changes. Submit a "Notification of Medical Directorship Change" form through the secure upload tool.

- Step 1.** Complete the "Notification of Medical Directorship Change form
http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/150930_-_directorship_change_-_hlth_1927.pdf

and

- Step 2.** Submit that form using the Secure Upload tool: www.gov.bc.ca/assignmentofpaymentupload

One of our practitioners moved/retired/no longer works here, do I have to inform someone?

Yes, complete a Cancellation of AOP form if the practicing physician has ceased providing services at a facility prior to the end date of their original assignment of payment term. Submit the completed form using the secure upload tool.

- Step 1.** Complete the "Cancellation of Assignment of Payment" form
http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/150930_-_cancellation_of_aop_-_hlth_1926.pdf

and

- Step 2.** Submit the form using the Secure Upload tool: www.gov.bc.ca/assignmentofpaymentupload

I submitted my form using the secure upload tool. How do I know my Assignment of Payment form was received? Should I resubmit it?

After submitting your AOP form, you will see a 'pop-up' message on your computer screen, and receive a confirmation email, indicating the form was successfully received.

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After HIBC staff have approved and processed your AOP form, you will receive an email confirming that processing has been completed.

If there are any errors in your form, HIBC staff will communicate with you via email.

What if I filled out my Assignment of Payment Form incorrectly?

If there are any errors in your form, HIBC staff will communicate with you via email in a timely manner. HIBC staff will inform you what information needs correction.

NOTE: Incomplete, inaccurate, or AOPs with errors cannot be processed; successive forms will be processed from the date they are received and not from the date of the first submission.

Please do not resubmit AOPs unless requested by HIBC staff. HIBC staff process AOPs on a first come, first serve basis.

Resubmissions of a properly completed AOP take away time and resources from processing as staff have to identify and compare whether a newer AOP is a duplicate of a previous submission.

When applicable, confirmation of practitioner credentialing must be submitted with the related AOP form.

I'm late in submitting my form. Can I be provided an exemption to the 90 period for submitting an MSP billing claim?

Requests for exemption (Code A approval) from the 90 day limit **will not be provided** for:

- Facility administrative issues
- Facility staffing/resource/scheduling issues
- Vendor or service bureau issues

I need help not provided in these FAQs. How can I contact you?

Please email staff at HIBC.AOP@gov.bc.ca or call HIBC at 1-866-456-6950

The secure upload tool is not working for me. What should I do?

To report any issues with the upload tool, please email: HIBC.AOP@gov.bc.ca

Assignment of Payment Definitions

Who is the Medical Director?

The medical practitioner responsible for the modality/services indicated in Part B, at the facility listed in Part A.

Who is the Assignor?

The practitioner designating payment for services rendered.

Who is the Payee?

The authorized representative of the organization which receives payment from the Medical Services Plan.

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Who can be a Delegate?

The Medical Director may delegate signing authority at their discretion; however, the Medical Director remains responsible for all information authorized. If a delegate is signing the form, the delegate must identify the Medical Director on whose behalf they are authorizing the information.

How do you define a New Full Time Staff Member?

A practitioner working at a diagnostic facility on a full-time basis, usually providing service at least 9 months or more of the year.

How do you define a New Part-Time Staff Member?

A practitioner working at a diagnostic facility on a part-time basis, usually providing service for a period of less than 9 months of the year.

How do you define a Locum?

A practitioner with appropriate medical staff privileges who substitutes on a temporary basis for another practitioner. Locums may cover for either Full Time Staff Members or Part-Time Staff members.

What is a New Service/Modality?

Provision of a new service, or modality, by a practitioner who is already working/providing services at a facility where that practitioner has an existing assignment of payment in place.

How do you define Renewal?

Applies to a practitioner who will be providing the same services as those listed on their previous AOP form, at the same facility, without any break in the coverage period.

What is the Effective Date of Service?

The start/end dates of the assignment of payment. For the purpose of the AOP form, practitioners may have a continuous effective date of service for a maximum of two (2) years.