

Approved Laboratory Services Facility Operator Payment Administration User Guide

This guide provides an overview of the Laboratory Operator Payment Administration process, and information for completing and submitting an Operator Payment Administration (OPA) form.

Overview of the Operator Payment Administration process

The Operator Payment Administration process facilitates payment of Fee-For-Service (FFS) laboratory outpatient claims made by approved laboratory facilities/operators. When submitting a claim to HIBC through Teleplan, a valid practitioner number as well as the facility detail is required for the claim to be processed. The practitioner number must first be linked to the facility, to do this an OPA form must be completed and authorized by both the physician and the operator, or authorized representative of the facility, and submitted for processing. The operator is responsible for the accuracy and appropriateness of the claims made under the selected practitioner number.

Completing an Operator Payment Administration form

Incomplete forms will not be processed. Prior to submission, please ensure all parts of the OPA form are accurate and complete. The OPA form consists of two parts:

- A. Laboratory Medicine Physician Detail
- B. Operator/Facility Representative Detail and Approved Laboratory Facility Detail

Part A1 and A2 – Laboratory Medicine Physician(s) Detail

- Physician's first and last name must be present.
- Medical Services Plan (MSP) practitioner number must be correct.
- Physician's **MUST** be a Laboratory Medicine physician (as defined in the Laboratory Services Act) and authorized to practise by the College of Physicians and Surgeons of British Columbia, in one or more of the following specialties:
 - general, anatomical or hematological pathology;
 - medical biochemistry;
 - medical genetics;
 - medical microbiology
 - neuropathology.
- Please provide the position/title of the Laboratory Medicine physician.
- Laboratory Medicine physician must sign and date this section.

Part B – Operator/Facility Representative Detail and Approved Laboratory Facility(s) Detail

- Operator is defined as: the owner, the person having responsibility for the daily operation of the laboratory facility, or a regional health board or prescribed agency.
- The operator/facility representative must include their name and position/title
- All OPA forms **MUST** be signed and dated by the operator/facility representative
- OPA effective date(s) of service must be between one day and four years and may not exceed four years. The OPA effective date cannot be prior to the effective date of a new facility.
- Facility name(s), not the organization, must be stated.
- Associated payment number(s) and facility number(s) must be provided.

Note: One OPA form may be used for two (2) physicians and for up to five (5) facilities.

Submitting an Operator Payment Administration form

Once the Operator Payment Administration form has been completed and authorized, submit the form via the secure upload tool at the following location:

<https://labfacilities.phsa.ca/secureupload/>

- **Step 1:** Scan the form and save a digital copy to your computer
 - a. You can upload and send up to five separate forms
 - b. Each form must be saved as a separate document in an approved file format (PDF; JPG; PNG; GIF; BMP).
 - c. Each file must be named for the physician(s) whose name(s) are on the OPA form.
 - d. In naming your files, please:
 - i. Use the physician's last name, then first name.
 - ii. Use lower case letters only.
 - iii. Use dashes "-" to separate names (do not use spaces or underscores).
 - iv. Do not use special characters including spaces, underscores or periods.
- **Step 2:** Open the secure web upload form in your browser
- **Step 3:** Supply your contact information in the required fields
- **Step 4:** Click "Choose File" and locate the scanned form on your computer and click "Open" to add file. Repeat to add additional forms to a maximum of five separate OPA forms.
- **Step 5:** Click "Submit Form"

After submitting the form, you will receive a popup box indicating that the form was successfully uploaded. Within 24 hours, you will receive a confirmation email that your form was received and is being processed. To report any issues with the upload tool, please email: labfacilities@phsa.ca

Note: Due to the sensitive nature of some of the information, all forms **must** be submitted through the secure upload tool on the website. To access these forms, please go to:

<https://labfacilities.phsa.ca/secureupload>

Freedom of Information and Protection of Privacy

Your personal information is collected under the authority of section 26(1) of the *Laboratory Services Act* (LSA) for the purpose of administration of the LSA, as it relates to the processing of your Operator Payment Administration form and for record keeping. If you have any questions about the collection of your personal information, please contact Provincial Laboratory Medicine Services, PHSA, at: labfacilities@phsa.ca.

Processing

The assessment and processing of an OPA form is conducted by Health Insurance BC. Health Insurance BC will

1. Confirm key information (e.g. physician status, facility accreditation and approval status),
2. Establish the physician to facility connection and the physician to payment number connection.

Allow a minimum of 30 days for the OPA to be fully processed. Prior to submitting billings, we recommend you confirm the OPA has been fully processed. To check the status of your OPA, call Health Insurance BC toll-free at 1 866 456-6950. When confirming the status of an OPA, be sure to verify both the facility and payment number connection.