

the optical Benefact



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A BULLETIN FOR HEALTH SERVICE PROVIDERS FROM ALBERTA BLUE CROSS

New format for claim statements begins this month

Based on customer and provider feedback, this month Alberta Blue Cross will begin issuing statements for both providers and members in an enhanced format. To help you prepare for the change, this issue of the *Optical Benefact* highlights the new features of the statement and what it will mean for optical service providers.

When you have questions or comments

For assistance with optical claim inquiries, please contact Alberta Blue Cross at:

780-498-8083
(Edmonton and area)

1-800-588-1195
(toll free)

Support is available from
8:30 a.m. to 5 p.m.
Monday to Friday.

General changes

The new format (see sample, over):

- is easier to read and understand;
- for claim payments, has an at-a-glance summary of what was claimed on the plan, what was not covered and what was paid;
- clearly presents the patient's name and identification and reference document numbers—separate from the details of the patient's claim information.
- presents claim details in a simpler format, in most cases with fewer elements;
- includes clear definitions of key terms, and
- minimizes paper wastage through double-sided printing on legal-sized paper.

Details for all claims submitted during the billing period are presented in the same format as claim statements issued directly to patients if they were billed directly—for optical and other eligible health services.

If the patient wishes to receive a copy detailing their claim, ask them to call Alberta Blue Cross for a member copy of their individual claim. The customer contact numbers are 780-498-8000 (Edmonton and area), 403-234-9666 (Calgary and area) or 1-800-661-6995 (toll-free).

The cover summary page(s) contains the same information as the current statement. It is presented in the new format with a claims total summary box to assist with your reconciliation processes.

(continued on next page)

*A supply of announcement notices for your patients is enclosed.
Please contact us if you would like more copies.*


Highlights of redesigned claim statement

- **Cover summary page** now features a *Health claim summary* box to assist with your reconciliation processes.
- **Separate listing** for electronic and assigned claims, with total number of each type.
- **Please note:** If a patient has more than one Alberta Blue Cross plan, the summary list will include a line for each of his/her ID numbers, including the claimed amount. As a result, the total claimed amount at the bottom of the page/statement will be greater than the *Total amount claimed* in the *Health claim summary* box at the top of the statement. Please use the information in the Health claim summary box to reconcile your accounts.

The new format is easier to read and understand, presenting claims detail in a simple format with fewer data elements.

- The optical provider's detailed claim statement contains the listing for all patients whose claims were submitted.
- Each patient's name, ID and reference document numbers are clearly presented at the top of all claims lines relating to that patient.
- If a patient requires a claims statement for the services provided to him/her, please advise them to directly contact Alberta Blue Cross or their other benefits carrier.

Please keep your claims summary and detail statements handy for easy reference. That way you can confirm a claim's status before contacting Alberta Blue Cross. This will save you time!



PROVIDER SUMMARY
 Direct deposit payment date: June 11, 2009
 Health statement number: 14980953
 PAYMENT MADE BY DIRECT DEPOSIT: 123456

SAMPLE

ANY ALBERTA OPTOMETRIST CLINIC
12318 ANY AVE NW
ANY TOWN AB X5X XKX

Health claim summary

Total amount claimed	\$887.23
Amount not covered	\$112.00
Total amount paid	\$775.23

Details

Electronic claims	ID number	Patient name	Amount claimed	Amount paid
Document number	0607855-34	Bernie Desk	112.00	240.45
697493	0917322-32	Perry Chair	332.45	\$240.45
697563		Number of claims: 2		
Totals				


Assigned claims

Document number	ID number	Patient name	Amount claimed	Amount paid
697716	0924422-50	Jane Doe	\$34.78	250.00
697716	445345-34	Jane Doe	\$34.78	284.78
Totals		Number of claims: 2	\$1,069.56	\$534.78

Our mailing address is Alberta Blue Cross, 10009-108 Street NW, Edmonton, Alberta T5J 3C5.

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PROVIDER SUMMARY
 Detailed Listing
 Date: June 11, 2009
 Health statement number: 14980953
 Cheque number: 123456

SAMPLE

ANY ALBERTA OPTOMETRIST CLINIC
12318 ANY AVE NW
ANY TOWN AB X5X XKX

Patient name: Bernie Desk
ID number: 0607855-34 **Group:** 3456 **Section:** BC

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2009/05/18	Eye Exam - Routine	112.00	0.00	100%	0.00	0.00	
Totals for Bernie		\$112.00	\$0.00		\$0.00	\$0.00	
*Explanations							
		\$112.00	\$0.00		\$0.00	\$0.00	307

See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.

307 The maximum allowed for this service has been reached for this benefit period.

Patient name: Perry Chair
ID number: 0917322-32 **Group:** 1234 **Section:** 32

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2009/05/19	Prescription Sunglasses	240.45	240.45	100%	0.00	240.45	
Totals for Perry		\$240.45	\$240.45		\$0.00	\$240.45	

Patient name: Jane Doe
ID number: 0924422-50 **Group:** 269 **Section:** B2

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2009/05/20	Prescription Glasses	\$34.78	250.00	100%	0.00	250.00	
Totals for Jane		\$34.78	\$250.00		\$0.00	\$250.00	3115A
*Explanations							
		\$34.78	\$300.00		\$250.00	\$284.78	3115B

See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.

3115A Payment has been reduced as the maximum allowed for this service has been reached. The service is limited to \$250 in any 24 months.

Patient name: Jane Doe
ID number: 445345-34 **Group:** 73 **Section:** 8

Service date YYYYMMDD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2009/05/20	Prescription Glasses	\$34.78	300.00	100%	250.00	284.78	
Totals for Jane		\$34.78	\$300.00		\$250.00	\$284.78	3115B
*Explanations							
		\$34.78	\$300.00		\$250.00	\$284.78	3115B

See the numbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.

3115B Payment has been reduced as the maximum allowed for this service has been reached. The service is limited to \$300 in any 24 months.

Understanding this statement - Terms and explanations

Eligible amount: This is the portion of the Claimed amount (not exceeding the amount claimed) that is calculated to be eligible for reimbursement subject to the terms of your plan. It includes deductible and/or co-payment amounts if they apply. You are responsible for the remaining cost not covered by your plan(s).
Please note: It is important to refer to your benefit information to determine what is covered.

Other plan paid: This is the amount another benefit plan has already paid for your claim. Through coordination of benefits (COB), eligible individuals, couples or families with more than one benefit plan can combine their benefit coverage to receive up to 100 percent of the amount charged. If you have other coverage and have not claimed through it, you may submit this statement as part of the claim to your other benefit carrier for coordination of benefits.

Private and confidential: This statement is issued for use only by the provider of service for purposes of claims processing and payment and is not to be shared with any third party. If the patient requires a statement pertaining to a claim for services provided, please advise them to contact their benefits carrier directly.

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