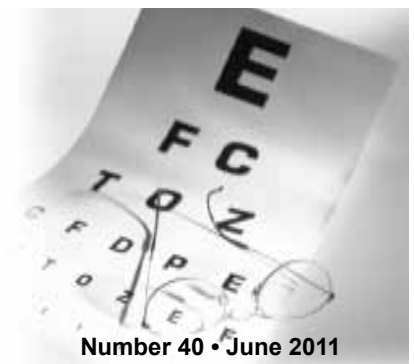


the optical Benefact



Number 40 • June 2011

A BULLETIN FOR HEALTH SERVICE PROVIDERS FROM ALBERTA BLUE CROSS

Changes to ID cards for some Alberta Health Services employees

As of June 1, 2011, thousands of Alberta Health Services employees will have transitioned to different Alberta Blue Cross plan numbers and some employees will move to consolidated plans.

New Alberta Blue Cross ID cards

Participants in these plans have recently received new Alberta Blue Cross identification cards. In order to ensure your patient profiles are up-to-date, we encourage you to ask your patients to present their Alberta Blue Cross ID card at their next appointment.

Optical Assistance for Seniors Program benefits update

Eligibility for the Optical Assistance for Seniors Program is based on income and is reviewed each July by Alberta Seniors and Community Supports (ASCS). Seniors with incomes that fall within the program threshold may have coverage for eligible services provided under the program.

Effective July 1, 2011, there may be changes to the coverage levels of your patients who are covered by the program. Your office can confirm eligibility and coverage levels for your patients by using the Alberta Blue Cross electronic claim system.

It is important to note that payment will be based on eligibility and the coverage levels in effect on the date the services are provided. If coverage has changed since a predetermination was completed, payment will be made according to current coverage levels and not based on the prior predetermination.

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When you have questions or comments

For assistance with optical claim inquiries, please visit the Alberta Blue Cross web site at:
www.ab.bluecross.ca/providers/provider-optical-home.html
or contact Alberta Blue Cross Provider Relations at:
1-800-588-1195 (toll free)
Support is available from 8:30 a.m. to 5 p.m. Monday to Friday



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Entering the correct amount on claims

Please ensure you enter the total cost of a product or service when submitting claims electronically. The amount entered on the claim should be the total cost of a product or service, after any discounts or promotions have been deducted. It is important that the details on the receipt issued to the patient match the claim information entered electronically. Many Alberta Blue Cross members have coordination of benefits in place, and entering the correct cost will ensure payment is made accurately under each plan.

Preauthorizing/predetermining benefits

When requesting a preauthorization or predetermination to determine the amount of coverage available for a patient, please enter the actual cost and not an estimate whenever possible. If the actual cost has not been determined and the patient would like to know the extent of his or her benefit coverage, an estimated amount can be entered. However, you **must** adjust the estimated amount to the actual cost prior to submitting the claim.

Example:

The patient purchases a pair of prescription glasses in the amount of \$600. This is the net amount after discounts or promotions have been deducted.

Correct procedure:

- Enter the full price of glasses (\$600) into the predetermination or preauthorization screen.
- Alberta Blue Cross determines eligibility to be \$250.
- Submit claim for full price of \$600.
- Alberta Blue Cross pays \$250 to the provider and the patient pays the remainder of \$350.
- If the patient has other coverage, this amount can be considered under that plan.