

Enhancements to the provider online services web site designed to make your life easier

You spoke; we listened

In October 2012, we surveyed a variety of health service providers about our online services web site. Although we received plenty of positive feedback, we also saw room for improvement. In response to your feedback, we're excited to announce the following enhancements to our online services web site scheduled to launch Feb. 24, 2014.

60-day claim submission

Although we appreciate your diligence in submitting claims within the mandatory 30 days, we're aware that a 30-day time frame can make you feel rushed, especially at month-end. In response, we've prolonged the claim submission deadline to 60 days. In order to access the prolonged claims submission deadline, providers must reaccept the Online Services Billing Agreement. You will be prompted to do so on Monday, Feb. 24.

Single sign-on

If you work in an office with multiple health provider practices, such as chiropractic, massage therapy and physiotherapy, you know that each provider practice must sign in separately to submit an online claim. To save you time and simplify the claims process, our new sign-in process will allow providers to use a single login ID to submit claims for products belonging to multiple provider practices. Despite a single sign-on, your existing billing arrangements will remain the same. If you wish to change from multiple sign-on to single sign-on, please fill out the [Request for Change form](#) and indicate your preferred login ID.

Please note: Single sign-on only applies to clinics with multiple health provider practices. This enhancement does not apply to optical providers.



Claims cancellation

Because changes may be required after a claim is submitted, you will now have the opportunity to cancel a claim on your own. Each claim submitted will display a "cancel" option to make cancellation quick and easy. Please refer to the user guide links below to view the process.

Amalgamated online billing agreement

In order to streamline information across different provider practices, the chiropractic, massage therapy, optical and physiotherapy online agreements have been amalgamated into one. This agreement has been updated in order to clarify the meaning of certain provisions. For this reason, you will be required to reaccept the amalgamated version of the original online agreement. This new version will be effective Monday, Feb. 24. You will be prompted to accept the agreement when logging in.

User guides and registration forms

With the amalgamation of the online billing agreement, we've also simplified our online resources. We now have one user guide for [optical](#) and an amalgamated user guide for [chiropractic, massage therapy and physiotherapy](#). We've updated our registration forms as well.

Optical providers: If you're registering for online claim submission for the first time or have changes to report to your existing account, please fill out the [Optical Provider Request for Access form](#).

Chiropractic, massage therapy and physiotherapy providers: If you're registering for online claim submission for the first time, please fill out the [Request for Access form](#). If you currently have access to online billing but have information changes to report or would like to switch to single sign on, please complete the [Request for Change form](#).

Changes to the online billing agreement are as follows:

- Terms and Definitions have been adjusted to cover all provider practices/types utilizing the online services web site.
- Claim submission has been extended from 30 days to 60 days (4.6).
- Clarification that providers agree to collect monies owed directly from the member for claims exceeding the 60-day claiming period (4.7).
- The ministry name of Alberta Employment and Immigration has been updated to Alberta Human Services (4.3 and 5.1) – applicable to optical providers only.
- Addition that providers will access any and all available public funding and will submit claims to Alberta Blue Cross if the services are not eligible under the publicly funded program (5.3).
- Clarification that failure to make treatment and billing records available to Alberta Blue Cross for audit purposes will constitute a substantial breach of the agreement and grounds for immediate termination (6.2).
- Clarification that the agreement becomes effective upon acceptance of the agreement as instructed on the site (9.1).
- Clarification that the agreement cannot be assigned by the provider to another party (11.1).

If you have any questions about these enhancements or the amalgamated agreement, please contact one of our Health Services Provider Relations representatives at 780-498-8083 (Edmonton and area), or toll free at 1-800-588-1195 (all other areas).