



# AADL Respiratory Benefits Program

## authorization and claim user guide



### online claims submission

*... convenient service, delivered  
through an easy-to-use secure web site*

<http://provider.ab.bluecross.ca/health>

October 2020

# AADL Respiratory Benefits Program: Authorization and Claim User Guide

## Introduction

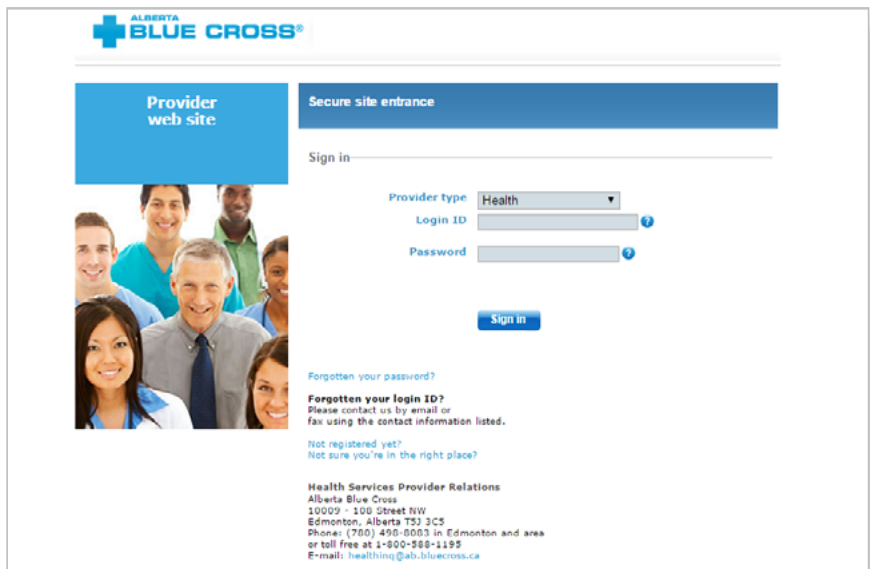
Alberta Blue Cross is pleased to offer online authorization and claim submission for AADL respiratory benefits providers. This convenient service is delivered through an easy-to-use secure web site and is available at no cost to respiratory providers and physicians across Alberta. Online submission provides the convenience of direct billing for eligible services for your customers with coverage through the Alberta Aids to Daily Living program. You are assured of a prompt response directly from Alberta Blue Cross.

## Registering for site access

To register for online authorization and claims submission, you must complete the Request for Secure Web Site Access web form. Details about completing this form can be accessed through our public web site at [ab.bluecross.ca](http://ab.bluecross.ca). Please fax your completed form to

### Fax

1-855-598-3583 (toll free)  
780-498-3585 (Edmonton and area)



ALBERTA BLUE CROSS®

Provider web site

Secure site entrance

Sign in

Provider type: Health

Login ID

Password

Sign in

Forgotten your password?

**Forgotten your login ID?**  
Please contact us by email or fax using the contact information listed.

Not registered yet?  
Not sure you're in the right place?

**Health Services Provider Relations**  
Alberta Blue Cross  
10009 - 100 Street NW  
Edmonton, Alberta T5J 3C5  
Phone: (780) 498-8083 in Edmonton and area  
or toll free at 1-800-568-1195  
E-mail: [healthinq@ab.bluecross.ca](mailto:healthinq@ab.bluecross.ca)

The Health Services AADL team at Alberta Blue Cross will create your web site access based on your completed registration form. To protect your security, a login ID and temporary password will be sent in two separate emails to the email address provided on your registration form. Once you have received both of these emails, you can begin serving your patients through online authorization submission.

## Getting started online

Please refer to the information in the emails Alberta Blue Cross sends you when your initial registration is approved. These emails will contain your login ID and temporary password. Navigate to the Alberta Blue Cross AADL web site at <http://provider.ab.bluecross.ca/health> and enter the login ID and password in the applicable fields. You will be asked to agree to the Web Site Policy and Online Billing Agreement, set up your two “reminder questions” and change your temporary password. This information will be used to verify your identity if you forget your password or require information about your account. Subsequent sign-ins will only require your login ID and password.

## Authorizing and claiming online is quick, easy and secure!

Authorizing and claiming online is quick, easy and secure. After validating a patient’s identity, you simply submit the authorization or claim for processing. Within seconds of submission, results are displayed. The transaction is then complete.



### Help

If you have questions about a screen, click on the blue button with a question mark. The help button has answers to questions that are frequently asked about the section.



# Easy steps to submitting and processing an authorization

- 1 Enter the patient's information:**  
 Navigate to the **"Enter authorization"** menu option and enter the patient's Personal Health Number and birth date and then click on the **"Search"** button.

- 2 Authorization details:**  
 Select the **"Benefit type"** (Oxygen, Non-Oxygen, BPAP, Ventilator), **"Authorization type"** and **"Practitioner"** for the authorization submission. Depending on the authorization selected, you may be asked to provide the medical rationale by checking all appropriate options.

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Contact us | Help | Sign out

Overview Enter authorization Enter claim Upload Claim File Reports Resources Your profile

Enter authorization request  
Enter details

Patient information  
Name Jane Doe  
Personal Health Number 907854321

Authorization details

Benefit type Oxygen

Authorization type RHI - AADL Authorization

Practitioner Choose one - Jane Doe Add Practitioner

Cancel Next

3

### Documentation details:

A listing of possible documentation types will be displayed based on the authorization selected. Check the boxes next to each document type that you will be submitting for review, along with any document details requested such as dates or specific values. You also have access to a comments section if you would like to provide any additional details on the documents.

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Overview Enter authorization Enter claim Upload Claim File Reports Resources Your profile

Enter authorization request  
Enter details - RHI1 authorization

Patient information  
Name Jane Doe  
Personal Health Number 907854321

Documentation details

Please select each supporting document in your possession and enter any corresponding values.  
\* denotes a mandatory supporting document

\*Respiratory Setup Assessment

\*Arterial Blood Gas (ABG)

\*Physician/Nurse Practitioners Prescription

\*Oximetry Test Printout with date and time

Comments

Back Cancel Next

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Overview Enter authorization Enter claim Upload Claim File Reports Resources Your profile

Enter authorization request  
Enter details - RHI1 authorization

Patient information  
Name Jane Doe  
Personal Health Number 907854321

Documentation details

Please select each supporting document in your possession and enter any corresponding values.  
\* denotes a mandatory supporting document

\*Respiratory Setup Assessment  
Setup assessment date 2017-06-10

\*Arterial Blood Gas (ABG)  
ABG Test Date 2017-06-10  
PaO2 at rest 55

\*Physician/Nurse Practitioners Prescription

\*Oximetry Test Printout with date and time  
Oximetry Test Date 2017-06-10  
SpO2 88

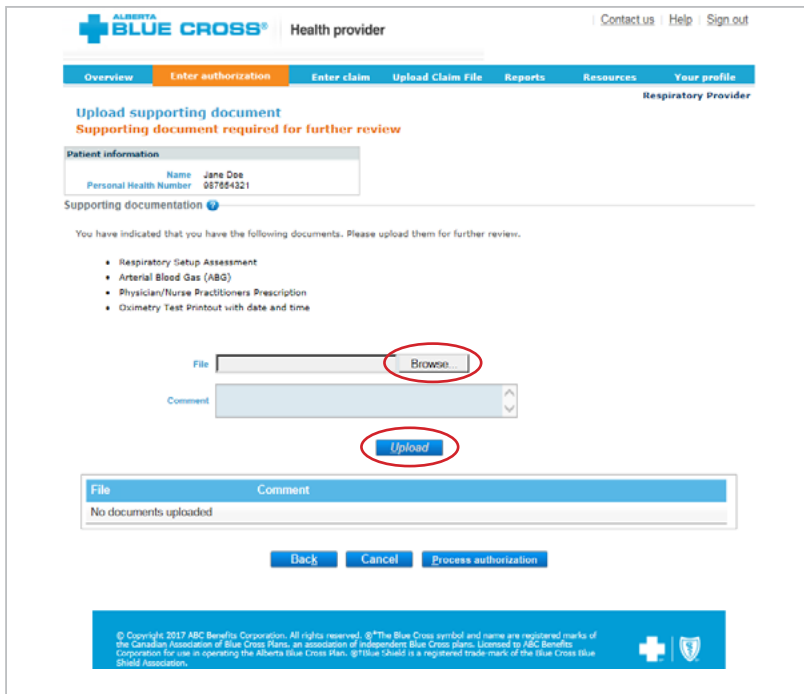
Comments

Back Cancel Next

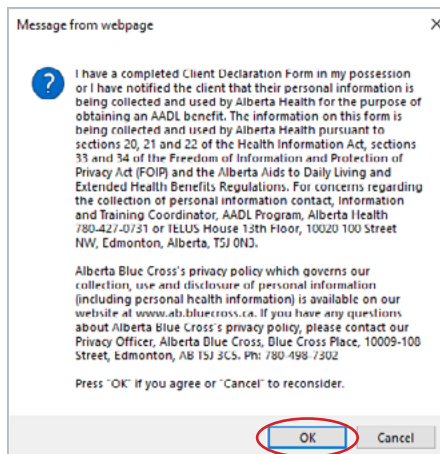
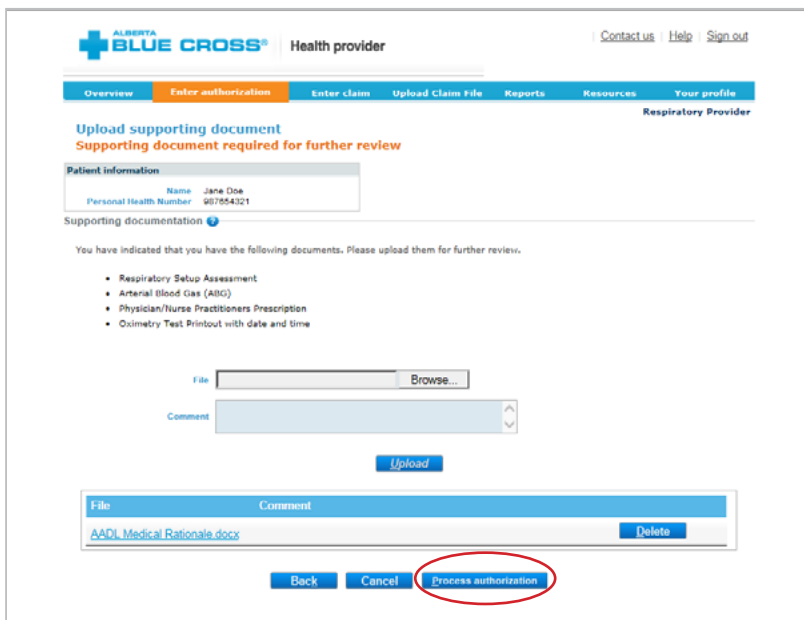
4

**Supporting documentation:**

You will now be asked to upload the documents that you have selected. These can be added individually or in one combined file, depending on your records. Click on **"Browse"** and select the file. For each file, you have the option of adding additional comments. Click on **"Upload"** and the file will be added to the summary table. You have the option to remove any files that were mistakenly uploaded.



Once all files have been uploaded, click on **"Process authorization."** You will now be asked to confirm that you have patient consent in a pop-up window. Click **"OK"** if you agree to proceed.



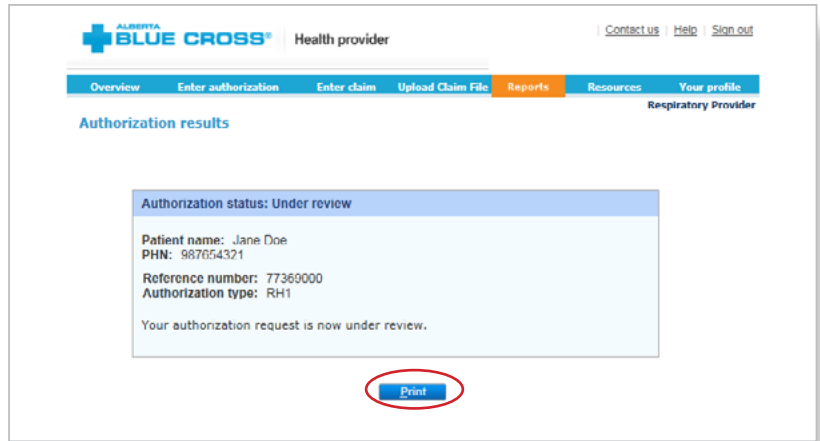
5

**Authorization results:**

You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate whether your authorization request has been approved, rejected or pending for further review.

**Print summary:**

A printable copy of the authorization results is available by clicking on the “Print” command.



# Easy steps to submitting and processing a claim

## 1 Enter the patient's information:

Navigate to the "Enter claim" menu option and enter the patient's Personal Health Number and birth date and then click on the "Search" button.

The screenshot shows the top navigation bar with the following items: Overview, Enter authorization, Enter claim (circled in red), Upload Claim File, Reports, Resources, and Your profile. Below the navigation bar, the page title is "Enter respiratory benefit program claim". Underneath, there is a section for "Enter patient" with two input fields: "Personal Health Number" and "Date of birth (YYYY MM DD)". At the bottom of this section, there are two buttons: "Clear" and "Search" (circled in red).

## 2 Add your invoice number:

If you wish, add your invoice number.

### Claim details:

Select the appropriate "Benefit type," "Product category" and "Product" then enter the service date, quantity and total cost. Once you click on "Add claim," you will see the product appear in the summary table. Repeat these steps for each product being considered.

When you are satisfied with the details you have entered, check that you have a completed patient consent form and then click on "Process claim."

The screenshot shows the "Enter details" section of the "Enter respiratory benefit program claim" page. It includes a "Patient information" section with fields for Name (Jane Doe) and Personal Health Number (987654321). Below that is an "Invoice details" section with an "Invoice number" field. The "Claim details" section contains three dropdown menus: "Benefit type" (circled in red), "Product category", and "Product". To the right of these are fields for "Service date (YYYY-MM-DD)", "Quantity", and "Total cost (\$)". An "Add claim" button is located at the bottom right of the form.

This screenshot is similar to the previous one, but the "Benefit type" dropdown menu is open, showing a list of options: "Non-oxygen", "CPAP", and "Oxygen". The "Benefit type" label and the dropdown menu itself are circled in red. The "Add claim" button remains at the bottom right.



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Overview Enter authorization **Enter claim** Upload Claim File Reports Resources Your profile

Respiratory Provider

### Enter respiratory benefit program claim

Enter details

**Patient information**

Name Jane Doe  
Personal Health Number 987654321

**Invoice details**

Invoice number

**Claim details**

Benefit type Oxygen  Service date (YYYY-MM-DD)

Product category **Please choose one**  Quantity

Product **Please choose one**  Total cost(\$):

[Add claim](#)  
[Cancel](#)

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Overview Enter authorization **Enter claim** Upload Claim File Reports Resources Your profile

Respiratory Provider

### Enter respiratory benefit program claim

Enter details

**Patient information**

Name Jane Doe  
Personal Health Number 987654321

**Invoice details**

Invoice number

**Claim details**

Benefit type Oxygen  Service date (YYYY-MM-DD)

Product category O2 Services  Quantity

Product **Please choose one**  Total cost(\$):

**Please choose one**

- Percentage Fees - Respiratory Equipment
- Urban Flat Fee
- Rural Flat Fee
- Urban Flat Rate Set Up
- Setup Heavy Duty Compressor (Rural)
- Setup Heavy Duty Compressor (Urban)
- Setup Suction Therapy - Rural
- Setup Suction Therapy - Urban
- Service Suction - Prior Approval
- Service for HD Compressor - Prior Approval
- Pick up of Respiratory Therapy Equipment
- Rural Flat Rate Set Up
- Urban Resart Set Up

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Overview Enter authorization **Enter claim** Upload Claim File Reports Resources Your profile

Respiratory Provider

### Enter respiratory benefit program claim

Enter details

**Patient information**

Name Jane Doe  
Personal Health Number 987654321

**Invoice details**

Invoice number

**Claim details**

Benefit type Oxygen  Service date (YYYY-MM-DD) 2017-08-31

Product category O2 Services  Quantity 31 Day(s)

Product Urban Flat Fee  Total cost(\$): 337.28

[Add claim](#)  
[Cancel](#)

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Overview Enter authorization **Enter claim** Upload Claim File Reports Resources Your profile

Respiratory Provider

### Enter respiratory benefit program claim

Enter details

**Patient information**

Name	Jane Doe
Personal Health Number	997854321

**Invoice details**

Invoice number

**Claim details**

Benefit type  Service date (YYYY-MM-DD)

Product category  Quantity

Product  Total cost(\$)

[Add claim](#)

Service Date	Benefit Type	Product	Quantity	Unit	Total cost(\$)	
2017-08-31	Oxygen	Urban Flat Fee	31.00	Day(s)	537.28	<a href="#">Modify</a> <a href="#">Remove</a>
					<b>\$537.28</b>	

[Cancel](#) [Process claim](#)

Message from webpage

**?** I have a completed Client Declaration Form in my possession or I have notified the client that their personal information is being collected and used by Alberta Health for the purpose of obtaining an AADL benefit. The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the Health Information Act, sections 33 and 34 of the Freedom of Information and Protection of Privacy Act (FOIP) and the Alberta Aids to Daily Living and Extended Health Benefits Regulations. For concerns regarding the collection of personal information contact, information and Training Coordinator, AADL Program, Alberta Health 780-427-0731 or TELUS House 13th Floor, 10020 100 Street NW, Edmonton, Alberta, T5J 0N3.

Alberta Blue Cross's privacy policy which governs our collection, use and disclosure of personal information (including personal health information) is available on our website at [www.ab.bluecross.ca](http://www.ab.bluecross.ca). If you have any questions about Alberta Blue Cross's privacy policy, please contact our Privacy Officer, Alberta Blue Cross, Blue Cross Place, 10009-100 Street, Edmonton, AB T5J 3C5. Ph: 780-498-7302.

Press "OK" if you agree or "Cancel" to reconsider.

[OK](#) [Cancel](#)

ALBERTA BLUE CROSS Health provider Contact us | Help | Sign out

Overview Enter authorization **Enter claim** Upload Claim File Reports Resources Your profile

Respiratory Provider

### Enter respiratory benefit program claim

Enter details

**Patient information**

Name	Jane Doe
Personal Health Number	997854321

**Invoice details**

Invoice number

**Claim details**

Benefit type  Service date (YYYY-MM-DD)

Product category  Quantity

Product  Total cost(\$)

[Add claim](#)

Service Date	Benefit Type	Product	Quantity	Unit	Total cost(\$)	
2017-08-31	Oxygen	Urban Flat Fee	31.00	Day(s)	537.28	<a href="#">Modify</a> <a href="#">Remove</a>
					<b>\$537.28</b>	

Your claim is being processed. Processing time may vary depending on the amount of information being processed. Thank you for your patience.

[Cancel](#) [Process claim](#)

3

**Print summary:**

A printable copy of the patient's Claim Statement is displayed. Click the **"Print"** command on the screen; you must provide the patient with a printed copy of the Claim Statement.

**Note:**

If a product or service is not related to a specific patient (such as a repair or stock item), please use the generic patient ID

The screenshot shows the Alberta Blue Cross Health provider portal. At the top, there are navigation tabs: Overview, Enter authorization, Enter claim, Upload Claim File, Reports, Resources, and Your profile. A message states: "You must provide the patient with a printed copy of this claim statement. Please click below to print." A button labeled "Print Alberta Blue Cross Statement" is circled in red. Below this, the Alberta Blue Cross logo is displayed. To the right, the date is September 12, 2017, and the document number is 77308507. A "We're here to help!" section provides contact information for Edmonton and area (780)458-8000, Calgary and area (403)234-9666, and a toll-free number 1-800-661-0995. Patient information includes Name: Doe, Jane and Personal Health Number: 097654321.

**Health claim summary**

Total amount claimed	\$337.28
Total amount not paid	\$40.88
Amount paid	\$326.40

**Details**  
Each claim you submit is assessed according to the benefit rules under the Alberta Aids to Daily Living Program.

Patient: Jane  
Provider: Respiratory Provider

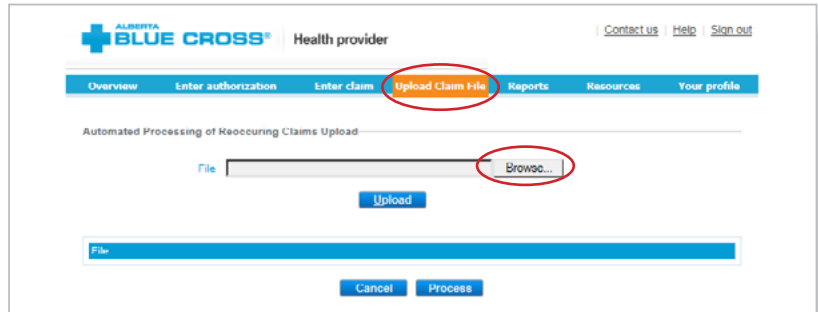
Service date (YYYYMMDD)	Product or service	Claimed amount	Eligible amount	Paid amount	Explanation number*
2017/09/21	Urban Flat Foo	337.28	326.40	326.40	1834
<b>Total</b>		<b>\$ 337.28</b>	<b>\$ 326.40</b>	<b>\$ 326.40</b>	

\*Explanations  
1834 The number of times the patient is entitled to this service has been exceeded with this claim.

*Please retain for your records*

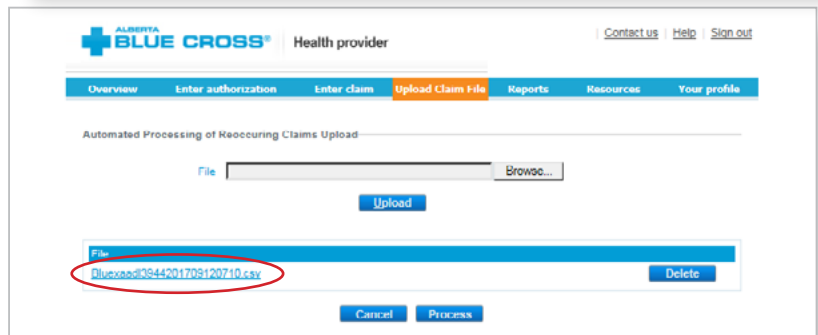
# Easy steps to upload a claim file

1 Navigate to **"Upload claim file"**

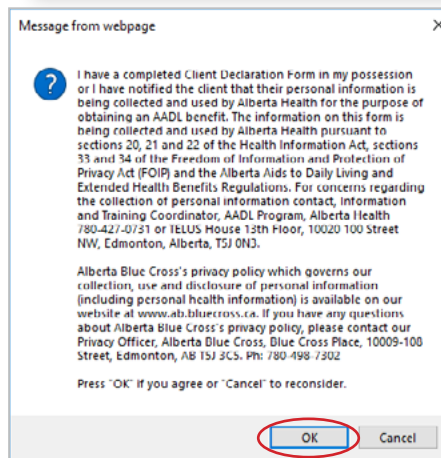


2 Click on the **"Browse"** button and select the claim file you would like to upload.

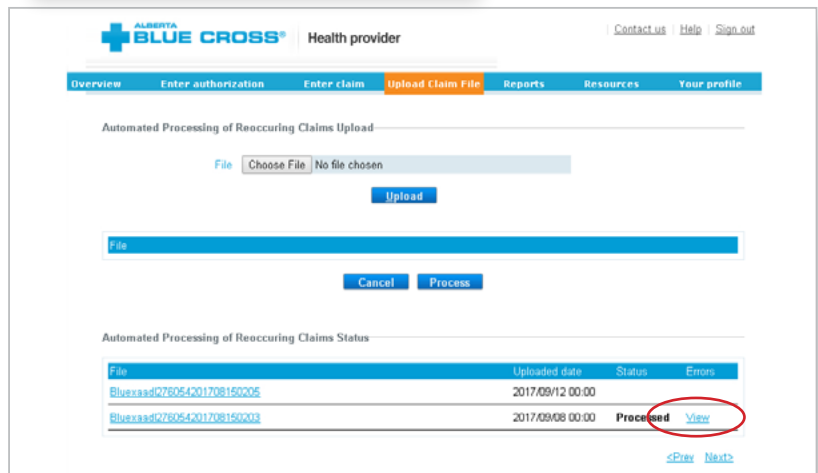
3 The file you have selected will appear in the summary table. You have the option of removing the file if an error has been made.



4 Click on **"Process."** You will now be asked to confirm that you have patient consent in a pop-up window. Click **"OK"** if you agree to proceed.



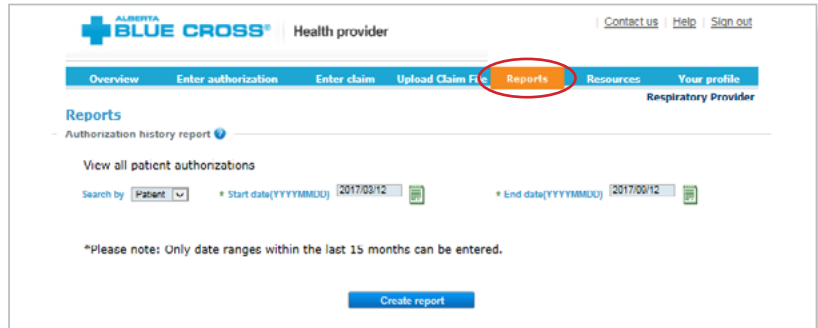
5 Once you have added the claim file, you will see the status in the summary table below. Any error reports will also be accessible by clicking on the **"View"** button.



# Easy steps to accessing reports

## 1 Navigate to the “Reports” menu option:

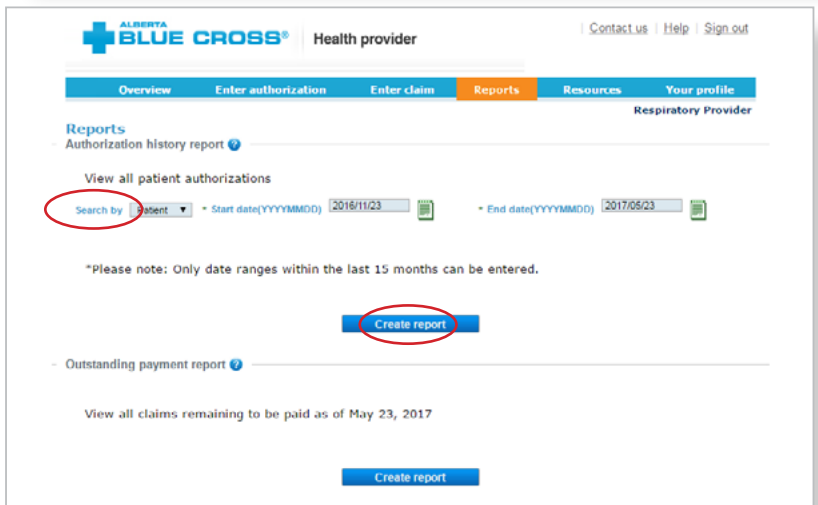
This screen allows you to pull up all authorizations for either a specific individual or submitted by your account.



## 2 Authorization history report – Patient Search:

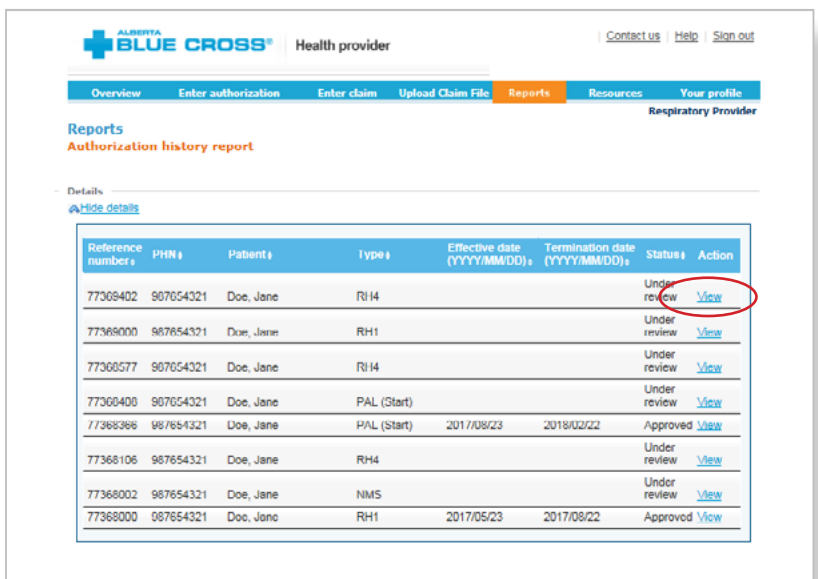
Select Patient in the “Search by” drop-down menu. Enter a start date and an end date for the claim information you wish to display (these dates must be within the previous 15 months). Click on “Create report.”

Once the report is created, enter the patient’s Personal Health Number (PHN) and Date of Birth (DOB).

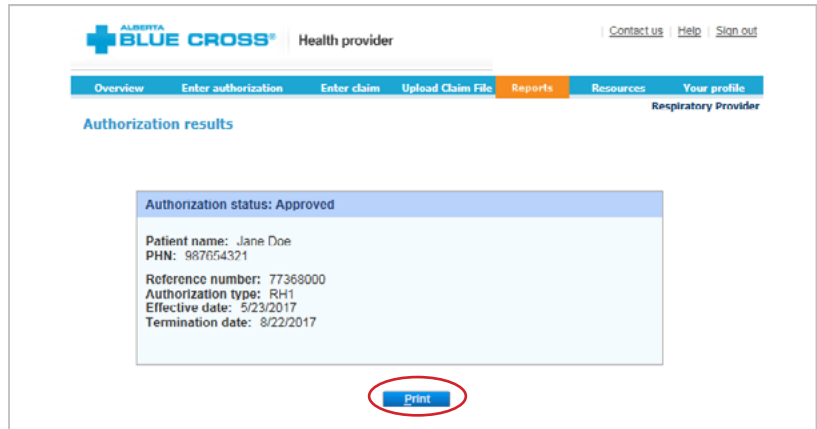


2a All authorizations which are active or were submitted for the selected individual within the specified time are listed on a printer-friendly screen. Reference numbers, authorization types, effective and termination dates as well as the status are all available for your reference.

2b Print summary: By clicking on “View” in the summary table, you will see a printable version of the authorization.

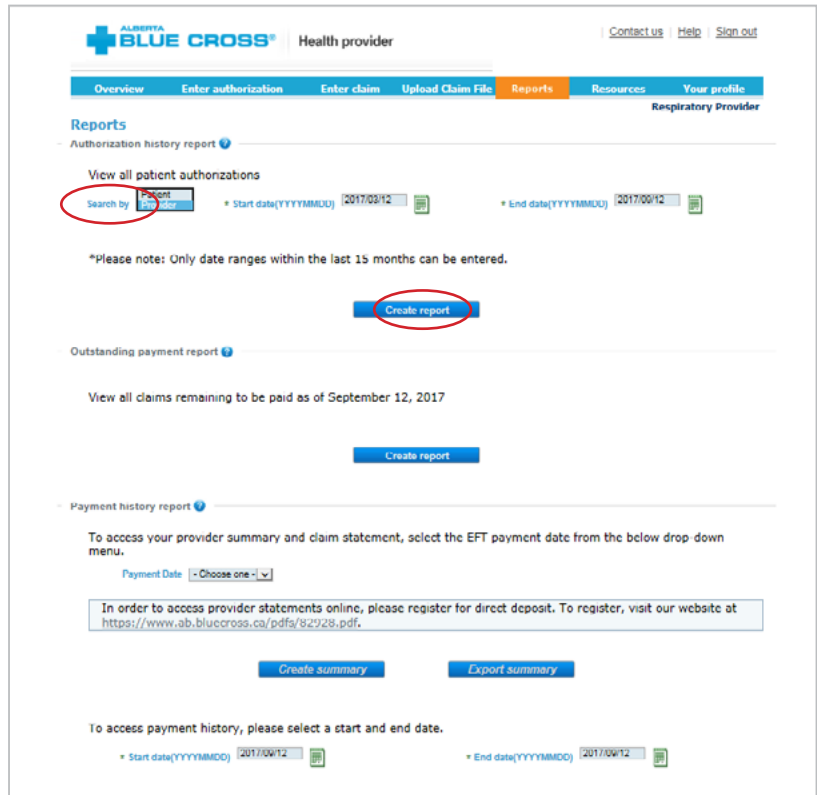


2c A printable copy of the report results is available by clicking the **“Print”** command.

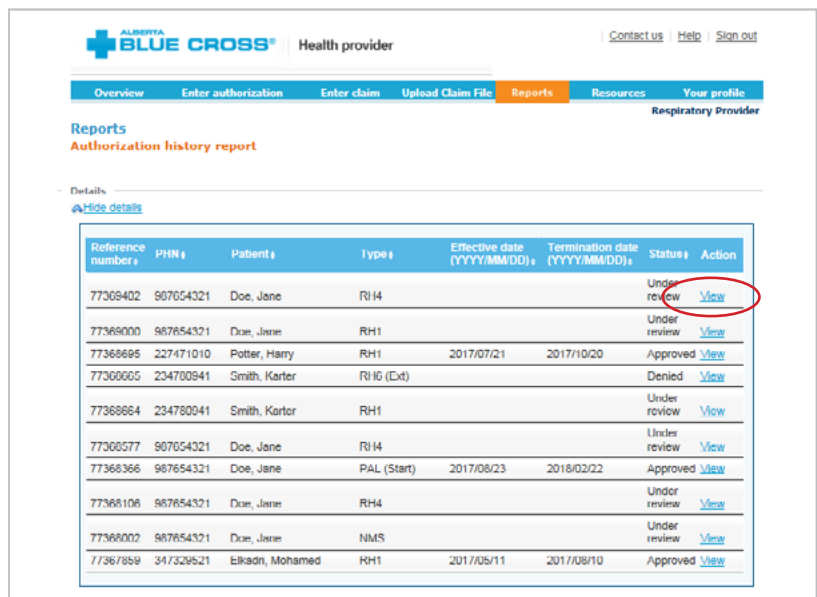


3 **Authorization history report – Provider Search:**

Select Provider in the **“Search by”** drop-down menu. Enter a start date and an end date for the claim information you wish to display (these dates must be within the previous 15 months). Click on **“Create report.”**



3a All authorizations that are active or were submitted by your account within the specified time are listed on a printer-friendly screen. Reference numbers, authorization types, effective and termination dates as well as the status are all available for your reference.



3b **Print summary:**  
By clicking on **“View”** in the summary table, you will see a printable version of the authorization.

3c A printable copy of the report results is available by clicking the "Print" command.

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Overview Enter authorization Enter claim Upload Claim File **Reports** Resources Your profile

Respiratory Provider

### Authorization results

**Authorization status: Approved**

Patient name: Jane Doe  
 PHN: 987654321  
 Reference number: 77368366  
 Authorization type: PAL (Start)  
 Effective date: 8/23/2017  
 Termination date: 2/22/2018

[Print](#)

4 **Outstanding payment report:** Alberta Blue Cross will make payments to your office once daily. The Outstanding Payment Report lists all transactions that are remaining to be paid, and allows you to cancel a claim.

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Overview Enter authorization Enter claim Upload Claim File **Reports** Resources Your profile

Respiratory Provider

### Reports

**Outstanding payment report**

Provider of service: Respiratory benefits program

Need help cancelling a claim?

Details

[Hide details](#)

Service date (YYYY/MM/DD)	Patient	Services	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number	Action
2017/08/31	Doe, Jane	Urban Flat Fee	337.28	326.40	77368507	<a href="#">View</a> <a href="#">Cancel</a>
<b>Total</b>			<b>\$337.28</b>	<b>\$326.40</b>		

[Click here to print](#)

ALBERTA BLUE CROSS® Health provider

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Overview Enter authorization Enter claim Upload Claim File **Reports** Resources Your profile

Choose another Claim Statement for this individual You must provide the patient with a printed copy of this claim statement. Please click below to print.

[Back](#) [Print Alberta Blue Cross Statement](#)

ALBERTA BLUE CROSS®

Date: September 12, 2017  
 Document number: 77368507

Patient Name: Doe, Jane  
 Personal Health Number 987654321

### Health claim summary

Total amount claimed	\$337.28
Total amount not paid	\$10.88
Amount paid	\$326.40

### Details

Each claim you submit is assessed according to the benefit rules under the Alberta Aids to Daily Living Program.

Patient: Jane  
 Provider: Respiratory Provider

Service Date (YYYY/MM/DD)	Product or service	Claimed amount	Eligible amount	Paid amount	Explanation number*
2017/08/31	Urban Flat Fee	337.28	326.40	326.40	1834
<b>Total</b>		<b>\$ 337.28</b>	<b>\$ 326.40</b>	<b>\$ 326.40</b>	

\*Explanation: 1834 The number of times the patient is entitled to this service has been exceeded with this claim.

*Please retain for your records*

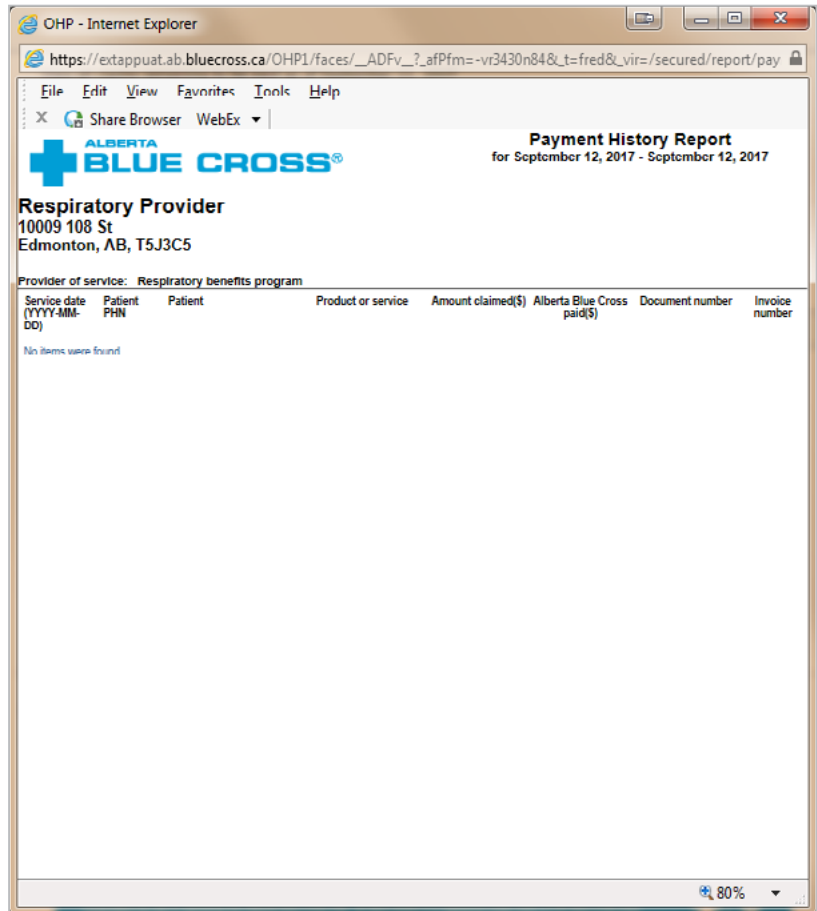
5

**Payment history report:**

Once the transactions have been paid, they will be removed from the "Outstanding Payment Report" and will appear on the "Payment History Report". You can view payment history for the last six months.

You can select the "Payment Date" and then click on "Create summary" to see a printable version of a summary of a particular payment.

Additionally, you can alternatively enter a start and end date to see a printable report of all payments within the specified dates.



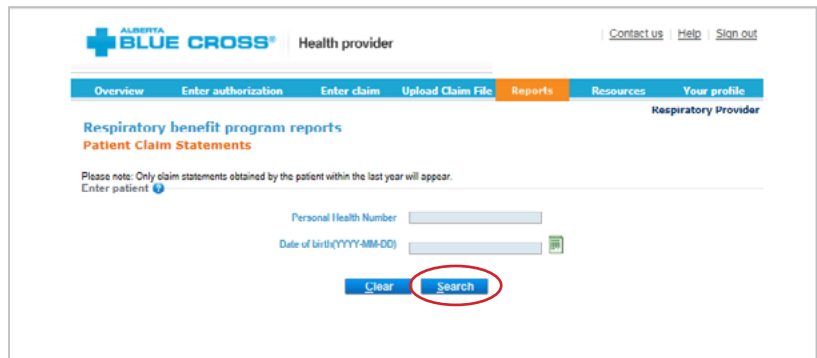
6

**Patient claim statements:**

This allows you to print a copy of the patient claim statements.

6a

Enter the patient's Personal Health Number and birth date and then click on the "Search" button.





6b

A listing of statements for the specified patient will appear. You have the option of clicking on the "Document number" to see a printable summary of the claim.

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Overview Enter authorization Enter claim Upload Claim File **Reports** Resources Your profile

**Patient Claim Statements**  
 \*Please Note: Only claim statements obtained by the patient within the last year will appear.

Patient information  
 Name: Doe, Jane  
 Personal Health Number: 907854321

Provider of service: Respiratory benefits program

Service date	Service	Claimed amount(\$)	Blue Cross Paid(\$)	Document number	Status
August 31, 2017	Urban Flat Fee	331.28	326.40	<a href="#">77368507</a>	Outstanding
June 15, 2017	Urban Flat Fee	165.00	0.00	<a href="#">77368578</a>	Complete
July 1, 2017	Urban Flat Fee	331.00	0.00	<a href="#">77368578</a>	Complete
July 1, 2017	Urban Flat Rate Set Up	182.00	0.00	<a href="#">77368578</a>	Complete
June 29, 2017	DPAP Ongoing Service Fee - SDB & Other	800.00	0.00	<a href="#">77368410</a>	Complete
June 29, 2017	Urban Flat Fee	331.00	331.00	<a href="#">77368409</a>	Complete
June 22, 2017	Cylinder holder for Wheelchair	50.00	50.00	<a href="#">77368367</a>	Complete
June 22, 2017	Rural Flat Fee	331.00	331.00	<a href="#">77368307</a>	Complete
June 1, 2017	Urban Flat Fee	331.00	331.00	<a href="#">77368107</a>	Complete
May 1, 2017	Urban Flat Fee	331.00	0.00	<a href="#">77368004</a>	Complete

To generate a claim statement, select the applicable Document number.  
 Please note that a statement may include multiple service dates.

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Overview Enter authorization Enter claim Upload Claim File **Reports** Resources Your profile

Choose another Claim Statement for this individual You must provide the patient with a printed copy of this claim statement. Please click below to print.  
[Back](#) [Print Alberta Blue Cross Statement](#)

**ALBERTA BLUE CROSS** Date: June 20, 2017  
 Document number: 77368409

Patient Name: Doe, Jane  
 Personal Health Number: 907854321

**Health claim summary**

Total amount claimed	\$331.00
Total amount not paid	\$0.00
Amount paid	\$331.00

**Details**  
 Each claim you submit is assessed according to the benefit rules under the Alberta Aids to Daily Living Program.

Patient: Jane  
 Provider: Respiratory Provider

Service date (YYYY/MM/DD)	Product or service	Claimed amount	Eligible amount	Paid amount	Explanation number*
2017/06/29	Urban Flat Fee	331.00	331.00	331.00	
<b>Total</b>		\$331.00	\$331.00	\$331.00	

*Please retain for your records*

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## Technical information

Using the Alberta Blue Cross AADL web site, an Internet connection and your browser, you can submit authorizations online at your convenience. Most computer systems today have everything required to use this web site successfully.

### **We're serious about privacy and security**

The confidentiality of your records is very important—to you, and to us. You are responsible for your login ID and password. They are intended for your office's use only. We protect your information in various ways, including

- encrypting all information,
- securely delivering your login ID and password,
- denying access to web site users after five consecutive, unsuccessful sign-in attempts,
- automatically signing site users out after 30 minutes of inactivity, and
- requiring written authorization before granting access to the Alberta Blue Cross AADL web site.



## Contact us

For more information about access to the Alberta Blue Cross AADL web site, contact Alberta Blue Cross AADL team.

**Phone**

587-756-8629 (Edmonton and area)

1-888-828-8738 (toll free, all other areas)

**Email**

HealthServicesAADLINquiries@ab.bluecross.ca

<http://provider.ab.bluecross.ca/health>

The online claims submission system is available Monday to Sunday, 8 a.m. to 9:30 p.m. MT.

Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. MT.

