ALBERTA BLUE CROSS®

AADL MEDICAL SURGICAL AND BENCHMARK MOBILITY PROGRAM

AUTHORIZATION AND CLAIM USER GUIDE

January 2023

ONLINE AUTHORIZATION AND CLAIM SUBMISSION

Convenient service, delivered through an easy-to-use, secure website

provider.ab.bluecross.ca/health

Introduction 3
Registering for site access 3
Getting started online 3

Accessing the patient inquiry screen 4

Submitting and processing an authorization 6
Submitting a Benchmark Mobility Authorization 6
Submitting a Medical Surgical Authorization 12
Submitting a Quantity Frequency Authorization 18

Submitting and processing a claim 24

Accessing reports 27
Authorization history report—provider or patient search 27
Authorization history report—reference number search 28
Authorization history report—print summary 29
Terminating an authorization 30
Outstanding payment report 31
Payment history report 32
Patient claim statements 32
Canceling a claim 33

Additional information 34
Technical information 34
We're serious about privacy and security 34
Contact us 34

Introduction

Alberta Blue Cross® is pleased to offer online authorization and claim submission for AADL Medical surgical and benchmark mobility benefits providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to medical surgical and benchmark mobility providers 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.

When submitting claims online, this service will predetermine the patient's coverage and confirm

- *the amount Alberta Blue Cross will pay to your office, and*
- *the amount you will need to collect from the patient.*

Registering for site access

To register for online authorization and claim submission, you must complete the ***request for secure website access*** webform. Details about completing this form can be accessed through our public website at **ab.bluecross.ca**.

The Provider Services AADL team at Alberta Blue Cross will create your website access based on your completed registration form. To protect your security, a login ID and temporary password will be sent in 2 separate emails to the email address provided on your registration form. Once you have received both emails, you can begin serving your patients through online authorization and claim submissions.

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 website at **provider. ab.bluecross.ca/health** and enter the login ID and password in the applicable fields. You will be asked to agree to the ***website policy and online billing agreement,*** set up your 2 "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.

If you want payments to be deposited directly into your bank account, please complete the banking information located under *"Your profile"* in the provider portal.

Authorizing and claiming online is quick, easy and secure. After validating a patient's identity and predetermining results, simply submit the authorization or claim for processing. Results are displayed within seconds of submission. The patient will be required to pay only the portion not covered under the AADL plan. The transaction is then complete.

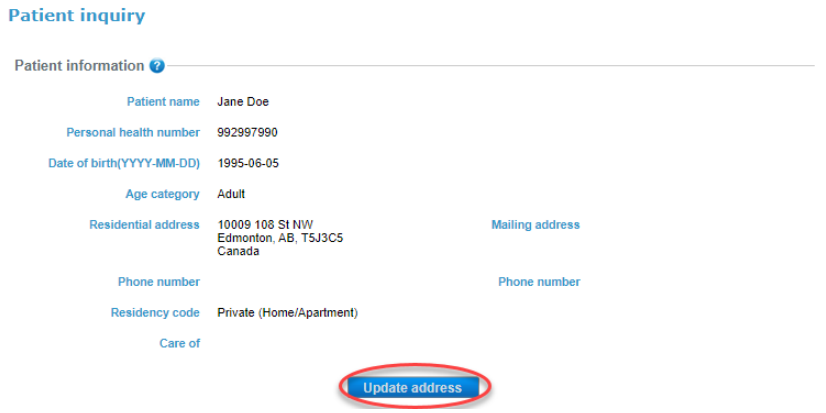
HELP

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.

Accessing the patient inquiry screen

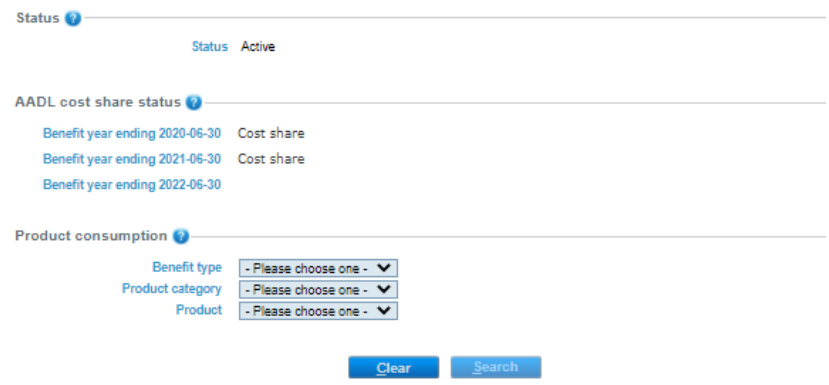
Step 1: Navigate to the ***"Patient inquiry"*** menu option and enter the patient's personal health number and birth date. Then click ***"Search"***.

Step 2: Confirm the patient's information and address. To update the patient's address, select ***"Update address"***.

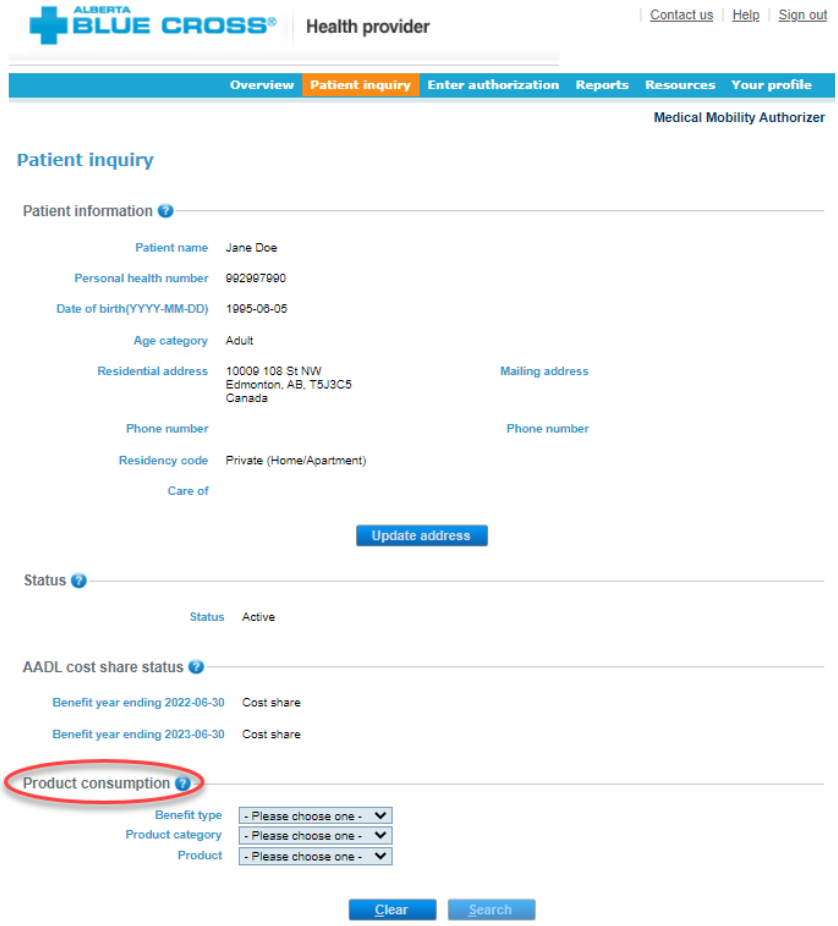


Step 3: The patient inquiry screen will list

- the patient's current AADL status, indicating if they are eligible for AADL benefits or if the coverage has ended; and
- the patient's cost share status for the previous, current and future benefit year.



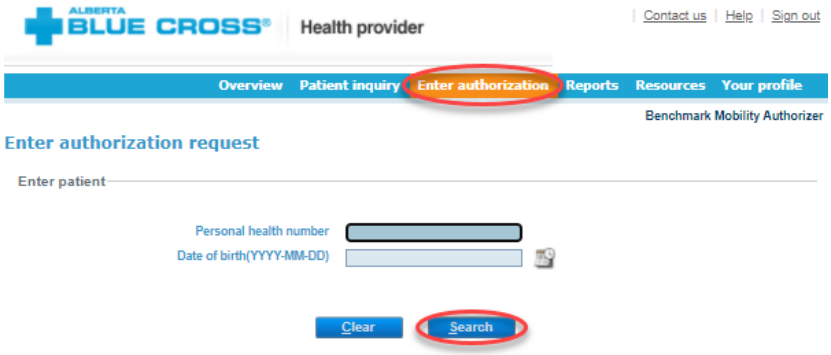
Step 4: You can also search the patient's product consumption by selecting the benefit type, product category and product.



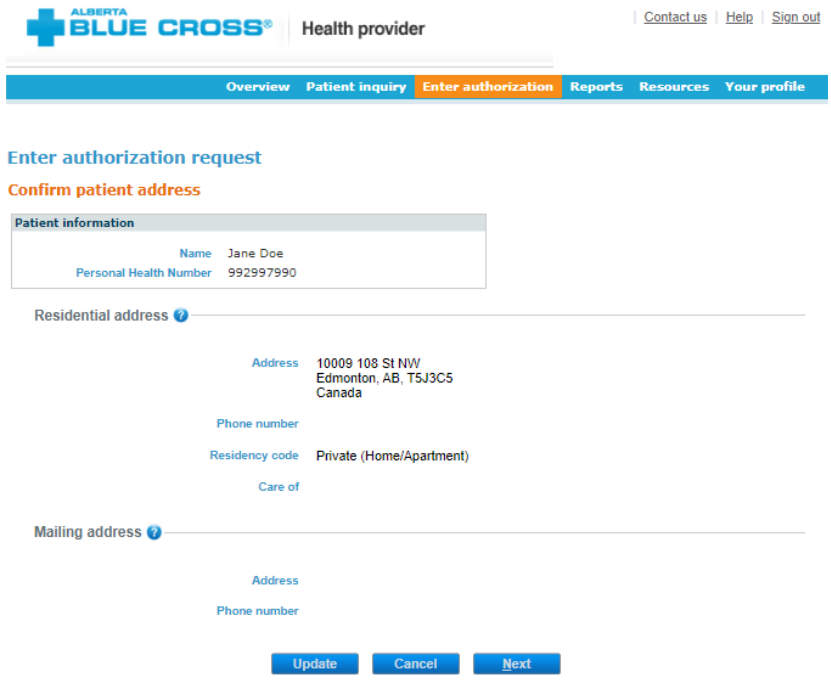
Submitting and processing an authorization

Submitting a Benchmark Mobility Authorization

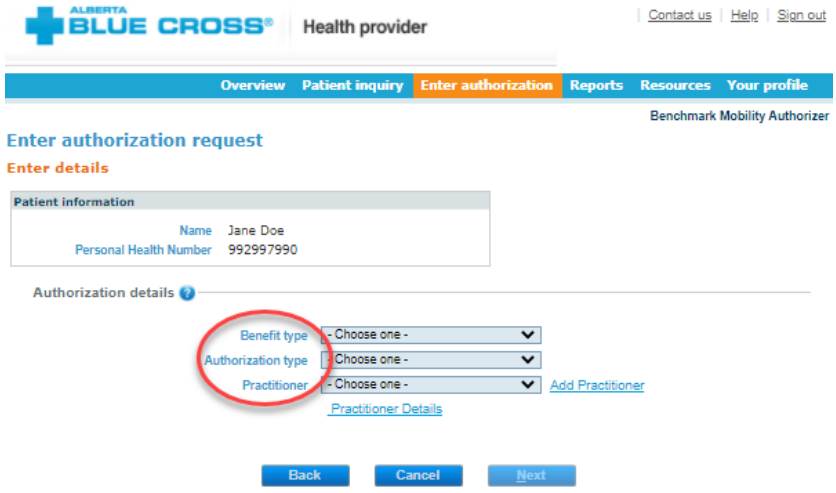
Step 1: Navigate to the ***"Enter authorization"*** menu option and enter the patient's personal health number and birth date. Then click ***"Search"***.



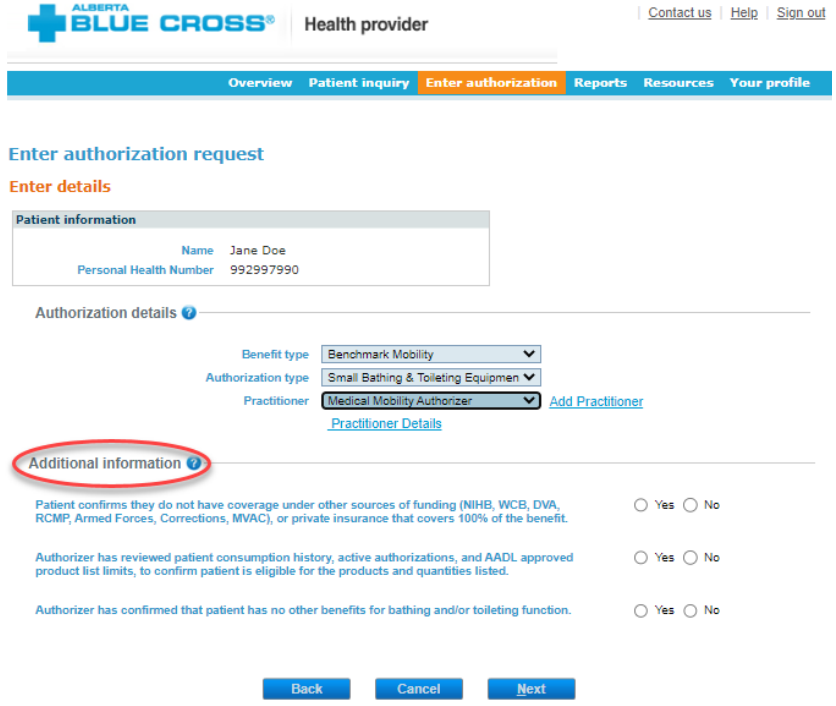
Step 2: Confirm the patient's address. To update the patient's address, select ***"Update"***. If the information is correct and no updates are required, click ***"Next"***. If a patient does not have an address in the system, you will be asked to update the patient's address.



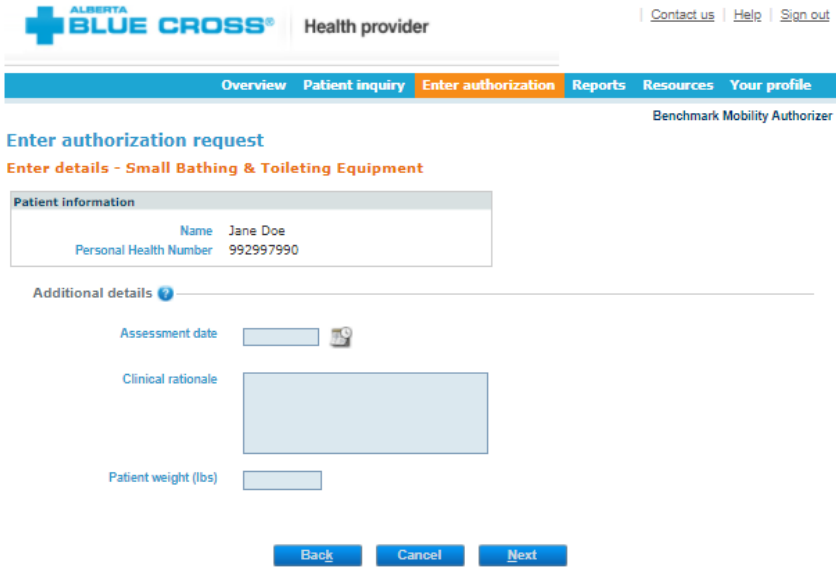
Step 3: Select the benefit type, authorization type and practitioner for the authorization submission.



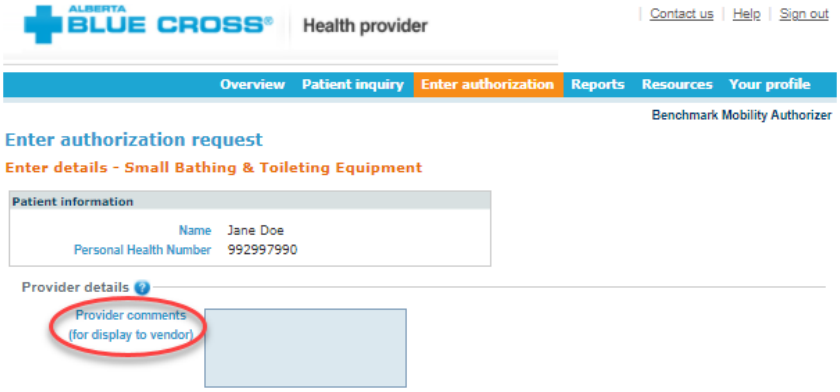
Step 4: You will be asked to answer questions to determine eligibility. All the questions that appear are mandatory and must be answered.



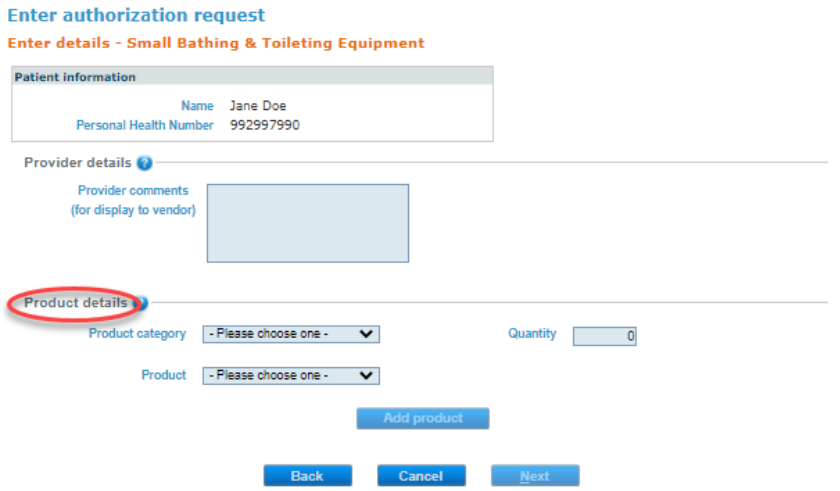
Step 5: As prompted, enter any additional details specific to the product selected.



Step 6: Once additional details have been provided, you can add provider comments that will be viewable by the vendor.

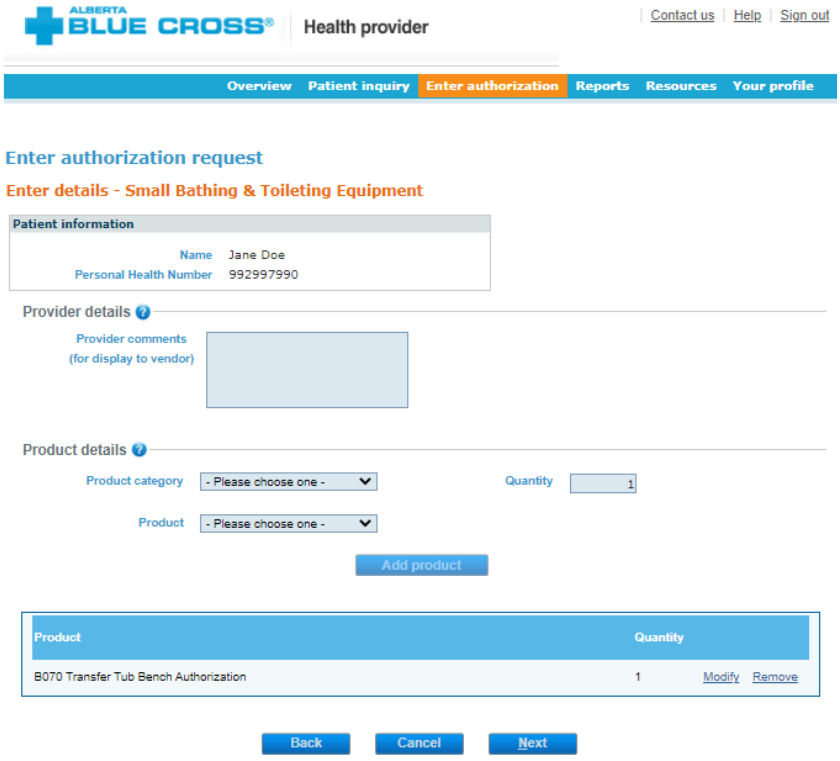


Step 7: Enter the product details by selecting the product category and product. Depending on the product selected, you may have to enter the following details when applicable quantity, product end date, product manufacture, product model and body side.

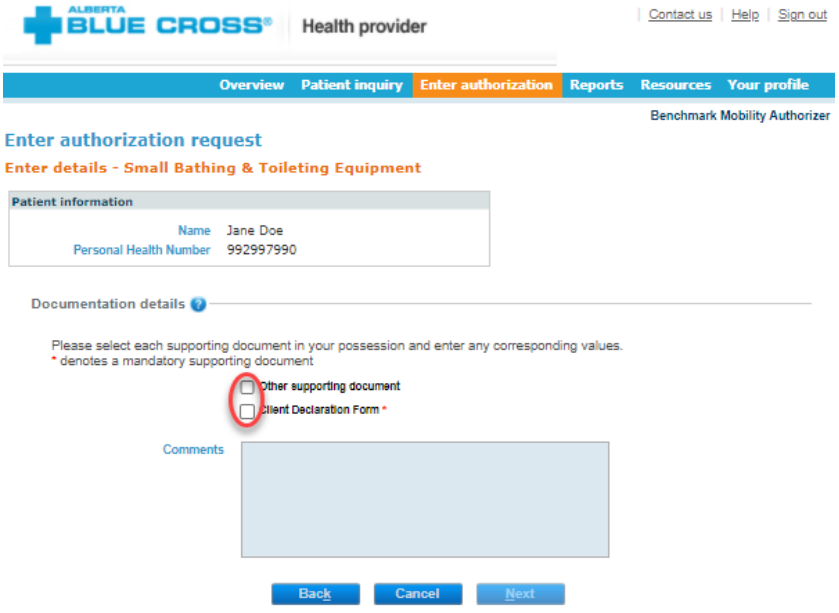


Step 8: When all the information is completed, select "Add product". You'll see the product appear in the summary table.

Repeat this step for each requested product.



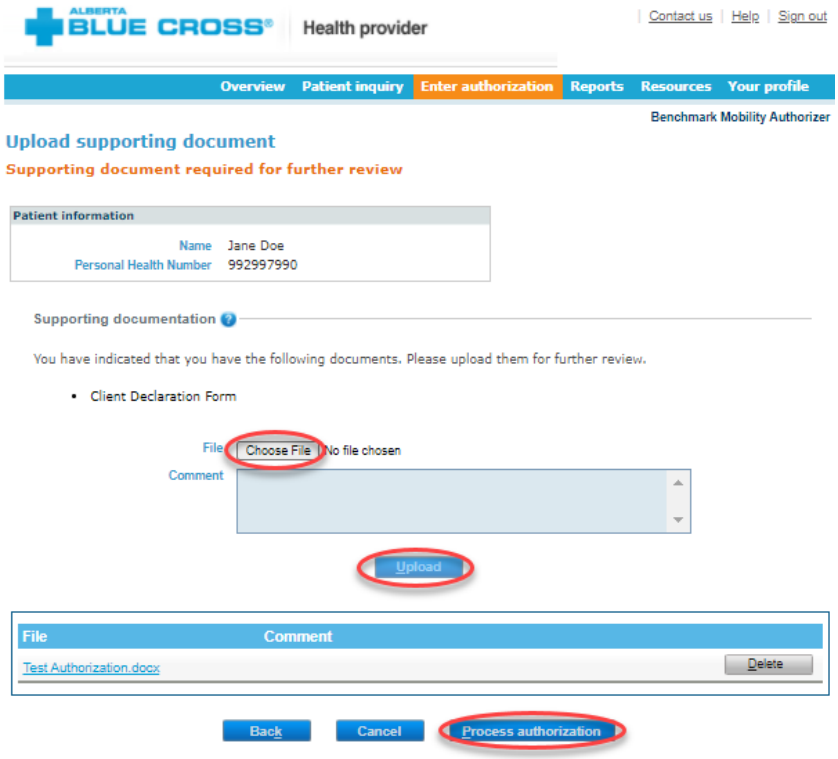
Step 9: You will be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

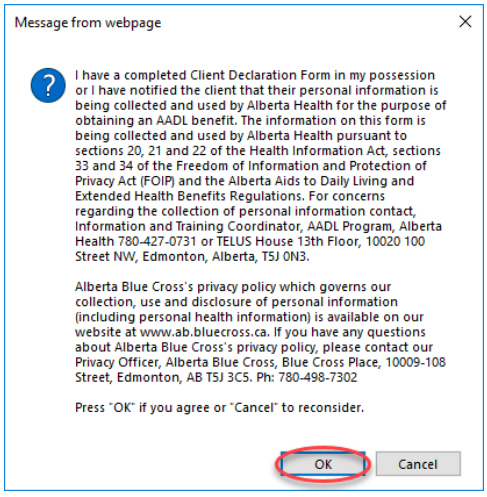


Step 10: You will be asked to upload the documents you have selected. These can be added individually or in a single file, depending on your records.

Click ***"Choose File"*** and select the file. For each file, you have the option to add additional comments. Click ***"Upload"*** and the file will be added to the summary table. You have the option to remove any files that were mistakenly uploaded.

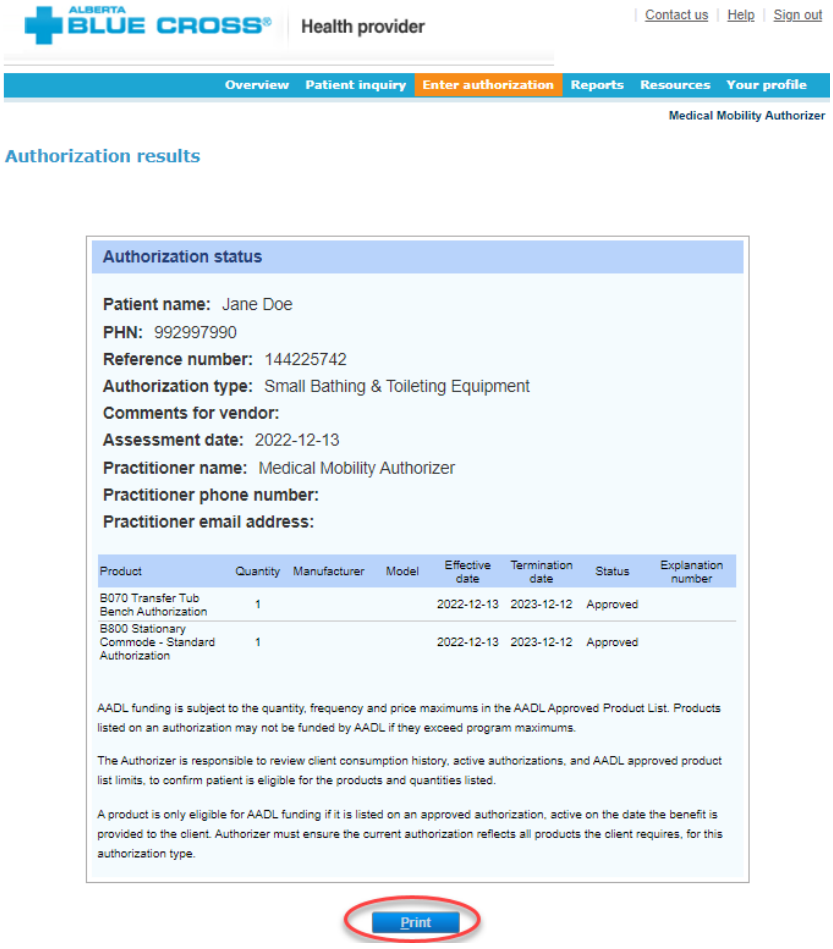
Once all files have been uploaded, click on ***"Process authorization"*** and confirm patient consent in the pop-up window. Click ***"OK"*** to proceed.





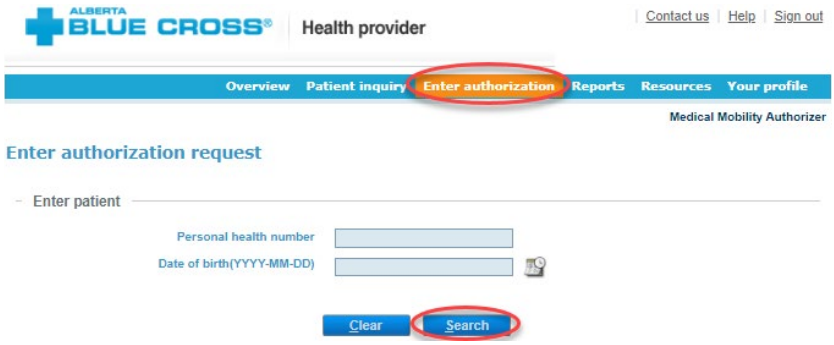
Step 11: You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate whether your authorization request has been approved, rejected or pended for further review.

A printable copy of the authorization results is available by clicking ***"Print".***

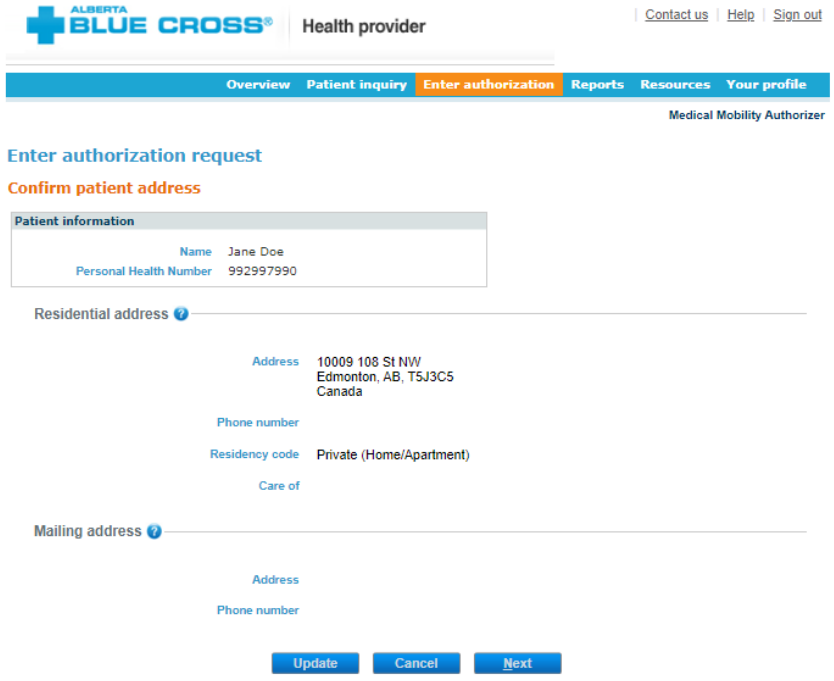


Submitting a Medical Surgical Authorization

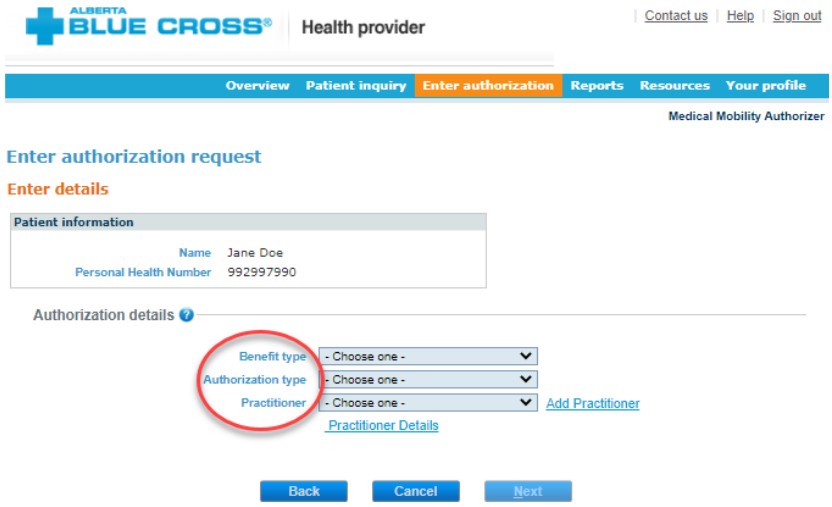
Step 1: Navigate to the ***"Enter authorization"*** menu option and enter the patient's personal health number and birth date. Then click ***"Search"***.



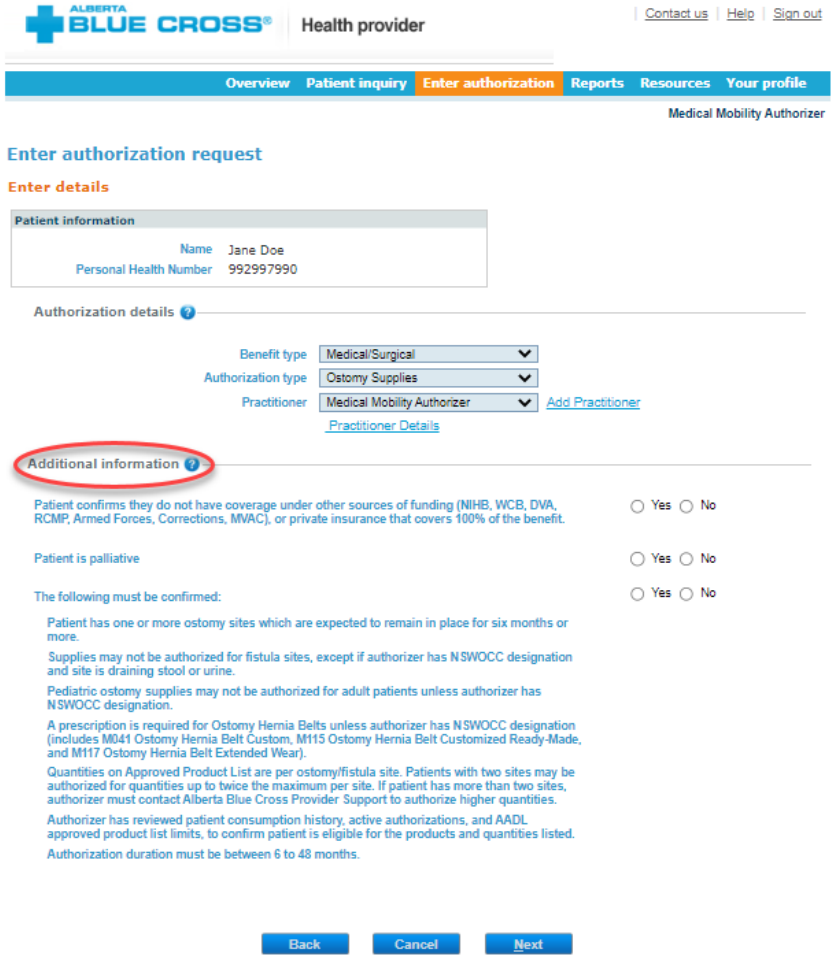
Step 2: Confirm the patient's address. To update the patient's address, select ***"Update"***. If the information is correct and no updates are required, click ***"Next"***. If a patient does not have an address in the system, you will be asked to update the patient's address.



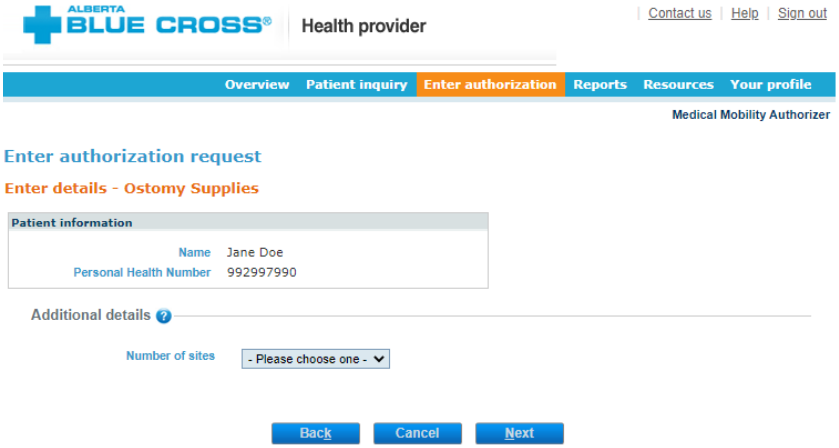
Step 3: Select the benefit type, authorization type and practitioner for the authorization submission.



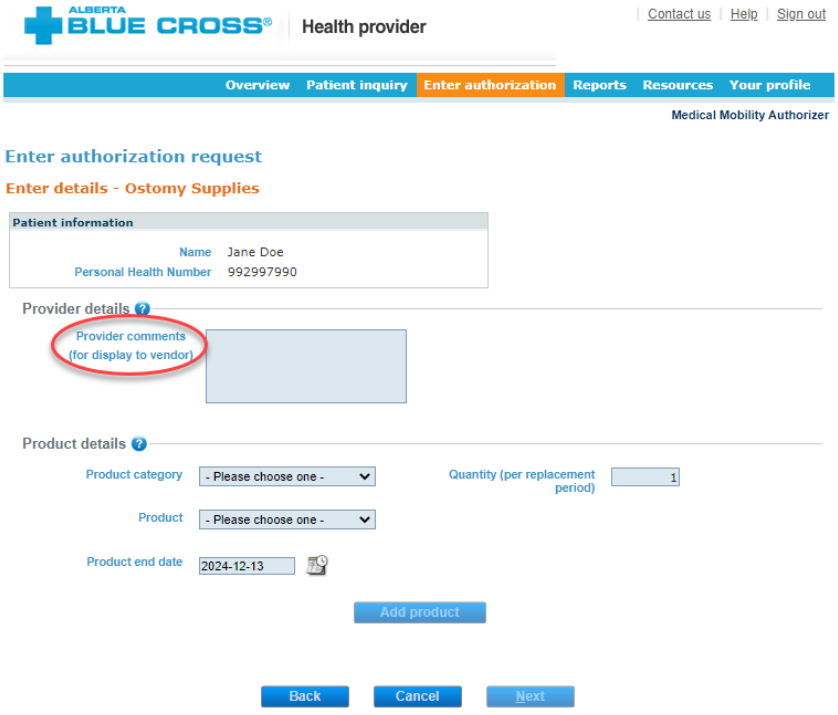
Step 4: You will be asked to answer questions to determine eligibility. All the questions that appear are mandatory and must be answered.



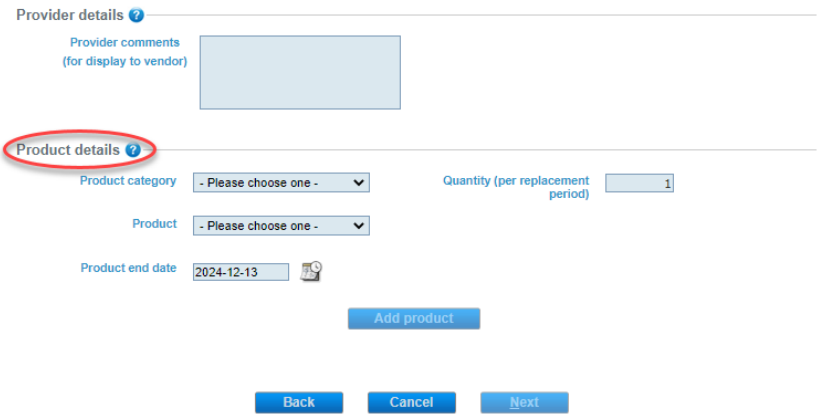
Step 5: As prompted, enter any additional details specific to the product selected.



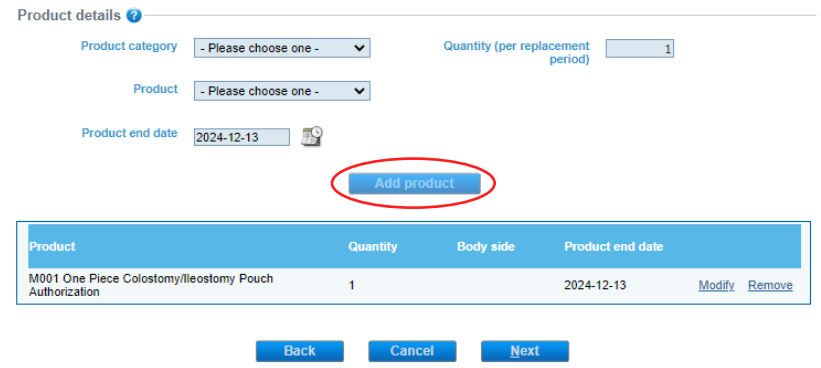
Step 6: Once additional details have been provided, you can add provider comments that will be viewable by the vendor.



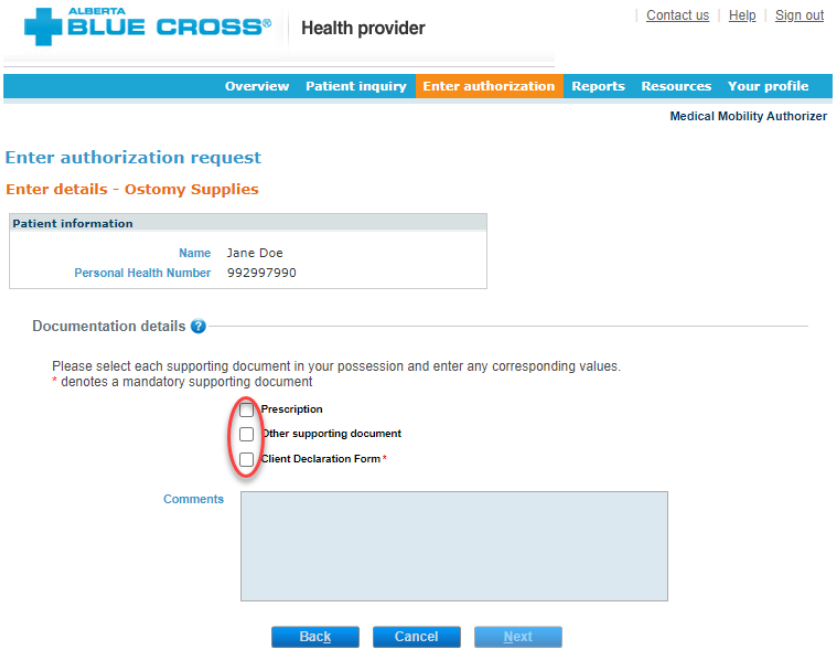
Step 7: Enter the product details by selecting the product category and product. Depending on the product selected, you may have to enter the following details when applicable: quantity, product end date, product manufacture, product model and body side.



Step 8: When all the information is completed, select ***"Add product"***. You'll see the product appear in the summary table. Repeat this step for each requested product.



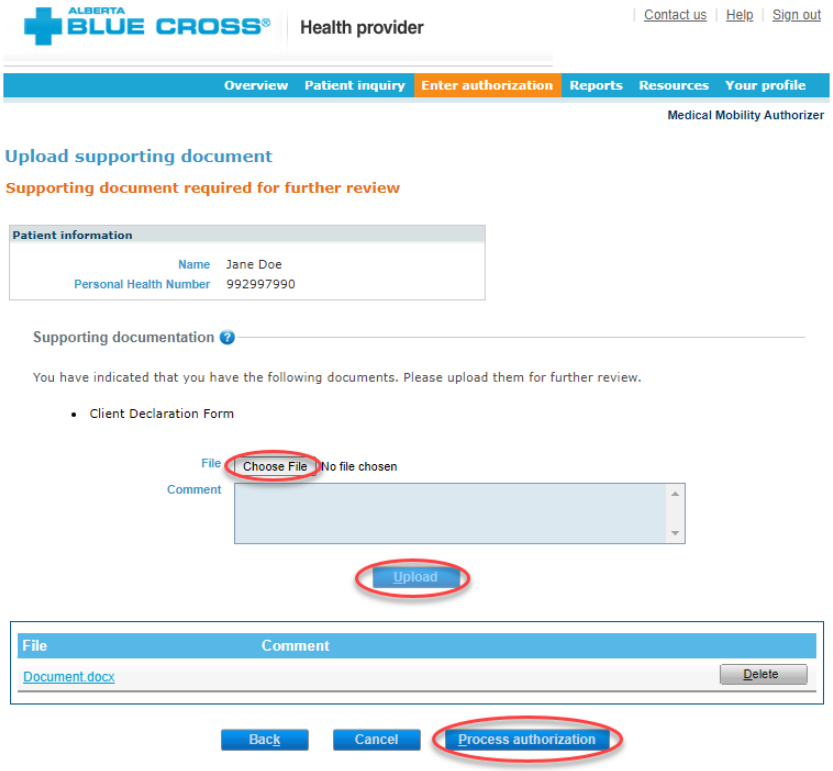
Step 9: You'll be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

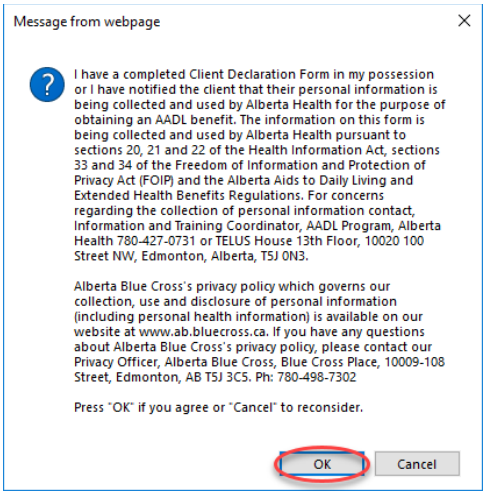


Step 10: You will be asked to upload the documents that you have selected. These can be added individually or in a single file, depending on your records.

Click ***"Choose File"*** and select the file. For each file, you have the option to add additional comments. Click ***"Upload"*** and the file will be added to the summary table. You have the option to remove any files which were mistakenly uploaded.

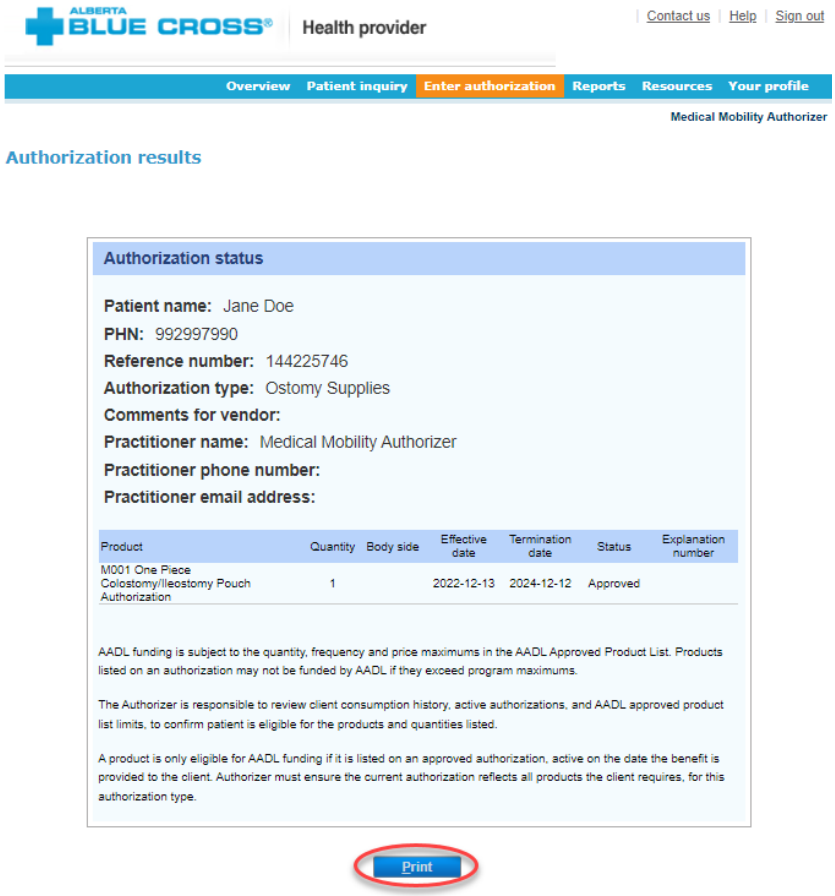
Once all files have been uploaded, click on ***"Process authorization"*** and confirm patient consent in the pop-up window. Click ***"OK"*** to proceed.





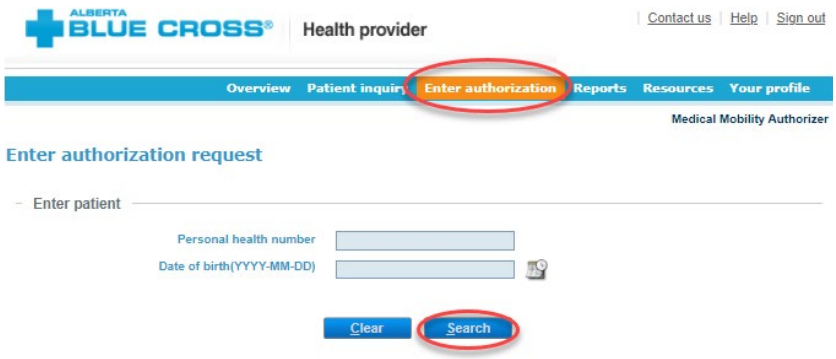
Step 11: You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate whether your authorization request has been approved, rejected or pended for further review.

A printable copy of the authorization results is available by clicking ***"Print"***.

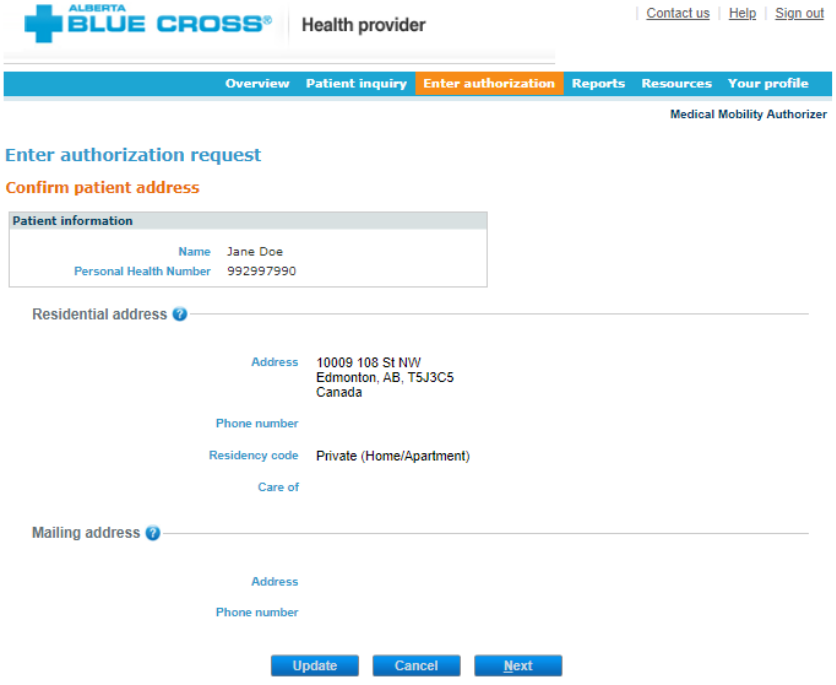


Submitting a Quantity Frequency Review

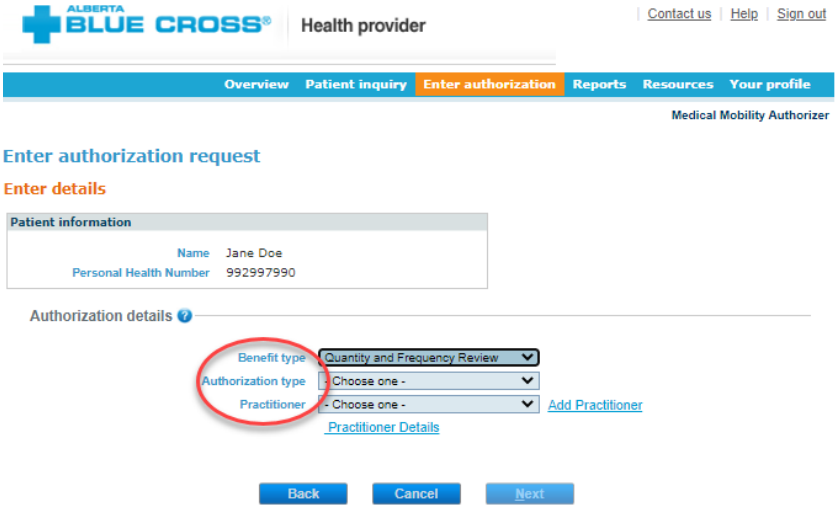
Step 1: Navigate to the ***"Enter authorization"*** menu option and enter the patient's personal health number and birth date. Then click ***"Search"***.



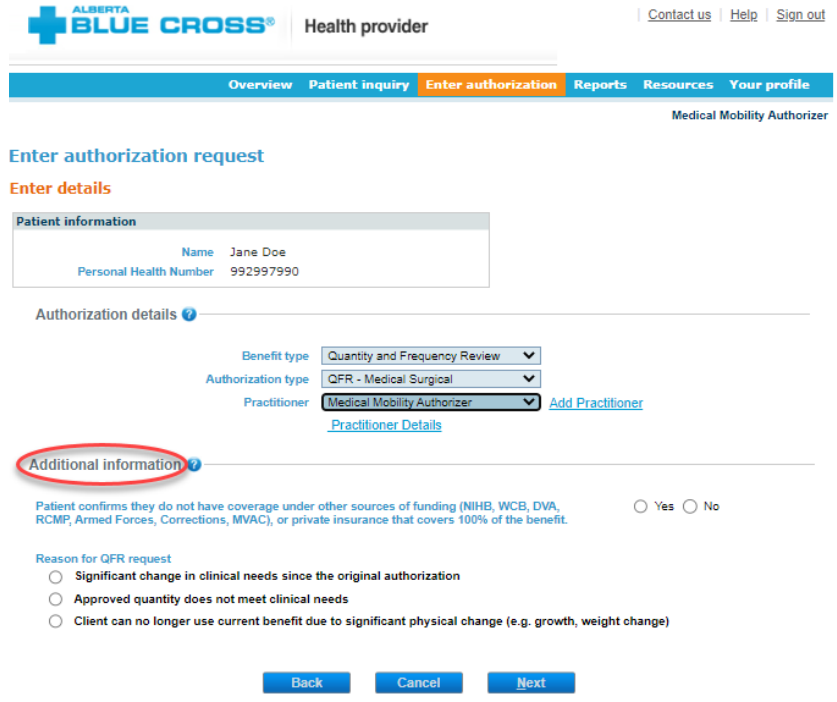
Step 2: Confirm the patient's address. To update the patient's address, select ***"Update"***. If the information is correct and no updates are required, click ***"Next"***. If a patient does not have an address in the system, you will be asked to update the patient's address.



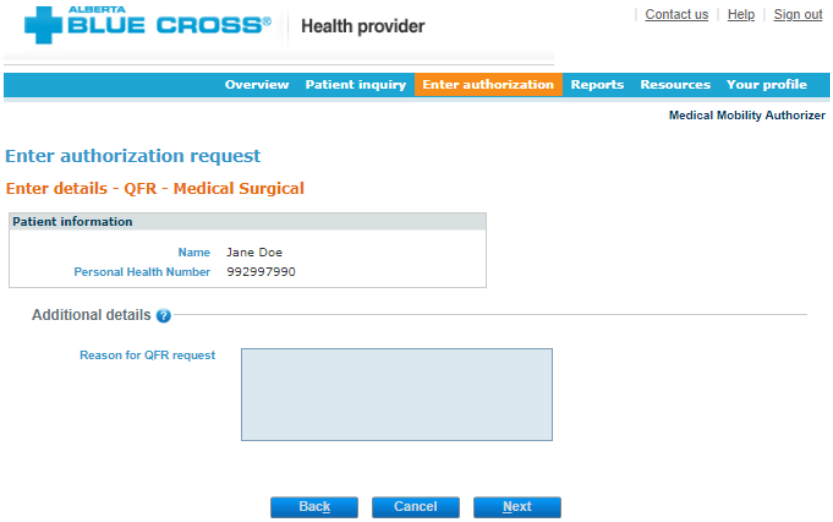
Step 3: Select the benefit type, authorization type and practitioner for the authorization submission. Please note the benefit type should be set to ***Quantity Frequency Review***.



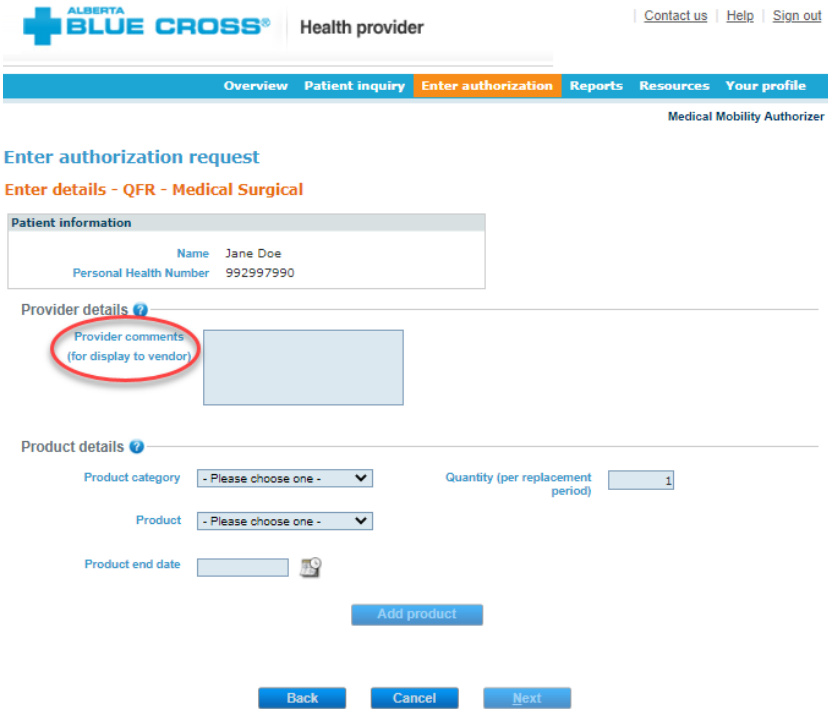
Step 4: You will be asked to answer questions to determine eligibility. All the questions that appear are mandatory and must be answered. You will also be required to provide a reason for the QFR request.



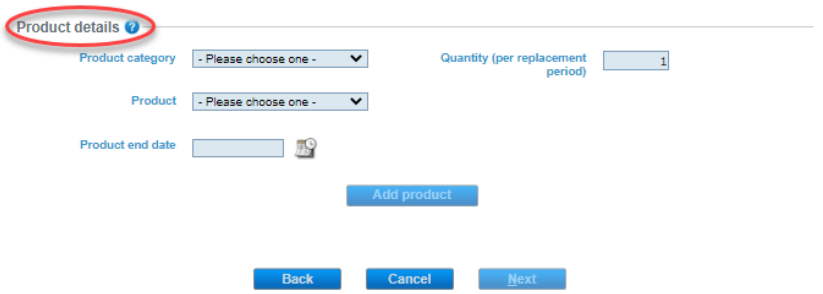
Step 5: As prompted, enter additional details specific to the reason for the QFR request.



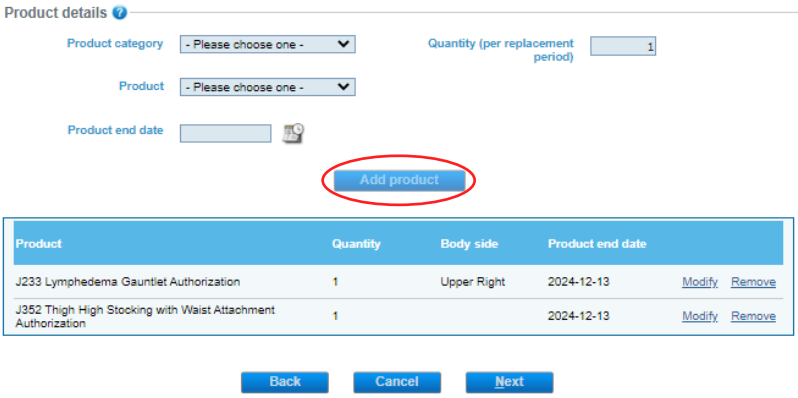
Step 6: Once additional details have been provided, you can add provider comments that will be viewable by the vendor.



Step 7: Enter the product details by selecting the product category and product. Depending on the product selected, you may have to enter the following details when applicable: quantity, product end date, product manufacture, product model and body side.



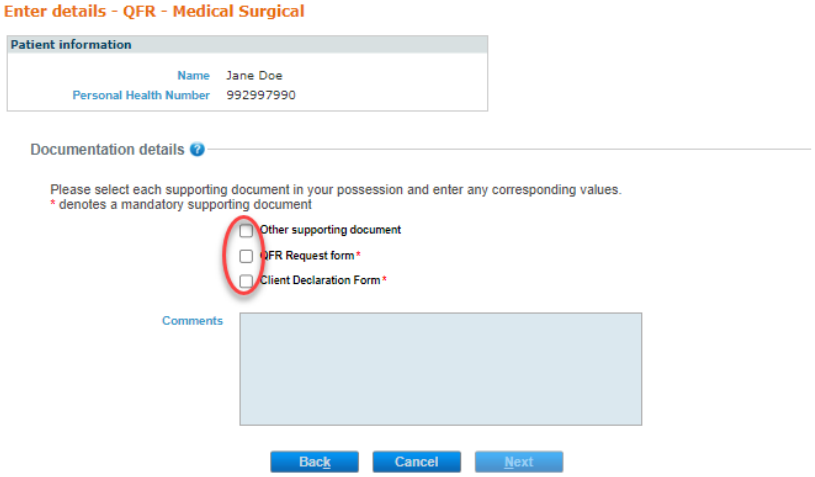
Step 8: When all the information is completed, select ***"Add product"***. You'll see the product appear in the summary table. Repeat this step for each requested product.



Step 9: If prompted, enter the supplemental product information specific to the products selected.

Step 10: You'll be provided with a list of documents required for the specific authorization being requested. Mandatory documents will be indicated with a red asterisk. Select each box and provide the corresponding documentation.

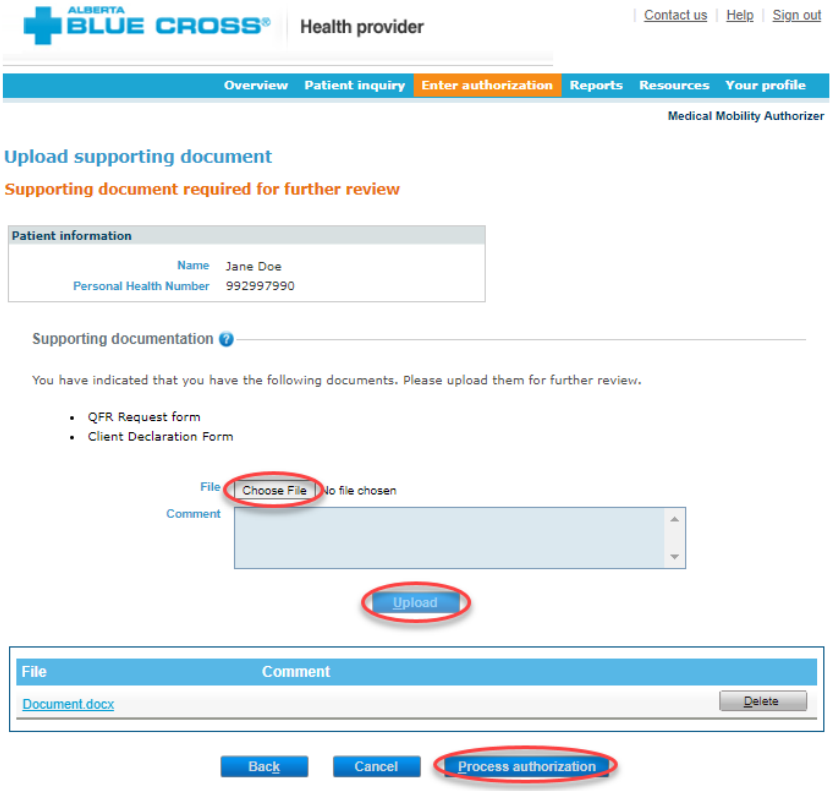
Please note that a completed QFR request form is a mandatory document.

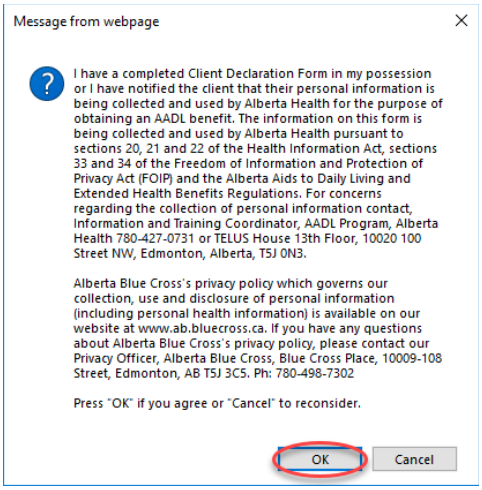


Step 11: You will be asked to upload the documents that you have selected. These can be added individually or in a single file, depending on your records.

Click ***"Choose File"*** and select the file. For each file, you have the option to add additional comments. Click ***"Upload"*** and the file will be added to the summary table. You have the option to remove any files which were mistakenly uploaded.

Once all files have been uploaded, click on ***"Process authorization"*** and confirm patient consent in the pop-up window. Click ***"OK"*** to proceed.

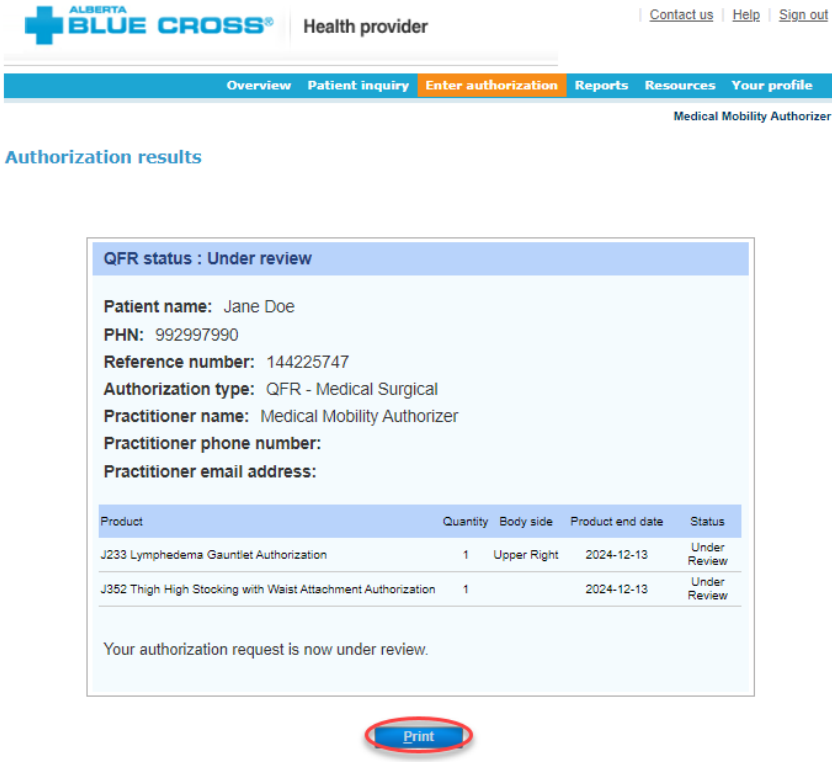




Step 12: You will receive a confirmation from Alberta Blue Cross within seconds of your submission. This will indicate that your QFR authorization request has been pended for further review. Please note these reviews are completed by AADL.

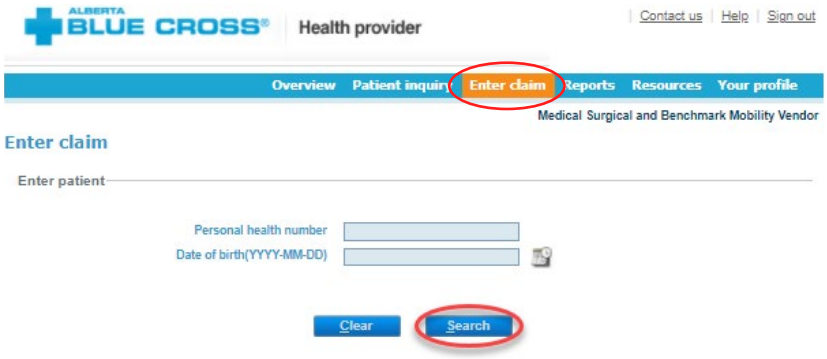
Once the review has been completed the authorization status will be updated on the provider portal and an e-mail notification will be sent out.

A printable copy of the authorization results is available by clicking ***"Print".***



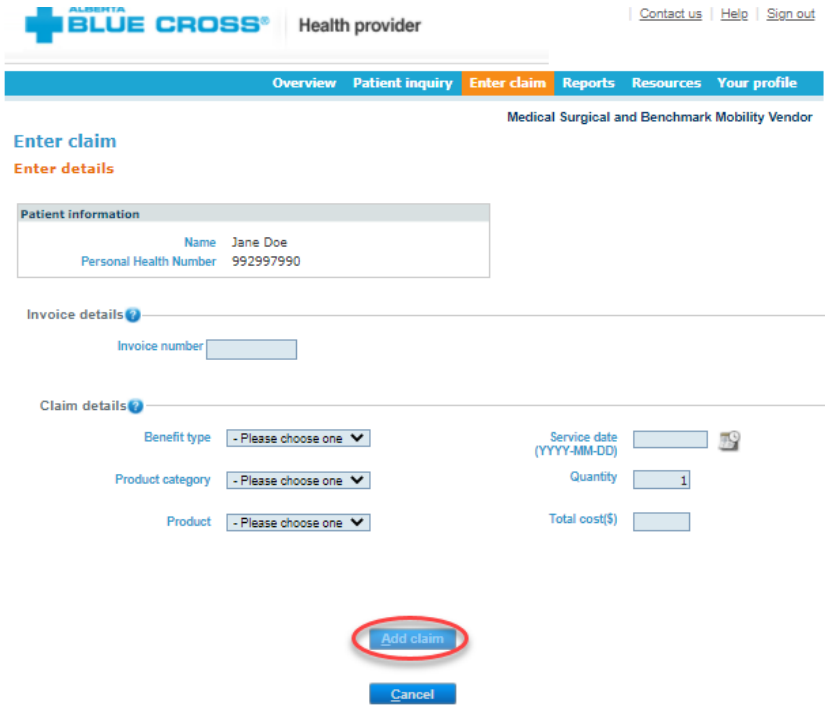
Submitting and processing a claim

Step 1: Navigate to the ***"Enter claim"*** menu option and enter the patient's personal health number and date of birth. Then click ***"Search"***.



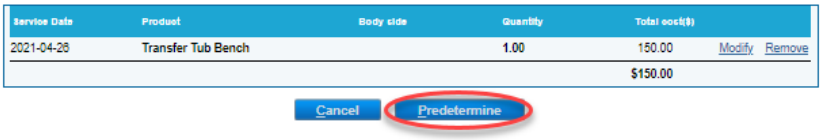
Step 2: If you wish, you can add your invoice number.

Enter the claim details by selecting the appropriate benefit type, product category, product, date of service, quantity, total cost and body side (if applicable). Once you click ***"Add claim"***, you will see the product appear in the summary table. Repeat these steps for each product being considered.

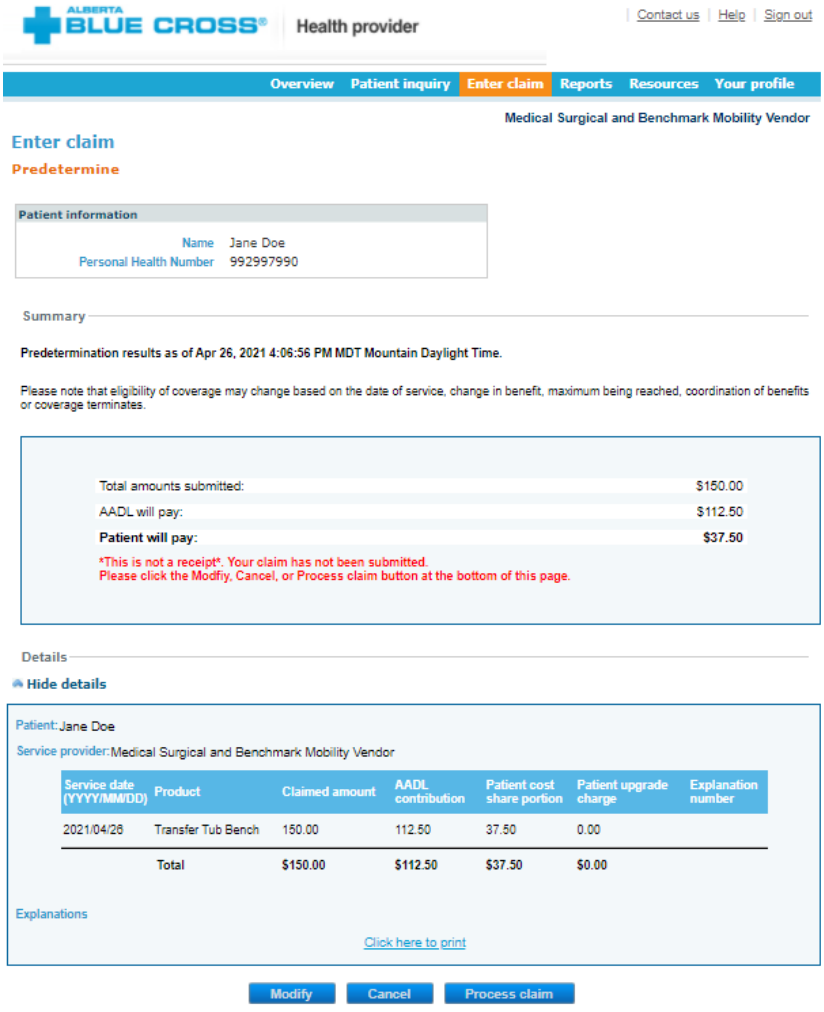


Service Date	Product	Body side	Quantity	Total cost($)	
2021-04-26	Transfer Tub Bench		1.00	150.00	Modify Remove
				$150.00	

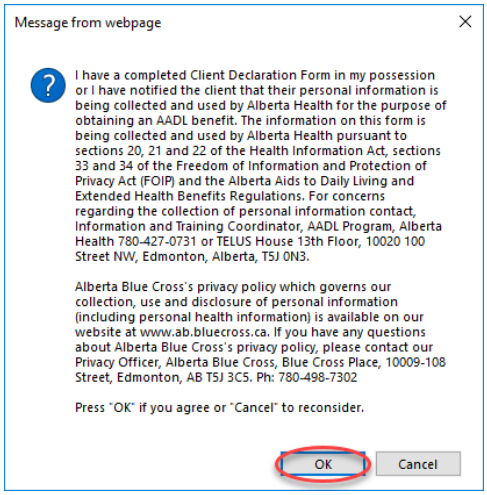
Step 3: When you are satisfied with the details you have entered, click on ***"Predetermine"***.



Step 4: Predetermine is a simple inquiry into the patient's AADL benefit plan to determine available coverage. You can click ***"Modify"*** to go back to step 2, ***"Cancel"*** to exit without saving or ***"Process claim"*** to submit the claim online to Alberta Blue Cross for immediate processing.

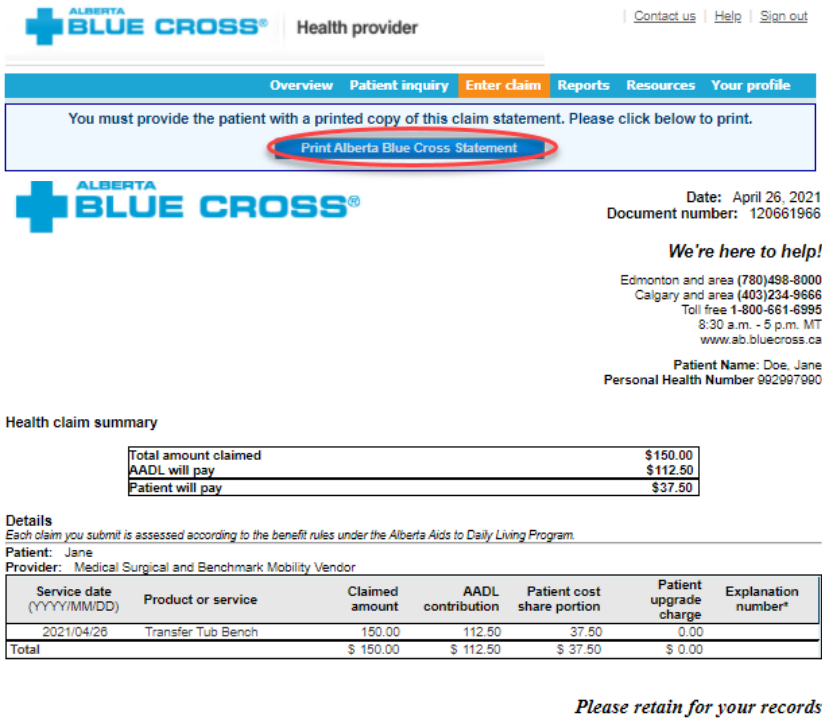


Step 5: Confirm patient consent in the pop-up window. Click ***"OK"*** to proceed.



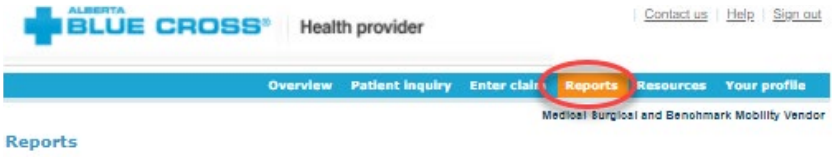
Step 6: Once you process the claim, you will receive a confirmation from Alberta Blue Cross within seconds of your submission.

A printable copy of the patient's *Claim Statement* displays. Click ***"Print".*** You must provide the patient with a printed copy of the claim statement.



Accessing reports

Navigate to the ***"Reports"*** menu option. This screen allows you to view all authorizations and claims for a specific individual or those submitted through your account.

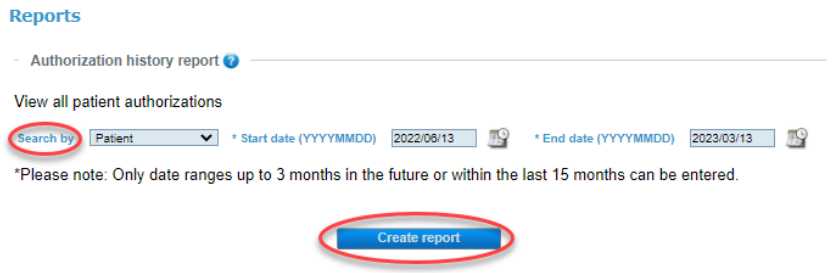


Authorization history report—provider or patient search

To search by provider, select ***"Provider"*** in the drop-down menu. Enter a start and end date for the authorization history you wish to display (these dates must be within the previsions 15 months).

To search by patient, select ***"Patient"*** in the drop-down menu. Enter a start and end date for the authorization history you wish to display (these dates must be within the previous 15 months). When prompted, enter the patient's personal health number and date of birth.

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



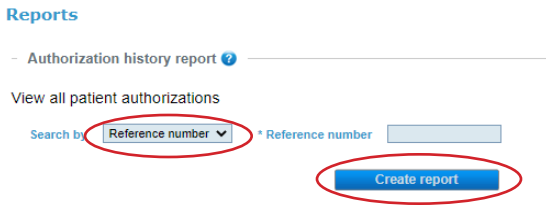
** This authorization was previously self-submitted.*

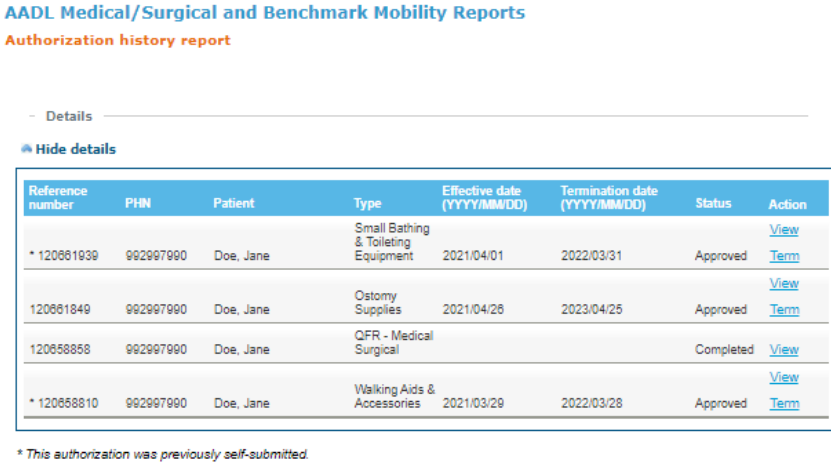
Authorization history report—reference number search

To search by reference number, select ***"Reference number"*** in the drop-down menu and enter the authorization reference number.

Please note, this will yield results for only this specific authorization.

Reference number, authorization type, effective and termination date as well as the status are all available for your reference.





Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 120661939	992997990	Doe, Jane	Small Bathing & Toileting Equipment	2021/04/01	2022/03/31	Approved	View Term
120661849	992997990	Doe, Jane	Ostomy Supplies	2021/04/26	2023/04/25	Approved	View Term
120658858	992997990	Doe, Jane	QFR - Medical Surgical			Completed	View
* 120658810	992997990	Doe, Jane	Walking Aids & Accessories	2021/03/29	2022/03/28	Approved	View Term

** This authorization was previously self-submitted.*

Print summary

By clicking on ***"View"*** in the summary table, you will see a printable version of the authorization. A printable copy of the report results is available by clicking the ***"Print"*** command.

AADL Medical/Surgical and Benchmark Mobility Reports

Authorization history report

Details

Hide details

Reference number	PHN	Patient	Type	Effective date (YYYY/MM/DD)	Termination date (YYYY/MM/DD)	Status	Action
* 120661939	992997990	Doe, Jane	Small Bathing & Toileting Equipment	2021/04/01	2022/03/31	Approved	View Term
120661849	992997990	Doe, Jane	Ostomy Supplies	2021/04/26	2023/04/25	Approved	View Term
120658858	992997990	Doe, Jane	QFR - Medical Surgical			Completed	View
* 120658810	992997990	Doe, Jane	Walking Aids & Accessories	2021/03/29	2022/03/28	Approved	View Term

** This authorization was previously self-submitted.*

Authorization results

Authorization status : Approved

Patient name: Jane Doe
PHN: 992997990
Reference number: 120661939
Authorization type: Small Bathing & Toileting Equipment
Effective date: 2021/04/01
Termination date: 2022/03/31
Comments for vendor:
Practitioner name: Benchmark Mobility Authorizer
Practitioner phone number:
Practitioner email address:

Product	Quantity	Manufacturer	Model
Transfer Tub Bench	1		

AADL funding is subject to the quantity, frequency and price maximums in the AADL Approved Product List. Products listed on an authorization may not be funded by AADL if they exceed program maximums.

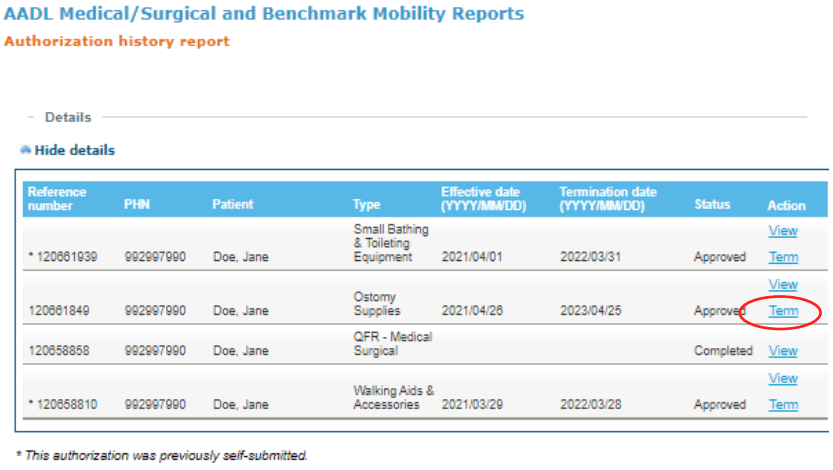
The Authorizer is responsible to review client consumption history, active authorizations, and AADL approved product list limits, to confirm patient is eligible for the products and quantities listed.

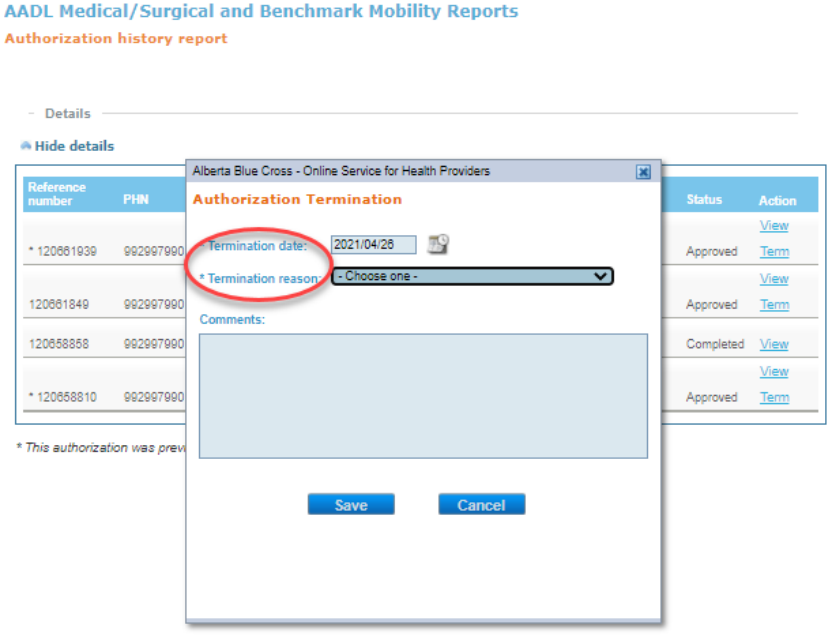
A product is only eligible for AADL funding if it is listed on an approved authorization, active on the date the benefit is provided to the client. Authorizer must ensure the current authorization reflects all products the client requires, for this authorization type.

Print

Terminating an authorization

To terminate an authorization, click ***"Term"*** in the summary table and, when prompted, provide a termination date and reason.



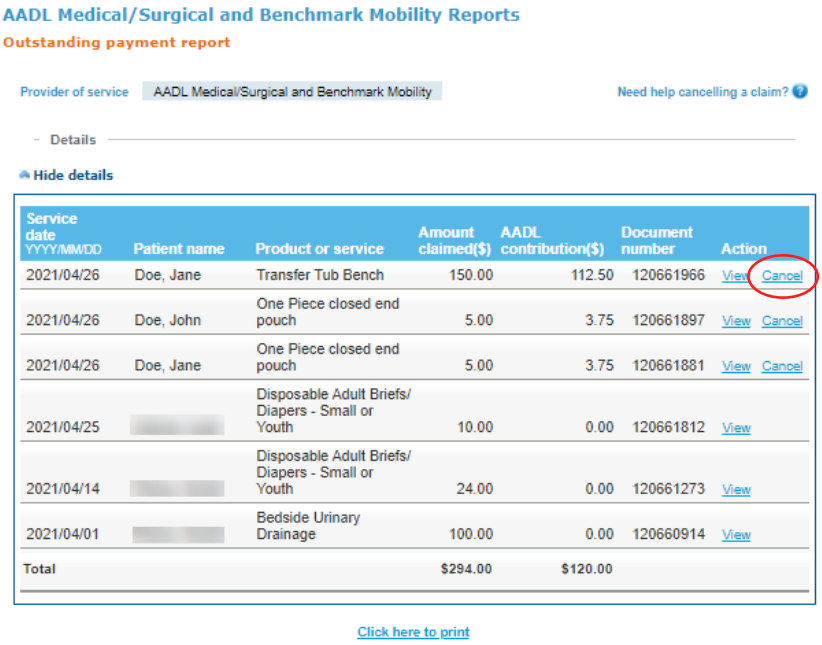


Please note, you are able to search by benefit type as well as authorization type to refine the results. Sorting is also available by column.

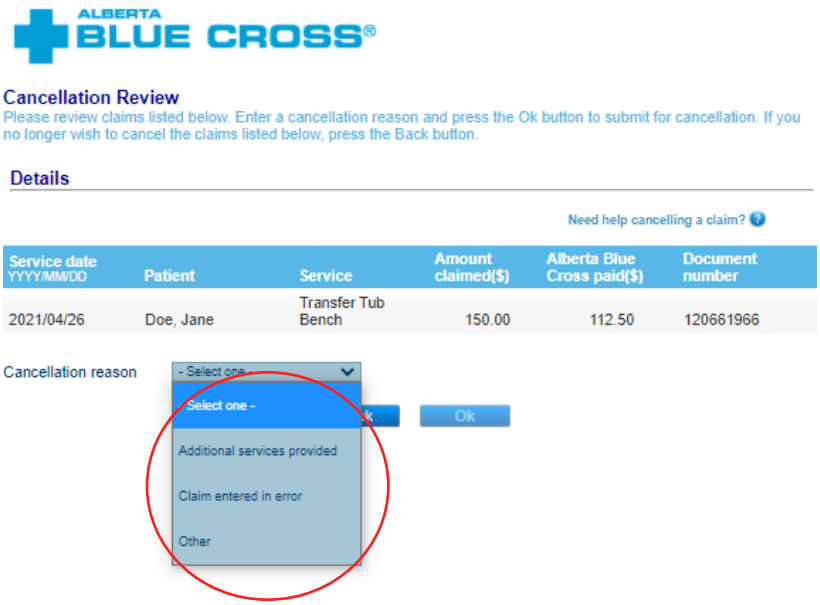
Outstanding payment report

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.

To cancel a claim, click the ***"Cancel"*** hyperlink. If the hyperlink is inactive, either the payment run is in progress or the document has exceeded the cancellation timeframe and the claim cannot be cancelled online.



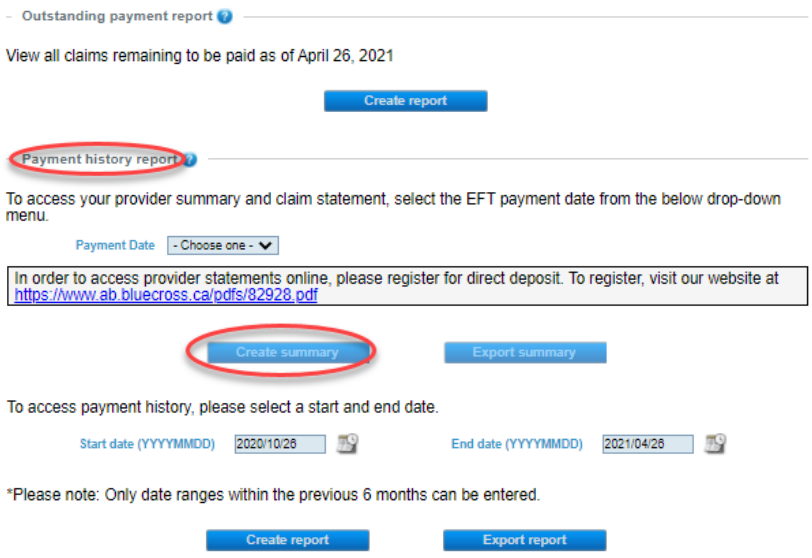
If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists the common reasons. If you select ***"other,"*** please provide the reason. When canceling a claim, all claims associated with the document number must be canceled.

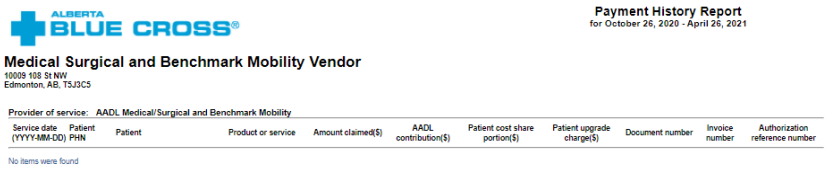


Payment history report

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 6 months.

To view a printable version of a summary of a particular payment, select the payment date and click ***"Create summary".*** Alternatively, you can enter a start and end date to see a printable report of all payments within the specified dates.

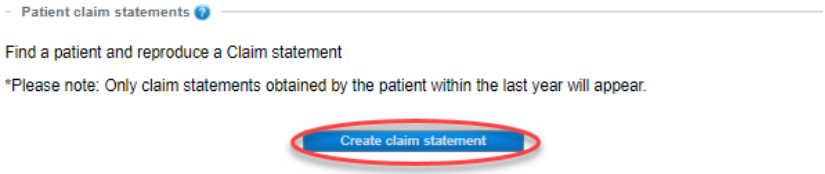


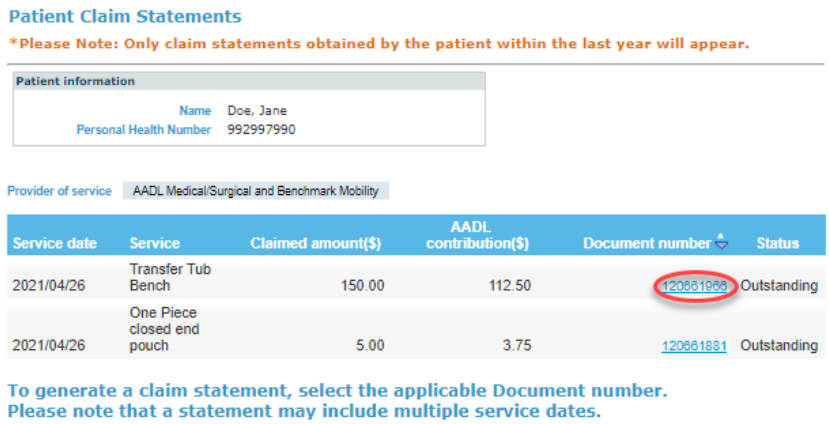


Patient claim statements

To print a copy of the patient's claim statement, enter the patient's personal health number and birth date. Then click ***"Search".*** A listing of statements for the specified patient appears.

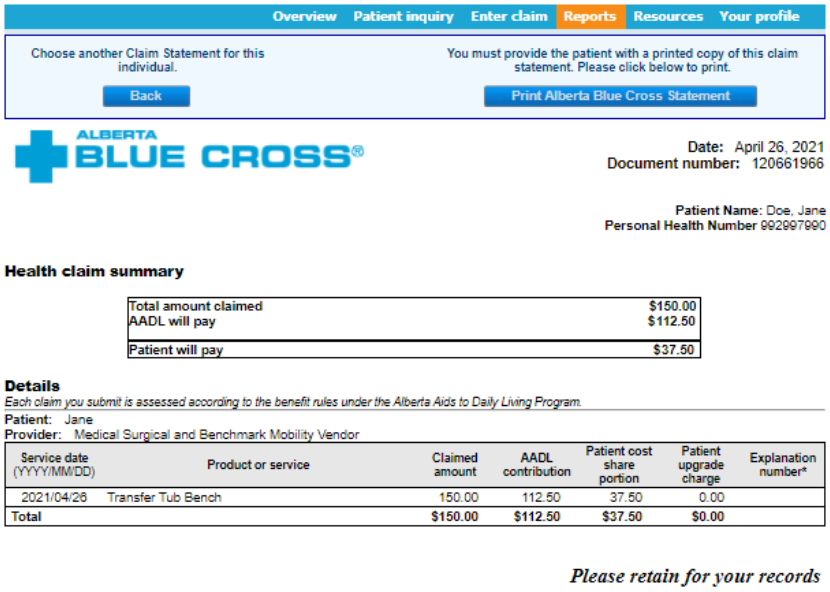
Click the ***"Document number"*** hyperlink for a printable summary of the claim.





PLEASE NOTE

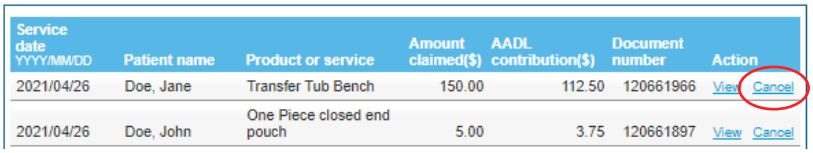
You can reverse a claim that has been previously paid. As long as the date of service is within the last 60 days.

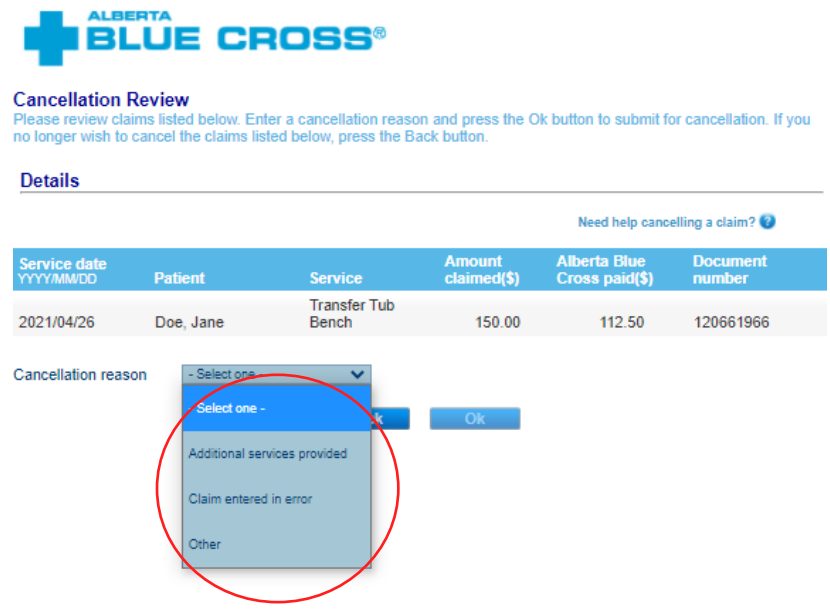


Canceling a claim

If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists the common reasons. If you select ***"Other,"*** please provide the reason.

When canceling a claim, all claims associated with the document number must be canceled.





Additional information

Technical information

Using the Alberta Blue Cross AADL website, an Internet connection and your browser, you can submit authorizations and claims online at your convenience. Most computer systems today have everything required to use this website 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 website users after 5 consective, 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 website.

Contact us

For more information about access to the Alberta Blue Cross AADL website, contact the 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

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.

ALBERTA BLUE CROSS®

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