

## AADL MEDICAL SURGICAL AND BENCHMARK MOBILITY

AUTHORIZATION USER GUIDE

Online authorization submission

s.ca/health

May 2021

### AADL MEDICAL SURGICAL AND BENCHMARK MOBILITY BENEFIT PROGRAM—AUTHORIZATION USER GUIDE

Alberta Blue Cross<sup>®</sup> 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.

#### **Registering for site access**

To register for online authorization submission, you must complete the Request for Secure Web Site Access web form. Details about completing this form can be accessed through our public website at **ab.bluecross.ca**.

The Health 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 two 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 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 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 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 online is quick, easy and secure!

Authorizing online is quick, easy and secure. After validating a patient's identity and predetermining results, simply submit the authorization for processing. Results are displayed within seconds of submission. 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.

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# EASY STEPS TO ACCESSING THE PATIENT INQUIRY SCREEN

1. Navigate to the "Patient Inquiry" menu option and enter the patient's Personal Health Number and birth date. Then click "Search".

	Overview (Pa	tient inquiry	Enter authorization	n Reports	Resources	Your profile
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Enter patient						
	financial bandle and					
	Date of birth/XXXV.MMJ	001		Ø		
	Care of Group Providence	~~	<u>a</u>	a l		
			$\bigcirc$			
		Clear	Search			

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

0	verview	Patient inquiry	Enter authorization	Report	s Resources	Your profile
Patient inquiry					Benchmark M	obility Authorizer
Patient information 👔 ———						
Patient name	Jane Doe	2				
Personal health number	9929979	90				
Date of birth(YYYY-MM-DD)	1995-06-	05				
Age category	Adult					
Residential address	10009 10 EDMONT Canada	IS ST NW FON, AB T5J3C5	Mailing	address 1 E C	111 22 Ave NW Idmonton, AB T5T5 Ianada	175
Phone number			Phone	number 7	80-444-9999	
Residency code	Private (H	Home/Apartment)				
Care of						
		Update	e address			

BLUE CROSS<sup>®</sup> Health provider

- 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.

Statu	s Active
AADL cost share status 🕜 —	
Benefit year ending 2020-06-30	Cost share
Benefit year ending 2021-06-30	Cost share
Benefit year ending 2022-06-30	
Product consumption 🕜 —	
Benefit type	- Please choose one - 💙
Product category	- Please choose one - V
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	Clear Search

#### AADL MEDICAL SURGICAL AND BENCHMARK MOBILITY BENEFIT PROGRAM—AUTHORIZATION USER GUIDE

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

0	verview	Patient inquiry	Enter authorization	Repo	rts	Resources	Your profile
Patient inquiry					E	Benchmark Me	obility Authoria
Patient information 2							
Patient name	Jane Doe						
Personal health number	992997990	)					
Date of birth(YYYY-MM-DD)	1995-06-0	5					
Age category	Adult						
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Benefit year ending 2021-06-30	Cost share	2					
Benefit year ending 2022 06 20							
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Product	- Please o	hoose one - 💙					
		Clear	Search				

Contactius | Help | Sign out

ources Your profile

Benchmark Mobility Authorize

### **EASY STEPS TO SUBMITTING AND PROCESSING AN AUTHORIZATION**

Enter patient

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Enter authorization request

Patient inquiry

1. Navigate to the *"Enter authorization"* menu option and enter the patient's Personal Health Number and birth date. Then click *"Search"*.

2. Confirm 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.



**3.** Select the "Benefit type", "Authorization type" and "Practitioner" for the authorization submission.



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

	Overview	Patient inquiry	Enter authorization	Reports	Resources	Your profile
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Name	Jane Doe					
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		Practitioner D	letails			
Additional information (A						
Additional information						
Patient confirms they do not ha	ve coverage un	der other sources of	funding (NIHB, WCB, DVA,			, ,
DOMD Annual Commence	$n \in MVAC1$ or $n$	rivate insurance that	t covers 100% of the benefi	tif		

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

			Enter addition2ation	Reports	Resources	rour prome
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Nar Personal Health Numb	ne Jane Doe er 99299799	0				
Additional details 😮 —						
Assessment of	ate	<b>1</b> 2				
Clinical ratio	ale					
Patient weight (	bs)					
		Bac <u>k</u> Ca	ancel <u>N</u> ext	•		
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Enter details - Small Bathing & Toileting Equipment

Name Jane Doe Personal Health Number 99299/990

Product category - Please choose one - 🗸

Product - Please choose one - 🗸

Patient information

Provider details 🔞

Product details 🕜

(for display to vend

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

provider.ab.bluecross.ca/health

Quantity 0

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.

	Overview	Patient inquiry	Enter authority	orization	Reports	Resources	Your profile
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Enter authorization r	equest						
Enter details - Small Bat	hing & Toile	ting Equipme	nt				
Patient information							
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Personal Health Numb	er 992997990	)					
Provider details 🔞							
Provider comments							
(for display to vendor)							
Product details							
Product category	- Please choose	one - 🗸		Quantity	0		
Product	- Please choose	one- 🗸					
		Add	product				

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 product being requested.

	Overvlew	Patient inquiry	Enter authorizatio	n Reports	Resources	Your profile
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Product				Quan	бty	
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 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.

	Overviev	v Patient inquiry	Enter authorization	Reports	Resources	Your profile
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ter details - Small Ba	thing & To	ileting Equipme	nt			
atient information						
Na	me Jane Do	e				
Personal Health Numi	ber 9929979	990				
Documentation details	orting docume	nt in your possession	and enter any correspond	ing values.		
" denotes a mandatory s		ument er supporting document nt Declaration Form *				
Com	nents					

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 that were mistakenly uploaded. Once all files have been uploaded, click on "Process authorization" and confirm patient consent in the popup window. Click "OK" to proceed.

Overview         Patient inquiry         Enter authorization         Reports         Resources         Your profile           Upload supporting document         Supporting document required for further review
Benchmark Mobility Authorize Upload supporting document Supporting document required for further review
Patient information
Name Jane Doe Personal Health Number 992997990
Vou have indicated that you have the following documents. Please upload them for further review. Client Declaration Form
File Comment
Test Authorization.doox Delete
Back Cancel Process authorization



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



### **EASY STEPS TO ACCESS REPORTS**

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



- 2. For an authorization history report by patient, select patient from the drop-down menu. Enter a start and end date for the authorization information you wish to display (up to a maximum of the last fifteen months and three months into the future), then click "Create report".
- **3.** Once the report is created, enter the patient's Personal Health Number and date of birth.
  - a. All authorizations that 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.
  - b. To access a printable version of the authorization, click "View" in the summary table.
  - c. To terminate an authorization, click "Term" in the summary table and, when prompted, provide a termination date and reason.



Please note: A patient can only have one authorization of each type at a time. If you would like to add a new product to an authorization you will have to terminate the existing authorization then create a new one with the products from both the terminated authorization (if still required) as well as any new products.



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Details	5						
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- 4. For an authorization history report by provider, select provider from the drop-down menu. Enter a start and end date for the authorization information you wish to display (up to a maximum of the last fifteen months and three months into the future), then click "Create report".
  - a. All authorizations that are active or were submitted through your account within the specified time are listed on a printerfriendly screen. Reference numbers, authorization types, effective and termination dates, as well as the status, are all available for your reference.
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BLUE CROSS <sup>®</sup> Health provider				Contact us   Help   Sign out		
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* This authorizati	ion was previ					_
		Save	Cancel			

### **TECHNICAL INFORMATION**

Using the Alberta Blue Cross AADL website, an Internet connection and your browser, you can submit authorizations 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 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 website.

### **CONTACT US**

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

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.





#### provider.ab.bluecross.ca/health

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