

Health services providers— Frequently asked questions

General

Can I register with Alberta Blue Cross for online claim submission?

Providers who would like to register with Alberta Blue Cross® can do so by filling out the online registration form at ab.bluecross.ca/providers/providers-home.php.

What is online billing?

Online submission provides the convenience of direct billing for eligible services to your customers who have coverage through Alberta Blue Cross employer-sponsored plans, individual plans and those with coverage through the Alberta School Employee Benefit Plan (ASEBP).

How do online claim submissions work?

Claiming online is quick, easy and secure. After validating a patient's identity and predetermined results, as confirmed by the patient, simply submit the claim for processing. Results are displayed within seconds of submission and the patient is required to pay only the portion not covered under their benefit plan. The transaction is then complete.

What are the benefits to me as the provider?

- Submit claims quickly through an easy-to-use and secure website, using a tablet, phone or computer.
- Verify patient eligibility instantly.
- Build your customer base.
- Provide greater convenience for your patients.
- Patients pay only their portion, reducing banking and credit card fees.
- Receive payments promptly.
- Save your business money.
- Advertise your business on our online public directory at no cost and on the **locate a provider** function, now available in our Alberta Blue Cross *My Benefits* app.
- Easily reconcile payments with online statements.

Is there a charge for signing up?

Sign up is completely free for all provider types.

Is there a charge for submitting online claims??

There's no charge for submitting claims to Alberta Blue Cross on the member's behalf.

During what hours can you submit online?

Providers can submit claims online Monday to Sunday from 8:30 a.m. to 9:30 p.m. Mountain Time.

During what hours is the provider queue line open?

The provider queue line is available Monday to Friday, 8:30 a.m. to 5 p.m. and is closed on all statutory holidays.

Registration

Which providers are eligible for online billing?

Direct billing is currently available to acupuncture, naturopathy, chiropractic, massage therapy, physiotherapy, occupational therapy, audiology, hearing aid, speech pathology, nursing, podiatry, optical, pharmacy and dental providers, as well as psychology services and social work providers and registered dietitians and nutritionists. It's also now available to hospital providers and medical diagnostic labs.

How can I register for online billing?

Register for online billing by using our provider website at ab.bluecross.ca/providers/providers-home.php.

What information is required to register?

To register, you'll be asked to provide your

- registration choice (for example, individual or clinic),
- provider type,
- login ID, which you customize, and
- provider information, including your business and mailing addresses, payment information and contact information.

How long does it take to receive my login credentials once I've signed up?

It will take approximately three to five business days. We do our best to set you up as quickly as possible, but we need to verify your credentials with your college or association.

After I register, what steps should I follow?

You'll receive two separate emails when you register—one with your login ID and a second with your temporary password. Once you log in for the first time, you can set up a permanent password to replace your temporary one.

Please note that if you've registered as a **clinic**, you'll need to submit information for each practitioner at your clinic for validation once you've completed your registration. You can visit ab.bluecross.ca/public_forms/add-practitioner.php to provide this information. If you've registered as an **individual**, rather than as a clinic, you don't need to complete this step.

Can I register or terminate online billing at any time?

Yes; you can register or terminate your online billing status at any time.

How can I submit my direct deposit information?

Due to the sensitivity of this information, you're required to fax or mail your direct deposit information to us. You can fax this information to us at 780-498-3544 or mail it to us at 10009 108 St. NW, Edmonton AB, T5J 3C5.

continued next page

If I have a clinic with multiple provider types, does each provider need their own login ID?

You can register as a clinic and assign practitioners to your location, making online billing easier with a drop-down menu that lists all the practitioners you've registered at your clinic.

If I'm an individual provider, do I have to register as a clinic or can I register on my own?

You can register yourself as an individual.

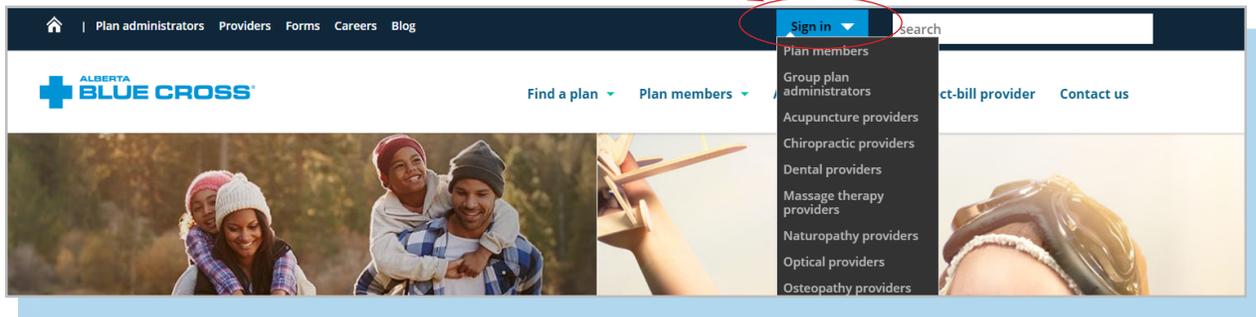
Do I need to be registered with an applicable college or association?

Yes; each practitioner will have to be registered with their applicable college or association.

Accessing the provider site

Where do I log in?

Simply visit our website at ab.bluecross.ca, click **Sign in** in the upper navigation bar and select your provider type from the drop-down menu.

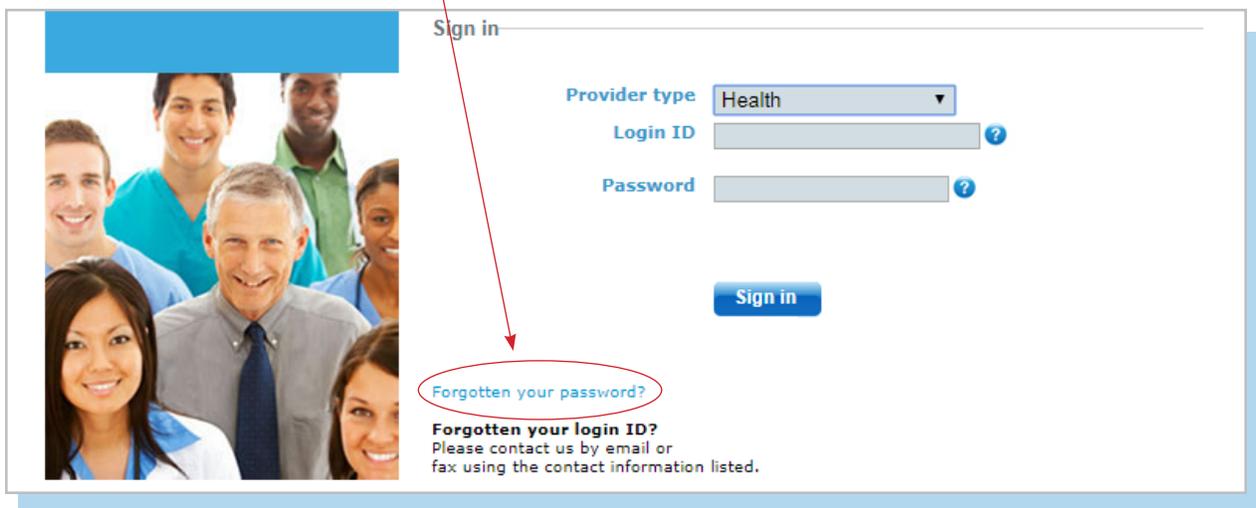


Why am I experiencing issues accessing the provider website?

If you have the Alberta Blue Cross website saved as a favourite in your web browser, clear the page from your favourites and try viewing it as a fresh page. In some cases, when it's saved as a favourite, it won't properly update when changes have been made.

If I forget my password, how do I reset it?

Simply click on the **Forgotten your password?** link on the sign-in page to walk through the password recovery process.



continued next page

How do I request that my password be reset?

To request a new password, simply contact our provider queue line directly at 1-800-588-1195 (toll free) or 780-498-8083 (Edmonton and area).

If I'm locked out of the website, how can I unlock my account?

You'll be locked out after five or more failed sign-in attempts. To have your account unlocked, contact our provider queue line directly at 1-800-588-1195 (toll free) or 780-498-8083 (Edmonton and area).

Why is the website not accepting my username?

The username is case sensitive. Please ensure that you've entered the username exactly how it was initially registered.

What might the issue be if I'm getting an incorrect password notification, but am certain I've entered the correct password?

This can happen if you've recently changed your password and you previously used the password retention function on your browser. In this case, the log-in screen may populate with your old password and display as a series of asterisks (for example, *****). Try manually entering your new password and have your browser remember the new one. For security purposes, we recommend you always key in your password manually.

Claim submissions

Why can't I locate a member?

This may happen for a few reasons, such as:

- entering the incorrect patient ID, group number or date of birth, or
- termination of patient coverage.

If you continue to experience issues, please contact our provider queue line directly at 1-800-588-1195 (toll free) or 780-498-8083 (Edmonton and area).

What are predeterminations and preauthorizations?

For all **health claims** and **group optical claims**, you can submit a predetermination on a member's behalf. A predetermination provides a snapshot of what the patient is entitled to at that moment in time. Please note that it is not a guarantee of payment.

For **Alberta Human Services (ABHS) optical claims**, you can submit a preauthorization instead. In this case, a preauthorization is a guarantee of payment and will hold the member's benefits in reserve.

If I submit a predetermination, will it be processed for payment?

No; you must fully submit the claim for it to be processed for payment.

How do I locate a predetermination or preauthorization to submit a claim?

For **health** and **group optical claims**, if you did not complete your predetermination to a full claim, you'll need to resubmit the predetermination and continue to do so. This won't affect the members' benefits as a predetermination is not a paid claim.

For all **ABHS optical claims**, you can view preauthorizations in the report section under **Outstanding Preauthorization Report**.

continued next page

Is the predetermination a guarantee of payment?

No; a predetermination is not a guarantee of payment.

How long do I have to submit a claim online?

You have up to 60 days from the date of service to submit the claim for that service online.

Are payments processed the same day they're submitted?

For providers who have signed up for daily payments, payments are issued daily for all claims submitted prior to 5 p.m. Note that normal banking processing times still apply.

If you've signed up to receive payments every two weeks, your payments won't be processed on the same day.

What happens if I'm beyond the 60-day claiming limitation period?

The member will have to pay for the full cost of the service and submit their receipts to us themselves. We will then reimburse them directly for any portions covered under their plan.

What happens if there's an error and the claim has already been submitted?

If you're receiving payments daily, corrections for claims submitted online must be completed by 5 p.m. that same day.

If you need to correct a claim after 5 p.m., a manual request will need to be completed. This request can be done on our website at ab.bluecross.ca/public_forms/cancel-a-claim.php. Alternatively, you can submit the following details to us by email at healthinq@ab.bluecross.ca or by fax at 780-498-3544:

- your clinic information, including your clinic's name, phone number and address;
- the member's information, including their ID number, name, date of birth and group number;
- claim details, including the nature of the service, dollar value and document or preauthorization number; and
- the reason for the reversal.

How do I find out if the member's plan requires a doctor's note?

The predetermination results will indicate if the member requires a Physician's Written Order (PWO) or not.

How can I add the member's doctor's note to their file?

PWOs for massage therapy, chiropractic services, acupuncture, physiotherapy, nursing, audiology, hearing aids and speech pathology can be uploaded through the online health portal—please refer to your provider user guide for more information.

Alternatively, the provider can fax the PWO to our Provider Services department at 780-498-3544 or by email to healthinq@ab.bluecross.ca.

Tips for claim entry

Should I submit the total dollar amount of the claim or just the patient's portion?

Always claim for the full dollar amount when entering a claim.

Is there a spot to input the coordination of benefits paid dollar amount?

Yes; you can enter this information when you're entering the claim.

The screenshot shows a web form titled "Enter claim" with a sub-section "Enter details". The form is divided into sections: "Patient information", "Claim type", "Provider of service", "Claim details", and "Practitioner".

Patient information	
Name	Smith, John
ID number	1234567-22
Group number	1

Claim type: [?]

Provider of service: [Massage Therapist]

Claim details: [?]

Service date (YYYY-MM-DD): [2016-02-04] [📅]

Service: [Massage Therapy] [v]

Total cost (\$): [150]

Other plan paid (\$): [50]

Practitioner: [Jane Doe] [v] [Add Practitioner]

[Practitioner Details](#)

A red arrow points from the "Enter details" header to the "Other plan paid (\$)" input field, which is circled in red.

How do I determine which coverage is primary?

Alberta Blue Cross follows the Canadian Life and Health Insurance Association (CLHIA) guidelines.

What if the member's coordination of benefits has reached its maximum?

You'll need to provide an Explanation of Benefits (EOB) from the member's external insurance provider noting that their benefits have reached their maximum allowable amount. The member will also need to provide the renewal date for their external benefits, which you or the member can submit to us by fax at 780-498-3544 or email at healthinq@ab.bluecross.ca.

What do I do if the member's coordination of benefits has been terminated?

The member will need to contact our Customer Services department to provide their termination information. They can contact us by phone at 1-800-661-6995 (toll free) or 780-498-8000 (Edmonton and area).

What is considered the date of service for a product or service?

For a **product**, the date of service is the date on which the member picked the product up from you.

For a **service**, the date of service is the date on which the service was provided.

continued next page

Where do I locate the member's ID and group numbers?

You can find the member's ID and group numbers on their Alberta Blue Cross ID card.

Group number

ID number
(the last two digits identify each individual plan member)

ab.bluecross.ca

ALBERTA BLUE CROSS

MEMBER John Abe Doe
GROUP NAME Company XYZ

GROUP/POLICY NUMBER 123

SECTION 123

ID NUMBER	NAME
123456 - 01	John Abe Doe
123456 - 02	Jane Barbara Doe
123456 - 03	Sam Charles Doe
123456 - 04	Mary Ellen Doe
123456 - 05	Stephen David Doe
123456 - 06	Roxanne Ellen Doe
123456 - 07	Joe Franklin Doe
123456 - 08	Sally Heather Doe

TRAVEL EMERGENCY CONTACTS
1-888-772-2583 Canada and U.S.A. (toll free)
1-403-225-4289 in all other countries (call collect)
For more information, visit abcrosstravel.ca

GENERAL INQUIRIES
Contact Alberta Blue Cross at 1-800-661-6995

INFORMATION FOR PROVIDERS
For provider support with direct billing claims, please call 1-877-272-7778.
Pharmacists, add leading zeros to group/policy number and use **carrier code 11**.
Dental providers, use **carrier code 00090**.

By presenting this card or Alberta Blue Cross ID number, I consent to the collection, use and disclosure of my personal information as described in the Alberta Blue Cross Privacy Policy posted at ab.bluecross.ca or call 1-800-661-6995.

TRAVEL ASSISTANCE
In the event of a MEDICAL EMERGENCY, please call our travel assistance phone number (located on the left-hand side) as soon as possible.
Be prepared to quote your group/policy and ID numbers as they appear on the front of the card.

Payments

How will I receive my payments?

If you've signed up for **daily payments**, you'll receive your funds daily via direct deposit. Please note that regular banking delays and service times may apply.

If you've signed up to receive **payments every two weeks**, you'll receive your payments in two-week intervals. Please note that regular banking and service times may apply.

How can I change my payment frequency?

To update your payment frequency, you'll need to provide written notice to us by email at healthinq@ab.bluecross.ca or by fax at 780-498-3544.

To have your payment frequency changed, please provide the following information:

- clinic name;
- clinic phone number and address; and
- current payment frequency and what you'd like to have it changed to (either daily or every two weeks).

Does Alberta Blue Cross provide bulk payments?

Yes; if you're receiving payments for multiple different providers in one clinic, you will receive bulk deposits from us.

Does Alberta Blue Cross provide detailed statements?

Yes; we provide detailed statements for each member through our website.

continued next page

What types of reporting does Alberta Blue Cross offer?

Through our provider websites, we offer a range of different reporting functionality.

Health services providers

Health services providers can access the following reports:

- **Outstanding Payment Reports:** lists all transactions remaining to be paid and allows you to cancel claims.
- **Payment History Reports:** once transactions have been paid, they'll be removed from the Outstanding Payment Report and appear here. Once payment has been issued, you can then view and print the claims statement.
- **Patient Date:** you can select a start and end date to view a specific patient's payment history.
- **Patient Claim Statements:** view and print a copy of the patient's claim statements.

Optical providers

If you're submitting optical claims for **group plan members** and members of the **Optical Assistance for Seniors Program (OASP)**, you'll be able to access the following reports:

- **Outstanding Payment Reports:** lists all transactions remaining to be paid and allows you to cancel claims.
- **Payment History Reports:** once transactions have been paid, they'll be removed from the Outstanding Payment Report and appear here. You can view payment history for the last six months.
- **Patient Claim Statements:** view and print a copy of the patient's claim statements.

If you're submitting optical claims for **Alberta Human Services (ABHS)** members, you'll be able to access the following reports:

- **Outstanding Preauthorization Reports:** lists all outstanding preauthorizations submitted by your office.
- **Outstanding Payment Reports:** lists all transactions remaining to be paid and allows you to cancel claims.
- **Payment History Report:** once transactions have been paid, they'll be removed from the Outstanding Payment Report and appear here. You can view payment history for the last six months.
- **Patient Claim Statements:** view and print a copy of the patient claim statements.

