

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 you've validated a patient's identity and predetermined results as confirmed by the patient, simply submit the claim for processing. Within seconds of submission, results are displayed and the patient will be 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?

- You can submit claims quickly through an easy-to-use and secure website.
- It can help you build your customer base.
- You'll be able to provide greater convenience for your patients.

- Payments are received promptly.
- You can verify patient eligibility instantly.
- Your business can save money.
- Patients pay only their portion, reducing banking and credit card fees.
- Your business will be advertised on our online public directory at no cost to you.
- You can advertise on the "locate a provider" function, now available in our Alberta Blue Cross My Benefits app.
- You can easily reconcile payments with online statements.
- You can submit claims using a tablet, phone or computer.

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 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. Mountain Time and closed on all statutory holidays.

Registration

Which providers are eligible for online billing?

Direct billing is currently offered for chiropractors, massage therapists, optical providers, physiotherapists, psychologists, pharmacies and dental providers. It's also now available to podiatrists, osteopaths, naturopathic doctors and acupuncturists, and will soon be extended to include speech pathologists, audiologists and osteopathy providers.

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.

Why does registration take three to five days?

We do our best to set you up as quickly as possible, but we do need to verify your credentials with your college or association.

What steps should I follow after I register?

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, mail or email your direct deposit information to us. You can fax this information to us at 780-498-3544; mail it to us at 10009 108 St. NW, Edmonton AB, T5J 3C5; or email it to us at healthinq@ab.bluecross.ca.

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?

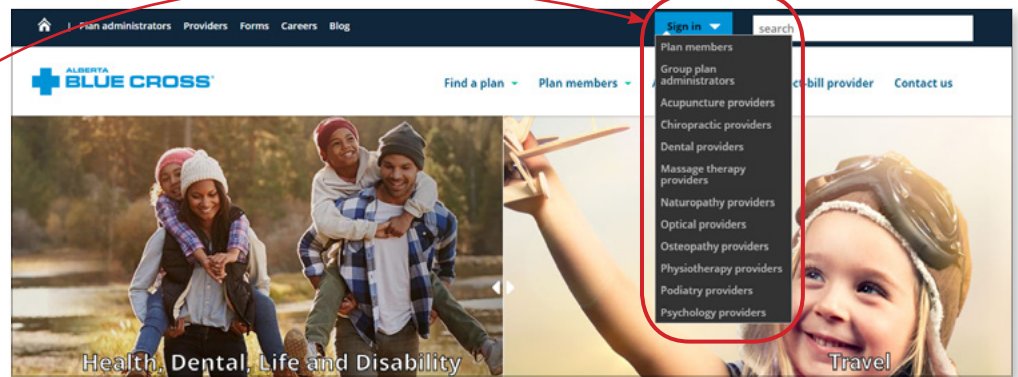
Yes; each practitioner will have to be registered with their applicable college or association.



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, as shown in the image on the right.



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.

I've forgotten my password.

How do I reset it?

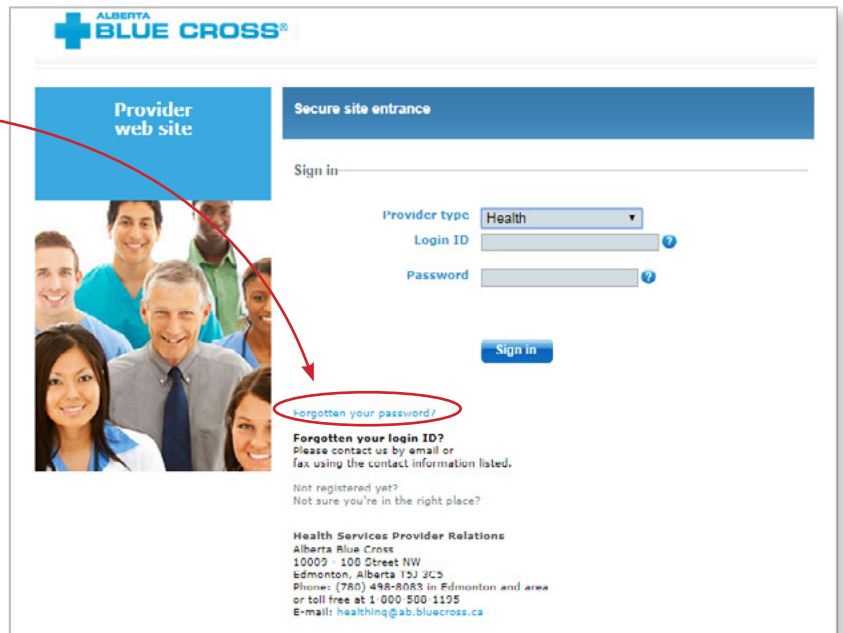
Simply click on the "*Forgotten your password?*" link on the sign-in page to walk through the password recovery process.

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).

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 registered initially.

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

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 login 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. It's important to note that if you log in on a different computer, the password will need to be re-entered and re-saved on each computer. 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 a few reasons, including the following:

- It may be caused by entering the incorrect patient ID, group number or date of birth.
- The patient may have had their coverage terminated.

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 in order 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 in order 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.

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 your payments daily, corrections for claims submitted online must be completed by 5 p.m. that same day. If you need to correct a claim and it's past 5 p.m., a manual request will need to be completed. This request can be done by submitting 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?

The member can provide their correspondence to our Customer Services department or, alternatively, the provider can fax the PWO to our Provider Services department at 780-498-3544 or email it to us at 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, as noted in the screenshot to the right.

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.

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ABC Health Clinic

Enter claim

Enter details

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

Total cost (\$): 150

Other plan paid (\$): 50

Practitioner: Jane Doe

Add claim

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.

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. Please see the screenshot to the right for reference.

GROUP 123	SECTION 000
ID NUMBER	NAME
0123456-01	John Doe
0123456-02	Jane Doe
0123456-03	Sam Doe
0123456-04	Mary Doe

ALBERTA BLUE CROSS®

MEMBER
John Doe
Company XYZ

CLASS	BENEFITS	EFFECTIVE YY/MM/DD
Family	Dental	01/01/16
Family	Drugs	01/01/16
Family	Vision	01/01/16
Family	Travel	01/01/16
Family	Health	01/01/16

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

Group number

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:

- your clinic's name;
- your's clinics phone number and address; and
- both your 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.

What types of reporting does Alberta Blue Cross offer?

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

For health services providers

Health services providers can access the following reports:

- **Outstanding Payment Reports:** the Outstanding Payment Report lists all transactions that are 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 will appear on the Payment History Report. 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:** this feature allows you to print a copy of the patient's claim statements.

For 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:** the Outstanding Payment Report lists all transactions that are 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 will appear on the Payment History Report. You can view payment history for the last six months.
- **Patient Claim Statements:** this feature allows you to 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:** the Outstanding Preauthorization Report lists all outstanding preauthorizations submitted by your office.
- **Outstanding Payment Reports:** the Outstanding Payment Report lists all transactions that are 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 will appear on the Payment History Report. You can view payment history for the last six months.
- **Patient Claim Statements:** this feature allows you to print a copy of the patient claim statements.