

Psychology services and social work providers user guide



online claims submission

... convenient service, delivered through an easy-to-use secure website

provider.ab.bluecross.ca/health



October 2018



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Alberta Blue Cross is pleased to offer online claims submission for psychology services and social work providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to psychologists and social workers across Alberta.

Online submission provides the convenience of direct billing for eligible services for your customers with coverage through Alberta Blue Cross group plans, individual plans and those with coverage through ASEBP. You are assured of prompt payment directly from Alberta Blue Cross, while retaining existing customers and gaining a competitive advantage over providers who may choose not to submit claims online.

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.

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 Online Health Provider 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 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.

Registering for site access

To register for online claims submission, you must complete the Request for Secure Website Access web form and the Application for Direct Deposit of Funds form. Details about completing these forms can be accessed through our public website at **ab.bluecross.ca**.

Please mail or fax your completed forms to

Health Provider Services, Alberta Blue Cross 10009 108 Street, Edmonton, AB T5J 3C5 Fax: 780-498-3544

The Health Provider Services 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 of these emails, you can begin serving your customers through online claims submission.



Claiming online is quick, easy and secure.

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



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 submit and process a claim

Steps for online submission

1 Navigate to the "Enter claim" menu option and enter the patient's ID number and group number exactly as they appear on their Alberta Blue Cross or ASEBP ID card, then ask the patient for his or her date of birth, enter the date and click the "Search" button.

Note: Any dates, such as service or birth dates, can be entered either with or without a slash between numbers. The system will accept both formats. This applies to all screens.



Verify whether patient has Coordination of Benefits (COB):

Confirm if the patient has other active coverage and if payment has been made by another benefit carrier or provincial plan.

If "No": continue to next page.

If "Yes": continue to page 11.



If "Yes", and the patient has active coverage with another benefit carrier, continue to the COB section on page 11.

Enter details: For an Individual
Assessment/Treatment, enter the service date, select the service, the number of hours and the total cost.
Using the drop-down menu, select the practitioner who performed the service. If you have not previously added the practitioner details, you will need to add them into the system (See 3b).



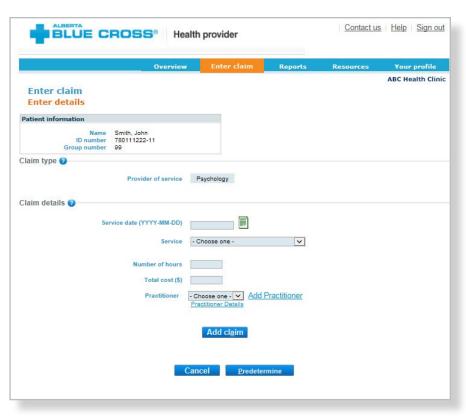
Note: For Group Therapy, use the same guidelines as above.

For a Family Assessment/Treatment, enter the service date, select the service, the number of hours and the total cost. You must select all attending participants from the "Patient Name" listing.

Note

There may be some circumstances when a claim cannot be processed electronically.

You will receive a notification on this screen and these claims will have to be submitted manually by the patient to Alberta Blue Cross.







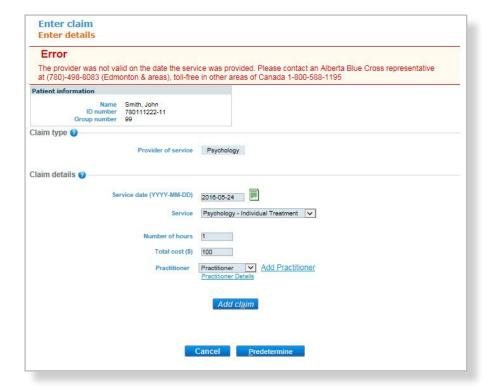
Enter practitioner details:

To add a practitioner to the practitioner system, click "Add Practitioner". A new window will populate asking for practitioner information. Enter the details as required and click "OK". The system will validate the practitioner in real-time.



Note

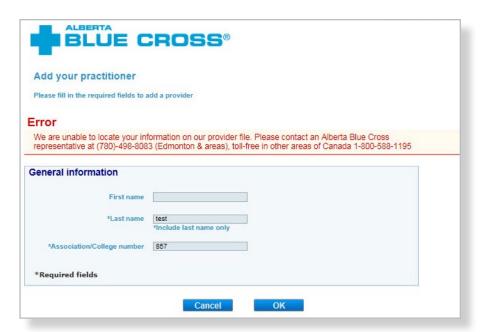
If you add a practitioner who is not eligible to perform a service on the service date, the error message "Practitioner is not eligible on the date of service" will appear. At this point you will be unable to proceed entering claim details.



Note

If you add a practitioner who is not registered in our system, the error message "Unable to locate practitioner" will appear. At this point you will be unable to proceed entering claim details.

If you receive either of these messages, please contact us at 780-498-8083 (Edmonton and area) or toll free at 1-800-588-1195 (other areas of Canada).

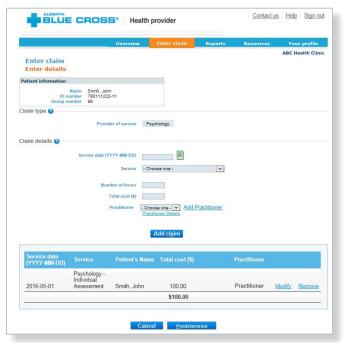


Enter details: Once the added practitioner is validated, you will be taken back to the "Enter details" screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click "Add claim". If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click "Predetermine".

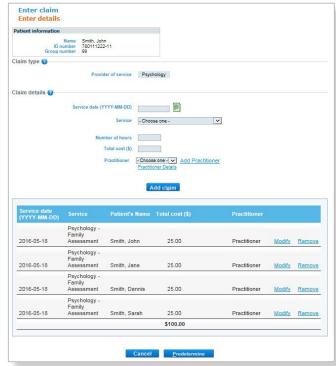


If you are entering a claim for a Family Assessment/Treatment, you will be required to add the claim information for each family member.

Individual



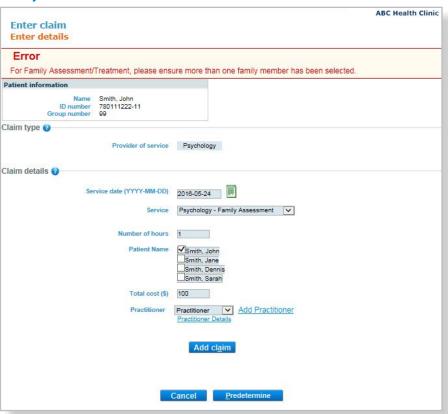
Family



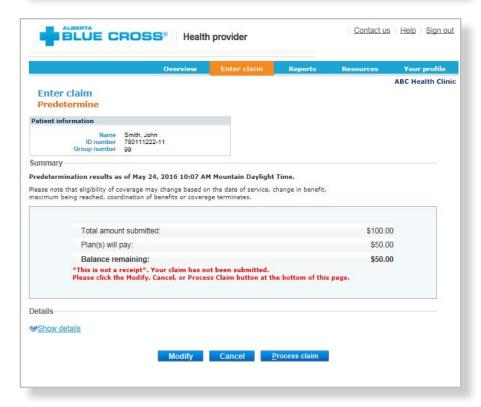
Note

If you only select one family member, the error message "For Family Assessment/Treatment, please ensure more than one family member has been selected" will appear. At this point you will be unable to proceed until you select more than one family member.

Family

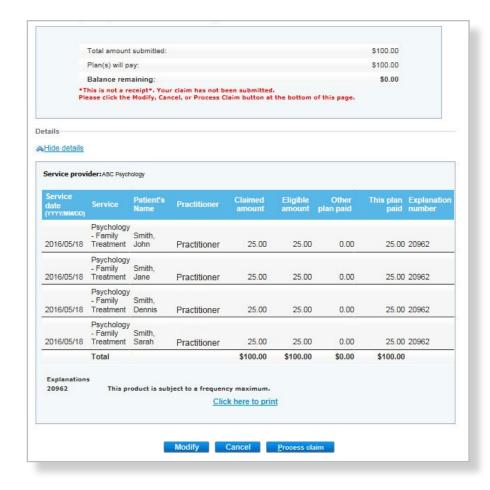


Predetermine: This is a simple inquiry into the patient's benefit plan(s) to determine the coverage available. You can click "Modify" to go back to step two, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.



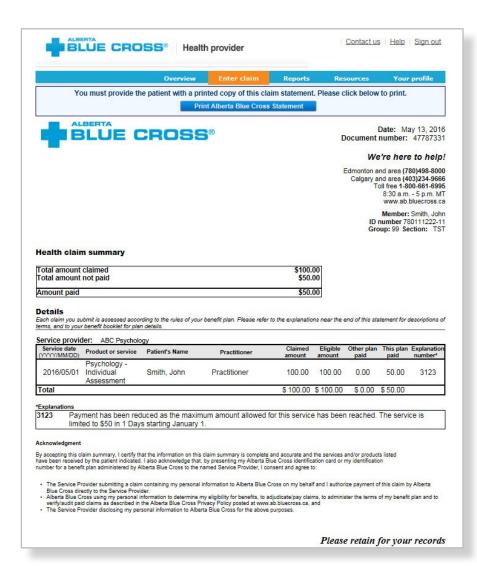


You will be able to see the claim information for all family members selected If you are entering a claim for a Family Assessment/Treatment.



Process claim: You will receive a confirmation from Alberta Blue Cross within seconds of your submission.

> A printable copy of the patient's Claim Statement is displayed. You must provide the patient with a printed copy of the Claim Statement.



Note

Family Assessment/Treatment Claim Statements will include the claim information for all family members selected.

Health claim summary

Total amount claimed	\$100.00
Total amount not paid	\$0.00
Amount paid	\$100.00

Details

Each claim you submit is assessed according to the rules of your benefit plan. Please refer to the explanations near the end of this statement for descriptions of terms, and to your benefit booklet for plan details.

Service provider: ABC Psychole

Service date (YYYY/MM/DD)	Product or service	Patient's Name	Practitioner	Claimed amount	Eligible amount	Other plan paid	This plan paid	Explanation number*
2016/05/18	Psychology - Family Treatment	Smith, John	Practitioner	25.00	25.00	0.00	25.00	
2016/05/18	Psychology - Family Treatment	Smith, Jane	Practitioner	25.00	25.00	0.00	25.00	
2016/05/18	Psychology - Family Treatment	Smith, Dennis	Practitioner	25.00	25.00	0.00	25.00	
2016/05/18	Psychology - Family Treatment	Smith, Sarah	Practitioner	25.00	25.00	0.00	25.00	
otal				\$ 100.00	\$100.00	\$ 0.00	\$ 100.00	

Acknowledgment

By accepting this claim summary, I certify that the information on this claim summary is complete and accurate and the services and/or products listed have been received by the patient indicated. I also acknowledge that, by presenting my Alberta Blue Cross identification card or my identification mumber for a benefit plan administered by Alberta Blue Cross to the named Service Provider, I consent and agree to:

- The Service Provider submitting a claim containing my personal information to Alberta Blue Cross on my behalf and I authorize payment of this claim by Alberta Blue Cross directly to the Service Provider.

 Alberta Blue Cross using my personal information to determine my eligibility for benefits, to adjudicate pay claims, to administer the terms of my benefit plan and to verify adult paid colaims as described in the Alberta Blue Cross Provacy Policy posted at www.aib.bluecross.ca., and

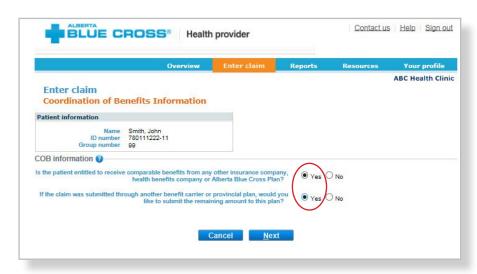
 The Service Provider disciolary my personal information to Alberta Blue Cross for the above purposes.

Please retain for your records

Steps for online submission with

Coordination of Benefits (COB) between Alberta Blue Cross and another benefit carrier

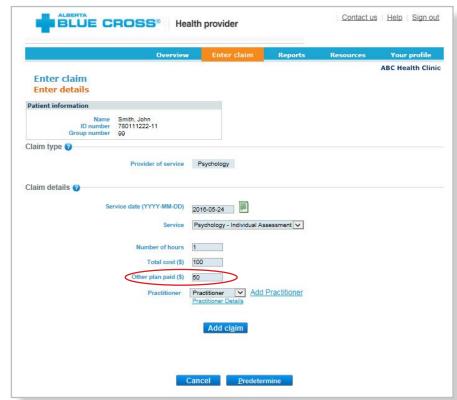
Patient has COB: Click "Yes" if a portion of this claim has already been paid by another benefit carrier and if you would like to submit the remaining amount to this plan.



Enter the amount paid: Enter the amount paid by the other benefit carrier for each claim line. If payments have been made by two or more benefit carriers, combine the amount paid and enter one total for each claim line.

Enter details: Select a service and enter the total cost. Using the drop-down menu, select the practitioner who performed the service. If you have not previously added the practitioner details, you will need to add them into the system.

Individual

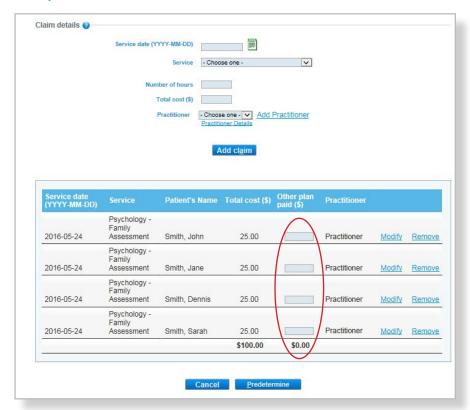


2b

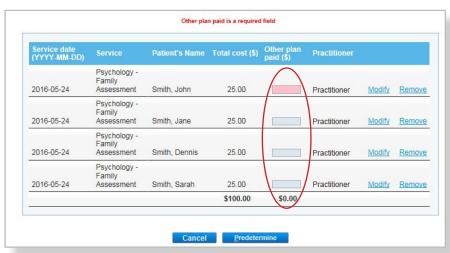
If entering a Family Assessment/ Treatment claim with coordination of benefits, the "Other plan paid" box will not appear. Instead, you will manually enter the amount paid by another benefit carrier for each family member.

If the amount paid by another benefit carrier is zero, you must enter "0" in the field.

Family



Family



Easy steps to access Reports

Reports: This screen allows you to pull up all claims waiting to be paid, history of settled claims and individual statements.

Outstanding Payment Report:

The Outstanding Payment Report lists all transactions that are remaining to be paid, and allows you to cancel a claim.

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". Once payment has been issued, you can view and print the Claims Statement.

Patient Date: •

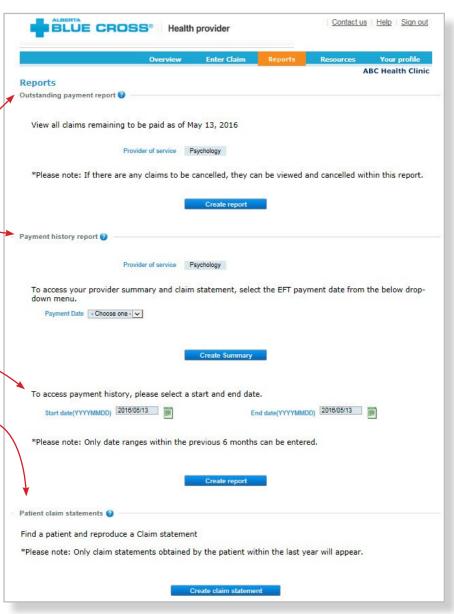
Select a start and end date to view a patient's payment history.

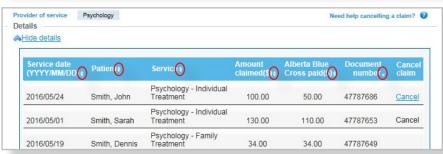
Patient Claim Statements: •

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

Note

Sort: This is currently available for Outstanding Payment Reports and Patient Claim Statements. You can sort the column by clicking on the double headed arrow, located beside the column title.





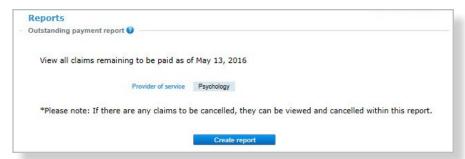


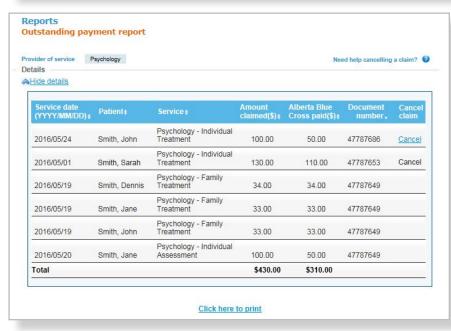
Help: For additional information, click on the help button (blue button with a question mark). The help button has answers to questions that are frequently asked about the section.

2

Outstanding Payment Report:

The Outstanding Payment Report lists all transactions that are remaining to be paid. Once the transactions have been paid, they will be removed from this report and appear on the Payment History Report.

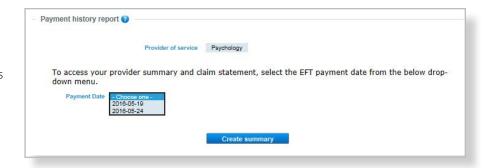




Payment history reports:

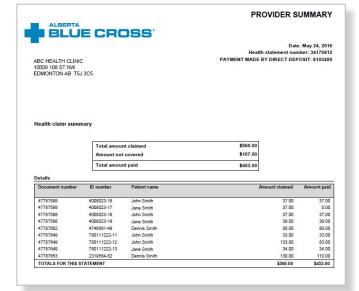
Claims Statements are available to view and print for one year.

Payment History is available for claims submitted in the last six months.



Provider Statement/Summary:

To access your Claim Statement, select the EFT payment date to create a pdf of your provider summary report, which can be saved or printed.



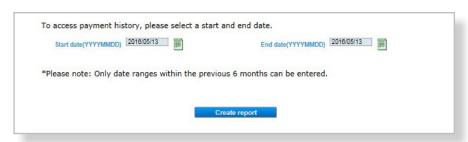
Service	780111222-11 Group: 99	Section: TST				Docum	nent ID: 47787649
date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent	Other plan paid	This plan paid	Explanation number*
2016/05/19	Psychology treatment	33.00	33.00	100%	0.00	33.00	
Totals for Jo		\$33.00			\$0.00	\$33.00	
	ne: Jane Smith 780111222-12 Group: 99	Section: TST				Docum	nent ID: 47787649
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/19	Psychology treatment	33.00	33.00	100%	0.00	33.00	15.0
2016/05/20	Psychology assessment	100.00	50.00	100%	50.00	50.00	3123
Totals for Ja	ane	\$133.00			\$50.00	\$83.00	
ID number:	ne: Dennis Smith 780111222-13 Group: 99	Section: TST					nent ID: 47787649
Service date YYYYMM/DD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/19	Psychology treatment	34.00	34.00	100%	0.00	34.00	
Totals for D		\$34.00			\$0.00	\$34.00	
Service date YYYYMM/DD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/01	Psychology treatment	130.00	110.00	100%	0.00	110.00	3345
Totals for Ja	ane	\$130.00			\$0.00	\$110.00	
	bered explanations below for details						
3123 3345 344	Payment has been reduced as the n Days starting January 1. Payment has been reduced as the n occurrence. Our files indicate coordination of ber terminated, please indicate the term	naximum amount allow refits apply. Please pro	ed for this servic	e has been read	hed. The service	is limited to \$110 erage is	
3123 3345 344	Days starting January 1, Payment has been reduced as the re occurrence. Our files indicate coordination of ber	efits apply. Please pro nation date. Resubmit	ed for this servic	e has been read	hed. The service	is limited to \$110 erage is	
3123 3345 344 Understand Eligible amou exceeding the eimbursement and/or co-payin emaining cost	Days starting January 1. Payment has been reduced as the nocurrence. Our files indicate coordination of be terminated, please indicate the term ing this statement - Terms an int. This is the portion of the Claims amount claimed! that is calculated to subject to the terms of your plan. I never amount of they apply. You are the important to refer to your bears.	haximum amount allow hefts apply. Please pro- nation date. Resubmit of Explanations of amount (not be eligible for includes deductible responsible for the	ovide a statemen this information Other pland for yindividual combine: amount in coverage statemen	t from the primar with this Explans an paid: This is to our claim. Throu s, couples or fain their benefit cow a accordance with	hed. The service ry carrier or if covation of Benefits: the amount anothing the coordination in the service of the contract or the contract or in the contract or in	is limited to \$110 erage is	as already), eligible dan can meligible ave other this
3123 3345 344 Understand Eligible amou exoceding the elimbursement and/or co-payment and/or co-payment and/or approximate the element of the	Days starting January 1. Payment has been reduced as the nocurrence. Our files indicate coordination of be terminated, please indicate the term ing this statement - Terms an int. This is the portion of the Claims amount claimed! that is calculated to subject to the terms of your plan. I never amount of they apply. You are the important to refer to your bears.	aximum amount allow welfs apply. Please pri nation date. Resubmit #Explanations d amount (not be eligible for includes declutble responsible for the information to sued for use only by p party. If the patien armier directly.	ed for this service ovide a statemen this information Other pl paid for y individual combine amount ir coverage statemen to return the provider of t requires a sta	e has been reach t from the primas with this Explans an paid: This is t our claim. Thros, s, couples or fan their benefit cow a accordance with and have not to a spart of the cl ion of benefits.	hed. The service ry carrier or if ou ation of Benefits: the amount anothing independent of the service in the service of the rage to receive in the contract print, laim to your othe arroses of claim ing to a claim 1	is limited to \$110 erage is statement. er benefit plan h. of benefits (COB) and one benefit p to the maximus visions. If you hay submit it benefit carrier for the processing a or services pro-	as already , eligible lan can m eligible ave other this or

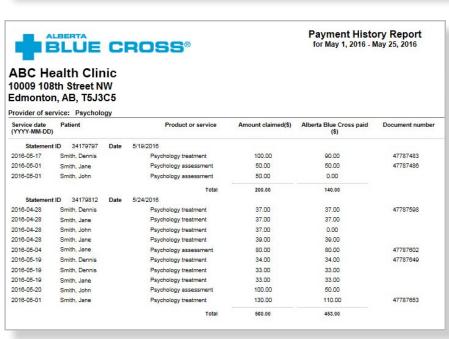


Payment History:

Enter a start date and an end date for the claim information you wish to display.

All transactions that have been paid by Alberta Blue Cross to your office within the specified time are listed on a printer friendly screen. Statement IDs and document numbers are included for your reference, as well as details about each patient's claim.





Easy steps to cancel a claim

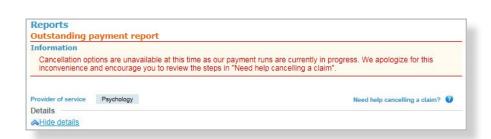
Cancel: To cancel a claim, click the hyperlink.

If the cancellation 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. Please refer to the help icon for further instructions about how to cancel your claim.



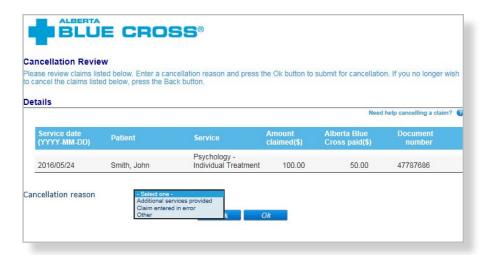


If a payment run is in progress, you will receive notification that the claim cannot be cancelled.

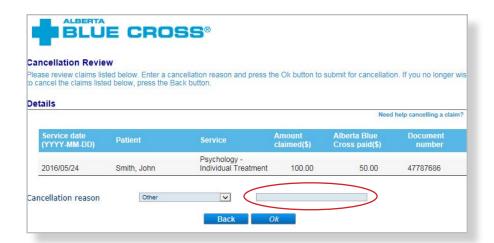


Cancellation Review: If you choose to cancel a claim, you will be asked for the reason. A drop-down menu lists common reasons.

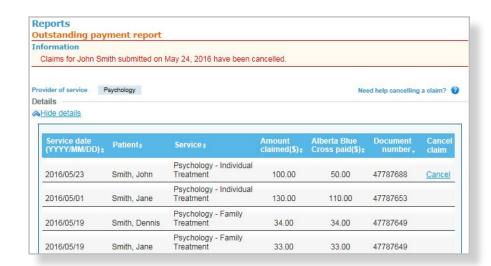
When cancelling a claim, all claims associated with the document number must be cancelled.



If you select "other", please provide the reason.



Cancellation: Once a claim has successfully been cancelled, red text appears at the top of the screen as confirmation.



Technical information

Using the Health Services Provider website, an Internet connection and your browser, you can submit 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 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 Health Services Provider website.





Contact us

For more information about access to the Health Services Provider website contact Alberta Blue Cross Health Provider Service Relations at

- 780-498-8083 (Edmonton and area),
- toll free at 1-800-588-1195 (all other areas), or
- email at healthing@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. (Mountain Time).

Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. (Mountain Time).