

AADL respiratory benefits program

Frequently asked questions

Can multiple users be signed into the system at the same time?

Yes; multiple users can be active in the system at the same time. For example, two or more physicians at the same clinic could use the system on their own computers simultaneously.

Is it possible for a physician to register for the site without providing payment information?

Yes; payment information is not required. The website form is the only component that is required to be completed if you will not be submitting claims; we provision the physician based on the information provided in this form.

Can providers separate payment claims according to location when all claims are paid into the same account?

Yes; to separate claims according to location, providers must simply ensure that each location has its own separate login ID. If all locations use a shared login ID, there will be no way for us to separate records in this manner.

Can an authorization be suspended prior to the termination date?

Yes, but only in certain cases. An active and approved authorization would only be suspended prior to the termination date if, during an audit, we discovered that incorrect information had been supplied in the authorization request or a patient is deceased.

For BPAP-pended authorizations, will the authorization notification continue to be faxed back to the provider?

Yes; if the authorization is approved. Once a BPAP authorization has been reviewed, the requesting entity will be notified of the results. If the BPAP authorization is approved, the selected provider will also receive faxed notification including the approval and the required prescription details.

How would providers submit BPAP and oxygen (O2) authorizations simultaneously?

To submit BPAP and O2 requests simultaneously, providers would simply need to indicate this on the BPAP authorization request form. This form contains a specific area where O2 can also be requested.

Will providers still have to manually calculate totals (the total days times the flat fee per day)?

Yes; providers will need to manually calculate totals. This will ensure they are providing the correct claimed amount based on the service term they are submitting.

What happens when a client is marked as 'deceased' before RBP updates the system?

The eligibility file from Alberta Health is sent to Alberta Blue Cross several times per week and is updated overnight. All authorizations for a deceased individual are termed based on the information found in this file.

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Do we have to submit the client declaration and consent form only the first time or with every authorization for the same client?

The client declaration and consent form is a mandatory document for all authorization requests and must be included for any authorization submission; however, the same client declaration and consent form can be used for multiple submissions as long as the client has not provided an end date for their consent. A valid client declaration and consent form must be kept on file by each authorizer making an authorization request.

Is the system able to catch duplicate claims?

Yes; Alberta Blue Cross uses system edits to capture duplicate claims and authorizations. It does so by comparing submitted claim dates to existing claim dates in the system.

How will urgent requests be handled by Alberta Blue Cross?

If you have an urgent request, there are a number of ways to expedite the process. You can indicate the request is urgent by writing it in the comments section of the authorization application and on the BPAP authorization forms. Additionally, providers, practitioners and physicians can contact our AADL Contact Centre to request a particular submission be reviewed urgently.

Will there be gaps in funding?

As per the policy manual, online authorizations for respiratory benefits must be completed within 1 month of the set up. Failure to adhere to the time frame will result in a gap in funding.

In addition, all re-authorization documentation and testing data is to be collected prior to the authorization termination date. Failure to provide this information before the authorization termination date will result in a gap in funding.

What are the expected turnaround times for authorization reviews?

Authorizations have been automated to provide real-time results whenever possible. If an authorization requires manual review, there is no set turnaround time as it will be determined by AADL. Although we cannot provide a specific timeframe, Alberta Blue Cross is committed to reducing delays by streamlining the processes.

What happens when a client switches providers without notifying their previous provider?

If a client switches to a new provider without notifying their previous provider, it may cause some confusion. Provider switches require the collaboration of the patient, previous provider and new provider to ensure that patient care is not affected.

