

HOSPITAL PROVIDER USER GUIDE—ONLINE CLAIMS SUBMISSION

Alberta Blue Cross® is pleased to offer online claims submission for health services providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to health services providers 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.

Registering for site access

To register for online claims submission, you must complete the Request for Secure Web Site Access web. Details about completing this form can be accessed at <u>ab.bluecross.ca</u>.

The Provider Agreements and Administration 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.

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 site** and enter the login ID and password.

You will be asked to agree to the Web Site Policy and Online Billing Agreement, update your banking information, 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.

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.

A video tutorial of the Online Health Portal is available on our public website at **ab.bluecross.ca**.



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.



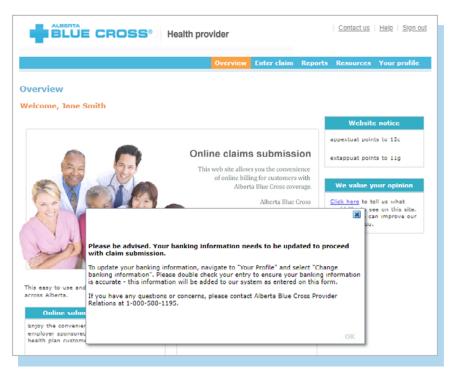
EASY STEPS TO UPDATE BANKING INFORMATION

1. Banking information notification

When you login to the Online Health Portal (OHP) for the first time, you will be prompted to enter your banking information before proceeding to claim submission.

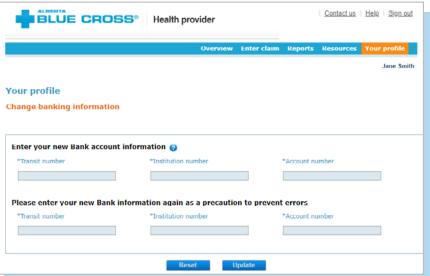
Note

Please confirm your bank account details with your banking institution before moving onto the next step.



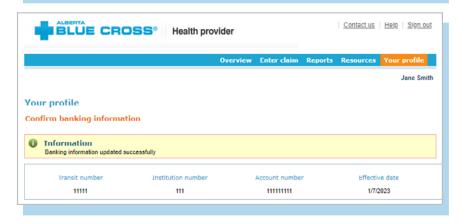
2. Update banking information

Enter the transit, institution, and account number as confirmed by your banking institution. Verify this information and enter these numbers again to ensure payment is made to the correct account.



3. Banking information confirmation

Once the banking information is saved you will be shown a prompt that confirms your banking information has been successfully update. You will also receive an email confirming the changes to your account.



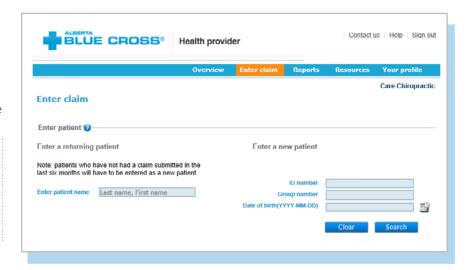
EASY STEPS TO SUBMIT AND PROCESS A CLAIM

1. Enter the patient's information

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 their date of birth, enter the date and click the "Search" button.

Note

If you're submitting a claim for a returning patient, you can enter their last and first name to populate the ID number, group number and date of birth fields.

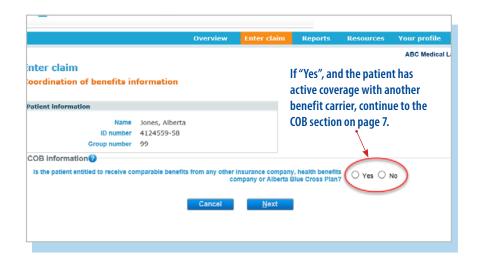


2. Verify whether the patient has Coordination of Benefits

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

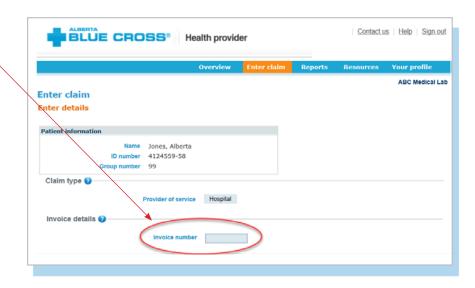
If "No": continue below.

If "Yes": continue to page 6.



3. Invoice details

Enter your invoice, account or patient number in the invoice number field. If you do not assign any number, leave the field blank.



4. Enter details

Enter the admission date and the discharge date, then select the service type from the drop-down menu, and input the total cost. Click "Add claim." Repeat these steps for each service being considered.

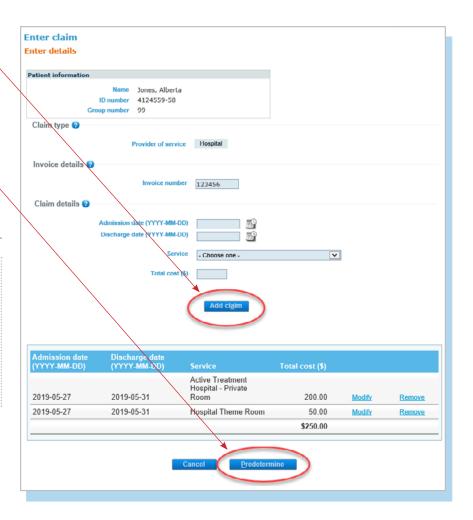
When you are satisfied with the details you have entered, click the "Predetermine" button.

Please refer to article 4.4 in the Online Services Billing Agreement for more information regarding the service date.

Note

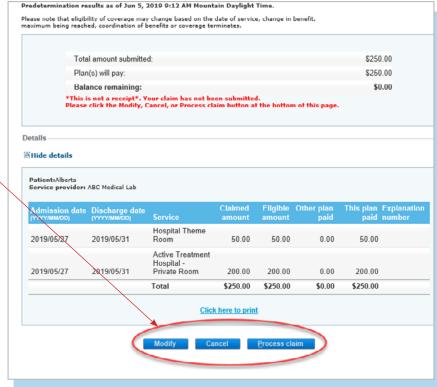
There may be some circumstances when a claim cannot be processed electronically.

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



5. Predetermine

This is a simple inquiry into the patient's benefit plans to determine the coverage available. You can click "Modify" to go back to step 2, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.



6. 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. Simply click "Print."

You must provide the patient with a printed copy of the "Claim statement".



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 Albeita Blue Cross identification card or my identification number for a henrific plan administrated by Alberts Blue Cross to the named Service Provider, I consent and agree to:

- The Cervice Provider submitting a claim containing my personal information to Alberta Blue Cross offeron my behalf and I authorize payment of this claim by Alberta Blue Cross directly to the Service Provider.
 Alberta Blue Cross sum my personal information to determine my eligibility for benefits, to adjudicate/pay claims, to administer the terms of my benefit plan and to verify/audid paid claims as described in the Alberta Blue Cross Finacy Policy posted at www. ab bluecross.co., and
 The Service Provider disclosing my personal information to Alberta Blue Cross for the above purposes.

Please retain for your records

STEPS FOR ONLINE SUBMISSION WITH COORDINATION OF BENEFITS BETWEEN ALBERTA BLUE CROSS AND ANOTHER BENEFIT CARRIER

1. Patient has Coordination of Benefits

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.



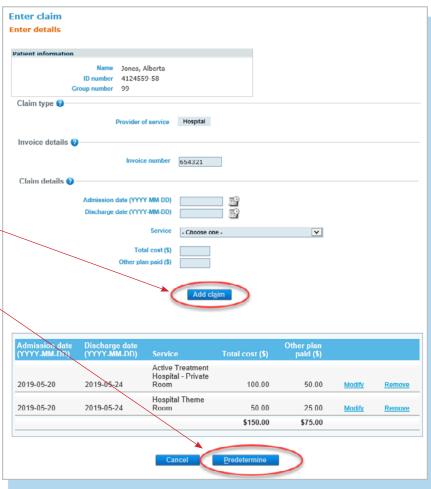
2. Enter the amount paid

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

Enter details

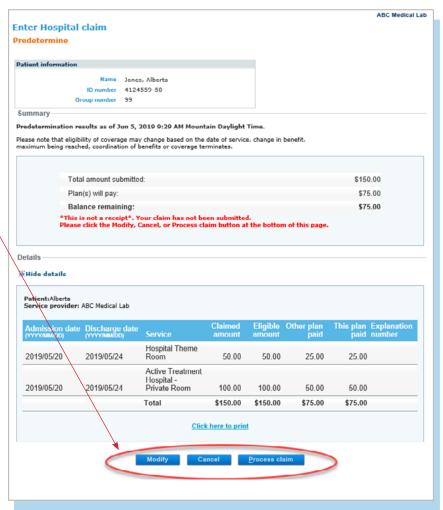
Select a service, enter the total cost and the provider name, then click "Add claim."

Repeat the same process until all lines have been entered, then click "Predetermine."



3. Predetermine

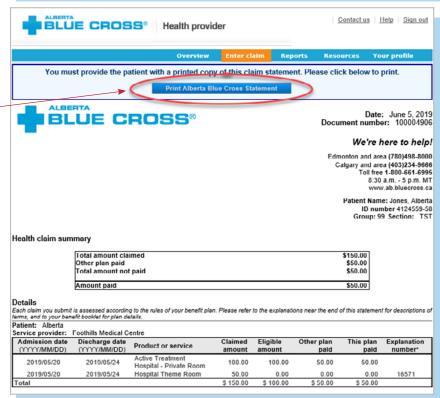
This is a simple inquiry into the patient's benefit plans to determine the coverage available. You can click "Modify" to go back to step 2, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.



4. 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. Click the "Print" command on the screen. You must provide the patient with a printed copy of the claim statement.



EASY STEPS TO ACCESS REPORTS

1. Reports

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

Outstanding payment report •

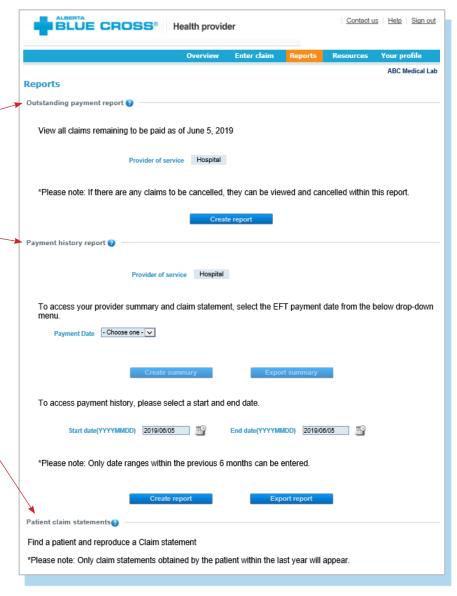
Alberta Blue Cross will make payments to your office daily at midnight. This report lists all remaining transactions. It also allows you to cancel claims.

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 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 doubleheaded arrow, located beside the column title.







Help: For additional information, click 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

If your clinic is registered with several provider types, please select the provider type for this report from the drop-down menu.

If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.

Alberta Blue Cross will make payment runs daily at midnight. 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.

3. Payment history reports

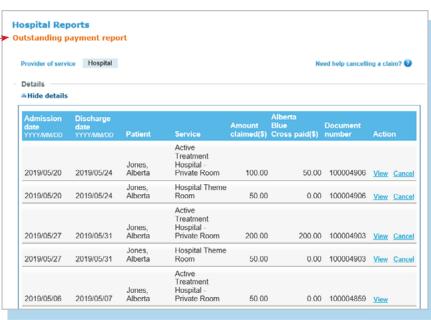
If your clinic is registered with multiple provider types and has single sign on, select the provider type for this report from the drop-down menu.

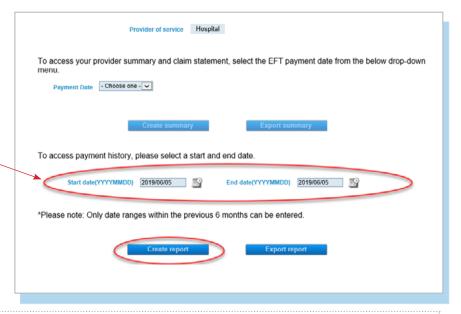
If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.

Enter a start and end date for the claim information you wish to display (these dates must be within the previous six months).

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, document numbers and invoice numbers are included for your reference, as well as details about each patient's claim.







Note

Use the "Export" button to receive a copy of your payment history report in a csv file.

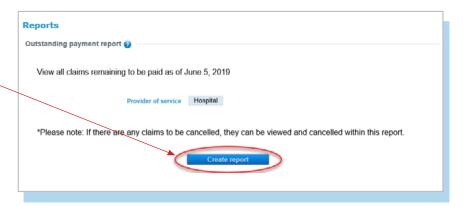


EASY STEPS TO CANCEL A CLAIM

1. Outstanding payment report

If your clinic is registered with multiple provider types and has single sign on, please select the provider type for this report from the drop-down menu.

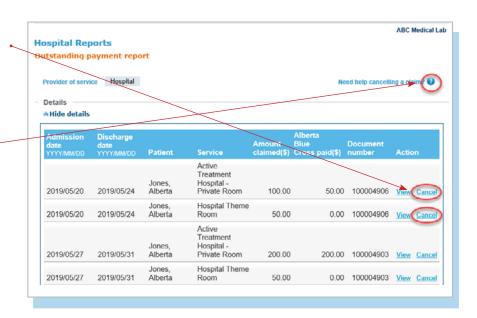
If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.



2. 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.



Note

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

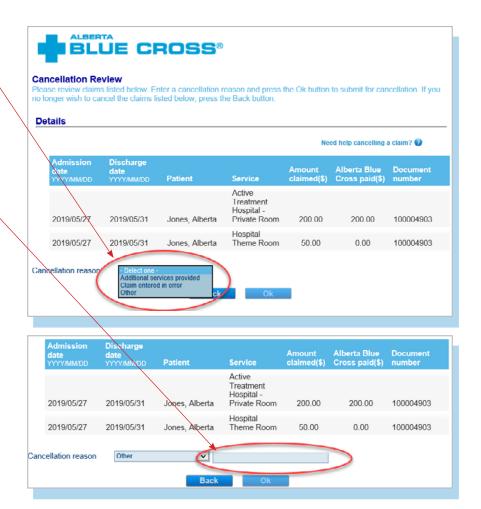


3. Cancellation review

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

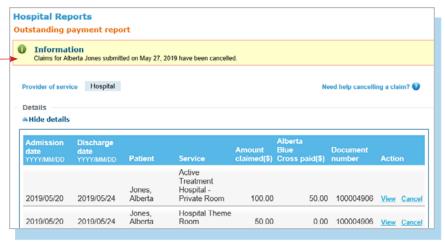
When cancelling a claim, all claims associated with the document number must be cancelled.

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



4. Cancellation

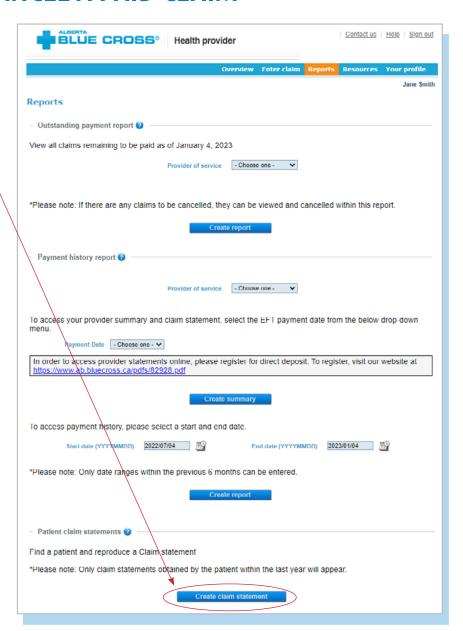
Once a claim has successfully been cancelled, it will appear at the top of the screen as confirmation.



EASY STEPS TO CANCEL A PAID CLAIM

1. Patient claim statements

In the Reports section, click "Create a claim statement".



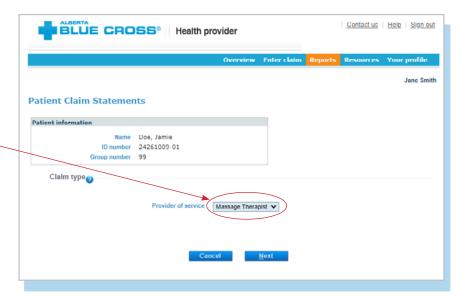
2. Enter patient information

Input the members ID numbers, group number, date of birth, and click "Search".



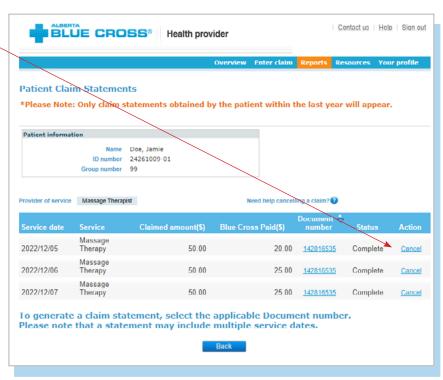
3. Claim type

If your clinic is registered with multiple provider types and has single sign on, please select the provider type for this report from the drop-down menu. If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.



4. 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.

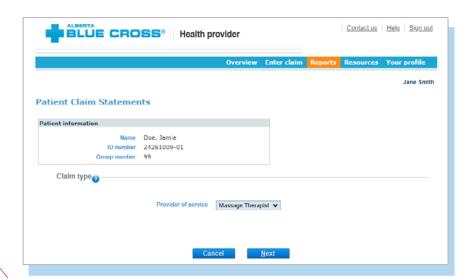


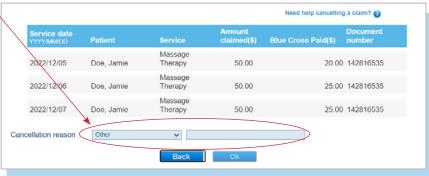
5. Cancellation review

If you choose to cancel a claim, you will be asked for the reason. A dropdown menu lists common reasons.

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

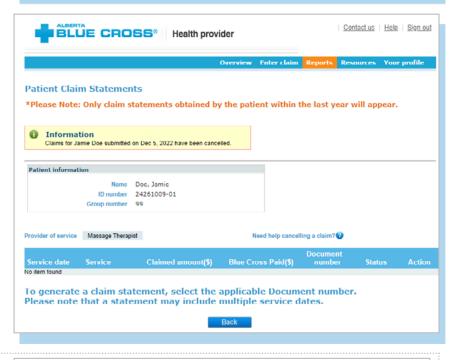
If you select "Other", please provide the reason.





6. Cancellation confirmation

Once a claim has successfully been cancelled, a confirmation will appear at the top of the screen.



Note

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

Patient Claim Statements

*Please Note: Only claim statements obtained by the patient within the last year will appear.

Error
Cancellation options are unavailable at this time as our payment runs are currently in progress. We apologize for this inconvenience and encourage you to review the steps in "Need help cancelling a claim".

TECHNICAL INFORMATION

Using the Health Services Provider site, 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 site.

CONTACT US

For more information about access to the Health Services Provider site, 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.

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.





