

NATUROPATHY 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 <u>ab.bluecross.ca</u>.



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.



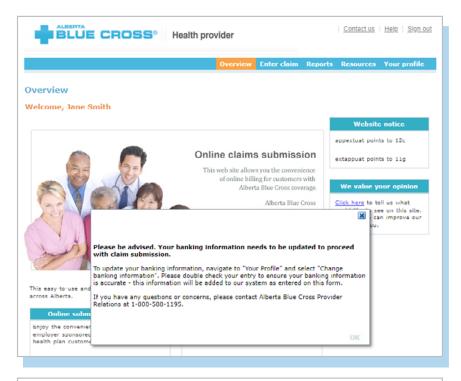
EASY STEPS TO UPDATE BANKING INFORMATION

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.

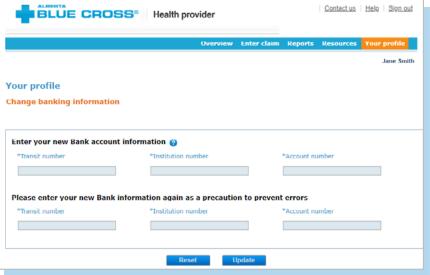
Note

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



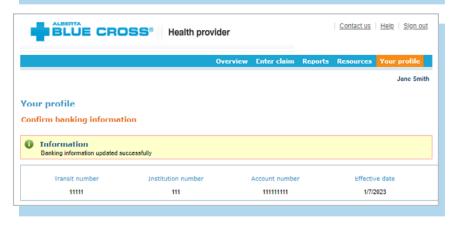
2. Update banking information

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.



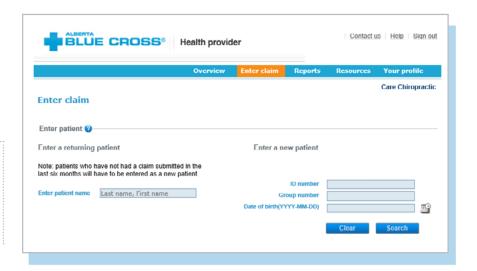
EASY STEPS TO SUBMIT AND PROCESS A CLAIM

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.

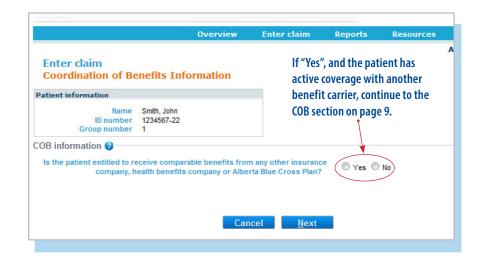


2. Verify whether the patient has Coordination of Benefits

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.

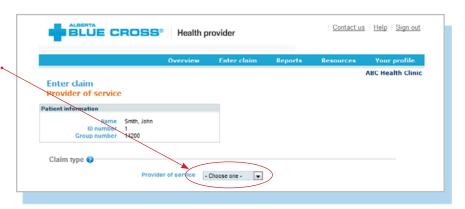
If "Yes": continue to page 8.



3. Provider 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.



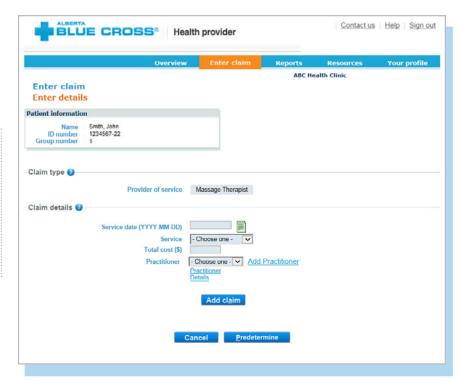
4. Enter details

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.

Note

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

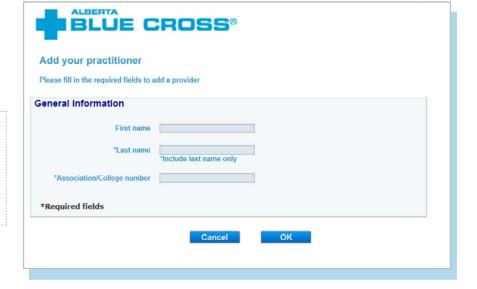
You will receive a notification on this screen and these claims will have to be submitted manually by the patient to Alberta Blue Cross.



4a. To add a practitioner to the system, click "Add practitioner". A new window will pop up, asking for practitioner information. Enter the details as required and click "OK". The system will validate the practitioner in real time.

Note

Before adding a practitioner to your drop down menu, you must first submit the *Request to add a practitioner* to your account for online direct billing.



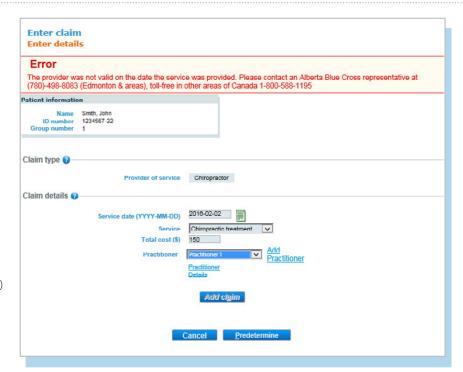
Note

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

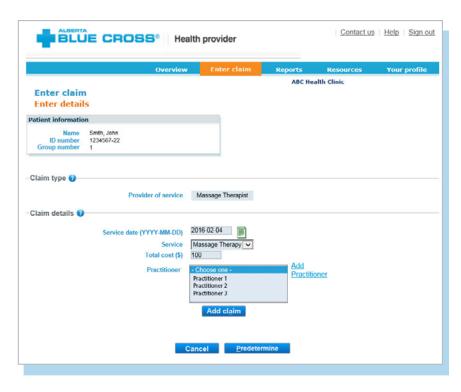
If you add a practitioner who is not registered in our system, the error message "Unable to locate practitioner" will appear. At this point, you will be unable to continue entering claim details.

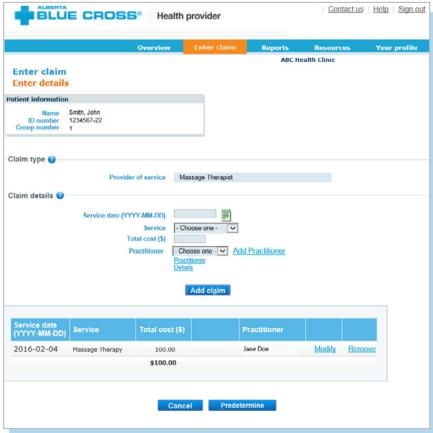
If you receive either of these messages, please contact us at 780-498-8083 (Edmonton and area) or toll free at 1-800-588-1195 (other areas of Canada).





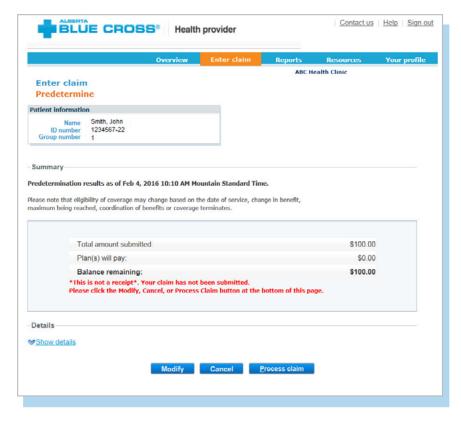
4b. Once the added practitioner is validated, you will be taken back to the "Enter details" screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click "Add claim". If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click "Predetermine".





5. Predetermine

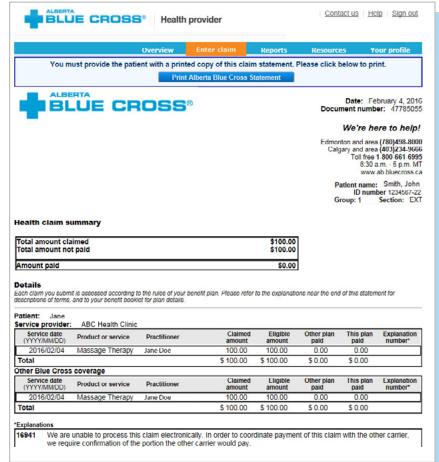
This is a simple inquiry into the patient's benefit plans to determine the coverage available. You can click "Modify" to go back to step 2, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.



6. Process claim

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

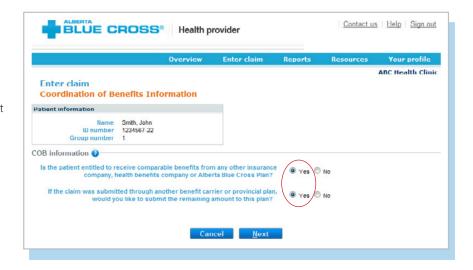
A printable copy of the patient's claim statement is displayed. You must provide the patient with a printed copy of the claim statement.



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 private benefit carrier (excluding provincial health plan and Alberta Health) and if you would like to submit the remaining amount to this plan.

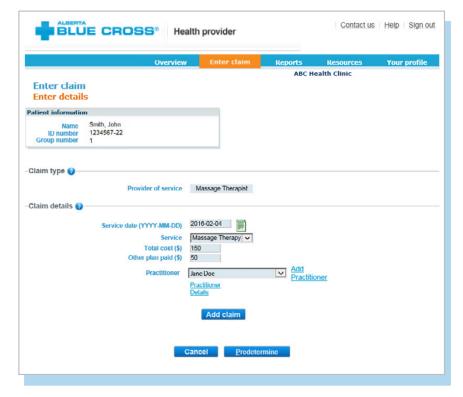


2. Enter the amount paid

Enter the amount paid by the other benefit carrier (excluding provincial health plan and Alberta Health) 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 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.



2a. To add a practitioner to the system, click "Add practitioner". A new window will pop up asking for practitioner information. Enter the details as required and click "OK". The system will validate the practitioner in real time.



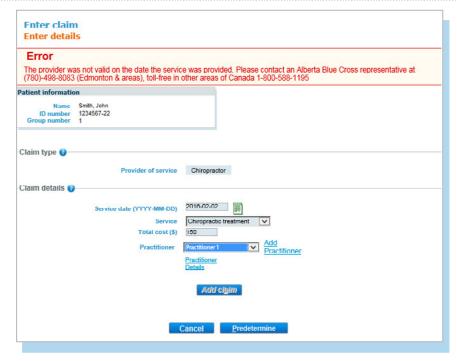
Note

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

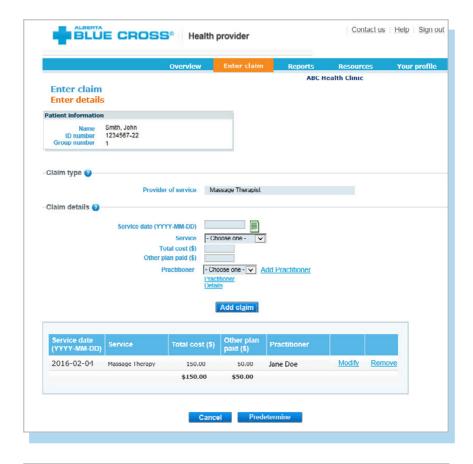
If you add a practitioner who is not registered in our system, the error message "Unable to locate practitioner" will appear. At this point, you will be unable to continue entering claim details.

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).



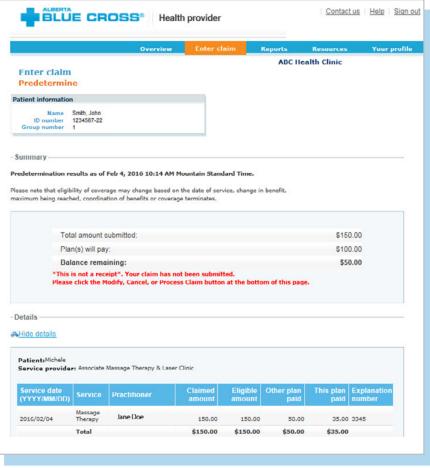


2b. Once the added practitioner is validated, you'll be taken back to the "Enter details" screen. The added provider will now be selectable using the drop-down menu. Enter the claim details as required and click "Add claim". If you have more claims to enter, continue entering them and verify details as they appear in the claim details table. Once complete, click "Predetermine".



3. Predetermine

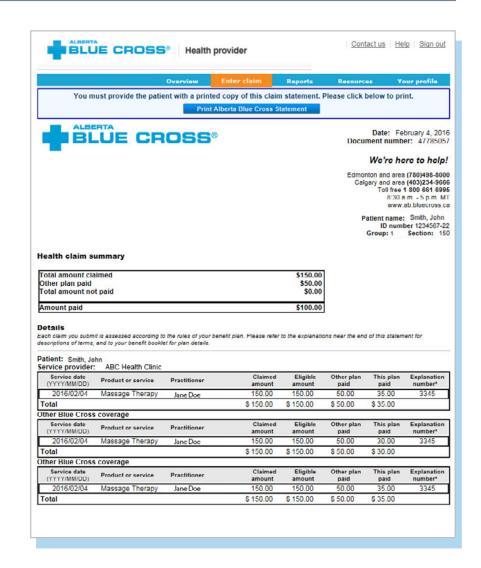
This is a simple inquiry into the patient's benefit plans to determine the coverage available. You can click "Modify" to go back to step 2, "Cancel" to exit without saving or "Process claim" to submit the claim online to Alberta Blue Cross for immediate processing.



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 Contact us | Help | Sign out BLUE CROSS® Health provider This screen allows you to pull up all claims waiting to be paid, history of settled claims ABC Health Clinic and individual statements. Outstanding payment report @ Outstanding payment report • View all claims remaining to be paid as of May 31, 2016 The outstanding payment Provider of service Chiropractor report lists all transactions that are remaining to be paid and *Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report. allows you to cancel a claim. **Payment history report** Payment history report (2) Once the transactions have been paid, they will be removed from Provider of service Chiropractor the "Outstanding payment report" and will appear on the "Payment To access your provider summary and claim statement, select the EFT payment date from the below drophistory report". Once payment has Payment Date - Choose one - V been issued, you can view and print the claims statement. **Patient date** To access payment history, please select a start and end date. Start date(YYYYMMDD) 2016/05/31 Select a start and end date to view a patient's payment history. *Please note: Only date ranges within the previous 6 months can be entered. Patient claim statements This allows you to print a copy Find a patient and reproduce a Claim statement of the patient claim statements. *Please note: Only claim statements obtained by the patient within the last year will appear.

Details AHide details Note **Sort:** This is currently available Service date (YYYY/MM/DD(+) for outstanding payment 2013/12/20 Smith, John Chiropractic Treatment 100.00 100.00 47762909 Cancel reports and patient claim statements. You can sort the 2013/12/29 Smith, John Chiropractic Treatment 100.00 100 00 47762909 Cancel 2014/01/05 Smith, John Chiropractic Treatment 100.00 100.00 47762909 column by clicking on the Cancel 2014/01/01 Lee, Mark Chiropractic Treatment 250 00 0.00 47762885 double-headed arrow, located Cancel beside the column title. Total \$550.00 \$300.00

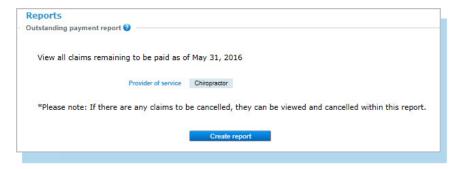


Help: For additional information, click the help button (blue button with a question mark).

The help button has answers to questions that are frequently asked about the section.

2. Outstanding payment report

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.

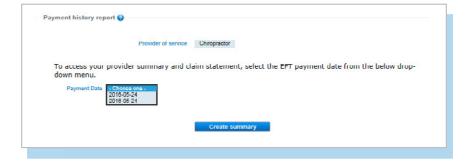




3. Payment history reports

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

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



3a. Provider statement and 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.



PROVIDER SUMMARY

Date: May 24, 2016 Health statement number: 341/9812 PAYMENT MADE BY DIRECT DEPOSIT: 8103499

ABC HEALTH CLINIC 10009 108 ST NW EDMONTON AB TSJ 3C5

Health claim summary

Total amount claimed	\$560.00
Amount not covered	\$107.00
Total amount paid	\$453.00

Details

Document number	ID number	Patient name	Amount claimed	Amount pald
47787598	4008023-16	John Smith	37.00	37.00
47787598	4008023-17	Jane Smith	37.00	0.00
47787508	4008023-18	John Smith	37.00	37.00
47787608	1008023 10	Jane Smith	30.00	30.00
47787602	4740091-49	Dennis Smith	80.00	80.00
47787649	780111222-11	John Smith	33.00	33.00
47787649	780111222-12	John Smith	133.00	83.00
47787649	780111222-13	Jane Smith	34.00	34.00
47787653	2319584-52	Dennis Smith	130.00	110.00
TOTALS FOR THIS S	TATEMENT		\$560.00	\$453.00

Patient name: John Smith

ID number, 780111222-11	Group, 99	Section, TST				Docum	ment ID: 47707G40
Service Product or s date YYYY/MM/DD	ervice	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan pald	Explanation number*
2010/05/19 Chiropractic to	ealment	33.00	33.00	100%	0.00	33.00	
Totals for John		\$33.00			\$0.00	\$33.00	

Patient name: Jane Smith

ID number:	/80111222-12 Group: VV	Section: ISI				Lincui	mentil): 47787643
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent oovered	Other plan paid	This plan paid	Explanation number*
2016/05/19	Chiropractic treatment	33.00	33.00	100%	0.00	33.00	
2016/05/20	Chiropractic assessment	100.00	50.00	100%	50.00	50.00	3123
Totals for Ja	ane	\$133.00			\$50.00	\$03.00	

Patient name: Dennis Smith

ID number:	780111222-13 Group: 99	Section: TST	65			Docur	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	Chiropractic treatment	34.00	34.00	100%	0.00	34.00	
Totals for De	ennis	\$34.00			\$0.00	\$34.00	

Patient name: Jane Smith ID number: 2319584-52 Group: 14200 Section: R

	Docum	nent ID: 47787653
}	This plan paid	Explanation number*

Service Product or service date YYYYMM/DD	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
2016/05/01 Chiropractic treatment	130.00	110.00	100%	0.00	110.00	3345
Totals for Denise	\$130.00			\$0.00	\$110.00	

*Explanations

See the no	umbered explanations below for details of how your claims were assessed. More than one numbered explanation may apply to a claim line.
3123	Payment has been reduced as the maximum amount allowed for this service has been reached. The service is limited to \$50 in 1 Days starting January 1.
3345	Payment has been reduced as the maximum amount allowed for this service has been reached. The service is limited to \$110 per occurrence.
344	Our files indicate coordination of benefits apply. Please provide a statement from the primary carrier or if coverage is terminated, please indicate the termination date. Resubmit this information with this Explanation of Benefits statement.

Understanding this statement - Terms and Explanations

Eligible amount: This is the portion of the Claimed amount (not exceeding the amount claimed) that is calculated to be eligible for reimbursement subject to the terms of your plan. It includes deductible and/or co-payment amounts if they apply. You are responsible for the remaining oost not covered by your plan(s). Please note: It is important to refer to your benefit information to determine what is covered.

Other plan paid: This is the amount another benefit plan has already paid for your claim. Through coordination of benefits (COB), eligible individuals, couples or families with more than one benefit plan can combine their benefit coverage to receive up to the maximum eligible amount in a sociodance with the contract provisions. If you have other overage and have not claimed through it, you may submit this statement as part of the claim to your other benefit carrier for coordination of benefits.

<u>Private and confidential</u> This statement is issued for use only by the provider of service for purposes of claims processing and payment and is not to be shared with any third party. If the patient requires a statement pertaining to a claim for services provided, please advise them to contact their benefits carrier directly.

Our mailing address is Alberta Blue Cross, 10009-108 Street NW, Edmonton, Alberta T5J 3C5.

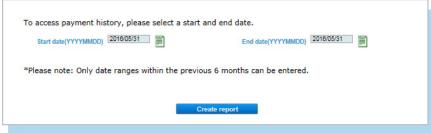
Part of your healthy future.

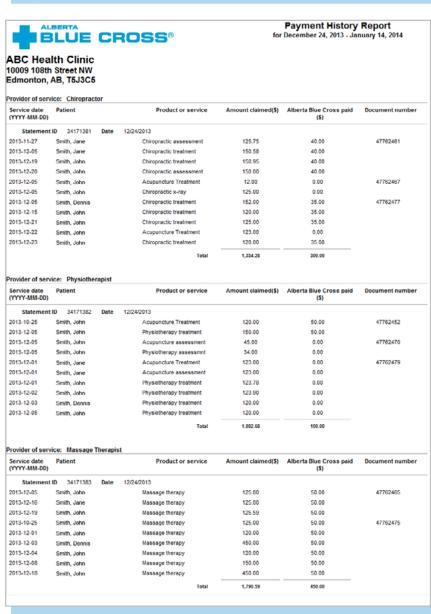
3b. Payment history

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Enter a start and 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.



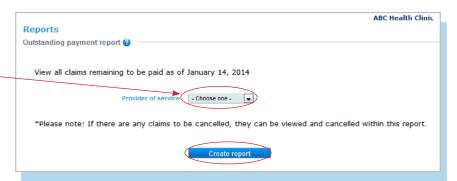


EASY STEPS TO CANCEL A CLAIM

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.

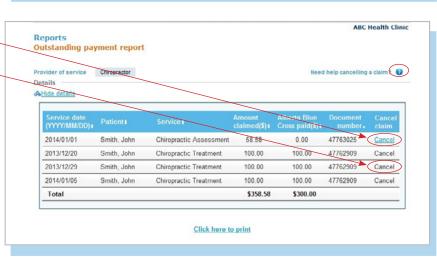
If your clinic is registered as an individual provider type, the "Provider of service" field will be populated automatically.



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.

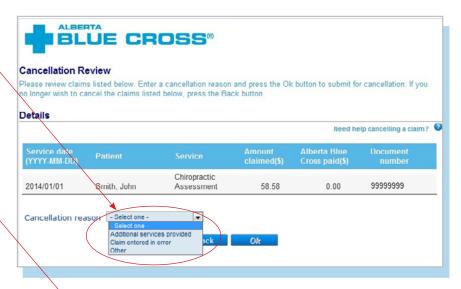


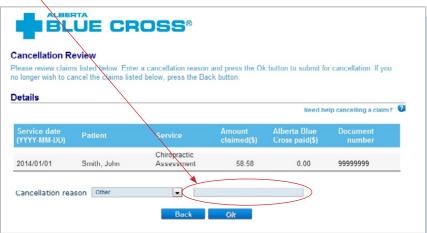
3. Cancellation review

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.

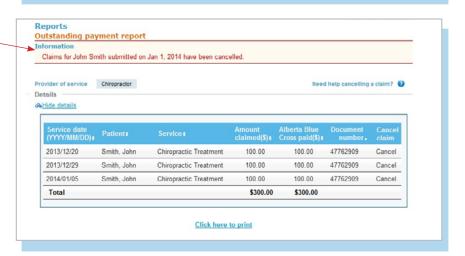
If you select "Other", please provide the reason.





4. Cancellation

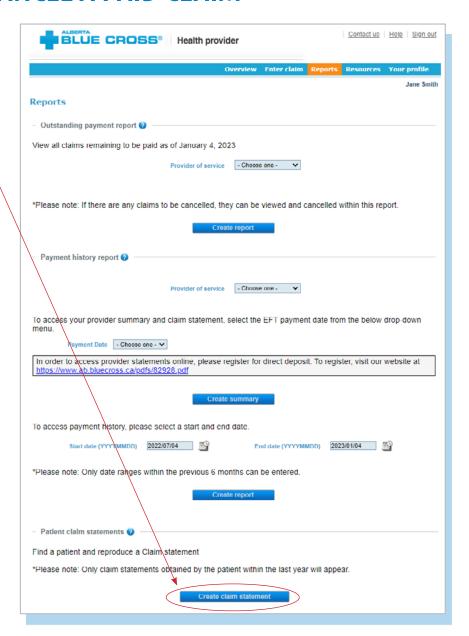
Once a claim has successfully been • cancelled, red text appears at the top of the screen as confirmation.



EASY STEPS TO CANCEL A PAID CLAIM

1. Patient claim statements

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



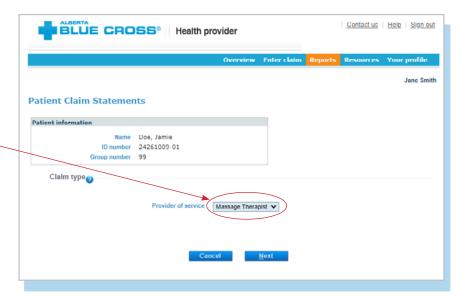
2. Enter patient information

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



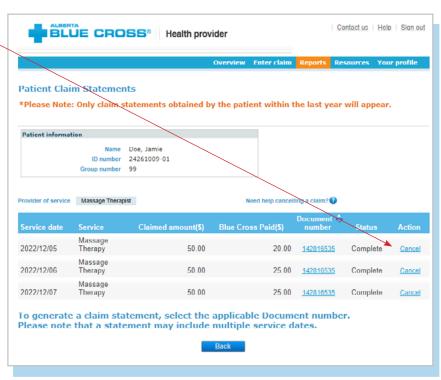
3. Claim type

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.

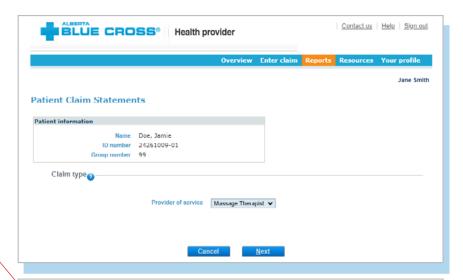


5. Cancellation review

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.

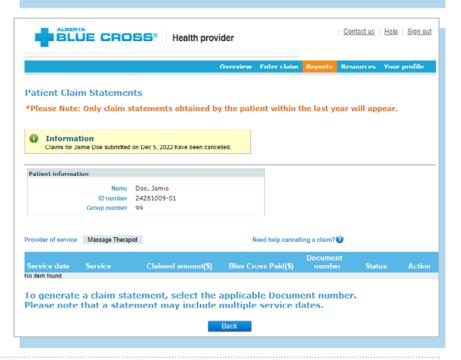
If you select "Other", please provide the reason.





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 oncourage you to review the stops 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.





