# HOME CARE SERVICES USER GUIDE

Online claims submission

March 2022

provider.ab.bluecross.ca/health

# HOME CARE SERVICES 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 providers across Alberta.

Online submission provides the convenience of direct billing for eligible services for your customers.

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 form. Details about completing this forms can be accessed 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. 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 at **provider.ab.bluecross.ca/health** and enter the login ID and password.

You will be asked to agree to the website policy and online billing agreement, set up your two reminder questions, provide your direct deposit information and change your temporary 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.



# **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 and group number.

For Client Directed Care Invoicing, the patient's ID number is their personal health number and their group number is 23720.

#### Note

If you're submitting a claim for a returning patient, you can enter their last and first name to resolve for the patient.

#### 2. Enter details

Select a service and enter the total cost as well as the number of hours (up to two decimal points).

#### Note

Be sure to select the appropriate service that agrees with the credentials of the performing service provider.

	Overview	Enter claim	Reports	Resources	Your profile
				A	Iberta Home Care
nter Home Care Services claim					
Enter patient 🕜					
Enter a returning patient	Ente	er a new patien	t		
Note: patients who have not had a claim submitted in the last six months will have to be entered as a new					
patient.		ID numbe Group numbe			
Enter patient name Last name, First name	Date of b	oirth(YYYY-MM-DE			ß
			_	lear	Search

		Overview	Enter claim	Reports	Resources	Your profile
						Alberta Home Care
nter claim						
nter details						
Patient information						
Name ID number Group number	Doe, Jamie 123000223 23720					
Claim type 🥑	Provider of service	Home Care Service:	1			
Claim details 📀						
Servi	ce date (YYYY-MM-DD) Service Number of hours Total cost (\$)	- Choose one - V				
		Add cl <u>a</u> im				

#### Note

If your claim cannot be processed electronically, please contact the Provider Relations Contact Center at 1-800-588-1195.

		Overview	Enter claim	Reports	Resources	Your profile
						Alberta Home Ca
nter claim						
nter details						
Patient information						
Name	Doe, Jamle					
ID number Group number	123000223 23720					
Claim type 😮						
	Provider of service	Home Care Service	\$			
Claim details 🕜						
Servi	ice date (YYYY-MM-DD)	1	9			
	Service	- Choose one - 🔽	1			
	Number of hours	0				
	Total cost (S)					

**ONLINE CLAIMS SUBMISSION** 

#### 4. 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.

#### Note

Any outstanding balance remaining after claim adjudication may be billed to the member directly.

ntor Hor	ne Care Servic	oc claim					Alberta Home Ca
redeterm		ca claim					
atient infor	mation						
	Name	Doe, Jamie					
	ID number	123000223					
	Group number	23720					
Please note	ination results as of that eligibility of cover eing reached, coordina	age may change base	ed on the date of serv	-	enefit,		
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Predeterm Please note	ination results as of that eligibility of cover eling reached, coordina Total amount su Plan(s) will pay. Balance remaili *This is not a reco	age may change bass tion of benefits or co ubmitted: ning: sipt*, Your claim he	ed on the date of serviverage terminates.	ed.		\$100.0 \$0.0	00
Predeterm Please note	ination results as of that eligibility of cover eling reached, coordina Total amount su Plan(s) will pay. Balance remaili *This is not a reco	age may change bass tion of benefits or co ubmitted: ning: sipt*, Your claim he	ed on the date of serviverage terminates.	ed.		\$100.0 \$0.0	00

#### 5. 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.



# **EASY STEPS TO ACCESS REPORTS**

1. Re	ports	
	is screen allows you to pull	BLUE CROSS® Health provider
	all claims waiting to be id, history of settled claims	Overview Enter claim Reports Resources Your profile
	d individual statements.	Alberta Home Care
and	a individual statements.	Reports
Ou	itstanding payment report 🔶	- Outstanding payment report 🕑
	e outstanding payment	View all claims remaining to be paid as of October 22, 2021
	port lists all transactions that	Provider of service Home Care Services
	remaining to be paid and	
allo	ows you to cancel a claim.	*Please note: If there are any claims to be cancelled, they can be viewed and cancelled within this report.
Pa	yment history report	Create report
	ice the transactions have been	- Payment history report 👔
	id, they will be removed from	
	e "Outstanding payment report"	Provider of service Home Care Services
	d will appear on the <i>"Payment</i>	
	<i>tory report".</i> Once payment has en issued, you can view and	To access your provider summary and claim statement, select the EFT payment date from the below drop-down
	nt the claims statement.	menu.
pm		Payment Date - Choose one -
		Create summary
Pa	tient date	To access payment history, please select a start and end date.
Sel	ect a start and end date to	Start date (YYYYMMDD) 2021/04/22 1 2021/022 1 2021/022 1 2021/0/22 1 2021/0/22 1 2021/0/22 1 2021/0
vie	w a patient's payment history.	
		*Please note: Only date ranges within the previous 6 months can be entered.
		Create report
		- Patient claim statements 🍘
Pa	tient claim statements •	Find a patient and reproduce a Claim statement
Thi	is allows you to print a copy	*Please note: Only claim statements obtained by the patient within the last year will appear.
	the patient claim statements.	r rease note. Only shall statements obtained by the patient within the last year will appear.
		Create claim statement

Note				Amount Alb	orto Rivo - I	Desument	
Sort: This is currently available (	Service date	Patient	🕀 Service 🛛 🕀	Amount claimed(\$)	erta Blue ss paid(\$) 🔶 r	number 🕀	Action
for outstanding payment	2021/10/01	Doe, Jamie	Personal care	50.00	50.00	127680054	View Cancel
reports and patient claim	2021/10/04	Doe, Jamie	Respite	50.00	50.00	127680054	View Cancel
statements. You can sort the	2021/10/08	Doe, Jamie	Homemaking	50.00	50.00	127680054	View Cancel
column by clicking on the	2021/10/22	Doe, Jamie	Personal care	100.00	100.00	127680046	View Cancel
double-headed arrow, located	Total			\$250.00	\$250.00		
beside the column title.			c	lick here to print			



**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.

iew all claims re	maining to be po	aid as of October 2	2, 2021			
	Provi	ider of service Horr	ne Care Services			
Please note: If t	here are any clai		l, they can be viewed	and cancelled	d within this re	port.
	E CROS	S <sup>®</sup> Health p	rovider		Contact u	is Help Sign
			Overview Ente	r claim Repo	rts Resource	s Your profile
	ervices Repo yment report	rts				Alberta Home C
ome Care Se Itstanding par Provider of service	yment report				Need help can	Alberta Home C
itstanding pa	yment report				Need help can	
Itstanding par Provider of service	yment report				Need help can	
Itstanding par Provider of service - Details —	yment report			rta Blue 🔒 [	Need help can Document number	
Provider of service - Details A Hide details Service date	Home Care Se	rvices		rta Blue 🔒 [	Document	celling a claim? 🕜
Provider of service - Details A Hide details Service date YYYYMMDD	Home Care Se	srvices	claimed(\$) <b>≑</b> Cros	rta Blue s paid(\$) ♥ r	Document humber 🔶	celling a claim? ?
A betails A big of service Details A big of service A big of service A big of service date YYYYYMMDD 2021/10/01	Home Care Se Patient Doe, Jamie	strvices	claimed(\$) <b>⊋</b> Cros 50.00	rta Blue ⊧s paid(\$) ♥ n 50.00	Document humber 127680054	Celling a claim? @ Action View Cancel
treated and a service     or of service     or Details     Hide details     Service date     YYYY/MMDD     2021/10/01     2021/10/04	Home Care Se Patient Doe, Jamie Doe, Jamie	Service Personal care Respite	claimed(\$)	rta Blue s paid(\$) ♥ r 50.00 50.00	Document humber ↓ 127680054 127680054	Action View Cancel View Cancel
- Details - Details - Details - Hide details Service date 2021/10/01 2021/10/04 2021/10/08	Home Care Se Patient Doe, Jamie Doe, Jamie	Service Personal care Respite Homemaking	claimed(\$) ♥ Cros 50.00 50.00 50.00	rta Blue s paid(\$) ♦ r 50.00 50.00 50.00	Document number 127680054 127680054 127680054	Action View Cancel View Cancel View Cancel

#### 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.

- Payment history report 🥹
Provider of service Home Care Services
To access your provider summary and claim statement, select the EFT payment date from the below drop-down menu.
Payment Date - Choose one -
Create summary
To access payment history, please select a start and end date.
Start date (YYYYMMDD) 2021/04/22 🛐 End date (YYYYMMDD) 2021/10/22 🕎
*Please note: Only date ranges within the previous 6 months can be entered.
Create report

#### **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

#### Health claim summary

	Total amour Amount not		\$560.00 \$107.00		
	Total amour	it paid	\$453.00		
etails Document number	ID number	Patient name	Amount cl	laimed	Amount pair
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
47787002	4740091-49	Dennis Smith		80.08	80.08
47787649	780111222-11	John Smith		33.00	33.00
47787649	780111222-12	John Smith		133.00	83.0
47787649	780111222-13	Jane Smith		34.00	34.00
47787653	2319584-52	Dennis Smith		130.00	110.0
TOTALS FOR THIS ST	TATEMENT		s	560.00	\$453.00

Service	780111222-11 Group. 99	Section. T3T				Docun	ment ID: 4770764
date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan pald	Explanation number
2010/05/19	Personal Care	33.00	33.00	100%	0.00	33.00	
Totals for Jo	ohn	\$33.00			\$0.00	\$33.00	
	e: Jane Smith						
	780111222-12 Group: 90	Section: TST					nent ID: 4778764
Service date YYYY/MM/DD	Product or service	Claimed amount	Eligible amount	Percent	Other plan paid	This plan paid	Explanation number
2016/05/19	Personal Care	33.00	33.00	100%	0.00	33.00	
2016/05/20	Homemaking	100.00	50.00	100%	50.00	50.00	312
Totals for Ja	ane	\$133.00			\$50.00	\$03.00	
	e: Dennis Smith 780111222-13 Group: 99	Section: TST				Docum	nent ID: 4778764
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	Respite	34.00	34.00	100%	0.00	34.00	
Totals for De	ennis	\$34.00			\$0.00	\$34.00	
D number: Service date	ne: Jane Smith 2319584-52 Group: 14200 Product or service	Section: R Claimed amount	Eligible amount	Percent covered	Other plan paid	Docun This plan paid	nent ID: 477876 Explanatio numbe
2016/05/01	Homemaking	130.00	110.00	100%	0.00	110.00	334
Totals for De		\$130.00	110.00	100%	\$0.00	\$110.00	334
1 11 11		*100.00					
Explanation	hs bered explanations below for details						adadas das
1	Payment has been reduced as the m Days starting January 1. Payment has been reduced as the m occurrence. Our files indicate coordination of ben	aximum amount allov efits apply. Please pr	wed for this servic rovide a statemen	e has been read	hed. The service ry carrier or if cov	is limited to \$110 rerage is	
	Our mes indicate coordination of ben						
344 ( 344 ( Understand Ligible amou xceeding the eimbursement nd/or co-payn co-payn co-payn oco-payn	terminated, please indicate the termi ing this statement - Terms and int: This is the portion of the Claimer amount claimed) that is calculated to subject to the terms of your plan. It they apply. You are next amounts if they apply. You are it is important to refer to your benefit it is request.	I Explanations d amount (not be eligible for includes deductible responsible for the	Other pla paid for y individual combine amount in coverage	our claim. Throu ls, couples or fan their benefit cove n accoordance wit and have not cla	he amount anoth igh coordination nilies with more t arage to receive h the contract pr aimed through it,	er benefit plan h: of benefits (COB) han one benefit p p to the maximu avisions. If you h you may submit ! benefit carrier fo	), eligible olan can m eligible ave other this

Part of your healthy future.

#### **3b. Payment history**

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.



Service date (YYYY-MM-DD)	Patient	Product or service	Amount claimed(\$)	Alberta Blue Cross paid (\$)	Document number
Statement	ID 34171383 Da	te 12/24/2013			
2013-12-05	Smith, John	Personal Care	125.00	50.00	47762465
2013-12-16	Smith, Jane	Homemaking	125.00	50.00	
2013-12-19	Smith, John	Personal Care	125.59	50.00	
2013-10-25	Smith, John	Personal Care	125.00	50.00	47762475
2013-12-01	Smith, John	Homemaking	120.00	50.00	
2013-12-03	Smith, Dennis	Homemaking	450.00	50.00	
2013-12-04	Smith, John	Homemaking	120.00	50.00	
2013-12-08	Smith, John	Personal Care	150.00	50.00	
2013-12-18	Smith, John	Homemaking	450.00	50.00	
		Tota	1,790.59	450.00	

# **EASY STEPS TO CANCEL A CLAIM**

#### 1. Outstanding payment report

The "Provider of service" field will be populated automatically. Click on "Create a report" to create a report.

View all claims	emaining to be paid as of October 22, 2021
	Provider of service Home Care Services
*Please note: If	there are any claims to be cancelled, they can be viewed and cancelled within this report.
	Create report

#### 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.

			Overview	Enter claim	Report	s Resource	s Your profile
							Alberta Home C
ome Care Se	ervices Repo	orts					
utstanding pa	vment report						
Provider of service	Home Care S	ervices				Need help canc	elling a claim? 🕜
Details							
Details				~			
- Details <sup>♠</sup> Hide details							
	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$	) 🗢 nu	sument	Action
A Hide details	Patient Doe, Jamie	Service Personal care		Cross paid(\$	) 🜩 nu		Action View Cancel
A Hide details			claimed(\$) 🕇	Cross paid(\$ 5	)	mber 🔶	
Hide details     Service date     YYYY/MM/DD     2021/10/01	Doe, Jamie	Personal care	claimed(\$) 50.00	Cross paid(\$ 5 5	)	imber 🔶 127680054	View Cancel
A Hide details	Doe, Jamie Doe, Jamie	Personal care Respite	claimed(\$) 50.00 50.00	Cross paid(\$ 5 5 5	)	127680054 127680054	View Cancel

#### Note

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

#### Reports Outstanding payment report

nformation 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".

Provider of service Chiropractor

Need help cancelling a claim? 🔞

Strander-

#### 3. 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.

Details	o cancer are claims in	ed below, press the Ba			
Vetans				Need help cance	elling a claim? 🚱
ervic date	Patient	Service	Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document number
021/10/22	Doe, Jamie	Personal care	100.00	100.00	127680046

### 

https://appextuat.ab.blue

Inase review claims listed below. Enter a cancellation reason and press the Ok button to submit for cancellation. If you tonger wish to cancel the claims listed below, press the Back button.



#### 4. Cancellation

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

			Overview	Enter claim Rep	orts Resource	es Your profile
						Alberta Home Ca
me Care So	ervices Repo	orts				
tstanding pa	yment report					
Informatio						
Claims for Jami	e Doe submitted on	Oct 22, 2021 have been	cancelled.			
Provider of service	Home Care S	ervices			Need help can	celling a claim? 🔞
Provider of service	Home Care S	ervices			Need help can	celling a claim? 🕜
- Details -	Home Care S	ervices			Need help can	celling a claim? 🔞
- Details —	Home Care S	ervices			Need help can	celling a claim? 🕢
	Home Care S	ervices			Need help can	celling a claim? 🕢
- Details			Amount claimed(\$)	Alberta Blue Cross paid(\$)	Document	
- Detalls	Home Care S Patient Doe, Jamie	Service Personal care	Amount claimed(\$) 50.00	Cross paid(\$)	Document number	Action View Cancel
- Details	Patient	Service	claimed(\$)	Cross paid(\$) 50.00	Document number 127680054	Action
- Details	Patient Doe, Jamie	Service Personal care	claimed(\$) 50.00	Cross paid(\$) 50.00 50.00	Document number 127680054 127680054	Action View Cancel
- Details Hide details Service date YYYY/MM/DD 2021/10/01 2021/10/04	Patient Doe, Jamie Doe, Jamie	Service Personal care Respite	claimed(\$) 50.00 50.00	Cross paid(\$) 50.00 50.00 50.00	Document number 127680054 127680054	Action View Cancel View Cancel

# **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.





provider.ab.bluecross.ca/health

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