

# PHARMACY PROVIDER

## WEBSITE USER GUIDE

### For independent pharmacies

*Access special authorization reports,  
information related to compound authorizations  
and pharmacy resources through a convenient,  
easy-to-use and secure website.*



*This guide is designed to be used in its entirety by a pharmacy owner.  
However, the user guides related to the administrator and staff accounts  
can be divided and distributed as needed to the appropriate personnel.*

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# PHARMACY PROVIDER WEBSITE USER GUIDES— INDEPENDENT PHARMACIES

With reporting and information management capabilities, this convenient service is easy-to-use, secure and free for pharmacy providers. Once you've registered for the website—and depending on the account access—you can

- view and run payment reports;
- view special authorization status reports;
- access information related to compound authorizations;
- submit manual claims;
- access product pricing and report shortages;
- update your pharmacy's information;
- manage your online profile; and
- access pharmacy resources.

## REGISTERING FOR WEBSITE ACCESS

To register for the pharmacy provider website, you'll need to provide the following information:

- the unique 10-character provider ID we assigned to your pharmacy location;
- your pharmacy's postal code and phone number; and
- the last six digits of the bank account number that we have on file for your pharmacy.

## GETTING STARTED

You'll be asked to create your login ID and password, agree to the *Terms of Use* and set up your security questions.

Your security questions will be used to verify your identity if you forget your password or require information about your account. For subsequent sign-ins, you'll only require your login ID and password.

### **Note:**

As the pharmacy owner, you are responsible for

- registering up to three accounts (owner, administrator and staff) for your pharmacy location;
- all activity on the website for all accounts; and
- sharing login information with appropriate personnel for both the administrator and staff accounts—owner account login information should not be shared with any other personnel.

**The pharmacy provider website allows for the registration of up to three accounts. Each account has varying levels of permission as noted below.**

Account	Shared account	Update pharmacy information	View pharmacy resources	Access payment reports	Access SA status reports	Access compound authorizations	Submit manual claims
Owner		☑	☑	☑	☑	☑	☑
Administrator	☑		☑	☑			
Staff	☑		☑		☑	☑	☑

Account	Access inventory	Search product availability	Report product shortage	Request shortage action	Find price information	Report price difference	View/manage favourite list
Owner	☑	☑	☑	☑	☑	☑	☑
Administrator							
Staff	☑	☑	☑	☑	☑	☑	☑

**Note:** Payment reports are only accessible through the pharmacy website and are not mailed to you.



## HELP

If you have any questions about a screen, click on the blue question mark button. The help button provides answers to frequently asked questions about the section it corresponds to.

# REGISTER YOUR OWNER ACCOUNT IN SIX EASY STEPS

## HOW TO SET UP YOUR OWNER ACCOUNT

An owner account allows you to access payment summaries and payment reconciliation reports, special authorization status reports, information related to compound authorizations and pharmacy resources through the pharmacy provider website. You can also update your pharmacy information and manage your online profile through the website.

**Note:**

Owners can set up additional accounts by completing the registration process for administrators and staff and sharing the login information with the appropriate personnel. Owners should not share owner account login information with any additional personnel and are responsible for all activity on the website. It is up to you to decide what accounts you set up for your pharmacy, although it is recommended that at minimum, you set up an owner account.

### 1. GETTING STARTED

Visit the sign-in page at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health).

To view the correct registration page, please ensure **Pharmacy** is selected from the provider type drop-down menu, then click **Not registered yet?** to get started.

**Pharmacy role**

From the pharmacy role drop-down menu, select **Owner**.

**Provider ID**

Enter the unique 10-character (case sensitive) provider ID issued to you by Alberta Blue Cross. For example, AB00005555.

**Postal code**

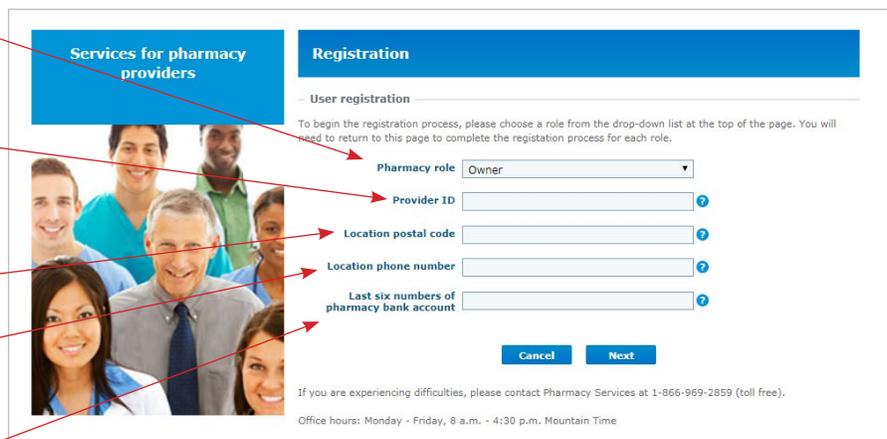
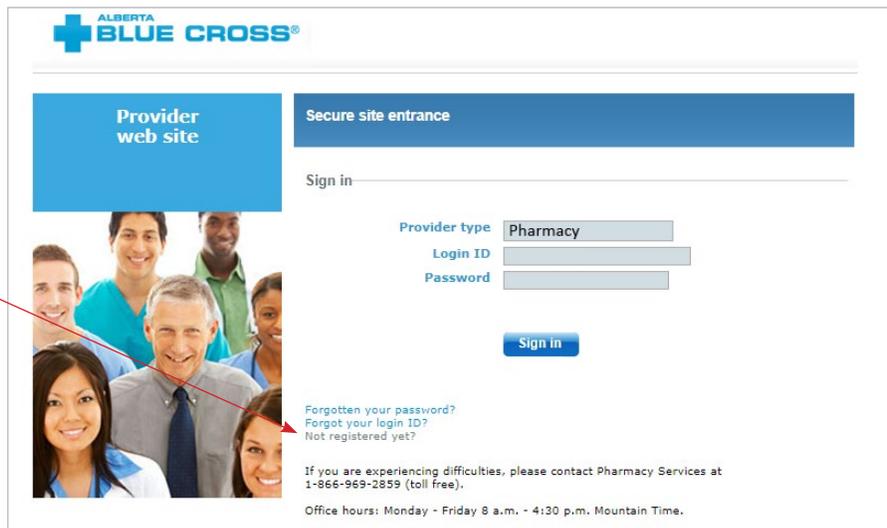
Enter the postal code (case sensitive) that Alberta Blue Cross has on file for your location.

**Phone number**

Enter the 10-digit phone number that Alberta Blue Cross has on file for your location.

**Bank account information**

Enter the last six digits of the bank account number Alberta Blue Cross has on file for your location.



## 2. EMAIL ADDRESS

Enter your confidential email address. This address will be associated with your owner account profile and strictly used for the management of your online owner account.

### First and last name

Enter your first and last names.

**Note:**

Where more than one owner account is required, each owner must register separately. Once you've completed your registration, please contact us by phone at **1-866-969-2859** if you need to set up additional owner accounts for access to the website.

## 3. LOGIN ID

You will be required to set up a login ID that is between three and 100 characters (case sensitive). This login ID will be used when signing in to your owner account. Please note that your login ID cannot be the same as your password.

## 4. PASSWORD

Once you've created your login ID, you will be asked to create a password that is between eight and 50 characters long (case sensitive).

Please note that your password must contain at least one number and one letter and cannot be the same as your login ID.



# REGISTER AN ADMINISTRATOR ACCOUNT IN SEVEN EASY STEPS

## HOW TO SET UP AN ADMINISTRATOR ACCOUNT

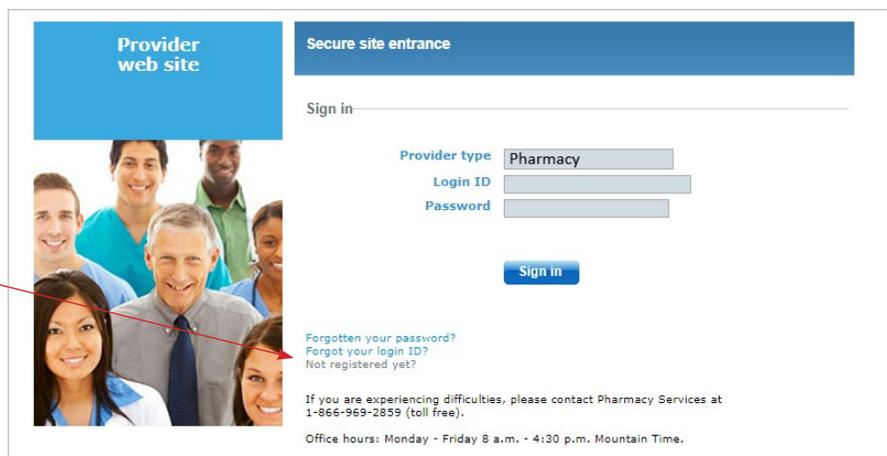
An **administrator** account allows pharmacy administrators at your location to access payment reports—including both payment summaries and payment reconciliation reports—and pharmacy resources through the pharmacy provider website.

As noted previously, **this account should only be created by the pharmacy owner.** Once you’ve created this account, you can then share the administrator account login and password information for your pharmacy with the appropriate personnel. The administrator account will be used by all administrators requiring access to the website. There is no need to create unique login ID and password information for each administrator at your pharmacy.

### 1. GETTING STARTED

Visit the sign-in page at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health).

To view the correct registration page, please ensure **Pharmacy** is selected from the provider type drop-down menu, then click **Not registered yet?** to get started.



#### Pharmacy role

From the pharmacy role drop-down menu, select **Administrator**.

#### Provider ID

Enter the unique 10-character (case sensitive) provider ID issued to you by Alberta Blue Cross. For example, AB00005555.

#### Postal code

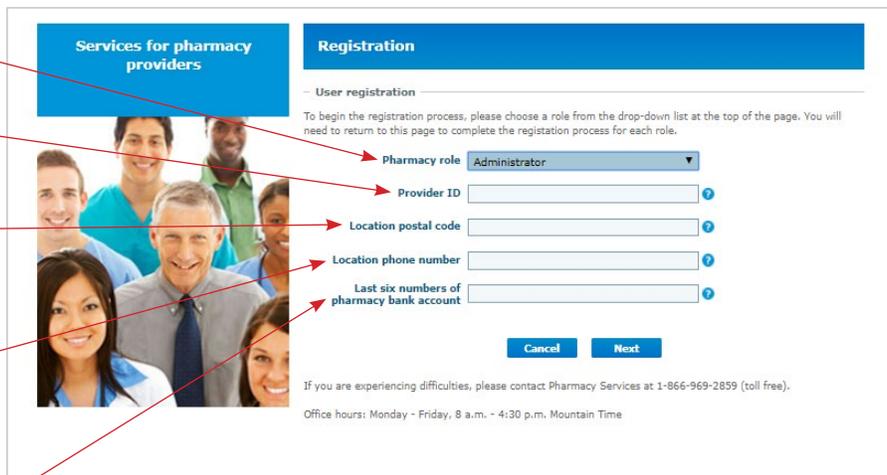
Enter the postal code (case sensitive) that Alberta Blue Cross has on file for your location.

#### Phone number

Enter the 10-digit phone number that Alberta Blue Cross has on file for your location.

#### Bank account information

Enter the last six digits of the bank account number Alberta Blue Cross has on file for your location.





**5. SECURITY QUESTIONS**

Once you have created an administrator login ID and password, you will be asked to choose security questions and provide answers to them. Please note that security question answers are **not** case sensitive.

You will need to share the questions and answers with your pharmacy administrators so they can still access the account if they forget the account password or require information about the administrator account.

Subsequent sign-ins will only require the administrator login ID and password.

**6. TERMS OF USE**

As part of your registration, you will be required to agree to the *Terms of Use*.

**7. SHARING INFORMATION**

As the pharmacy owner, once you have completed the registration of the administrator account, please share the following with appropriate personnel requiring access to the administrator account:

- email address,
- login ID,
- password, and
- answers to security questions.

# REGISTER A STAFF ACCOUNT IN SEVEN EASY STEPS

## HOW TO SET UP A STAFF ACCOUNT

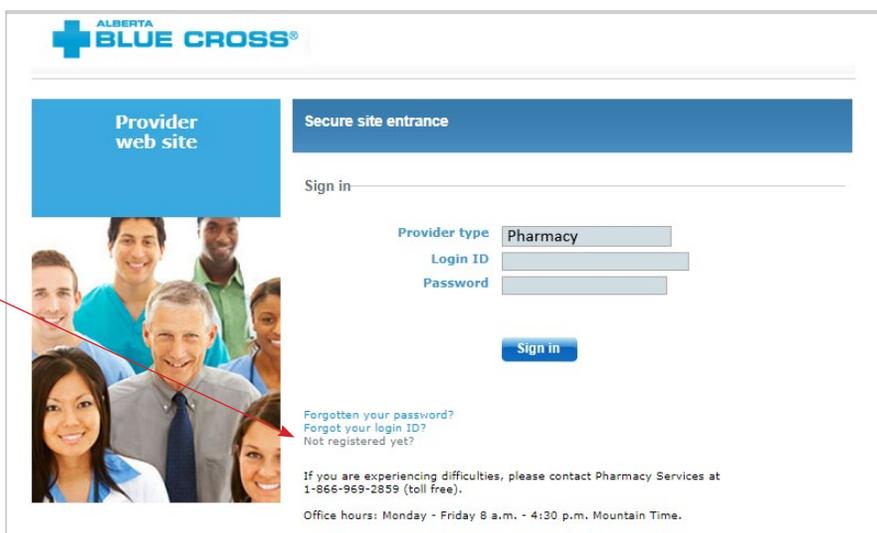
A **staff** account allows pharmacy staff to access special authorization status reports and compound information for plan members as well as pharmacy resources, through the pharmacy provider websites.

As noted previously, **this account should only be created by the pharmacy owner**. Once you've created this account, you can then share the staff account login and password information for your pharmacy with the appropriate staff members. The staff account will be used by all staff members requiring access to the website. There is no need to create unique login ID and password information for each staff member at your pharmacy.

### 1. GETTING STARTED

Visit the sign-in page at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health).

To view the correct registration page, please ensure **Pharmacy** is selected from the Provider type drop-down menu, then click **Not registered yet?** to get started.



#### Pharmacy role

From the pharmacy role drop-down menu, select **Staff**.

#### Provider ID

Enter the unique 10-character (case sensitive) provider ID issued to you by Alberta Blue Cross. *For example, AB00005555.*

#### Postal code

Enter the postal code (case sensitive) that Alberta Blue Cross has on file for your location.

#### Phone number

Enter the 10-digit phone number that Alberta Blue Cross has on file for your location.

#### Bank account information

Enter the last six digits of the bank account number Alberta Blue Cross has on file for your location.



#### Note:

The bank account information is only used for registering the staff role and will not be accessible to those using the role.

**2. EMAIL ADDRESS**

Enter an email address. This address will be associated with the staff profile and strictly used for the management of the online staff account. This address should be accessible to your pharmacy staff members.

**3. LOGIN ID**

You will be required to set up a staff login ID that is between three and 100 characters (case sensitive). Please note that the login ID cannot be the same as the password. You will share the login ID with your pharmacy staff.

**4. PASSWORD**

Once you've created a staff login ID, you will be asked to create a password that is between eight and 50 characters long (case sensitive). Please note that the password must contain at least one number and one letter and cannot be the same as the login ID. You will share the password with your pharmacy staff.

### 5. SECURITY QUESTIONS

Once you have created a staff login ID and password, you will be asked to choose security questions and provide answers to them. Please note that security question answers are **not** case sensitive.

You will need to share the questions and answers with your pharmacy staff so they can still access the account if they forget the account password or require information about the staff account.

Subsequent sign-ins will only require the staff login ID and password.

### 6. TERMS OF USE

As part of your registration, you will be required to agree to the *Terms of Use*.

### 7. SHARING INFORMATION

As the pharmacy owner, once you have completed the registration of the staff account, please share the following with appropriate personnel requiring access to the account:

- email address,
- login ID,
- password, and
- answers to security questions.



**OWNER  
ACCOUNT  
USER GUIDE**

## FOR ACCESS TO

- view and run payment reports;
- view special authorization status reports;
- information related to compound authorizations;
- submit manual claims;
- product pricing and report shortages;
- update your pharmacy's information including website inventory for supplies;
- manage your online profile; and
- pharmacy resources.

## SIGN IN

Navigate to our sign-in page at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health).

After you've registered for the website, you can sign in by selecting **Pharmacy** from the provider type drop-down menu and entering the login ID and password for the owner account you're trying to access. Both your login ID and password are case sensitive.

If you've forgotten your password or login ID, please click **Forgotten your password?** or **Forgot your login ID?** and follow the prompts.

### Note:

For ease of use, create a bookmark for the page. You can easily and directly access the sign-in page this way for future use.

ALBERTA BLUE CROSS®

Provider web site

Secure site entrance

Sign in

Provider type

Login ID

Password

Forgotten your password?  
Forgot your login ID?  
Not registered yet?

If you are experiencing difficulties, please contact Pharmacy Services at 1-866-969-2859 (toll free).

Office hours: Monday - Friday 8 a.m. - 4:30 p.m. Mountain Time.

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Privacy



## HELP

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# SITE FEATURES

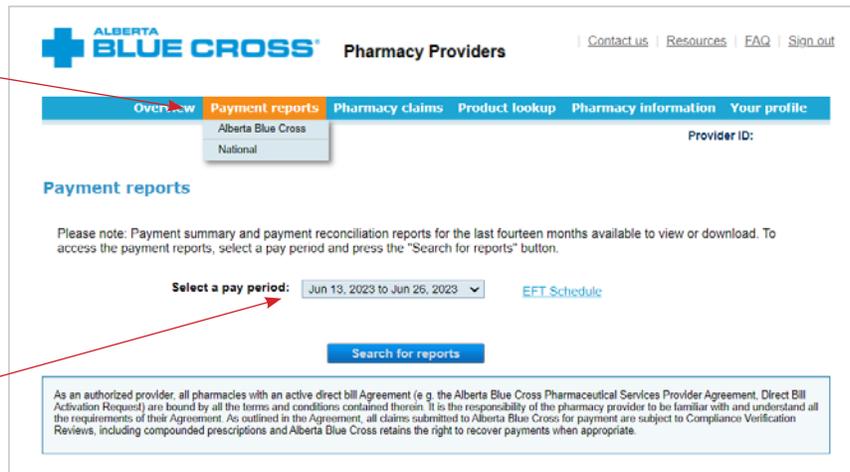
## 1. OVERVIEW

The overview page provides a general overview of the website. It also includes our contact information.



## 2. PAYMENT REPORTS

The payment reports section allows you to view and download payment reports for specific pay periods for both Alberta Blue Cross and National claims. You can view payment reports up to 14 months prior to the most recent pay period. To view a specific payment report, select either **Alberta Blue Cross** or **National**, then select a pay period date range from the drop-down menu and click **Search for reports**.



**Note:**

**Payment reports** refer to the payment summaries and payment reconciliation reports that are generated as a result of Alberta Blue Cross and National claiming activity. These are available for viewing on the website **five calendar days** after the period ends.



### HELP

If you have any questions about a screen, click on the blue question mark button. The help button provides answers to frequently asked questions about the section it corresponds to.

**2a. Payment report formats**

Payment reports can be downloaded as either **PDF** or **CSV** files.

The CSV file format is an option that provides payment summary or reconciliation report information in an easy-to-use spreadsheet.

A	B	C	D	E	F	G
LICENSE NO	NAME	ADDRESS 1	ADDRESS 2	ADDRESS 3	CITY	START DATE
AB00001234	BLUEVILLE DRUG MART #04	123 ANYWHERE STREET NW			BLUEVILLE L1L 1L1	20171024
PROCESS DATE	REVERSAL CLAIMS	REVERSAL AMOUNT	PAID CLAIMS	PAID AMOUNT	NET PAID	
20171024	0	0	3	44.72	44.72	
20171025	0	0	1	95	95	
20171027	0	0	2	34.43	34.43	
20171030	0	0	1	18.46	18.46	
20171101	0	0	1	5.01	5.01	
Totals:	0	0	8	197.62	197.62	

**Note:**

**Alberta pharmacies**

Pharmacies within Alberta may have up to four different payment summaries per pay period as displayed on this page.

**Out-of-province pharmacies**

Pharmacies in the Northwest Territories and Nunavut may have up to two different payment summaries per pay period. All other pharmacies have only the one *Provider Payment Summary*.

Claims Processed from Oct. 24, 2017 to Nov. 06, 2017 Real Time \$400.00 EFT Value Date Nov. 16, 2017 Current EFT Amount \$ 400.00 Previous EFT Adjustment Amount \$ 0.00 Net EFT \$ 400.00 EFT Deposit \$ 400.00																																																	
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20200819	0	0.00	1	28.28	28.28														
	0	0.00	1	28.28	28.28														

**2b. EFT schedules**

There is a payment schedule for Alberta Blue Cross. To view the payment schedule, click **EFT Schedule** to download a PDF.

**Note:**  
This information is also available for viewing online through the *Benefacts* link on the resources page.

The screenshot shows the 'Payment reports' section of the Alberta Blue Cross Pharmacy Providers website. It includes a navigation bar with 'Overview', 'Payment reports', 'Pharmacy claims', 'Product lookup', 'Pharmacy information', and 'Your profile'. Below the navigation bar, there are tabs for 'Alberta Blue Cross' and 'National'. A 'Select a pay period' dropdown menu is set to 'Jun 13, 2023 to Jun 26, 2023', with a red arrow pointing to the 'EFT Schedule' link. A 'Search for reports' button is also visible. A disclaimer at the bottom states: 'As an authorized provider, all pharmacies with an active direct bill Agreement (e.g. the Alberta Blue Cross Pharmaceutical Services Provider Agreement, Direct Bill Activation Request) are bound by all the terms and conditions contained therein. It is the responsibility of the pharmacy provider to be familiar with and understand all the requirements of their Agreement. As outlined in the Agreement, all claims submitted to Alberta Blue Cross for payment are subject to Compliance Verification Reviews, including compounded prescriptions and Alberta Blue Cross retains the right to recover payments when appropriate.'

... continued from previous page

**2018 payment schedule**

For your reference, below is the 2018 payment schedule dates for the following programs:

Alberta Blue Cross programs			
• Alberta Human Services	• Government-sponsored	• Group	• Individual

Cut-off*	Electronic funds transfer provider deposit date**
January 1, 2018	January 11, 2018
January 15, 2018	January 25, 2018
January 27, 2018	February 8, 2018
February 12, 2018	February 22, 2018
February 25, 2018	March 8, 2018
March 12, 2018	March 22, 2018
March 26, 2018	April 5, 2018
April 9, 2018	April 19, 2018
April 23, 2018	May 3, 2018
May 7, 2018	May 17, 2018
May 21, 2018	May 31, 2018
June 4, 2018	June 14, 2018
June 18, 2018	June 28, 2018
July 2, 2018	July 12, 2018

Cut-off*	Electronic funds transfer provider deposit date**
July 16, 2018	July 26, 2018
July 28, 2018	August 9, 2018
August 13, 2018	August 23, 2018
August 27, 2018	September 6, 2018
September 10, 2018	September 20, 2018
September 24, 2018	October 4, 2018
October 8, 2018	October 18, 2018
October 22, 2018	November 1, 2018
November 5, 2018	November 15, 2018
November 19, 2018	November 29, 2018
December 3, 2018	December 13, 2018
December 17, 2018	December 27, 2018
December 28, 2018	January 10, 2019

\*Cut-off times for submission of claims via Claimstream is 11:59 p.m. on the date listed. The cut-off date applies to adjudicated claims.  
\*\*Date providers receive deposit of funds into their accounts after midnight (12 a.m.).

**When you have questions:**

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at:

780-498-8370 (Edmonton and area) • 403-294-4041 (Calgary and area) • 1-800-361-9632 (toll free)

FAX 780-498-8406 (Edmonton and area) • FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims. Visit [www.ab.bluecross.ca/providers/pharmacy-home.php](http://www.ab.bluecross.ca/providers/pharmacy-home.php)



\*\*The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. \*\* Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. ABC: 82320.712.2017/12



**3. COMPOUND VERIFICATION**

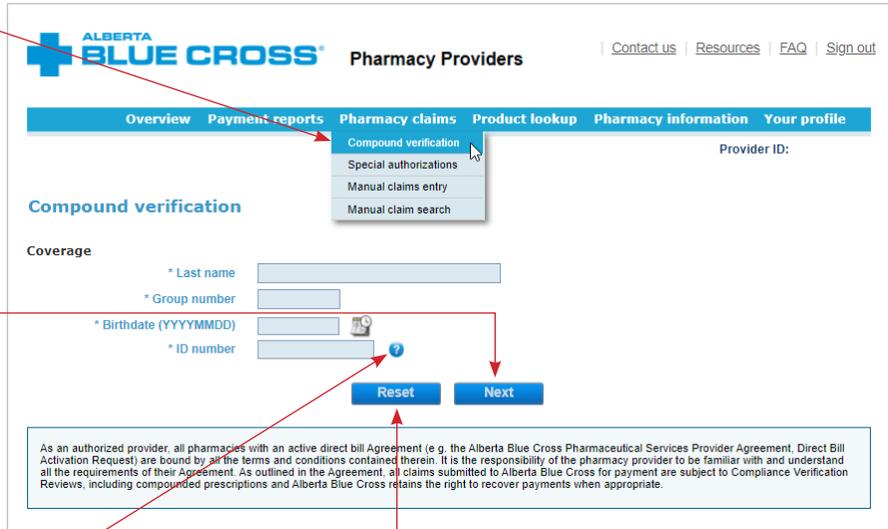
To complete a compound assessment online, enter the member’s Alberta Blue Cross information, including their last name, group number (leading zeros are not required), birth date (YYYYMMDD), and ID number. After entering all fields, click **Next** to begin entering compound-related information. All fields are mandatory and if any are left blank, the form will not let you move to the next step.

If a unique coverage is not found, you will be prompted to enter the member’s first name.

For details regarding the Alberta Blue Cross ID Number, click the .

Clicking **Reset** will clear any information entered in the fields.

If the coverage entered is not active, the following error message will display: *Error - No active coverage is found. Enter a different coverage to continue.*



If the member's coverage is active, you can either enter the details of a new compound or copy a previously entered eligible compound.

### 3a. Build a compound

In the compound section, all fields are required. You will need to enter the following information:

**Contact name:** The name of the person creating the compound authorization.

**Compound name:** The pharmacy's given compound name.

**Final form:** Using the drop-down menu, select the final form of the compound.

**Final strength:** The final strength of the compound.

**Release type:** Using the drop-down menu, select the release type of the compound.

**Directions:** The quantity required for a member to achieve a single dose.

**Medical/Clinical Restriction:** Select if the member needs the compound due to a medical/clinical restriction using the drop-down menu. The compound will be pended, and a representative will call back with a decision within the next business day.

**Preparation:** Using the drop-down menu select if the compound is being mixed on site or purchased from another pharmacy. The preparation field is very important because it will determine the compound PIN and the acceptable dispensing fee billed.

Highlighted fields will only appear if the final form is an oral compound.

**Final quantity:** The amount that will be dispensed for one fill.

**Unit of issue:** Using the drop-down menu, select the unit of issue related to the final quantity.

**Prescriber type:** Using the drop-down menu, select the prescriber type.

**Prescriber ID:** Enter the prescriber's prescribing ID number including any leading zeros (for example, physician's CPSA number, pharmacist license number, etc.).

\*If there is a need to clear the information entered simply click **Reset**.

In the ingredients section, you can search either by a DIN or PIN or by a name if the ingredient is a non-DIN (for example, Glaxal Base). Enter your search criteria in the applicable field and click **Search**.

If the ingredient is found, it will appear here. To build your compound select the applicable ingredient by clicking the check box and then click **Add**.

When you add an ingredient, it will appear here. After searching for and adding each ingredient in the compound, ensure you enter the quantity and unit of issue of each ingredient, as well as indicate whether each ingredient is considered active or not active.

Once the compound has been built click **Process** to generate a decision.

The final compound decision will appear in the decision section of the compound form. Here you will see the eligibility status of the compound, the compound verification number and the compound PIN if applicable.

If the compound is ineligible, then the reason for ineligibility will be present in the action or notes section.

**Ingredients List:**

DIN/NPN/PIN	Name	Quantity	Unit of issue	Active
<input type="checkbox"/>	PROPYLENE GLYCOL	2	Gram	NO
<input type="checkbox"/>	DICLOFENAC SODIUM USP POWDER	8	Gram	YES
<input type="checkbox"/>	LIDOCAINE	10	Gram	YES
<input type="checkbox"/>	PLO GEL	80	Gram	NO
<input type="checkbox"/>	CYCLOBENZAPRINE HCL USP POWDER	2.5	Gram	YES

**Buttons:** Back, Reset, Process

**Decision Section:**

Eligibility: ELIGIBLE  
 PIN: 0000999102  
 Verification number: 269938

Action/Notes: [Empty text box]

**3b. Copy a compound**

If the member you enter has a previously entered eligible compound on file, you will be given the option to copy that compound or create a new compound if needed.

**Coverage:** Last name: SMITH, Group number: 66, ID number: 123456789

**Previous eligible compound authorizations:**

Verification number	Compound name	Ingredients	Final form
269938	DICLO/CYCLO	CYCLOBENZAPRINE HCL USP POWDER, DICLOFENAC SODIUM USP POWDER, LIDOCAINE, PLO GEL, PROPYLENE GLYCOL	TOPICAL CREAM

**Buttons:** Copy, Back, New

If you copy an existing compound, you will need to enter your contact name and the final quantity and the quantity of each ingredient. You can also modify a copied compound (for example, search for and add new ingredients or delete ingredients from the built compound), but a modified compound should be given a new compound name. Once you are satisfied with the compound you have built, click **Process**.

**Coverage:** Last name, Group number, ID number

**Compound:**

- \* Contact name: [Field]
- \* Compound name: DICLO/CYCLO
- \* Final form: TOPICAL CREAM
- \* Preparation: MIXED ON SITE
- \* Final quantity: [Field]
- \* Unit of issue: Gram
- \* Prescriber type: PHYSICIAN
- \* Prescriber ID: 99111PH

**Ingredients:** DIN/NPN/PIN, Name, [Fields]

**Buttons:** Reset, Search, Add

**Ingredients List:**

DIN/NPN/PIN	Name	Quantity	Unit of issue	Active
<input type="checkbox"/>	CYCLOBENZAPRINE HCL USP POWDER	[Field]	Gram	YES
<input type="checkbox"/>	DICLOFENAC SODIUM USP POWDER	[Field]	Gram	YES
<input type="checkbox"/>	LIDOCAINE	[Field]	Gram	YES
<input type="checkbox"/>	PLO GEL	[Field]	Gram	NO
<input type="checkbox"/>	PROPYLENE GLYCOL	[Field]	Gram	NO

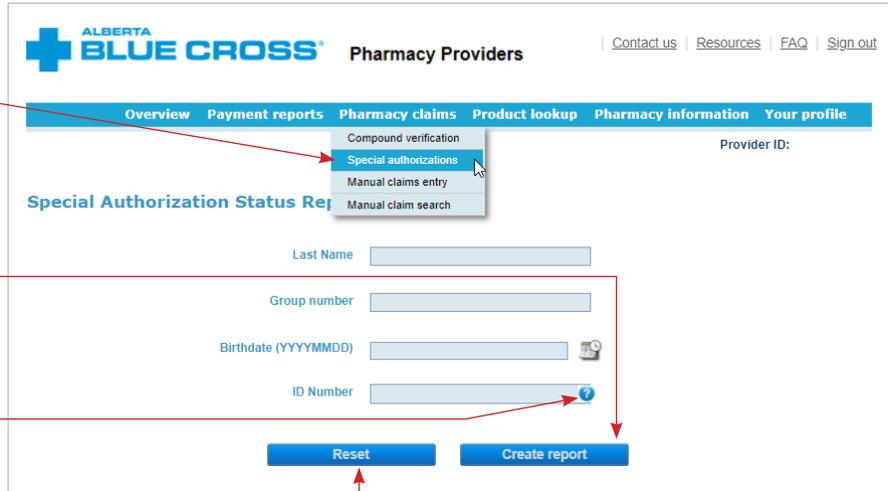
**Buttons:** Back, Reset, Process

#### 4. SPECIAL AUTHORIZATION STATUSES

The special authorizations page allows you to view the status of a plan member's special authorization. To create a report, enter the member's last name, group number, birth date and ID number, then click **Create report**.

For details regarding the Alberta Blue Cross ID Number, click the .

Clicking **Reset** will clear any information entered in the fields.



**Note:**  
All four fields are mandatory for creating a special authorization status report. If any fields are left blank, a *Value must be entered* message will appear under the applicable fields when you select **Create report**.

#### Special Authorization Status Report

Patient Last Name	First Name	Birthdate	ID Number	Status* 	Product	Effective Date	Term Date**	Received Date 
SMITH	JOHN	01/01/1950	123456789	APPROVED	TAFAMIDIS (VYNDAQEL)	9/1/2021	2/28/2022	8/24/2021

Quantity and frequency limitations may apply to approvals. Decisions shown are valid as of the time of query. In all cases eligibility must be confirmed with electronic claim or by calling 1-800-361-9632 (toll free) or 780-498-8370 for Edmonton and area.

\* Where the decision is an approval/renewal/already a benefit, the eligibility of the drug is subject to the patient retaining valid coverage under their current drug plan as noted above and any standard limitations on the coverage still apply. Pending decisions are those where additional information is required from the prescriber. When the decision is pending or a denial, additional correspondence will be sent to the prescriber who submitted the request.

\*\* The Term Date for 'pending' decisions is the date by which the additional information is requested from the prescriber.

For approvals/renewals for drugs eligible for auto-renewal or step therapy, coverage for the product will continue beyond the indicated Term Date and special authorization renewal is not required, if claims were filed for the patient within the authorized Approval Period.

In cases where there are multiple decisions for the same product the most recent decision applies.

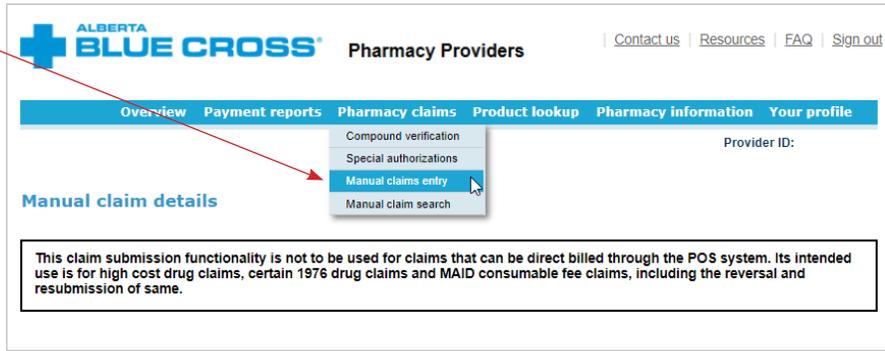
Please note: This communication contains confidential, personal and/or privileged information. Any unauthorized disclosure, copying, or taking action on the contents is strictly prohibited.

[Back](#)

**5. MANUAL CLAIMS ENTRY**

For the following claim types, you can submit manual drug claims through the manual claims entry page, as long as the date of service is within the last year.

- High-cost drug claim (with costs over \$9,999.99)
- 1976 drug claim (must be for group 19823 and have a valid 8-digit authorization number)
- MAID protocol or consumable fee claim



*This functionality is not to be used for claims that can be direct billed through the Pride-RT POS system. Where applicable, it is only intended to replace the use of paper manual claim forms that are faxed to Alberta Blue Cross for processing.*

Please review the Important information provided.

**IMPORTANT**  
Submission of a manual claim does not ensure the claim will be paid. Alberta Blue Cross will only pay claims which comply with the Plan Member's applicable coverage.

"Date of service" means the day on which a pharmaceutical service/ drug product is provided to or is made available to the Plan Member, whichever is earlier.

Ensure the claim being submitted is not an early refill (unless there are acceptable extenuating circumstances which should be noted in the Comments section).

**OK** **Cancel**

**5a. Coverage**

Populate all relevant plan member coverage details.

An asterisk in front of a field means a field value must be populated.

**Group number:** You do not need to add leading zeros.

**ID number:** You do not need to add leading zeros, but please include the full ID number including the dash if applicable (for example, 1234567-22). For select government-sponsored plans, such as Coverage for Seniors, use the PHN as the ID number.

**Coverage**

\* Last name

\* First name

\* Gender

\* Group number

\* Birthdate (YYYYMMDD)

\* ID number

**5b. Claim details**

Populate all relevant claim details.

An asterisk in front of a field means a field value must be populated.

**Claim details**

* Claim type	New claim	* Prescriber ID	<input type="text"/>
* Date of service (YYYYMMDD)	<input type="text"/>	* Prescriber type	Physician
* Original Rx	<input type="text"/>	* Drug cost	<input type="text"/>
* Current Rx	<input type="text"/>	* Upcharge	<input type="text"/>
* DIN	<input type="text"/>	* Professional fee	<input type="text"/>
* Quantity	<input type="text"/>	Total (calculated)	0.00
* Days supply	<input type="text"/>	* Previously paid	0.00

**Claim type:** When entering a new claim for payment, and the claim is based on a 1976 drug authorization, select **1976 claim**. For all other new claims submitted for payment, select **New claim**.

\* Claim type

- New claim
- Resubmit claim
- Reverse claim
- 1976 claim

**1976 claim type:** Only 1976 claims for group 19823 can be submitted through the website at this time. If you are submitting a claim based on a 1976 drug authorization, and you select the 1976 claim type, a new field **1976 authorization number** will be displayed under **Previously paid**. This field is mandatory and must be populated with eight digits (comprised of the three-digit region or service centre number and the five-digit drug authorization number).

**Claim details**

* Claim type	1976 claim	* Prescriber ID	<input type="text"/>
* Date of service (YYYYMMDD)	<input type="text"/>	* Prescriber type	Physician
* Original Rx	<input type="text"/>	* Drug cost	<input type="text"/>
* Current Rx	<input type="text"/>	* Upcharge	<input type="text"/>
* DIN	<input type="text"/>	* Professional fee	<input type="text"/>
* Quantity	<input type="text"/>	Total (calculated)	0.00
* Days supply	<input type="text"/>	* Previously paid	0.00
		* 1976 authorization number	<input type="text"/>

**Prescriber ID:** You will need to enter the prescriber ID exactly as assigned by the college, which may include leading zeros.

**Upcharge:** Must be more than 0.00 except for Group 23464 claims.

**DIN:** You do not need to add leading zeros.

**Professional fee:** Must be more than 0.00.

**Total (calculated):** Will automatically populate with the sum total of the drug cost, upcharge and professional fee.

**Previously paid:** If part of the claim has already been paid through other coverage, enter the total amount already paid.

### 5c. Additional information

In the **Contact name** field, enter the name of the individual entering claim information, and add any comments if applicable.

**Note:**

When submitting a MAID protocol or consumable fee, please put the applicable pharmacist ID in the comments.

**Additional information**

\* Contact name

Comments

**Add claim**

### 5d. Add claim

Once all mandatory fields have been populated, along with any applicable comments, click **Add claim**.

The system will perform a check to ensure all mandatory fields have been populated and data was entered correctly. If there are no data integrity issues, the claim will be added and a summary of the added claim will appear below **Add claim**. The fields under the coverage and claim details will revert to their default state.

Clicking **Reset** at any point will clear all existing data.

If the claim summary information does not look correct and you would like to remove the claim entirely, click **Remove**.

If the claim summary information does not look correct and you would like to modify the data previously entered for that claim, you can click **Modify** (fields under the coverage and claim details will automatically repopulate with your original data). Once you have made the modifications, click **Update claim**.

**Add claim**

Claim type	Last name	Service date YYYY/MM/DD	DIN	Quantity Days supply	Total cost	Previously paid	
New claim	HENRY	2022/03/31	02517140	84.0 28	24,337.75	0.00	<b>Modify</b> <b>Remove</b>

**Reset** **Submit**

**Additional information**

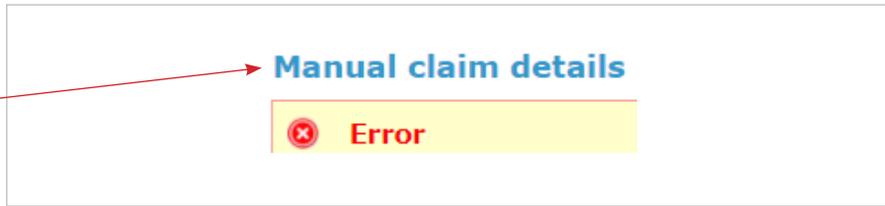
\* Contact name

Comments

**Update claim**

*You can add up to a maximum of 10 claims with different claim types for various plan members prior to submitting claims; simply return to the top of the page, enter the coverage and claim details for another claim, then click **Add claim**. There is no limit to the number of claims that can be submitted in a calendar day.*

If a mandatory field is not populated, the claim will not be added and you will receive an error message at the top of the page, indicating which fields are missing.

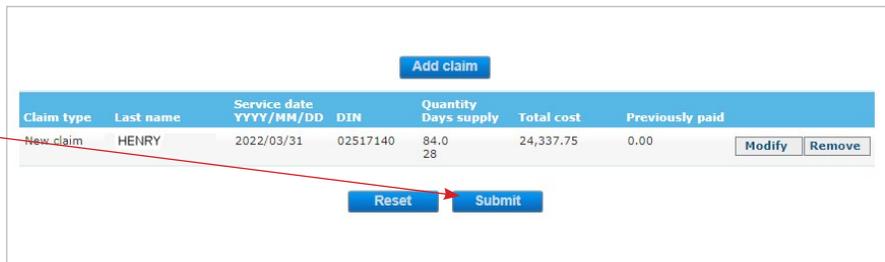


If there are data integrity issues, the claim will not be added and you will receive an error message at the top of the page, indicating which fields contain invalid data. Examples of error messages include the following:

- Invalid value for ID number or Invalid value for drug cost.
- Invalid DIN. Please ensure DIN number is correct and it is effective on the date of service.
- The authorization number must be exactly eight digits.
- No active coverage is found based on date of service.
- Coverage expired before the date of service.

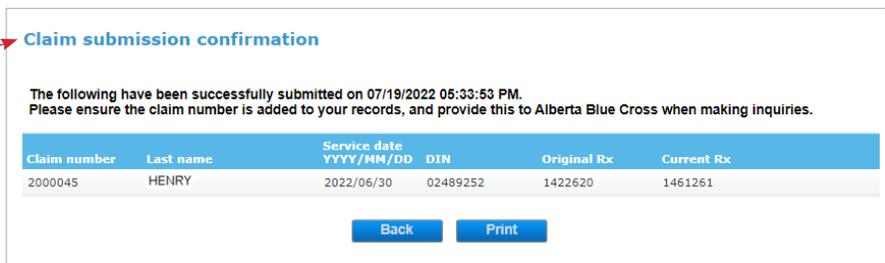
**5e. Submit claim**

If there are no error messages and the added claim(s) looks correct, click **Submit**.



**Note:**  
For Alberta Blue Cross to successfully receive a claim, **you must first add the claim AND then submit it.**

If a claim is successfully submitted, you will receive confirmation with a claim number. Please make note of this claim number for your records or print the confirmation.



If you would like to submit more claims, click **Back** which will go the manual claim details screen.

**5f. Reversing a claim**

If you determine that a previously submitted claim needs to be reversed, enter the applicable coverage and claim details as they were submitted originally but instead of selecting the claim type as 1976 claim or new claim, select **Reverse claim**. Claim reversals with dates of service that are older than one year can be submitted.

**Note:**

When reversing a 1976 claim, please put the plan member's full name and the original 1976 authorization number in the comments.

\* Claim type

- New claim
- Resubmit claim
- Reverse claim
- 1976 claim

**Additional information**

\* Contact name

Comments

Once all mandatory fields have been populated, along with any applicable comments, click **Add claim**.

The system will perform a check to ensure all mandatory fields have been populated and data was entered correctly. If there are no data integrity issues, the claim will be added and a summary of the added claim will appear below **Add claim**. The claim type will be displayed as *Reverse claim*.

If necessary, you can modify or remove the claim after it has been added. However, if the added claim looks correct, click **Submit**.

**Add claim**

Claim type	Last name	Service date YYYY/MM/DD	DIN	Quantity Days supply	Total cost	Previously paid	
Reverse claim	HENRY	2022/06/30	02489252	15.0 21	32,564.59	0.00	<input type="button" value="Modify"/> <input type="button" value="Remove"/>

**Note:**

For Alberta Blue Cross to successfully receive a new or reversed claim, **you must first add the claim AND then submit it.**

If a claim reversal is successfully submitted, you will receive confirmation with a claim number. Please make note of this claim number for your records or print the confirmation.

**Claim submission confirmation**

The following have been successfully submitted on 07/19/2022 05:56:26 PM.  
Please ensure the claim number is added to your records, and provide this to Alberta Blue Cross when making inquiries.

Claim number	Last name	Service date YYYY/MM/DD	DIN	Original Rx	Current Rx
2000046	HENRY	2022/06/30	02489252	1422620	1461261

**5g. Resubmitting a claim**

If you determine that a previously submitted and reversed claim needs to be resubmitted, enter the applicable coverage and claim details, and select **Resubmit claim**.

**Note:**  
When reversing a 1976 claim, please put the plan member's full name and the original 1976 authorization number in the comments.

Once all mandatory fields have been populated, along with any applicable comments, click **Add claim**.

The system will perform a check to ensure all mandatory fields have been populated and data was entered correctly. If there are no data integrity issues, the claim will be added and a summary of the added claim will appear below **Add claim**. The claim type will be displayed as *Resubmit claim*.

If necessary, you can modify or remove the claim after it has been added. However, if the added claim looks correct, click **Submit**.

Claim type	Last name	Service date YYYY/MM/DD	DIN	Quantity Days supply	Total cost	Previously paid
Resubmit claim	HENRY	2022/07/01	02489252	20.0 21	35,112.15	0.00

**Note:**  
For Alberta Blue Cross to successfully receive a new, reversed or resubmitted claim, **you must first add the claim AND then submit it.**

If a claim resubmission is successfully submitted, you will receive confirmation with a claim number. Please make note of this claim number for your records or print the confirmation.

**Claim submission confirmation**

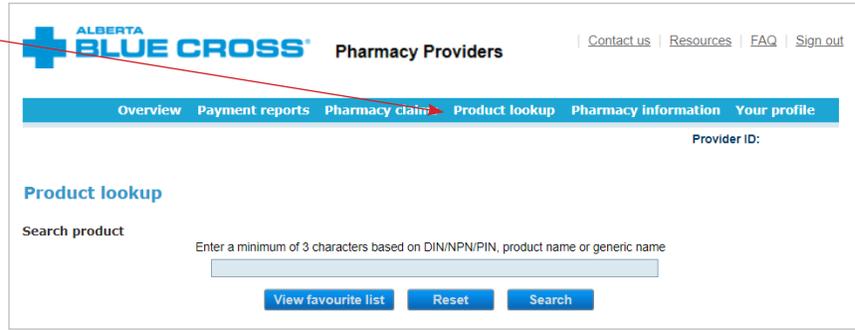
The following have been successfully submitted on 07/19/2022 06:14:42 PM.  
Please ensure the claim number is added to your records, and provide this to Alberta Blue Cross when making inquiries.

Claim number	Last name	Service date YYYY/MM/DD	DIN	Original Rx	Current Rx
2000047	HENRY	2022/07/01	02489252	1422620	1461260

**6. PRODUCT LOOKUP**

The product lookup functionality allows you to:

- look up both current and historical pricing of products as well as availability status;
- report product shortages and price discrepancies;
- request a compound authorization or temporary benefit for shorted products.

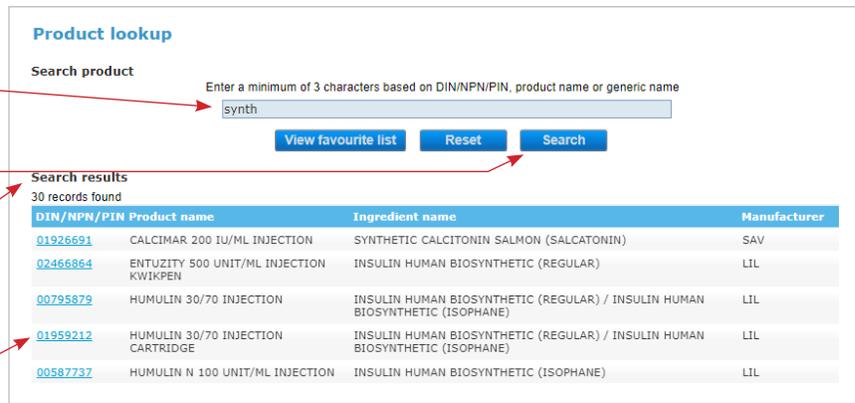


**6a. Search product**

To search for and view a product, enter a minimum of 3 characters based on DIN/NPN/PIN (leading zeros not required), product name or generic name, and click **Search**.

If there are any results that match your search, they will appear. If there are no results, it will indicate "0 records found".

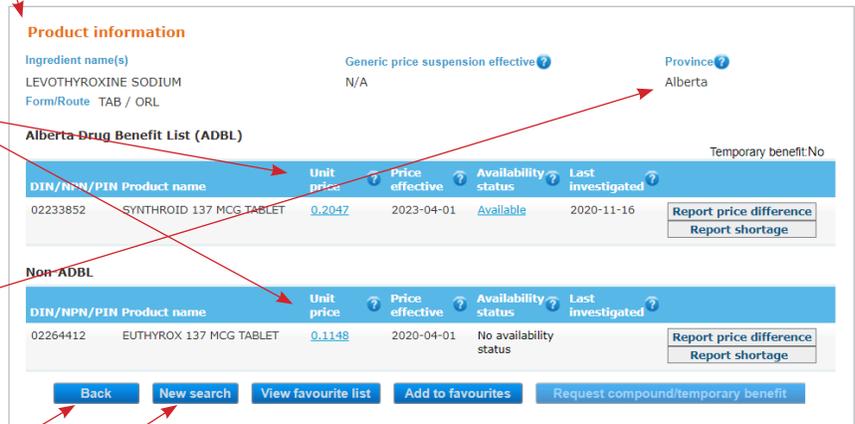
Click a blue DIN/NPN/PIN link to load the Product Information page for the product and its product grouping.



**6b. Pricing**

From the Product Information page, you can view the current unit price and the price effective date for both the ADBL and Non-ADBL if applicable.

**Note:** The unit price displayed is specific for the province you are located in and **does not include any upcharges.**



Click **Back** to take you back to the results of your search.

Click **New search** to go to an unpopulated search page.

To view historical pricing (if applicable), click on the blue unit price.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
00653233	TEVA-LENOLTEC NO.1 TABLET	0.1693	2023-03-14	Under review	2023-06-14	Report price difference Report shortage

### Historical price information

Product  
00653233 TEVA-LENOLTEC NO.1 TABLET

Unit price	Effective	Termination
0.166	2019-08-14	2023-03-13

[Close](#)

### 6c. Availability

The availability status, as seen on the Product information page, is defined as follows:

- **Available:** Product is available from the manufacturer/wholesaler. Click on the blue font *Available* status to bring up additional information;
- **Not available:** Product is unavailable from the manufacturer/wholesaler. Click on the blue font *Not available* status to bring up additional information which may include the expected date the product will be available;
- **Under review:** Product is under review and the date last investigated is the date of the current inquiry. Click on the blue font *Under review* status to bring up additional information;
- **Discontinued:** Product has been discontinued by the manufacturer;
- **No availability status:** No product shortage inquiry for the product has been received.

**Product information**

Ingredient name(s) LEVOETHYRINE SODIUM      Generic price suspension effective N/A      Province Alberta

Form/Route TAB / ORL

Alberta Drug Benefit List (ADBL) Temporary benefit: No

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	Report price difference Report shortage

Non-ADBL

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02264412	EUTHYROX 137 MCG TABLET	0.1148	2020-04-01	No availability status		Report price difference Report shortage

[Back](#)
[New search](#)
[View favourite list](#)
[Add to favourites](#)
[Request compound/temporary benefit](#)

### 6d. Last investigated

The last investigated date represents the most recent date that an inquiry for the product was received.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	Report price difference Report shortage

## 6e. Report price difference

If there is a price discrepancy between the unit price found on the Product information page (published price) and the wholesaler's/manufacturer's price, or if the published price is not yet up-to-date, click **Report price difference**.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	<input type="button" value="Report price difference"/> <input type="button" value="Report shortage"/>

### Note:

Be aware that if your invoice price is higher than the published price, it may be due to pharmacy specific upcharges applied by a wholesaler based on your pharmacy account with them.

The following fields are mandatory:

- **Invoice date:** enter the date of service, but if the product has not yet been purchased enter the date you are reporting;
- **Invoice package price:** enter the cost charged by the manufacturer/wholesaler (to 4 decimal places) for one package of the product, excluding upcharges;
- **Quantity:** enter the quantity of packages that were purchased but if the product has not yet been purchased, enter 1;
- **Package size:** the size of the package (e.g. 30 or 100)
- **Purchased from:** select the applicable manufacturer/wholesaler from the drop-down menu. **If you select Other, you will need to type the name of the manufacturer/wholesaler in the field that appears;**
- **Contact person:** enter your first and last name;
- **Phone number:** this will auto-populate based on the pharmacy phone number on file but can be modified if needed for the purpose of reporting a price difference;

Ensure all the information is accurate, then click **Submit**.

### Report price difference

**Product information**

DIN/NPN/PIN 02233852  
 Product name SYNTHROID 137 MCG TABLET  
 Ingredient name(s) LEVOTHYROXINE SODIUM  
 Form/route TAB / ORL  
 Unit of issue TAB  
 Price province code AB  
 Unit price 0.2047  
 Price effective date 2023-04-01

**Price inquiry details**  
 Enter the price difference information to be investigated

\* Invoice date   

\* Invoice package price

\* Quantity

\* Package size

\* Purchased from

Comments

**Contact information**  
 The email address provided will only be used for the purpose of this inquiry

\* Contact person

\* Phone number

Email address

Please ensure all of the information above is accurate before submitting

The following fields are optional:

- **Comments:** You can add additional comments that may assist with the investigation of the product price;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of reporting a price difference.

If the form is successfully submitted, you will see a confirmation on the form. Please ensure you make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily access the product grouping information.

In addition, if an email address was populated when the form was submitted, you will receive an automated confirmation email.

Once the investigation has been completed, you will be contacted via phone and advised of the findings of the investigation.

**Note:**

If applicable, it generally takes 2-5 business days for a published price to be updated on the website.

**Report price difference**

Thank you for your inquiry. Your reference number is **60**. This product grouping can be accessed from your Favourite List. Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

OK



The following Price Difference inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 61

Inquiry Date: 07-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Phone Number: 7801234567

Contact Email Address: 99999@hotmail.com

Product DIN/NPN/PIN: 02264412

Product Name: EUTHYROX 137 MCG TABLET

Price Province: AB

Unit of Issue: TAB

Invoice Date: 07-JUL-23

Invoice Package Price: 2

Quantity: 1

Invoice Package Size: 100

Purchased From: MCKESSON

Purchased From Other:

Comments:

**6f. Report shortage**

If a product shortage is identified, click **Report shortage**.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	

The following fields are mandatory:

- **Expected dispense date:** enter the date you anticipate the product will need to be dispensed;
- **Contact person:** enter your first and last name.

The following fields are optional:

- **Comments:** You can add additional comments that may assist with the investigation of the product shortage;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of reporting a product shortage.

**Report product shortage**

**Product information**

DIN/NPN/PIN: 02233852  
 Product name: SYNTHROID 137 MCG TABLET  
 Ingredient name(s): LEVOTHYROXINE SODIUM  
 Form/route: TAB / ORL  
 Availability: Available  
 Last investigated date: 2020-11-16

**Request details**

\* Expected dispense date:

Comments:

**Contact information**

The email address provided will only be used for the purpose of this inquiry

\* Contact person:

Email address:

Please ensure all of the information above is accurate before submitting

Once the information is entered click **Submit**.

If the form is successfully submitted, you will see a confirmation on the form. Please make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily monitor product availability.

**Report product shortage**

Thank you for your inquiry. Your reference number is **125**. This product grouping can be accessed from your Favourite List.

Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

If an email address was populated when the form was submitted, you will receive an automated confirmation email and a follow-up email advising of the findings of the investigation.

If you did not provide an email address when the form was submitted, a pop-up will advise that you need to follow-up with this inquiry by monitoring the Product information page.

**Note:**  
If applicable, it generally takes 2-5 business days for product shortage information to be updated on the website.



The following Product Shortage inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 125

Inquiry Date: 07-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Email Address: 99999@hotmail.com

Product DIN/NPN/PIN: 02233852

Product Name: SYNTHROID 137 MCG TABLET

Ingredient Name(s): LEVOTHYROXINE SODIUM

Availability Status: Available

Last Investigated Date: 16-NOV-20

Expected Dispense Date: 08-JUL-23

Comments:

Once a product shortage has been reported, the availability status of the product will change to *Under review*.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Under review	2023-07-07	Report price difference Report shortage

If the product shortage is confirmed, the availability status will then change to *Not available* or *Discontinued*, and an LCA Price Policy suspension may occur.

When an LCA Price Policy has been suspended for a product grouping, an effective date will show under *Generic price suspension effective*.

**Product lookup**

**Product information**

Ingredient name(s): TELMISARTAN / HYDROCHLOROTHIAZIDE  
 Form/Route: TAB / ORL

Generic price suspension effective: 2023-07-15

Province: Alberta

**Alberta Drug Benefit List (ADBL)**

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02419114	ACH-TELMISARTAN HCTZ 80 MG/12.5 MG TABLET	0.2098	2020-04-01	Not available	2023-07-15	Report price difference Report shortage
02456389	AURO-TELMISARTAN HCTZ 80 MG/12.5 MG TABLET	0.2098	2020-04-01	Not available	2023-07-15	Report price difference Report shortage
02389940	JAMP TELMISARTAN-HCT 80 MG/12.5 MG TABLET	0.2098	2021-03-01	Not available	2023-07-15	Report price difference Report shortage

## 6g. Request compound or temporary benefit

If all products under the ADBL are **Not available** or **Discontinued**, you can request either:

- a compound authorization that authorizes compounding to replace a product that is normally commercially available; or
- a temporary benefit that allows for a product not currently covered under a member's benefits to be covered temporarily until a product under the ADBL becomes available.

From the Product information page, you can click **Request compound/temporary benefit** if all products under the ADBL are **Not available** or **Discontinued**, otherwise the button is faded.

You will get a pop-up asking if you have confirmed all eligible products are unavailable.

If you have, click **OK**.

When requesting a compound authorization, ensure the Request type is *Compound*.

The following fields are mandatory:

- **Member ID number;**
- **Member name:** enter the member's first and last name;
- **Member group number:** leading zeros are not required;
- **Contact person:** enter your first and last name.

The following fields are optional:

- **Member section;**
- **Comments:** You can add additional comments that may assist with the compound request;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of requesting a compound authorization.

Once the information is entered click **Submit**.

**Product information**

Ingredient name(s) ROPINIROLE HCL      Generic price suspension effective? N/A      Province? Alberta  
Form/Route TAB / ORL

**Alberta Drug Benefit List (ADBL)** Temporary benefit No

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02352346	JAMP-ROPINIROLE 1 MG TABLET	0.2838	2020-04-01	Not available	2023-02-17	Report price difference Report shortage
02314053	RAN-ROPINIROLE 1 MG TABLET	0.2838	2020-04-01	Not available	2023-05-29	Report price difference Report shortage
02316854	TEVA-ROPINIROLE 1 MG TABLET	0.2838	2020-04-01	Not available	2023-03-23	Report price difference Report shortage

**Non-ADBL**

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02353059	ROPINIROLE 1 MG TABLET	0.2838	2023-01-01	Discontinued	2022-11-10	Report price difference Report shortage
02337762	APO-ROPINIROLE 1 MG TABLET	N/A	N/A	Discontinued	2023-05-15	Report price difference Report shortage

Back    New search    View favourite list    Add to favourites    Request compound/temporary benefit

**appextuat.ab.bluecross.ca says**

Have you confirmed that all eligible products with the same active ingredient and strength are currently unavailable through a wholesaler or manufacturer (if applicable)?

OK    Cancel

**Product lookup**

**Request compound or temporary benefit**

**Product information**

Ingredient name(s) ROPINIROLE HCL  
Ingredient strength(s) 1 MG  
Form/Route TAB / ORL

**Request details**

Request type  Compound  Temporary benefit

\* Member ID number

\* Member name

\* Member group number

Member section

Comments

**Contact information**

The email address provided will only be used for the purpose of this inquiry

\* Contact person

Email address 99999@hotmail.com

Please ensure all of the information above is accurate before submitting

Reset    Cancel    Submit

If the form is successfully submitted, you will see a confirmation on the form. Please ensure you make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily monitor product availability.

In addition, if an email address was populated when the form was submitted, you will receive an automated confirmation email.

Once the investigation has been completed, you will be contacted via phone and advised of the findings of the investigation.

**Note:**

It generally takes 2-5 business days for a compound to be authorized.

**Product lookup**

**Request compound or temporary benefit**

Thank you for your inquiry. Your reference number is **21**. This product grouping can be accessed from your Favourite List. Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

OK



The following Temporary Benefit/Compound Request inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 21

Inquiry Date: 10-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Email Address: 99999@hotmail.com

Ingredient Name(s): ROPINIROLE HCL

Request Type: COMPOUND

Temporary Benefit DIN:

Temporary Benefit Name:

Temporary Benefit In Stock?

Temporary Benefit Expiry Date:

Temporary Benefit Expected Receive Date:

Comments:

When requesting a Temporary benefit, ensure the Request type is *Temporary benefit*.

The following fields are mandatory:

- **Member ID number;**
- **Member name:** enter the member's first and last name;
- **Member group number:** Leading zeros are not required;
- **Temporary benefit DIN/NPN/PIN;**
- **Temporary benefit name** (auto-populates);
- Does the pharmacy currently have stock of the temporary benefit product request above?  
**Note:** If yes, enter the Expiry date of the product on hand. If no, enter the Date the pharmacy will be receiving the product.
- **Contact person:** enter your first and last name.

The following fields are optional:

- **Member section;**
- **Comments:** You can add additional comments that may assist with the temporary benefit request;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of requesting a temporary benefit.

Once the information is entered click **Submit**.

### Product lookup

Request compound or temporary benefit

**Product information**

Ingredient name(s) ROPINIROLE HCL  
 Ingredient strength(s) 1 MG  
 Form/Route TAB / ORL

**Request details**

Request type  Compound  Temporary benefit

\* Member ID number

\* Member name

\* Member group number

Member section

Comments

\* Temporary benefit DIN/NPN/PIN

\* Temporary benefit name

Does the pharmacy currently have stock of the temporary benefit product request above?  Yes  No

Expiry date of the product on hand

**Contact information**

The email address provided will only be used for the purpose of this inquiry

\* Contact person

Email address

Please ensure all of the information above is accurate before submitting

If the form is successfully submitted, you will see a confirmation on the form. Please ensure you make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily monitor product availability.

**Product lookup**  
**Request compound or temporary benefit**

Thank you for your inquiry. Your reference number is **21**. This product grouping can be accessed from your Favourite List. Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

[OK](#)

In addition, if an email address was populated when the form was submitted, you will receive an automated confirmation email and a follow-up email advising of the findings of the investigation.

If you did not provide an email address when the form was submitted, a pop-up will advise that you need to follow-up with this inquiry by monitoring the Product information page.

**Note:**  
 It generally takes 2-5 business days for a temporary benefit to be reviewed.



The following Temporary Benefit/Compound Request inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 22

Inquiry Date: 10-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Email Address: 99999@hotmail.com

Ingredient Name(s): ROPINIROLE HCL

Request Type: TEMPORARY-BENEFIT

Temporary Benefit DIN: 2230785

Temporary Benefit Name: TAZORAC 0.1% TOPICAL GEL

Temporary Benefit In Stock? Y

Temporary Benefit Expiry Date: 17-JUL-23

Temporary Benefit Expected Receive Date:

Comments:

The Product information page will show whether a product is a temporary benefit or not.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Under review	2023-07-07	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

**6h. Favourite list**

The favourite list provides for quick access to information related to product groupings that are of particular interest to you, including the date the product grouping was last investigated and the availability.

Your favourite list is specific to your user account. Product groupings are added to your favourite list when you:

- report a product shortage or price difference;
- request a compound authorization or temporary benefit.

You can also choose to add product groupings to your Favourite list that you would like to have quick access to. Once you have completed a search and opened the Product information page, click on **Add to favourites** to add a product grouping to your favourite list.

**Product lookup**

**Favourite list**

Last investigated date	Ingredient name	Form	Route	Strength	Available	
2023-06-28	<a href="#">ATORVASTATIN CALCIUM</a>	TAB	ORL	80 MG	No	<a href="#">Remove</a>
2023-06-20	<a href="#">AZITHROMYCIN</a>	SUS	ORL	20 MG	No	<a href="#">Remove</a>
2023-03-23	<a href="#">BENZYLAMINE HCL</a>	RNS	ORL	.15 %	Yes	<a href="#">Remove</a>
2023-07-04	<a href="#">DOMPERIDONE MALEATE</a>	TAB	ORL	10 MG	No	<a href="#">Remove</a>
2023-06-22	<a href="#">EPINEPHRINE</a>	NDL	INJ	.3 MG	No	<a href="#">Remove</a>
2023-03-02	<a href="#">HYDROCORTISONE</a>	TAB	ORL	10 MG	Yes	<a href="#">Remove</a>
2020-11-16	<a href="#">LEVOTHYROXINE SODIUM</a>	TAB	ORL	.137 MG	Yes	<a href="#">Remove</a>
2023-07-07	<a href="#">LISDEXAMFETAMINE DIMESYLATE</a>	CAP	ORL	20 MG	Yes	<a href="#">Remove</a>
2023-06-28	<a href="#">OLANZAPINE</a>	DISNT...	ORL	5 MG	Yes	<a href="#">Remove</a>

[Back](#)

**Product information**

Ingredient name(s) LEVOTHYROXINE SODIUM  
 Form/Route TAB / ORL

Generic price suspension effective N/A  
 Province Alberta

Alberta Drug Benefit List (ADBL) Temporary benefit: No

DIN/HPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

**Non-ADBL**

DIN/HPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02264412	EUTHYROX 137 MCG TABLET	0.1148	2020-04-01	No availability status		<a href="#">Report price difference</a> <a href="#">Report shortage</a>

[Back](#) [New search](#) [View favourite list](#) [Add to favourites](#) [Request compound/temporary benefit](#)

You will receive confirmation that your favourite list has been updated.

**Note:**  
Your favourite list will store a maximum of 15 product groupings.

**Product lookup**

**Information**  
This product grouping can now be accessed from your Favourites list.

To view your favourite list, click on **View favourite list**.

**Product information**

Ingredient name(s) LEVOTHYROXINE SODIUM      Generic price suspension effective? N/A      Province? Alberta  
 Form/Route TAB / ORL

**Alberta Drug Benefit List (ADBL)** Temporary benefit: No

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	Report price difference Report shortage

**Non-ADBL**

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02264412	EUTHYROX 137 MCG TABLET	0.1148	2020-04-01	No availability status		Report price difference Report shortage

Back    New search    **View favourite list**    Add to favourites    Request compound/temporary benefit

An availability of Yes means at least one product within the product grouping is available, and an availability of No means no products within the product grouping are available.

**Product lookup**

**Favourite list**

Last investigated date	Ingredient name	Form	Route	Strength	Available	
2023-06-28	<a href="#">ATORVASTATIN CALCIUM</a>	TAB	ORL	80 MG	No	Remove
2023-06-20	<a href="#">AZITHROMYCIN</a>	SUS	ORL	20 MG	No	Remove
2023-03-23	<a href="#">BENZYLAMINE HCL</a>	RNS	ORL	.15 %	Yes	Remove
2023-07-04	<a href="#">DOMPERIDONE MALEATE</a>	TAB	ORL	10 MG	No	Remove
2023-06-22	<a href="#">EPINEPHRINE</a>	NDL	INJ	.3 MG	No	Remove
2023-03-02	<a href="#">HYDROCORTISONE</a>	TAB	ORL	10 MG	Yes	Remove
2020-11-16	<a href="#">LEVOTHYROXINE SODIUM</a>	TAB	ORL	.137 MG	Yes	Remove
2023-07-07	<a href="#">LISDEXAMFETAMINE DIMESYLATE</a>	CAP	ORL	20 MG	Yes	Remove
2023-06-28	<a href="#">OLANZAPINE</a>	DISNT...	ORL	5 MG	Yes	Remove

Back

From your favourite list, click a blue Ingredient name link to load the Product Information page for the product grouping.

To remove a product grouping from your favourite list, click **Remove**.

## 7. PHARMACY INFORMATION

You can update information about your pharmacy, including banking and contact information, through the **Pharmacy information** section.

### 7a. Change banking information

You can update the account you currently have set up for direct deposit for your pharmacy.

To change your account, simply provide and confirm the transit, institution and account numbers for your new account, which can be found at the bottom of your cheques for that account, and click **Update**. You will receive an email confirming your requested update.

The screenshot shows the 'ALBERTA BLUE CROSS Pharmacy Providers' website. The navigation bar includes 'Overview', 'Payment reports', 'Pharmacy claims', 'Product lookup', 'Pharmacy information', and 'Your profile'. A dropdown menu is open under 'Pharmacy information', showing 'Change banking information', 'Change contact information', and 'Website inventory'. The 'Change banking information' option is selected. Below this, the 'Pharmacy information' section is displayed, with 'Change banking information' highlighted in orange. The 'Current direct deposit information' section shows the following details:

Transit number	Institution number	Account number
10202	4	06900320566

The 'Enter your new Bank account information' section contains three input fields: '\*Transit number', '\*Institution number', and '\*Account number'. Below this, a confirmation section asks the user to 'Please enter your new Bank information again as a precaution to prevent errors' with the same three input fields. At the bottom of the form are 'Reset' and 'Update' buttons.

#### Note:

Please note that changes to your account information can take up to four weeks to be effective, as they must be coordinated with the payment schedule.

**7b. Change contact information**

You can update information about your pharmacy, including its name, site and mailing addresses, phone number, fax number, email address and preferred method of communication.

Once you've changed your information, simply click **Save** to confirm your changes or **Reset** to default to your original information.

**Note:**  
The email noted under **Change email address** refers to the email that Alberta Blue Cross uses to communicate with your pharmacy (for example, to send Benefacts) and not your account login email. You can update your account login email under the **Your profile** section.  
You can also update how you receive communication from us under **Communication preferences**. You can choose to be contacted by fax, email, both or not at all.

**ALBERTA BLUE CROSS** Pharmacy Providers | [Contact us](#) | [Resources](#) | [FAQ](#) | [Sign out](#)

Overview | Payment reports | Pharmacy claims | Product lookup | Pharmacy information | Your profile

Provider ID:

**Pharmacy information**  
Change pharmacy information

**Operating name**  
Operating name \*

**Change site address**  
Description: Denotes the physical location of the pharmacy  
Address line 1 \*  
Address line 2  
Address line 3  
City \*  
Province: AB  
Postal code \*  
(e.g. A1B 2C3)  
 Pharmacy mailing address is the same as the site address

**Change mailing address**  
Description: Denotes the address used to send mail directly to the pharmacy  
Address line 1 \*  
Address line 2  
Address line 3  
City \*  
Province: AB  
Postal code \*  
(e.g. A1B 2C3)

**Change phone number**  
Phone number \*  
(e.g. 999-999-9999)

**Change fax number**  
Fax number \*  
(e.g. 999-999-9999)

**Change e-mail address** ⓘ  
Email address \*

**Communication preferences** ⓘ  
 I want to receive Fax communication  
 I want to receive Email communication

**Reset** **Save**

## 7c. Website inventory

### Alberta pharmacies only

You can update inventory information that is displayed on the Alberta Blue Cross public website for your pharmacy.\*\*

If a product or service is currently available at your pharmacy, and you want this availability displayed on the website, click the corresponding checkbox. Once you have done this for each product or service, click **Submit**.

*\*If there is a need to clear the information entered, simply click **Reset** prior to submitting.*

ALBERTA BLUE CROSS Pharmacy Providers | [Contact us](#) | [Resources](#) | [FAQ](#) | [Sign out](#)

Overview | Payment reports | Pharmacy claims | Product lookup | **Pharmacy information** | Your profile

Change banking information  
Change contact information  
**Website inventory**

### Inventory status

**Previous inventory**  
No available products/services  
Please select any products/services that are currently available at your location (check all that apply) and click 'Submit'.  
If no products/services are currently available, or you do not want your location to be published on the website, ensure all check boxes are unchecked and click 'Submit'.  
If you have any questions or concerns regarding the inventory displayed on the website for your location, please contact us at:

- pacvp@ab.bluecross.ca; or
- Use the 'Contact us' link in the upper right-hand corner of the website.

**NOTE:** Pharmacies are still required to complete vaccine reconciliation activities in AVI.

**Current inventory**

Product/service	In stock
Adult COVID-19 vaccine - original	<input type="checkbox"/>
Adult COVID-19 vaccine - bivalent	<input type="checkbox"/>
Pediatric COVID-19 vaccine - original	<input type="checkbox"/>
Pediatric COVID-19 vaccine - bivalent	<input type="checkbox"/>
Standard influenza vaccine	<input type="checkbox"/>
High dose influenza vaccine	<input type="checkbox"/>
Paxlovid	<input type="checkbox"/>
Rapid antigen test	<input type="checkbox"/>

**Reset** **Submit**

You will receive confirmation that your submission has been received.

Once you have submitted your first inventory status, the system will thereafter display the most recent inventory submission.

**Note:**

If you do not want your pharmacy to be published on the Alberta Blue Cross public website as a pharmacy participating in supplying products and services, ensure all check boxes are unchecked and click **Submit**.

### Inventory status

**Information**  
Current inventory has been submitted 10/25/2022 10:33:43 AM.

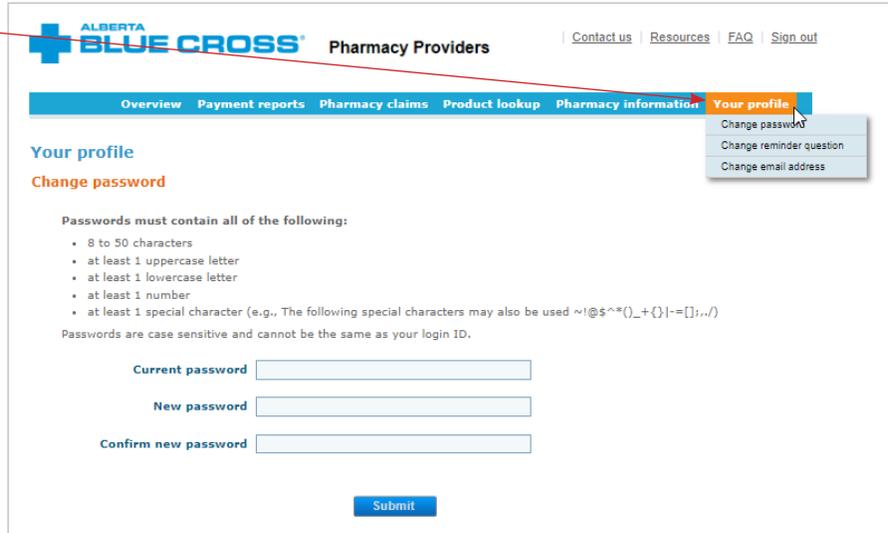
**Previous inventory (Last updated 10/25/2022 10:33:43 AM)**

Product/service	In stock
Adult COVID-19 vaccine - original	Yes
Adult COVID-19 vaccine - bivalent	Yes
Pediatric COVID-19 vaccine - original	Yes
Pediatric COVID-19 vaccine - bivalent	No
Standard influenza vaccine	Yes
High dose influenza vaccine	No
Paxlovid	No
Rapid antigen test	Yes

**\*\*PHARMACIES ARE STILL REQUIRED TO COMPLETE VACCINE RECONCILIATION ACTIVITIES IN AVI.**

### 8. YOUR PROFILE

You can manage your online profile to change your password, security questions and account login email address.



### 9. RESOURCES

The resources page contains valuable information and links for your convenience.



## CONTACT US

For more information about access to the Alberta Blue Cross pharmacy provider website, contact us

- toll free at 1-866-969-2859, or
- email using the **Contact us** link in the upper right-hand corner of the provider website.

Our regular office hours are Monday to Friday, 8 a.m. to 4:30 p.m. Mountain Time.



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# ADMINISTRATOR ACCOUNT USER GUIDE

## FOR ACCESS TO

- payment reports,
- your online profile, and
- pharmacy resources.

## SIGN IN

Navigate to our sign-in page at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health).

After the owner has registered for the website, you can sign in by selecting **Pharmacy** from the provider type drop-down menu and entering the login ID and password for the administrator account you're trying to access. Both your login ID and password are case sensitive.

If you've forgotten your password, please click **Forgotten your password?** and follow the prompts.

If you've forgotten your login ID, please contact the pharmacy owner.

### Note:

For ease of use, create a bookmark for the page. You can easily and directly access the sign-in page this way for future use.

ALBERTA BLUE CROSS®

Provider web site

Secure site entrance

Sign in

Provider type: Pharmacy

Login ID

Password

Sign in

Forgotten your password?  
Forgot your login ID?  
Not registered yet?

If you are experiencing difficulties, please contact Pharmacy Services at 1-866-969-2859 (toll free).  
Office hours: Monday - Friday 8 a.m. - 4:30 p.m. Mountain Time.

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Privacy



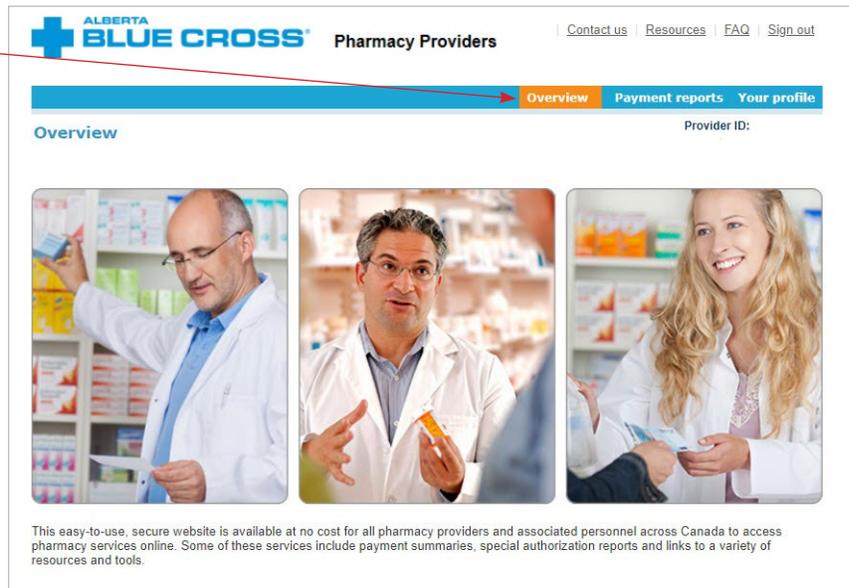
## HELP

If you have any questions about a screen, click on the blue question mark button. The help button provides answers to frequently asked questions about the section it corresponds to.

# SITE FEATURES

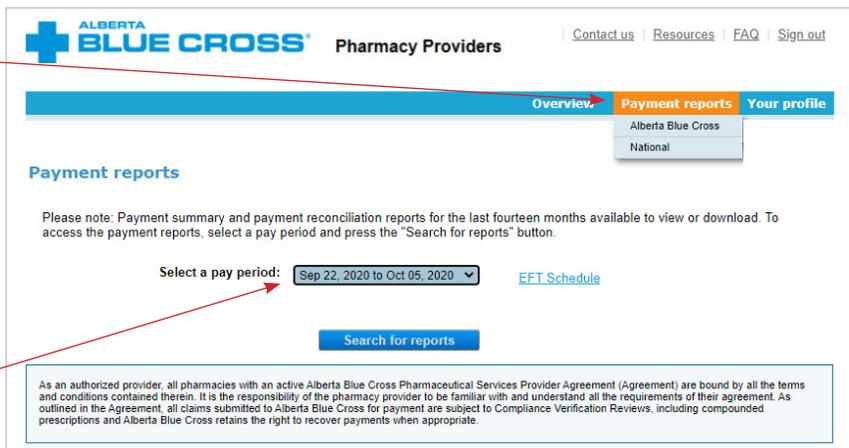
## 1. OVERVIEW

The overview page provides a general overview of the website. It also includes contact information for how you can reach us.



## 2. PAYMENT REPORTS

The payment reports section allows you to view and download payment reports for specific pay periods for both Alberta Blue Cross and National claims. You can view payment reports up to 14 months prior to the most recent pay period. To view a specific payment report, select either **Alberta Blue Cross** or **National**, then select a pay period date range from the drop-down menu and click **Search for reports**.



**Note:**  
**Payment reports** refer to the payment summaries and payment reconciliation reports that are generated as a result of Alberta Blue Cross and National claiming activity. These are available for viewing on the website **five calendar days** after the period ends.



### HELP

If you have any questions about a screen, click on the blue question mark button. The help button provides answers to frequently asked questions about the section it corresponds to.

**2a. Payment report formats**

Payment reports can be downloaded as either **PDF** or **CSV** files.

The CSV file format is an option that provides payment summary or reconciliation report information in an easy-to-use spreadsheet.

A	B	C	D	E	F	G
LICENSE NO	NAME	ADDRESS 1	ADDRESS 2	ADDRESS 3	CITY	START DATE
AB00001234	BLUEVILLE DRUG MART #04	123 ANYWHERE STREET NW			BLUEVILLE L1L 1L1	20171024
PROCESS DATE	REVERSAL CLAIMS	REVERSAL AMOUNT	PAID CLAIMS	PAID AMOUNT	NET PAID	
20171024	0	0	3	44.72	44.72	
20171025	0	0	1	95	95	
20171027	0	0	2	34.43	34.43	
20171030	0	0	1	18.46	18.46	
20171101	0	0	1	5.01	5.01	
Totals:	0	0	8	197.62	197.62	

**Note:**

**Alberta pharmacies**  
Pharmacies within Alberta may have up to four different payment summaries per pay period as displayed on this page.

**Out-of-province pharmacies**  
Pharmacies in the Northwest Territories and Nunavut may have up to two different payment summaries per pay period. All other pharmacies have only the one *Provider Payment Summary*.

Claims Processed from Oct. 24, 2017 to Nov. 06, 2017 Real Time \$400.00 EFT Value Date Nov. 16, 2017	
Current EFT Amount	\$ 400.00
Previous EFT Adjustment Amount	\$ 0.00
Net EFT	\$ 400.00
EFT Deposit	\$ 400.00

Licence No. AB00001001  
BLUEVILLE DRUG MART #04  
123 ANYWHERE STREET NW  
BLUEVILLE AB L1L 1L1

**Pharmacy Services  
PAYMENT SUMMARY**

Process Date	Reversal Claims	Reversal Amount	Paid Claims	Paid Amount	Net Paid
20171024	0	0.00	2	40.00	40.00
20171025	0	0.00	4	80.00	80.00
20171026	0	0.00	1	20.00	20.00
20171027	0	0.00	6	120.00	120.00
20171028	0	0.00	3	60.00	60.00
20171030	0	0.00	4	80.00	80.00
	0	0.00	20	400.00	400.00

Licence No. AB00001001  
BLUEVILLE DRUG MART #04  
123 ANYWHERE STREET NW  
BLUEVILLE AB L1L 1L1

Claims Processed from Oct. 24, 2017 to Nov. 06, 2017 Real Time \$197.62 EFT Value Date Nov. 16, 2017	
Current EFT Amount	\$ 197.62
Previous EFT Adjustment Amount	\$ 0.00
RxA Deduction	-\$ 0.20
Deduction Adjustment	\$ 0.00
Net EFT	\$ 197.42
EFT Deposit	\$ 197.42

Licence No. AB00001001  
BLUEVILLE DRUG MART #04  
123 ANYWHERE STREET NW  
BLUEVILLE AB L1L 1L1

**Provider  
PAYMENT SUMMARY**

Process Date	Reversal Claims	Reversal Amount	Paid Claims	Paid Amount	Net Paid
20171024	0	0.00	3	44.72	44.72
20171025	0	0.00	1	95.00	95.00
20171027	0	0.00	2	34.43	34.43
20171030	0	0.00	1	18.46	18.46
20171101	0	0.00	1	5.01	5.01
	0	0.00	8	197.62	197.62

Licence No. AB00001001  
BLUEVILLE DRUG MART #04  
123 ANYWHERE STREET NW  
BLUEVILLE AB L1L 1L1

Claims Processed from Oct. 24, 2017 to Nov. 06, 2017 Real Time \$ 815.49 EFT Value Date Nov. 16, 2017	
Current EFT Amount	\$ 815.49
Previous EFT Adjustment Amount	\$ 0.00
RxA Deduction:	-\$ 2.10
Deduction Adjustment:	\$ 0.00
Net EFT	\$ 813.39
EFT Deposit	\$ 813.39

Licence No. AB00001001  
BLUEVILLE DRUG MART #04  
123 ANYWHERE STREET NW  
BLUEVILLE AB L1L 1L1

**Alberta Human  
Services  
PAYMENT SUMMARY**

Process Date	Reversal Claims	Reversal Amount	Paid Claims	Paid Amount	Net Paid
20171024	0	0.00	2	37.82	37.82
20171025	0	0.00	2	43.52	43.52
20171026	0	0.00	1	13.96	13.96
20171027	0	0.00	12	205.20	205.20
20171028	1	25.03	23	482.41	457.38
20171031	0	0.00	3	57.61	57.61
	1	25.03	43	840.52	815.49

Licence No. AB00001001  
BLUEVILLE DRUG MART #04  
123 ANYWHERE STREET NW  
BLUEVILLE AB L1L 1L1

Claims Processed from Aug. 11, 2020 to Aug. 24, 2020 Total Amt Paid \$28.28 EFT Value Date Sep. 20, 2020	
Current EFT Amount	\$28.28
Previous EFT Adjustment Amount	\$0.00
Net EFT	\$28.28
EFT Deposit	\$28.28

Licence No. AB00000012  
BLUEVILLE DRUG MART #1  
123 ANYWHERE STREET N.W.  
BLUEVILLE AB L1L 1L1

**National Programs  
PAYMENT SUMMARY**

Process Date	Reversal Claims	Reversal Amount	Paid Claims	Paid Amount	Net Paid
20200819	0	0.00	1	28.28	28.28
	0	0.00	1	28.28	28.28

Licence No. AB00000012  
BLUEVILLE DRUG MART #1  
123 ANYWHERE STREET N.W.  
BLUEVILLE AB L1L 1L1

**2b. EFT schedules**

There is a payment schedule Alberta Blue Cross. To view the payment schedule, click **EFT Schedule** to download a PDF.

**Note:**  
This information is also available for viewing online through the *Benefacts* link on the resources page.

The screenshot shows the 'Payment reports' section of the website. It includes a navigation bar with 'Overview', 'Payment reports', and 'Your profile'. Below the navigation, there is a 'Payment reports' heading and a note about payment summary and reconciliation reports. A dropdown menu for 'Select a pay period:' is set to 'Sep 22, 2020 to Oct 05, 2020'. A red arrow points from the 'EFT Schedule' link to this dropdown menu. Below the dropdown is a 'Search for reports' button. At the bottom, there is a disclaimer about the provider agreement.

... continued from previous page

### 2018 payment schedule

For your reference, below is the 2018 payment schedule dates for the following programs:

Alberta Blue Cross programs			
• Alberta Human Services		• Government-sponsored	
		• Group	
		• Individual	

Cut-off*	Electronic funds transfer provider deposit date**	Cut-off*	Electronic funds transfer provider deposit date**
January 1, 2018	January 11, 2018	July 16, 2018	July 26, 2018
January 15, 2018	January 25, 2018	July 28, 2018	August 9, 2018
January 27, 2018	February 8, 2018	August 13, 2018	August 23, 2018
February 12, 2018	February 22, 2018	August 27, 2018	September 6, 2018
February 25, 2018	March 8, 2018	September 10, 2018	September 20, 2018
March 12, 2018	March 22, 2018	September 24, 2018	October 4, 2018
March 26, 2018	April 5, 2018	October 8, 2018	October 18, 2018
April 9, 2018	April 19, 2018	October 22, 2018	November 1, 2018
April 23, 2018	May 3, 2018	November 5, 2018	November 15, 2018
May 7, 2018	May 17, 2018	November 19, 2018	November 29, 2018
May 21, 2018	May 31, 2018	December 3, 2018	December 13, 2018
June 4, 2018	June 14, 2018	December 17, 2018	December 27, 2018
June 18, 2018	June 28, 2018	December 28, 2018	January 10, 2019
July 2, 2018	July 12, 2018		

\*Cut-off times for submission of claims via Claimstream is 11:59 p.m. on the date listed. The cut-off date applies to adjudicated claims.  
\*\*Date providers receive deposit of funds into their accounts after midnight (12 a.m.).

---

**When you have questions:**  
For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at:  
780-498-8370 (Edmonton and area) • 403-294-4041 (Calgary and area) • 1-800-361-9632 (toll free)  
FAX 780-498-8406 (Edmonton and area) • FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims. Visit [www.ab.bluecross.ca/providers/pharmacy-home.php](http://www.ab.bluecross.ca/providers/pharmacy-home.php)

**ALBERTA BLUE CROSS**

\*\*The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. \*1 Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. ABC 82320.712.2017/12

**3. YOUR PROFILE**

You can manage your online profile to change your password, security questions and account login email address.

ALBERTA BLUE CROSS Pharmacy Providers

Contact us Resources FAQ Sign out

Overview Payment reports **Your profile**

**Your profile**

Change password

Change reminder question

Change email address

**Change password**

Your password must be between 8 and 50 characters long and contain at least one number and one letter. Passwords are also case sensitive and cannot be the same as your login ID. The following special characters may also be used ~!@#\$%^&()\*\_+{}|~!@#\$%^&\*/

Current password

New password

Confirm new password

Submit

**Hints for choosing effective passwords**

- use a combination of letters (preferably a mixture of upper and lowercase letters), numbers, and at least one special character within the first six positions.

**We don't recommend using**

- your name (or a close friend's or relative's name), employee number, Social Insurance Number, birthdate, telephone number
- commonly used words or proper names, including the name of any fictional character or place
- any simple pattern of letters or numbers such as "qwertyxx" or "xyz123xx"

**4. RESOURCES**

The resources page contains valuable information and links for your convenience.

ALBERTA BLUE CROSS Pharmacy Providers

Contact us Resources FAQ Sign out

Overview Payment reports **Your profile**

Provider ID:

**Resources**





[Access to Pride RT Guidelines](#)

[Benefacts](#)

[Fraud Prevention Brochure](#)

[iDBL](#)

[Pharmaceutical Services Provider Agreement](#)

[Pharmacist Prescriber Special Authorization Registration Form](#)

[Pharmacy reference guides](#)

[Provider Registration/Update](#)

[Tips for Claiming](#)

## CONTACT US

For more information about access to the Alberta Blue Cross pharmacy provider website, contact us

- toll free at 1-866-969-2859, or
- email using the **Contact us** link in the upper right-hand corner of the provider website.

Our regular office hours are Monday to Friday, 8 a.m. to 4:30 p.m. Mountain Time.



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**STAFF  
ACCOUNT  
USER GUIDE**

## FOR ACCESS TO

- special authorization status reports;
- information related to compound authorizations;
- product pricing and report shortages;
- manage website inventory for supplies;
- your online profile; and
- pharmacy resources.

## SIGN IN

Navigate to our sign-in page at [provider.ab.bluecross.ca/health](http://provider.ab.bluecross.ca/health).

After the owner has registered for the website, you can sign in by selecting **Pharmacy** from the provider type drop-down menu and entering the login ID and password for the staff account you're trying to access. Both your login ID and password are case sensitive.

If you've forgotten your password, please click **Forgotten your password?** and follow the prompts.

If you've forgotten your login ID, please contact the pharmacy owner.

### Note:

For ease of use, create a bookmark for the page. You can easily and directly access the sign-in page this way for future use.

ALBERTA BLUE CROSS®

Provider web site

Secure site entrance

Sign in

Provider type

Login ID

Password

Sign in

Forgotten your password?  
Forgot your login ID?  
Not registered yet?

If you are experiencing difficulties, please contact Pharmacy Services at 1-866-969-2859 (toll free).

Office hours: Monday - Friday 8 a.m. - 4:30 p.m. Mountain Time.

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Privacy



## HELP

If you have any questions about a screen, click on the blue question mark button. The help button provides answers to frequently asked questions about the section it corresponds to.

# SITE FEATURES

## 1. OVERVIEW

The overview page provides a general overview of the website.

It also includes our contact information.

ALBERTA BLUE CROSS Pharmacy Providers

Contact us | Resources | FAQ | Sign out

Overview Pharmacy claims Product lookup Pharmacy information Your profile

Overview Provider ID:

This easy-to-use, secure website is available at no cost for all pharmacy providers and associated personnel across Canada to access pharmacy services online. Some of these services include payment summaries, special authorization reports and links to a variety of resources and tools.

## 2. COMPOUND VERIFICATION

To complete a compound assessment online, enter the member's Alberta Blue Cross information, including their last name, group number (leading zeros are not required), birth date (YYYYMMDD), and ID number. After entering all fields, click **Next** to begin entering compound-related information. All fields are mandatory and if any are left blank, the form will not let you move to the next step.

If a unique coverage is not found, you will be prompted to enter the member's first name.

For details regarding the Alberta Blue Cross ID Number, click the .

Clicking **Reset** will clear any information entered in the fields.

If the coverage entered is not active, the following error message will display: *Error - No active coverage is found. Enter a different coverage to continue.*

ALBERTA BLUE CROSS Pharmacy Providers

Contact us | Resources | FAQ | Sign out

Overview Pharmacy claims Product lookup Pharmacy information Your profile

Compound verification Provider ID:

Compound verification

Coverage

\* Last name

\* Group number

\* Birthdate (YYYYMMDD)

\* ID number



Reset Next

If the member's coverage is active, you can either enter the details of a new compound or copy a previously entered eligible compound.

**2a. Build a compound**

In the compound section, all fields are required. You will need to enter the following information:

**Contact name:** The name of the person creating the compound authorization.

**Compound name:** The pharmacy's given compound name.

**Final form:** Using the drop-down menu, select the final form of the compound.

**Final strength:** The final strength of the compound.

**Release type:** Using the drop-down menu, select the release type of the compound.

**Directions:** The quantity required for a member to achieve a single dose.

**Medical/Clinical Restriction:** Select if the member needs the compound due to a medical/clinical restriction using the drop-down menu. The compound will be pended, and a representative will call back with a decision within the next business day.

**Preparation:** Using the drop-down menu select if the compound is being mixed on site or purchased from another pharmacy. The preparation field is very important because it will determine the compound PIN and the

acceptable dispensing fee billed.

**Final quantity:** The amount that will be dispensed for one fill.

**Unit of issue:** Using the drop-down menu, select the unit of issue related to the final quantity.

**Prescriber type:** Using the drop-down menu, select the prescriber type.

**Prescriber ID:** Enter the prescriber's prescribing ID number including any leading zeros (for example, physician's CPSA number, pharmacist license number, etc.).

*\*If there is a need to clear the information entered simply click **Reset**.*

In the ingredients section, you can search either by a DIN or PIN or by a name if the ingredient is a non-DIN (for example, Galaxal Base). Enter your search criteria in the applicable field and click **Search**.

If the ingredient is found, it will appear here. To build your compound select the applicable ingredient by clicking the check box and then click **Add**.

When you add an ingredient, it will appear here. After searching for and adding each ingredient in the compound, ensure you enter the quantity and unit of issue of each ingredient, as well as indicate whether each ingredient is considered active or not active.

Once the compound has been built click **Process** to generate a decision.

DIN/NPN/PIN	Name	Quantity	Unit of issue	Active
<input type="checkbox"/>	PROPYLENE GLYCOL	2	Gram	NO
<input type="checkbox"/>	DICLOFENAC SODIUM USP POWDER	8	Gram	YES
<input type="checkbox"/>	LIDOCAINE			NO

The final compound decision will appear in the decision section of the compound form. Here you will see the eligibility status of the compound, the compound verification number and the compound PIN if applicable.

If the compound is ineligible, then the reason for ineligibility will be present in the action or notes section.

**Delete** **Delete all**

DIN/NPN/PIN	Name	Quantity	Unit of issue	Active
<input type="checkbox"/>	PROPYLENE GLYCOL	2	Gram	NO
<input type="checkbox"/>	DICLOFENAC SODIUM USP POWDER	8	Gram	YES
<input type="checkbox"/>	LIDOCAINE	10	Gram	YES
<input type="checkbox"/>	PLO GEL	80	Gram	NO
<input type="checkbox"/>	CYCLOBENZAPRINE HCL USP POWDER	2,5	Gram	YES

**Back** **Reset** **Process**

**Decision**

Eligibility: ELIGIBLE PIN: 00000999102 Verification number: 269938

Reason: [Empty field]

Action/Notes: [Empty field]

**2b. Copy a compound**

If the member you enter has a previously entered eligible compound on file, you will be given the option to copy that compound or create a new compound if needed.

**Topical compound verification**

**Coverage**

Last name: SMITH  
Group number: 66  
ID number: 123456789

**Previous eligible compound authorizations**

Verification number	Compound name	Ingredients	Final form
269938	DICLO/CYCLO	CYCLOBENZAPRINE HCL USP POWDER DICLOFENAC SODIUM USP POWDER LIDOCAINE PLO GEL PROPYLENE GLYCOL	TOPICAL CREAM

**Copy** **Back** **New**

If you copy an existing compound, you will need to enter your contact name, the final quantity and the quantity of each ingredient. You can also modify a copied compound (for example, search for and add new ingredients or delete ingredients from the built compound), but a modified compound should be given a new compound name. Once you are satisfied with the compound you have built, click **Process**.

**Topical compound verification**

**Coverage**

Last name: [Field]  
Group number: [Field]  
ID number: [Field]

**Compound**

\* Contact name: [Field]  
\* Compound name: DICLO/CYCLO  
\* Final form: TOPICAL CREAM  
\* Preparation: MIXED ON SITE \* Final quantity: [Field] \* Unit of issue: Gram  
\* Prescriber type: PHYSICIAN \* Prescriber ID: 99111PH

**Ingredients**

DIN/NPN/PIN: [Field] Name: [Field]

**Select all** **Unselect all**

DIN/NPN/PIN	Name
No data to display	

**Add**

**Delete** **Delete all**

DIN/NPN/PIN	Name	Quantity	Unit of issue	Active
<input type="checkbox"/>	CYCLOBENZAPRINE HCL USP POWDER	[Field]	Gram	YES
<input type="checkbox"/>	DICLOFENAC SODIUM USP POWDER	[Field]	Gram	YES
<input type="checkbox"/>	LIDOCAINE	[Field]	Gram	YES
<input type="checkbox"/>	PLO GEL	[Field]	Gram	NO
<input type="checkbox"/>	PROPYLENE GLYCOL	[Field]	Gram	NO

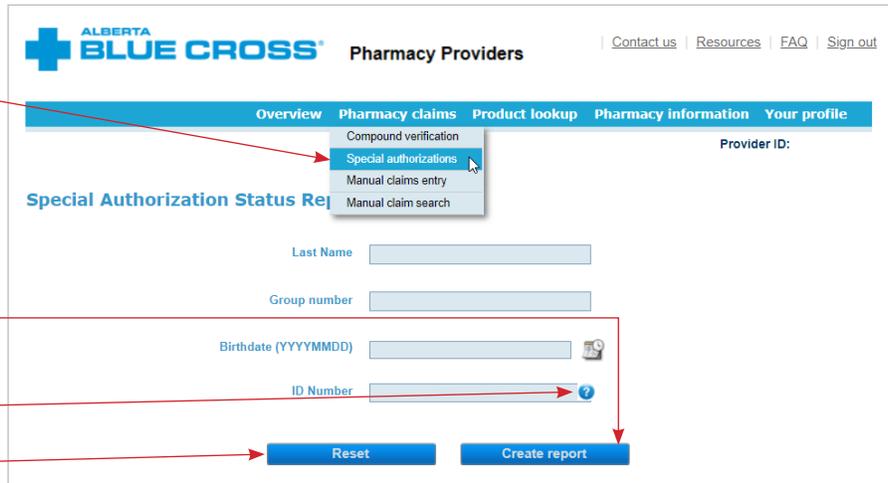
**Back** **Reset** **Process**

### 3. SPECIAL AUTHORIZATION STATUSES

The special authorizations page allows you to view the status of a plan member's special authorization. To create a report, enter the member's last name, group number, birth date and ID number, then click **Create report**.

For details regarding the Alberta Blue Cross ID Number, click the .

Clicking **Reset** will clear any information entered in the fields.



**Note:**  
All four fields are mandatory for creating a special authorization status report. If any fields are left blank, a *Value must be entered* message will appear under the applicable fields when you select **Create report**.

#### Special Authorization Status Report

Patient Last Name	First Name	Birthdate	ID Number	Status* 	Product	Effective Date	Term Date**	Received Date 
SMITH	JOHN	01/01/1950	123456789	APPROVED	TAFAMIDIS (VYNDAQEL)	9/1/2021	2/28/2022	8/24/2021

Quantity and frequency limitations may apply to approvals. Decisions shown are valid as of the time of query. In all cases eligibility must be confirmed with electronic claim or by calling 1-800-361-9632 (toll free) or 780-498-8370 for Edmonton and area.

\* Where the decision is an approval/renewal/already a benefit, the eligibility of the drug is subject to the patient retaining valid coverage under their current drug plan as noted above and any standard limitations on the coverage still apply. Pending decisions are those where additional information is required from the prescriber. When the decision is pending or a denial, additional correspondence will be sent to the prescriber who submitted the request.

\*\* The Term Date for 'pending' decisions is the date by which the additional information is requested from the prescriber.

For approvals/renewals for drugs eligible for auto-renewal or step therapy, coverage for the product will continue beyond the indicated Term Date and special authorization renewal is not required, if claims were filed for the patient within the authorized Approval Period.

In cases where there are multiple decisions for the same product the most recent decision applies.

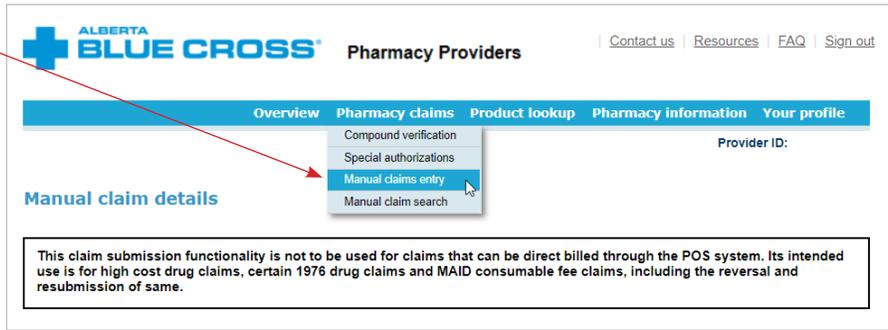
Please note: This communication contains confidential, personal and/or privileged information. Any unauthorized disclosure, copying, or taking action on the contents is strictly prohibited.

[Back](#)

**4. MANUAL CLAIMS ENTRY**

For the following claim types, you can submit manual drug claims through the manual claims entry page, as long as the date of service is within the last year.

- High-cost drug claim (with costs over \$9,999.99)
- 1976 drug claim (must be for group 19823 and have a valid 8-digit authorization number)
- MAID protocol or consumable fee claim



*This functionality is not to be used for claims that can be direct billed through the Pride-RT POS system. Where applicable, it is only intended to replace the use of paper manual claim forms that are faxed to Alberta Blue Cross for processing.*

Please review the Important information provided.

**IMPORTANT**  
Submission of a manual claim does not ensure the claim will be paid. Alberta Blue Cross will only pay claims which comply with the Plan Member's applicable coverage.

"Date of service" means the day on which a pharmaceutical service/ drug product is provided to or is made available to the Plan Member, whichever is earlier.

Ensure the claim being submitted is not an early refill (unless there are acceptable extenuating circumstances which should be noted in the Comments section).

**OK** **Cancel**

**4a. Coverage**

Populate all relevant plan member coverage details.

An asterisk in front of a field means a field value must be populated.

**Group number:** You do not need to add leading zeros.

**ID number:** You do not need to add leading zeros, but please include the full ID number including the dash if applicable (for example, 1234567-22). For select government-sponsored plans, such as Coverage for Seniors, use the PHN as the ID number.

**Coverage**

\* Last name

\* First name

\* Gender

\* Group number

\* Birthdate (YYYYMMDD)

\* ID number

**4b. Claim details**

Populate all relevant claim details.

An asterisk in front of a field means a field value must be populated.

**Claim details**

* Claim type	New claim	* Prescriber ID	<input type="text"/>
* Date of service (YYYYMMDD)	<input type="text"/>	* Prescriber type	Physician
* Original Rx	<input type="text"/>	* Drug cost	<input type="text"/>
* Current Rx	<input type="text"/>	* Upcharge	<input type="text"/>
* DIN	<input type="text"/>	* Professional fee	<input type="text"/>
* Quantity	<input type="text"/>	Total (calculated)	0.00
* Days supply	<input type="text"/>	* Previously paid	0.00

**Claim type:** When entering a new claim for payment, and the claim is based on a 1976 drug authorization, select **1976 claim**. For all other new claims submitted for payment, select **New claim**.

\* Claim type

- New claim
- Resubmit claim
- Reverse claim
- 1976 claim

**1976 claim type:** Only 1976 claims for group 19823 can be submitted through the website at this time. If you are submitting a claim based on a 1976 drug authorization, and you select the 1976 claim type, a new field **1976 authorization number** will be displayed under **Previously paid**. This field is mandatory and must be populated with eight digits (comprised of the three-digit region or service centre number and the five-digit drug authorization number).

**Claim details**

* Claim type	1976 claim	* Prescriber ID	<input type="text"/>
* Date of service (YYYYMMDD)	<input type="text"/>	* Prescriber type	Physician
* Original Rx	<input type="text"/>	* Drug cost	<input type="text"/>
* Current Rx	<input type="text"/>	* Upcharge	<input type="text"/>
* DIN	<input type="text"/>	* Professional fee	<input type="text"/>
* Quantity	<input type="text"/>	Total (calculated)	0.00
* Days supply	<input type="text"/>	* Previously paid	0.00
		* 1976 authorization number	<input type="text"/>

**Prescriber ID:** You will need to enter the prescriber ID exactly as assigned by the college, which may include leading zeros.

**Upcharge:** Must be more than 0.00 except for Group 23464 claims.

**DIN:** You do not need to add leading zeros.

**Professional fee:** Must be more than 0.00.

**Total (calculated):** Will automatically populate with the sum total of the drug cost, upcharge and professional fee.

**Previously paid:** If part of the claim has already been paid through other coverage, enter the total amount already paid.

**4c. Additional information**

In the **Contact name** field, enter the name of the individual entering claim information, and add any comments if applicable.

**Note:**

When submitting a MAID protocol or consumable fee, please put the applicable pharmacist ID in the comments.

**Additional information**

\* Contact name

Comments

**Add claim**

**4d. Add claim**

Once all mandatory fields have been populated, along with any applicable comments, click **Add claim**.

The system will perform a check to ensure all mandatory fields have been populated and data was entered correctly. If there are no data integrity issues, the claim will be added and a summary of the added claim will appear below **Add claim**. The fields under the coverage and claim details will revert to their default state.

Clicking **Reset** at any point will clear all existing data.

If the claim summary information does not look correct and you would like to remove the claim entirely, click **Remove**.

If the claim summary information does not look correct and you would like to modify the data previously entered for that claim, you can click **Modify** (fields under the coverage and claim details will automatically repopulate with your original data). Once you have made the modifications, click **Update claim**.

**Add claim**

Claim type	Last name	Service date YYYY/MM/DD	DIN	Quantity Days supply	Total cost	Previously paid	
New claim	HENRY	2022/03/31	02517140	84.0 28	24,337.75	0.00	<b>Modify</b> <b>Remove</b>

**Reset** **Submit**

**Additional information**

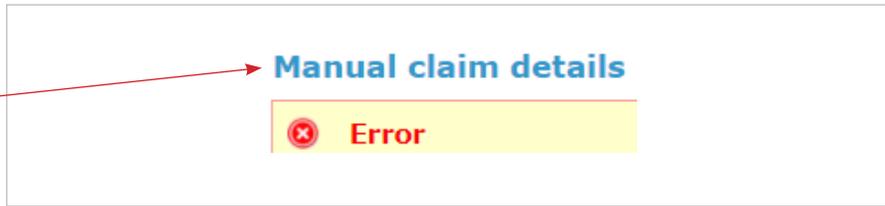
\* Contact name

Comments

**Update claim**

*You can add up to a maximum of 10 claims with different claim types for various plan members prior to submitting claims; simply return to the top of the page, enter the coverage and claim details for another claim, then click **Add claim**. There is no limit to the number of claims that can be submitted in a calendar day.*

If a mandatory field is not populated, the claim will not be added and you will receive an error message at the top of the page, indicating which fields are missing.



If there are data integrity issues, the claim will not be added and you will receive an error message at the top of the page, indicating which fields contain invalid data. Examples of error messages include the following:

- Invalid value for ID number or Invalid value for drug cost.
- Invalid DIN. Please ensure DIN number is correct and it is effective on the date of service.
- The authorization number must be exactly eight digits.
- No active coverage is found based on date of service.
- Coverage expired before the date of service.

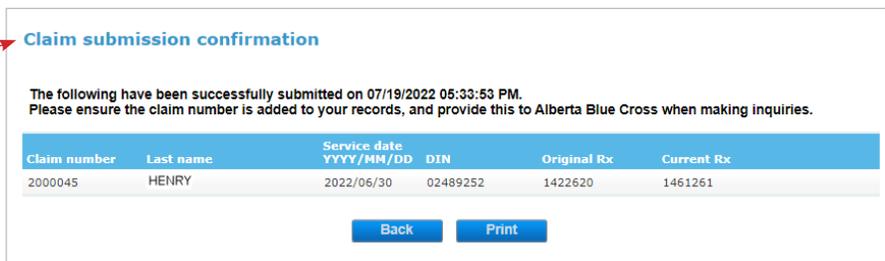
**4e. Submit claim**

If there are no error messages and the added claim(s) looks correct, click **Submit**.



**Note:**  
For Alberta Blue Cross to successfully receive a claim, **you must first add the claim AND then submit it.**

If a claim is successfully submitted, you will receive confirmation with a claim number. Please make note of this claim number for your records or print the confirmation.



If you would like to submit more claims, click **Back** which will go to the manual claim details screen.

**4f. Reversing a claim**

If you determine that a previously submitted claim needs to be reversed, enter the applicable coverage and claim details as they were submitted originally but instead of selecting the claim type as 1976 claim or new claim, select **Reverse claim**. Claim reversals with dates of service that are older than one year can be submitted.

**Note:**

When reversing a 1976 claim, please put the plan member's full name and the original 1976 authorization number in the comments.

\* Claim type

- New claim
- Resubmit claim
- Reverse claim
- 1976 claim

**Additional information**

\* Contact name

Comments

Once all mandatory fields have been populated, along with any applicable comments, click **Add claim**.

The system will perform a check to ensure all mandatory fields have been populated and data was entered correctly. If there are no data integrity issues, the claim will be added and a summary of the added claim will appear below **Add claim**. The claim type will be displayed as *Reverse claim*.

If necessary, you can modify or remove the claim after it has been added. However, if the added claim looks correct, click **Submit**.

**Add claim**

Claim type	Last name	Service date YYYY/MM/DD	DIN	Quantity Days supply	Total cost	Previously paid	
Reverse claim	HENRY	2022/06/30	02489252	15.0 21	32,564.59	0.00	<b>Modify</b> <b>Remove</b>

**Reset** **Submit**

**Note:**

For Alberta Blue Cross to successfully receive a new or reversed claim, **you must first add the claim AND then submit it.**

If a claim reversal is successfully submitted, you will receive confirmation with a claim number. Please make note of this claim number for your records or print the confirmation.

**Claim submission confirmation**

The following have been successfully submitted on 07/19/2022 05:56:26 PM.  
Please ensure the claim number is added to your records, and provide this to Alberta Blue Cross when making inquiries.

Claim number	Last name	Service date YYYY/MM/DD	DIN	Original Rx	Current Rx
2000046	HENRY	2022/06/30	02489252	1422620	1461261

**Back** **Print**

**4g. Resubmitting a claim**

If you determine that a previously submitted and reversed claim needs to be resubmitted, enter the applicable coverage and claim details, and select **Resubmit claim**.

**Note:**

When reversing a 1976 claim, please put the plan member's full name and the original 1976 authorization number in the comments.

Once all mandatory fields have been populated, along with any applicable comments, click **Add claim**.

The system will perform a check to ensure all mandatory fields have been populated and data was entered correctly. If there are no data integrity issues, the claim will be added and a summary of the added claim will appear below **Add claim**. The claim type will be displayed as *Resubmit claim*.

Claim type	Last name	Service date YYYY/MM/DD	DIN	Quantity Days supply	Total cost	Previously paid
Resubmit claim	HENRY	2022/07/01	02489252	20.0 21	35,112.15	0.00

If necessary, you can modify or remove the claim after it has been added. However, if the added claim looks correct, click **Submit**.

**Note:**

For Alberta Blue Cross to successfully receive a new, reversed or resubmitted claim, **you must first add the claim AND then submit it.**

If a claim resubmission is successfully submitted, you will receive confirmation with a claim number. Please make note of this claim number for your records or print the confirmation.

**Claim submission confirmation**

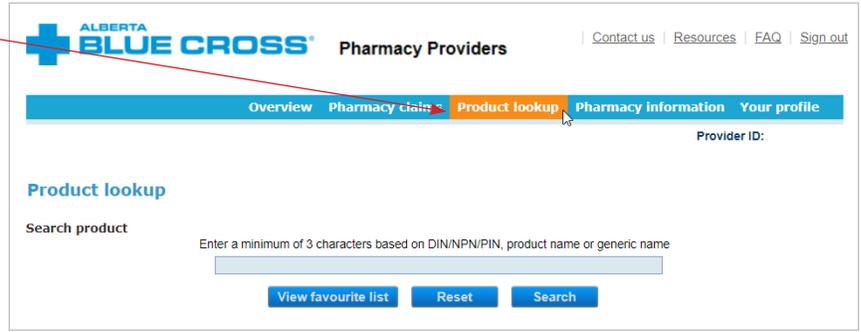
The following have been successfully submitted on 07/19/2022 06:14:42 PM.  
Please ensure the claim number is added to your records, and provide this to Alberta Blue Cross when making inquiries.

Claim number	Last name	Service date YYYY/MM/DD	DIN	Original Rx	Current Rx
2000047	HENRY	2022/07/01	02489252	1422620	1461260

**5. PRODUCT LOOKUP**

The product lookup functionality allows you to:

- look up both current and historical pricing of products as well as availability status;
- report product shortages and price discrepancies;
- request a compound authorization or temporary benefit for shorted products.

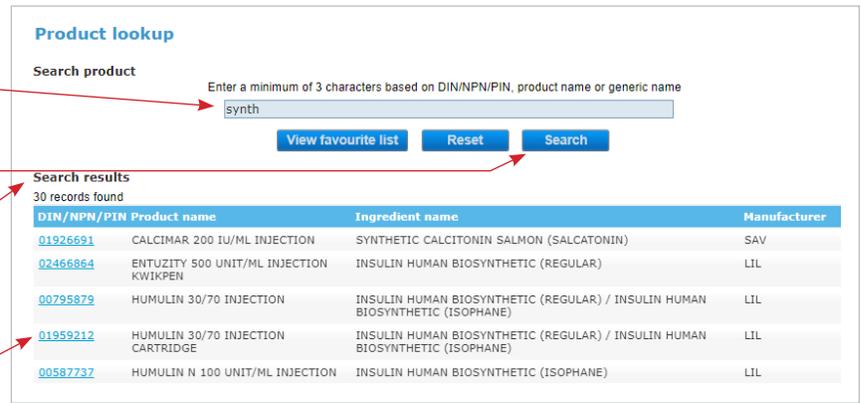


**5a. Search product**

To search for and view a product, enter a minimum of 3 characters based on DIN/NPN/PIN (leading zeros not required), product name or generic name, and click **Search**.

If there are any results that match your search, they will appear. If there are no results, it will indicate "0 records found".

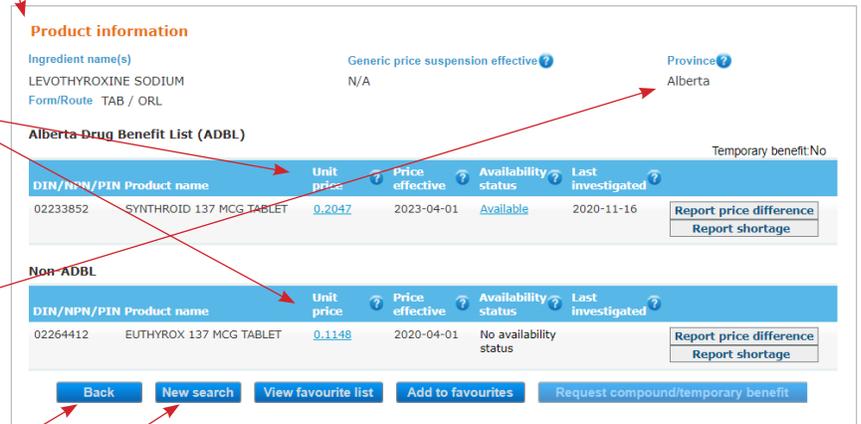
Click a blue DIN/NPN/PIN link to load the Product Information page for the product and its product grouping.



**5b. Pricing**

From the Product Information page, you can view the current unit price and the price effective date for both the ADBL and Non-ADBL if applicable.

**Note:** The unit price displayed is specific for the province you are located in and **does not include any upcharges.**



Click **Back** to take you back to the results of your search.

Click **New search** to go to an unpopulated search page.

To view historical pricing (if applicable), click on the blue unit price.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
00653233	TEVA-LENOLTEC NO.1 TABLET	0.1693	2023-03-14	Under review	2023-06-14	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

### Historical price information

Product  
00653233 TEVA-LENOLTEC NO.1 TABLET

Unit price	Effective	Termination
0.166	2019-08-14	2023-03-13

[Close](#)

### 5c. Availability

The availability status, as seen on the Product information page, is defined as follows:

- **Available:** Product is available from the manufacturer/wholesaler. Click on the blue font *Available* status to bring up additional information;
- **Not available:** Product is unavailable from the manufacturer/wholesaler. Click on the blue font *Not available* status to bring up additional information which may include the expected date the product will be available;
- **Under review:** Product is under review and the date last investigated is the date of the current inquiry. Click on the blue font *Under review* status to bring up additional information;
- **Discontinued:** Product has been discontinued by the manufacturer;
- **No availability status:** No product shortage inquiry for the product has been received.

#### Product information

Ingredient name(s): LEVOTHYROXINE SODIUM  
 Generic price suspension effective: N/A  
 Province: Alberta  
 Form/Route: TAB / ORL

Alberta Drug Benefit List (ADBL) Temporary benefit: No

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

Non-ADBL

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02264412	EUTHYROX 137 MCG TABLET	0.1148	2020-04-01	No availability status		<a href="#">Report price difference</a> <a href="#">Report shortage</a>

[Back](#)   [New search](#)   [View favourite list](#)   [Add to favourites](#)   [Request compound/temporary benefit](#)

### 5d. Last investigated

The last investigated date represents the most recent date that an inquiry for the product was received.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

## 5e. Report price difference

If there is a price discrepancy between the unit price found on the Product information page (published price) and the wholesaler's/manufacturer's price, or if the published price is not yet up-to-date, click **Report price difference**.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	<input type="button" value="Report price difference"/> <input type="button" value="Report shortage"/>

### Note:

Be aware that if your invoice price is higher than the published price, it may be due to pharmacy specific upcharges applied by a wholesaler based on your pharmacy account with them.

The following fields are mandatory:

- **Invoice date:** enter the date of service, but if the product has not yet been purchased enter the date you are reporting;
- **Invoice package price:** enter the cost charged by the manufacturer/wholesaler (to 4 decimal places) for one package of the product, excluding upcharges;
- **Quantity:** enter the quantity of packages that were purchased but if the product has not yet been purchased, enter 1;
- **Package size:** the size of the package (e.g. 30 or 100)
- **Purchased from:** select the applicable manufacturer/wholesaler from the drop-down menu. **If you select Other, you will need to type the name of the manufacturer/wholesaler in the field that appears;**
- **Contact person:** enter your first and last name;
- **Phone number:** this will auto-populate based on the pharmacy phone number on file but can be modified if needed for the purpose of reporting a price difference;

Ensure all the information is accurate, then click **Submit**.

### Report price difference

**Product information**

DIN/NPN/PIN 02233852  
 Product name SYNTHROID 137 MCG TABLET  
 Ingredient name(s) LEVOTHYROXINE SODIUM  
 Form/route TAB / ORL  
 Unit of issue TAB  
 Price province code AB  
 Unit price 0.2047  
 Price effective date 2023-04-01

**Price inquiry details**  
 Enter the price difference information to be investigated

\* Invoice date   

\* Invoice package price

\* Quantity

\* Package size

\* Purchased from

Comments

**Contact information**  
 The email address provided will only be used for the purpose of this inquiry

\* Contact person

\* Phone number

Email address

Please ensure all of the information above is accurate before submitting

The following fields are optional:

- **Comments:** You can add additional comments that may assist with the investigation of the product price;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of reporting a price difference.

If the form is successfully submitted, you will see a confirmation on the form. Please ensure you make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily access the product grouping information.

In addition, if an email address was populated when the form was submitted, you will receive an automated confirmation email.

Once the investigation has been completed, you will be contacted via phone and advised of the findings of the investigation.

**Note:**

If applicable, it generally takes 2-5 business days for a published price to be updated on the website.

**Report price difference**

Thank you for your inquiry. Your reference number is **60**. This product grouping can be accessed from your Favourite List. Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

OK



The following Price Difference inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 61

Inquiry Date: 07-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Phone Number: 7801234567

Contact Email Address: 99999@hotmail.com

Product DIN/NPN/PIN: 02264412

Product Name: EUTHYROX 137 MCG TABLET

Price Province: AB

Unit of Issue: TAB

Invoice Date: 07-JUL-23

Invoice Package Price: 2

Quantity: 1

Invoice Package Size: 100

Purchased From: MCKESSON

Purchased From Other:

Comments:

**5f. Report shortage**

If a product shortage is identified, click **Report shortage**.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	

The following fields are mandatory:

- **Expected dispense date:** enter the date you anticipate the product will need to be dispensed;
- **Contact person:** enter your first and last name.

The following fields are optional:

- **Comments:** You can add additional comments that may assist with the investigation of the product shortage;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of reporting a product shortage.

**Report product shortage**

**Product information**

DIN/NPN/PIN: 02233852  
 Product name: SYNTHROID 137 MCG TABLET  
 Ingredient name(s): LEVOTHYROXINE SODIUM  
 Form/route: TAB / ORL  
 Availability: Available  
 Last investigated date: 2020-11-16

**Request details**

\* Expected dispense date:

Comments:

**Contact information**

The email address provided will only be used for the purpose of this inquiry

\* Contact person:

Email address:

Please ensure all of the information above is accurate before submitting

Once the information is entered click **Submit**.

If the form is successfully submitted, you will see a confirmation on the form. Please make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily monitor product availability.

**Report product shortage**

Thank you for your inquiry. Your reference number is **125**. This product grouping can be accessed from your Favourite List.

Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

If an email address was populated when the form was submitted, you will receive an automated confirmation email and a follow-up email advising of the findings of the investigation.

If you did not provide an email address when the form was submitted, a pop-up will advise that you need to follow-up with this inquiry by monitoring the Product information page.

**Note:**  
If applicable, it generally takes 2-5 business days for product shortage information to be updated on the website.



The following Product Shortage inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 125

Inquiry Date: 07-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Email Address: 99999@hotmail.com

Product DIN/NPN/PIN: 02233852

Product Name: SYNTHROID 137 MCG TABLET

Ingredient Name(s): LEVOTHYROXINE SODIUM

Availability Status: Available

Last Investigated Date: 16-NOV-20

Expected Dispense Date: 08-JUL-23

Comments:

Once a product shortage has been reported, the availability status of the product will change to *Under review*.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit: No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Under review	2023-07-07	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

If the product shortage is confirmed, the availability status will then change to *Not available* or *Discontinued*, and an LCA Price Policy suspension may occur.

When an LCA Price Policy has been suspended for a product grouping, an effective date will show under *Generic price suspension effective*.

**Product lookup**

**Product information**

Ingredient name(s): TELMISARTAN / HYDROCHLOROTHIAZIDE      Generic price suspension effective: 2023-07-15      Province: Alberta

Form/Route: TAB / ORL

**Alberta Drug Benefit List (ADBL)**

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit: No
02419114	ACH-TELMISARTAN HCTZ 80 MG/12.5 MG TABLET	0.2098	2020-04-01	Not available	2023-07-15	<a href="#">Report price difference</a> <a href="#">Report shortage</a>
02456389	AURO-TELMISARTAN HCTZ 80 MG/12.5 MG TABLET	0.2098	2020-04-01	Not available	2023-07-15	<a href="#">Report price difference</a> <a href="#">Report shortage</a>
02389940	JAMP TELMISARTAN-HCT 80 MG/12.5 MG TABLET	0.2098	2021-03-01	Not available	2023-07-15	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

**5g. Request compound or temporary benefit**

If all products within a product grouping are unavailable due to shortages and/or discontinued, you can request either:

- a compound authorization that authorizes compounding to replace a product that is normally commercially available; or
- a temporary benefit that allows for a product not currently covered under a member’s benefits to be covered temporarily until a product under the ADBL becomes available.

From the Product information page, you can click **Request compound/temporary benefit** if all products under the ADBL are Not available or Discontinued, otherwise the button is faded.

You will get a pop-up asking if you have confirmed all eligible products are unavailable.

If you have, click **OK**.

When requesting a compound authorization, ensure the Request type is *Compound*.

The following fields are mandatory:

- **Member ID number;**
- **Member name:** enter the member’s first and last name;
- **Member group number:** leading zeros are not required;
- **Contact person:** enter your first and last name.

The following fields are optional:

- **Member section;**
- **Comments:** You can add additional comments that may assist with the compound request;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of requesting a compound authorization.

Once the information is entered click **Submit**.

**Product information**

Ingredient name(s) ROPINIROLE HCL      Generic price suspension effective? N/A      Province? Alberta  
 Form/Route TAB / ORL

**Alberta Drug Benefit List (ADBL)** Temporary benefit No

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02352346	JAMP-ROPINIROLE 1 MG TABLET	0.2838	2020-04-01	Not available	2023-02-17	Report price difference Report shortage
02314053	RAN-ROPINIROLE 1 MG TABLET	0.2838	2020-04-01	Not available	2023-05-29	Report price difference Report shortage
02316854	TEVA-ROPINIROLE 1 MG TABLET	0.2838	2020-04-01	Not available	2023-03-23	Report price difference Report shortage

**Non-ADBL**

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02353059	ROPINIROLE 1 MG TABLET	0.2838	2023-01-01	Discontinued	2022-11-10	Report price difference Report shortage
02337762	APO-ROPINIROLE 1 MG TABLET	N/A	N/A	Discontinued	2023-05-15	Report price difference Report shortage

Back    New search    View favourite list    Add to favourites    **Request compound/temporary benefit**

**appextuat.ab.bluecross.ca says**

Have you confirmed that all eligible products with the same active ingredient and strength are currently unavailable through a wholesaler or manufacturer (if applicable)?

OK    Cancel

**Product lookup**

**Request compound or temporary benefit**

**Product information**

Ingredient name(s) ROPINIROLE HCL  
 Ingredient strength(s) 1 MG  
 Form/Route TAB / ORL

**Request details**

Request type  Compound  Temporary benefit

\* Member ID number

\* Member name

\* Member group number

Member section

Comments

**Contact information**

The email address provided will only be used for the purpose of this inquiry

\* Contact person

Email address 99999@hotmail.com

Please ensure all of the information above is accurate before submitting

Reset    Cancel    **Submit**

If the form is successfully submitted, you will see a confirmation on the form. Please ensure you make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily monitor product availability.

In addition, if an email address was populated when the form was submitted, you will receive an automated confirmation email.

Once the investigation has been completed, you will be contacted via phone and advised of the findings of the investigation.

**Note:**

It generally takes 2-5 business days for a compound to be authorized.

**Product lookup**

**Request compound or temporary benefit**

Thank you for your inquiry. Your reference number is **21**. This product grouping can be accessed from your Favourite List. Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

OK



The following Temporary Benefit/Compound Request inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 21

Inquiry Date: 10-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Email Address: 99999@hotmail.com

Ingredient Name(s): ROPINIROLE HCL

Request Type: COMPOUND

Temporary Benefit DIN:

Temporary Benefit Name:

Temporary Benefit In Stock?

Temporary Benefit Expiry Date:

Temporary Benefit Expected Receive Date:

Comments:

When requesting a Temporary benefit, ensure the Request type is *Temporary benefit*.

The following fields are mandatory:

- **Member ID number;**
- **Member name:** enter the member's first and last name;
- **Member group number:** Leading zeros are not required;
- **Temporary benefit DIN/NPN/PIN;**
- **Temporary benefit name** (auto-populates);
- Does the pharmacy currently have stock of the temporary benefit product request above?  
**Note:** If yes, enter the Expiry date of the product on hand. If no, enter the Date the pharmacy will be receiving the product.
- **Contact person:** enter your first and last name.

The following fields are optional:

- **Member section;**
- **Comments:** You can add additional comments that may assist with the temporary benefit request;
- **Email address:** this will auto-populate based on the pharmacy email on file but can be modified or deleted if needed for the purpose of requesting a temporary benefit.

Once the information is entered click **Submit**.

### Product lookup

Request compound or temporary benefit

**Product information**

Ingredient name(s) ROPINIROLE HCL  
 Ingredient strength(s) 1 MG  
 Form/Route TAB / ORL

**Request details**

Request type  Compound  Temporary benefit

\* Member ID number

\* Member name

\* Member group number

Member section

Comments

\* Temporary benefit DIN/NPN/PIN

\* Temporary benefit name

Does the pharmacy currently have stock of the temporary benefit product request above?  Yes  No

Expiry date of the product on hand

**Contact information**

The email address provided will only be used for the purpose of this inquiry

\* Contact person

Email address 99999@hotmail.com

Please ensure all of the information above is accurate before submitting

If the form is successfully submitted, you will see a confirmation on the form. Please ensure you make note of the reference number for the inquiry. The product grouping will also be added to your **Favourite** list so you can easily monitor product availability.

**Product lookup**  
**Request compound or temporary benefit**

Thank you for your inquiry. Your reference number is **21**. This product grouping can be accessed from your Favourite List. Please be advised that new information will be updated within 2-5 business days. However, the suggested response time is subject to change.

[OK](#)

In addition, if an email address was populated when the form was submitted, you will receive an automated confirmation email and a follow-up email advising of the findings of the investigation.

If you did not provide an email address when the form was submitted, a pop-up will advise that you need to follow-up with this inquiry by monitoring the Product information page.

**Note:**  
 It generally takes 2-5 business days for a temporary benefit to be reviewed.



The following Temporary Benefit/Compound Request inquiry has been successfully received by Alberta Blue Cross. Please view details below.

Reference Number: 22

Inquiry Date: 10-JUL-23

Provider ID: AB00009999

Pharmacy Name: ANY PHARMACY

Contact Person: Frank Frank

Contact Email Address: 99999@hotmail.com

Ingredient Name(s): ROPINIROLE HCL

Request Type: TEMPORARY-BENEFIT

Temporary Benefit DIN: 2230785

Temporary Benefit Name: TAZORAC 0.1% TOPICAL GEL

Temporary Benefit In Stock? Y

Temporary Benefit Expiry Date: 17-JUL-23

Temporary Benefit Expected Receive Date:

Comments:

The Product information page will show whether a product is a temporary benefit or not.

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	Temporary benefit No
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Under review	2023-07-07	<a href="#" style="background-color: #0070c0; color: white; padding: 2px 5px;">Report price difference</a> <a href="#" style="background-color: #ccc; color: #0070c0; padding: 2px 5px;">Report shortage</a>

**5h. Favourite list**

The favourite list provides for quick access to information related to product groupings that are of particular interest to you, including the date the product grouping was last investigated and the availability.

Your favourite list is specific to your user account. Product groupings are added to your favourite list when you:

- report a product shortage or price difference;
- request a compound authorization or temporary benefit.

You can also choose to add product groupings to your Favourite list that you would like to have quick access to. Once you have completed a search and opened the Product information page, click on **Add to favourites** to add a product grouping to your favourite list.

**Product lookup**

**Favourite list**

Last investigated date	Ingredient name	Form	Route	Strength	Available	
2023-06-28	<a href="#">ATORVASTATIN CALCIUM</a>	TAB	ORL	80 MG	No	<a href="#">Remove</a>
2023-06-20	<a href="#">AZITHROMYCIN</a>	SUS	ORL	20 MG	No	<a href="#">Remove</a>
2023-03-23	<a href="#">BENZYLAMINE HCL</a>	RNS	ORL	.15 %	Yes	<a href="#">Remove</a>
2023-07-04	<a href="#">DOMPERIDONE MALEATE</a>	TAB	ORL	10 MG	No	<a href="#">Remove</a>
2023-06-22	<a href="#">EPINEPHRINE</a>	NDL	INJ	.3 MG	No	<a href="#">Remove</a>
2023-03-02	<a href="#">HYDROCORTISONE</a>	TAB	ORL	10 MG	Yes	<a href="#">Remove</a>
2020-11-16	<a href="#">LEVOTHYROXINE SODIUM</a>	TAB	ORL	.137 MG	Yes	<a href="#">Remove</a>
2023-07-07	<a href="#">LISDEXAMFETAMINE DIMESYLATE</a>	CAP	ORL	20 MG	Yes	<a href="#">Remove</a>
2023-06-28	<a href="#">OLANZAPINE</a>	DISNT...	ORL	5 MG	Yes	<a href="#">Remove</a>

[Back](#)

**Product information**

Ingredient name(s) LEVOTHYROXINE SODIUM  
 Form/Route TAB / ORL  
 Generic price suspension effective N/A  
 Province Alberta

**Alberta Drug Benefit List (ADBL)** Temporary benefit: No

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	<a href="#">Report price difference</a> <a href="#">Report shortage</a>

**Non-ADBL**

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02264412	EUTHYROX 137 MCG TABLET	0.1148	2020-04-01	No availability status		<a href="#">Report price difference</a> <a href="#">Report shortage</a>

[Back](#) [New search](#) [View favourite list](#) [Add to favourites](#) [Request compound/temporary benefit](#)

You will receive confirmation that your favourite list has been updated.

**Note:**  
Your favourite list will store a maximum of 15 product groupings.

**Product lookup**

**Information**  
This product grouping can now be accessed from your Favourites list.

To view your favourite list, click on **View favourite list**.

**Product information**

Ingredient name(s) LEVOTHYROXINE SODIUM  
 Form/Route TAB / ORL

Generic price suspension effective N/A  
 Province Alberta

**Alberta Drug Benefit List (ADBL)** Temporary benefit: No

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02233852	SYNTHROID 137 MCG TABLET	0.2047	2023-04-01	Available	2020-11-16	Report price difference Report shortage

**Non-ADBL**

DIN/NPN/PIN	Product name	Unit price	Price effective	Availability status	Last investigated	
02264412	EUTHYROX 137 MCG TABLET	0.1148	2020-04-01	No availability status		Report price difference Report shortage

Buttons: Back, New search, **View favourite list**, Add to favourites, Request compound/temporary benefit

An availability of Yes means at least one product within the product grouping is available, and an availability of No means no products within the product grouping are available.

**Product lookup**

**Favourite list**

Last investigated date	Ingredient name	Form	Route	Strength	Available	
2023-06-28	<a href="#">ATORVASTATIN CALCIUM</a>	TAB	ORL	80 MG	No	Remove
2023-06-20	<a href="#">AZITHROMYCIN</a>	SUS	ORL	20 MG	No	Remove
2023-03-23	<a href="#">BENZYLAMINE HCL</a>	RNS	ORL	.15 %	Yes	Remove
2023-07-04	<a href="#">DOMPERIDONE MALEATE</a>	TAB	ORL	10 MG	No	Remove
2023-06-22	<a href="#">EPINEPHRINE</a>	NDL	INJ	.3 MG	No	Remove
2023-03-02	<a href="#">HYDROCORTISONE</a>	TAB	ORL	10 MG	Yes	Remove
2020-11-16	<a href="#">LEVOTHYROXINE SODIUM</a>	TAB	ORL	.137 MG	Yes	Remove
2023-07-07	<a href="#">LISDEXAMFETAMINE DIMESYLATE</a>	CAP	ORL	20 MG	Yes	Remove
2023-06-28	<a href="#">OLANZAPINE</a>	DISNT...	ORL	5 MG	Yes	Remove

Buttons: Back

From your favourite list, click a blue Ingredient name link to load the Product Information page for the product grouping.

To remove a product grouping from your favourite list, click **Remove**.

**6. WEBSITE INVENTORY**

**Alberta pharmacies only**

You can update inventory information that is displayed on the Alberta Blue Cross public website for your pharmacy.\*\*

If a product or service is currently available at your pharmacy, and you want this availability displayed on the website, click the corresponding checkbox. Once you have done this for each product or service, click **Submit**.

*\*If there is a need to clear the information entered, simply click **Reset** prior to submitting.*

**ALBERTA BLUE CROSS** Pharmacy Providers | [Contact us](#) | [Resources](#) | [FAQ](#) | [Sign out](#)

Overview | Pharmacy claims | Product lookup | **Pharmacy information** | Your profile

Website inventory | Provider ID:

**Inventory status**

**Previous inventory**  
No available products/services  
**Please select any products/services that are currently available at your location (check all that apply) and click 'Submit'.**  
If no products/services are currently available, or you do not want your location to be published on the website, ensure all check boxes are unchecked and click 'Submit'.  
If you have any questions or concerns regarding the inventory displayed on the website for your location, please contact us at:

- [pacvp@ab.bluecross.ca](mailto:pacvp@ab.bluecross.ca); or
- Use the 'Contact us' link in the upper right-hand corner of the website.

**NOTE: Pharmacies are still required to complete vaccine reconciliation activities in AVI.**

**Current inventory**

Product/service	In stock
Adult COVID-19 vaccine - original	<input type="checkbox"/>
Adult COVID-19 vaccine - bivalent	<input type="checkbox"/>
Pediatric COVID-19 vaccine - original	<input type="checkbox"/>
Pediatric COVID-19 vaccine - bivalent	<input type="checkbox"/>
Standard influenza vaccine	<input type="checkbox"/>
High dose influenza vaccine	<input type="checkbox"/>
Paxlovid	<input type="checkbox"/>
Rapid antigen test	<input type="checkbox"/>

**Reset** **Submit**

You will receive confirmation that your submission has been received.

Once you have submitted your first inventory status, the system will thereafter display the most recent inventory submission.

**Note:**  
If you do not want your pharmacy to be published on the Alberta Blue Cross public website as a pharmacy participating in supplying products and services, ensure all check boxes are unchecked and click **Submit**.

**Inventory status**

**Information**  
Current inventory has been submitted 10/25/2022 10:33:43 AM.

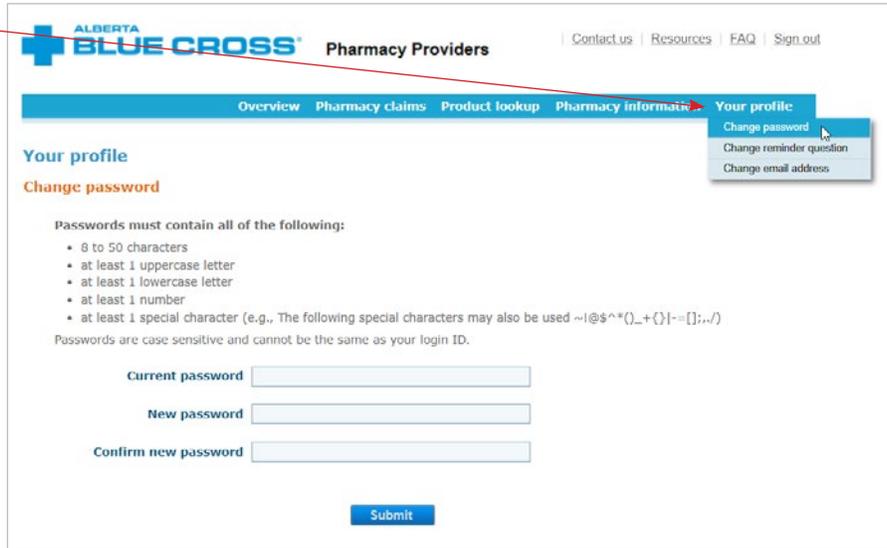
**Previous inventory (Last updated 10/25/2022 10:33:43 AM)**

Product/service	In stock
Adult COVID-19 vaccine - original	Yes
Adult COVID-19 vaccine - bivalent	Yes
Pediatric COVID-19 vaccine - original	Yes
Pediatric COVID-19 vaccine - bivalent	No
Standard influenza vaccine	Yes
High dose influenza vaccine	No
Paxlovid	No
Rapid antigen test	Yes

**\*\*PHARMACIES ARE STILL REQUIRED TO COMPLETE VACCINE RECONCILIATION ACTIVITIES IN AVI.**

**7. YOUR PROFILE**

You can manage your online profile to change your password, security questions and account login email address.



**8. RESOURCES**

The resources page contains valuable information and links for your convenience.



## CONTACT US

For more information about access to the Alberta Blue Cross pharmacy provider website, contact us

- toll free at 1-866-969-2859, or
- email using the **Contact us** link in the upper right-hand corner of the provider website.

Our regular office hours are Monday to Friday, 8 a.m. to 4:30 p.m. Mountain Time.



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