



SECURE PROVIDER WEB PORTAL

AND

ELECTRONIC CLAIMS SUBMISSION SERVICE

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SECURE PROVIDER WEB PORTAL AND ELECTRONIC CLAIMS SUBMISSION SERVICE

INTRODUCTION

Medavie Blue Cross is pleased to offer a secure provider web portal allowing providers to conveniently submit prior approval requests and electronic claims submissions directly to us.*

Using self-explanatory, user-friendly and fully bilingual screens, the secure provider web portal and electronic claims submission service enables you to pre-determine what coverage is available to our mutual clients.

In most cases, it will also confirm the amount to be paid by Medavie Blue Cross directly to your office as well as the amount of co-pay to collect from the client, **if applicable**. Medavie Blue Cross will make payments to your office every second week either by cheque or direct deposit and will include a detailed payment summary.

Medavie Blue Cross does not charge the provider or the client for this service.
It's fast, it's easy and it will substantially reduce your paperwork!

NOTE: The electronic claims submission service is NOT available to dental and pharmacy providers. Dental providers may submit claims electronically through CDAnet or DACnet. Pharmacies may submit claims electronically through POSv.

The majority of our groups and individual members are eligible for the Electronic Claims Submission Service. This includes clients of Citizenship and Immigration Canada's Interim Federal Health Program.

The secure provider web portal and Electronic Claims Submission Service conform to the PIPEDA legislation mentioned in the online agreement.

COMPUTER AND INTERNET REQUIREMENTS

To take advantage of the provider web portal and Electronic Claims Submissions Service, all you will need is access to the Internet. Medavie Blue Cross does not require any special software for accessing the service nor is it designed to be integrated with any practice management or accounting software. Any costs associated with the provider's Internet access and computer hardware will not be the responsibility of Medavie Blue Cross.

REGISTERING FOR SITE ACCESS

Once your office has Internet access, simply complete the following steps to “**get connected**” to the secure provider web portal and **Electronic Claims Submission Service**:

Visit the secure Medavie Blue Cross provider website at <https://provider.medavie.bluecross.ca>.

MEDAVIE BLUE CROSS™ Login | Request Account | Français

► WELCOME

YOU ARE HERE» WELCOME

WELCOME

Welcome to the Provider Portal.

For provider inquiries only contact:
1-888-614-1880
Monday through Friday from 8:30 a.m. to 4:30 p.m. (in each Canadian time zone)

PROVIDER DOCUMENTS

Citizenship and Immigration Canada (CIC)

The Interim Federal Health Program (IFHP), funded by Citizenship and Immigration Canada (CIC), provides temporary health care coverage for the non-insured populations who are either awaiting an immigration decision, or who are resettling in Canada, in order to reduce risks to public health, ensure care for these populations and assist with their successful integration into Canadian society.

What's changing for IFHP providers with the new Medavie Blue Cross contract?

- Electronic claims submission service and real-time adjudication for all benefit lines;
- All prior approvals are processed by Medavie Blue Cross;
- New tools including:
 - Benefit grid that explicitly defines services and approval criteria;
 - New bilingual claim forms that can also be used for prior approvals;
 - Clients required to sign claim forms (or a printed statement from the electronic submission) which must be kept for 2 years.

[Guides](#)
[Forms and Agreements](#)
[Benefit Grid](#)
[Bulletins](#)
[ICD Codes](#)
[Contact Us](#)

Complete the online provider portal self-registration form. An e-mail address is mandatory to participate in this service. If your e-mail address changes, please advise us by updating your Provider Profile on the secure provider web portal to ensure our files remain accurate.

WELCOME

YOU ARE HERE: REQUEST ACCESS

REQUEST ACCESS

Please select whether you are requesting portal access for an individual or an organization and complete the form below.

*Request Provider Portal Access for...

*Requested Provider Programs Interim Federal Health Program (IFHP)

Information

*Organization

*Email

*Business Address

*City

*Province

*Postal Code

*Telephone (format: (999) 999-9999)

Fax Number (format: (999) 999-9999)

*Preferred Language of Correspondence English French

Professional Information

*Licensing Province

*License / Registration Number

*Specialty

Additional Information

(Fields marked with * are mandatory)

Reset Submit

You will be asked to agree to the Terms and Conditions Interim Federal Healthcare Program (IFHP) Providers.

Terms and Conditions

Interim Federal Healthcare Program (IFHP) Providers

The following Terms and Conditions apply to all Approved Providers who provide services to IFHP clients and who accept payment from Medavie Blue Cross for those services submitted as claims.

1. In order to be registered with Medavie Blue Cross, the Provider must be and remain qualified and entitled to practice professional services under the accepted guidelines of their provincial/territorial licensing body, as recognized by Medavie Blue Cross.
2. Provider must verify the eligibility status of each IFHP client **before** services are rendered.
3. The submission of claims to Medavie Blue Cross whether on paper or sent electronically is to be done in accordance with these Terms and Conditions, claim submission guidelines and all other procedures outlined in the Interim Federal Health Program Provider Information Handbook for Health Care Professionals and the Electronic Claims Submission Service Agreement.
4. Medavie Blue Cross will have the right to audit all data and documentation, including the right to conduct on-site audits relating to claims for the purposes of administering IFHP.

I have read and agree to the terms and conditions above.

Accept Cancel

Once your request is received, we will complete the internal steps necessary to grant you access to the provider web portal and to submit claims to us electronically. Please allow two (2) working days for this to be completed.

To ensure your security, Medavie Blue Cross will send you a User ID and a temporary password in two separate e-mails to the e-mail address provided at time of registration. Once you have received both e-mails, you will be able to access the secure provider web portal and the Electronic Claims Submission Service.

Please follow the instructions in the e-mails and complete the two reminder “security questions”.

You will be prompted to change your password as soon as you log on to the service.

NOTE: All new passwords **must** meet the following criteria:

1. Between eight and 50 characters long.
2. Cannot contain the User ID, First Name or Last Name.
3. Cannot contain three or more consecutive repeating characters.
4. Cannot be the same as any of the previous five passwords.
5. Must contain at least one character from three of these four groups:
 - Uppercase letter (A-Z)
 - Lowercase letter (a-z)
 - Number (0-9)
 - Special Character (!#\$'()*,-./:;=?[^_`{|}~)

Should you incorrectly key your password three times or more, your password is automatically disabled as a security measure. A representative from the Medavie Blue Cross Help Desk will be able to reset your password for you. This service is available Monday to Friday, 8 a.m. to 5 p.m. local time by calling 1-888-819-3030.

IMPORTANT NOTE: EACH provider is required to submit claims using only HIS/HER respective provider number regardless of whether they are employed by or work in the same clinic or location.

HOW TO SUBMIT CLAIMS TO MEDAVIE BLUE CROSS

Visit our website at <https://provider.medavie.bluecross.ca>.



[Login](#) | [Request Account](#) | [Français](#)

► WELCOME

Enter your User ID and assigned password sent to you by Medavie Blue Cross.

YOU HAVE ACCESSED A SECURE SITE.

By logging in, you acknowledge and continue to accept the Terms and Conditions of this site.

PLEASE SIGN IN TO GAIN ACCESS.

User Name:

Password:



Enter your new password. We recommend you change your password every three (3) months for security reasons, as well as any time there is a change in office staff.

Click on “Accept” for the *Provider Web Portal Agreement and Electronic Claims Submission Agreement*.

 [Logout](#) | [Manage Profile](#) | [Update Provider Specialty](#) | [Change Password](#) | [Français](#)

[WELCOME](#) | [CLAIMS](#) | [SPECIAL AUTHORIZATION](#) | [INQUIRY](#)

YOU ARE HERE: [WELCOME](#) | YOU ARE LOGGED IN AS:) | YOUR PROVIDER ID IS:

TERMS OF USE

**MEDAVIE INC.
PROVIDER WEB PORTAL AGREEMENT**

As a condition of use of the Medavie Blue Cross Provider Web Portal, the following terms and conditions of the Medavie Inc (herein referred to as Medavie Blue Cross) Confidentiality Agreement must be read and adhered to. The term "Confidential Information" includes, but is not limited to, any personal information about an identifiable individual. This includes any medical, financial or other personal information obtained during the course of our business relationship which identifies a specific individual, group or program.

Medavie Blue Cross and their affiliates recognize the inherent right to privacy of their clients, and their obligation to preserve the confidentiality of information concerning clients and have safeguards in place to ensure that this data is protected.

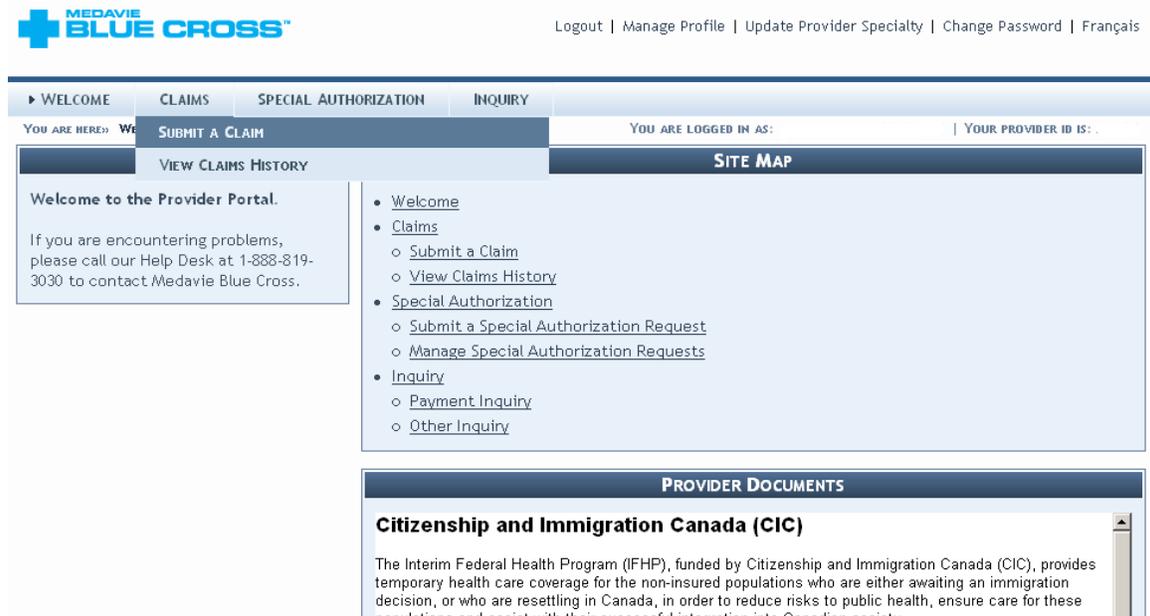
Use of this website by the Provider or their representative indicates acceptance of this Agreement by the Provider on whose behalf the website is being accessed (hereinafter called the "Provider"). Medavie Blue Cross will consider any use of the website as an act of part performance that is binding on the Provider or the representative using the website on the Provider's behalf.

It is the duty of each Provider to protect and safeguard confidential information gained through the use of this website. Failure to abide by this Confidentiality Agreement or any related policies may lead to immediate termination of access to the Provider Web Portal. . Each individual assigned access to the website must agree to the following:

1. not to communicate, divulge or disclose Confidential Information, gained through access to the website without the consent of the person or legal guardian to whom the information pertains.

Note: It is the Provider’s responsibility to read this agreement carefully. It outlines the terms and conditions for submitting claims directly to Medavie Blue Cross via our provider web page. **Please note the agreement becomes a legally binding document after your office clicks to accept the online version the first time you log on to the system.** The agreement is available for future reference as a hyperlink on our provider web page.

To adjudicate a claim through the Medavie Blue Cross Electronic Claims Submission Service, click on the “Claim” tab, and select “Submit a Claim”. You may also “View Claims History” by service date and/or client ID number for up to three months.



CLAIM SUBMISSIONS

Claims **MUST BE SUBMITTED** using the provider number of the provider who personally rendered the service. Providers should not submit claims to Medavie Blue Cross for services that do not fall within their scope of practice.

If you work from more than one location, a separate approved provider number is required for each location. If using the provider web portal at multiple locations, a separate User ID and password are also necessary for each location.

In the “Patient Identification” window, enter the client’s policy number and/or Client ID number. Answer the Co-ordination of Benefits question. Click on the “Select a Service” to choose the appropriate service and enter details of the service as directed by the system. Review details of services and, if needed, changes may be made on the page.

WELCOME | CLAIMS | SPECIAL AUTHORIZATION | INQUIRY

YOU ARE HERE: CLAIMS » SUBMIT A CLAIM

YOU ARE LOGGED IN AS: [User Name] | YOUR PROVIDER ID IS: [ID]

SUBMIT A CLAIM

Patient Identification

Identification Number ?

*: Mandatory field.

Provider Information

Name

Address

Phone

Email

Verify the appropriate client is selected and the details of the claim.

If prompted by the system, answer the accident and Worker’s Compensation Board (WCB) questions by selecting “Yes” or “No”. Date of physician referral is required and is only valid for **one** year following that date. For audit purposes, a copy must be kept on file by the provider for a period of two years.

WELCOME | CLAIMS | SPECIAL AUTHORIZATION | INQUIRY

YOU ARE HERE: CLAIMS » SUBMIT A CLAIM

YOU ARE LOGGED IN AS: [User Name] | YOUR PROVIDER ID IS: [ID]

SUBMIT A CLAIM

Patient Information

Patient

Identification Number

Provider Information

Name

Address

Phone

Email

Services | Documents | Pre-Determination

Coordination of Benefits

Does the patient have other Health Coverage? Yes No

Invoice Number

Name of Referring Prescriber

Claim Related to an Accident?

Is this claim a result of an accident where a third party is involved? Yes No

If 'Yes', has it been reported to Medavie Blue Cross? Yes No

Worker's Compensation Board

Is this claim eligible through the Worker's Compensation Board? Yes No

Services

*Select a service...

*: Mandatory field.

Enter date and amount of service. Complete a brief diagnosis or input the International Classification of Diseases (ICD) Code (ICD Code is required for IFHP claims). Click “Add”.

The screenshot shows a web form for entering claim information. At the top, there is a header bar with the text "Blue Crossed Working for (2011) Right". Below this, there are four input fields: "*Date: (DD/MM/YYYY)" with the value "07/01/2011", "*Amount:" with "70.00", "*Occurrences:" with "1", and "*ICD Code:" with "Y997". To the right of the ICD Code field, there is a small note: "Blood alcohol level of 0.08-0.09 g/100 ml". Below these fields is a section titled "Additional Information" with a text area and a "Space Available:: 100 %" indicator. At the bottom right of the form are two buttons: "Cancel" and "Add".

Any supporting documentation required to accompany the electronic claims may be attached and submitted electronically.

The screenshot displays the "SUBMIT A CLAIM" page on the Medavie Blue Cross website. The top navigation bar includes the Medavie Blue Cross logo and links for "Logout", "Manage Profile", "Update Provider Specialty", "Change Password", and "Français". Below the navigation bar, there are tabs for "WELCOME", "CLAIMS", "SPECIAL AUTHORIZATION", and "INQUIRY". The "CLAIMS" tab is active, and the breadcrumb trail shows "YOU ARE HERE: CLAIMS >> SUBMIT A CLAIM". The page is titled "SUBMIT A CLAIM" and shows the user is logged in as a provider. The form is divided into two main sections: "Patient Information" and "Provider Information". The "Patient Information" section includes fields for "Patient" and "Identification Number". The "Provider Information" section includes fields for "Name", "Address", "Phone", and "Email". Below these sections are three tabs: "Services", "Documents", and "Pre-Determination". The "Documents" tab is selected, and it shows a message: "Maximum 10 documents per claim." and "Attach Documents". Below this, there is a text box with the instruction: "You can attach documents (pdf, images, etc.) by clicking on the browse button." and a "Browse..." button. To the right of the "Browse..." button is an "Upload" button. At the bottom right of the form are two buttons: "Previous Step" and "Next Step". At the very bottom right is a "Cancel Claim" button.

When all treatments have been added to the claim, review the claim summary. If the information is correct in the claim summary box, click “Next Step”. There are some instances when a claim cannot be processed electronically. You will receive notification if required to submit the claim manually.

Services | Documents | Pre-Determination

Coordination of Benefits
 *Does the patient have other Health Coverage? Yes No

Invoice Number: 123
 Name of Referring Prescriber: _____

Services
 *Select a service... [dropdown]

Claim Type	Service Date	Service Code - Description	ICD Code - Description	Total	Revise
Audiologist	12 Jan 2011	██████████	██████████	70.00	

*: Mandatory field.

Next Step | Cancel Claim

The Pre-Determination Result screen will appear. Select “Previous Step”, “Process Claim” or “Cancel Claim” as desired.

Services | Documents | **Pre-Determination**

Note: The information displayed below is a simulation of what will be adjudicated when the "Submit Claim" button is selected.

Pre-Determination Results
 Transaction Date: 12 Jan 2011

Claim Type	Service Date	Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Audiologist	12 Jan 2011	██████████	70.00	0.00	0.00	70.00	100%	70.00	
Totals			70.00	0.00	0.00	70.00		70.00	

Previous Step | Submit Claim

Cancel Claim

A window will pop up stating the following:

Submit Claim

Click 'Yes' to submit the claim to Medavie. Otherwise click 'No'.

Yes | No

Once you have adjudicated the claim, a “Claim Payment Result” screen will be displayed. This page can be used as an official receipt. You will be prompted to print the screen and should print two copies.

Patient Information		Provider Information							
Patient Identification Number		Name							
		Address							
		Phone							
Claim Results									
Transaction Date		11 Jan 2011							
Claim ID		11011-T0017							
Claim Type	Service Date	Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Audiologist	07 Jan 2011		70.00	0.00	0.00	70.00	100%	70.00	
Totals			70.00	0.00	0.00	70.00		70.00	

The purpose for the collection of personal information by Medavie Blue Cross will be solely for the administration of IFM services and benefits. Medavie Blue Cross will comply with the requirements of the Personal Information Protection and Electronic Documents Act and the Privacy Act when collecting, using and disclosing personal information. Personal information will not be disclosed to third parties except as authorized by law.

I certify that the information above is accurate and the services described above have been received.

Signature _____ Date _____

You must ask the client to **sign** the two copies of the Claims Payment Result screen. For audit purposes, providers are required to keep one copy in the client’s file for at least two years and provide one copy to the client to be used for income tax purposes or for submission to a secondary insurance carrier. This screen can be printed in the client’s language of choice and contains the Medavie Blue Cross privacy statement as on our paper claim forms.

NOTE: Providers may submit Medavie Blue Cross claims through the Electronic Claims Submission Service for a period of up to One Hundred and eighty (180) days following the date of service. Hours of operation for claim submission through the Electronic Claims Submission Service are between 7 a.m. and 12 a.m. (Atlantic Time), seven (7) days per week.

PRE-AUTHORIZATION (PRIOR APPROVAL)

For some services, pre-authorization or prior approval may be required. This service is available to all provider types, including pharmacies and dental providers.

Select the “Special Authorization” tab on the screen. Enter the details of the claimant, product/service, price, etc. If any supporting documentation is required, you will be prompted to submit this along with the request.

Prior approval submission through the Electronic Claims Submission Service is available 24 hours per day, seven (7) days per week.

MEDAVIE BLUE CROSS Logout | Manage Profile | Update Provider Specialty | Change Password | Français

WELCOME CLAIMS **SPECIAL AUTHORIZATION** INQUIRY

YOU ARE HERE: SPECIAL AUTHORIZATION » **SUBMIT A SPECIAL AUTHORIZATION REQUEST** YOU ARE LOGGED IN AS: YOUR PROVIDER ID IS:

SUBMIT A SPECIAL AUTHORIZATION REQUEST

Patient Identification

*Identification Number ?

*: Mandatory field.

Provider Information

Name
Address
Phone
Email

WELCOME CLAIMS **SPECIAL AUTHORIZATION** INQUIRY

YOU ARE HERE: SPECIAL AUTHORIZATION » **SUBMIT A SPECIAL AUTHORIZATION REQUEST** YOU ARE LOGGED IN AS: YOUR PROVIDER ID IS:

SUBMIT A SPECIAL AUTHORIZATION REQUEST

Patient Information

Patient
Identification Number

Provider Information

Name
Address
Phone
Email

Service + Documents

Name of Referring Prescriber

Service

For each special authorization request only one service can be sent.
A request has to be created for every service requiring a special authorization.

*Select a service...

Claim Type	Description	ICD Code - Description	Total	Treatment End Date	Revise
Assistive Devices - Hearing			500.00	28 Jan 2011	<input type="button" value="edit"/> <input type="button" value="delete"/>

*: Mandatory field.

WELCOME CLAIMS SPECIAL AUTHORIZATION INQUIRY

YOU ARE HERE: SPECIAL AUTHORIZATION » MANAGE SPECIAL AUTHORIZATION REQUESTS YOU ARE LOGGED IN AS: YOUR PROVIDER ID IS:

MANAGE SPECIAL AUTHORIZATION REQUESTS

Request ID	Request Status	Date Submitted	Last Update	Policy ID	Patient ID	Patient First Name	Patient Last Name	Action
		05 Dec 2010	05 Dec 2010					

1 results - Page 1 / 1

Request Status - Legend

-  Sent: The request for Special Authorization has been successfully sent.
-  Review In Progress: Review In Progress
-  Request Additional Information: Some Information is required. Select the request for the explanation.
-  Sent With Additional Information: The information requested has been provided.
-  Approved: The request has been approved. The claim can be created and submitted.
-  Denied: The request has been denied.

[New Search](#)

Once your special authorization request is submitted, it will be reviewed by Medavie Blue Cross and you will be contacted via e-mail with the outcome.

CLAIM REVERSALS

If information on a claim is keyed incorrectly, the claim may be reversed, voided or adjusted. Please call our toll-free line:

**Provider Inquiries for Interim Federal Health Program (IFHP) only-
1-888-614-1880 anywhere in Canada (8:30 a.m. to 4:30 p.m. local time)**

or contact us via e-mail at CIC_Inquiry@medavie.bluecross.ca

Please allow two business days for reversals.

To assist the Customer Information Representative, please have the following information available when calling about a claim reversal:

1. Client's ID number
2. Client name
3. Provider number
4. The date of service

PAYMENT SUMMARY

Provider payments for eligible services are processed every second week. A payment summary reconciliation will accompany all provider payment cheques. The summary includes all Medavie Blue Cross and other Government Programs claim submissions. IFHP Payment Summaries will be issued separately every second week.

Direct deposit is available for approved health care providers who submit claims through our Electronic Claims Submission Service. We will continue to issue payments every second week and you will receive your payment summary by mail. To apply for direct deposit with Medavie Blue Cross, download an application form from the provider section of our website at <https://provider.medavie.bluecross.ca>.

EXCEPTIONS

Due to the complex adjudication requirements necessary to process claims, a limited number of our client groups will not be eligible for processing claims through the Electronic Claims Submission Service. To identify these groups at the time of claim entry, you will receive the following message when you key in the policy and/or client ID numbers: **<The policy entered is not permitted for electronic claim submission>**.

This service is NOT available to Veterans Affairs Canada (VAC) clients or members of the Royal Canadian Mounted Police (RCMP) or Canadian Forces (CF) but IS available for clients of the Citizenship and Immigration Canada's Interim Federal Health Program.

SECURITY FEATURES

Encryption Information

Encryption is the transformation of data into a form unreadable by anyone without a secret decryption key. Its purpose is to ensure privacy by keeping the information hidden from anyone for whom it was not intended. Medavie Blue Cross uses 128-bit encryption. In order to view our website, you must have a 128-bit encryption level web browser. Please follow your [encryption checker](#) instructions to verify your current browser version and encryption level.

Secure Login

For your protection, we require that you login to secure areas of our website using your User ID and Password. Your Password should be kept secure at all times because it is used to help verify your identity before you are permitted access to your personal information. If you are unable to provide the correct Password, you will not be granted access.

Timed Logout

Our systems are designed to automatically terminate a secure online session if extended inactivity is detected. If your connection is inactive for more than 30 minutes, your connection will be terminated and you will be required to repeat your login to this site.

PROVIDER WEB AGREEMENT AND ELECTRONIC CLAIM SUBMISSION AGREEMENT

The *Provider Web Agreement* and *Electronic Claims Submission Agreement* outlines the terms and conditions you must accept before using the secure provider web portal or submitting claims directly to Medavie Blue Cross via our Electronic Claims Submission Service. Please note the agreement becomes a legally binding document after you click to accept the online version the first time you log on to the Electronic Claims Submission Service.

Providers are required to review the agreement regularly and make note of the effective date. The agreement may be updated from time to time and it is the responsibility of the provider to be familiar with the updated terms and conditions of the agreement.