

VERSION 2.0
NOVEMBER 2021

Provider Portal User Manual

Therapists & Health Providers



Table of Contents

- 1. Introduction.....1
- 2. Registering for the Provider Portal2
 - Step 1: Requesting Access.....2
 - Step 2: Setting up your Account.....3
 - i. Changing Your Password.....4
 - ii. Accepting Terms and Conditions5
 - iii. Setting up your Challenge Questions.....6
 - iv. Accepting the Provider Electronic Claim Submission Agreement7
- 3. Submitting Claims7
 - i. Patient Program.....8
 - ii. Patient Search8
 - iii. Enter Claim Information9
 - iv. Submit Claim 10
 - v. Print Payment Results..... 10
- 4. Managing Your Profile..... 11

1. Introduction

With our Provider Portal, select Health Professionals will be able to electronically submit claims to Saskatchewan Blue Cross. Reimbursement of eligible expenses will be made directly to the provider of service (every 2 weeks) so that your patients pay only the portion of their services not covered by their benefits plan. We hope you and your patients will find this service to be easy and efficient.

We share your concern about your patient's privacy and confirm that the Provider Portal conforms to the PIPEDA legislation as indicated in the Online Agreement

Computer and Internet Requirements

To take advantage of the Provider Portal, all you need is access to the Internet. You do not require any special software for accessing the Provider Portal, nor is it designed to be integrated with practice management or accounting software. The portal can be accessed using the latest version of one of the web browsers below:

- Microsoft Edge
- Google Chrome
- Firefox

Hours of Availability

Hours of availability for claim submission through the Provider Portal are from:

- 6:00 a.m. to 10:00 p.m. Monday to Saturday
- 6:00 a.m. to 6:30 p.m. on Sundays

2. Registering for the Provider Portal

Step 1: Requesting Access

To register for the Provider Portal, visit the web address below to request an account.

<https://secure.medavie.bluecross.ca/pcp/en/request-account>

Complete the Provider Portal request account registration form. You must be a registered provider in your province and an email address is needed to participate in the service. If your email address changes, please advise us by updating your Provider Profile on the secure portal to ensure our files remain accurate.

Professional Information

Provider Type *

Message Therapist x ↕

Practising Province *

Saskatchewan x ↕

College / Association

Enter the name of your association or college. If you are unsure, please [download the College or Association Guide \(PDF\)](#)

MTAS

License / Registration Number

12345

Blue Cross Provider Number (if applicable)

Provider Information

First Name *

John

Last Name *

Doe

Business Name

Contact Name

Email *

john.doe@email.com

Confirm Email *

john.doe@email.com

Business Address 1 *

123 Main St

Business Address 2

City *

Anytown

Province *

Saskatchewan x ↕

Postal Code *

S0A 0A0

Phone Number *

(306) 123-4567

Fax Number

(306) 123-4567

Preferred language *

English French

Payment direction *

Pay to Clinic - The cheques will be made payable in the name of the clinic.
 Pay to Professional - The cheques will be made payable in the name of the individual professional

Note: You will need to submit claims using your User ID.

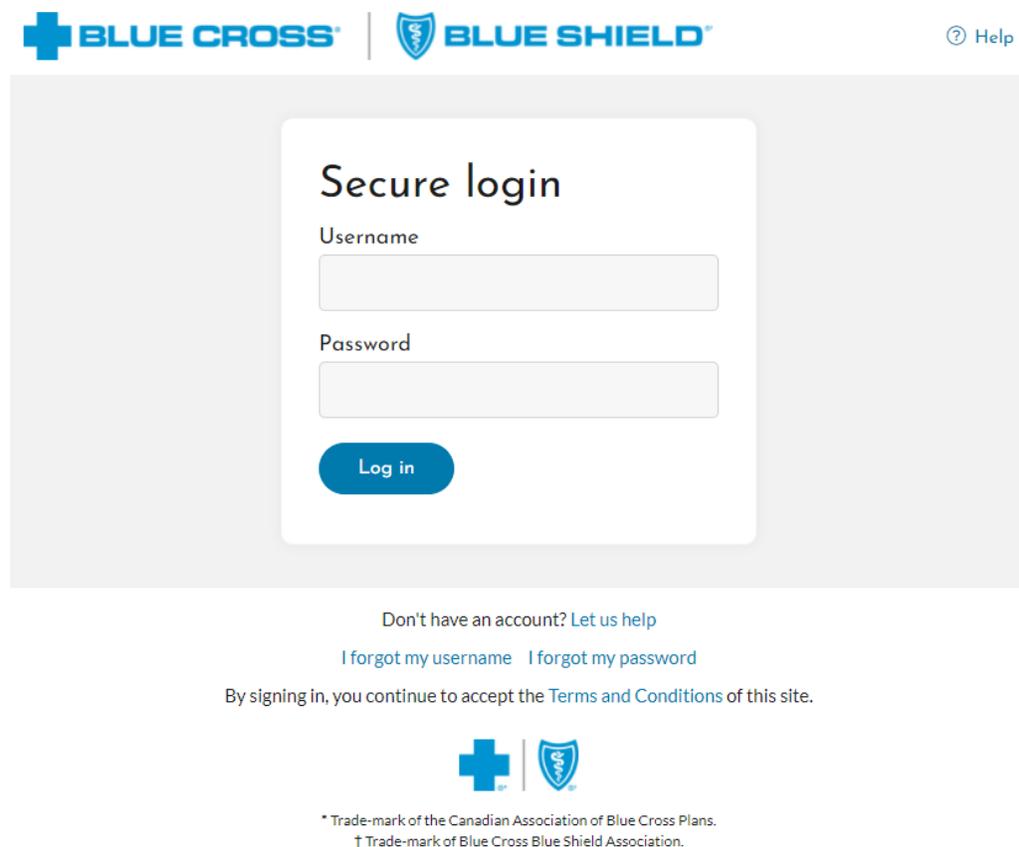
Once Saskatchewan Blue Cross receives your request, we will complete the internal steps necessary to grant you access to submit claims to us electronically. Please allow two (2) business days for this to be completed.

Saskatchewan Blue Cross will then send you a User ID and a temporary Password in two (2) separate emails to the email address provided at time of registration. This information will grant you access to our Provider Portal. Please change your Password as soon as you log on to the service. This will ensure that your access remains secure.

Step 2: Setting up your Account

Once you have received your User ID and Password, visit the web address provided below to login.

<https://secure.medavie.bluecross.ca/pcp>



BLUE CROSS | BLUE SHIELD Help

Secure login

Username

Password

[Log in](#)

[Don't have an account? Let us help](#)

[I forgot my username](#) [I forgot my password](#)

By signing in, you continue to accept the [Terms and Conditions](#) of this site.

* Trade-mark of the Canadian Association of Blue Cross Plans.
† Trade-mark of Blue Cross Blue Shield Association.

Upon first login, you will be prompted with a series of initial steps before you can submit your first claim. These steps will include:

- i. Change Your Password
- ii. Accept Terms and Conditions
- iii. Setup Challenge Questions
- iv. Accept Provider Electronic Claim Submission Agreement

i. Changing Your Password

To change your password, you will need to re-enter your temporary password, and enter and confirm a new one. Your new password will need to meet certain requirements which are shown in the image below.

A screenshot of a web form titled "Create a new password". The form is white with rounded corners and is set against a light gray background. At the top, the title "Create a new password" is displayed in a large, black, sans-serif font. Below the title, the section "Password requirements" is listed with several bullet points: "between 15 and 50 characters long", "must not repeat a character more than 3 times (e.g. you can't use 'Baaaa1')", "must contain 3 of the following:" (with sub-bullets for lowercase letter, uppercase letter, digit, and special character), "cannot contain your username, first name or last name", and "cannot be the same as any of your previous twenty four passwords". Below the requirements are three input fields: "Existing password", "New password", and "Confirm new password". Each field is a light gray rectangle with a thin border and contains a series of black dots representing masked text. At the bottom of the form are two buttons: a solid blue "Continue" button and a white "Cancel" button with a blue border.

Note: You will be able to change your password at any time using the **Update Profile** option located in the upper right corner of your screen. This option will be reviewed later in the manual.

ii. Accepting Terms and Conditions

Next, you will need to read the **Terms and Conditions** of the site, and check the acknowledgement and acceptance box located at the end of the agreement. By accessing or using the site, you declare having read the agreement and understand your obligations and responsibilities.

  Help

You must accept the Terms & Conditions to continue

End User Agreement

User's Responsibilities

This agreement is between Medavie Blue Cross ("Blue Cross") and the user ("You" or "Your") of the web portals, web applications, interfaces, tools and systems made available by Blue Cross through this website (collectively, and individually, "site").

If You are a user of the Group Administrator or the Health Professional secure sections of this site, "Blue Cross" refers to the organization that issues the benefit plan or policy of insurance of which You are the group administrator or of which Your client is a member or participant. More particularly, "Blue Cross" refers either to Medavie Blue Cross or Saskatchewan Blue Cross.

By accessing or using the site provided by Blue Cross, You agree to the following terms and conditions. These terms and conditions incorporate:

- The Blue Cross privacy statement (available here: <https://www.medavie.bluecross.ca/privacy> and <http://www.sk.bluecross.ca/privacy>) and
- The Blue Cross website legal notice (available here: <https://www.medavie.bluecross.ca/legal> and <http://www.sk.bluecross.ca/legal/>).

(2) This agreement will be governed by the laws applicable in the Canadian jurisdiction that governs any applicable benefit plan or policy of insurance with Blue Cross, or any applicable program administered by Blue Cross. In the absence of such a benefit plan or policy, or if multiple benefit plans or policies are applicable and are subject to differing jurisdictions, this agreement shall be governed by the laws applicable in the province of New Brunswick. You irrevocably submit to the jurisdiction of the applicable courts in such jurisdiction. The parties hereby waive any right to a jury trial.

(3) You agree that each and every term of this agreement is of the essence. If any one or more of the provisions contained in this agreement should be declared invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions contained in this agreement shall not in any way be affected or impaired so long as the commercial, economic and legal substance of the transaction contemplated hereby are not affected in any manner materially adverse to any Party. Upon such a declaration, the Parties shall modify this Agreement so as to carry out the original intent of the Parties as closely as possible in an acceptable manner so that the purposes contemplated hereby are consummated as originally contemplated to the fullest extent possible.

By accessing or using the site, You declare having read this agreement and understood Your obligations and responsibilities hereunder.

I acknowledge and accept these terms and conditions

P

iii. Setting up your Challenge Questions

Next, you will be asked to choose five (5) challenge questions from the **Setup Challenge Questions** form. These questions will be used in the event you have forgotten your password.

Almost done!

Set up your security questions

Choose five questions and provide easy-to-remember answers. We'll use these questions to help you if you forget your password.

Select question 1

Your answer

Select question 2

Your answer

Select question 3

Your answer

Select question 4

Your answer

Select question 5

Your answer

Continue

Note: The answers provided are not case sensitive and will revert to lower case letters.

iv. Accepting the Provider Electronic Claim Submission Agreement

Next, you will be asked to read and agree to the Provider Electronic Claim Submission Agreement. This Agreement outlines the conditions for submitting claims directly to Saskatchewan Blue Cross via our Provider Portal.

The screenshot shows the 'Provider' portal interface. At the top, it says 'Welcome, VISI TEST' and 'Update Profile | Logout | Français'. Below this is a navigation bar with 'Your Secure Portal' and the 'BLUE CROSS' logo. A secondary navigation bar contains 'Claims', 'Pre-Authorization', 'Inquiry', 'Documents', 'Billing Agreement' (which is highlighted), and 'Contact Us'. The main content area is titled 'Agreements' and contains the following text: 'As a condition of using the Blue Cross Electronic Claims Submission Service, the following agreements must be adhered to. Failure to comply could result in termination of access to the service, or termination of approved status as a Blue Cross service provider. It is the responsibility of the provider to become familiar with any updates to the Agreement.' Below this is a checkbox labeled 'Provider Electronic Claim Submission Agreement' which is currently unchecked. Underneath the checkbox is a statement: 'I have read the above agreements and understand that by clicking "I Agree" below and proceeding to submit claims, I am agreeing to the above agreements.' At the bottom of this section is a button labeled 'I Agree'. On the right side of the page, there is a vertical 'Feedback' button.

Note: The Provider Electronic Claim Submission Agreement can be accessed any time selecting the Billing Agreement option within the portal.

3. Submitting Claims

Once you have logged in successfully, the portal will advance you to the **Submit a Claim** option.

Claims must be submitted based on the User ID of the provider who personally rendered the service. Providers should not submit claims to Saskatchewan Blue Cross for services that do not fall within their credentials. If you work from more than one location, a separate User ID and Password will need to be used for each location.

Claims can be submitted to Saskatchewan Blue Cross through the Provider Portal within ninety (90) days from the date of service. After this period of time, members will need to submit their claims directly to Saskatchewan Blue Cross.

To submit a claim, the following information will be asked:

- Patient's Policy and Identification Number (found on the Member's Identification Card)

- Details of services provided including the date of the service, type of service, and amount

The steps to submit a claim are described below:

i. Patient Program

To submit a claim, first select the program the patient is registered under.

The screenshot shows the 'Submit a Claim' form in the 'Your Secure Provider Portal'. The navigation bar includes 'Claims', 'Pre-Authorization', 'Payment Summaries', 'Links', and 'Contact Us'. The breadcrumb trail is 'Provider Portal Home / Claims / Submit a Claim'. The form title is 'Submit a Claim' with a note '* Indicates a required field'. The form is divided into two main sections: 'Provider Information' and 'Patient Identification'. The 'Provider Information' section contains a table with the following data:

Provider	Address	Phone
MESSAGE TEST	516 2ND AVE N SASKATOON, SK	(306)
Provider Number	S7K 2C5	Email

The 'Patient Identification' section features a dropdown menu for 'Program *'. The dropdown is open, showing the following options: 'Please select...', 'Canadian Armed Forces (CAF)', 'Royal Canadian Mounted Police (RCMP)', 'Saskatchewan Blue Cross' (highlighted), and 'Veterans Affairs Canada (VAC)'. At the bottom of the page, there is a footer with the Blue Cross logo and text: 'Medivie Blue Cross is a member of the Canadian Association of Blue Cross Plans. *Trade-mark of the Canadian Association of Blue Cross Plans. †Trade-mark of the Blue Cross Blue Shield Association. All rights reserved. ©2021 Medivie Blue Cross | Legal | Privacy | Cookies | User's Responsibilities'.

ii. Patient Search

After selecting the type of program, search for the patient by entering the **Patient Identification** information as it appears on the member Identification Card.

The screenshot shows the 'Patient Identification' search form. It includes the following fields and controls:

- Program ***: A dropdown menu with 'Saskatchewan Blue Cross' selected.
- Policy ***: A text input field containing '0012345000'.
- Identification Number ***: A text input field containing '12345678900'.
- Submit**: A button to submit the search.
- Clear**: A button to clear the search fields.

iii. Enter Claim Information

Once you have verified that the appropriate patient is shown in the **Patient Information** box, enter the related claims information. Enter the date of service, choose a service from the drop down box, and enter the amount; select **Next Step** to proceed.

Submit a Claim

* Indicates a required field

Provider Information

Provider	Address	Phone
MESSAGE TEST	516 2ND AVE N	(306)
Provider Number	SASKATOON, SK	Email
	S7K 2C5	

Patient Information

Patient *

JOHN DOE - 17 Jun 1980 x

Program	Policy	Identification Number
Saskatchewan Blue Cross		

Claim Related to an Accident?

Is this claim a result of an accident where a third party is involved? *

Yes No

Referral Information

Prescribed by a Physician *

Yes No

Coordination of Benefits

Does the patient have other Health Coverage? *

Yes No

Claim Details

Specialty

Message Therapist

Services

Description *	Date * (DD/MM/YYYY)	Amount *
02801 - Acute Impairment Care x	DD/MM/YYYY	

Remove Service

Add Another Service

Next Step Cancel Claim

iv. Submit Claim

You should now see claim details and a pre-determination of amounts payable by Saskatchewan Blue Cross. At this point, the claim has not yet been submitted and you can return to the previous step or cancel the claim.

Otherwise, to finalize your submission, select **Submit Claim** and choose **Yes** to complete the claims submission.

Pre-Determination Results

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

Claim Results

Transaction Date	Claim ID
04 Nov 2021	2021308-A5772

Provider Information

Provider	Address	Phone	Email
MASSAGE TEST	516 2ND AVE N SASKATOON, SK	(306) 667-5823	
Provider Number	S7K 2CS		
40391			

Patient Information

Name	Program	Policy	Identification Number
JOHN DOE - 17 Jun 1980	Saskatchewan Blue Cross		

Claim Type	Service Date	Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Massage Therapy	01 Nov 2021	Acute Impairment Care	\$55.00	\$0.00	\$0.00	\$55.00	100%	\$55.00	
Totals			\$55.00	\$0.00	\$0.00	\$55.00		\$55.00	

Total Billed: \$55.00
- Blue Cross Pays: \$55.00
Patient Pays: \$0.00

[Submit Claim](#) [Previous Step](#) [Cancel Claim](#)

v. Print Payment Results

If you require a copy of the **Claim Payment Result** for your records, or the member requires an official receipt for coordination of benefits purposes, select **Print Claim** to proceed. If no copy is required, please select **Done** to complete the submission.

4. Managing Your Profile

You have the ability to update your own profile. Simply select **Update Profile** in the upper right hand corner of the portal to proceed. You will be directed to another website.

You will then have the opportunity to do the following:

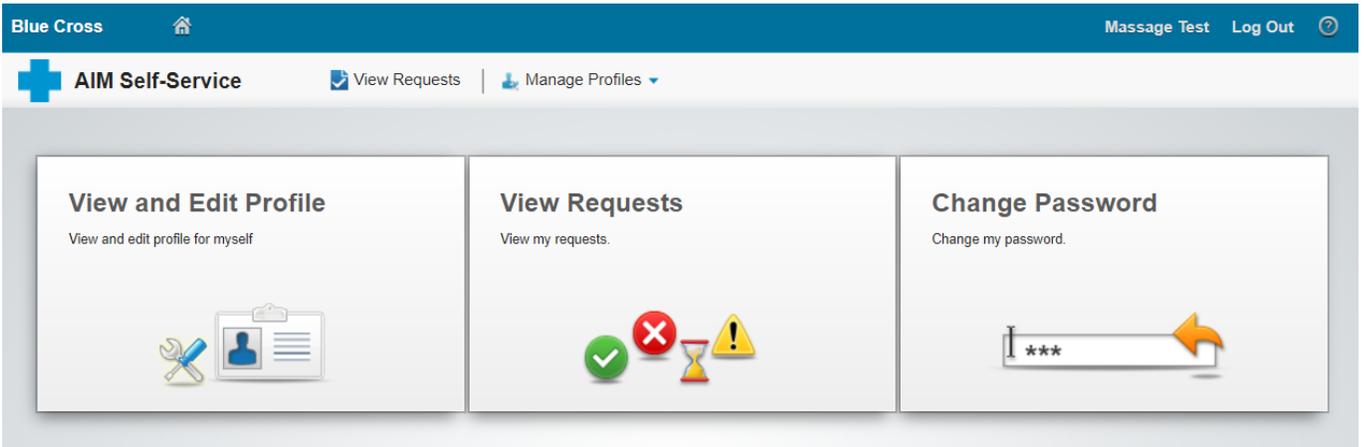


Update Profile

Please note, to manage your profile and ensure your information is secure, you will be directed to another website.

The language used for this website will be English or French depending on the language setting of your browser.

- View and Edit Profile (mailing address, billing address, contact information, etc.)
- View Requests (previous requests you have recently submitted)
- Change Password



Every time your profile is modified, a request will be sent to Saskatchewan Blue Cross for processing. A notification will be emailed to you at the email address indicated on your profile, to advise you of any changes made to your profile.

We hope that you will find the Provider Portal a helpful tool for your patients and your business. Should you have any feedback, please feel free to contact us at 1-800-667-6853