

VERSION 2.0
NOVEMBER 2021

Provider Portal User Manual

Vision Care



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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.

Account Registration

Please note: **The application will timeout after 30 minutes of inactivity.**

Professional Information

Provider Type *
Vision (Eye) Care Services x ▾

Specialty *
Optometrist 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 \(PDF\)](#)

License / Registration Number **Blue Cross Provider Number (if applicable)**

Provider Information

First Name * John **Last Name *** Doe

Business Name **Contact Name** John Doe

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** () -

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.

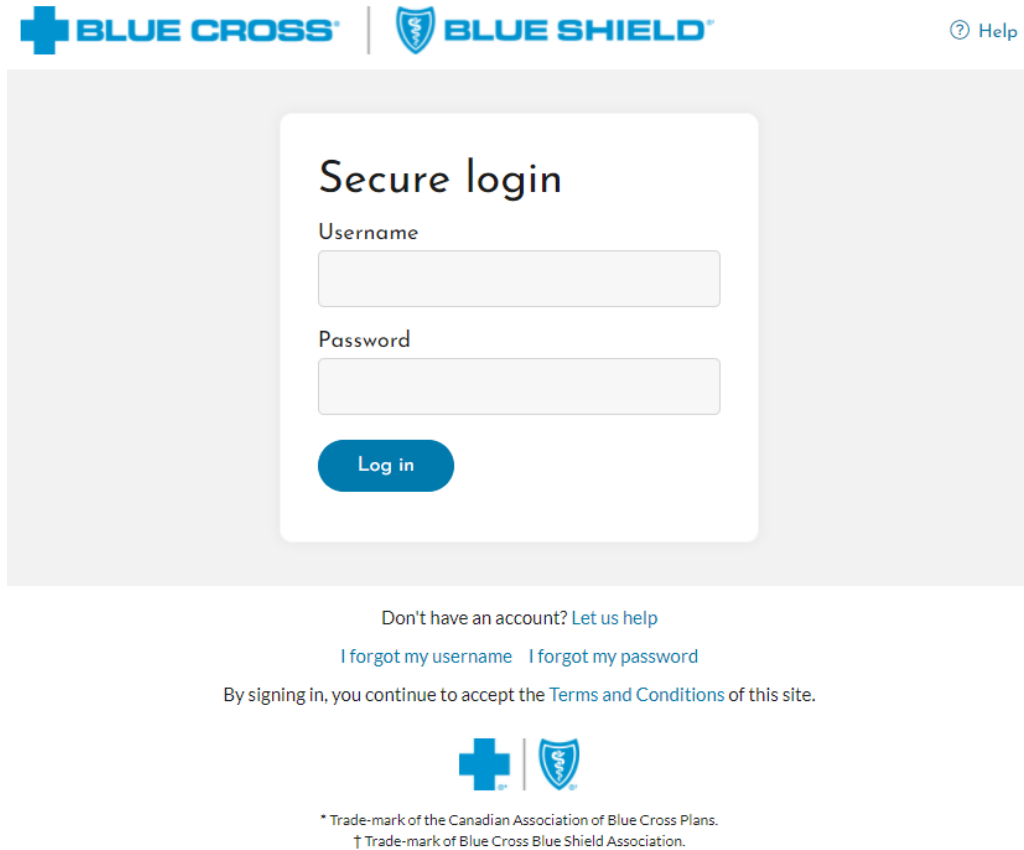
Once Saskatchewan Blue Cross receives your request, we will complete the internal steps necessary to grant you access to submit claims to us electronically. Please allow two (2) business days for this to be completed.

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.

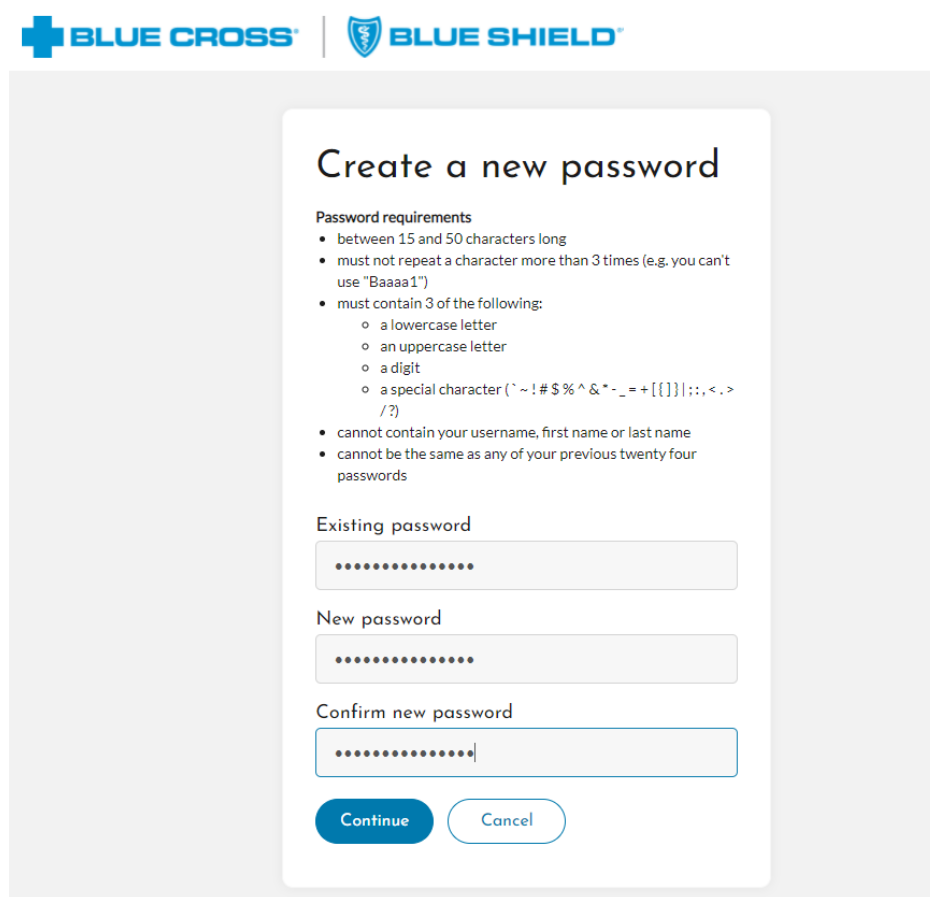
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Upon first login, you will be prompted with a series of initial steps before you can submit your first claim. These steps will include:

- 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.



BLUE CROSS | **BLUE SHIELD**

Create a new password

Password requirements

- 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:
 - a lowercase letter
 - an uppercase letter
 - a digit
 - a special character (~ ! # \$ % ^ & * - _ = + [{ } | : ; , < . > / ?)
- cannot contain your username, first name or last name
- cannot be the same as any of your previous twenty four passwords

Existing password
.....

New password
.....

Confirm new password
.....|

Continue **Cancel**

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.

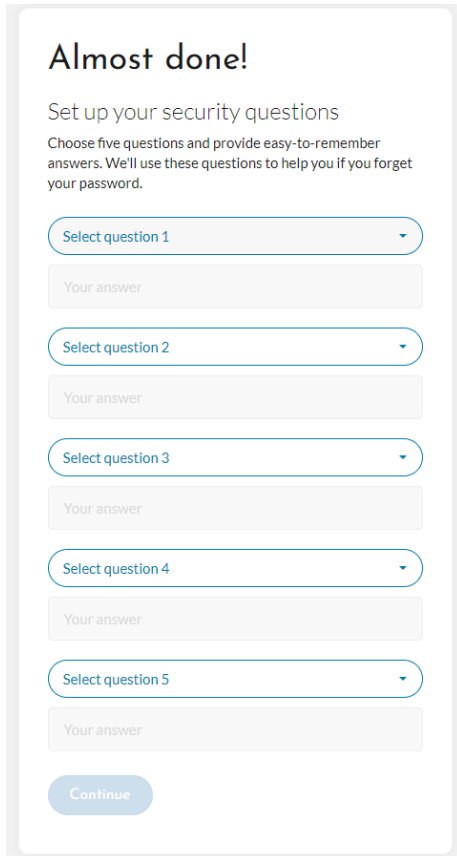
I acknowledge and accept these terms and conditions

Accept

Decline

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.



The screenshot shows a mobile-style form titled "Almost done!". Below the title is the instruction "Set up your security questions" and a sub-instruction: "Choose five questions and provide easy-to-remember answers. We'll use these questions to help you if you forget your password." The form contains five identical rows, each with a dropdown menu labeled "Select question 1" through "Select question 5" and a corresponding text input field labeled "Your answer". At the bottom of the form is a blue "Continue" button.

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 Blue Cross Provider Portal interface. At the top, there is a blue header with the word "Provider" on the left, "Welcome, VISI TEST" in the center, and "Update Profile | Logout | Français" on the right. Below the header is a navigation bar with links for "Claims", "Pre-Authorization", "Inquiry", "Documents", "Billing Agreement", and "Contact Us". The "Billing Agreement" link is highlighted. 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.

Provider Electronic Claim Submission Agreement

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.

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 type of program the patient is registered under.

Claims ▾ Pre-Authorization ▾ Payment Summaries Links Contact Us

Your Secure Provider Portal

Provider Portal Home / Claims / Submit a Claim

Submit a Claim

* Indicates a required field

Provider Information

Provider	Address	Phone
VISI TEST	516 2ND AVE N SASKATOON, SK	(306)
Provider Number	57K 2C5	Email

Patient Identification

Program *

Please select...

- Royal Canadian Mounted Police (RCMP)
- Saskatchewan Blue Cross**
- Veterans Affairs Canada (VAC)

Next Step Cancel Claim

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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.

iii. Enter Claim Information

Once you have verified that the appropriate patient is shown in the **Patient Information** box, enter the related claims information and choose a service from the drop down box.

Coordination of Benefits

Does the patient have other Health Coverage? *

Yes No

Patient Status

Is this a new patient? *

Yes No

Claim Details

Specialty
Optometrist

Service *

Select or start typing

- Contact Lenses
- Exams
- Frames and Lenses

[Next Step](#) [Cancel Claim](#)

Next, enter the date of service and the amount; select **Add**.

Claim Details

Specialty
Optometrist

Frames and Lenses

Date * (DD/MM/YYYY)

Frames Amount

Lenses

Has there been a change in prescription details? *

Yes No

Is this claim due to any medical condition or disease?



Is this claim related to Cataract Surgery? *

Yes No

[Remove Service](#)

[Add Another Service](#)

[Next Step](#) [Cancel Claim](#)

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iv. Review Information

The details of your claim will appear. From here, you have the option to enter a new line of service, modify the claim, or to remove the line of service; select **Next Step** to proceed.

Frames and Lenses

Date * (DD/MM/YYYY) Frames Amount Lenses

Right Lens * Right Rx Details * Right Lens Amount *

Right Lens Type * Progressive High Index

Left Lens * Left Rx Details * Left Lens Amount *

Left Lens Type * Progressive High Index

Has there been a change in prescription details? *
 Yes No

Is this claim due to any medical condition or disease?

Is this claim related to Cataract Surgery? *
 Yes No

Procedures

Service	Right Amount	Left Amount
Fitting of Spectacles	<input type="text"/>	<input type="text"/>

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
03 Nov 2021	2021307-U9680

Provider Information

Provider	Address	Phone	Email
VISI TEST	516 2ND AVE N SASKATOON, SK	(306) 667-5803	kgareau@sk.bluecross.ca
Provider Number	S7K 2C5		
40247			

Patient Information

Name	Program	Policy	Identification Number
JOHN DOE - 17 Jun 1980	Saskatchewan Blue Cross	59997-000	781108220-00

Claim Type	Service Date	Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Frames and Lenses	01 Nov 2021	Lenses	\$2.00	\$2.00	\$0.00	\$0.00	0%	\$0.00	01
Frames and Lenses	01 Nov 2021	Frames	\$100.00	\$100.00	\$0.00	\$0.00	0%	\$0.00	01
Totals			\$102.00	\$102.00	\$0.00	\$0.00		\$0.00	

01 UNDER THE TERMS OF THIS CONTRACT, THIS IS NOT AN ELIGIBLE BENEFIT.

Total Billed:	\$102.00
- Blue Cross Pays:	\$0.00
Patient Pays:	\$102.00

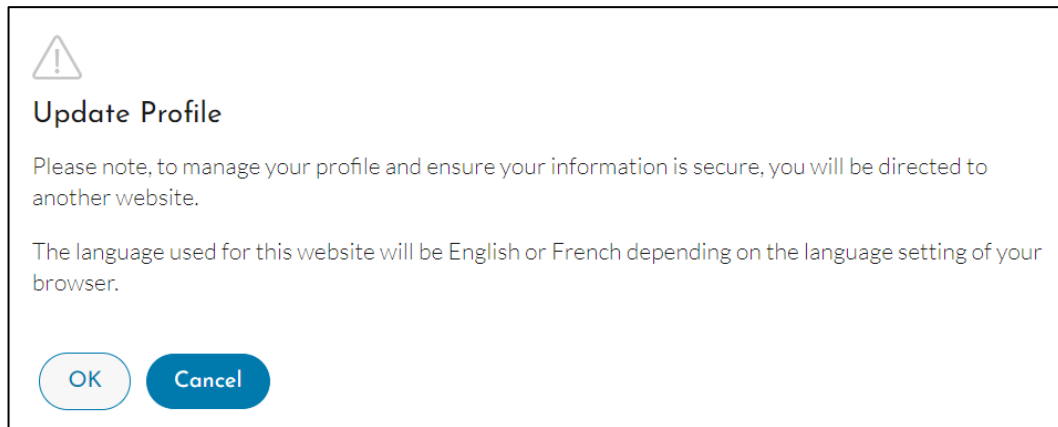
[Submit Claim](#) [Previous Step](#) [Cancel Claim](#)

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.

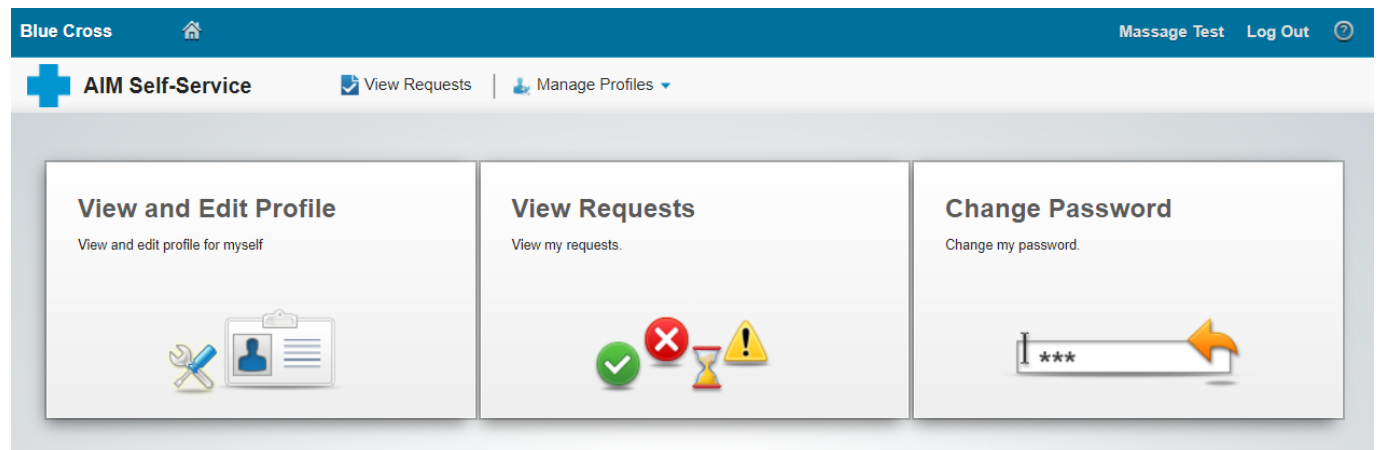
4. Managing Your Profile

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:

- 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.

5. Appendix – Vision

Date of Service

The date of service for Vision Care services (ex. eye examination) should be the date of services were incurred. The incurred date is considered to be the date the Vision Care provider performed said services.

The date of service for products purchased (ex. frames, lenses, contact lenses, and related products) should be the date payment was received in full. Payment in full is considered to be the amount covered by Saskatchewan Blue Cross, as well as the member's entire out of pocket portion.

Two for the Price of One Claim

Saskatchewan Blue Cross recognizes that many Vision Care providers offer a “two for the price of one” special to their patients. Please note, when a member purchases glasses and receives the second pair free, if there are any charges associated with the second pair of glasses, these charges are eligible for reimbursement under the vision care benefit.

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.