

ePay Submission Guide

ePay Service User Guide

Contents

1. INTRODUCTION	3
2. COMPUTER AND INTERNET REQUIREMENTS	4
3. HOW TO REGISTER FOR THE EPAY SERVICE AND THE EPAYMENT SUMMARY:.....	4
4. HOW TO SUBMIT CLAIMS TO MEDAVIE BLUE CROSS.....	8
4.1 CLAIMS SUBMISSIONS FOR A MEDAVIE BLUE CROSS PLAN	15
4.2 ELECTRONIC CLAIMS SUBMISSION FOR A CLIENT/MEMBER OF IFHP, VAC, CAF AND RCMP	21
4.3 CLIENT COVERAGE VERIFICATION FOR THE INTERIM FEDERAL HEALTH PROGRAM (IFHP)	25
4.4 ELECTRONIC CLAIMS SUBMISSION FOR A CLIENT/MEMBER FOR IFHP	26
5. CREATE A PRE-AUTHORIZATION REQUEST FOR IFHP AND VAC CLIENTS (FOR PROVIDERS IN CANADA)	32
6. MANAGE A PRE-AUTHORIZATION REQUEST IFHP AND VAC CLIENTS FOR PROVIDERS IN CANADA.....	37
7. SEARCH CLAIMS HISTORY.....	40
8. PAYMENT SUMMARIES.....	42
9. UPDATE PROFILE	47
10. CLAIM REVERSALS	51
11. CO-ORDINATION OF BENEFITS (OTHER COVERAGE) GUIDELINES FOR ELECTRONIC CLAIMS (NOT APPLICABLE FOR CLIENTS/MEMBERS OF IFHP)	51
12. EXCEPTIONS	52
13. SECURITY FEATURES	52
14. CLAIMS SUBMISSION AGREEMENT	53
15. ELECTRONIC CLAIM SUBMISSION AGREEMENT	54

ePay Service User Guide

1. Introduction

Electronic Claims Submission is referred to as ePay by Medavie Blue Cross.

We value our ePay providers and know how important it is to connect our members to our ePay provider network. Providers in Canada offering electronic claims service will be highlighted in the Medavie Mobile App and will also appear in our new ePay Provider Listing on our corporate website. Providers located in Canada, serving Federal Program clients/members, will be listed on the Federal Program client/member portal.

Your information will be included unless otherwise advised by you in writing through e-mail to provider@medavie.bluecross.ca or fax at 506-869-9673.

With ePay, Health Professionals electronically submit claims directly to us for reimbursement so that our members only have to pay the portion not covered by their benefits plan. We then reimburse our ePay providers the eligible portion of the claim directly. It is easy, efficient and ensures members don't have to pay any unnecessary out-of-pocket expenses when they receive eligible health care products and services.

Providers must not submit claims for clients/members of IFHP, VAC, CAF or RCMP Health Care Benefits Program with a fee/rate exceeding the fee/rate charged by the provider to any patient paying for the same service or product.

Requirements and/or documentation related to claims reimbursement criteria specific to IFHP, VAC, CAF or RCMP Health Care Benefits Programs are documented in the Provider Guide available at the corporate website. For all program documentation, visit our website at <https://www.medaviebc.ca/en/health-professionals>

The ePay Service conforms to the PIPEDA legislation and the Privacy Act mentioned in the Electronic Claims Submission Agreement.

Note:

If you are a provider located outside of Canada, please contact Medavie Blue Cross via email at medavieworld@bellaliant.net

ePay Service User Guide

2. Computer and Internet requirements

To take advantage of the ePay Service, all you will need is access to the Internet. Medavie Blue Cross does not require any special software for accessing the ePay Service nor is it designed to be integrated with a 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.

The ePay service will be compatible with the following internet browsers:

- Edge (latest version)
- Google Chrome (latest version)
- Firefox (latest version)

3. How to register for the ePay Service and the ePayment Summary:

Visit our website at <https://www.medaviebc.ca/en/health-professionals/register>

Note: If you are a provider located outside of Canada, please contact Medavie Blue Cross via email at medavieworld@bellaliant.net to register

- Complete the online provider portal self-registration form. An e-mail address is mandatory to participate in the 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.
- To register, enter your information and follow the simple steps described below. (Mandatory fields are indicated with an asterisk*)

ePay Service User Guide

Provider Portal - Request Access

Account Registration

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

Professional Information

Provider Type *

Please select...

Practising Province *

Please select...

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)

Direct Deposit Setup

Direct Deposit

[Download Direct Deposit Form\(PDF\)](#) and attach the completed form and a scanned voided cheque in the documents section below.

- *Click on the drop down and select the type or provider that best represents you.
- *Click on the drop down and select the province where you practice
- *Enter the name of the Regulatory Body or the approved association. A list of recognized associations and colleges can be downloaded by clicking on the link.
- Enter your License/Registration number
- Enter your Medavie Blue Cross provider number, if known
- Register for Direct Deposit by downloading the form so your payment can be deposited directly into your bank account

ePay Service User Guide

Provider Information

First Name *	Last Name *	
<input type="text"/>	<input type="text"/>	
Business Name	Contact Name	
<input type="text"/>	<input type="text"/>	
Email *	Confirm Email *	
<input type="text"/>	<input type="text"/>	
Business Address 1 *		
<input type="text"/>		
Business Address 2		
<input type="text"/>		
City *	Province *	Postal Code *
<input type="text"/>	<input type="text" value="Please select..."/>	<input type="text"/>
Phone Number *	Fax Number	
<input type="text" value="() -"/>	<input type="text" value="() -"/>	
Preferred language *		
<input checked="" type="radio"/> English <input type="radio"/> French		
Payment direction *		
<input type="radio"/> Pay to Clinic - The cheques will be made payable in the name of the clinic.		
<input checked="" type="radio"/> Pay to Professional - The cheques will be made payable in the name of the individual professional		

- *Provider's First Name
- *Provider's Last Name
- Business Name (if applicable)
- Contact Name (if different from above)
- *E-mail address
- *Confirm E-mail address
- *Business Address
- *City
- *Province
- *Postal Code
- *Phone Number
- Fax Number (if applicable)
- *Indicate your Preferred Language
- If you wish to assign your payment to a clinic, please click in the box "Pay to clinic "and a new box will open. Enter the clinic's name.

ePay Service User Guide

Documents & Details

Documents [?](#)

Attach Provider/Certificate/Other Credential Documents/Direct Deposit Form, etc.

Choose a file

Choose File

Upload File

Additional Information

☐ I have read and agree to the terms and condition of the [Claims Submission Agreement](#) *

Review & Submit

Cancel Request

- In the documents section you may attach the Direct Deposit form. This field can also be used to submit documents to support your application. Example: Foot Care certificates (Nurses), Master of Social Work (Social Workers) etc.
- *Click in the box “I have read and agree to the terms and conditions of the Claims Submission Agreement”
- Click on Review & Submit
- The system will allow you to review the information you have entered. If you wish to go back one step you may do so by clicking on the “edit” button.
- If you are satisfied with the information you have provided, you may click on “Submit”.
- A confirmation message will appear

Success

Your registration request has been successfully sent to Blue Cross Provider Management.

You will be contacted shortly. If you have any questions about your application please contact us provider@medavie.bluecross.ca

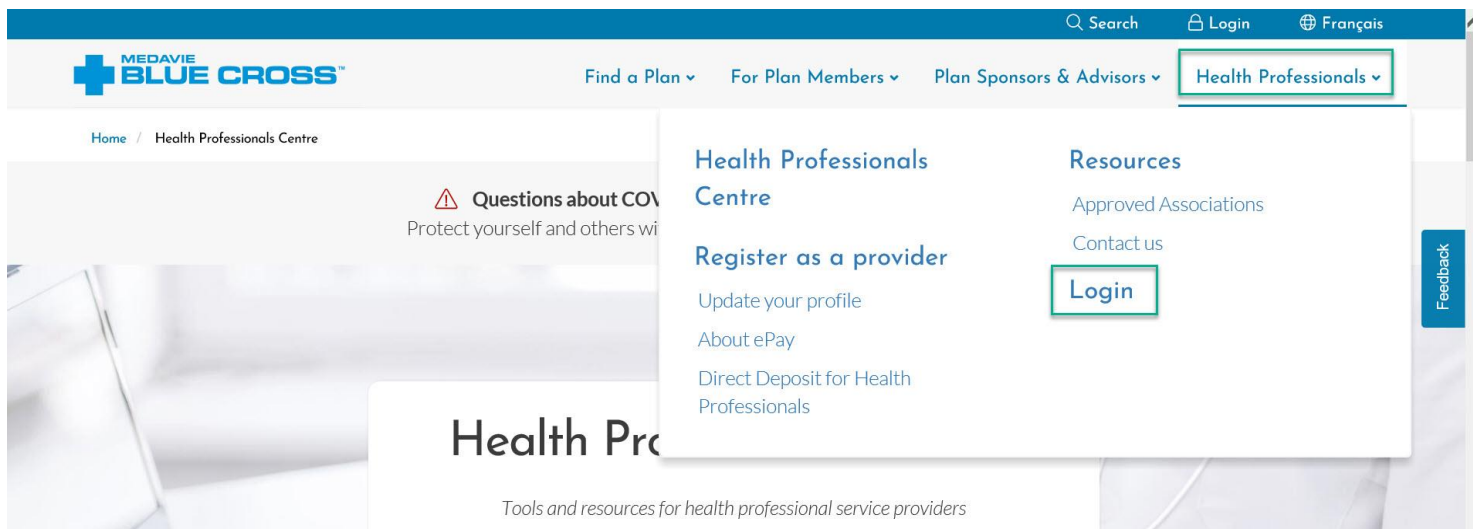
Note: EACH provider is required to submit claims using only their respective User ID regardless of whether they are employed by or work in the same clinic or location.

- Once Medavie Blue Cross receives your request, we will complete the internal steps necessary to grant you access to submit claims to us electronically.
- To ensure your security, Medavie Blue Cross will then send you a User ID and a temporary Password in two separate e-mails to the e-mail address provided at time of registration. This information will grant you access to our ePay Service. Please change your Password as soon as you log on to the service for the first time. This will ensure that your connection remains secure.

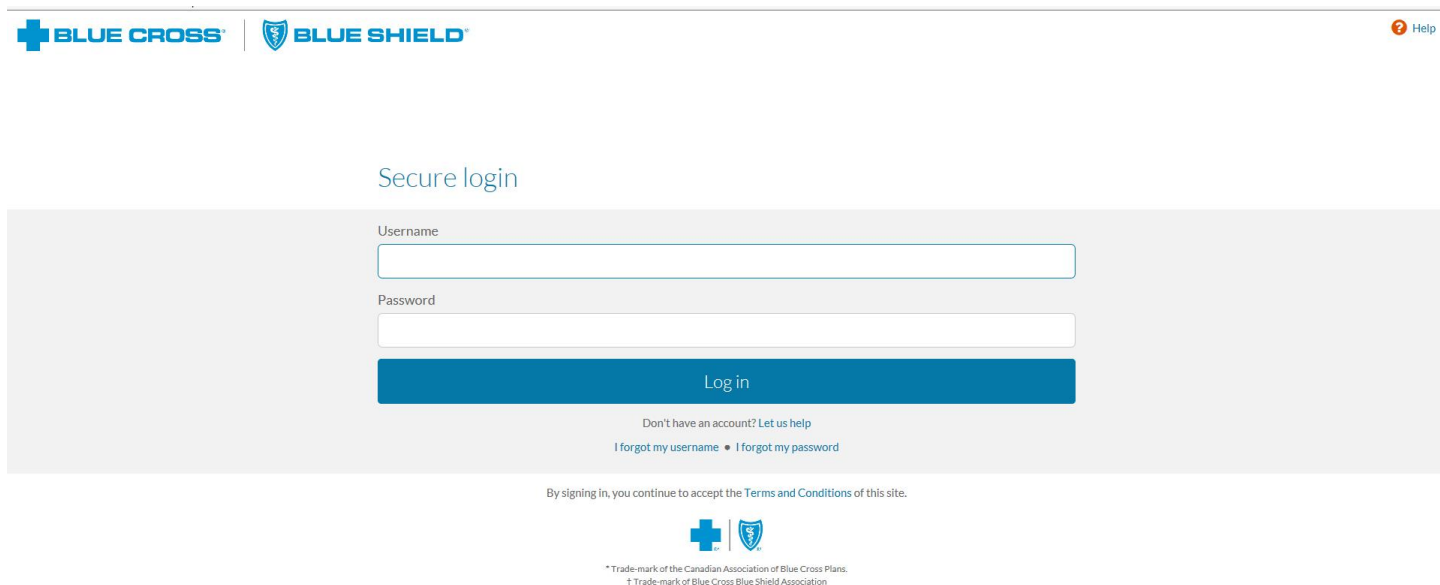
ePay Service User Guide

4. How to submit claims to Medavie Blue Cross

- Visit www.medaviebc.ca and click on the Health Professionals tab
- Click on the login Button



- Enter the User ID and the Password. The User ID is your Username. This information was previously sent through two separate emails to the email address with which you registered.
- Click 'Login'.



ePay Service User Guide

- Enter the temporary password you received by email, then rekey your new password, confirm by entering it in the second field, then click 'Submit'.

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**

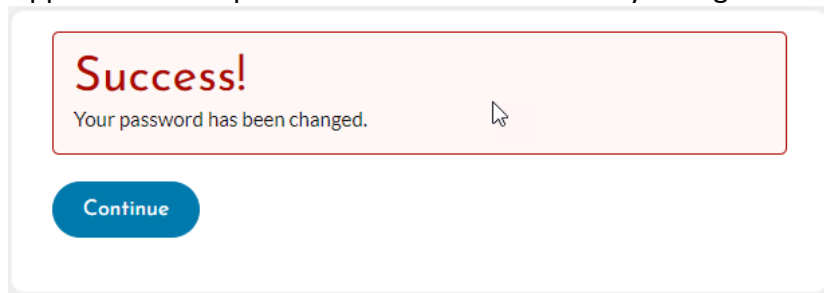
- Since your Password is displayed as a series of ●●●●●● symbols, please ensure that your Caps Lock key is NOT pressed on your keyboard as this may cause you to type your Password inadvertently and unknowingly in ALL CAPITALS.

Should you inadvertently enter your Password incorrectly three times or more, as a security measure, your Password is automatically disabled. You will need to contact Medavie Blue Cross to have your password reset. You have three choices:

- ✓ The Medavie Blue Cross can reset your password and is available Monday to Friday by calling 1-800-667-4511
- ✓ The Federal Inquiry Unit (serving the Federal Programs) can reset your password and is available 7:30 am to 6:00 p.m. local time across Canada by calling 1-888-261-4033.
- ✓ The Immigration, Refugees and Citizenship Canada (IRCC) Inquiry Centre hours are 6 a.m. EST – 9 p.m. EST and can be reached by calling 1-888-614-1800

ePay Service User Guide

- A Notification will appear once the password has been successfully changed



- The Terms and Conditions will appear. Read and click the 'Accept' box that appears when you scroll to the bottom of the page to move forward.

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/>).

☒ I acknowledge and accept these terms and conditions

AcceptDecline

- For your security and protection, choose and answer the 5 of the Setup Challenge Questions.

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

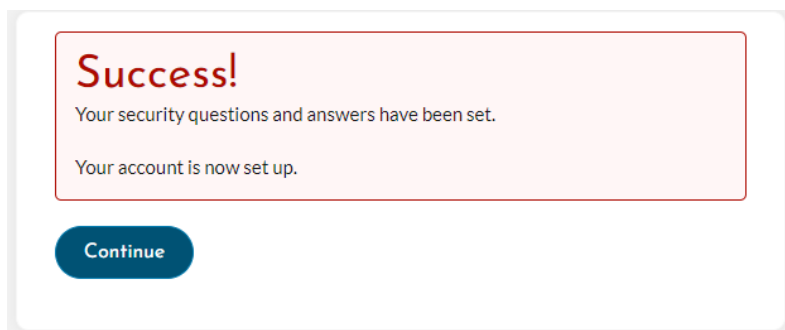
Select question 5

Your answer

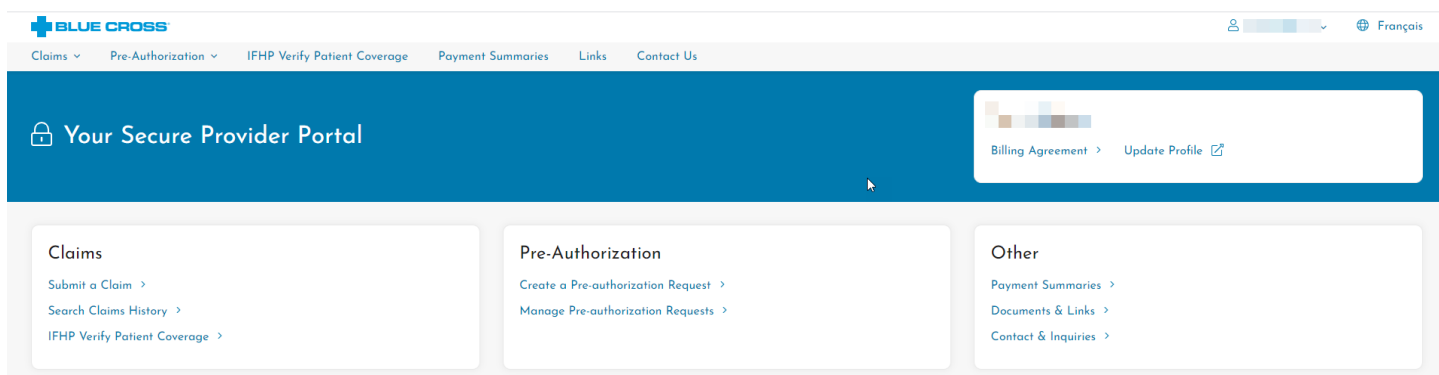
Continue

ePay Service User Guide

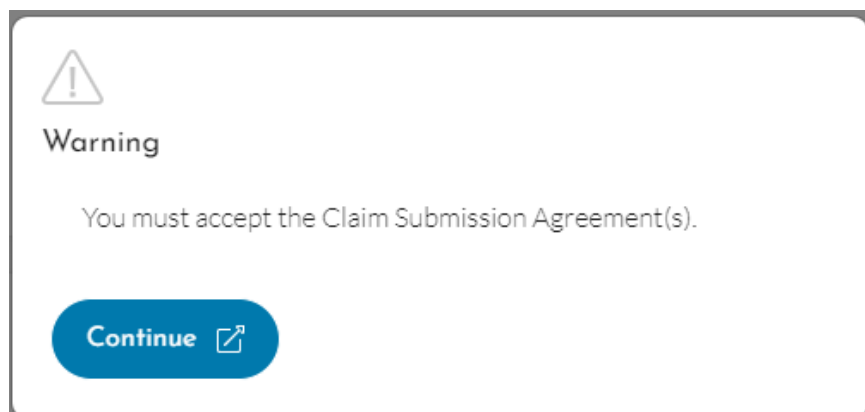
- Once you have completed the challenge question task, a notification will appear.
- Click 'Continue'.



- The main menu will appear.



- If it is your first-time login in the ePay system, you will be prompted to accept the Medavie Electronic Claims Terms and Conditions. A warning will appear to inform you of this step.
- Simply click on the Continue button



- The Agreements page will appear. To view the agreements, click on the links provided.
- Click 'I Agree'.

ePay Service User Guide



[Claims](#) ▾ [Pre-Authorization](#) ▾ [Payment Summaries](#) [Links](#) [Contact Us](#)

[Your Secure Provider Portal](#)

[Provider Portal Home](#) / [Billing Agreement](#)

Billing Agreement

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.

Agreements

It is the responsibility of the provider to become familiar with any updates to the Agreement.

- ☒ [Claim Submission 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.

[I Agree](#)

Note: It is the Provider's responsibility to read the agreements carefully. They outline the terms and conditions for submitting claims directly to Medavie Blue Cross via our provider web page, and for submitting any claims for the Federal Programs. **Please note the agreements become legally binding documents after your office clicks to accept the online versions the first time you login to the system.** The agreements are available for future reference in this section of the ePay portal.

ePay Service User Guide

Claim Submissions

You are now ready to submit your first claim.

Claims **must be submitted** using the User ID 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 Benefit description. If you work from more than one location, a separate User ID and Password is required for each location.

NOTE: Claims for regular Blue Cross Plans can be submitted through the ePay Service up to ninety (90) days following the date of service.

After this period of time, a claim may only be submitted through our regular paper claim process that requires Medavie Blue Cross members to complete a claim form and include a paid-in-full receipt when submitting to Medavie Blue Cross.

Claims for a client/member of IFHP can be submitted through the ePay Service for up to hundred and eighty days (180) following the date of service.

Claims for a client/member of VAC, CAF or RCMP can be submitted through the ePay Service for up to five hundred and forty days (540) following the date of service.

Please note - VAC Rehabilitation claims still need to be received within **12 months from the date of service** or they will be rejected.

After this period of time, if the claim is for a client/member of VAC, CAF or RCMP, the claim may only be submitted through our regular paper claim process that requires the Medavie Blue Cross Health Care Professional to complete a claim form and include their signature. Please mail this claim to:

Medavie Blue Cross
644 Main Street
PO Box 220
Moncton NB E1A 8L3

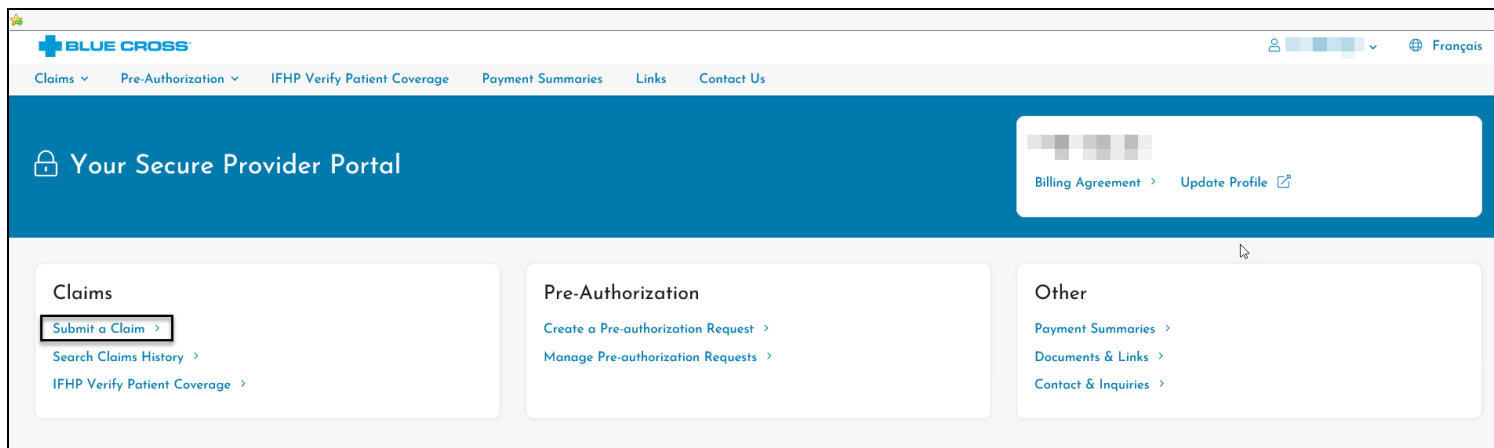
Important Note: Providers must not charge clients/members more than their other patients who are residents of the province/territory. Providers must not submit claims for clients/members of IFHP, VAC, CAF or RCMP Health Care Benefits Program with a fee/rate exceeding the fee/rate charged by the provider to any patient paying cash for the same service or product.

Hours of operation for claim submission for the ePay Service are between 7 a.m. to 2 a.m. Monday to Sunday (Atlantic Standard Time)

ePay Service User Guide

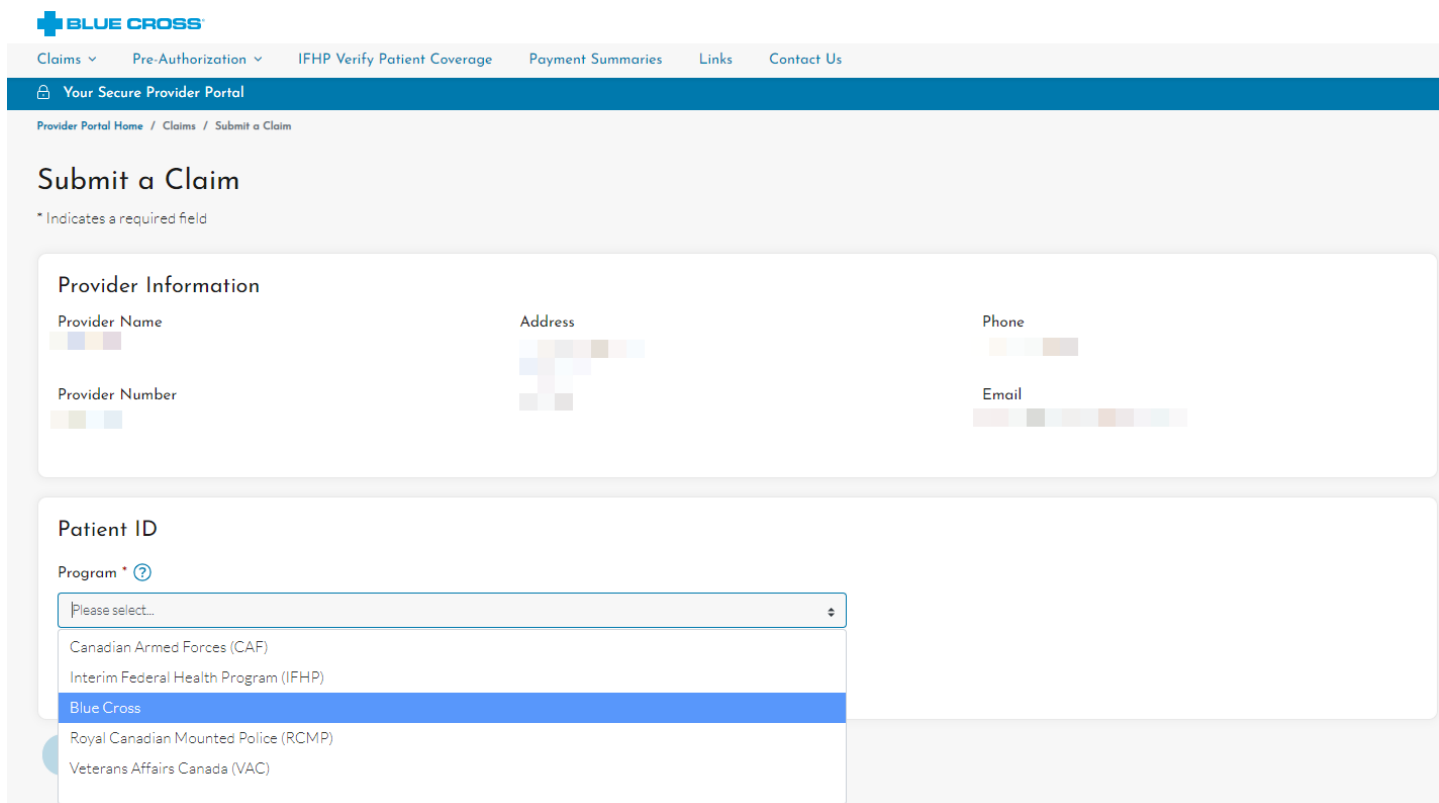
4.1 Claims Submissions for a Medavie Blue Cross Plan

- To submit your first claim, click on the “Submit a claim” button



The screenshot shows the Blue Cross Provider Portal homepage. The top navigation bar includes links for Claims, Pre-Authorization, IFHP Verify Patient Coverage, Payment Summaries, Links, and Contact Us. The main header area features a lock icon and the text "Your Secure Provider Portal". On the right, there are links for Billing Agreement and Update Profile. The main content area is divided into three columns: Claims, Pre-Authorization, and Other. The Claims column contains a "Submit a Claim" button (highlighted with a red box), "Search Claims History", and "IFHP Verify Patient Coverage". The Pre-Authorization column contains "Create a Pre-authorization Request" and "Manage Pre-authorization Requests". The Other column contains "Payment Summaries", "Documents & Links", and "Contact & Inquiries".

- Selecting a Program





The screenshot shows the "Submit a Claim" page in the Blue Cross Provider Portal. The page title is "Submit a Claim" with a subtitle "Provider Portal Home / Claims / Submit a Claim". A note indicates that an asterisk (*) denotes a required field. The form is divided into two main sections: "Provider Information" and "Patient ID". The "Provider Information" section includes fields for Provider Name, Address, Phone, Provider Number, and Email. The "Patient ID" section includes a "Program" dropdown menu with a question mark icon. The dropdown menu is open, showing a list of programs: Canadian Armed Forces (CAF), Interim Federal Health Program (IFHP), Blue Cross (highlighted in blue), Royal Canadian Mounted Police (RCMP), and Veterans Affairs Canada (VAC).


- Enter the Policy
- Enter the ID number


ePay Service User Guide


Patient ID


Program * 


Blue Cross 

Policy * 


ID Number * 


- For additional information on where to find your client's policy and ID number, click on the  icon. A pop-up image will appear with a picture of the client's card.

Patient Identification Help 

Refer to the card below that is most similar to the patient's card.



The image shows a Blue Cross card with the following text: 'Serving Canadians coast to coast', 'MEDAVIE BLUE CROSS', 'Identification Number 12345678900', 'Mary Smith', 'Policy Number 0012345678', and 'Claiming benefits implies consent to Blue Cross Privacy Protection Practices.'



- Click on the “close” Button
- The patient's information will appear
- Answer the Claims questions
 - Claim related to an Accident
 - Referral Information. If a prescription is required, please enter the name of the referring physician along with the date of the prescription
 - Coordination of Benefits

ePay Service User Guide

Patient Information

Patient *

Program
Blue Cross

Policy

ID Number

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

ePay Service User Guide

- Enter the claims details
 - Choose a service description
 - Enter the date of service
 - Enter the amount
- If you have an additional line of service to claim, click on “Add Another Service”
- Click on Next step

Claim Details

Specialty
Physiotherapist

Services

Description *	Date * (DD/MM/YYYY)	Amount *
02261 - Initial Visit / Initial Evaluation x	04/06/2021	100.00 x

[Remove Service](#)

[Add Another Service](#)

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

- The Pre-Determination results will now appear
- Click on Submit Claim

[Provider Portal Home](#) / [Claims](#) / [Submit a Claim](#)

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
04 Jun 2021

Claim ID
[REDACTED]

Provider Information

Provider Name
[REDACTED]

Address
[REDACTED]

Phone
[REDACTED]

Email
[REDACTED]

Provider Number
[REDACTED]

Patient Information

Name
[REDACTED]

Program
Blue Cross

Policy
[REDACTED]

ID Number
[REDACTED]

Claim Type	Service Date	Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Physiotherapy	04 Jun 2021	Initial Visit / Initial Evaluation	\$100.00	\$5.00	\$0.00	\$95.00	80%	\$76.00	01
Totals			\$100.00	\$5.00	\$0.00	\$95.00		\$76.00	


01 REDUCED PAYMENT - CHARGE EXCEEDS ELIGIBLE AMOUNT.

Total Billed:
\$100.00
- Blue Cross Pays:
\$76.00
Patient Pays:
\$24.00

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

ePay Service User Guide

- Click on “Yes, Submit” to adjudicate the claim or on “No” to cancel the transaction



Submit Claim?

Click 'Yes' to submit claim to Blue Cross.
Otherwise click 'No'

Yes, SubmitNo

- The Adjudication Results will now appear
- This page can be printed and used as an official receipt
- Simply click on the “Print claim” button
- Click on Done

Your Secure Provider Portal

Provider Portal Home / Claims / Submit a Claim

Adjudication Results

Claim Results

Transaction Date	Claim ID	Claim Status
04 Jun 2021		Processed

Provider Information

Provider Name	Address	Phone	Email
Provider Number			

Patient Information

Name	Program	Policy	ID Number
Arnold Hanafin - 06 Jan 1973	Blue Cross	91911-101	000051228-00

Claim Type	Service Date	Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Physiotherapy	04 Jun 2021	Initial Visit / Initial Evaluation	\$100.00	\$5.00	\$0.00	\$95.00	80%	\$76.00	01
Totals			\$100.00	\$5.00	\$0.00	\$95.00		\$76.00	

01 REDUCED PAYMENT - CHARGE EXCEEDS ELIGIBLE AMOUNT.

Total Billed:
\$100.00


- Blue Cross Pays:
\$76.00


Patient Pays:
\$24.00

Done

Print Claim


ePay Service User Guide

* Quick tip: If you are unsure what program your patient has benefit coverage through or would like to access to be re-directed to an external Blue Cross website simply click on the blue question mark button  beside the 'Program' drop down box to view and access the information.













Patient Identification Help

Based on the type of plan your patient has, you may need to use a different website to submit claims on their behalf. Choose the card that most resembles your patient's ID card. We'll direct you to the appropriate site.



Please select the logo below that appears at the top of your patient's card.
If you're not sure, choose the logo that best represents your patient.

 BLUE CROSS™	 MEDAVIE BLUE CROSS™
 ALBERTA BLUE CROSS™	 PACIFIC BLUE CROSS™
 MANITOBA BLUE CROSS™	 SASKATCHEWAN BLUE CROSS™
 National Defence Défense nationale	 Veterans Affairs Canada Anciens Combattants Canada
 Immigration, Refugees and Citizenship Canada Immigration, Réfugiés et Citoyenneté Canada	 Royal Canadian Mounted Police Gendarmerie royale du Canada

Close

ePay Service User Guide

4.2 Electronic Claims Submission for a client/member of IFHP, VAC, CAF and RCMP

- Selecting a Program

The screenshot shows the 'Submit a Claim' page on the Blue Cross website. The top navigation bar includes links for Claims, Pre-Authorization, IFHP Verify Patient Coverage, Payment Summaries, Links, and Contact Us. Below the navigation bar is a blue header with the text 'Your Secure Provider Portal'. The main content area is titled 'Submit a Claim' and includes a note: '* Indicates a required field'. The form is divided into two main sections: 'Provider Information' and 'Patient ID'. The 'Provider Information' section contains fields for Provider Name, Address, Phone, Provider Number, and Email. The 'Patient ID' section contains a 'Program' dropdown menu with the following options: Canadian Armed Forces (CAF), Interim Federal Health Program (IFHP), Blue Cross, Royal Canadian Mounted Police (RCMP) (selected), and Veterans Affairs Canada (VAC).

- Enter the client/member identification number and click “Submit”.

The screenshot shows the 'Patient ID' section of the form. The 'Program' dropdown menu is set to 'Royal Canadian Mounted Police (RCMP)'. Below the dropdown is the 'ID Number' field, which is currently empty. At the bottom of the section are two buttons: 'Submit' and 'Clear'.

Ensure that the correct client/member is shown.

The screenshot shows the 'Patient Information' section of the form. It contains three fields: 'Patient', 'Program', and 'ID Number'. The 'Patient' field is currently empty. The 'Program' field is set to 'Royal Canadian Mounted Police (RCMP)'. The 'ID Number' field is currently empty.

ePay Service User Guide

Enter the claim details:

- Your Invoice Number
- Your GST or HST Number
- Authorization Number (if applicable)
- Click on the `Service Description` drop down box and select a service
 - If the Service Description does not list the code or description for the service for which you wish to submit a claim, do not select another code or description. Instead, please submit this claim on paper with the code you wish to apply.
- Tick the box “Does the patient have any other provincial/territorial or private insurance coverage for this service?” if the answer is `yes`.
- Enter a date of service
- Amount
- Number of Occurrences
- Prescriber, if applicable
- Recommender, if applicable

Claim Details

Specialty
Physiotherapist

Invoice Number GST/PST/HST Number

Authorization Number

Operation *

Services

Description *	Date * (DD/MM/YYYY)	Amount *	Occurrences *
244760 - Physiotherapy-Initial Assessment(OHC) x	24/06/2021 <input type="text"/>	50.00 <input type="text"/>	1 <input type="text"/>

Prescriber * Recommender *

☐ Does the patient have any other provincial/territorial or private insurance coverage for this service?

[Remove Service](#)

[Add Another Service](#)

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

- If you must add another line of service, click on “Add Another Service”
- The system can accept up to 10 lines of service.
- Click on “Next Step”

ePay Service User Guide

Provider Portal Home / Claims / Submit a Claim

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: 24 Jun 2021 Claim ID: [REDACTED]

Provider Information

Provider Name: [REDACTED] Address: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Provider Number: [REDACTED]

Patient Information


Name: [REDACTED] Program: Royal Canadian Mounted Police (RCMP) ID Number: [REDACTED]

Claim Type	Service Date	Service Code - Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Physiotherapy	24 Jun 2021	244987 - Physiotherapist Services	\$50.00	\$0.00	\$0.00	\$50.00	100%	\$50.00	
Totals			\$50.00	\$0.00	\$0.00	\$50.00		\$50.00	

Total Billed: \$50.00
- FHCPS Pays: \$50.00
Excluded for FHCPS: \$0.00

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

- Click 'Yes' to process the claim



Submit Claim?

Click 'Yes' to submit claim to Blue Cross.
Otherwise click 'No'

[Yes, Submit](#) [No](#)

ePay Service User Guide

- You can print the claim if you wish to offer a receipt to your patient or click on “Done”

Your Secure Provider Portal

[Provider Portal Home](#) / [Claims](#) / [Submit a Claim](#)

Adjudication Results

Claim Results

Transaction Date	Claim ID	Claim Status
24 Jun 2021		Processed

Provider Information

Provider Name	Address	Phone	Email
Provider Number			

Patient Information

Name	Program	ID Number
	Royal Canadian Mounted Police (RCMP)	

Claim Type	Service Date	Service Code - Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Physiotherapy	24 Jun 2021	244987 - Physiotherapist Services	\$50.00	\$0.00	\$0.00	\$50.00	100%	\$50.00	
Totals			\$50.00	\$0.00	\$0.00	\$50.00		\$50.00	

Total Billed:

\$50.00

- FHCPs Pays:

\$50.00

Excluded for FHCPs:

\$0.00

Done

Print Claim

ePay Service User Guide

4.3 Client Coverage verification for the Interim Federal Health Program (IFHP)

Before rendering a service or dispensing a product for an IFHP client, you must verify if the client is eligible.

- To do so click on “IFHP Verify Patient Coverage”

The screenshot shows the Blue Cross website's 'Your Secure Provider Portal'. The top navigation bar includes 'Claims', 'Pre-Authorization', 'IFHP Verify Patient Coverage' (highlighted with a red box), 'Payment Summaries', 'Links', and 'Contact Us'. Below the navigation bar, there's a section titled 'Your Secure Provider Portal' with a lock icon. To the right, there are links for 'Billing Agreement' and 'Update Profile'. The main content area is divided into three columns: 'Claims' (with links for 'Submit a Claim', 'Search Claims History', and 'IFHP Verify Patient Coverage' highlighted with a red box), 'Pre-Authorization' (with links for 'Create a Pre-Authorization Request' and 'Manage Pre-Authorization Requests'), and 'Other' (with links for 'Payment Summaries', 'Documents & Links', and 'Contact & Inquiries').

- Enter the ID number of the client (Unique Client Identifier (UCI) on the IFHP eligibility documents).
- Click on Submit

The screenshot shows the 'IFHP Verify Patient Coverage' form. The top navigation bar includes 'Claims', 'Pre-Authorization', 'IFHP Verify Patient Coverage' (highlighted with a red box), 'Payment Summaries', 'Links', and 'Contact Us'. Below the navigation bar, there's a section titled 'Your Secure Provider Portal' with a lock icon. The main content area is titled 'IFHP Verify Patient Coverage' and includes a note: 'The ability to Verify Patient Coverage electronically is only available for IFHP clients'. The form has a 'Patient ID' section with a 'Program' dropdown menu set to 'Interim Federal Health Program (IFHP)'. Below this is an 'ID Number' field with a red asterisk and a question mark icon. A note below the field states: 'For beneficiaries with a ten-digit UCI, please enter only the last nine digits of the UCI. Do not enter the first digit of the UCI.' There is a text input field for the ID number. At the bottom of the form, there are 'Submit' and 'Clear' buttons.

ePay Service User Guide

The patient information will appear. The effective coverage date will appear at the bottom left corner.

Patient Information

Patient

Program
Interim Federal Health Program (IFHP)

ID Number


Coverage
Basic coverage, supplemental coverage, prescription drug coverage and dental coverage.
IME and IME Tests

Coverage Date
24 Feb 2014 - 01 Apr 2036

Note:
Should the immigration status of the patient change, coverage can cease or be modified without notice.

4.4 Electronic Claims Submission for a client/member for IFHP

From the IFHP Patient Verification page, to submit a claim, click on Claims. This will bring you the claims entry screen

 BLUE CROSS

Dr Brian Feldman ▾ Français

Claims ▾ Pre-Authorization ▾ IFHP Verify Patient Coverage Payment Summaries Links Contact Us

Your Secure Provider Portal

Provider Portal Home / IFHP Verify Patient Coverage

IFHP Verify Patient Coverage

The ability to Verify Patient Coverage electronically is only available for IFHP clients

Patient ID

Program ?
Interim Federal Health Program (IFHP)

ID Number * ?
For beneficiaries with a ten-digit UCI, please enter only the last nine digits of the UCI. Do not enter the first digit of the UCI.

Submit Clear

- Click on Submit a Claim

ePay Service User Guide

- Selecting a Program

BLUE CROSS

Claims ▾ Pre-Authorization ▾ IFHP Verify Patient Coverage 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 Name	Address	Phone
Provider Number		Email

Patient ID

Program * ?

Please select...

- Canadian Armed Forces (CAF)
- Interim Federal Health Program (IFHP)**
- Blue Cross
- Royal Canadian Mounted Police (RCMP)
- Veterans Affairs Canada (VAC)

- Enter the Patient Identification number (UCI)
- Click Submit

Patient ID

Program * ?

Interim Federal Health Program (IFHP) X



ID Number * ?

For beneficiaries with a ten-digit UCI, **please enter only the last nine digits** of the UCI. Do not enter the first digit of the UCI.

Submit Clear

ePay Service User Guide

- The Patient Information will appear.

Patient Information
Patient

Program
Interim Federal Health Program (IFHP)
ID Number

Coverage
Basic coverage, supplemental coverage, prescription drug coverage and dental coverage.
IME and IME Tests
Coverage Date
24 Feb 2014 - 01 Apr 2036
Note:
Should the immigration status of the patient change, coverage can cease or be modified without notice.

- Answer the Coordination of Benefits questions as “No”. The IFHP does not coordinate benefits with other insurance plans or programs, so co-payments are not possible.

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

ePay Service User Guide

- Enter the Invoice Number if applicable
- Enter the Service Description
- Enter a date of service
- Enter an Amount
- Enter an Occurrence
- Enter Prescriber
- Enter Recommender

Claim Details

Specialty
Physiotherapist

Invoice Number

Services

Description *	Date * (DD/MM/YYYY)	Amount *	Occurrences *
0226CI - Physiotherapy - Private Clinic - Subsequ x ▾	24/06/2021 <input type="text"/>	<input type="text" value="100.00"/>	<input type="text" value="1"/>

Prescriber * ICD Code *

MD - Medical Doctor x ▾ 005 x ▾

[Remove Service](#)

[Add Another Service](#)

- Enter any documents if applicable
- Click on “Next Step”

Documents & Details

Documents ?

Attach documents (pdf, images, etc.) by browsing, choosing the document, and then uploading it.

Additional Information

ePay Service User Guide

- The Pre-Determination Results screen will appear
- Click Submit Claim

Provider Portal Home / Claims / Submit a Claim

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
24 Jun 2021	

Provider Information

Provider Name	Address	Phone	Email
Provider Number			

Patient Information

Name	Program	ID Number
	Interim Federal Health Program (IFHP)	

Claim Type	Service Date	Service Code - Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Physiotherapy	24 Jun 2021	0226H - Physiotherapy - Subsequent Visit - In a Hospital	\$50.00	\$22.25	\$0.00	\$27.75	100%	\$27.75	01
Totals			\$50.00	\$22.25	\$0.00	\$27.75		\$27.75	

01 REDUCED TO AMOUNT ELIGIBLE UNDER THE TERMS OF THE SUBSCRIBER/CLIENT'S COVERAGE

Total Billed:	\$50.00
- IFHP Pays:	\$27.75
Ineligible Amount:	\$22.25

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

ePay Service User Guide

- The Adjudication Results screen will now appear.
- You can print the claim if you wish to offer a receipt to your patient or click on “Done”

[Your Secure Provider Portal](#)

[Provider Portal Home](#) / [Claims](#) / [Submit a Claim](#)

Adjudication Results

Claim Results

Transaction Date 24 Jun 2021	Claim ID [REDACTED]	Claim Status Processed
---------------------------------	------------------------	---------------------------

Provider Information

Provider Name [REDACTED]	Address [REDACTED]	Phone [REDACTED]	Email [REDACTED]
Provider Number [REDACTED]			

Patient Information

Name [REDACTED]	Program Interim Federal Health Program (IFHP)	ID Number [REDACTED]
--------------------	--	-------------------------

Claim Type	Service Date	Service Code - Description	Billed	Excluded	Deductible	Eligible	%	Payable	Message Code
Physiotherapy	24 Jun 2021	0226H - Physiotherapy - Subsequent Visit - In a Hospital	\$50.00	\$22.25	\$0.00	\$27.75	100%	\$27.75	01
Totals			\$50.00	\$22.25	\$0.00	\$27.75		\$27.75	

01

REDUCED TO AMOUNT ELIGIBLE UNDER THE TERMS OF THE SUBSCRIBER/CLIENT'S COVERAGE

Total Billed:

\$50.00

- IFHP Pays:

\$27.75

Ineligible Amount:

\$22.25

Done

Print Claim

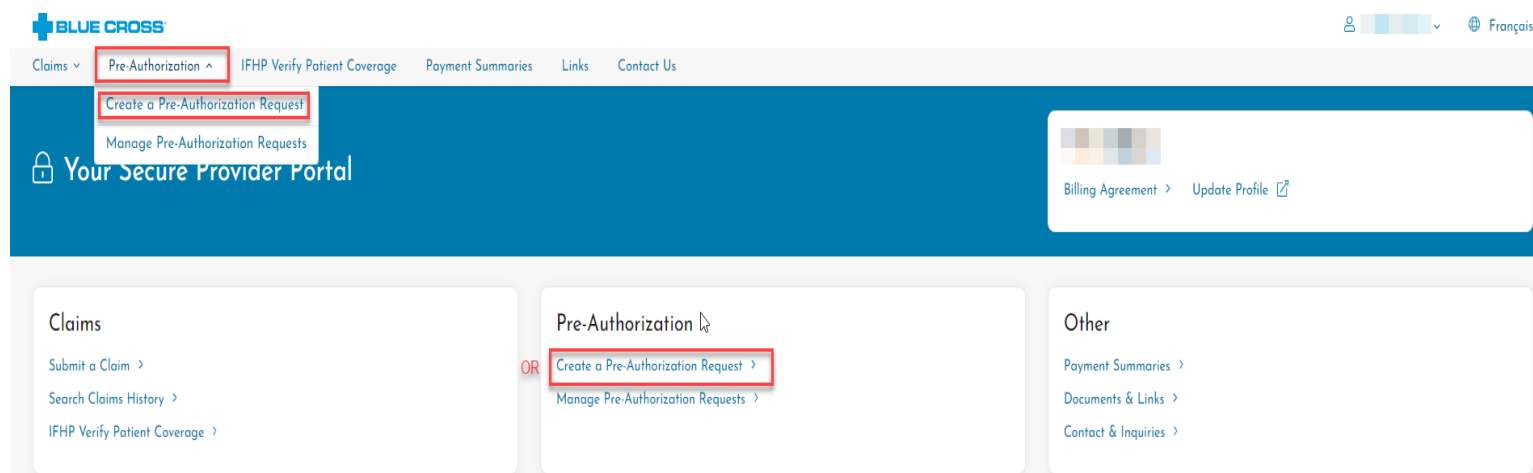
ePay Service User Guide

5. Create a Pre-Authorization Request for IFHP and VAC clients (for providers in Canada)

Electronic Pre-Authorization requests can be made for VAC and IFHP clients only. Pre-authorization requests for CAF and RCMP cannot be submitted through the ePay Service at this time. To request an Authorization Number for RCMP and CAF, please follow the same process you currently use.

To request a Pre-Authorization for a VAC or IFHP client member, simply follow the below steps:

- From top menu or the Pre-authorization menu Click on Create a Pre-Authorization Request



- Choose a program from the drop-down list
- Enter the ID number (UCI)
- Click Submit

ePay Service User Guide

[Provider Portal Home](#) / [Pre-Authorization](#) / [Create a Pre-Authorization Request](#)

Create a Pre-Authorization Request

The ability to submit authorization requests electronically is only available for VAC and IFHP clients.

Provider Information

Provider Name

Address

Phone

Provider Number

Email

Patient ID

Program * ?

Interim Federal Health Program (IFHP)

ID Number * ?

For beneficiaries with a ten-digit UCI, **please enter only the last nine digits** of the UCI. Do not enter the first digit of the UCI.

[Submit](#) [Clear](#)

- The patient information will appear
- The coverage information is found under Coverage

Patient Information

Patient

Program

Interim Federal Health Program (IFHP)

Identification Number

Coverage

Basic coverage, supplemental coverage, prescription drug coverage and dental coverage.
IME and IME Tests

Coverage Date

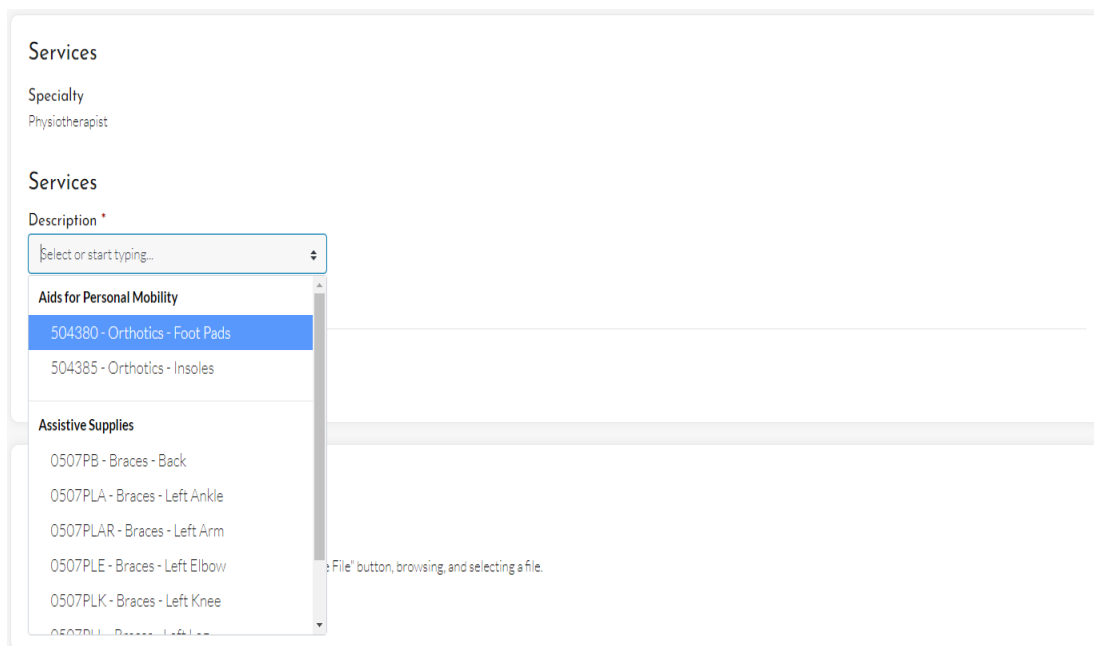
24 Feb 2014 - 01 Apr 2036

Note:

Should the immigration status of the patient change, coverage can cease or be modified without notice.

ePay Service User Guide

- From the drop-down list, select the requested service



The screenshot shows a web form titled "Services". Under the "Specialty" section, "Physiotherapist" is selected. In the "Services" section, the "Description" field is active, showing a dropdown menu. The dropdown menu is divided into two sections: "Aids for Personal Mobility" and "Assistive Supplies". Under "Aids for Personal Mobility", "504380 - Orthotics - Foot Pads" is selected. Under "Assistive Supplies", "0507PB - Braces - Back" is listed. A small text label "File' button, browsing, and selecting a file." is visible next to the dropdown menu.

- Enter the amount
- Enter the number of occurrences
- Enter the Prescriber
- Enter the Diagnosis Information
- If more services are required, click on Add another Service.
- You may attach any supporting documentation related to your request
- If your request is urgent, you can add the Priority of the Pre-Authorization Request (IFHP requests only)
- Press Submit Request

ePay Service User Guide

Services

Specialty
Physiotherapist

Services

Description *	Amount *	Occurrences *	Prescriber *
504380 - Orthotics - Foot Pads x ↕	500.00	1	MD - Medical Doctor x ↕

Diagnosis Information / Additional Notes

Severe foot pain

[Remove Service](#)

[Add Another Service](#)

Priority of Pre-Authorization Request

Please indicate the priority of this request * (?)

Non-Urgent Request x ↕

Documents & Details

Documents (?)


Attach documents (pdf, images, etc.) by clicking the "Choose File" button, browsing, and selecting a file.

[Choose a file](#) [Choose File](#)

[Submit Request](#)

[Cancel Request](#)

- Click Yes to submit



Submit Request

Click 'Yes' to submit the authorization Request.

[Yes](#) [No](#)

- Your Request ID is shown on his screen.
- This number will allow you to track the status of your request.
- You can create a new request for the same provider or click on done

ePay Service User Guide

Create a Pre-Authorization Request

Request Summary

Request ID
378243

Medavie Blue Cross will send notification via email regarding all updates made to this request.

To view the status of this request at any time, please consult the 'Manage Pre-Authorization Requests' located in the Pre-Authorization Menu.

Provider Information

Provider

[Redacted]

Address

[Redacted]

Phone

[Redacted]

Email

[Redacted]

Provider Number

[Redacted]

Patient Information

Name

[Redacted]

Program

Interim Federal Health Program (IFHP)

Identification Number

[Redacted]

Claim Type	Service Code - Description	Amount
Aids for Personal Mobility	504380 - Orthotics - Foot Pads	\$500.00

Create Another Request - Same Patient

Done

ePay Service User Guide

6. Manage a Pre-Authorization Request IFHP and VAC clients for providers in Canada

- From the main menu click on Manage Pre-Authorization Requests

The screenshot shows the Blue Cross ePay Service User Guide interface. At the top, there is a navigation bar with the Blue Cross logo and links for Claims, Pre-Authorization, IFHP Verify Patient Coverage, Payment Summaries, Links, and Contact Us. Below this is a header section with 'Your Secure Provider Portal' and a user profile area with 'Billing Agreement' and 'Update Profile' links. The main content area is divided into three sections: Claims, Pre-Authorization, and Other. The Pre-Authorization section contains three links: 'Create a Pre-Authorization Request', 'Manage Pre-Authorization Requests' (which is highlighted with a red box), and 'Other'. The Other section contains links for 'Payment Summaries', 'Documents & Links', and 'Contact & Inquiries'.

- Enter your search criteria
 - Patient Identification Number
 - Request ID
 - Date Submitted
- Click Search

Manage Pre-Authorization Requests

The screenshot shows the 'Manage Pre-Authorization Requests' search form. It has a 'Search' heading and a sub-heading 'Search by Patient Identification Number or other search criteria to view electronic authorization requests:'. Below this are three input fields: 'Patient Identification Number', 'Request ID', and 'Request Status' (with a dropdown menu). There are also two date range fields: 'Date Submitted From (DD/MM/YYYY)' and 'Date Submitted To (DD/MM/YYYY)'. At the bottom, there are 'Search' and 'Reset' buttons.

- The results will appear below
- You can view the details of your request by clicking on View
- The status will appear in the next column
- When a service is denied, there is an option to make an electronic appeal (IFHP requests only)

ePay Service User Guide

Manage Pre-Authorization Requests

Search

Search by Patient Identification Number or other search criteria to view electronic authorization requests:

Patient Identification Number	Request ID	Request Status
<input type="text"/>	<input type="text" value="378243"/>	<input type="text" value="Select if applicable..."/>

Date Submitted From (DD/MM/YYYY)	Date Submitted To (DD/MM/YYYY)
<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>

[Search](#) [Reset](#)

1 record(s) displayed

Viewing 10

Action	Status	Request ID	Date Submitted	Last Update	Patient ID	Program	Patient First Name	Patient Last Name
View	Sent	378243	10 Aug 2021	10 Aug 2021		IFHP		

Services

[300118 - Wall Grab Bars](#)

[0300WP - White Canes - Purchase](#)

History

Request Status	Date	Message
Sent	06 Dec 2021	
Review In Progress	06 Dec 2021	
Completed	06 Dec 2021	




Documents

No documents have been attached.

[Make An Appeal](#)

ePay Service User Guide

History

Request Status [?]	Date	Message
 Sent	06 Dec 2021	
 Review In Progress	06 Dec 2021	
 Completed	06 Dec 2021	

Attach Documents [?]

Attach documents (pdf, images, etc.) by clicking the "Choose File" button, browsing, and selecting a file.

Choose a file

Choose File

Claim Type	Service Code - Description	Amount
Aids for Daily Living	300118 - Wall Grab Bars	\$450.00

Would you like to appeal this service

☒ Yes ☐ No

Claim Type	Service Code - Description	Amount
Aids for Personal Mobility	0300WP - White Canes - Purchase	\$85.00

Would you like to appeal this service

☒ Yes ☐ No

Message To Medavie Blue Cross

Please enter the reason you are submitting an appeal for the service(s) selected above. Once completed click 'Submit Appeal' to save your changes and send the request

Message To Medavie Blue Cross *

Submit Appeal

Cancel

ePay Service User Guide

7. Search Claims History

- From the Main menu click on Search Claims History

The screenshot shows the top navigation bar of the Blue Cross ePay Service User Guide. The navigation bar includes the Blue Cross logo, a user profile icon, and a language selector set to 'Français'. Below the navigation bar is a blue header with the text 'Your Secure Provider Portal' and a lock icon. To the right of the header is a white box containing links for 'Billing Agreement' and 'Update Profile'. Below the header are three main menu categories: 'Claims', 'Pre-Authorization', and 'Other'. The 'Claims' category is highlighted with a red box around the 'Search Claims History' link. The 'Pre-Authorization' category includes links for 'Create a Pre-Authorization Request' and 'Manage Pre-Authorization Requests'. The 'Other' category includes links for 'Payment Summaries', 'Documents & Links', and 'Contact & Inquiries'.

BLUE CROSS

Claims ▾ Pre-Authorization ▾ IFHP Verify Patient Coverage Payment Summaries Links Contact Us

Your Secure Provider Portal

Billing Agreement > Update Profile

Claims

Submit a Claim >

Search Claims History >

IFHP Verify Patient Coverage >

Pre-Authorization

Create a Pre-Authorization Request >

Manage Pre-Authorization Requests >

Other

Payment Summaries >

Documents & Links >

Contact & Inquiries >

To narrow down your search, you may search your claims history based on Date of Service, program or by Patient ID

- To search by date:
 - Simply enter the dates you wish to search. (This search contains 90 days of past claims history.)
 - Click "Search"
- Select a Program

Search Claims History

The screenshot shows the 'Search Claims History' form. It is divided into two main sections: 'Provider Information' and 'Search'. The 'Provider Information' section has a hand icon and contains fields for 'Provider', 'Address', 'Phone', 'Provider Number', and 'Email'. The 'Search' section contains fields for 'Start Date' and 'End Date', both with calendar icons, and a 'Program' dropdown menu. At the bottom of the 'Search' section are 'Search' and 'Clear' buttons.

Provider Information

Provider

Address

Phone

Provider Number

Email

Search

Start Date * (DD/MM/YYYY)

11/07/2021

End Date * (DD/MM/YYYY)

11/08/2021

Program ?

Select if applicable...

Search Clear

ePay Service User Guide

- By selecting a program and clicking on Search
- Or by Entering the client/member ID and click “Search”

Results will appear according to the search parameters you have chosen

1-10 of 69 Results

Viewing

10

Action	Identification Number	Policy	Invoice Number	Patient Name	Date Submitted	Total Submitted	Date Paid	Paid Amount	Claim Status	Date Reversed
View			09 Aug 2021	\$2.00	Review In Progress	...
View			09 Aug 2021	\$1.00	Review In Progress	...
View			09 Aug 2021	\$1.00	Review In Progress	...
View			29 Jul 2021	\$5.00	29 Jul 2021	...	Processed	...
View			29 Jul 2021	\$6.00	29 Jul 2021	...	Processed	...

If you wish to view a specific record, simply click on View. The claims details will appear.

ePay Service User Guide

8. Payment Summaries

Provider payments for eligible services are processed every week through direct deposit for those Providers who are fully digital (ePay and ePayment summary access). A payment summary reconciliation is available electronically through our ePay claims submission system. The summary includes all Medavie Blue Cross and other Government Programs claim submissions.

We will continue to issue payments every second week by cheque for those Providers who are not fully digital and payment summaries will remain available to view electronically.

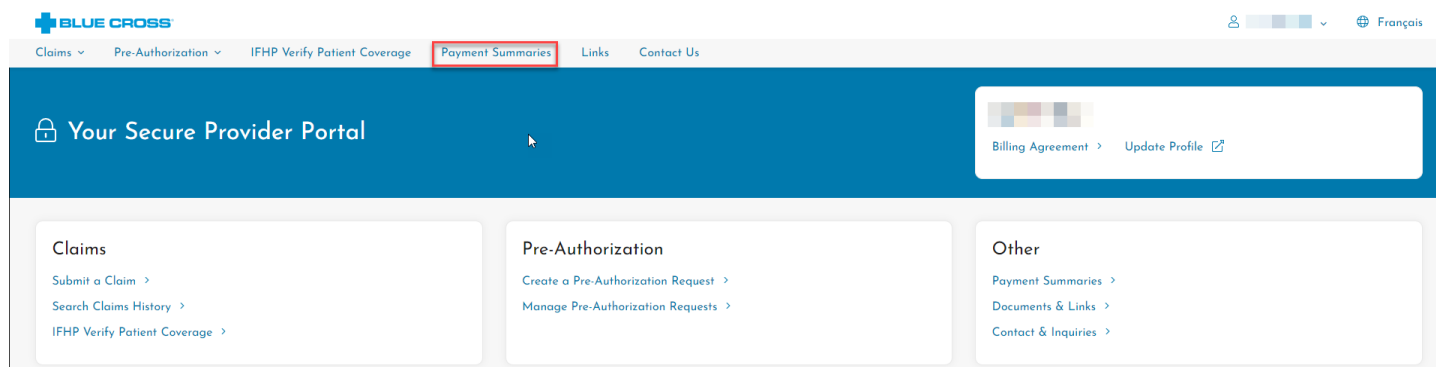
To view the dates of the provider payments, download your Provider Payment Schedules at <https://www.medaviebc.ca/en/health-professionals/resources>

To apply for direct deposit with Medavie Blue Cross, download an application form from the Health Professionals section of our website at <https://www.medaviebc.ca/en/health-professionals/direct-deposit>

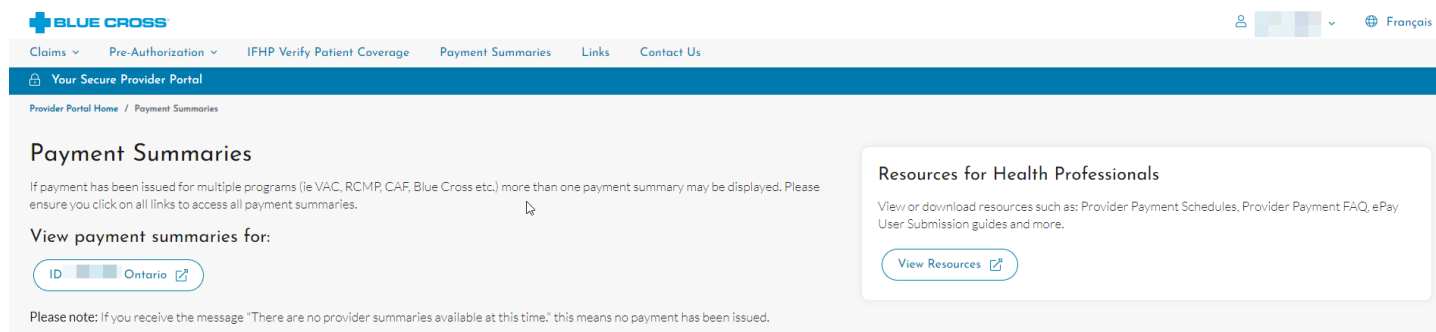
All payment summaries will be kept on file for a period of 2 years. You can view, download, and print payment summaries at your convenience.

To get started

- From the main menu, click on the Payment Summaries tab.



- Click on View Payment Summaries for:



The payment summaries appearing on this screen cover the previous 30 days in descending order by payment date.

ePay Service User Guide

Clicking on one of the PDF will open that payment summary.



BROWSE PAGE

Provider Summaries All Summaries



PAYMENT SUMMARIES

You are viewing payment summaries uploaded within the last 30 days. Please use the "All Summaries" link to view historical summaries.

- _PARA_ON_ON_20190913_BC.pdf
- _PARA_ON_ON_20190913_CIC.pdf
- _PARA_ON_ON_20170425_CIC.pdf

The payment summaries are sorted with the information displayed above. The information represents the following:

- The first set of digits are your approved provider number with Medavie Blue Cross.
- The next is your provider type.
- Your Province and your Region.
- The date of your payment summary.
- Your accounts with Medavie Blue Cross. (i.e. Blue Cross, Veteran's Affairs Canada etc)

If you have multiple specialties and bill for multiple programs (ie VAC, RCMP, CAF, Blue Cross etc.) more than one payment summary may be displayed. **Please ensure you click on all links to access all payment summaries.**

To view the rest of your summaries

- Click on the “All Summaries” tab to open payment summaries to view all summaries for the past two years.
- The summaries will be sorted by year. To view all summaries within that year, click on the drop down.



BROWSE

FILES

LIBRARY

Provider Payment Summaries

Provider Summaries

All Summaries

All Payment Summaries

By Customer

Find a file



Name

Provider Type

Provider Province

Provider Region

Payment Date

Customer Type

▸ **Payment Year : 2023** (2)

ePay Service User Guide

- The summaries will then be sorted by month.
- To view a summary, click on the name of the summary



BROWSE

FILES

LIBRARY

Provider Payment Summaries

Provider Summaries

All Summaries

All Payment Summaries

By Customer

Find a file



✓	Name	Provider Type	Provider Province	Provider Region	Payment Date	Customer Type
---	------	---------------	-------------------	-----------------	--------------	---------------

Payment Year : 2023 (2)

Payment Month : 06 June (1)

...	DENT_QC_ON_20230622_BC	...	DENT	QC	ON	6/22/2023	BC
-----	------------------------	-----	------	----	----	-----------	----

Payment Month : 07 July (1)

...	DENT_QC_ON_20230720_BC	...	DENT	QC	ON	7/20/2023	BC
-----	------------------------	-----	------	----	----	-----------	----

Please note: Click in the “Find a file” box to narrow down your search by searching with key information such as by date or customer (i.e VAC, RCMP, CAF, IRCC, BC)

You can also click on the “By Customer” tab to sort your summaries by customer (i.e. VAC, RCMP, CAF, IRCC, BC).

ePay Service User Guide

- The payment summary will appear in a PDF format. To find information on a specific member, click CTRL F.



Interim Federal Health Program (IFHP) Provider Payment Summary

Statement Date :
Provider Number :
DENT ON ON

Date of Service	Surname Benefit Code	First Name Tooth Code	Policy Total Billed	ID Number Amount Excluded	Deduct	Amount Eligible	% PD	Amount Paid	EOB CD
-----------------	----------------------------	-----------------------------	---------------------------	---------------------------------	--------	--------------------	---------	----------------	-----------

Claims

09 Sep 2022	071201	18	415.00	415.00	0.00	0.00	0	0.00	01
09 Sep 2022	071201	28	415.00	415.00	0.00	0.00	0	0.00	01
09 Sep 2022	071201	38	415.00	415.00	0.00	0.00	0	0.00	01
09 Sep 2022	072221	48	615.00	615.00	0.00	0.00	0	0.00	01
09 Sep 2022	092215	00	550.00	550.00	0.00	0.00	0	0.00	02
SUB-TOTALS :			2410.00	2410.00	0.00	0.00		0.00	

EOB: 01 - PAYMENT HAS BEEN DENIED AS CLAIMS MUST BE SUBMITTED WITHIN 6 MONTHS FROM THE DATE OF SERVICE.
EOB: 02 - PAYMENT HAS BEEN DENIED AS CLAIMS MUST BE SUBMITTED WITHIN 6 MONTHS FROM THE DATE OF SERVICE.

Dental Services

29 May 2023	001204	00	150.00	0.00	0.00	150.00	100	150.00	01
EOB: 01 - YOUR COVERAGE STIPULATES YOU ARE ENTITLED TO RECEIVE 1 SERVICE(S) EVERY 6 CONSECUTIVE MONTHS FROM EACH PROVIDER(S).									
01 Jun 2023	001204	00	150.00	0.00	0.00	150.00	100	150.00	01
EOB: 01 - YOUR COVERAGE STIPULATES YOU ARE ENTITLED TO RECEIVE 1 SERVICE(S) EVERY 6 CONSECUTIVE MONTHS FROM EACH PROVIDER(S).									

Statement Amount 300.00
Total amount previously owed to Blue Cross this statement: 0.00
IFHP Payment Amount: 300.00
IFHP PAYMENT TOTAL: 300.00

*** Reminder: Benefit/Billing codes are required on all claims. ***

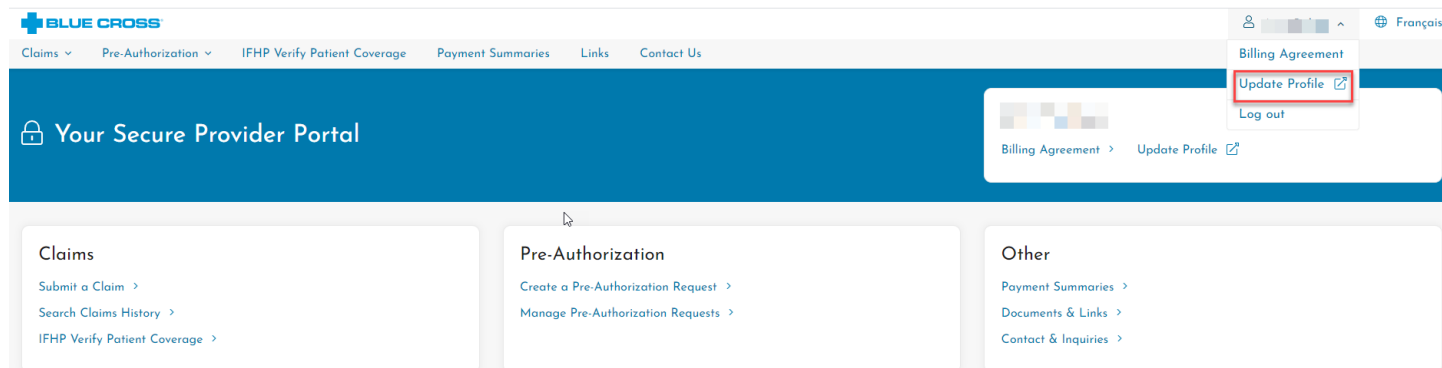
As indicated in the "Provider of Service Payment Agreement", in accepting payment you acknowledge that you may be subject to audit and that you will cooperate with any such audit conducted by Medavie Blue Cross or any third party authorized by Medavie Blue Cross

Page: 1 of 1

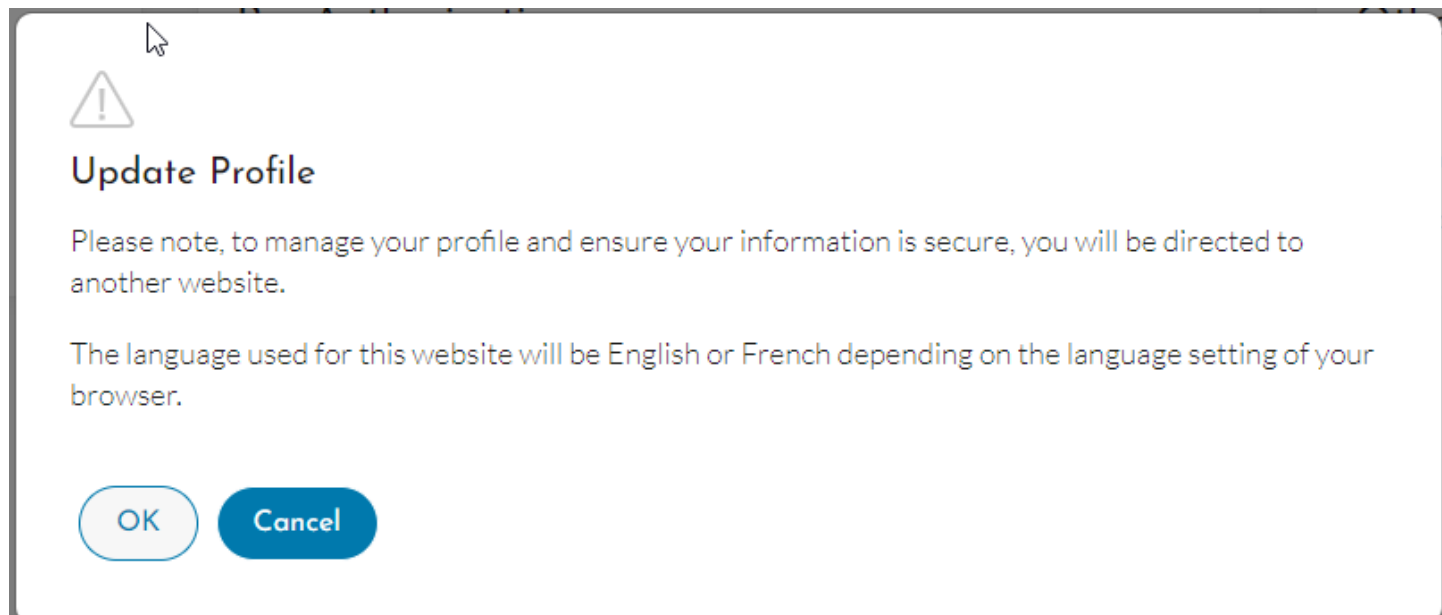
ePay Service User Guide

9. Update Profile

- From the main menu, click on the name of the provider and select “Update Profile”



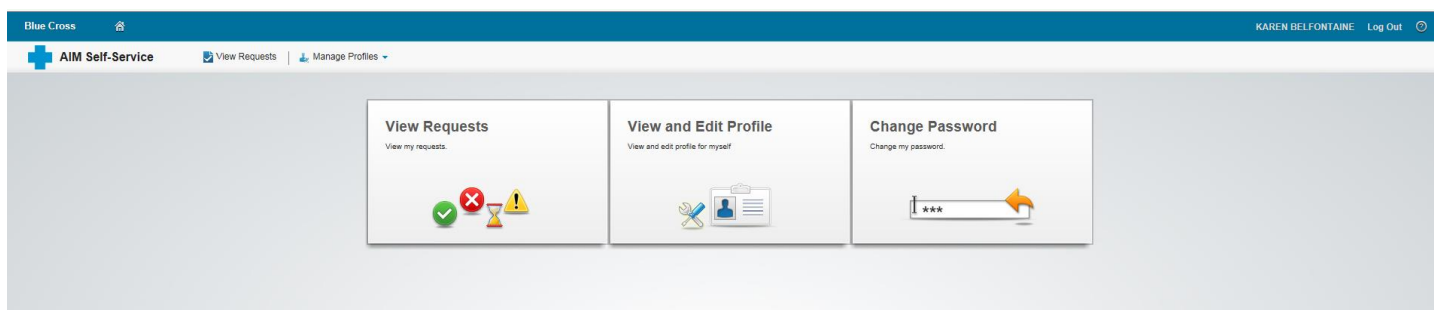
- The following message will come up, click on OK



ePay Service User Guide

This page will give you the opportunity to do the following:

- View Requests
 - See any pending profile update requests
- View and Edit Profile
 - Change your contact information
 - Note: when changing your address, please include additional information under the “provider other” tab to indicate if this a true change of address or if this is an additional work location.
- Change Password



View and Edit Profile

- Provider Basic
 - Change name
 - Change Business name
 - Change the preferred language

A screenshot of the ePay Service User Guide 'View and Edit Profile' page. The top navigation bar is blue with the Blue Cross logo on the left and the user name 'KAREN BELFONTAINE' and 'Log Out' on the right. Below the navigation bar, there are three tabs: 'Provider Basic', 'Provider Registration', and 'Provider Other'. The 'Provider Basic' tab is selected. The page shows a 'Profile Details' section with a 'Back' button and a 'Save and Continue' button. The 'Provider Basic' tab contains the following fields: 'System Generated UserID' (A101961), 'Last name' (Belfontaine), 'First name' (Karen), 'Full name' (Karen Belfontaine), 'Preferred language' (English), and 'Business Name' (Belfontaine). The fields are arranged vertically in a form.

ePay Service User Guide

- Provider Registration
 - Request additional Provider Programs
 - In the left box, click on the coverage you wish to add to your profile
 - Click on Add

Blue Cross KAREN BELFONTAINE Log Out

View and Edit Profile View Requests Manage Profiles

Back Profile Details: KAREN BELFONTAINE Save and Continue

Provider Basic Provider Registration Provider Contact Provider Other

Provider Program

Canadian Armed Forces (CAF)

Add > < Remove

Provider Program

Blue Cross
Royal Canadian Mounted Police (RCMP)
Veterans Affairs Canada (VAC)
Interim Federal Health Program (IFHP)

Regulatory Body Name

test

- Provider contact
 - Change the email address
 - Change address

Note: It is very important to indicate if you are no longer working at this location. If this new address is an additional work location, please fill out a new registration request at www.medaviebc.ca/register. A new Provider number and log in ID will be assigned for this new location. A section for additional comments is available under the Provider Other tab.

Blue Cross KAREN BELFONTAINE Log Out

View and Edit Profile View Requests Manage Profiles

Back Profile Details: KAREN BELFONTAINE Save and Continue

Provider Basic Provider Registration Provider Contact Provider Other

* Email

test@testing.com

Telephone number

555-555-5555

Fax number

* Business Address Line 1

100 Queen Street West

Business Address Line 2

* City

Toronto

* Province

ON

* Postal code

M5H 2N2

Contact Name

ePay Service User Guide

- Provider Other
 - Enter Additional comments

The screenshot shows the Blue Cross ePay Service User Guide interface. At the top, there is a blue header bar with the Blue Cross logo, a home icon, and the user's name 'KAREN BELFONTAINE' with a 'Log Out' link. Below the header, there is a navigation bar with 'View and Edit Profile', 'View Requests', and 'Manage Profiles'. The main content area is titled 'Profile Details: KAREN BELFONTAINE' and includes a 'Save and Continue' button. The 'Provider Other' tab is selected, showing an 'Additional Information' section with a large text area for entering comments.

Click on Save and continue

The below screen will appear:

- Enter a justification for this change request
- Click on Submit

The screenshot shows the Blue Cross ePay Service User Guide interface. At the top, there is a blue header bar with the Blue Cross logo, a home icon, and the user's name 'KAREN BELFONTAINE' with a 'Log Out' link. Below the header, there is a navigation bar with 'View and Edit Profile', 'View Requests', and 'Manage Profiles'. The main content area is titled 'Provide Required Information' and includes a 'Submit' button. The 'Justification for this request' text area is empty.

Every time your profile is modified, a request will be sent to Medavie for Processing. A notification will be emailed to you to the email address indicated on your profile. This notification will inform you that the changes have been made.

10. *Claim Reversals*

If information on a claim is keyed incorrectly, the claim may be reversed, voided, or adjusted.

If the claim is for a Medavie Blue Cross member, please call our toll-free line at 1-888-873-9200 or e-mail inquiry@medavie.bluecross.ca.

If the claim is for an IFHP, VAC, CAF or RCMP client/member, please call our toll-free line at 1-888-261-4033

A Customer Information Representative will be able to reverse the claim for you. To assist the Customer Information Representative, please have the following information available when calling about a claim reversal:

- Member's ID number
- Member's policy number
- Member's name
- Provider number
- The date of service

11. *Co-ordination of Benefits (Other Coverage) Guidelines for Electronic Claims (not applicable for clients/members of IFHP)*

Our ePay Service is available for the submission of claims for members who have Medavie Blue Cross as their **primary carrier only**. (See note* below for clients/members of VAC, CAF and RCMP.) Paper claim submission is mandatory for claim reimbursement for members with Blue Cross as their secondary carrier.

If a provider attempts to submit a claim where Blue Cross is not the primary carrier, the following messages may appear on the website:

- If the provider clicks "yes" for COB, and the claim is for a participant who should be going through another carrier or plan first, the following message appears: "This claim must be sent to the primary carrier. Once processed, please submit your paper claim, along with the payment statement from the primary carrier, to Medavie Blue Cross for consideration."
- If the provider clicks "no" for COB, and the claim is for a participant who has another plan with Medavie Blue Cross, the following message appears after you click on Pre-Determine: "Our records indicate that the claimant has another Blue Cross plan that is primary over the ID card given. Please check with your customer and re-submit your claim using the primary Medavie Blue Cross ID card. Any unpaid balance may be submitted under the secondary ID card using a paper claim."
- If the provider clicks "no" for COB, and the claim is for a participant who has a primary plan with another carrier, the following message appears after you click on Pre-Determine: "This claim must be sent to the primary carrier. Once processed, please submit your paper claim, along with the payment statement from the primary carrier, to Medavie Blue Cross for consideration."

ePay Service User Guide

If you are unsure how to determine whether Medavie Blue Cross is the primary insurance carrier, please call our Customer Information Centres at 1-800-667-4511 in Atlantic Provinces, 1-800-355-9133 in Ontario and 1-888-1212 in the province of Quebec.

If your client indicates they have changed their information or coverage through other insurers, please advise them to contact our Customer Information Centre so we may update our files.

Note*: Claims for Federal Program clients/members, VAC, CAF and RCMP, may be submitted whether Medavie Blue Cross is the primary carrier or if the claim has been partially paid by another benefits program through provincial/territorial coverage or other private coverage.

12. Exceptions

Due to regional complexity and adjudication requirements necessary to process claims, a limited number of our member groups with a non-standard benefit design will not be eligible for processing claims through the ePay Service. To identify these groups at the time of claim entry, you will receive the following message when you key in the policy and ID numbers: < **The Policy Number is not authorized for web claim submission on this service date - Please submit a paper claim**>.

13. 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. 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 login ID and Password. Your Password should be kept secure 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 one half hour, your connection will be terminated, and you will be required to repeat your login to this site.

ePay Service User Guide

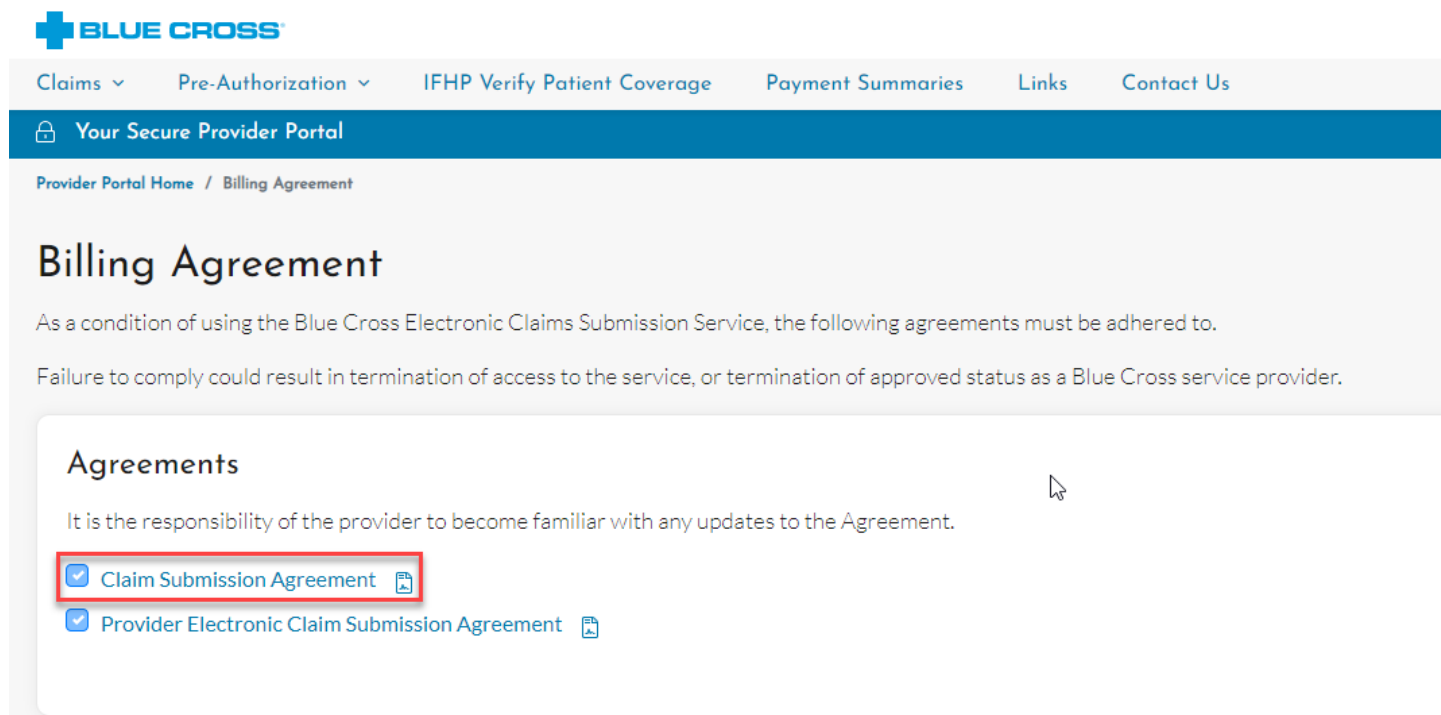
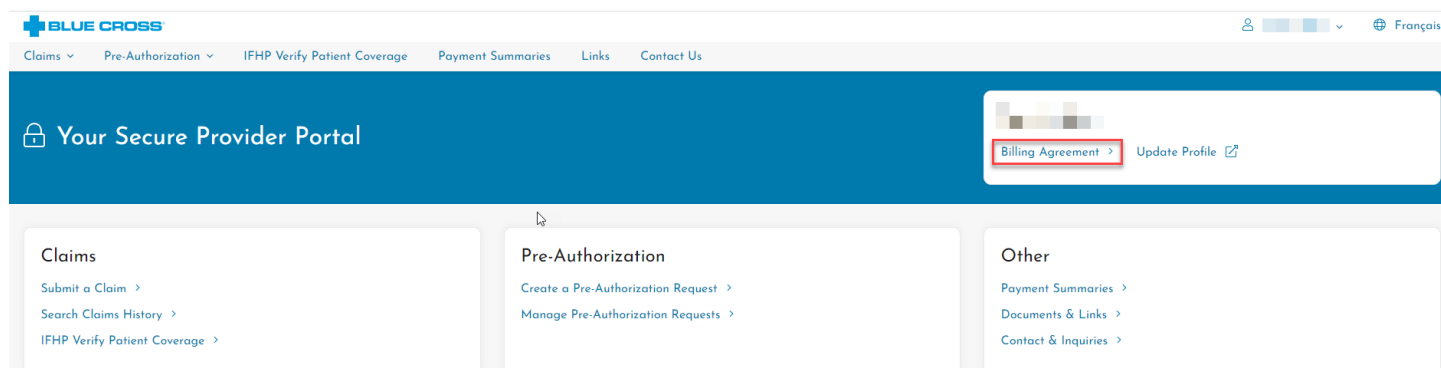
14. Claims Submission Agreement

The *Claims Submission Agreement* outlines the Terms and Conditions you must accept before registering as a Provider for IFHP, VAC, CAF and RCMP clients/members with our ePay electronic claims system.

The provider, by signing/accepting the Claims Submission Agreement, is bound by all noted terms and conditions.

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.

The agreement can be viewed anytime by clicking on the “Billing Agreement” tab.



ePay Service User Guide

15. Electronic Claim Submission Agreement

The *Provider Electronic Claim Submission Agreement* outlines the terms and conditions you must accept before you may submit claims directly to Medavie Blue Cross via our Electronic Claims Submission Service. Please note that the agreement becomes a legally binding document after you click to accept the online version the first time that you log on to the ePay 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.

The agreement can be viewed anytime by clicking on the “Billing Agreement” tab.

