Here are links to each providers registration to create your accounts:

Pacific Blue Cross
https://service.pac.bluecross.ca/providerregistration

Sunlife *Requires consent form by plan member* https://acces.sunlife.ca/s/login/SelfRegister?language=en_CA

Medavie Blue Cross: RCMP/VAC https://www.medaviebc.ca/en/health-professionals/register

Telus E-Health *existing claim members/some require consent*: Includes many but main used seem to be Manulife, Canada Life, Desjardins *(when you log in you will be able to see the list of all the other providers)* https://registry.telushealth.co/

Greenshields https://www.providerconnect.ca/ProviderEnrolment/ProviderApplicationForms.aspx

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Log In

- Once you register and receive confirmation of your account, you'll get a link to the provider portal to sign in for submitting; I have this saved as tabs on my laptop to make it easier, but they are also saved as tabs on the front computer at the clinic

When to submit claims: everyone is different, it is what works best for you.

- I like to submit all my claims for the day first thing in the morning, so I know what coverage is provided and what's outstanding etc.

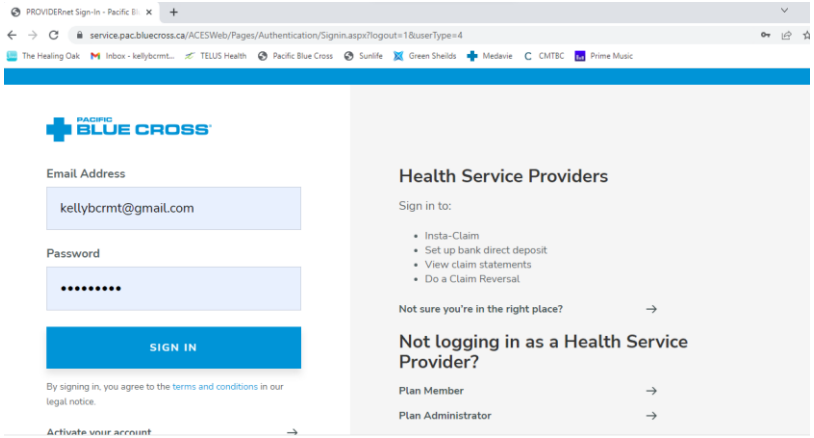
- Some practitioners will submit at the end of their appointment when the patient is present and then if there is any outstanding take the remainder of the payment then

- Some practitioners will do all their submitting at the end of the day (I've never liked this as if there is something outstanding, I am now having to get payment from the patient: some people just know who has what coverage or have a credit card on file and have the understanding from the patient that any remaining amount will be charged to the card).

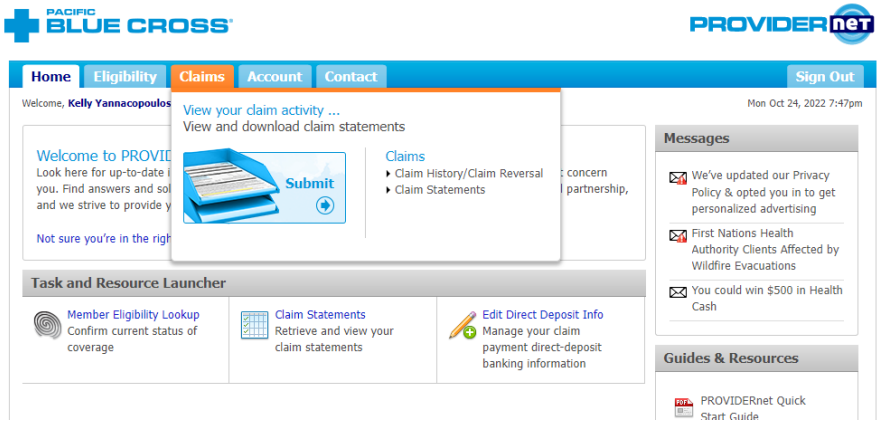
How to submit claims:

Pacific Blue Cross

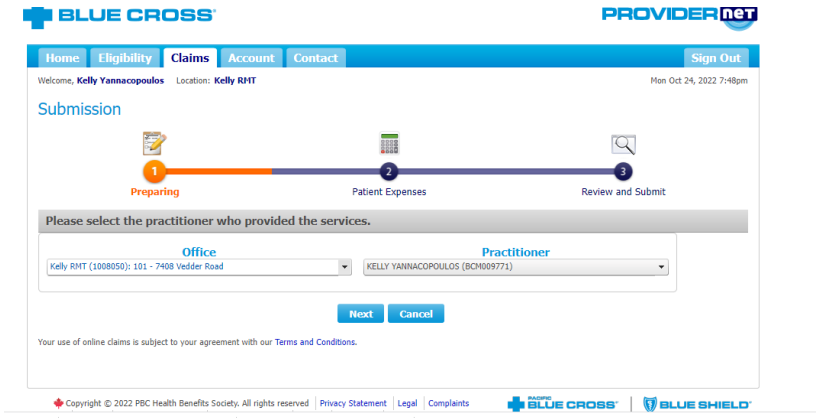
Step 1 – Log In



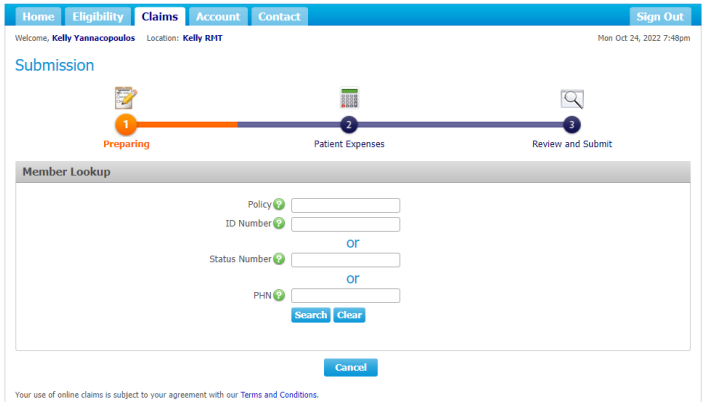
Step 2 – Go to the claims tab and click submit



Step 3 – Select your location and practitioner

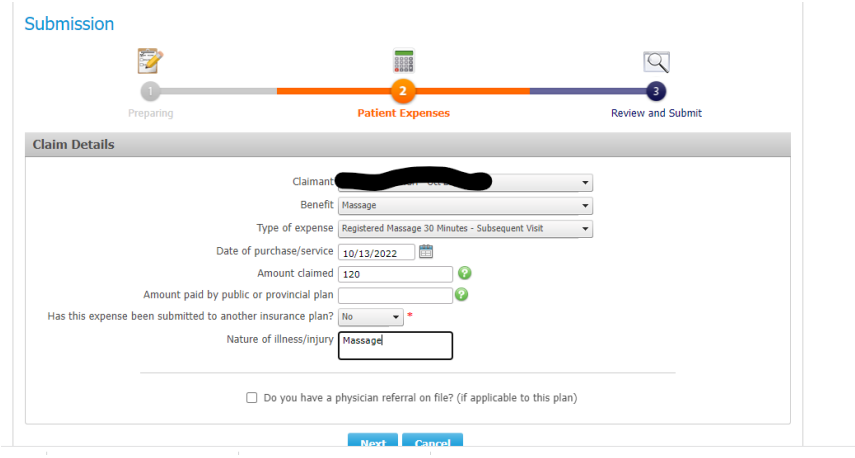


Step 3 – Enter patients' policy and member number to look up members under the plan

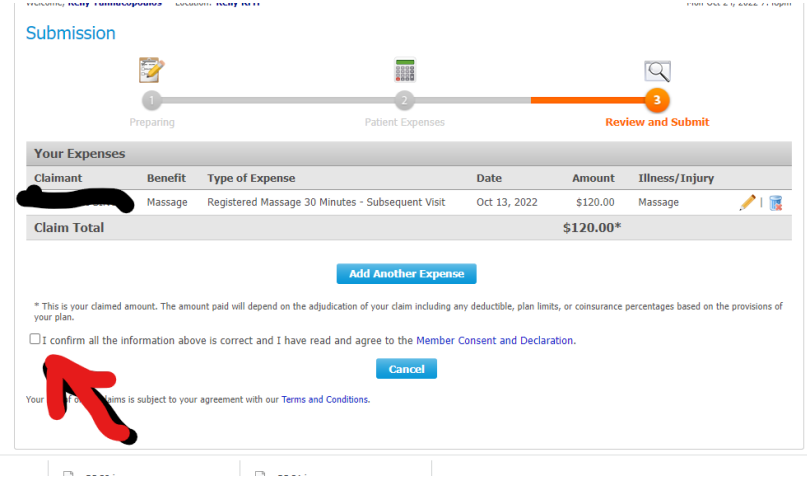


Click search to see the eligible members under the plan

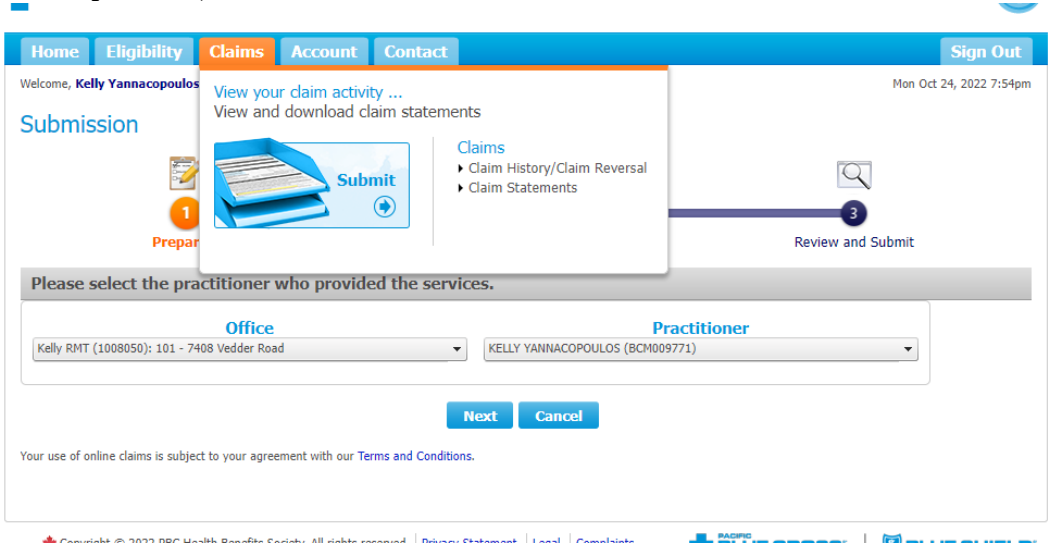
Step 4 – Follow the prompts on the screen to submit the information



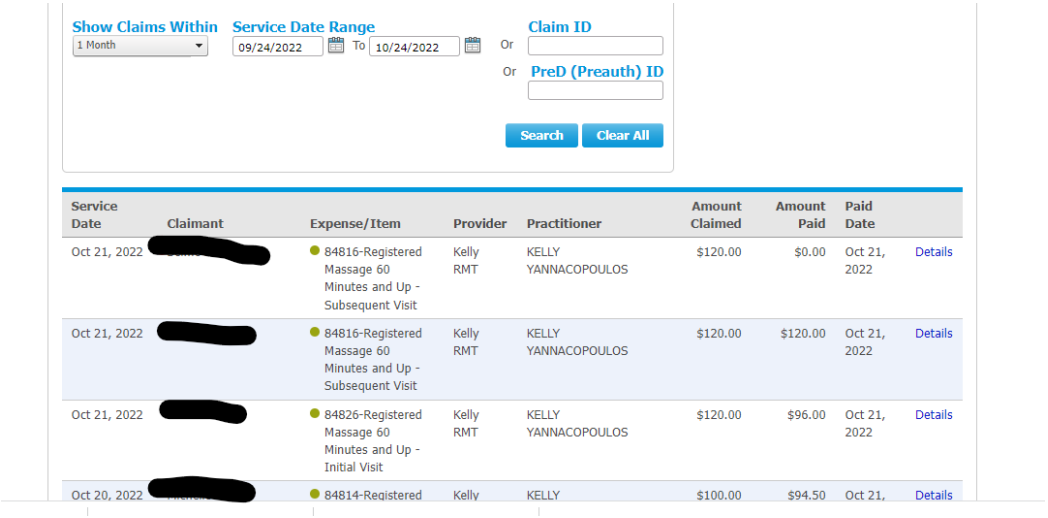
Step 5 – Confirm the submission



Step 6 – With PBC it will show the amount covered after confirming the submission however, it is important to then after the submission to go to **Claim History/Claim Reversal** and check that there is not additional coverage. (This is something specific to PBC as I have never come across this in another provider)

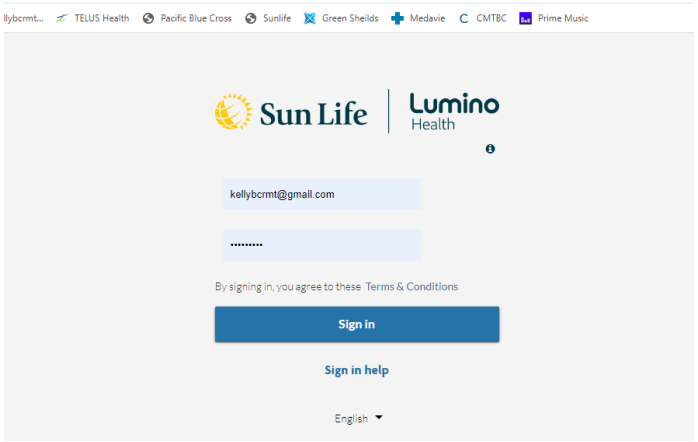


This will show all the submissions that have been made and if there is additional coverage you will see the persons name twice with two separate amounts

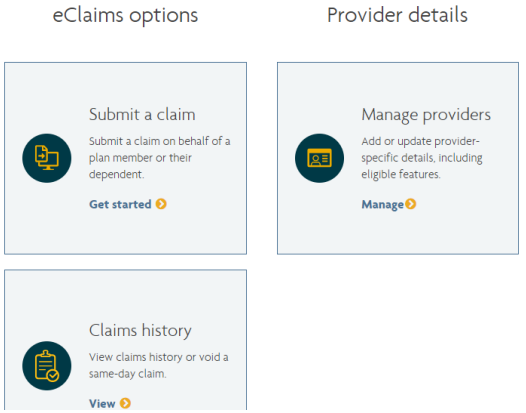


Sunlife

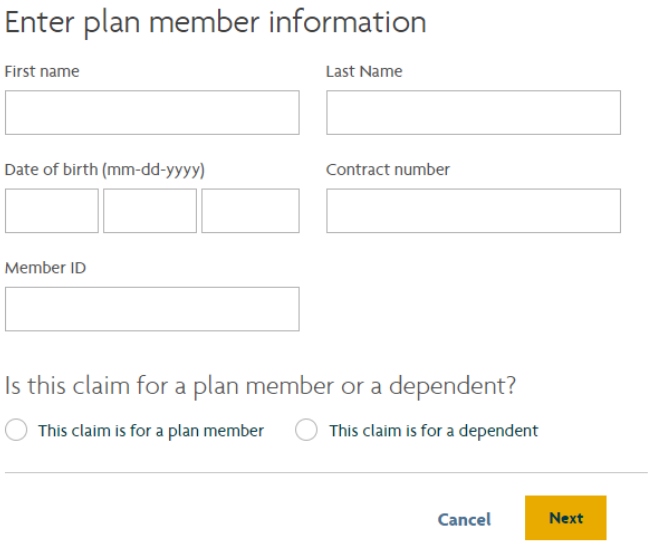
Step 1 – Log In



Step 2 – Submit a claim



Step 3 – Enter plan member information *if the claim is being submitted for a dependent a prompt will come up after pressing next and will ask you for the dependent's information*

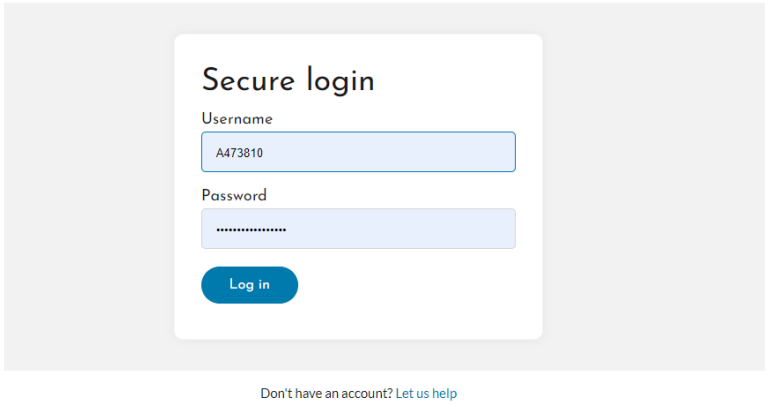


Step 4 – Continue through the prompts: ones that are required will have an * - much like PBC you just put in your amount being processed and your information (i.e. treatment length etc)

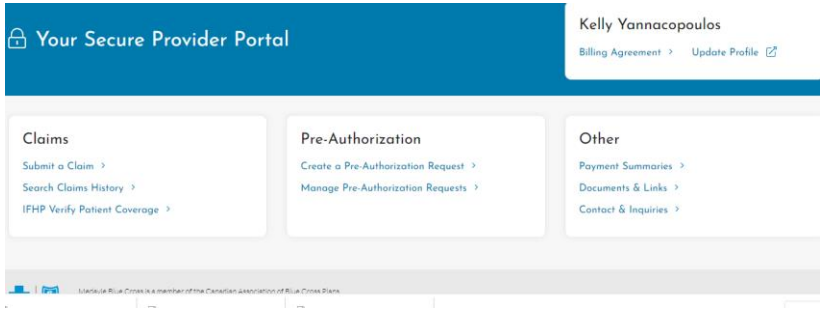
Step 5 – Confirm and submit – once this is completed it will show how much was covered for the visit (it will say what is covered and also tell you what the patients owe for the remaining amount)

Medavie Blue Cross: RCMP/VAC *I don't bill to VAC but it is the same process as RCMP*

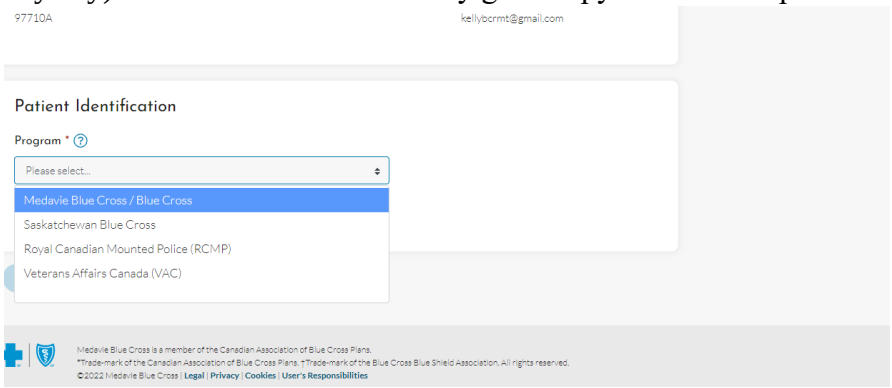
Step 1 – Log In



Step 2 – Submit a claim

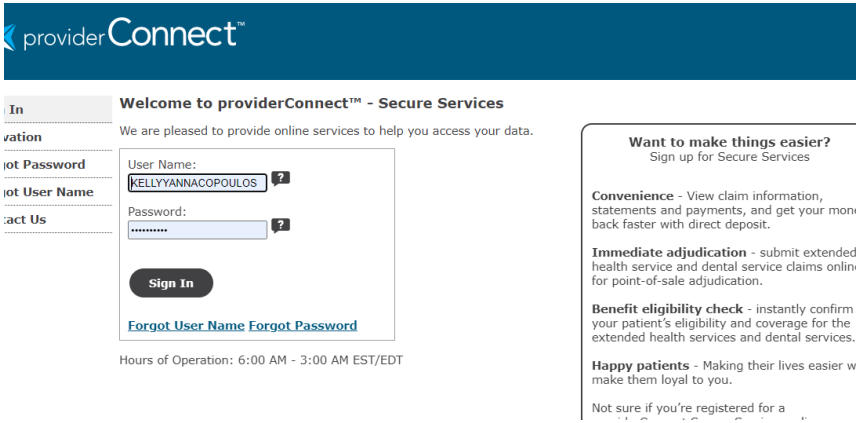


Step 3 – Select the program type – enter patients identification number and follow the prompts just like the other portals. This one asks you to break down your pricing (i.e. base price + GST) and will have a section for both. It also usually requires the patient to have a doctors referral (for massage anyway) – if that's the case I usually get a copy of have the patient do self submission if their note is not already on file.

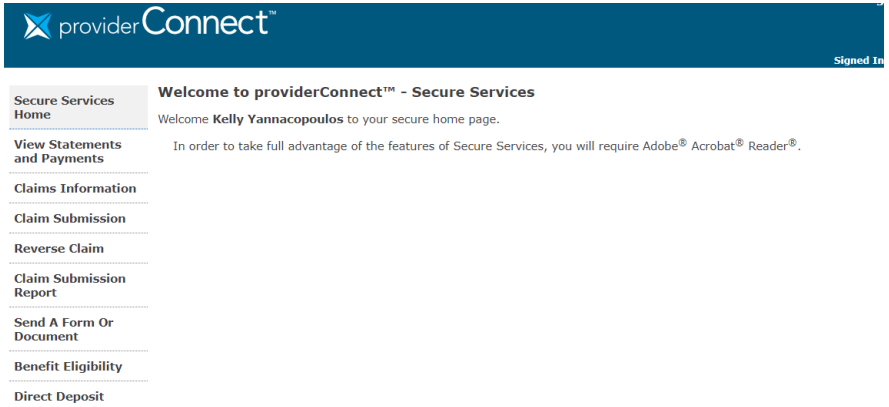


Green Shields

Step 1 – Log In



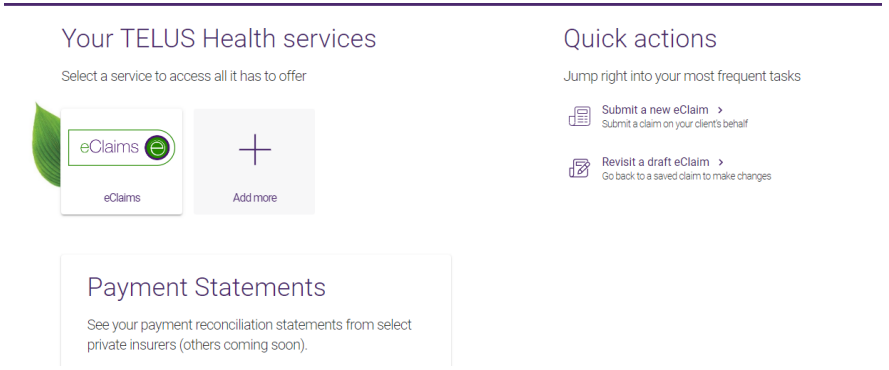
Step 2 – Click Claim Submission then follow prompts like all other portals



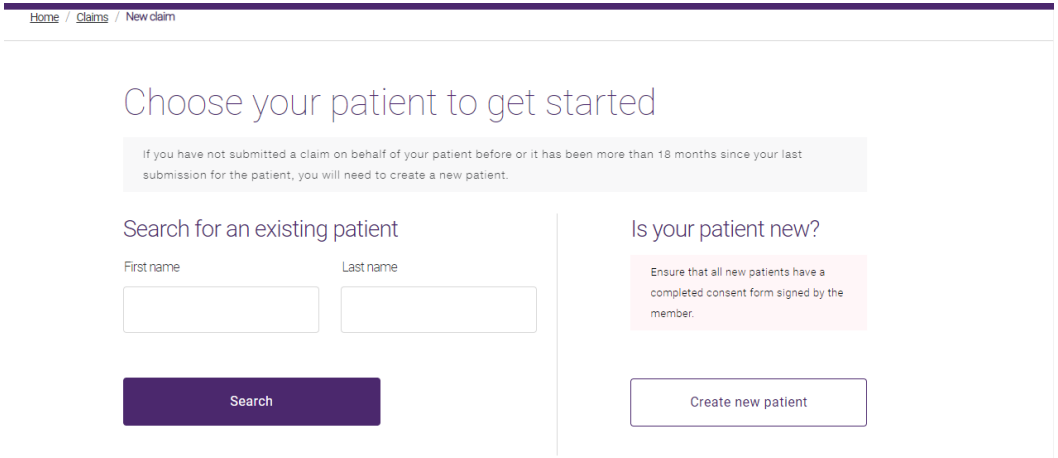
Telus Health

Step 1 – Log In

Step 2 – Submit a new eClaim (or click the eClaims box w/ the green leaf)



Step 3 – Choose new or existing patient (if you've submitted then once when you click existing it will bring up all the patient's info and previously submitted treatment types). From here follow the prompts the whole way through just like all other portals.



Member Coverage

I have not investigated if we can see how much coverage a patient has left, there may be a way and it may just take some browsing on each provider's site or contacting support. I have always told my patients that I don't have access to this and to check through their log in portals to see how much remaining coverage they have for the year as I personally don't want to take on an added task and like to leave that responsibility with them 😊

Downtime

Occasionally the portals to providers are down and you cannot submit, this is most common with Sunlife, other portals have scheduled maintenance, but they usually give a disclaimer and do it in the evenings. Everyone is different on how they deal with this: some practitioners will just submit once the portal is up and running and deal with any outstanding fees etc. Personally, I have a disclaimer on my intake form that explains if a portal is down payment is needed in another form and a receipt will be provided to them for self submission.

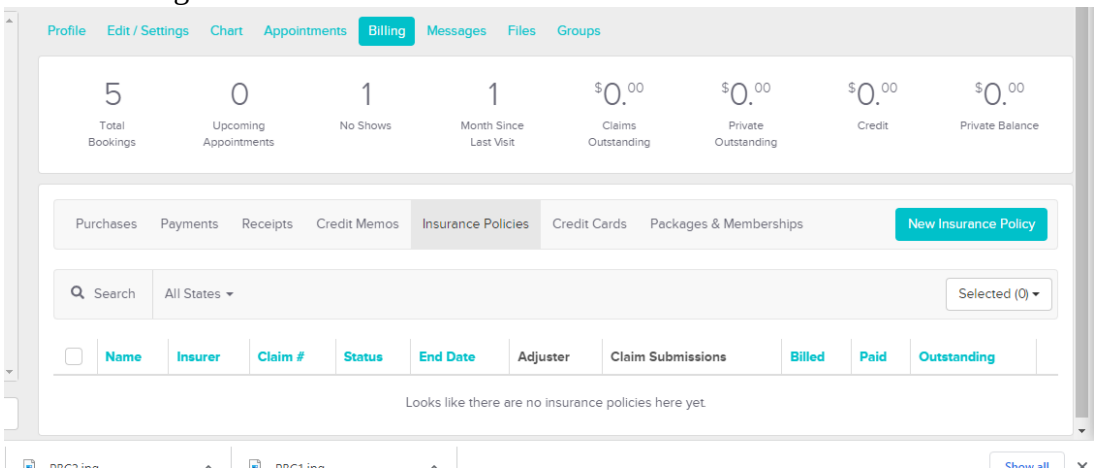
Multiple Plans

Some patients have coverage under multiple carriers. In this case you will submit to the primary carrier first (i.e., Sheila has PBC and her husband Andy has SunLife = first submit to PBC then submit to SunLife as a dependant). In this case where the prompt asks if this plan is covered by any other carrier say yes on the 2nd submission and it will ask the amount that has been covered by the primary plan (i.e., if PBC covered $50.00 for

Sheila, when submitting to SunLife mark yes for coverage and if it asks how much note the $50 – SunLife will then show how much of the rest it will cover).

Saving Patients Billing Info in Jane App

Go to Billing -> Insurance policies -> New Insurance policy -> Select provider and put the policy and member numbers in – for some of the providers you can click the blue launch portal button under the policy number, and it will bring up the matching policy holder – but this is not necessary you can just save the numbers for yourself if you're not submitting directly through Jane. I don't personally do it through Jane much besides saving their numbers.

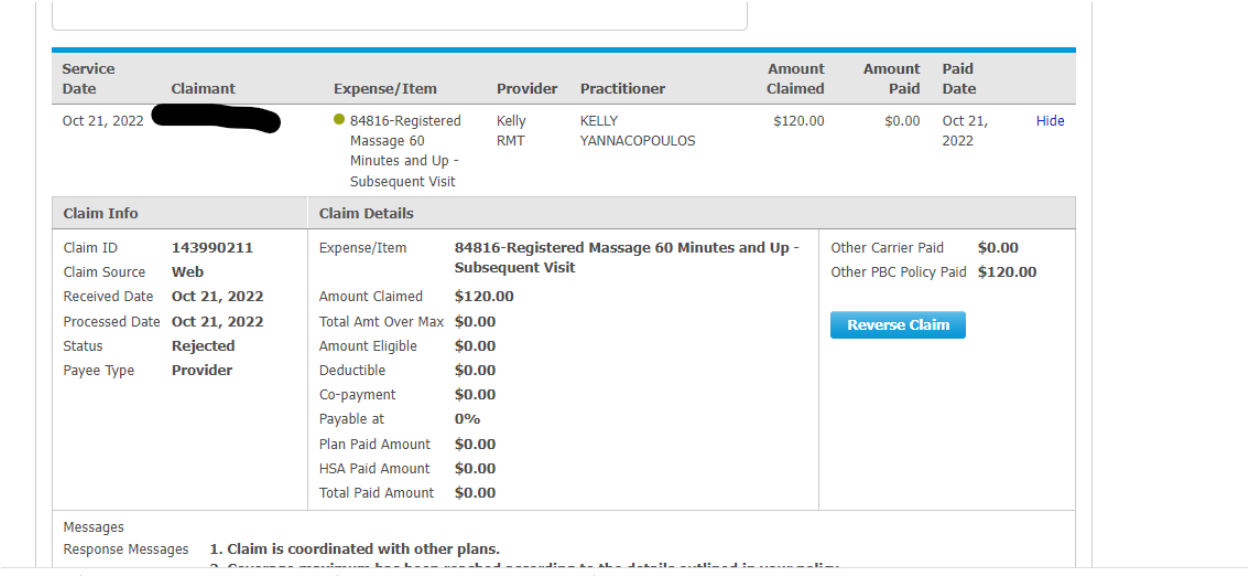


Issuing a Receipt

Everyone is different again; some practitioners will print out a receipt for the patient if need be – 100% of my patients are fine if I issue a receipt through the Jane App to their email. When selecting the form of payment for myself I just put ''Insurer Cheque'' from the drop down – for me this works as it tells me it was covered via a submitted portal. Some people like to show the provider portal directly on Jane and show payment that way – I have never used this or liked it, so I am not much help there! Sorry!!

Reversing Claims – claims can be reverse the day of before they have been paid out; I do this on most occasions if a patient doesn't show to their appointment (one of the downsides to doing it ahead of time however reversals are super easy).

PBC - Go to ''Claims" then ''Claims history/claims reversal
Go to ''details'' -> if the claim is eligible for reversal, you will be a blue Reverse Claim button. Once you refresh the page the claim will be gone off the history



Service Date	Claimant	Expense/Item	Provider	Practitioner	Amount Claimed	Amount Paid	Paid Date	
Oct 21, 2022	[redacted]	84816-Registered Massage 60 Minutes and Up - Subsequent Visit	Kelly RMT	KELLY YANNACOPOULOS	$120.00	$0.00	Oct 21, 2022	Hide

Claim Info

Claim ID	143990211
Claim Source	Web
Received Date	Oct 21, 2022
Processed Date	Oct 21, 2022
Status	Rejected
Payee Type	Provider

Claim Details

Expense/Item	84816-Registered Massage 60 Minutes and Up - Subsequent Visit
Amount Claimed	$120.00
Total Amt Over Max	$0.00
Amount Eligible	$0.00
Deductible	$0.00
Co-payment	$0.00
Payable at	0%
Plan Paid Amount	$0.00
HSA Paid Amount	$0.00
Total Paid Amount	$0.00

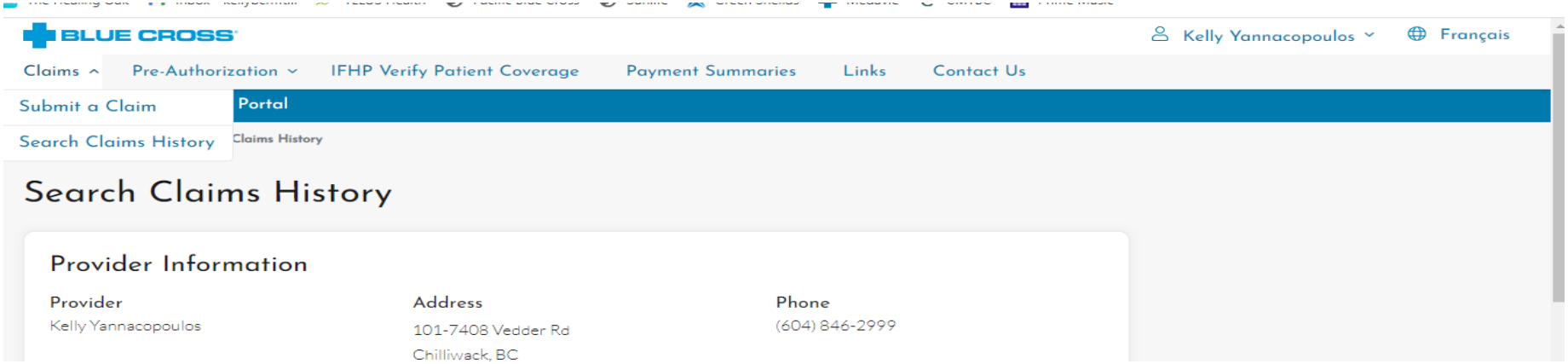
Other Carrier Paid	$0.00
Other PBC Policy Paid	$120.00

Reverse Claim

Messages
Response Messages 1. Claim is coordinated with other plans.

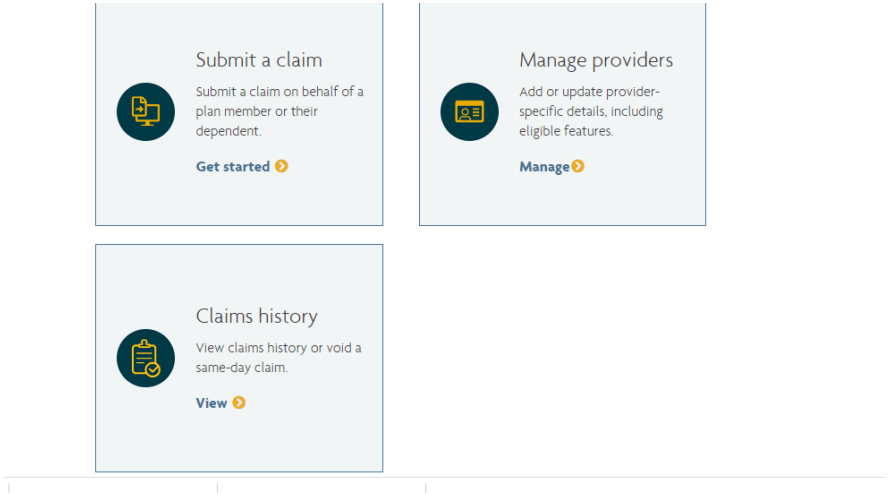
Medavie Blue Cross: RCMP/VAC

Go to Claims -> Search Claims History -> Click the reverse button at the desired claim



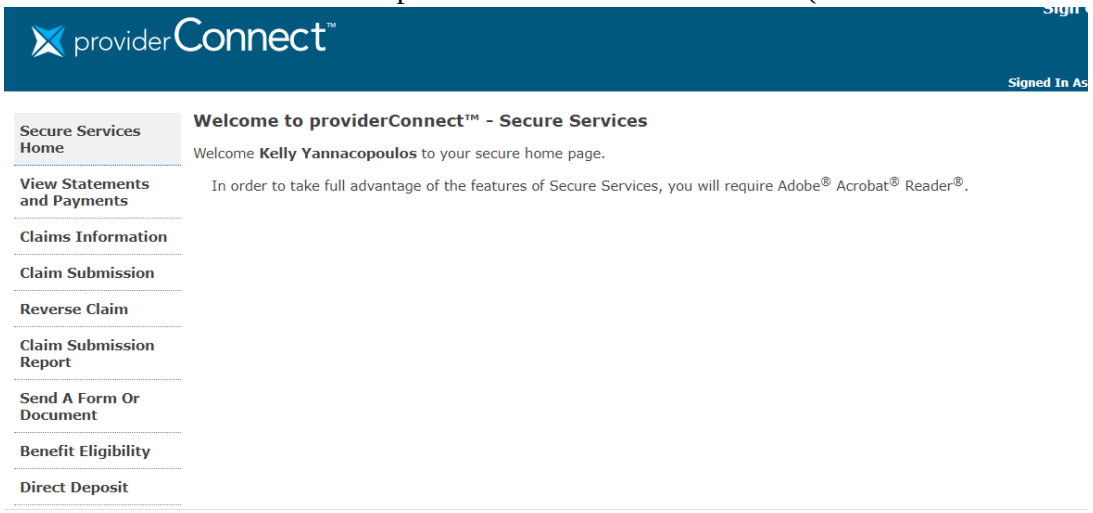
Sunlife

Go to Claims History -> Search the claim -> click void claim button

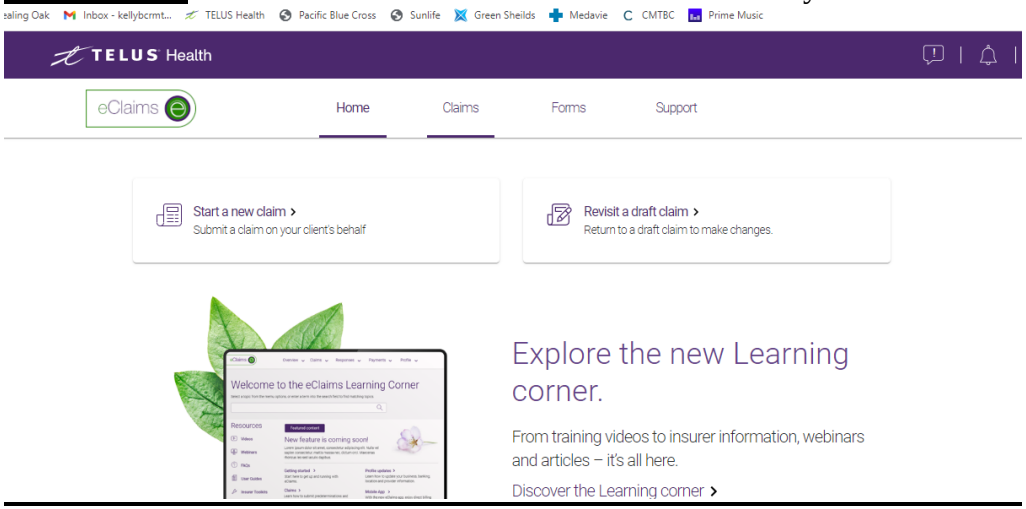


Green Shields

Go to Reverse claim –> look up desired claim -> search claim (Greenshields has a comment section to explain the reversal)



Telus Health -> Go to Claims -> it will show all claims history -> if a reversal is possible then click on the claim and the reverse button will be there



Hopefully this helps – any questions feel free to ask me anything when we see each other or to msg me kellybcrmt@gmail.com