



PROVIDER E-CLAIMS MANUAL



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INTRODUCTION TO CBP PROHEALTH WEB PORTAL

The CBP ProHealth web portal enables end-users to perform various administrative tasks and view relevant information. Providers can view their profile information, claim summary (including predeterminations) and payments overview. Paramedical and vision providers will have to complete a registration process in order to submit claims electronically. Upon registration, an email confirmation will be sent out after which e-claims can be submitted immediately.

WHAT ARE E-CLAIMS?

Paramedical and vision providers are now able to submit claims electronically. This feature will speed up the submission process and more importantly alleviate the patients to pay out-of-pocket.

The patient is required to present a valid CBP Benefit Card in order for a provider to submit claims electronically. The provider will have to register for online submission by completing the **CBP Provider E-Claims Agreement**. All receipts must be kept for a period of one year after the service date. Providers have up to 30 days to submit e-claims.

E-CLAIMS OVERVIEW

1. Provider must be registered with CBP
2. E-claims can be submitted for up to 30 days after the service date
3. Submitted claims can be edited or deleted
4. Claims pended by the claims department are not editable – provider will be notified if more information is required
5. Approved claims are not editable – payment has been issued by EFT and may take up to 72 hours to appear in the provider's bank account
6. Any adjustments/reversals on already approved claims will have to be requested by contacting the CBP Help Desk
7. Both plan members and providers receive an email notification when a claim has been paid

CONTACT US

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Tel: 780.944.9166 **Email:** helpdesk@cbproviders.ca

Web: www.cbproviders.ca



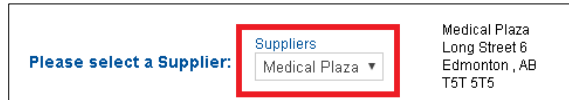
PROCESSING E-CLAIMS

Step 1 Log-in to your provider portal at <https://cbphealth.ca/>

Step 2 Once logged-in, select **CLAIM ENTRY** tab at the very top.



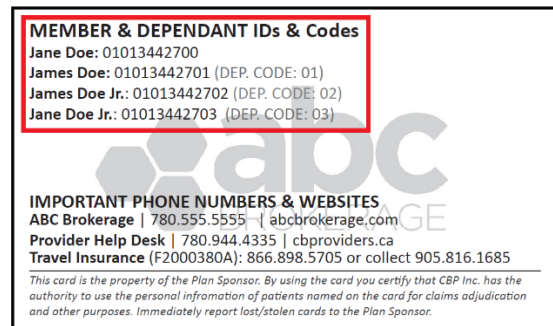
Step 3 A supplier will already be selected if this is an individual supplier account. For multi-supplier account, select appropriate supplier from the drop-down menu.



Step 4 Enter an 11-digit Member ID as shown on the CBP Benefit Card.



- Each family member has their own individual member ID.
- Dep. Code is not required for e-claims.

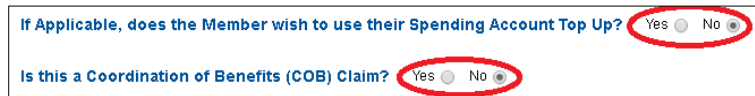


Step 5 Click on the **magnifying glass** to look-up the patient.



Once the member information is displayed, verify the patient information matches your client (name and date of birth).

Step 6 Select whether member wishes to use their **Health Spending Account**.



Indicate whether this is a claim covered by another carrier (**Coordination of Benefits**).



- Refer to FAQ if you are unsure about Health Spending Account or COB.

- Step 7** Enter claim details:
- Service Date
 - Procedure
 - Bill Amount

| | | | |
|---|-----------------------------|--------------------------|--|
| Service Date (mmdyyy) 02212018 | Procedure Massage | Bill Amount 75 | |
| <input type="button" value="Add Claim Line"/> | | | |



- To add a new claim line, click on the **Add Claim Line** button.
- To delete a claim line, click on the **trash can** icon.
- If **COB** (paid by another carrier) was paid, enter the paid amount in the **COB Amount** field.
- If other carrier paid zero, still enter claim as a COB claim with **zero** COB Amount (proof of zero payment **MUST** be provided).



- Providers have up to **30 days after the service date** to submit e-claims.
- Do not include ineligible charges (e.g. tips or ineligible supplies).
- Any ineligible amounts will be reversed, and the provider account will be flagged for an audit.

- Step 8** Attach **all relevant and legible** copies of receipts or invoices or Explanation of Benefits.

Please attach a copy of the receipt/invoice.



Make sure all uploaded files are relevant and legible. If any of the uploaded files are not legible or are missing, claim will be reversed by the claims department.

- Step 9** **Comments** may be added. Claim Comments may contain relevant information to help with the claim approval process (e.g. 'Please find billed amount on second page of uploaded PDF.').

Please add any comments to the Claim

Please find billed amount on second page of uploaded PDF

1000 character limit.

- Step 10** Hit **Submit Claim** button.

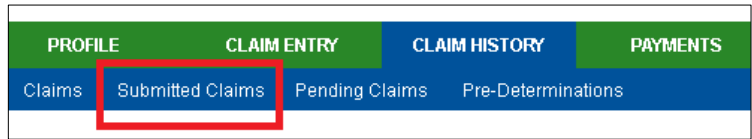
The e-claim is now submitted! It will be listed under **Submitted Claims** submenu link.



CBP and its partners reserve the right to amend the claim adjudication result based on provided claim information. Submitted claims may be pended if more information is required. Submitted claims may be completely deleted should the claims department find such claim in violation of the CBP Provider E-Claims Agreement.

EDITING/DELETING SUBMITTED CLAIMS

Step 1 Select **CLAIM HISTORY** tab and then select **Submitted Claims** submenu link.



Step 2 A summary of submitted claims will be displayed with filter fields below each column title (use these to narrow down the search).

Submitted Claims

NOTE: This is a listing of recently submitted claims that haven't been paid yet. You may edit/delete any recently submitted claims. To see paid claims, select Claims under the CLAIM HISTORY.

| Tracking Number | Claim Number | Date Entered | Patient | Provider | Total Submitted |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="text" value="x"/> | <input type="text" value="x"/> | <input type="text" value="x"/> | <input type="text" value="x"/> | <input type="text" value="x"/> | <input type="text" value="x"/> |
| CL900100095:55 | 2018263000003 | Sep 20, 2018 | SCHUMMER, ANDY | Provider # 1 - Medical Plaza | \$150.00 |
| CL900100095:51 | 2018254000011 | Sep 11, 2018 | JOHNSON, MARTIN | Provider # 1 - Medical Plaza | \$75.00 |
| CL900100095:43 | 2018169000004 | Jun 18, 2018 | BONUS, JUSTIN | Provider #2 - Medical Plaza | \$100.00 |
| CL900100095:41 | 2018169000002 | Jun 18, 2018 | BONUS, JUSTIN | Provider #2 - Medical Plaza | \$50.00 |

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Double click anywhere in the row except the folder icon to open the claim details in a new tab. If you click on the folder icon, it will open the claim details in the same tab and the search will be lost.

Step 3 To edit, select the **EDIT** link in the top right-hand corner of the Claim Details window.

Submitted Claim Details

Received Date: Sep 20, 2018
 Provider: Provider # 1 - Medical Plaza
 Claim Number: 2018263000003
 Tracking Number: CL900100095:55
 Patient: SCHUMMER, ANDY
 Member ID: 11013901000

Claim Summary
 Total Submitted: \$150.00
 Total Paid: \$150.00
 Total Not Paid: \$0.00

Claim Line Details

| Submitted | Deductible | Eligible | Covered By COB | % Covered | Plan Paid | Spending Account | Total Paid |
|-----------|------------|----------|----------------|-----------|-----------|------------------|------------|
| \$150.00 | \$0.00 | \$150.00 | \$0.00 | 100 % | \$150.00 | \$0.00 | \$150.00 |

EDIT **DELETE**

To completely delete the submitted claim, hit the **DELETE** link.

Step 4 Once editing, the claim entry screen will appear with all previously entered information. Edit any necessary information and hit **Submit Claim** button at the very bottom to save the changes.

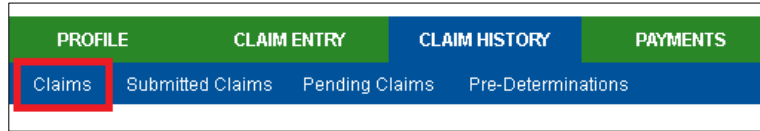
The claim is now edited! It will be listed under **Submitted Claims** submenu link.



If internet connection fails or the claim entry screen is abandoned at any point of editing the claim, it will be pended. This is done because the claim edits were not saved. Select **Pending Claims** submenu link under **CLAIM HISTORY** and search for the claim. Once the claim has been selected, proceed with your edits or delete the claim. Please note a pended claim will NOT be processed and will stay pended until it will eventually get deleted out of the system.

VIEWING APPROVED CLAIMS

Step 1 Select **CLAIM HISTORY** tab and then select **Claims** submenu link.



Approved claims are claims that have been approved and released by the claims department. These claims are no longer editable. You may see the final adjudication result and a subsequent payment. Even zero paid claims are deemed approved claims.

Step 2 Claim search fields will appear – enter any data that will help with the claim search.



Payment Ref # is recommended for searching specific claims paid under one payment. The Payment Ref # is found under the **PAYMENTS** tab.

Double click anywhere in the row except the folder icon to open the claim details in a **new tab**. If you click on the folder icon, it will open the claim details in the same tab and the search will be lost.

Step 3 Approved Claim Report will display.

Details tab will have all details about the claim and final payment.

Files/Comments tab will display any comments or files uploaded by the provider.

To **print** an Explanation of Benefits, click on the bottom [blue link](#). A pop-up window will appear (pop-up windows must be enabled). Then click on the [PRINT link](#) at the very top.

Approved Claim Report

Received Date: Jul 10, 2018
 Provider: Provider # 1 - Medical Plaza
 Claim Number: 2018191000001
 TrackingNumber: CL900100095:46

Patient
 Patient: TROUT, STEVE
 Plan Member: TROUT, STEVE

Group
 Group: STEELWORKS INC.
 Division: STEELWORKS - EXECUTIVES

Payee
 Payee: Medical Plaza
 Payee Address:
 Long Street 6
 Edmonton, AB
 T5T 5T5

Claim Summary
 Total Submitted: \$100.00
 Total Paid: \$90.00
 Total Not Paid: \$10.00

Payment Summary
 Type: Electronic
 Payment Ref #: 1000763
 Payment Date: Sep 04, 2018

Claim Line Details

| Procedure Description: ACUPUNCTURE Procedure: ACUP | | | | | | | |
|--|------------|----------|----------------|-----------|-----------|------------------|------------|
| Units: 1.0 Start Date: Jul 10, 2018 End Date: Jul 10, 2018 | | | | | | | |
| Submitted | Deductible | Eligible | Covered By COB | % Covered | Plan Paid | Spending Account | Total Paid |
| \$50.00 | \$0.00 | \$50.00 | \$10.00 | 100 % | \$40.00 | \$0.00 | \$40.00 |
| Explanation: Amount Paid by COB Carrier | | | | | | | |

| Procedure Description: ACUPUNCTURE Procedure: ACUP | | | | | | | |
|--|------------|----------|----------------|-----------|-----------|------------------|------------|
| Units: 1.0 Start Date: Jul 09, 2018 End Date: Jul 09, 2018 | | | | | | | |
| Submitted | Deductible | Eligible | Covered By COB | % Covered | Plan Paid | Spending Account | Total Paid |
| \$50.00 | \$0.00 | \$50.00 | \$0.00 | 100 % | \$50.00 | \$0.00 | \$50.00 |

[Related Explanation of Benefits to Providers](#)

VIEWING PAYMENTS

Step 1 Select **PAYMENTS** tab.



Step 2 A summary of payments will appear.



Payment Ref # is recommended for searching specific claims paid under one payment. Use the Payment Ref # to find related claims under **CLAIM HISTORY – Claims** menu.

EFT Payments

| Payment Ref Number | Amount Paid | Payment Date | Paid To |
|------------------------|------------------------|------------------------|------------------------|
| <input type="text"/> x | <input type="text"/> x | <input type="text"/> x | <input type="text"/> x |
| 1000763 | \$340.00 | Sep 04, 2018 | Medical Plaza |
| 1000757 | \$1,195.00 | Jul 06, 2018 | Medical Plaza |
| 1000640 | \$225.00 | Mar 12, 2018 | Medical Plaza |
| 1000592 | \$50.00 | Jan 05, 2018 | Paul's Great Me |

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Step 3 To retrieve payment details or to export a report, **double click** on the payment in the grid. You may also click on the folder icon on the left-hand side.

EFT Payments

| Payment Ref Number | Amount Paid | Payment Date |
|------------------------|------------------------|------------------------|
| <input type="text"/> x | <input type="text"/> x | <input type="text"/> x |
| 1000763 | \$340.00 | Sep 04, 2018 |
| 1000757 | \$1,195.00 | Jul 06, 2018 |
| 1000640 | \$225.00 | Mar 12, 2018 |
| 1000592 | \$50.00 | Jan 05, 2018 |

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Step 4 Payment details can now be seen under the EFT REPORT tab.

You may now export a report as an **Excel** or **PDF** document – select your preference under the 'Export Format' dropdown menu.

EFT Payment Report

Payment Date From (mm/dd/yyyy) Payment Date To (mm/dd/yyyy) EFT Reference Number(s) EFT Amount

EFT Payment Details

| Payee | Provider | Patient | Patient Id | Preso | Procedure | Service Date | Submitted | Net Amount | EFT Amount | EFT Refer | Payment Date | Claim Number |
|---------------|--------------|-------------|-------------|-------|--------------------|--------------|-----------|------------|------------|-----------|--------------|---------------|
| Medical Plaza | Provider # 1 | TROUT, STEV | 11013812800 | | ACUPUNCTURE | Jul 10, 2018 | \$50.00 | \$40.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000001 |
| Medical Plaza | Provider # 1 | TROUT, STEV | 11013812800 | | ACUPUNCTURE | Jul 09, 2018 | \$50.00 | \$50.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000001 |
| Medical Plaza | Provider # 2 | GREEN, BOB | 11013914500 | | PHYSIOTHERAPIST | Jul 04, 2018 | \$75.00 | \$50.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000002 |
| Medical Plaza | Provider # 2 | GREEN, BOB | 11013914500 | | PHYSIOTHERAPIST | Jul 09, 2018 | \$75.00 | \$50.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000003 |
| Medical Plaza | Provider # 2 | GREEN, BOB | 11013914500 | | PHYSIOTHERAPIST | Jul 10, 2018 | \$75.00 | \$50.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000005 |
| Medical Plaza | Provider # 2 | GREEN, BOB | 11013914500 | | PHYSIOTHERAPIST | Jul 07, 2018 | \$100.00 | \$50.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000006 |
| Medical Plaza | Provider # 2 | GREEN, BOB | 11013914500 | | SUPPLIES - PARAMED | Jul 07, 2018 | \$50.00 | \$0.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000006 |
| Medical Plaza | Provider # 2 | ANDERSON, J | 11013626401 | | PHYSIOTHERAPIST | Jul 10, 2018 | \$50.00 | \$50.00 | \$340.00 | 1000763 | Sep 04, 2018 | 2018191000007 |



If you have exported an excel report, select the **EFTPayment** worksheet at the bottom to see payment details.



FREQUENTLY ASKED QUESTIONS

1. REGISTRATION

How can I start submitting claims electronically?

Only paramedical and vision providers can submit claims using the ProHealth E-Claims. Please contact the CBP Help Desk to learn about registration.

I am registered for direct deposit, yet I am not able to submit e-claims.

To submit e-claims, the CBP Provider E-claims Agreement has to be completed and submitted to CBP. Upon successful registration, a confirmation email will be sent back.

My address/contact info has changed. Where can I update it?

Please contact the CBP Help Desk to update your profile.

I have changed banks. Where can I update it?

Please contact the CBP Help Desk to update your banking information.

I have several suppliers but I cannot see them in the dropdown menu.

Additional suppliers can only be added by CBP upon successful registration. Please contact the CBP Help Desk for assistance.

2. PLAN BENEFIT QUESTIONS

What is a Health Spending Account?

A Health Spending Account (HSA) applies to certain employees depending on the group policy. This account is an extra amount of funds that is disbursed for charges above the plan's annual maximum or to cover the member's co-pay. Policy member may opt out from HSA should they decide to keep their funds for other charges such as glasses or other expenses not covered by their traditional plan. Please consult with the plan member to make sure their HSA funds are used appropriately. CBP is not responsible for unauthorized HSA disbursements.

What is a Coordination of Benefits?

Coordination of Benefits is a simultaneous coverage by two or more carriers. A plan member may have a coverage through their employer, their spouse and/or private/public health insurance program. A claim must be submitted to the primary insurance carrier first – please consult with the plan member who their primary insurance carrier is. CBP system will decline any claims that are to be sent to the primary carrier.

Where can I find details about member's coverage?

Ask the plan member to provide an up-to-date benefit booklet or call the CBP Help Desk for assistance.

3. ENTERING E-CLAIMS

Can I process a predetermination?

Providers cannot process predeterminations. However, a provider can process an e-claim to see how much the plan would cover at the very moment. This "test" claim must be deleted. This estimate is only valid for as long as the plan member has not used up their benefit maximums.

I cannot find the patient.

Ask member to present their CBP Benefit Card or Temporary Benefit Card and make sure the ID number (11 digits) is entered as shown on the back of the benefit card. Make sure you do not enter the group ID which is on the front of the benefit card. Once the ID number is entered, click on the **magnifying glass** and wait for patient's details to display. If you continue having issues searching for the patient, contact the CBP Help Desk and have the member's ID ready.

I entered a claim for one family member; now I would like to add a claim for other family member.

The claim entry is per one family member only. To enter a claim for another family member, please start the claim entry by entering the member's ID number as shown on the back of the benefit card. Please note each family member has their own 11-digit ID number.

The searched patient displays incorrect Date of Birth. How can I correct this?

Please have the member contact the CBP Help Desk so we can verify their identity and change their DOB.

Patient's primary carrier paid zero. How do I submit this e-claim?

On the entry screen, select this claim as a COB claim and enter zero in the **COB Amount** field. You must attach an Explanation of Benefits from the primary carrier clearly showing zero was paid.

Service Dates are from more than 30 days ago. How do I submit these claims?

You will no longer be able to submit these claims. The patient has to submit claims to their insurance carrier (members can submit claims electronically as well).

I have submitted a claim, but I cannot find it under Submitted Claims.

- If you attempted to edit a submitted claim and did not save any changes, the claim will be under Pending Claims and may be edited and re-submitted.
- If a submitted claim has been approved by the claims department, the claim will appear under Claims.
- If the claims department decided to suspend a submitted claim for any reason, it will be pended and all edits will be disabled. Only the claims department will be able to process and approve pending claims.
- If a submitted claim does not appear under any of the above mentioned menu options, the claim was deleted and will have to be entered again.

I have multiple service dates to enter. How do I add a claim line?

Click on the **Add Claim Line** button. Please refer to the 'Processing E-Claims' section for more details.

I submitted a claim with multiple service dates. When I open the claims details, I cannot see all service dates.

The claim may have been split into several claims. Click on the 'Related Claims' tab at the top to see the other service dates.

How do I remove a claim line?

Click on the trash can icon on the right-hand side. Please refer to the 'Processing E-Claims' section for more details.

I have submitted a claim and would like to edit it.

If the claim has not been approved by the claims department, find the claim under 'CLAIM HISTORY – Submitted Claims', select it and click on **EDIT** link in the top right-hand corner. Please refer to 'Editing/Deleting Submitted Claims' section for more details.

I do not have a scanner. Can I submit a picture of the receipts?

Yes. Make sure the picture is legible and clear. It must state the supplier's and plan member's information.

I have just submitted a claim. When can I expect a payment?

Payments are processed according to the policy rules. Generally, if no further information is required, a payment will be processed within one week.

I have started editing a submitted claim, but I got interrupted. I cannot see the claim anymore.

If a claim was abandoned during editing, the system will pend the claim. Find the claim under 'CLAIM HISTORY – Pending Claims'. Most likely the claim will be Editable (will display 'Y' on the far-right side).

How do I print an Explanation of Benefits?

Explanation of Benefits (EOB) can only be printed for Approved Claims. Go under 'CLAIM HISTORY – Claims', search for the claim and open claim details. Click on the link reading 'Related Explanation of Benefits to Providers' and a pop-up window will appear (you might need to enable pop-up windows). Then click on the PRINT link at the very top of the pop-up window.

How do I see all claims that have been recently paid?

It is recommended to find out the Payment Reference # first under 'PAYMENTS' tab. Then enter the Payment # under 'CLAIM HISTORY – Claims' in the 'Payment Ref #' field and hit Search button. This will retrieve all claims that have been paid under the payment number.

I have just sold a package of multiple service sessions. How do I submit it?

CBP does NOT allow submitting a package of multiple service sessions. Please enter each individual session after the service has been provided and calculate the billed amount per one session. E.g. a package of 10 massage sessions was purchased for an amount of \$500. Each session will cost \$50 and may only be submitted after the service has been provided.