

Program of Choice 8 - Nursing Services

OVERVIEW

Participating providers agree that they will submit claims directly to Medavie Blue Cross for payment when Medavie Blue Cross Health Care Identification cards from eligible clients of Veterans Affairs Canada (VAC), members of the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP) are presented.

Participating providers also agree to accept the terms of the Claims Submission Agreement, the requirements outlined in the Provider Guide and all other referenced program documentation including this overview, and to act in accordance with the terms of these requirements.

Program of Choice (POC) 8, Nursing Services, may include nursing services and home care services such as the administration of medications, application of dressings, personal care, homemaking, foot care, wound care, training of clients/members or caregivers in the use of medical supplies and health care, and health status monitoring. For a full list of benefits, visit the provider portal at www.medavie.bluecross.ca/healthprofessionals and select the Department specific Benefit Grid.

PROVIDER PORTAL

The Provider Portal and ePay (Electronic Claims Submission) are available to all eligible and registered POC 8 providers. The portal is the easiest way to submit pre-authorization requests (VAC only), electronic claims and view all program information including payment summaries.

CLIENT/MEMBER ELIGIBILITY

- VAC clients may be eligible for benefits/services as specified in the Benefit Grid based on their disability entitlement or demonstrated health need.
- CAF still serving members are only eligible for the benefits/services as indicated on their pre-authorization. It is the CAF's role and responsibility to determine a still serving member's eligibility for benefits/services.
- RCMP members are eligible for benefits/services as specified in the RCMP Benefit Grid.

Providers must confirm eligibility by having the patient present their Medavie Blue Cross Health Care Identification card, and their pre-authorization for CAF members. Providers can confirm eligibility by submitting a pre-determination on the provider portal.

BENEFIT PREREQUISITES AND LIMITATIONS

To receive payment, the following requirements must be met.

- 1) **Prescription** - Some benefits require a prescription from a qualified health professional, as indicated in the Benefit Grid. If the Benefit Grid specifies a prescriber specialty, only that prescriber specialty is accepted. The prescriber is noted in the 'Prescriber' column in the Benefit Grid.
- 2) **Pre-authorization** - Some benefits require prior approval. If pre-authorization is required, it is indicated in the 'Pre-authorization' column in the Benefit Grid. You must obtain the pre-authorization prior to providing the benefit. For VAC clients, nursing services, with the exception of basic foot care, require pre-authorization by the Field Nursing Services Officer (FNSO) prior to extension or renewal. While the quickest and simplest method to submit your pre-authorization request is through the provider portal (VAC only), you can also call for approval and your request will be forwarded to the FNSO. For CAF members, the CF H Svcs C will provide the member and/or the provider with a pre-authorization.

Responses and requests for further information will be sent to the email address provided during registration. The email will prompt you to log on to the provider portal to view the results. Further information, **Pre-authorization Procedures** and **Contact Information** are available on the provider portal at www.medavie.bluecross.ca/healthprofessionals.

Benefits are subject to frequency and financial limits. These limits are established at a level that is expected to reasonably meet the needs of most individuals.

Frequency Limits: Frequency limits are the number of times a benefit can be provided to a client/member over a specified period of time. These limits are noted in the **Frequency** column in the Benefit Grid.

Financial Limits: There are maximum financial limits for most benefits. The **Limit/Fee** columns indicate the maximum dollar limit. This field displays the provincial, negotiated, association or other rates that have been accepted as the basis on which payment will be made.

Note: Providers must not submit claims with a fee/rate exceeding the fee/rate charged by the provider to any patient paying cash for the same service/product.

All VAC nursing services, with the exception of basic foot care, must be approved by the FNSO in advance of delivery of services. Approval for nursing assessments and treatment visits will be communicated only via the Benefits and Health Services Online System (BHSOL), at which time the designated forms are sent to providers. At this time, advanced foot care may be approved via BHSOL or in writing.

PROVIDER REPORTING REQUIREMENTS

Nurses and home care companies/organizations/agencies registered to provide nursing and/or home care services must comply with the requirements to provide periodic reports directly to VAC, CAF or RCMP. The CAF Provider Reporting Requirements are available at www.medavie.bluecross.ca/healthprofessionals.

Veterans Affairs Canada (VAC) requires providers of the following services to receive and submit requests/assessments online via BHSOL.
Benefit Code 230370 - Nursing Assessments
Benefit Code 230372 - Nursing Assessments - Long Term Care
Benefit Code 230337 - Registered Nurse - Visit (not Foot Care)
Benefit Code 230305 - Registered Nurse - Specialty Nursing

VAC Registered Nurse providers of assessments and treatment must participate in a three (3) hour training via WebEx session on the use of BHSOL functionality. Time spent in training will be at the provider's own expense. Providers must complete this training in order to access the system and receive referrals.

For more information, please contact 1-888-261-4033.

CLAIM SUBMISSION

It is quick and easy to submit claims electronically on the provider portal. If you choose to submit claims on paper, you can download the POC 8 Claim form at www.medavie.bluecross.ca/healthprofessionals. Send by regular mail to the address indicated on the claim form.

AUDIT RIGHTS

As indicated in the Provider Guide, and by the provider's acceptance of the Claims Submission Agreement, Medavie Blue Cross and VAC, CAF and RCMP or their legally-appointed representatives reserve the right to examine and copy/photocopy all data and documentation relating to any claims previously paid or waiting for payment, including general information to support the provider's normal fee. This data and documentation must be obtained prior to the provision of benefit/service and retained for a minimum of two years. Client/member use of their Medavie Blue Cross Health Identification Card authorizes Medavie Blue Cross, the client/member's Department, their agents, service providers and external health professionals, to collect and use relevant information about them, and disclose it to each other for the purpose of administering their eligible benefits and services, including claims processing, authorization of benefits and auditing. For further information, please see the Provider Guide at www.medavie.bluecross.ca/healthprofessionals.