



Health Care
Benefits
Program

Provider Guide

Provider Guide

Table of Contents

1.	About Veterans Affairs Canada, Canadian Armed Forces, Royal Canadian Mounted Police, Medavie Blue Cross.....	1
2.	Secure Provider Portal	1
3.	Health Care Benefits Program	2
	• Overview of Programs of Choice	
	• Benefit Prerequisites	
4.	Client/Member Eligibility.....	3
	• Health Care Identification Cards	
5.	Claims.....	4
	• Claims Submission Agreement	
	• Electronic Claims Submission Services	
	• Claim Form Completion	
	• Claim Payment	
	• Coordination of Benefits (COB) with Provincial/ Territorial and Private Plans	
	• Fees	
	• Provider Reporting Requirements	
	• Client/Member Receipt of Products/Services	
6.	Audits	5
7.	Liability Limitation.....	5
8.	VAC Foreign Countries Operations.....	5
9.	Documentation Available on the Provider Portal	5

1.

About Veterans Affairs Canada, Canadian Armed Forces, Royal Canadian Mounted Police, Medavie Blue Cross

Veterans Affairs Canada (VAC), the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP) provide health benefits to eligible clients/members. VAC, CAF and RCMP determine client/member and benefit eligibility.

Payment for these benefits is made through the Health Care Benefits Program administered by Medavie Blue Cross. Medavie Blue Cross registers providers, answers inquiries, processes claims and pays providers by cheque or through direct deposit.

2.

Secure Provider Portal

The secure provider portal allows you to:

- Submit your claims electronically;
- Confirm client/member eligibility by submitting a pre-determination;
- Submit a pre-authorization request for a VAC client;
- View claim history;
- View your provider guide and other important information.

We encourage you to submit claims electronically through the Provider Portal to receive immediate payment decisions.

All current information regarding the administration of this Health Care Benefits Program is posted on the Provider Portal. It is the provider's responsibility to access current information on the portal to ensure adherence to all program requirements.

All documents referred to in this Provider Guide may be accessed by selecting Health Professionals at www.medavie.bluecross.ca or by logging on to the Provider Portal.

Health Care Benefits Program Overview of Programs of Choice (POC)

OVERVIEW OF PROGRAMS OF CHOICE

1. Aids for Daily Living
2. Ambulance/Medical Travel Services
3. Audio (Hearing) Services
4. Dental Services
5. Hospital Services
6. Medical Services
7. Medical Supplies
8. Nursing Services
9. Oxygen Therapy (Respiratory Equipment)
10. Prescription Drugs
11. Prosthetics and Orthotics
12. Related Health Services
13. Special Equipment
14. Vision (Eye) Care
15. Veterans Independence Program (VIP) - (VAC only)
16. Long-Term Care (VAC only)

Visit www.medavie.bluecross.ca/healthprofessionals for more information.

BENEFIT PREREQUISITES

1) Prescription

Some services or benefits within the program require a prescription from a qualified professional. You must ensure that the prescription is from the required professional in accordance with the Benefit Grid and retained in the client's/ member's file. A prescription is valid for one (1) year after the date written.

2) Recommendation

Some services or benefits within the program require a recommendation from a qualified professional. You must ensure that the recommendation is from the required recommender in accordance with the Benefit Grid.

3) Pre-authorization

Some services or benefits require prior approval. You must obtain the pre-authorization prior to providing the benefit in accordance with the Benefit Grid. To view pre-authorization procedures, visit www.medavie.bluecross.ca/healthprofessionals.

4.

Client/Member Eligibility

! *This card is NEW. Clients/members may still present with their old cards. (See pictures of all Health Care Identification cards on the Provider Portal.)*

VAC Health Care Identification Card



Use of this card authorizes Medavie Blue Cross, the Department, their agents, service providers and external health professionals, to collect and use relevant information about you, and disclose it to each other for the purpose of administering your eligible benefits and services, including claims processing, authorization of benefits and auditing.

L'utilisation de cette carte autorise Croix Bleue Medavie, le Ministère, leurs agents, les fournisseurs de services et les professionnels de la santé externe à recueillir et utiliser l'information pertinente à votre sujet et à la divulguer aux autres parties aux fins d'administration de vos avantages et services admissibles, notamment pour le traitement des demandes de règlement, l'autorisation des avantages et la vérification.

CAF and RCMP Health Care Identification Card



Use of this card authorizes Medavie Blue Cross, the Department, their agents, service providers and external health professionals, to collect and use relevant information about you, and disclose it to each other for the purpose of administering your eligible benefits and services, including claims processing, authorization of benefits and auditing.

L'utilisation de cette carte autorise Croix Bleue Medavie, le Ministère, leurs agents, les fournisseurs de services et les professionnels de la santé externe à recueillir et utiliser l'information pertinente à votre sujet et à la divulguer aux autres parties aux fins d'administration de vos avantages et services admissibles, notamment pour le traitement des demandes de règlement, l'autorisation des avantages et la vérification.

TRAVEL / VOYAGE | **USA / É.-U. : 1-800-563-4444** Intl collect / frais virés : **506-854-2222**

Client/Member Name: Benefits may only be provided for the personal use of the individual named on the card.

Health Care Identification Number: The client's/member's Health Care Identification Number must be indicated on all claims.

Group/Policy (000200) and Section Number (000): Mandatory for electronic dental claims submitted through CDAnet™, DACnet™, CDHAnet™ or Réseau ACDQ®. Can be entered as 000200000 in group/policy field without indicating section number.

Claims

Claims Submission Agreement

The Claims Submission Agreement (where applicable) together with this Provider Guide and program information posted on the Provider Portal constitute the terms and conditions of the program. The provider, by signing/accepting the Claims Submission Agreement (where applicable), is bound by all noted terms and conditions.

Electronic Claims Submission Services

Most health care professionals/institutions can submit claims electronically. Dental professionals and pharmacies continue to submit through established network channels. All other health care professionals/institutions are encouraged to register on the Provider Portal for electronic claims submission. For more information about the Provider Portal, visit www.medavie.bluecross.ca/healthprofessionals.

Claim Form Completion

Online claims must be submitted within **180** days of the date of service. Paper claims must be submitted to Medavie Blue Cross within **18 months** of the date the benefit or service was received or within **12 months** for VAC Rehabilitation benefits/services or they will be rejected. Original provider signatures are mandatory on paper claims. Submit claims as indicated on the Contact Information link.

Claim Payment

Payment summaries are available every two weeks. The summaries provide a detailed explanation of each claim assessment. In order to ensure quick and efficient payment into your designated bank account, we encourage you to complete the Direct Deposit application.

Coordination of Benefits (COB) with Provincial/Territorial and Private Plans

Providers must confirm with each VAC Client whether other coverage exists. Where other coverage exists, the provider must submit the claim to the other payer first before submitting to Medavie Blue Cross.

For RCMP Members, providers must verify whether provincial/territorial coverage exists.

Providers must confirm that the claim does not include any amount in respect to a treatment benefit provided to a client/member, for which the provider has otherwise been reimbursed or will be reimbursed by a third party. Unpaid balances can be submitted for processing, with the previous paid amount indicated in the 'Amount Covered by Prov/Terr or private insurance' field on the claim form OR by clicking 'YES' to the COB question on the Provider Portal. Incorrect representation of COB amounts could be subject to audit investigation and the recovery of funds.

Fees

Providers must not submit claims with a fee/rate that exceeds the fee/rate charged to your patients paying cash for the same service/product.

Provider Reporting Requirements

Providers are reminded that, as a registered provider agreeing to provide services or products to clients/members, you are required to provide VAC, CAF and RCMP with periodic treatment reports as outlined in the POC-specific documentation. **Please refer to Section 3 of this document.**

Client/Member Receipt of Products/Services

Providers are required to obtain and retain on file sufficient documentation to verify that the client/member has received the product or service claimed and paid.

6.

Audits

Medavie Blue Cross and VAC, CAF, RCMP or their legally-appointed representatives reserve the right to examine and copy/photocopy all data and documentation relating to any claim previously paid or waiting for payment, including general information to support the provider's normal fee. 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.

7.

Liability Limitation

There is no contractual relationship between VAC, CAF and or RCMP and the Registered Service Provider. VAC, CAF and or RCMP accept no liability or responsibility associated with the goods and or services provided by the Registered Service Providers to their clients.

8.

VAC Foreign Countries Operations

All benefits and services provided outside of Canada to Canadian Veterans and to allied Veterans residing in Canada require pre-authorization by VAC **prior** to providing the requested benefit or service.

9.

Documentation Available on the Provider Portal

Register for the secure Provider Portal to have the most up-to-date information available:

- Provider Portal Guide
- Claims Submission Agreement
- Contact Information
- Benefit Grids
- Direct Deposit Application
- Claim Forms
- Client/Member Health Care Identification Card Examples