

ClaimSecure accepts Provider direct claim submissions via the TELUS Health eClaim service.

Guidelines to submit eClaims are outlined below:

Card Information

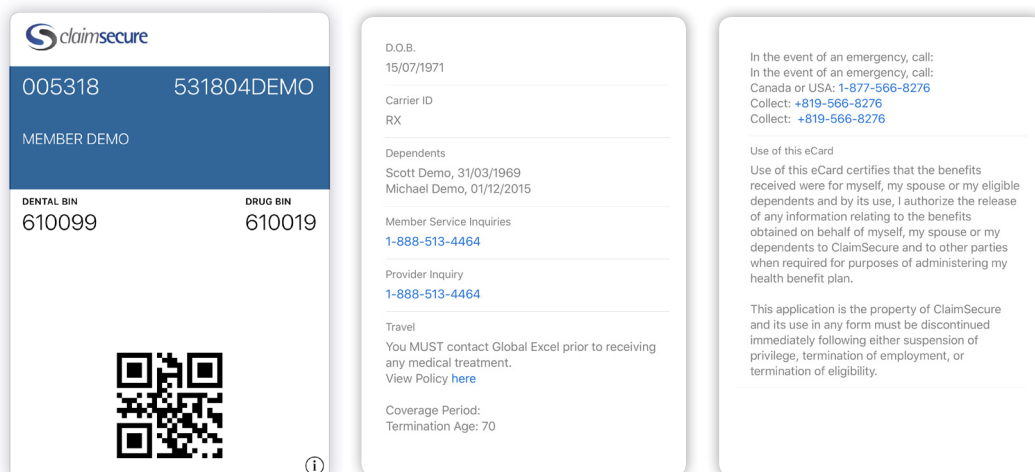
The following is an example of a ClaimSecure card. The Policy/Group number can range from 4 to 6 characters. The Member ID/Certificate field must be 10 characters long. This can include alpha and/or numeric characters as well as leading zeros.

When submitting a claim leading zeros **must be included** in the **Member ID Certificate number**.

In some cases the ClaimSecure name and logo may not be present on the front of the card. In these cases, you will find the ClaimSecure name and logo at the back of the card.



The following is an example of an eCard that is available on apple devices.



Considerations

More than 1 same treatment on the same day

Claims with the same service and service date will be rejected as duplicate. This includes claims for the same service on two different body parts.

Vision

When prescription glasses are submitted as separate items on the transaction with the same dispense date, the first item will be paid according to the terms of the plan and the second may be rejected as a duplicate for plans that are not setup to receive the individual breakdown for this service. It is best if the provider can submit the glasses as one item in the transaction.

~ e.g. Lenses, Frames on the same day with the same service date

Claims for vision supplies must only be submitted once the supplies have been dispensed and paid in full.

Pre-payment of services

Claims for services that have not been rendered cannot be submitted in advance, even where the patient has paid for a block of services.

Payment / Statement

Reduce trips to the bank – register for direct deposit

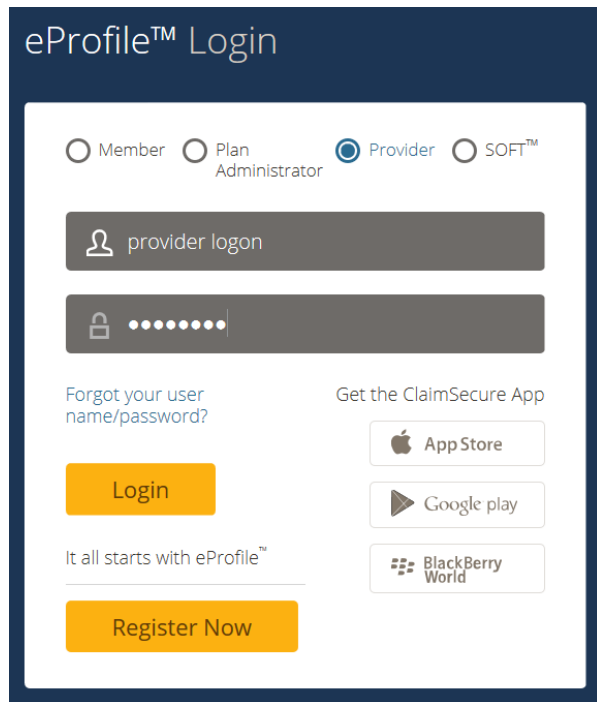
Providers can be paid by direct deposit by registering either with TELUS Health or with ClaimSecure via your eProfile account.

- Providers that have registered for direct deposit with TELUS will automatically be enrolled for direct deposit with ClaimSecure and will have an eProfile account created. Login and password details will be sent to the email provided when signing up with TELUS. Please ensure to activate your account within 15 days.
- An eProfile account will be set up for each unique provider and office number combination.
- Providers are paid on a bi-weekly (every 2 weeks) basis for both direct deposit and cheque payments. All transactions for the bi-weekly period will be paid on one cheque or one direct deposit based on the payee submitted through the provider portal.
- An email will be sent to the designated email address in your ClaimSecure eProfile account when payment is being made. You will then be able to view and print your explanation of benefit from your eProfile account.
- Funds may take up to 48 hours to appear in your bank account after receiving your email confirmation of payment.
- Only claims payable to the provider will appear on the statement.
- Providers should supply the patient with a copy of the explanation of benefits showing that their claim has been submitted.
- Providers that have opted into direct deposit are setup with electronic statements. No paper statements will be issued.
- Providers must logon to their ClaimSecure eProfile account to retrieve their statements.

https://www.claimsecure.com/media/1329/provider-direct-deposit-registration_en.pdf

Provider eProfile Information


To access your online account, simply use the login and password information emailed to you, navigate to www.claimsecure.com select the Provider radio button and login to the provider eProfile site.



Where to find the statements.

Under View Payments you have the ability to search for payments that have been processed on the system. Providers can view statements for any 1 year period. ie: Jan 1, 2018- Dec 31, 2018

eProfile™: View Payments



Where to change information – note that the TELUS information will overlay it if it is different.

Under Account Management you have the ability to update direct deposit information, passwords, email information and security questions. You can also set separate security for administrative purposes. However, if you have registered for direct deposit through the TELUS portal then you must use that site to update your information.

Q&A

How do I contact ClaimSecure?

For questions regarding a claim response, whereby payment has been assigned to the provider/clinic, please contact 1-888-513-4464. The Customer Response Centre is open Monday – Friday 7am – 11pm EST.

Confidential member/patient information, coverage details and member payments, will not be disclosed to the healthcare provider. For questions regarding coverage, the member must contact the number displayed on the member benefit card.

What are the hours of adjudication?

24/7, excluding maintenance periods

Are electronic submissions of Predetermination requests accepted by ClaimSecure?

Yes

Is payment to the provider (benefit assignment) possible?

Yes, ClaimSecure will allow assignment of payment to the provider providing that the group has elected this feature. In the event that a claim is submitted with assignment to the provider and the group has elected to pay only members the claim will be processed and will return a message indicating that the payee has been changed to the member. Please remind the patient that there is no need to submit the claim manually if you have received a successful response.

Payment: How will payment be handled for claims submitted via the portal? Would it be possible to set up a direct deposit option for payments?

Payment is made by direct deposit or cheque, depending on how the provider is registered with TELUS Health. Payment is every two weeks.

Coordination of benefits:

- **Is coordination of benefits possible in cases where the patient has both primary and secondary coverage with the same insurer?**

If your patient holds both primary and secondary coverage with ClaimSecure, ClaimSecure will respond electronically to the primary coverage only and will automatically coordinate and handle the secondary claim. Though the provider will not receive an electronic response to the secondary claim, there is no need for the patient to submit a paper claim for the secondary claim. Payment for the secondary coverage will be paid out to the member.

- **Can I coordinate benefits if my patient has both primary and secondary coverage with different insurance companies?**

Coordination of benefits between different insurance companies is currently not supported by the eClaims service.

Are online claim reversals supported at this time?

Providers have the ability to reverse a claim. The eClaims service will allow reversals on the same day as the original claim. If a claim needs to be reversed at a later date, please call the Customer Response Centre at 1-888-513-4464.

Can claims for the same service be submitted twice in the same day (e.g. for the same service on two different body parts, or for the same service provided in the morning and in the evening of the same day)?

Only one treatment per day from the same practitioner is eligible.

