

# PROVIDERnet<sup>®</sup> Mental health FAQ



PROVIDERnet is a website where mental health providers can submit pre-determinations and claims\* electronically to Pacific Blue Cross.

## What are the benefits of using this service?

- Easy to use and secure
- Reduced reimbursement time
- Faster turnaround for pre-determinations
- Convenience of real-time submission
- Able to see results immediately
- View pre-determinations and claims in one place
- Client convenience and satisfaction
- Reduced administrative burden
- View Fee Supplement

## How does PROVIDERnet work?

PROVIDERnet allows you to submit pre-determinations and electronic claims on behalf of your clients. The system is real-time and provides you with immediate claim results.

## Who is eligible to register for FNHA mental health programs on PROVIDERnet?

- Registered Clinical Counsellors\*\*
- Certified Clinical Counsellors\*\*
- Registered Social Workers\*\* or Registered Clinical Social Workers\*\*
- Psychologists

\*\*Practitioners must be registered with their regulatory/licensing body in BC and approved by the FNHA.

## What programs are eligible?

- Mental Wellness and Counselling Programs
- Missing and Murdered Indigenous Women and Girls Health Support Services Program
- Indian Residential Schools Resolution Health Support Program
- Indian Day School Health Support Services Program

## How long does it take to register?

Online registration takes about three minutes for one practitioner. If you have multiple practitioners in your office, it may take longer. Once processed, you will receive an email confirmation with login information.

## What is a provider office?

The provider office is the brick and mortar store for your business, i.e. ABC Counselling Clinic or 123 Psychology Centre.

## What is a practitioner?

The practitioner is the person who provides the service, i.e. Dr. John Smith, Certified Clinical Counsellor.

\*Pre-determinations are previously known as prior approvals; claims are previously known as invoices.



### What is a primary administrator?

This individual can be the practitioner, front desk individual or office manager who works in the clinic. This individual is responsible for setting up direct deposit and submitting the electronic claims for themselves (practitioner) or on behalf of the clinic (front desk/office manager).

The primary administrator is the only person who can view and download claim statements and **MUST** have a separate email address from the practitioner.

### Are separate email addresses for the provider office and the practitioner required?

Yes. The email address for the primary administrator may be the same as the provider office email; however, the practitioner email must be different.

### What if I'm an independent practitioner and don't have two email addresses?

Use your primary email address as the provider office email. For the practitioner email address in Step 2 of the registration process, use a fake email address in the format of firstnamelastname@email.com (i.e. patsmith@email.com) in order to complete your PROVIDERnet registration. Your application will be processed normally and we only need your provider office email when you use PROVIDERnet in the future.

### What if registration is declined?

An email will be sent with the reason for the decline.

## PRE-DETERMINATION SUBMISSION

### What is a pre-determination?

Pre-determinations (previously known as prior approvals) are a simple way to check what programs a member qualifies for.

### Is a pre-determination necessary?

Yes. Providers must have an approved pre-determination before delivering services for the claim to be eligible for payment.

Refer to the Health Provider Reference Guide for more information.

## CLAIM SUBMISSION

### Are claims processed the same day?

Yes. PROVIDERnet is real time so the claim (previously known as invoice) is adjudicated and results are shown immediately.

### How long do I have to submit a claim electronically?

We recommend submitting the claim while the client is in your office, at the time the service is provided. You have up to one year from the date of service to submit a claim. Coverage must be active to be eligible for payment.

Refer to the Health Provider Reference Guide for more information.

## CLAIM STATEMENT

A weekly email will be sent to the provider office email address when the claim statements are ready. Only the primary administrator can view and download claim statements.

## PAYMENT

### How are claims paid when submitted using PROVIDERnet?

Payments are made weekly through direct deposit into your business bank account if you have set up direct deposit in PROVIDERnet. Your bank may take up to three business days to deposit the payment into your account.



**Questions? We're here to help.**

**Phone** 604 419-2000 **Toll-free** 1 877 PAC-BLUE

**Website** [pac.bluecross.ca/PROVIDERnet](http://pac.bluecross.ca/PROVIDERnet)