Ministry of Health Assistive Devices Program

eSubmission – Quick Guide

A supplementary manual on completing and submitting electronic claims through a secure digital portal.



What is eSubmission?

eSubmission is the process of submitting claims electronically using a secure online portal.

Why is eSubmission important?

- Processing of claims submitted through the portal is faster.
- Reporting of submitted and processed claims is faster.
- Shorter time for corrections and/or updates to be applied.
- More secure than mailing claims i.e. no "lost claim".
- Will assist ADP in the timely provision of devices to our growing number of Ontarians who require personalized assistive devices.



What you need to know

- There is no change in content required on the ADP Application Form for Funding. ADP application
 forms now include the ability to accept electronic signatures and to export/import claim data for
 eSubmission to facilitate the electronic process.
- See the eSubmission <u>implementation schedule</u> to find out when you can submit claims through the portal.
- There is **no change** on client assessment and eligibility.
- Attachments to the application form cannot be sent through eSubmission. Please maintain records and provide to ADP only upon request.
- If you have online access to your bi-weekly status report, you are set up to submit claims through the portal. The main account owner must log into the portal and go to the Maintain Designee page to authorize designees with the "Upload" claim function.
- Reminder: information contained within the application contains personal health information. Please follow all applicable requirements for the storage and retention of all related items (e.g. XMLs, PDFs, attachments, etc.). These items should be made available if requested by the ADP.



Definition of Terms

- eSignature (electronic or digital signature) a signature in electronic/digital form with the same legal standing as a handwritten signature.
- **eSubmission** the process of submitting claims electronically using a secure online portal.
- **Export Button** the button on the application form that converts (export) the claim data into an XML file.
- Import Button the button on the application form that loads (import) the claim data from a previously exported XML file.
- Load & Validation the process of checking the submitted XML for data format and content errors by the ADP system.
- **PDF (Portable Document Format)** the file type of the application form that is exported to XML when completed and ready to submit through the portal.
- **Portal** a general term for the website (a.k.a. Go Secure or EDT Electronic Data Transfer) where claims are uploaded. Upload status of XMLs are available through the portal.
- XML (eXtensible Markup Language) the file created after the PDF export. This is the file that is uploaded through the portal.



eSubmission Process Overview

The process of submitting claims through the portal is fairly similar to the current way of sending paper claims with some notable differences and improvements. For the manual's intended audience, the eSubmission process has been simplified into 3 actions below.





1. Complete the Application Form

- Ensure that the application is complete and signed. Note, the order of completing and signing the application does not matter.
- The updated form supports eSignatures. When the form is electronically signed, the section will lock for security reasons and can only be unlocked or cleared by the owner of the signature (see <u>page 13</u> on Signing with eSignatures).
- Where electronic signature is not possible, a form copy must be printed and traditionally signed by the respective signee.
- Although the form copy with wet signature cannot be uploaded through the portal, it must be retained and readily available if requested by the ADP (e.g. claim review or future audit).
- Once all signatures have been collected, save the application form.
- The form must be exported to an XML file (see steps 2 3, *Electronic Claim Submission* section on exporting claims, and *E-Claim File Format & Content Rules* section of the <u>Technical Specification for</u> <u>Electronic Submission</u> regarding XML file specification).
- As eSignatures are not transmitted to the ADP, the PDF with digital signatures must be preserved and kept in file.
- Exported XMLs (and form copies with Personal Health Information) must be kept in a secure location that is only accessible by authorized staff.
- As attachments are not submitted through the portal, ensure that the "Pages and Attachments Being Submitted" section is fully completed including confirmation of attachments as required.



2. Submit the Application Form

- Log into the portal and submit the XML (see steps 4 7, *Electronic Claim Submission* section of the <u>Technical Specification for Electronic Submission</u> for details).
- **DO NOT send application form copies** to the ADP of claims that have been sent through the portal unless specifically requested by the Program.
- After the XML file validation (within 3 business days), a report will be available on the portal's "Download" page showing status of the submitted XMLs (see *eSubmission Status Report* section of the <u>Technical Specification for Electronic Submission</u> for details).
- XML files that are rejected due to load and validation errors must be corrected and resubmitted through the portal (see *Electronic Claim File Load Rejection* and *Validation Errors* sections of the <u>Technical Specification for Electronic Submission</u> for details).
- When correcting XMLs due to load and validation errors, always import the validated XML file into a **blank application form** to ensure that the right XML is being reviewed.
- Click on the form's "Import" button and select the XML file.
- Note that eSignatures are not transmitted to the ADP. It is important that the PDFs with digital signatures are preserved and kept in file.
- Review, correct & save the form (**do not overwrite** previous PDFs containing digital signatures).
- The form must be exported again to XML file (see steps 2 3, *Electronic Claim Submission* section of the <u>Technical Specification for Electronic Submission</u> for details). Resubmit the XML through the portal.



2. Submit the Application Form (continued)

- XML files that are validated successfully will be processed immediately and status will be reported on the bi-weekly report.
- **Tip 1:** Consider keeping only the PDFs with digital signatures and the last updated/exported PDF for easy file management.
- Tip 2: Consider keeping only the last successfully validated XML file for easy file management.



3. Correct the Application Form

- Claim errors are relayed through the usual error/denial letter or in some cases, your bi-weekly report.
- If needed, work with the stakeholders to resolve the errors as it is highly recommended to send all corrections through eSubmission (it will take longer if other stakeholders submit the updated form through mediums other than the portal).
- Corrections on the application form must always be approved by the person responsible for the data change (e.g. authorizer initials on form copy if device type is changed).
- Open a **blank application form** and import the XML file of the claim that needs to be updated. Click on the form's "Import" button and select the XML file.
- Note that eSignatures will not be imported into the blank form as digital signatures were not transmitted to the ADP. It is not necessary to re-sign the PDF form if all parties have previously signed (see <u>page 6</u> of this manual about acquiring signatures).
- Apply all corrections and save the PDF form using a new filename. **Do not overwrite** previous PDFs containing eSignatures.
- Export the updated form to XML (see steps 2 3, *Electronic Claim Submission* section of the <u>Technical</u> <u>Specification for Electronic Submission</u> for details).
- Follow the steps on <u>page 7</u> of this manual (i.e. *Submitting the Application Form*).



3. Correct the Application Form (continued)

- Note that **a new claim number** will be assigned to your resubmission if the prior status is **Not Approved**.
- Note that if you have initially submitted a claim with a health card number that is wrong or missing, a new claim number will be assigned to your resubmission.
- Consider keeping only the last successfully validated XML file for easy file management.
- All application form copies must be kept in file as required.
- Please keep all written corrections, additional information and justification from all parties and provide to ADP only upon request.



Application Submission Process Diagram



Application Correction Process Diagram





<< Complete the Application Form

1. Complete the section and click on the signature area. A message box will appear about locking the section once signed. Note that once locked, sections can be unlocked by the signer. Click on "Ok" to proceed.





<< Complete the Application Form

2. If you have an existing digital signature, select it now. Otherwise, create a new one.

		Add Digital ID	×
Vendor Information I hereby certify that the applicant accurate. Vendor Business Name ADP Vendor Vendor Representative's Last Na Doe Position Title Client Representative Vendor Location Toronto Vendor Representative's Signatu		Add or create a digital ID to sign and encrypt documents. The certificate that comes with your digital ID is sent to others so that they can verify your signature. Add or create a digital ID using:	
Equipment Specifica	ations		
ADP Device Code	Descripti		
		Cancel < Back Next	>



<< Complete the Application Form

3. Select the location you wish to store your digital signature. It is suggested to discuss this with your IT experts.





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<< Complete the Application Form

4. Fill in the window with your identity information.

	Add Digital ID			
	F	and the second second second		
Vendor Information	Enter your identity informa	tion to be used when generating the self-signed certificate.		
I hereby certify that the applicant accurate.	Na <u>m</u> e (e.g. John Smith):			
Vendor Business Name ADP Vendor	Organizational <u>U</u> nit:			
Vendor Representative's Last Na Doe	Organization Name:			
Position Title	<u>E</u> mail Address:			
Vendor Location	<u>C</u> ountry/Region:	CA - CANADA		
Vendor Representative's Signatu	<u>K</u> ey Algorithm: (1024-bit RSA 🔹		
	Use digital ID <u>f</u> or: (Digital Signatures and Data Encryption 🔹		
Equipment Specifications				
ADP Device Code Description				
	Cancel	< Back Nex	t>	



<< Complete the Application Form

5. Enter the location and password of your digital signature. Click on "Finish" and your eSignature is ready.

	Add Digital ID				
Vendor Information I hereby certify that the applicant has accurate. Vendor Business Name ADP Vendor Vendor Representative's Last Name Doe Position Title Client Representative Vendor Location Toronto Vendor Representative's Signature	Enter a file location and password for your new digital ID file. You will need the password when you use the digital ID to sign or decrypt documents. You should make a note of the file location so that you can copy this file for backup or other purposes. You can later change options for this file using the Security Settings dialog. File Name: Sers\adpuser1\AppData\Roaming\Adobe\Acrobat\2015\Security\JohnDoe.pfx Browse Password: Not Rated				
Equipment Specifications ADP Device Code Description	Confirm Password:				
	Cancel < Back Finish				



<< Complete the Application Form

6. You can change the appearance of your digital signature as you desire. Key in your password to confirm your signature.





<< Complete the Application Form

7. Your digital signature is now in place. The section will lock as expected. Should you wish to unlock the section, right click on the signature then choose "Clear" from the options.

Vendor Information							
I hereby certify that the accurate.	he applicant has received or will receive t	he item	ו(s) as authorized	d and the inform	nation p	provided is true and	
Vendor Business Name			ADP Vendor Registration Nun			Registration Number	
ADP Vendor			12345				
Vendor Representative's Last Name			Vendor Representative's First Name				
Doe			John				
Position Title		Bus	Business Telephone Number				
Client Representative			416-327-8804 ext.				
Vendor Location Toronto							
Vendor Representative's Signature			Date Signed (yyyy/mm/dd) 2020/12/01		Vendor Invoice Number		
							Equipment Specific
ADP Device Code	Description of Item (Make & Model)	S	erial Number	ADP Portion	n (\$)	\$) Client Portion (\$)	



Links

- Technical Specification for Electronic Submission <u>http://www.health.gov.on.ca/en/pro/programs/adp/memos/docs/ADP_technical_specification_electro_nic_submissions.pdf</u>
- eSubmission Implementation Schedule <u>http://www.health.gov.on.ca/en/pro/programs/adp/memos/docs/electronic_claim_submission_schedule.pdf</u>
- Go Secure / EDT Portal <u>https://www.edt.health.gov.on.ca</u>
- ADP Website (Application Forms for Funding) <u>https://www.ontario.ca/page/assistive-devices-program</u>

