

Alberta Aids to Daily Living

Bulletin # 109

Q&A summary and session recordings Medical-surgical and benchmark mobility benefits

Links to session recordings

Medical surgical & benchmark mobility
authorizer demo - May 4, 2021:

<https://vimeo.com/548019815/3288254cb4>

Medical surgical vendor demo - May 5, 2021:

<https://vimeo.com/557345957/47db5d371c>

Benchmark mobility vendor demo - May 5,
2021:

<https://vimeo.com/548017716/93d9744799>

May 4, 2021 authorizer demonstration and Q&A session

Registration and access

**Does our information go over the Alberta
Blue Cross Online Health portal
automatically or do we need to register
manually?**

If your information is complete in the AADL system, you will be automatically registered. However, if you have not received credentials by May 17, proceed with completing a manual registration request.

When will we receive our credentials from AADL?

Authorizers should receive their credentials prior to May 17. If you have not received your pre-registration information by that time, please visit the Alberta Blue Cross website at www.ab.bluecross.ca to complete a manual registration request.

Can non-authorizers/assessors/therapy assistants or administrative staff become users of the system?

Access will be granted to approved AADL authorizers, vendors and specialty suppliers. You may grant access to your account to an office administrator so long as standard security protocols are followed.

Forms and Documentation

Is the client declaration form a printable document?

The client declaration form is a printable form. It will be available on the Alberta Blue Cross website and within the online health portal under the resources tab.

<https://www.alberta.ca/alberta-aids-to-daily-living.aspx>

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Do we submit a client declaration form the first time only or with every authorization for the same client?

The client declaration form must be on file for any authorization submission. However, the same client declaration form can be used for multiple submissions, so long as the client has not provided an end date for their consent.

Where would you see if someone else has already uploaded the client declaration?

Uploaded documentation will not be visible through the portal. Each authorizer will be expected to have a completed client declaration form. All authorizations require the client declaration form to be uploaded with each request.

If a family has 2 children requiring benefits, do we need one form per family or one form for each child?

One form per person is needed.

Are any support documents added to the file?

Consult the policy to see what is required. If a document is mandatory, it will be indicated on the portal. If supporting documentation does not need to be uploaded, it can be kept on the client file.

Can a client fill out and sign a client declaration form on the Alberta Blue Cross website?

The authorizer should be providing and collecting the client declaration form as part of the authorization request.

Is there a Quantity and Frequency Request (QFR) form to complete?

A QFR form must be completed and uploaded as part of the QFR review request.

Where do we get the authorization number to put on the client declaration form?

You will not need to put an authorization number on the client declaration form. Authorization numbers were needed for 1250 forms, but are no longer required as the authorization will be entered on the portal.

How long is the declaration good for?

The client declaration form remains active unless the patient revokes their consent.

Authorizations

Will quantity and frequency of products be changing?

Quantity and frequency limits will continue to be identified on the approved product lists.

Will previous authorizations/information from the IVR be grandfathered into this new online system?

Yes, authorizations will be carried over into the new system. Please note that there may be some data translation issues. If you find that prior authorization does not accurately reflect what was previously approved, please contact the Alberta Blue Cross AADL provider contact centre by phone or email.

How do we submit the authorization (old 1250 form)?

Authorization requests will be submitted through the Alberta Blue Cross provider portal. The information previously included on the 1250 will be entered into the provider portal.

Do we need to search every code?

Each product the patient requires must be included on an authorization request and an approved authorization must be in place for claims to be eligible.

For special authorizers, do we include a note in the comments section stating that we have this authorization and then a prescription wouldn't be required?

The provider portal will be able to validate authorizations for the specific provider and will check against the product ranges allowable.

If mobility/ bathing equipment has been received in the past, is the authorization considered active?

As soon as the vendor submits a claim for the product, the authorization is no longer active.

Does the return of equipment (pediatric walker) for recycling, for example, swapping for a larger or different model, constitute a "termination"? In the past, this was done via the vendor.

If a different product is being received and the authorization is still active, this would require the termination of the existing authorization and the creation of a new authorization with the new product. If a new walker is required, prior to the quantity and frequency limit being reached, a QFR will be required.

How do you cancel an authorization if the client dies?

When a patient's coverage terminates for any reason (including their death), their authorizations will automatically terminate.

Is an authorizer able to terminate an authorization done by a different authorizer?

Any authorizer can terminate an authorization . An authorization should only be terminated if it is active and of the same product type as the new authorization they need to enter. Contact Alberta Blue Cross if you incorrectly terminate an authorization. Old authorizations will remain as a record on the Alberta Blue Cross system

and can be accessed by the provider support team when required.

When should I terminate an authorization?

A patient can only have **one of each type of authorization at a time**. If you would like to add a new product to an authorization, you will have to terminate the existing authorization and then create a new one with the new products and the products from the terminated authorization (if still required). If the authorization is of a different type (such as burn garments and ostomy supplies), you do not have to terminate other authorizations.

Authorization types are listed below:

The medical surgical program consists of 10 authorization types:

- Briefs, diapers, liners
- Catheter supplies
- Diapers and catheters
- Ostomy supplies
- Injection supplies
- Burn garments
- Breast prosthesis
- Back and abdominal/inguinal hernia supports – ready made
- Compression garments (custom)
- Compression stockings and lymphedema Sleeves – ready made

The benchmark mobility program consists of five authorization types:

- Small bathing and toileting equipment
- Walking aids and accessories
- Large bathing and toileting equipment
Mattress overlays, transfer aids and accessories
- Pediatric equipment (benchmark benefits)

If the frequency is four years on say a bath seat, walker, or raised toilet seat and the authorizations are not on the same date - months to years apart - are those considered separate authorizations?

A patient can only have one authorization of each type at a time. If you would like to add a new product to an authorization of the same type (the bathseat and raised toilet seat would be the same type), you will have to terminate the existing authorization then create a new one with the products from both the terminated authorization (if still required) as well as any new products.

Is the maximum length of authorization still four years?

Check the approved product list and the policy for quantity and frequency information and length of authorization. Medical surgical policy indicates the maximum time frame for an authorization is up to four years. The length of an authorization will differ depending on what authorization type is selected.

Will we still look in IVR for the last date that a benefit was received, or will we find it in this system?

All information required to submit an authorization will be within this system. Product consumption can be found in the patient inquiry screen.

Does the authorizer still enter the vendor's name on the authorization?

Authorizations are no longer assigned to a particular vendor. Authorizations are approved for a particular patient due to medical need. The patient may access the authorized benefits at any AADL approved vendor.

Can vendors see authorizations in progress for clients who want to try equipment before approval is confirmed? How do they get notified of an order? Who arranges for product delivery?

Vendors can see active authorizations. They can check the portal when a client comes to their business to view any active authorizations. They could also be notified by the authorizer if that is your usual practice. The client/family can reach out to arrange product delivery or the authorizer can do so if that is part of your practice.

How do vendors get the cost from AADL? Does the client take any specific document with them to the vendor? Or do we provide a document to the vendor?

Vendors will also have access to the authorization information. They will be able to see what was approved and submit claims accordingly. Vendors will be able to perform this search based on the patient's personal health number. If you still wish to print the authorization results so they have something to take with them, you can do so.

Will AADL send a letter to the client re: expiration of supplies? What is the extension process if nothing changes to current authorized supplies?

Clients are expected to be aware of when their authorization expires and a new assessment needs to take place. If someone is being re-assessed for supplies, it would be entered into the portal as a new authorization.

Is there a save' function so an authorization can be completed at a different time?

There is not a save function, but the time required to submit an authorization is short.

Are palliative or urgent requests still faxed to AADL?

All authorizations for this phase will be entered onto the Alberta Blue Cross online health portal.

Can authorizers see all authorizations in process?

The authorization history of the client can be viewed in the reports section of the provider portal.

Are there any changes to incontinence assessments? Has the eligibility changed?

Please refer to the AADL policy manuals and approved product lists for eligibility and documentation requirements.

If something is authorized that comes in pairs, how do we make sure that a pair is provided? Does "pair" appear in the drop-down menu?

The unit of measure of the particular product will appear in the approved product list.

How will I receive approval of a QFR? How do you know which client it refers to?

The email will contain the authorization reference number and the link to log in securely through the provider portal so you can review the client information and the decision of the QFR.

Please clarify the QFR process.

The QFR request will be an authorization request through the portal. As part of the request, you will be required to upload the required documentation (including the QFR form). The authorization will indicate it is under review once submitted. When the review has been completed, this will be changed to approved or denied and an email will be sent to the authorizer to advise. If approved, an authorization will be created that can be claimed against.

Is there capacity to email the client's authorization to them from the website?

The authorization results can be printed and provided to the patient or emailed if you have a secure method to email confidential information.

Will there be a separate presentation re: wheelchair authorizations?

Wheelchair authorizations will be transitioned at a later date and are not included in this transition.

If there is an open authorization for a transfer bench, which was submitted by another professional, can I apply for a walking aid? Or do I need to wait for approval of the previous authorization for a transfer aid?

These are separate authorization types so two separate authorizations can be requested.

If a new authorization has to be submitted, with previously authorized items in addition to the new item, will I be able to locate all of the required documents to attach to the new authorization?

Authorizations must contain the appropriate supporting documentation for all products found within.

If you're not an authorizer for a product stream, are you able to change the authorization?

Authorizations can be terminated by any authorizer. Please contact Alberta Blue Cross if this is done in error. The system will read a provider's designation for new authorization requests to ensure they are allowed to authorize the product being requested.

When a client has already been authorized for a product and received it, does that authorization then become inactive?

The authorization would remain active until the termination date. However, the client would now show the product in their consumption history so the same product would not be claimable.

If one vendor does not have an item on site and we wish to have two different vendors supply equipment that we recommend, how do we ensure that each vendor can bill appropriately? My concern is the first vendor to access the system will bill for all open authorizations with the assumption they will be providing all of the items requested. As part of the authorizations, you can provide notes to vendors to pass on specific detail about the request.

Are there time restrictions for termination?

There are no time restrictions for an authorization termination.

Would you use the comments section if you need to provide clinical justification?

Yes, you can enter any clinical justifications that are relevant to the authorization in the comments box. However, the online health portal is not intended to provide long-term storage of clinical information.

Most of us are familiar with the benefit code in the AADL manual. Do we now need to be familiar with the generic description?

Currently, the product description will appear, but we are open to including the product code.

If a medical surgical authorization is coming to an end, what's the timeline to enter a new authorization?

A new authorization request can be submitted on the termination date of the existing authorization.

When we submit an authorization for a walker and client receives it, will it show as complete?

The authorization would remain active until the termination date. However, the client would now show the product in their consumption history so the same product would not be claimable.

Training

Will there be a training-mode version of this system so we can practise without impacting someone's real-life AADL needs?

There is not a training mode, but there will be a variety of resources available such as a provider user guide and video tutorials.

Will we get notes/slides with the pathway to create an authorization request?

Detailed user guides and training videos will be available on the Alberta Blue Cross website and will be sent to each authorizer. Recorded demos and Q&As will continue to be provided.

Will there be a live chat box to ask questions when submitting an authorization?

No, but you can call the provider contact centre with any questions.

Will the training documents include a clarification of terms?

The Alberta Blue Cross provider user guides and tutorial videos contain terminology that matches the information you see when accessing the provider portal.

Cost-Share Information

Will the AADL cost-share status section show if a client has previously applied for cost sharing and been approved/denied?

No, it will not display if the client has applied for a change in cost share status

How can we find cost-share status for clients?

The cost-share status is located on the patient inquiry screen.

How do clients apply for cost-share exemption under the new program?

The process to apply for cost-share exemption is the same. Forms will be available on the AADL and Alberta Blue Cross websites.

Other

Is AADL still involved or is everything done through the Alberta Blue Cross website as of June 21, 2021?

Alberta Blue Cross will be taking on the authorization and claim submission portions of the program, as well as authorizer/vendor support. AADL remains in control of the program as its sponsor, determining eligibility criteria, product lists and reimbursement amounts.

Does Alberta Blue Cross link to Connect care?

Alberta Blue Cross does not link with Connect Care.

Can we access the portal from our phones?

The portal can be accessed from mobile devices; however, please note that it was designed for desktop use.

When is the last day to submit authorizations to AADL before the transition?

The blackout period will be from June 10-20. All authorizations must be submitted prior to June 10, 2021.

Will there be a vendor list on the website?

The approved vendor list will still be available on the AADL website.

What are the hours of phone support?

Phone support is available Monday to Friday, 8:30 a.m. to 5:00 p.m.

How are clients being notified of the transition from the AADL program to the Alberta Blue Cross system?

The experience for clients should be seamless as their portion of the process does not change. They will continue to work directly and closely with authorizers and vendors. Our communications are focused on the authorizers and vendors as this is an authorization and claim system.

Will the IVR phone system still be available or will that come to an end?

The IVR will still be available for benefits that have not yet transitioned to Alberta Blue Cross. All information required to submit an authorization for benefits that have transitioned will be available through Alberta Blue Cross. Product consumption can be found in the patient inquiry screen.

If we email Alberta Blue Cross with client information, does the email need to be encrypted?

If needed, Alberta Blue Cross can accept a fax with client information. You can also contact the provider call center with any questions.

May 5, 2021 Q&A session and demonstration session for medical-surgical benefits vendors

Registration

Will we receive usernames and passwords for all staff members who need access?

Each location will receive one user name and password.

Can multiple users be online at the same time at the same location?

Yes, they can log on at the same time.

Authorizations/Providing Benefits

How will we be notified when a new patient is assigned to us?

Clients will no longer be assigned a vendor at the time of authorization. If it's current practice for the authorizer to advise the vendor they have been selected by the client, those communications can continue. Otherwise, a client can advise you when they come into the store.

What happens if the authorizer filled in the wrong code and it needs to be fixed?

The authorizer will need to terminate the authorization and resubmit it. If you see an error, you can contact the authorizer or the Alberta Blue Cross contact center.

If vendors no longer receive a 1250 form, how will they obtain the client's date of birth or personal health number or reference number?

Vendors can obtain a date of birth or personal health number from the client. The reference number will appear in the authorization history report. The results screen can be printed for the client if a paper copy is needed.

How is the reference number generated?

The reference number is generated by the system. The 1250 form is no longer needed to submit an authorization.

Will a product code/catalogue number still be used? Or will it now just be the description of the benefit?

At this time, just a description of the product will appear on the system. However, Alberta Blue Cross is open to feedback about whether or not the catalogue number is needed.

What happens if a prescription is required?

Document uploads, such as a prescription, will be part of the authorization process. Some documents will also need to be kept on file.

How will we know what open authorizations we have? Will there be a list like there is with E-business?

The authorization history report can be searched by reference number, date of birth or personal health number. Users of the portal can also search by active authorizations.

Does the vendor have a client declaration signed or is that already done by the authorizer?

The authorizer will have the client declaration completed by the client. Vendors can view the authorization on the online health portal.

Will the new authorization number and document number (claim #) always be 9 digits?

Yes, for the foreseeable future.

Are ostomy authorizations going to indicate actual product numbers?

The portal will indicate a product description, the make and model. Body side, if applicable, will be entered by the authorizer.

Will authorizers be able to cancel an authorization after the product is supplied?

After the claim is paid, the interaction is over and the authorization cannot be cancelled.

Some people have exceptions to the approved product list regular allotment.

How will we know if this is the case?

The system will allow for excess amounts if they have been approved. The authorization history report will show the amount authorized in excess of the maximum.

Will the patient inquiry screen tell us how many of an item are remaining per two-month period or will we still need to keep track of this manually?

The portal will display what has been used/claimed in the product consumption screen. From that information, you can determine the amount remaining.

Cost Share Information

If the client was cost share and paid at the time of ordering the product, but then changed to full coverage when the product was ready to be claimed, what would you claim?

We recommend vendors collect the cost share at the time of claiming. But if there is a discrepancy between what was collected and the calculation at the time of the claim, the vendor must provide a refund to the client.

If a client reaches \$500 in the middle of a claim, does it reflect on the claim?

Yes, you will see the amount of any cost share owing and it will not exceed the \$500 maximum per benefit year.

What if vendors want to collect client portions prior to ordering product, especially for non-stock items?

If vendors collect the cost-share portion prior to submitting the claim, they need to verify the amount collected is still accurate and refund the client if appropriate.

Vendor Choice

What about patients who can't pick their vendor, such as those living in a facility?

If in the past they used the vendor in the facility, they can continue to do so or choose from the approved vendor list. It's really up to the client.

With this new process, which has the client holding the authorization, can the client change vendors?

Yes, they can change vendors at their discretion.

Approved Product List/Pricing

How does the price/cost get generated?

AADL maintains the approved product list and sets the price and quantity/frequency of the products.

Can you clarify how the two-month allotments will work in the new system?

The system is built according to the existing approved product list and existing quantity and frequency limits.

Is the frequency maximum per benefit remaining the same?

Yes, there are no changes planned. Stakeholders will be notified when approved product lists or policies are updated via Bulletin.

Claims

What prevents another vendor from invoicing a claim they did not do?

This would be considered fraud. There will also be compliance checks. Vendors must only submit claims for products supplied and authorized.

Are claims still vendor specific?

The authorization is not attached to a specific vendor, but the claim goes on the vendor history report and is only viewable by that vendor.

On the exported Excel form, does the "statement ID" field represent our input invoice number?

No, these are two separate forms. The invoice number comes from the vendor.

If someone comes in at the end of the two-month block and orders the full 300 allowed, then returns two days later at the start of a new two-month block, can we still fill their order?

Yes. The client can receive what they have been authorized for. If they have already accessed part of their allotment, the vendor can only provide the remainder.

Do we submit a claim before we deliver a product?

Vendors cannot future date a service or product.

Do vendors claim at the time of order or delivery?

Vendors need to ensure the claim is submitted and the cost share portion is accurate when the product is provided to the client.

If a product is returned, payment will be a credit on account. What if the client was refunded?

Vendors can contact Alberta Blue Cross to reverse a claim. The vendor would then return the funds to the client for any cost share or upgrades paid.

Without specific catalogue numbers, how will you differentiate the maximum payable for different items within the same benefit category?

The benefit codes determine the products. If it's in the same benefit category, the price will be the same. If the pricing is different, it will be in a different category.

If we cannot bill before delivery, the client will not get a copy of each claim receipt. In this case, would you like us to bill before delivery?

When the product is provided to the client, you can submit the claim and then provide the claim statement to the client.

Do claims need to be submitted immediately?

Vendors have up to six months to submit a claim, but we recommend submitting claims as soon as possible after the cost-share payment is determined to ensure the correct amount of cost share is collected from the client.

Can you claim from the patient inquiry screen?

No, the claim process is separate. The patient inquiry screen is a display of information.

Do we need to give receipts to each client for each claim?

Yes - all clients, whether they are cost share or cost-share exempt - must get an explanation of their benefits. This can be printed or printed to file and emailed.

Could you mail the patient claim receipts every month?

Yes, as long as the client receives the claim receipt information in a timely manner.

We cannot return socks worn or opened. If we provide ready made compression stockings and the client has worn them, but now needs custom stockings, is that claim still valid for one pair of ready made?

If a benefit has been accessed and used, that claim would be valid.

If you order ready-made stockings and the client needs custom, do you need to cancel the present claim and submit a new one?

If this is an error in what you provided, you need to call Alberta Blue Cross to reverse the claim. Then, you can submit a new claim. If the authorizer authorized ready-made stockings but the client requires custom, they need to terminate the first authorization and do a new authorization. Quantity and frequency rules would still apply.

Payments

How often is the vendor paid?

There is some flexibility in the timing of payments. The default is a daily electronic funds transfer. Payments can also be scheduled to occur biweekly.

Does the EFT pay statement list the vendor's invoice Number (if entered when claimed)?

The payment history report will show the invoice number. If something is rejected, an explanation notification will be provided.

When the EFT is paid, will a statement be emailed to a specific person?

No, this can be found in the report section. If you need to print or reprint an old one, you can call Alberta Blue Cross.

How are credits for returned products handled?

Alberta Blue Cross will be provided with regular client updates. If coverage is terminated, active authorizations will be terminated. If the product is returned and you have not been paid, you may be able to cancel the claim. If you have been paid and need to reverse it, you need to call the Alberta Blue Cross provider contact center and it will be deducted from future claims.

If the product frequency period is every two months, can you bill once a week?

Billing can be done once a week.

Other

Will clients still be able to apply for advance orders when travelling out of the country for more than two months?

Standard processes will still be in place. Exceptional processes will need to go to the contact center.

When is the implementation date?

June 21, 2021

When it comes to supplies kept on hand, what minimum are we required to keep on hand now?

This is not impacted by the transition. Current policy and agreement guidelines apply.

Are we able to print tax receipts for patients using the Alberta Blue Cross portal?

The patient summary report will provide this information.

May 5, 2021 Q&A and demonstration session for benchmark mobility benefits vendors

Registration

When can we expect the registration package? Will it be mailed or emailed?

Registration packages will be sent out shortly. They will be emailed.

Authorizations

How would you enter the prescription if needed for the claim?

Prescriptions will not be needed for claims. Uploading documentation is part of the authorization process.

Will we still be receiving 1250 forms from authorizers?

No, authorization information will be entered on the portal, which will be searchable by personal health number and date of birth.

What if the authorizer made a mistake in the authorization and selected an old catalogue number?

Products are listed by description not catalogue number. Old codes will not appear.

Vendors can only claim against active authorizations. If the authorization is incorrect, contact the authorizer to amend it or contact Alberta Blue Cross if you can't reach the authorizer.

What will happen to the open authorizations in E-business that are already assigned to vendors?

There will be a transfer of historical information to Alberta Blue Cross. The IVR will remain for those AADL benefits not yet transitioned to Alberta Blue Cross.

To confirm, the authorizers should have already generated an authorization prior to a vendor going out to the client with items for delivery or trial?

The process of trialling equipment will help determine what the client needs so the authorization will likely be entered after the equipment trial. See the policy for more information about the process around equipment trials. The authorization will need to be entered prior to the vendor entering a claim.

What about the QFR? Will it automatically be uploaded once the QFR review is approved or denied? Also, sometimes the cost share status isn't updated to reflect clients on programs such as AISH.

The QFR is an authorization type. Authorizers will enter it and once it has been reviewed, Alberta Blue Cross will update the system to allow for the approval. Alberta Blue Cross will be provided with information about enrollment programs including AISH. If you notice an error, contact Alberta Blue Cross.

How will the vendor be notified of an active authorization in the system so we can arrange delivery of the product?

Any information sharing between the authorizer and vendor that happens now will still occur. Authorizers can still reach out to vendors directly if needed. Authorization information will also be on the portal.

Approved Product List/Pricing

Are you getting the cost from the AADL manual? Is it the benchmark price of the item?

Yes, pricing information comes from the approved product list.

Will the benchmark prices be listed on the system or is this something that vendors need to be adding when submitting a claim?

The information on the approved product list will be entered on the system. The benchmark cost is the maximum amount that AADL will contribute. If the cost is lower, the vendor must enter the lower number. If the cost is higher, it will be calculated as an upgrade charge.

When does the approved product list get reviewed? Will it be yearly? Will vendors and therapists be informed when this happens?

There will be no changes to this process. AADL will continue to be responsible to review and update the approved product list.

If a code/product has been discontinued but is still available for existing clients that have been receiving product, will this code be transferred over?

Yes this will still be available and should be part of the history. If there are any issues, contact the Alberta Blue Cross provider contact centre.

Do we still need to go to the AADL website to check the manuals (codes), benchmark prices and the list of suggested incontinence supplies for example?

Yes. This information will be on the AADL website, the Alberta Blue Cross website and the online health portal.

Claims

Are vendors required to print the claim statement and provide to each client/patient?

Yes, the claim statement does need to be provided to the client. It can be printed or print to file and then emailed through a secure mechanism. If there are multiple claims, you can bundle them if it's within a reasonable time.

How are rejections handled?

The predetermination process will give you notification of rejection or changes to the claim.

Are vendors to disclose the upgrade portion on equipment on the claim statement?

Yes, that information is part of the claim statement.

There are times when we will be submitting claims prior to actually providing product (service date) to confirm eligibility.

Use the pre-determination function to confirm that information.

Our process is to collect cost share if the product has to be ordered. Can we continue to do this?

If you collect cost share first, then the vendor needs to ensure the amount is still correct when you provide the product and provide any refunds to the client if the amount has changed.

Usually we collect the cost share and upgrade before we claim. Is this still the case?

The portal offers a real time adjudication process so the client only pays what is required. We recommend you collect the cost share at the time the product is provided to ensure accuracy.

Payment

Payment dates are daily or bi-weekly. Do you have a weekly option?

No, at this time it is only bi-weekly or daily.

What happens with non-payment if an item needs to be ordered or they kept the item from the trial but failed to pay cost share or upgrade?

This process change will not impact that concern. Vendors need to follow their business processes in this circumstance.

So we are to collect a deposit for providing a trial?

This would be an internal business process and would be for the vendor to determine.

Other

Are hospital beds (L) a medical/surgical benefit? What about other recycle benefits?

Hospital beds and other recycle equipment will be transitioned in Phase 5.

Is the benefit year still from July 1 to June 30th?

Yes.

What do you consider the service date?

The service date is the date on which the product is supplied.