

eSubmit User Manual

Claims Services Branch,
Health Programs and Delivery Division,
Ministry of Health
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OPS BPS Secure login

1. Access OPS BPS Secure to use **eSubmit** using this link <https://www.ebse.health.gov.on.ca>
2. Log in to OPS BPS Secure by entering your registered **Email Address** and **Password** and select **Sign In**. If you are a new user please select 'New User? Register'.

Ontario  Français

OPS BPS Secure Menu

If you have a PKI certificate

[Sign in with PKI certificate](#)

OR

New User? [Register](#)

Sign In

Email Address (Registered email Address)

Password

[Sign In](#) [Forgot Password?](#)

[Accessibility](#) [Privacy](#) [Contact us](#) [Help](#)

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*****Your OPS BPS Secure session will time out if there is no activity after 45 minutes*****

For more detailed instructions, please see the [Medical Claims Electronic Data Transfer Reference Manual](#).

Accessing eSubmit

Select **eSubmit** from the **Services** dropdown on the **Services and Administration** page menu to open the **Main** screen.

Services and Administration

Services:

Access Service

Designees

If you are a designee for a health care provider, the **Working on Behalf of** field will be available. The **Working on Behalf of** list will default to **Myself**; however, any health care provider that you are a designee for can also be selected.

For more detailed instructions, please see the [Medical Claims Electronic Data Transfer \(MCEDT\) Reference Manual](#) or to [Add a Designee](#) see video instructions.

eSubmit main page

1. From the main menu, select the type of electronic submission you want to send to the ministry. The following service options will be available to choose from:
 - **Supporting Documentation**
 - **Remittance Advice Inquiry**
 - **Response to Additional Information Request**
 - **My Ticket Status**

2. On the right side of the screen next to the main menu, there **may be** an announcement titled “Attention”. This is where you will find messages from the ministry regarding submissions and other general notifications. When it is blank, there are no active messages.

The screenshot displays the Ontario Ministry of Health eSubmit portal. At the top left is the Ontario logo and the text "Ontario". To the right is the "Ministry of Health" logo and the text "Ministry of Health". Further right is a language toggle for "French/Français". Below this is a dark blue navigation bar with "MAIN" on the left and "LOGOUT" on the right. The main content area features four light blue boxes on the left, each with an icon and text: "Supporting Documentation Submission (Manual Review)", "Remittance Advice Inquiry (RAI - Adjustment Request)", "Response to Additional Information Request (Provide Ministry requested Additional Information)", and "My Ticket Status (Review the current status of your eSubmit ticket submissions)". To the right of these boxes is a large black circle containing the white Ontario logo. At the bottom left are links for "CONTACT US", "PRIVACY", and "IMPORTANT NOTICES". At the bottom right is the text "QUEEN'S PRINTER FOR ONTARIO, 2016".

Supporting Documentation & Remittance Advice Inquiry Submissions

Submission Details

There are **two** sections on the Submission Details tab titled **Ontario Provider Claims** and **RTPBA – Out of Country Claim** to choose from when submitting Supporting Documentation or Remittance Advice Inquiries to the ministry.

Please select 'Ontario Provider Claims' for submission for, or on behalf of, an Ontario Provider. Select 'RTPBA – Out of Country Claims' if you are submitting for a Registered Third-Party Billing Agency on behalf of an Ontario resident's out of country claims.



Ministry of Health

Supporting Documentation Submission

Submission Details [Help](#)

Ontario Provider Claim | RTPBA – Out of Country Claim

Patient's Province* Ontario | Ontario Patient Health Number* | Claim Number | Service Date

Contact Information

Group #*	Solo #*	Specialty #*	Account Number*	Email Address*	Phone Number
0000					

Attachments**

Attachment List
Up to 15 attachments can be included per submission. File size for each attachment cannot exceed 10MB.
To Preview select types of attachments, click on the Preview Document button and then hover over any attachment file supported (image, text, pdf)

File Name	File Size	Attach Name
		Attachment 1
		Attachment 2
		Attachment 3
		Attachment 4
		Attachment 5
		Attachment 6
		Attachment 7
		Attachment 8

Provider/Group Remarks**

IMPORTANT NOTE: After you SUBMIT you will receive an email response from the MOH confirming receipt of your submission and the email will quote a Ticket Number. Retain your Ticket Number - any inquiries regarding your submission will require this number.

The ministry's collection of the personal information and personal health information on this form is authorized under the Health Insurance Act, RSO 1990, c H8, section 4.1, and Ontario Regulation 57/97. For information about this collection, contact the Program Manager, Claims Adjustment Office, by calling 416 314-7770 or 1 855 645-1282.

All fields with one asterisk (*) are **mandatory** and must be completed correctly. All fields with two asterisks (**) are **conditional**, meaning one or the other must be present. For example, when submitting supporting documentation either an attachment and/or **Provider/Group Remarks** must be present.

Submission Details

1. Patient's Province

This field will default to Ontario and must be updated for Out of Province patient submissions. The **Patient's Province** is a dropdown field with the following options:

- Alberta
- Manitoba
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Saskatchewan
- Outaouais Region
- British Columbia
- Newfoundland & Labrador
- Northwest Territories
- Nunavut
- Quebec
- Yukon

2. Ontario Patient Health Number

When Ontario is selected in the Patient's Province dropdown, the **Ontario Patient Health Number** field becomes mandatory, enter the health number (ten-digit Ontario patient number, no hyphens, no spaces, no version code).

3. Out of Province Health Number

When a province other than Ontario is selected the Patient's Province dropdown, the **Out of Province Health Number** field becomes mandatory, enter the health number (up to 12 alpha/numeric).

4. **Claim Number** (one alpha and ten numeric characters, for example, F1234567890) This field is mandatory for Remittance Advice Inquiries. The claim number can be found on your Remittance Advice (RA). If you cannot locate this in your billing software, please contact your software vendor. This field is optional for Supporting Documentation tickets and could be entered, if known.

5. Service Date

The format for the Service Date is yyyy-mm-dd. The Service Date may be keyed in the Service Date field or selected from the calendar.

Using the calendar feature is recommended to ensure the Service Date format is correct. To use the calendar feature, select the calendar icon to the right of the Service Date field.

Contact Information

1. **Group number** - This field will default to “0000” for solo providers. Field can be overridden with four alpha/numeric characters for providers affiliated with a registered group.
Note: If the group and solo number combination is incorrect, you will receive an error message from the ministry.
2. **Solo billing number** - OHIP billing number - 6 numeric characters.
3. **Specialty** - Two numeric characters provider speciality practice/discipline identifier.
4. **Account Number** - A reference number for the claim encounter that is either assigned by your software or created by you (may also be referred to as “invoice number” in some billing software). Up to 8 alpha/numeric characters can be entered. This field is now mandatory.
5. **Email Address** - full email address of provider or provider designate.
6. **Phone number** – optional.

Remittance Advice Inquiry Submission - Fee Codes & Inquiry Type

In the **Fee Codes/Remarks** tab:

The screenshot shows a software interface with two tabs: "Fee Codes/Remarks" (selected) and "Attachments". The "Fee Codes/Remarks" tab contains a table with five rows, each with a "Fee Code" input field and an "Inquiry Type" dropdown menu. To the right of this table is a larger text area labeled "Provider/Group Remarks**" with a help icon (question mark in a circle) in the top right corner.

Fee Code

Enter the fee schedule code(s) for the Remittance Advice Inquiry submission. The fee schedule code must include a suffix (A, B, or C). For example, an Intermediate Assessment would be entered as A007A.

Inquiry Type

Indicate whether the fee schedule code listed was an Underpayment, Overpayment or if it requires Correction.

Remarks

Provider/Group Remarks is a conditional field for a Supporting Documentation submission. Either remarks or an attachment is required. Provider/Group Remarks is a mandatory field for Remittance Advice Inquiry submissions. Attachments are optional.

Note: Include any remarks you wish to communicate regarding your request – supplementary documentation can also be attached.

Attachments

Up to **15** attachments can be included per submission. The file size for each attachment cannot exceed **10MB**.

Add Attachment(s)

1. To include an attachment, select the **Add** button and the **Add Attachment** window will open.
2. **Select Choose File** to find your file.
3. The window will open. Find and select the file to be attached. **Select Open**.
4. When all files have been attached, **select OK**. The files are now attached to the form. Check the file name to ensure that the correct file(s) were attached and that each file size does not exceed 10MB.

Preview Pane

To preview an attachment, select the **Preview Document** button and a preview window will open. Select the file you want to view, and it will appear in the new window.

Navigation

Use the navigation buttons at the bottom of the screen to do any of the following:

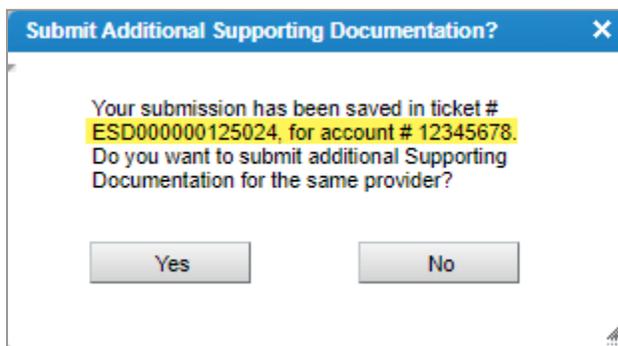
- **Cancel** (returns you to the previous screen without submitting the request)

- **Clear Fields** (removes any information that has been entered)
- **Submit** (submits the completed form and allows printing/saving of ticket information)

Submit Form

Once the form is completed, select the Submit button to send the completed form to the ministry.

If **submit** is selected and the required information is not filled in completely or correctly, an **Error Message** will appear at the top of the screen. Please correct any errors and select the Submit button again.



Upon successful submission, a ticket number and account number will be provided on screen. An email with the ticket details will also be sent to the email address entered in the Contact Details section.

Viewing Additional Information Request and Remittance Advice Inquiry Response Form

1. Log in to [OPS BPS Secure](#) and select [MCEDT Service \(Upload/Download\)](#) from the Services and Administration page. This will take you to the Medical Claims Electronic Data Transfer main page.
2. Select **Download** on the next screen.
3. A list of reports will populate in the **Available Reports** screen.

Additional Information Request

In the list of reports, look for file type **EFR** and Subject **eSubmit Form Return**.

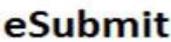
Designees will need to be granted MCEDT permissions for **eSubmit Form Return** to be able to download and view Additional Information Requests.

The filename format for an eSubmit Additional Information Request is: Claim Submission Number (CSN – the Provider Number if a solo claim or Group Number if a group claim), **ADD**, Group Number, Provider Number and eSubmit Ticket Number.

Choose the appropriate file by selecting **Download**.

Once the file is downloaded, choose the **Open** option to view the Additional Information Request or **Save** the file to view in the future.

Retain the **Request ID** number noted in the Additional Information Request from the ministry, as you will need to enter this number to access the submission screen.



Additional Supporting Documentation Required

English

Your electronic submission sent to the Ministry of Health requires additional information to be submitted in order for your request to be processed.

[Print View](#)

Below is your Request ID that you will be required to enter in order to submit Additional Information through E-Submission

Request ID	<input type="text" value="000591"/>		
Group/Provider Number	<input type="text" value="0000-011111"/>	Ticket Number	<input type="text" value="ESD000000125071"/>
Request Reason*	<input type="text" value="Additional information requ"/>	Date of Original Submission	<input type="text" value="2022-06-13"/>
		Document Type	<input type="text" value="Supporting Documentation"/>
Claim Information		Account Number	<input type="text" value="abc12345"/>
Ontario Health Number	<input type="text" value="2222222222"/>	Claim Number (if applicable)	<input type="text" value="M0000000000"/>
Out of Province Health Number	<input type="text"/>	Service Date	<input type="text" value="2022-06-07"/>

Please provide the following information within days or your ticket will be closed

Please provide more information.

For questions regarding your submission, contact your ministry of health claims processing office.

Remittance Advice Inquiry Response

In the list of reports, look for file type **EFR** and Subject **eSubmit Form Return**.

Designees will need to be granted MCEDT permissions for **eSubmit Form Return** to be able to download and view Remittance Advice Inquiry response forms.

The filename format for an eSubmit RAI Response is: Claim Submission Number (CSN – the Provider Number if a solo claim or Group Number if a group claim), **RAI**, Group Number, Provider Number and eSubmit Ticket Number.

Choose the appropriate file by selecting **Download**.

Once the file is downloaded, choose the **Open** option to **view the** Remittance Advice Inquiry Response or **Save** the file to view in the future.

Response to Additional Information Request

The ability to respond to an Additional Information Request is restricted to your user permissions and to whom the user is authorized to work on behalf of.

Submitting a Response to Additional Information Request is only to be used when you have received an **Additional Information Request from the Ministry of Health** regarding a previous ticket (refer to [Viewing an Additional Information Request](#)).

Retain the **Request ID** number noted in the Additional Information Request from the ministry as you will need to enter this number to access the submission screen.

1. Log in to [OPS BPS Secure](#) and choose Additional Information Requests from the [eSubmit main screen](#).
2. When the Request for Additional Information Request ID screen opens, enter the six-digit **Request ID** (including any leading zeroes) provided by the ministry and click **Submit**.
3. The **Additional Supporting Documentation Required form** will open. The form has two sections:
 - **Contact Information**
 - **Attachments (and Remarks)**

Contact Information

The **Contact Information** section will be pre-populated based on the **Request ID** entered. Information can be changed/updated, if required for example, email address, phone number, however, Group #, Solo #, and Specialty # cannot be updated.

Further information can be found in the [Contact Information](#) section.

Attachment (and Remarks)

In the **Attachments (and Remarks)** section you can include an attachment or comments in the **Provider/Group Remarks** field. These fields are conditional (one or the other must be filled out).

Instructions on how to include an attachment can be found in the [Attachments](#) section.

In the **Provider/Group Remarks** field include any remarks you wish to communicate regarding your request for additional information – supplementary documentation can also be attached.

Once the **Additional Supporting Documentation Required** form is complete, select the **Submit** button to send the completed form to the ministry.

A message will pop up giving you the option of printing or saving the file.

My Ticket Status

The ability to view providers Ticket Status is restricted to your user permissions and to whom the user is authorized to work on behalf of.

To view the status of your eSubmit ticket submissions select **My Ticket Status** on the **eSubmit English Forms** menu. Select view “All Open” or “Closed” tickets from the **Ticket State** field.

Status of open tickets

To view open eSubmit tickets, select “All Open” from the Ticket State dropdown.

Enter the solo OHIP billing number associated with the ticket in the **Solo#** field and click “Search”. This will display all tickets that are in an open status.

Ontario  Ministry of Health [Francais](#)

Ticket State: Solo#:

Ticket #	Status	Create Date	Group #	Account #	Solo#

Note: To sort your search results, click on any of the headings and your tickets will reorder based on your selection.

Closed tickets

To view eSubmit tickets that have been closed, select “Closed” from the Ticket State dropdown. This will open **Start Date** and **End Date** fields that are mandatory.

Note: Search is limited to tickets closed within the last 12 months.

Enter the solo OHIP billing number associated with the ticket in the **Solo#** field and click **Search**. Results will display all tickets within the date range entered that are closed.

For more information

For eSubmit questions, contact the Service Support Contact Centre (SSCC) at 1-800-262-6524. Hours of operation: 8:00 a.m. to 5:00 p.m. Eastern Monday to Friday, except holidays.

Contact your software vendor for technical questions or issues about EMR interacting with eSubmit.