

Operations Bulletin

Operations Bulletin No. 16

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All Medical Services Branch Payment Schedules, Newsletters, Operations Bulletins and forms are available at: <https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx>

Forms:

- Electronic Remittance – Multiple Physicians
- Electronic Remittance – Single Physician
- Direct Deposit Payment Request – Professional Corporation
- Direct Deposit Payment Request – Non-Professional Corporation
- New Clinic Request Application
- Prior Approval for Abdominal Panniculectomy
- Out of Province Claim for Physician Services
- Physician Profile Request Form
- Physician Request for Income Statement
- Practitioner Registry Change Request
- Request for Review of Claim Assessment
- Routine Audit – Request for Information and Response Form
- SAID – Information for Medical Professionals
- Health Provider Questionnaire

BILLING RESOURCES

There are important billing resources, including billing information sheets, available on our website. These documents are provided to all new physicians upon registering with Medical Services Branch (MSB). They are also available for download or viewing at the above link.

STATUTORY HOLIDAYS TO JULY 2021

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Good Friday	Friday April 02, 2021	Friday April 2, 2021	None	None
Victoria Day	Monday May 24, 2021	Monday May 24, 2021	None	Run nu: Payment date moved to Tues, May 25
Canada Day	Thursday July 1, 2021	Thursday July 1, 2021	None	Run nx: Payment date moved to Tues, July 6
Civic Holiday (Saskatchewan Day)	Monday August 2, 2021	Monday August 2, 2021	None	Run nz: Payment date moved to Tues, Aug 3
Labour Day	Monday September 6, 2021	Monday September 6, 2021	None	None
Thanksgiving	Monday October 11, 2021	Monday October 11, 2021	None	Run oe: Payment date moved to Tues, Oct 12

Please note that any changes to the run schedule will be communicated via the ICS message window and pay lists. Please check the ICS service website periodically for important messages regarding payment or run information.

SASKATCHEWAN FORMULARY

DID YOU KNOW? The Saskatchewan Formulary and the regular drug listing update Bulletins can be found using the following links:

- ✓ Saskatchewan Formulary website: <http://formulary.drugplan.ehealthsask.ca/SearchFormulary>
- ✓ Bulletins: <http://formulary.drugplan.ehealthsask.ca/BulletinsInfo>

MOVING OR CHANGING CLINICS

Physicians, if you are moving or changing clinics please provide a letter in writing, with your signature and the following information to the Casework Unit:

- ✓ **New Clinic Address**
- ✓ **Start Date with new clinic**
- ✓ **End date at previous clinic**
- ✓ **Physician's Billing Number**
- ✓ **Clinic Number**
- ✓ **Group Number**
- ✓ **E-mail Address**

Please contact the Casework Unit at
306-798-0013 or
caseworkunitmsb@health.gov.sk.ca
if you have any questions.

If you would like to change your correspondence address, please provide a letter in writing with your signature that states your new correspondence address and the date the address came, or will come into effect.

Every Thursday the College of Physicians and Surgeons of Saskatchewan send correspondence to the Casework Unit of the Medical Services Branch. This correspondence contains new physicians and physicians that are changing clinics. The Casework Unit is not able to provide new physicians with a billing number until we receive this correspondence.

VERIFICATION OF HEALTH COVERAGE

Physicians licensed to practice in Saskatchewan must verify the validity of their patient's SK health coverage. They are required to request access to the online **Person Health Registration System Viewer (PHRS Viewer)**. To learn more about the PHRS Viewer, please contact eHealth Saskatchewan at 306-337-0600 or toll free at 1-888-316-7446 or by email at servicedesk@ehealthsask.ca.

Please note that we are aware that some EMRs have an eHealth viewer that some offices are using to determine patients demographics and coverage eligibility with SK Health. **When handling claims submitted to or rejected by MSB please use the PHRS Viewer only when looking up information.**

For claims rejected with explanatory code **AR**:

- Please check your PHRS Viewer not your EMR's eHealth viewer.
- If the patient's coverage has been updated, please resubmit claim.
- If the patient does not have coverage and is still living in Saskatchewan, please advise the patient to contact eHealth Registries at 306-787-3251 or 1-800-667-7551.

IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS

This is a reminder that you **are strongly encouraged to review the validation report** every time you do online claims submission. The validation report will immediately display whether your submission was successful or unsuccessful. If you cannot see your validation report, it is possible that the EMR or billing application software you are using is not relaying this report automatically. If that is the case, please go to the Internet Claims Submission (ICS) website at <https://ics.ehealthsask.ca/> to check your validation report. We strongly recommend bookmarking the site. Please remember that you can only access the ICS website if you have a valid ICS Security Billing Certificate.

What a SUCCESSFUL submission looks like.

ICS Home eHealth Services Desk 1-888-316-7446

Group [] - Claims Received for Run Code ge

Print Report

Submission Date: Wednesday, Oct 09 2013, 4:02:09 PM

Clinic	Doctor	Claims	Records	Services	89 Recs	Comments	Fee Sub
		17	49	26	0	21	\$3,030.80
		1	3	1	0	0	\$125.00
		38	49	46	1	0	\$4,926.90
		24	26	24	0	0	\$3,398.40
		85	111	109	0	0	\$6,273.47
		112	118	114	1	1	\$11,009.50
		53	136	132	2	0	\$10,178.80
		1	4	1	0	1	\$0.01
		43	61	59	0	0	\$2,004.10
		47	91	89	0	0	\$6,900.00
		10	12	10	0	0	\$1,100.00
		117	124	119	3	0	\$3,674.60
		132	152	146	4	0	\$3,937.40
		4	6	4	0	0	\$491.70
		1	4	1	1	0	\$49.50
Totals:		685	946	881	12	23	\$57,100.18

Total Physicians: 15

Group, Clinic and Doctor Numbers Removed

*If it is BLANK, that means MSB did not receive the submission or input file.

What an UNSUCCESSFUL submission looks like.

Group [] - Rejected Claims for Run Code ge

Submission Date: Wednesday, Oct 09 2013, 4:02:09 PM

Clinic	Doctor	Reject Description	Claim #	Seq #
		Source		
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA

QUESTIONS REGARDING YOUR SUBMISSION?

Please contact Claims Processing Support at 306-787-0182 or 306-787-3470

DO YOU NEED A NEW ICS BILLING SECURITY CERTIFICATE?

Please contact eHealth Saskatchewan at 306-337-0600 or toll free at 1-888-316-7446

OUT OF PROVINCE NEWBORN CLAIM SUBMISSION

When submitting a claim for a newborn from an out of province (OOP) mother, please submit under the mother's OOP HSN rather than the SK Health HSN the newborn is given at birth. Also, the claim information should contain the newborn's identification data not the mother's. The mother's name should be indicated in the comment record (max. 77 characters).

For example:

- Mother is Jane Doe from Alberta with AB HSN 123456789
- The claim information should contain the following:

Name: Baby Boy Doe

HSN: AB 123456789

DOB: August 1, 2020

Sex: Male

Comment record: Mother – Jane Doe from AB – HSN 123456789

OUT OF PROVINCE REFERRING DOCTOR NUMBERS

When the referring doctor is located outside Saskatchewan, please indicate the doctor's name and province on the comments record (max. 77 characters) and code the claim's referring doctor number to the appropriate province below.

Alberta	9908
British Columbia	9909
Manitoba	9907
Ontario	9906
Quebec	9905
Other Provinces	9900

REMINDER: MEDICAL RECIPROCAL CLAIMS QUEBEC

As a reminder, Quebec is **NOT** covered under the Reciprocal Billing Agreement; therefore, not payable by the Ministry of Health. Please bill the patient directly or submit your claim to Quebec Health.

The Out of Province Claim form for Physician Services is located at the following link:

<https://www.ehealthsask.ca/services/resources/Resources/Out%20of%20Province%20Claim%20for%20Physician%20Services.pdf>

Send completed form to:

Régie de l'assurance maladie

Case postale 500

Québec (Québec) G1K 7B4

REQUEST FOR REVIEW OF CLAIMS ASSESSMENT FORM:

Please be advised, the *“Request for Review of Claims Assessment Form”* should only be used for claims that appear on your pay list. Any ‘returned’ claims that do not appear on your payment list must be corrected by the physician or billing clerk and be resubmitted electronically.

If you have questions regarding why a claim has been rejected or you require further information required for resubmission, please contact the Claims Unit.

IMPORTANT REMINDER: GENDER DESIGNATION IS STILL A REQUIREMENT ON MEDICAL CLAIMS

Due to claims system limitations, blank or any other characters are not options at this time. Please note that the gender indicated on the claim must match PHRS.

CLAIMS UNIT INQUIRY LINE PREPAREDNESS

The following information is required to assist you. Please ensure you have this information available **PRIOR** to contacting the Claims Unit.

- ✓ Patient HSN
- ✓ Physician’s Billing Number
- ✓ Run codes
- ✓ Explanatory code, if applicable

DID YOU KNOW?

Claims Processing Support handles explanatory codes:

AA – AR
CM, CN, CZ
YA – YS
ZA – ZS except ZR

Policy, Governance and Audit handles:

RA – RM
RT, RV

Physician Claim Inquiries handles everything else.

ASSESSMENT OF ACCOUNTS

If a physician does not agree with a particular assessment of an account, they may submit a Request for Review of Claims Assessment form to the Claims Analysis Unit.

If dissatisfied with this review a further review may be requested by writing to the Medical Consultant. This is the second level of appeal process. Please refer to the **Assessment of Accounts** section in the Physician Payment Schedule.

Second Level of Appeal Process

In order for your request to be handled, you must:

- ✓ Submit an appeal letter addressed to the Medical Consultant.
- ✓ Provide **NEW** supportive documentation to substantiate your request.

If the request lacks these criteria, your request cannot be reviewed.

APPROPRIATE HANDLING OF CLAIMS REJECTED/RECOVERED WITH CW (WCB RESPONSIBILITY) EXPLANATORY CODE

As per the Physician Payment Schedule **CW** descriptor, please submit claims rejected or recovered with explanatory code **CW** to WCB. If WCB end up denying the claim, then you can resubmit to MSB.

To avoid payment delays when resubmitting, it is **IMPORTANT** that the exact comment "**Not WCB**" must appear followed by the date submitted to and the date rejected by WCB in the comment record of the online claim submission. There is a maximum of 77 characters including spaces per line of service. The MSB claims system is able to read the comment and properly adjudicate the claim.

For example, "**Not WCB** – January 1, 2020 – August 1, 2020".

IMPORTANT REMINDER REGARDING TIME LIMIT FOR SUBMISSION OF ACCOUNTS

Accounts for payment must be received within six consecutive months immediately following the provision of the insured service. An extension to the six-month time limit could be considered in the rare circumstance where the reasons are beyond the control of the physician. Please see Physician Payment Schedule page 24 – Time Limit for Submission of Accounts and page 44 – explanatory code CM.

It is important to know that the physician is directly responsible for:

- the maintenance of appropriate office billing records;
- training and monitoring of billing staff;
- reconciliation of accounts submitted compared to accounts paid;
- establishment of appropriate internal controls in the conduct of the business of medical practice; and,
- working directly with vendors to ensure that systems are configured appropriately in order to meet the business needs.

DID YOU KNOW?

- Even if your billing system identifies that your claims were **submitted**, it does not mean that the claims were **received** by MSB. Always check your validation report every time you do a submission.
- About 97% of the claims submitted to MSB are processed in the same pay run it is submitted. That means you get them back when you pick up your return/remittance file starting at 12:00 noon the day following the run.
- For claims that fail for manual adjudication by a Claims Analyst, please allow 2 – 3 pay runs before you get them back. If it is still outstanding after three payment runs or it is nearing the 6-month time limit, please contact the Physician Claim Inquiries line at 306-787-3454.

PAYMENT SCHEDULE MODERNIZATION (PSM)

Payment Schedule Modernization is the first ever comprehensive review of the Payment Schedule for Insured Services Provided by a Physician (the Payment Schedule is a legacy document built upon a period spanning over 50+ years).

PSM is a multi-year project, jointly administered by the Ministry of Health (Ministry) and the Saskatchewan Medical Association (SMA) with the mandate of updating the fee codes in the Physician Payment Schedule using the principles of patient-centered care, appropriateness, and fairness.

Modernization is **revenue neutral**, with any potential savings to be reinvested into the Payment Schedule.

All changes to items in the Payment Schedule recommended by the PSM working group are vetted through the Payment Schedule Review Committee's (PSRC), a joint Ministry-SMA committee, with final approval by the Minister of Health.

The following sections have had fee codes modernized:

In the 2018-2020 Payment Schedule releases:

- General Services
- Psychiatry
- General Surgery
- Ophthalmology
- Family Practice
- Orthopedic Surgery
- Internal Medicine
- Plastic Surgery
- Diagnostic Ultrasound
- Neurosurgery
- Obstetrics and Gynecology

In the April 1, 2021 Payment Schedule release:

- Orthopedic Surgery

The Ministry and the SMA have been meeting directly with physician sections to share perspectives and begin advancing PSM items, with potential implementation of several items in the April 1, 2021 Payment Schedule release. Unfortunately, this work had to be significantly curtailed due to COVID-19 pandemic. As soon as possible, work will resume for the potential implementation of several items in the October 1, 2021 Payment Schedule release.

In February 2020, funding was approved for the remuneration of physicians participating in PSM work, including additional compensation for the section working group chair.

If you would like further information on PSM and/or would like to become involved, please contact the SMA.

LINK – Saskatchewan’s Provincial Telephone Consultation Service now available

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care.



Specialties providing the LINK service:

Adult Psychiatry
Child Psychiatry
HIV and HCV
Nephrology
Obstetrics and Gynecology
Palliative Care (*available 24/7*)
Physical Medicine and Rehabilitation (Physiatry) *New
Reproductive Endocrinology and Infertility
Urology

Available 8:00 AM - 5:00 PM, Monday - Friday, excluding statutory holidays

Call: 1-844-855-LINK (5465)

For more information about LINK and other useful tools created to improve the referral/consultation process please visit,
www.ehealthsask.ca/services/Referral-and-Consult-Tools
or scan the QR code above.

WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL

The 55B and the 855B billing codes enable the health system to measure and report how long patients are waiting to see a specialist.

Please use the **55B CODE** (instead of 5B if the patient was referred to a specialist); or
use **855B CODE** (instead of 805B if the virtual visit resulted in a referral to a specialist).

For more information, please contact the Medical Services Branch at:

Ron Epp
Director, Strategic Priorities
306-787-7261

Mandatory Completion of Medical Certificates of Death

As required by *The Vital Statistics Act* (Section 35-37) physicians/prescribed practitioners are legally required to complete and submit a medical certificate of death for a deceased person in Saskatchewan as soon as possible following the death if they:

- Were in attendance at the time of death;
- Attended the deceased during the last illness of the deceased;
- Are able to make a reasonable determination of the medical cause of death;
- Or by a coroner if there is reason to believe that a death occurred in any of the circumstances set out in *The Coroners Act, 1999*, or if a physician/prescribed practitioner is unable to determine the medical cause of death.

Please ensure the original medical certificates of death you are required to complete are submitted by mail as soon as possible to:

eHealth Saskatchewan
Vital Statistics
2130 11th Avenue
Regina, SK S4P 0J5

If you require blank medical certificates of death please contact eHealth Saskatchewan Vital Statistics Registry by:

Email: change@ehealthsask.ca

Phone: 1-800-667-7551 or 306-787-3251

Fax: (306)787-8951