

# Operations Bulletin

Operations Bulletin No. 14

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## IMPORTANT HEALTH WEBSITE LINKS HAVE CHANGED

Physician documents and forms have moved to the eHealth Saskatchewan website. Moving documents to eHealth allows you to have quick and easy access to the documents and resources you need from a familiar website.

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 Physicians
- Direct Deposit Payment Request – Professional Corporation
- Direct Deposit Payment Request – Non-Professional Corporation
- New Clinic Request Application
- Health Provider Questionnaire
- Practitioner Change Request
- Prior Approval for Abdominal Panniculectomy
- Request for Income Statement
- Request for Practitioner Profile
- Request for Review of Claims Assessment
- Routine Audit – Request for Information and Response Form
- SAID – Information for Medical Professionals

### Billing Information Sheets:

- Documentation Requirements for the Purposes of Billing
- Joint Medical Professional Review Committee
- MAID (Medical Assistance in Dying) Services
- Obstetric Ultrasounds
- Online Billing Course
- Payment Integrity (Audit)
- Physician Billing Obligations
- Requesting Changes to the Payment Schedule
- Routine Audit – Information Sheet

## BILLING RESOURCES

There are new billing resources (Billing Information Sheets) available on the website. These documents will be provided to all new physicians upon registering with Medical Services Branch. They are also available for download or viewing at the above link. They cover topics such as physician billing obligations, documentation requirements, payment integrity (audit), requesting changes to the Payment Schedule, and the Joint Medical Professional Review Committee.

**STATUTORY HOLIDAYS TO OCTOBER 2020**

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Good Friday	Friday April 10, 2020	Friday April 10, 2020	None	Run mr: Payment date moved to Tues, Apr 14
Victoria Day	Monday May 18, 2020	Monday May 18, 2020	None	None
Canada Day	Wednesday July 1, 2020	Wednesday July 1, 2020	None	Run mx: Payment date moved to Tues, July 7
Civic Holiday (Saskatchewan Day)	Monday August 3, 2020	Monday August 3, 2020	None	Run mz: Payment date moved to Wed, August 5
Labour Day	Monday September 7, 2020	Monday September 7, 2020	None	None
Thanksgiving	Monday October 12, 2020	Monday October 12, 2020	None	Run ne: Payment date moved to Tues, Oct 13

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](mailto:caseworkunitmsb@health.gov.sk.ca)  
if you have any questions.

If you want 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

Medical Services Branch does not verify beneficiary health coverage information by phone or fax. Physicians (licensed to practice in Saskatchewan) who wish to verify the validity of a patient's health coverage are required to request access to the online Person Health Registration System Viewer (PHRS Viewer). To learn more about 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](mailto:servicedesk@ehealthsask.ca).

For claims rejected with explanatory code **AR**, please check your PHRS 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 to review the validation and return/remittance file that are available on the Ministry's Internet Claims Submission (ICS) service website. Your EMR/billing application may not relay these reports automatically from ICS.

Even if your billing system identifies that your claims were **submitted**, it does not confirm that the file was received by the Medical Services Branch (MSB). To ensure your submission was successfully submitted to MSB it is recommended that you review your ICS "**validation report**". This report contains totals for each clinic/doctor number that was submitted in the run for payment and/or any errors found in your submission prior to the bi-weekly Tuesday claims run.

**If you do not receive an ICS “validation report” immediately after your claims submission you must follow up with MSB at 306-787-0182 or 306-787-3470 to investigate the issue as this indicates there is a problem with the receipt of your submission.**

It is also important for you to pick up your “**return.txt**” (return/remittance) file from the ICS website starting at 12:00 noon on the day immediately following the run. This file contains the pay list records and any returned claims. Use this report to reconcile your accounts.

### DID YOU KNOW?

You can only access the ICS website if you have a VALID ICS Security Billing Certificate.

The address is: <https://ics.ehealthsask.ca/>

You can also find the following links containing important information for you or your billing application for online claims submission.

- ✓ **Run Schedule** (current year run schedule along with payment dates)
- ✓ **Payment Schedules** (link to current and historic Payment Schedules)
- ✓ **Fee Code File** (text file containing all the current fee codes and their fees)
- ✓ **Referring Doctor File** (text file containing doctor number by name and city of practice)
- ✓ **Diagnostic Code File** (text file containing the 3 digit ICD codes used by our claims system)

## 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, 2018

**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.

**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 will be denied review.**

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

Please submit to WCB any claims rejected or recovered with CW explanatory code as per the Physician Payment Schedule on page 45. When resubmitting, it is IMPORTANT that the comment "Not WCB" followed by the date submitted to and the date rejected by WCB appears in the comment record (max. 77 characters) of the online claim submission. This comment enables the MSB claims system to properly adjudicate the claim for payment.

For example: "Not WCB – January 1, 2018 – August 1, 2018"

## 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. In rare exceptions, an extension to the six-month time limit could be considered (when there are reasons beyond the control of the practitioner).

**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.

## JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPCR)

The JMPCR is a legislated, peer-review committee with two (2) physicians appointed by each of the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry of Health.

The JMPCR is responsible for reviewing the billing patterns of Saskatchewan physicians. The JMPCR has the authority to review a physician's billings over a 15-month period, request patient records and interview the physician. Based on the results of the JMPCR's investigation, the Committee has the authority to order a recovery of monies if they determine that the Minister has paid monies inappropriately.

### **TOP ISSUES IDENTIFIED BY THE JMPCR:**

1. Inappropriate frequency of non-medically required visit services;
2. Inappropriate frequency of faxed prescription renewals;
3. Inadequate documentation to support the service(s) billed;
4. Incomplete chronic disease management flow sheets; and
5. Uninsured/third party services, sick notes and form completions billed to MSB.

The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings in the last two fiscal years:



<b>2018-19:</b>	<b>\$1,598,881</b>	<b>(7 physicians)</b>
<b>2019-20</b>	<b>\$692,681</b>	<b>(4 physicians)</b>

\* Based on the fiscal year the final order was issued.

### **It is the responsibility of all physicians to:**

- ✓ *Ensure that the appropriate service code is submitted for the service that was provided;*
- ✓ *Ensure that he/she is aware of the documentation requirements associated with each service code billed; and*
- ✓ *Ensure that he/she is aware of his/her legislative billing obligations.*

If you are interested in learning more about the JMPCR or have any questions regarding the JMPCR process, please contact Ms. Carie Dobrescu, Senior Insured Services Consultant (Policy, Governance and Audit) at [jmprc@health.gov.sk.ca](mailto:jmprc@health.gov.sk.ca) or 306-798-2108.



## 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 and/or 2019 Payment Schedule releases:

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

In the April 1, 2020 Payment Schedule release:

- General Services
- Orthopedic Surgery
- Neurosurgery
- Family Practice

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 October 1, 2020 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 The “VIRTUAL” Physician Lounge

LINK (*Leveraging Immediate Non-urgent Knowledge*) is a provincial telephone consultation service that connects primary care providers to specialists to consult on acute or complex but non-urgent concerns.



## Specialties providing the LINK service:

**Urology \*New**  
**Adult Psychiatry**  
**Child Psychiatry**  
**HIV and HCV**  
**Nephrology**  
**Obstetrics and Gynecology**  
**Palliative Care**  
**Reproductive Endocrinology and Infertility**

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

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

For more information on LINK and to access tools and resources to help physicians improve the referral/consultation process,

Visit [www.ehealthsask.ca/services/Referral-and-Consult-Tools](http://www.ehealthsask.ca/services/Referral-and-Consult-Tools)  
or scan the QR code above.

## When A Partial Assessment Leads To A Referral

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

Has the 5B doctor's visit resulted in a referral to a specialist? If yes, use

**55B CODE**

(Instead of 5B)

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 11<sup>th</sup> 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](mailto:change@ehealthsask.ca)

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

Fax: (306)787-8951