Customer Portal FAQ's

Medical Services Branch

Claims Replacement Project

Saskatchewan

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Go-Live

1. **When will Customer Portal go-live?**
    The go-live date is set for February 2024.

2. **What is the cutover/transition plan for practitioners?**
    A detailed cutover plan will be communicated to all practitioners via email prior to go-live.

3. **Do we continue to follow our current processes until go-live?**
    Yes. It is business as usual until go-live.

4. **If the system fails is there a contingency plan?**
    We have been involved in rigorous testing cycles to ensure the new systems are performing as expected. In the event of a system failure a contingency plan is in place to ensure we can continue to make payments to practitioners.

5. **Will Customer Portal be inaccessible at any time during the bi-weekly cut-off period?**
    Customer Portal will always remain active. Claim submissions are welcome 24-hours a day.

Logging In

1. **When will we have access to sign into Customer Portal?**
   Access to Customer Portal will be granted prior to go-live. Watch for email communications regarding the date and time.

2. **Are individual usernames and passwords provided for each authorized biller? Can one email address be used for multiple authorized billers?**
   Each authorized biller requires their own credentials to access Customer Portal. In the case of job sharing, one email address can be used as those authorized billers would not log in at the same time. However, Multi-Factor Authentication will need to be set up with a specific authenticator app or mobile number.

3. **Does Customer Portal require a specific browser?**

   Customer Portal is compatible with supported browsers such as: Safari, Firefox, Microsoft Edge, Google Chrome. Internet Explorer is no longer supported, and the use thereof is discouraged.

4. **Will security certificates be required after go-live?**
   Customer Portal does not require security certificates. Your user id (email address) and Multifactor Authentication (MFA) are in place to ensure you are authenticated.

   Prior to Go-Live, it is important to keep your certificates active to ensure your claims can be submitted.

5. **Will my Customer Portal password change every 3 months?**
   Yes, following eHealth security guidelines you will be prompted to change your password every 90 days.

6. **Can I use my personal email instead of my Saskatchewan Health Authority (SHA) email address?**
   We recommend utilizing your assigned SHA email address. However, you may use your personal email if you have not been assigned an SHA email.

7. **Can we access the portal if we are out of the country?**
   No. Access to Customer Portal is limited to within Canada.

8. **Does this mean we can submit claims from multiple devices within the office, laptops, or cell phones, rather than just the computer in the office with the "certificate" on it?**
   Customer Portal is web-based, therefore allowing you to access it from anywhere **within Canada.** Accessing Customer Portal from different locations and devices will trigger Multi-Factor Authentication on each log-in.

9. **Are there changes for Shadow Billers (Practitioners and Nurse Practitioners)?**
   Shadow billers will be required to submit their claims utilizing Customer Portal and will be required to follow the new requirements for submissions. However, the claim details required and general process specific to shadow billing will not change.

Support

1. **Who can I call if I encounter any issues at go-live?**
   Please contact the Medical Services Business Support desk at 1-800-605-2965 between the hours of 8:00am – 5:00pm. They will support you with your call or transfer you to the appropriate area to support your inquiry. The support desk may also assign a ticket if needed. If a ticket is assigned for your inquiry, the appropriate respondent will contact you directly to resolve the issue.

2. **If I have questions regarding the information provided in the survey, who do I contact?**
   Please contact the Medical Services Business Support desk at 1-800-605-2965.

3. **Who do I contact if I don't receive my Customer Portal welcome email?**
   We encourage you to check your spam folder for the Customer Portal welcome email. If the welcome email is not in your spam folder, please contact the Medical Services Business Support desk at 1-800-605-2965.

4. **Will each doctor currently billing under clinic 000 receive their own clinic number?**
   Yes, each doctor currently billing under clinic 000 will receive their own clinic number.

5. **Is the group user key only relevant to clinic 000 or will everyone receive group user key?**
   The group user key is only applicable to Perspect, CBS and Accuro Hosted clients.

6. **Will outstanding claims be carried over from the old system to the new system at go-live?**
   Yes. All outstanding claims submitted in the old system, and not yet processed, will be transferred into the new system upon go-live.

7. **Where can I find a list of referring doctors and their billing numbers?**
   A list of referring doctors is located on the home page of Customer Portal under Vendor Files.

8. **Why would my practitioner need to access Customer Portal if they never intend to enter any submissions?**
   We encourage everyone to log in to Customer Portal to access the new features, such as the home page, claims query and the contact us section.

Authorization

1. **Will authorized billers have access to submit claims for multiple physicians?**
    Yes. All authorized billers, who provided their billing information on the survey will have access to submit claims for the physicians in their clinic/group.

2. **How do I change or update an authorized biller? How do I add a new practitioner?**
    Prior to go-live (February 1, 2024) send an email to: msbclaimsinitiative@health.gov.sk.ca (include the person's name, email address and group number they require access to).

    Post Go-live, a form will be available for changes and updates to authorized billers.

3. **Will all Customer Portal users in our office be able to see the return files, validation reports and batch files previously submitted for the group number we have access to**?
    All registered Customer Portal users under the same group can see the same files and reports.

4. **Not all physicians in my clinic have completed the survey. How will this affect the submissions?**
    All physicians and their authorized billers must complete the survey. This ensures their profile is set up correctly within Physician Registry. Failure to do this will result in claim submissions failing.

    If the survey has not been completed by February 1, 2024, please contact msbclaimsinitiative@health.gov.sk.ca. After February 1, 2024, please contact the Medical Services Business Support desk at 1-800-605-2965.

5. **Will Nurse Practitioners have access to Customer Portal?**
    Nurse Practitioners will not have access to Customer Portal as their authorized biller will manage their claim submissions.

6. **Will locum physicians have access to Customer Portal?**
    Locum physicians have a profile in Physician Registry and therefore will have access to bill through Customer Portal.

7. **Will the Provider Coverage Viewer used to check eligibility be affected by this upgrade?**
    No. The Provider Coverage eligibility remains status quo and will be available after go-live.

Training and Support

Link to all Training Tools
https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training.aspx

1. **Are training tools, such as training manuals, videos, and training recordings available? If so, where can I find them?**
   All training material is available at the link above.

   Specific training recordings for the Optometrist sessions are available through the Saskatchewan Association of Optometrists (SAO) website.

2. **How do I update the clinic number and group user key in my vendor software prior to my first submission after go-live?**
   Instructions on how to update your clinic number (if applicable) and your group user key (if applicable) are included in the Training Manual on eHealth's website (link above).

Batch Claim Submissions

1. **Are physicians able to submit claims through their EMR billing software or do they have to submit through Customer Portal?**
Yes, physicians who utilize Accuro Hosted, CBS or Perspect billing software will continue to submit claims through their billing software. All other billing software users will need to log into Customer Portal to upload their batch claim submissions. MSB has worked with vendors to ensure they are aware of the changes and updates required for their software.

2. **Can we continue to send group batch submissions?**

   Yes, group batch submissions are encouraged. Refer to your training manual for details on the submission process. The authorized biller for your group must be authorized to submit for all practitioners and groups within your clinic.

3. **What file types are accepted for file uploads in Customer Portal?**

   Text files (.txt) are accepted for file uploads.

4. **Can we submit batch files weekly or is the only option daily and bi-weekly submissions?**

   We encourage you to consider submitting on a frequent basis for both individuals and groups. This can be daily, every other day, weekly or bi-weekly (or any schedule that works for you and/or your team).

   The bi-weekly pay dates remain the same.

5. **When a batch submission, including claims for several physicians, fails because a physician is ineligible to bill, does the entire submission fail or just the claims for the physician in question?**
Yes, the entire submission is fails. The error(s) must be corrected, and the entire submission must be resubmitted.

6. **Can I continue to bill for two different group numbers?**
Yes. Your profile within Physician Registry will include both group numbers allowing you to send submissions for both groups.

7. **Can we resubmit a single, rejected claim, or does the entire batch need to be resubmitted?**
A single, rejected claim should be queried using the Claims Query tab in Customer Portal. The correction will then be made on the existing claim rather than resubmitting or creating an entirely new claim. This will result in a quicker turn around on fixing the item(s), does not create a duplicate claim and will allow the system to process your claim on the next bi-weekly run. Resubmitting an entire batch should not occur unless your entire batch submission has failed.

8. **Can we view claims before they are submitted?**
Viewing claims prior to submission is a feature that some software vendors offer. If your software vendor currently offers this option, it will remain the same after go-live.

9. **Is it necessary to log into Customer Portal to submit batch claim files if my vendor allows submissions through their software?**
No. If your vendor allows for submissions through their software, we recommend utilizing their software. Customer Portal is used to access the documents on the home page, query claims, locate the Daily Return File and Bi-weekly Return File (remittance) documents and review the contact us information.

10. **Our clinic currently submits claims for two practitioners. Will each practitioner need to submit claims on separate profiles, or can the submissions be sent together?**
If your clinic is set up with a group number, the submissions can be submitted together.

11. **How will batch file submissions work when there is more than one practitioner in a group number?**
The new Claims Processing System is designed to accept batch file submissions that include more than one practitioner. Continue to prepare your batch files using the same process as today.

Real-Time Claim Submissions
(Only for Optometrists and Dentists)

1. **Is there an online submission form to enter our claims?**
   Optometrists and Dentists enter their claims directly into Customer Portal's online submission form.

2. **Do real-time submitters pay a fee per claim?**
   There is no fee for real-time submissions.

3. **Can I switch from batch file to real-time submissions? Can anyone submit using real-time?**

   Real-time submissions are for Optometrists and Dentists who do not have a group number and are currently using paper billing.

4. **We are interested in changing to Real-Time submissions. How would we go about changing to this option?**
   This option is currently only available for dentists and optometrists. Prior to go-live (February 1, 2024), send an email to: msbclaimsinitiative@health.gov.sk.ca (include the person's name, email address and group number they require access to).

   Post Go-live, a form will be available for requests.

Validation Reports and Return Files

1. **What is a Daily Return File vs a Bi-weekly Return File?**
   The **Daily Return File** includes **only Rejected** claims processed from the previous day's submission. It provides an opportunity to review the rejections, make applicable corrections and resubmit the corrected claims again.

   The **Bi-weekly Return File** is a list of **Paid, Rejected and Pended** claims processed from the submissions in the preceding two weeks.

2. **What is the difference between a single claim rejection on daily or bi-weekly file versus and rejection on the batch submission?**

   Single Claim Rejection
   A single claim will be rejected if it fails against a business rule(s). The daily and bi-weekly return files include the explanatory code. Based on the explanatory code one of three actions is required:
   a. The claim requires an update/change. The change is made in your vendor software and only that claim is resubmitted through your software.
   b. The claim requires additional notes or documentation. This requires the claim to be queried in Customer Portal and the appropriate notes or documentation attached.
   c. No action is required as the claim failed against the business rules and cannot be paid.

   Batch File Submission Rejection
   When a batch file submission is rejected, it is typically due to a configuration issue (i.e., invalid mode, physician ineligible, duplicate file, etc.) causing the entire submission not to pass through to the Claims Processing system. The reason for rejection is stated on the validation report. The error must be fixed, and the entire batch submission must be resubmitted.

   A list of rejection errors along with troubleshooting tips will be provided at go-live.

3. **When a claim(s) is recovered on the Bi-Weekly Return File, can we apply the adjustments to the claim(s) using our vendor software?**
   Determine the action required for your claim. If a change is required to the beneficiary or physician details, a new submission may be required, and must be completed through your vendor software. If the explanatory code specifies details, such as a requirement to attach documentation, utilize the Claims Query function to attach the appropriate documentation to the claim.

4. **When reviewing the daily or bi-weekly return file, how will I know which line item is rejected?**
   The explanatory code(s) will display on the line with the rejected service code. A rejected claim can include up to three explanatory codes.

5. **When viewing the return files in our vendor software, occasionally, there are discrepancies on the paid and rejected amounts. Will the return files on Customer Portal be more accurate?**
   Yes. Customer Portal is the source of truth. If there are discrepancies, please reach out to your software vendor to determine the issue.

6. **When is the Bi-Weekly Return File available for pick up in the vendor software and/or Customer Portal?**
   Bi-weekly returns files are available for pick-up two days after the payment run. For most bi-weekly payment runs the Bi-Weekly Return Files will be available on Wednesday morning following the payment run. If a statutory holiday falls on Monday, the Bi-Weekly Return Files will be available on Thursday morning.

7. **Why is there an option within Customer Portal to submit and pick up files if you suggest we use our software?**
   Not all software is designed to submit and pick up return files. For those practitioners, the only option to perform these functions is to use Customer Portal. If your software is designed to submit and pick up return files, we encourage you to use that platform.

8. **Can the Daily Return File be downloaded for reconciliation purposes?**
   Yes. If your vendor software is designed to view/download the Daily Return File, you may view it in your software.

   Daily Return Files can also be viewed/downloaded in Customer Portal for all clients or for those with vendor software that does not have this feature.

9. **How long are validation reports available within Customer Portal?**
   Validation reports, along with Daily and Bi-Weekly Return Files, are available for 12-months.

10. **Can we print our Daily and/or Bi-Weekly Return Files (remittance reports)?**
    Yes. Once the Daily and/or Bi-Weekly Return File (remittance report) is downloaded from Customer Portal, it can be printed. Some vendor software is also designed to print return files.

11. **Where do we pick up return files for the final run in the old system?**
    The old system will be available for retrieving pick up return files for 5 days following the last payment run date.

Cut-off Times

1. **What are the daily and bi-weekly cut-off times for claim submissions?**
The **daily** cut-off for claim submissions is **6:00pm** Monday to Friday. The Daily Return File is available the following business day. Submissions received after 6:00pm are accepted by the Claims Processing System, however the daily return file is available two business days later.

   The cut-off for the **Bi-Weekly payment run** is **Monday at 6:00 pm** prior to the Tuesday payment run date. Claim submissions received after the cut-off will be added to the next bi-weekly payment run.

2. **Is the 6:00pm cut-off specific to a time zone?**
The cut-off times are 6:00pm Saskatchewan time (CST).

3. **What is the submission cut-off when a statutory holiday falls on the Monday prior to a bi-weekly payment run?**
If the Monday prior to the bi-weekly payment run is a statutory holiday, the cut-off will be Tuesday at 6:00pm. The Processing Calendar includes the bi-weekly run and payment dates.

Claim Query

1. **Is a query claim different than resubmission?**
   Query claim – used when additional information is required, or the claim needs to be recovered. (i.e., request a recovery, provide additional information for the claim, add an attached document).

   Resubmission – used when the claim has changed from how it was originally submitted (i.e., change to the service code, provider, or date of service).

2. **What information is provided on a claim query in Customer Portal?**
   The following information is provided when a claim is queried:

CPS Claim No.	Ext Claim No.	Prov	HSN	Sub SC	DOS From	DOS To	Status	Paid SC	Paid LOS	Paid NOS	Paid Eligible A...	Paid Total A...	Explan Codes

3. **How many characters are allowed for the Claim Query?**
   There is a 180-character limit when adding comments in a Claim Query.

4. **Can more than one attachment be added on a query?**
   When querying a claim, one attachment per query is allowed. If there are multiple documents to add, it is recommended to scan and save all the documents into one file or to combine the files utilizing Adobe or your preferred application. Alternatively, the same claim can be queried multiple times with one document attached to each query.

5. **Can we access the Query claim feature through our software vendor? Can I attach a report directly from my vendor software?**
   No. The Query Claim function only exists within Customer Portal.

6. **Our patient files are not EMR, how will we proceed with querying a claim (Request for Reviews of claims?**
   Scan and save the document to a local drive on your computer and then attach the document to the queried claim. Once your query has been successfully submitted, you can delete the scanned document from your computer.

7. **Can we continue to submit documentation by mail or fax?**
   All documentation must be submitted through the Query Claim feature in Customer Portal. Faxing and mailing documentation for claims will not be accepted after go-live.

8. **When attaching documentation on a queried claim, can a ZIP file be uploaded?**
   No, ZIP files are not accepted. Acceptable file types are: .doc, .docx, .jpeg, .txt and .pdf.

Vendor Related Questions

1. **My vendor has retired. How can I get my software updated? Do you have a list of vendors?**
Please contact the Medical Services Business Support desk at 1-800-605-2965.
to obtain a list.

2. **Are we able to submit claims through our software vendor every day?**
Yes, you can submit claims daily, regardless of the vendor you use.

3. **I do not have billing software set up as I am new to needing this service. Can I submit my billing directly on Customer Portal without the use of billing software?**
This option is not available for physicians. It is recommended to work with a billing software company for claim submissions as they provide quick and efficient methods to submit your claims along with technical support.

4. **I don't have a third-party vendor. Are there changes to the header or footer string on the submitted claim file?**
The batch file submission specifications document outlines the appropriate format for claim file preparation. If you do not have a third-party vendor, please contact the Medical Services Business Support desk at 1-800-605-2965 to obtain the specifications document.

5. **Are changes required to my software prior to Go-live?**
MSB has communicated all changes and specifications with all billing vendors for dentists, optometrists, and physicians. Changes or updates to software are a vendor's responsibility. Please contact your vendor for details on how your update will be provided.

6. **Are we able to print individual claim listings for each practitioner?**
Printing individual claims through your vendor software will remain the same.

7. **Are we able to submit on any Accuro platform?**
Please contact Accuro to discuss options on the billing platforms they offer.

Scenarios

1. **What if a batch file submission fails due to one physician in the group being ineligible?**

   The entire submission will fail when one physician in the batch is ineligible to bill. There are a few options to consider:

   a. Ensure the physician details are correct in the initial batch file. Correct the details if needed and resubmit.

   b. Remove all the claims associated with that physician and resubmit the file. This will ensure all other claims for the remaining physicians are submitted.

   c. Work with MSB to ensure the physician is eligible to bill, then resubmit their claims.

2. **What if a claim was initially submitted as a WCB claim, but it is not WCB related?**

   If the claim is rejected by the Claims Processing system with an explanatory code of CW, query the claim to provide a comment and/or supporting documentation to support the reason for the submission.

3. **If a health card is not renewed, lost or from another province, when will the claim be paid?**

   If a claim has been rejected due to a health card issue, it is your responsibility to verify the information with the beneficiary and/or Health Registration. Once verified, the claim can be resubmitted. We recommend prior to providing services to a beneficiary that you reference the Personal Health Registration System (PHRS) to verify coverage. If the beneficiary does not have active coverage, Medical Services will not approve payment for the service as it will be deemed uninsured. To receive payment for these services you must charge the beneficiary prior to completing the service required.

   Claims for patients with out-of-province health cards require the province of the patient to be clearly stated on the claim.

   In all scenarios, the six-month time limit applies.

   For Saskatchewan health card/coverage related inquiries please contact eHealth at 1-800-667-7551 or 306-787-3251.