Medical Services Claims Update

CLAIM DETAILS

We are excited to share that our new system continues to successfully process claims received. In four payments, we have paid approximately **134.5** million dollars to fee-for-service physicians.

We continue to address the backlog with our new system as a top priority for physicians. While the new system has decreased the number of pended claims, the Claims Analysis unit is continuing to learn and adapt to our new system. Our current backlog of pended claims remains high as we continue to work towards stabilization.

SUPPORT DESK

In March our Support Desk handled **1569** phone inquiries. The average speed of our calls for the month was **1 minute, 11 seconds** and the average handle time was **3 minutes, 54 seconds**.

Please continue to utilize our Business Support Desk at **1-800-605-2965** for questions related to the Claims Analysis Unit, Accounting and Statistics Unit and Physician Registry and Support Services Unit. Your call will be routed to the appropriate area for support, or a ticket will be created on your behalf. The Business Support Desk is open Monday to Friday, 8:00 a.m. to 5:00 p.m. but is closed evenings, weekends and on Government of Saskatchewan observed statutory holidays.

Please note, Policy, Governance and Audit Unit questions will now be handled via Fax: 306-787-3761 or email: MSBPaymentsandAudit@health.gov.sk.ca

When contacting the support desk please be prepared to provide the following information for your ticket:

- Physician or Practitioner Name (First and Last Name)
- Billing Information: Billing ID (physician number), Group Number and Clinic Number
- Existing Ticket Number: If an escalation or prioritization of your ticket is required.
- Description of the Issue: What is the issue? Which service codes are impacted? When is it occurring? What is the date of service?
- Specific Claim Details: Please provide at least one example with the external claim number when applicable, this is extremely helpful for our investigation to ensure we can investigate and locate the issue identified.
- Contact Information: Phone number, email address and your availability for a call back.

TICKET RESOLVE

We continue to prioritize your tickets based on the date received and are working to address your concerns in a timely manner. We thank you in advance for your patience with our response times as we transition to our new system. Our teams have been working diligently to address your concerns. Please see below for a summary of our tickets:

UNIT	CLOSED TICKETS	IN-PROGRESS TICKETS	OUTSTANDING TICKETS
Claims Analysts	261	10	18
System Support	823	67	204
Accounting/Stats	84	13	15
Physician Registry	170	5	24

SYSTEM UPDATES

- **Claims Returned with "BP" Explanatory Code:** Please locate the claim items impacted in your bi-weekly return file, correct, and resubmit all impacted claim items. If you do not know how to amend or utilize the start/stop time fields to meet these requirements, please contact your vendor. Please be advised, if your claim was paid in error and a recovery was processed it may have resulted in a negative paylist or a large recovery of funds due inaccurate start/stop times paying incorrect premiums such as, double payment.

- **Start and Stop times are only required for:** 815C, 919A, 012C, 013C, 015C, 016C, 220A, 221A, 222A, 223A, 224A, 225A, 226A, 335H, 336H, 337H, 338H, 339H, 700L, 816C, 918A,926A, 927A and 928A.

  If times are required, they must be entered in a 24-hour format with midnight as 0000. Your vendor may be completing this action in the background. All other service codes must be submitted with a blank.

  Please refer to the New Claims Processing System Information available on eHealth. Accuro Users can also refer to their email on March 20th for additional instructions.

- **WCB Old Claim Recoveries:** The input file provided from WCB at go-live included updates to claims older than one year. This resulted in the recovery of old claims that were previously processed or paid. To offset any recoveries or changes to the claim's original status, a mass re-adjudication was completed for the impacted claims to return them to their original status. Any impacted claims beyond one-year can be disregarded as they

have been mass re-adjudicated back to their original status. Any claims impacted within one year can be processed as per the normal WCB process.

- **System Amendments:** We are reviewing the functionality of a few system rules related to explanatory codes: ZL, AJ, and KQ. **Any impacted claims will be re-adjudicated once we have completed these updates in our system.** Please see below for details:
    - **ZL**: The grace period for referring practitioners, has been extended from sixty days to two years. This will allow claims with an inactive referring practitioner to be accepted for processing.
    - **AJ**: An Emergency Room Coverage update will be completed for the Tisdale location as this postal code was invalid in our system resulting in claim rejections.
    - **KQ**: Inpatient visits (including hospital care) or consultation during the designated post-operative period of a related "10" or "42" day procedure will be updated to pay if the visit or consultation was not provided as an in-patient service (LOS 2, B or K).
    - **ZA/AA Rejections:** These claims will **not** be mass re-adjudicated as the issue is due to the claims demographics not matching Person Health Registration System (PHRS). Please refer to PHRS to ensure the patient details included in the claim are accurate. If a claim for a newborn is rejected, please check PHRS to determine if the mother's health coverage is valid. If the mother is from out of province resubmit the claim using the mother's out of province health services number (HSN) with the baby's demographics.

- **Claim Resubmissions:** Resubmissions should be a rare occurrence. Please utilize Claims Query in Customer Portal to provide supporting documentation or comments, if applicable. Claim Resubmission should only occur when the claim specific data (i.e. demographics) require correction or updating. Resubmissions continue to negatively impact our ability to assess claims in a timely manner. Please review and reconcile your claims to determine their status prior to resubmitting.

- **Base and Add Codes:** Our new system can adjudicate per claim line item. If your base code "pends" for manual assessment and add codes will reject with explanatory code: FM, BU, AU, LB, LD, SI, or SE. Please ensure you wait for your pended base claim item to be actioned (paid or rejected) before reviewing your add code claim items that are associated. If your base code is paid all claim items associated will be re-adjudicated automatically and processed to pay or reject based on eligibility.

NEW TIME LIMIT EXCEPTION

As we work towards stabilization, the current time limit of 6-months will be extended. Claims with a DOS August 12th, 2023, onwards will automatically be approved for time limit and processed upon submission. No additional comments or approval from the Manager of Claims is required.

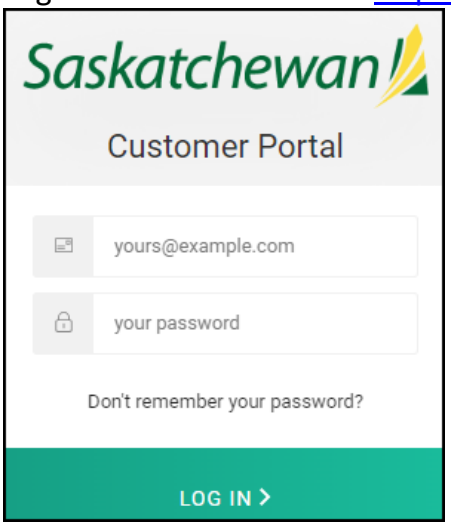
If you had claims rejected with a date of service within the range of August 12, 2023 – **April 16, 2024**, these claims will be mass re-adjudicated to bypass time limit. **No action is required from physicians. We will communicate a date when this change is implemented.**

If you have claims with a date of service beyond August 12, 2023, please follow the normal time-limit process as outlined in the Physician Payment Schedule.

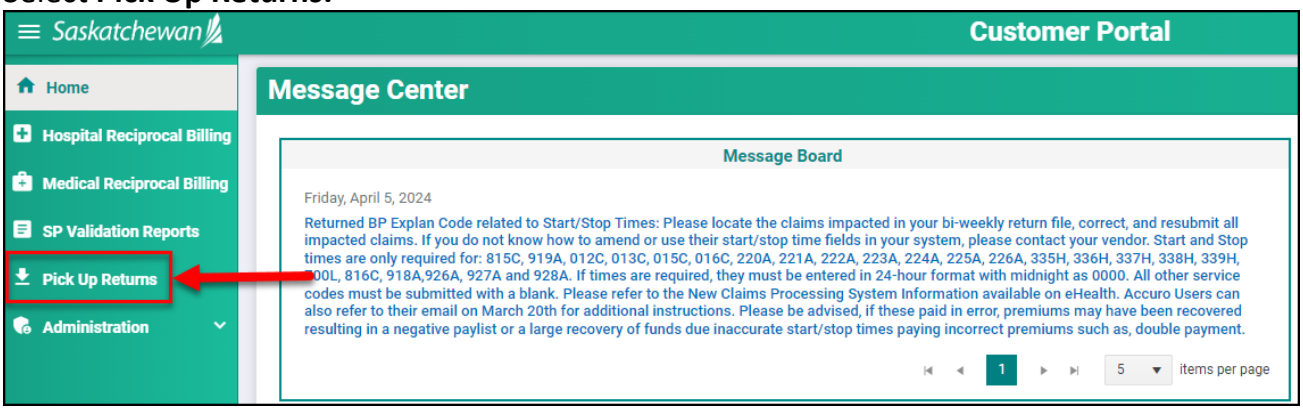
HOW TO RECONCILE YOUR BILLING

If you are experiencing issues reconciling your billings, we ask that you refer to your Customer Portal Bi-weekly Return File. These totals will be referred to when discussing your balances with our staff and comparing payment(s) you have received. It is also helpful in determining the root cause of any discrepancy. To locate your biweekly return file please follow the instructions below:

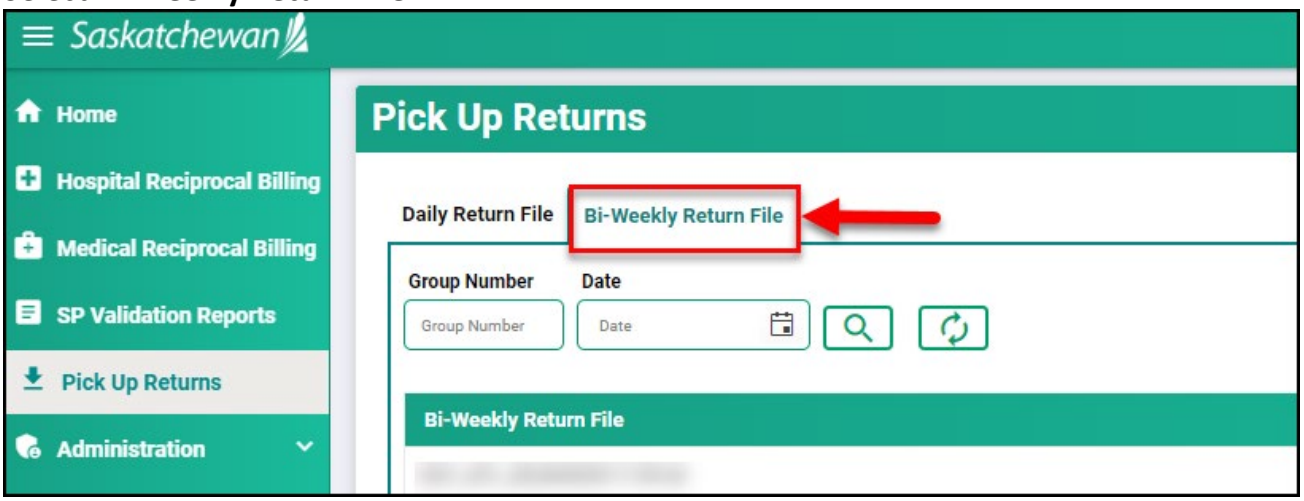
1) Login to **Customer Portal** https://msbcustomerportal.ehealthsask.ca/login:



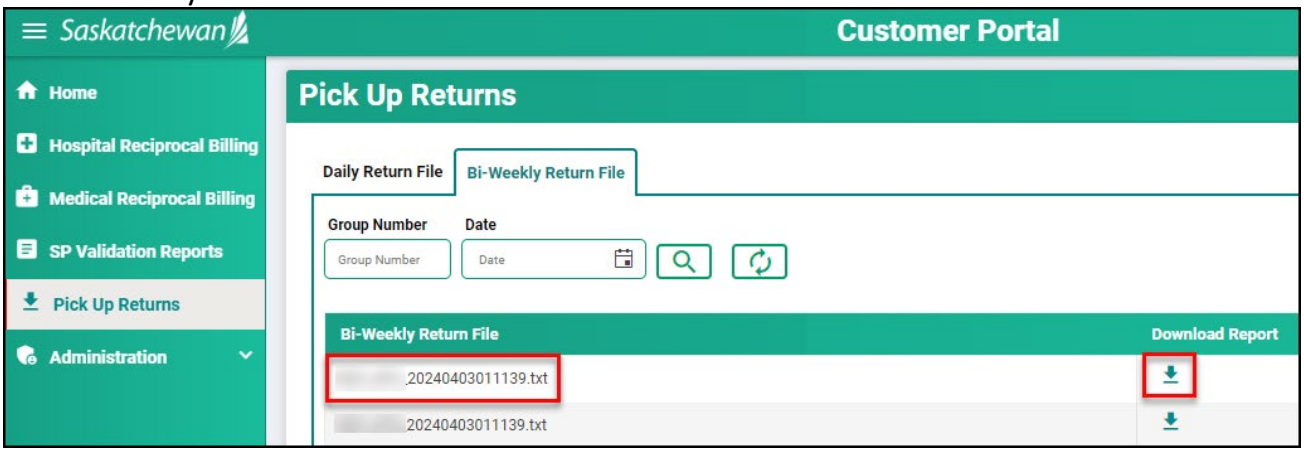
2) Select **Pick Up Returns.**



3) Select **Bi-Weekly Return File.**

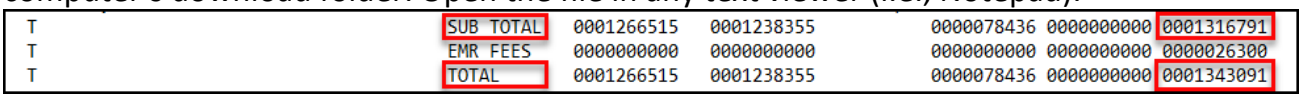


4) Locate the return file for the corresponding payment run date. Click **Download**  to view the Bi-Weekly Return File**.**



Sort/filter by Group Number and/or Date (if available).
It is important to select the correct return file for the date you are reconciling.
In this example, the date is 20240403.

5) **Download and view the Bi-Weekly Return File.** The file may download to the local computer's download folder. Open the file in any text viewer (i.e., Notepad).



```
T  SUB TOTAL  0001266515  0001238355  0000078436 0000000000 0001316791
T  EMR FEES   0000000000  0000000000  0000000000 0000000000 0000026300
T  TOTAL      0001266515  0001238355  0000078436 0000000000 0001343091
```

Category	Description
Sub Total	The amount paid for Fee-for-Service billings for the specified pay period.
Total	The total amount paid for the specified pay period.
Line Items between Sub Total and Total	May include items such as: • Accounts Receivable Adjustments, • Electronic Medical Record (EMR) payments, • Saskatchewan Medical Association (SMA) dues, or • other items outside of fee-for-service.

The value in referring to the totals in Customer Portal ensures there is no discrepancy with your payment from Medical Services Branch. If the values in your bi-weekly file equal the payment you were provided, no payment related discrepancies exist.

In the event the totals provided in Customer Portal vary from what you have been paid, please contact our Support Desk to log a ticket. If this amount matches what you were paid but it does not match the value provided from your vendor's bi-weekly file, **please contact your vendor to determine what may be causing the discrepancy.**

CUSTOMER PORTAL TRAINING AND EDUCATION

The Customer Portal Training and Education website has been updated to ensure new information is easy to locate. Please visit our website for helpful information related to the new claims processing system and Customer Portal using the link below:

https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training