

Operations Bulletin

Operations Bulletin No. 12

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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:

- MAID (Medical Assistance in Dying) Services Billing Information Sheet
- Obstetric Ultrasounds Billing Information Sheet

***NEW* BILLING RESOURCES**

There are new billing resources 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.

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

STATUTORY HOLIDAYS TO DECEMBER 2019

| HOLIDAY | ACTUAL DATE | OBSERVED ON | SUBMISSION DATE IMPACT | PAYMENT DATE IMPACT |
|----------------------------------|--------------------------------|--------------------------------|---------------------------------|---|
| Good Friday | Friday April 19, 2019 | Friday April 19, 2019 | None | None |
| Victoria Day | Monday May 20, 2019 | Monday May 20, 2019 | None | None |
| Canada Day | Monday July 1, 2019 | Monday July 1, 2019 | Submission date moved to July 3 | Run lx: Payment date moved to July 9 |
| Civic Holiday (Saskatchewan Day) | Monday August 5, 2019 | Monday August 5, 2019 | None | Run lz: Payment date moved to August 6 |
| Labour Day | Monday September 2, 2019 | Monday September 2, 2019 | None | Run mb: Payment date moved to September 3 |
| Thanksgiving | Monday October 14, 2019 | Monday October 14, 2019 | None | Run me: Payment date moved to October 15 |
| Remembrance Day | Monday November 11, 2019 | Monday November 11, 2019 | None | Run mg: Payment date moved to November 12 |
| Christmas Day | Wednesday December 25, 2019 | Wednesday December 25, 2019 | None | None |
| Boxing Day | Thursday December 26, 2019 | Thursday December 26, 2019 | None | None |

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.

MEDICAL LABORATORY LICENSING – CONTACT INFORMATION

In Saskatchewan, all medical laboratories operate under a licence issued by the Ministry of Health in accordance with *The Medical Laboratory Licensing Act* and *The Medical Laboratory Licensing Regulations*. A medical laboratory is defined as a place where a test is performed or where a specimen is taken or collected for the purpose of transporting it to another medical laboratory where it is to be tested.

As a condition of the licence, the licensee must participate in the Laboratory Quality Assurance (QA) Program administered by the College of Physicians and Surgeons of Saskatchewan.

In order to renew or apply for a medical laboratory licence, the application form is to be completed in its entirety and submitted to the Ministry of Health for adjudication and approval.

As of April 1, 2018, the Roy Romanow Provincial Laboratory (formerly Saskatchewan Disease Control Laboratory) will no longer be approving renewals or applications for new medical laboratory licences as the SDCL is now part of the Saskatchewan Health Authority. Renewals or applications for new medical laboratory licenses are now handled by the Casework Unit of the Medical Services Branch. For Medical Laboratory Licensing contact:

Medical Services Branch

3475 Albert Street

REGINA SK S4S 6X6

Phone: 306-787-7988

Fax: 306-798-1124

Email: lablicensing@health.gov.sk.ca**IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS**

This is a reminder to review the validation and return reports that are available on the Ministry's Internet Claims Submission (ICS) service website. Your EMR program or billing application may not relay these reports automatically from ICS. These reports will provide you with information about the status of your claims.

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 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"** file from the ICS website starting on the Wednesday following the Tuesday run. This file contains the pay list records and any returned or rejected claims. Use this report to reconcile your accounts.

DID YOU KNOW? You can find the following on the ICS website at <https://ics.ehealthsask.ca/>:

- ✓ **Run Schedule**
- ✓ **Payment Schedules**
- ✓ **Fee Code File**
- ✓ **Referring Doctor File**
- ✓ **Diagnostic Code File**

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

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 to one of the following numbers:

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

INCREASED CLAIMS VOLUMES

As a result of increased claims volumes and in order to assist Medical Services Branch in processing your claims in a timely manner, we are requesting that you do not resubmit unpaid or rejected claims either electronically or using a '***Request for Review of Claim Assessment form***' if you have not received any information regarding the status of the claim for a **minimum** of 2 pay runs.

Resubmitting claims that have not yet been adjudicated creates ***duplicate claims*** that are added to the claims queue for manual handling which further impacts the timeliness of processing claims for payment. Thank you for your assistance.

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 must be corrected by the physician or billing clerk and 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 at (306) 787-3454.

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

COMMON ERRORS WHEN SUBMITTING REVIEW OF ASSESSMENT FORMS:

- **ERROR:** Documentation received without a completed Review of Assessment Form.
SOLUTION: All requests must have a completed Review of Assessment Form in order to be handled by MSB.
- **ERROR:** Incomplete Review of Assessment forms.
SOLUTION: All fields must be complete to handle your request.
- **ERROR:** Operative reports which do not include the surgical start and stop time.
SOLUTION: All operative report must have surgical start and stop time attached.
- **ERROR:** Submission of a review to cite an error, but then resubmitting the claim.
SOLUTION: MSB will handle the correction manually by adjustment. Please do not resubmit your claim.
- **ERROR:** Submission of supportive documentation for previously "AU" claim, but then resubmitting claim
SOLUTION: MSB does not require the resubmission of a previously "AU" claim. We will process the claim by adjustment. Please do not resubmit your claim.

ASSESSMENT OF ACCOUNTS

If a physician does not agree with a particular assessment of an account, he/she may submit a 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 for formal review. This is a 2nd level of appeal process. In order for your request to be handled, you must submit an appeal letter and new supportive documentation to substantiate your request. If the 2nd level of appeal lacks this criteria, your request will be denied review. Please refer to page 31 of the April 1, 2019 Physician Payment Schedule for further instruction.

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.

CLAIMS UNIT INQUIRY LINE PREPAREDNESS

The following information is required to assist you. Please ensure you have this information available **PRIOR** to contacting Medical Services Branch Claims Unit at 306-787-3454.

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

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**

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.

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

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.

BLEPHAROPLASTIES – NO LONGER REQUIRE PRIOR APPROVAL

Please be advised that blepharoplasty services no longer require prior approval and MSB will not provide denial or approval letters after April 1, 2019. Physicians must bill according to the policy and criteria as outlined in the Physician Payment Schedule on page 267.

JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPRC)

The JMPRC 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 JMPRC is responsible for reviewing the billing patterns of Saskatchewan physicians. The JMPRC 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 JMPRC'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 JMPRC:

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; and
4. Incomplete chronic disease management flow sheets.

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

| | | | |
|---|-----------------|--------------------|------------------------|
|  | 2017-18: | \$1,106,564 | (7 physicians) |
| | 2018-19: | \$1,430,626 | (4 physicians*) |

* 5 cases still pending

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 JMPRC or have any questions regarding the JMPRC process, please contact Carie Dobrescu, Senior Insured Services Consultant (Policy, Governance and Audit) at carie.dobrescu@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.

All changes to items in the Payment Schedule recommended by the PSM working group are subject to the Payment Schedule Review Committee's (PSRC) approval.

The following sections had fee codes modernized in the October 1, 2018 and/or April 1, 2019 Payment Schedule releases:

- General Services
- Plastic Surgery
- Ophthalmology
- 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, 2019 Payment Schedule release. If you would like further information on PSM and/or would like to become involved, please contact the SMA

Automated Referral Template

Automated Referral Template, available in MedAccess and Accuro EMRs, makes it easier to create a best-practice referral letter by automatically including all information required for specialists to assess and prioritize your patient for timely care.

This template automates the process to use patient data in your EMR and prepares the referral letter in a few clicks with the patient's medication list, allergies, and other relevant medical profile information (with an option to attach additional information, quickly and easily). The template does not replace existing referral forms.

The template is designed in partnership with physicians and the SMA and is based on the best-practice referral-consult guidelines developed by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons (RCPS). The guidelines and the template are endorsed by Saskatchewan College of Medicine, College of Physicians and Surgeons of Saskatchewan and former Senior Medical Officers Committee. Try the template next time you make a referral.

FOR MORE INFORMATION, please contact Mr. Bhooman Bodani at the Medical Services Branch.
Email: bbodani@health.gov.sk.ca. Phone: 306-787-8936 or fax: 306-787-0023.



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