Medical Services Claims Update

CLAIM DETAILS

Our new system continues to successfully process claims received. In eight payment runs, we have paid approximately 229.7 million dollars to fee-for-service physicians.

We continue to address the pended claims backlog with our new system as a top priority for physicians. We thank you for your patience as we work to address claims requiring manual assessment. As per our previous communication, time limit has been extended back to August 12, 2023, please explanatory code CM below for more information related to time limit.

SUPPORT DESK

We encourage you to contact us if you are experiencing any issues or have a question for the Claims Analysis Unit, Accounting and Statistics Unit or Physician Registry and Support Services Unit at **1-800-605-2965**.

Helpful Ticket Information:

- **Claim Number(s)**: Please consult with your vendor to determine where your CPS – 10-digit claim number is located within your software. This is the **only** unique claim number that allows us to locate the specific claim and assist with troubleshooting.
- We encourage physicians to document the ticket number provided to refer to as needed.
- Please refrain from creating multiple tickets where possible instead refer to your open/outstanding ticket number to see if the ticket can be updated.
- If you do not have an open/outstanding ticket a new ticket will be created. If the reason for your call impacts multiple units that are not related you may receive multiple tickets from our Support Desk.
- If you have a ticket outstanding that is resolved and no longer requires follow-up, we encourage you to contact the Support Desk and close your ticket to expedite ticket resolve.

DUPLICATES

MSB has received an influx of duplicate claims, and this is adding to our backlog. Once a claim is submitted, please do **not** resubmit, or query the claim to add a comment.

- A resubmitted claim will reject with an explanatory code BA as a duplicate claim.
- A claim that is queried with a comment will pend for a manual review. This duplicate claim will require manual intervention from an analyst to reject the duplicate.
- If your vendor is not showing the status of your pended claim, please ensure you do not resubmit a claim that was previously submit as this will result in a duplicate claim rejection. If your original claim has pended, it will remain pended until an analyst is able to handle and process your claim.

If you wish to know the status of your claim you can:

- View the claim on your Bi-Weekly Return File available on Customer Portal or through your vendor (if available).
- Query the claim in Customer Portal to view the status (steps 1 – 6 in the Claims Query training manual only).

TICKET RESOLVE

Thank you for your continued patience with our response times. Our teams are working diligently to address your concerns and close our outstanding tickets. Please see below for a summary of our tickets:

UNIT	CLOSED TICKETS	IN-PROGRESS TICKETS	OUTSTANDING TICKETS
Claims Analysts	893	10	2
System Support	1136	49	173
Accounting/Stats	237	9	1
Physician Registry	236	10	7
Total	2502	78	183

BI-WEEKLY REMITTANCE UPDATES

An enhanced feature within your bi-weekly remittance file is coming soon. MSB is aware that the current bi-weekly file has caused confusion. We will be adding a detailed payment summary to provide better clarity regarding the payments that have occurred each payment run. This new feature is currently under development; and thorough testing will occur prior to implementation.

Following successful testing, we will re-print and replace the bi-weekly return files with the new payment summary information back to February 21, 2024, payment run “qo”. Our goal is to reduce the time it takes MSB to support with-payment inquiry calls and reduce payment related confusion. We will notify all users when the updated bi-weekly return files are available.

SYSTEM UPDATES

MSB continues to assess the functionality of our new system. While assessing claims or handling tickets we continue to investigate and identify areas for system enhancements. In certain scenarios a mass-adjudication may be required.

Mass-adjudication is used by MSB to re-process a high volume of claims once a system amendment or change has been made. Claims that are re-processed will pay, pend, or reject. If a claim rejects, please refer to the explanatory code defined in the Physician Payment Schedule to determine if any further action is required.

Please see below for a list of recent updates:

- **DW:** Multiple visits (hospital) the payment for daily in-hospital care is a maximum regardless of the number of visits made by the physician. We have updated the system rules and have re-adjudicated any claims that pended for manual assessment, these claims have now paid, pended, or rejected appropriately.

- **DX:** Concurrent care payment has been made to another physician for daily hospital care for this period. Payment to a second physician is only approved when a satisfactory explanation is provided. We have updated the system rules and have re-adjudicated any claims that pended for manual assessment, these claims have now paid, pended, or rejected appropriately.

- **FE (related to 190H-195H):** We have included 140A, 134A, 135A, 136A, 141A, 316A and 160L as compatible service codes to be billed with service codes 190H-195H. We have updated the system rules and have re-adjudicated any claims that pended for manual assessment, these claims have now paid, pended, or rejected appropriately.

- **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). We have updated the system rules and have re-adjudicated any claims that rejected or pended for manual assessment, these claims have now paid, pended, or rejected appropriately.

- **KP** - Visit (including hospital care) or consultation, same day, is included in the payment for a "42" day procedure when provided by the same physician, another physician in same specialty and clinic or part of the team. We have updated the system rules and have re-adjudicated any claims that had rejected or pended for manual assessment, these claims have now paid, pended, or rejected appropriately.

- **BV** - Premium or non-premium payment occurred based on the appropriate service code and amount listed for the date and times provided. This explan code is simply for your information only. If your claim is paid with an explanatory code of “BV” you have been paid premium or not paid premium based on claim information provided. If your claim is rejected “BV,” review the other explanatory codes associated with this claim to determine if any action is required.

- **540H/545H** –We have updated the system rules and have re-adjudicated any claims that had pended for manual assessment, these claims have now paid, pended, or rejected appropriately.

- **FM –** Approved only with specified services as listed in the Payment Schedule. Add codes will now be pend with the base code instead of rejecting. We have not completed the mass re-adjudication to change the status of the add codes. Analysts are aware to assess your claim in its entirety by locating any/all add codes. When a mass re-adjudication is complete, any add codes that were rejected will move to a pended status with the base code.

- **BA –** Duplicate submission same physician payment has been made for the same service provided on the same day. Please be advised most of the rejections following the mass re-adjudications completed above were due to duplicate claim submissions. Please ensure you reconcile your billings to find the original claims outcome.

- **CM -** Claims received more than six months after the date of service. As per our last update we have amended the time limit back to August 12th, 2023. New claims submitted will automatically be approved for time limit and processed. For claims that previously rejected with DOS on or after August 12th, 2023, a mass re-adjudication is scheduled to begin next week, this will occur over several days due to the volume of claims impacted. **No action is required from physicians.**

BILATERAL AND UNILATERAL INDICATOR AMENDMENT

The Claims Processing System included a new **Bilateral Indicator** field for claim submissions. The intent of this new indicator was to improve the processing of claims that previously required a comment. We understand that there has been some confusion related to this field and are currently reassessing the functionality of the Bilateral Indicator.

Section S Ophthalmology and Section T Otolaryngology: Please continue to utilize the Bilateral Indicator (B, L or R) on your claim submissions **without** a comment. Please be advised that further communication and education is being prepared to ensure you can successfully utilize this new field to expedite claims payment.

For all remaining sections (<u>not</u> Section T or Section S): Please do **<u>not</u>** use the bilateral indicator (B, L or R) on your claim submissions. Please utilize the comment section on your claim to indicate if the procedure was complete on the left and/or right side. This comment will allow your claims to be processed and assessed manually as per the process that was followed in our old system.

PATIENT DEMOGRAPHICS AND PHRS

As noted in our December 29th update, the new system verifies your submission against Person Health Registration System (PHRS). When submitting a claim you must include the first name, last name, date of birth, year of birth and sex as displayed on PHRS. Only **one** of these criteria can be incorrect for your claim to be processed. The remaining demographic data must include the matching information as shown on PHRS.

If your claim is returned/rejected with an explanatory code indicating that the demographic information is invalid, please validate your claim information with PHRS, correct the appropriate fields and resubmit the claim. In the event PHRS is updated with new data it will take 24-hours for our system to receive the update. A claim may reject with valid data if our system has not received the update from PHRS. This should be a very rare scenario but, in this case, you would simply resubmit the claim rejected as there is no invalid data to correct.

CLAIMS QUERY IN CUSTOMER PORTAL

There are two types of Claims Query:

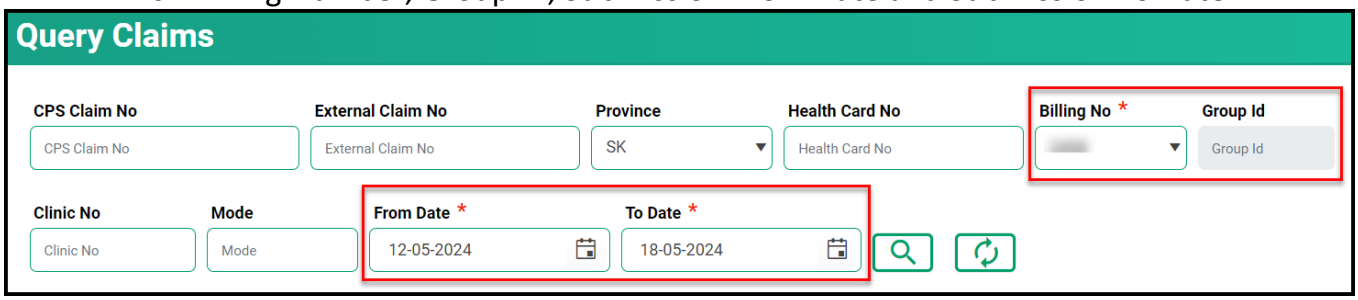
1) **Claims Query**: Physician Requested Recoveries such as: incorrect patient, physician, date of service etc.
2) **Supplementary Claim Information**: Attaching supplementary claim information such as: consultation reports, operative records, letters, medical records, general reassessments etc.

PLEASE NOTE: Faxes are no longer accepted by MSB, Claims Query is the only way to provide supplementary claim information.

Claims Query can also be used to check the status of your claim to determine if the claim was paid, pended, or rejected.

Helpful Tips for Searching Claims Query:

1) **Include the mandatory information (*):**
   - Billing Number, Group ID, Submission From Date and Submission To Date.



2) **How to Use the From Date and To Date:**
   - The From Date and To Date are specific to when the claim (batch) was submitted to MSB.
   - Use the seven-day span you wish to search or the specific date.
   - Use the chart below as a guide to select the correct From and To Date:

Submitted AFTER Feb 13	• Use exact date of submission
Backlogged Claims Not Processed	• Use February 13, 2024
Claims Processed in Old System	• Use the payment run date of when your claim was submitted. • For Example: Submitted on November 10, 2023 (run qh), use November 14, 2023, as the submission date

3) **Additional Fields (optional)**: Use only **one** of the following optional fields to isolate your search:
   - Health Card Number
   - CPS Claim number - Please consult with your vendor to determine where your CPS – 10-digit claim number is located within your software. This is the **only** unique claim number that allows us to locate your claim and assist with troubleshooting.

TRAINING, EDUCATION AND UPDATES

We will continue to update our Training and Education website on eHealth with new information as it comes available, please continue to utilize this website for helpful information related to our new system: https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training.aspx