

Operations Bulletin

Operations Bulletin No. 22

Published by Medical Services Branch at 306-787-3454

April 1, 2024

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> and on the Customer Portal.

FORMS

- Electronic Remittance – Multiple Physicians
- Electronic Remittance – Single Physician
- Direct Deposit Payment Request – Professional Corporation
- Direct Deposit Payment Request- Non-Professional Corporation
- New Clinic Request Application
- Prior Approval for Abdominal Panniculectomy
- Out of Province Claim for Physician Services
- Physician Profile Request Form
- Physician Request for Income Statement
- Practitioner Registry Change Request
- Request for Review of Claim Assessment
- Routine Audit – Request for Information and Response Form
- SAID – Information for Medical Professionals
- Health Provider Questionnaire

BILLING RESOURCES

There are important billing resources, including billing information sheets, available on our website. These documents are provided to all new physicians upon registering with Medical Services Branch (MSB). They are also available for download or viewing at the above link.

NEWSLETTER MAIL-OUTS VIA CANADA POST

Please be advised that the Physicians' Newsletter will no longer be mailed out to physicians via Canada Post. In the future, newsletters will only be available on the **Customer Portal**. They are **issued every April 1 and October 1**.

SASKATCHEWAN FORMULARY

DID YOU KNOW? The Formulary and the regular drug listing update Bulletins can be found at the following links:

Saskatchewan Formulary website: <http://formulary.drugplan.ehealthsask.ca/SearchFormulary>

Bulletins: <http://formulary.drugplan.ehealthsask.ca/BulletinsInfo>

RUN SCHEDULE - STATUTORY HOLIDAYS TO OCTOBER 2024

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Good Friday	Friday March 29, 2024	Friday March 29, 2024	None	None
Victoria Day	Monday May 20, 2024	Monday May 20, 2024	None	Run qu: Payment date Moved to Tues, May 21
Canada Day	Monday July 1, 2024	Monday July 1, 2024	None	Run qx: Payment date Moved to Tues, July 2
Civic Holiday (Saskatchewan Day)	Monday August 5, 2024	Monday August 5, 2024	Moved to Tues, Aug 6	Run ra: Payment date Moved to Tues, Aug 13
Labour Day	Monday September 2, 2024	Monday September 2, 2024	Moved to Tues, Sept 3	Run rc: Payment date Moved to Tues, Sept 10
Thanksgiving	Monday October 14, 2024	Monday October 14, 2024	Moved to Tues, Oct 15	Run rf: Payment date Moved to Tues, Oct 22

Please note that any changes to the run schedule will be communicated via the Customer Portal and pay lists. Please check the Customer Portal each run for important messages regarding payment or run information. Statutory holidays for the purpose of billing can be found in the Billing Bulletin.

CUSTOMER PORTAL

Medical Services Branch (MSB) welcomes you to our new system Customer Portal. We thank you all for your patience as our team continues to learn and adapt to the new system. We have received an influx of calls and tickets following the launch of our new project and are doing our best to address your concerns in a timely fashion. We ask for your continued patience and understanding as we continue to work towards system stabilization.

For support with the new system:

- ✓ Please refer to the Customer Portal training webpage available on eHealth: <https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training.aspx>
- ✓ For updates on known changes or common issues, please refer to the Customer Portal Message board.

To log a ticket and/or speak to a representative please contact our **Business Service Desk at 1-800-605-2965** from Monday to Friday, 8:00 a.m. to 5:00 p.m. Please be advised that we are closed on evenings, weekends and on Government of Saskatchewan observed statutory holidays.

CLAIMS BACKLOG

We currently have a significant backlog of medical claim submissions. In order to assist Medical Services Branch (MSB) to address this backlog in a timely manner, we are requesting that you:

- ✓ Please refer to Customer Portal validation to determine if your submission was “Accepted” or “Rejected”.
- ✓ Please refer to your Daily Return File for any rejected claims from your submission. If there are claims you submitted that are **not** identified in your Daily Return file, those claims were successfully submitted for processing in the payment run. Please do not resubmit claims that do not appear in this file as you will create a duplicate claim.
- ✓ Once the payment run is complete, review and reconcile your Bi-weekly Return File to determine the status of all claims (paid, pending and rejected).
- ✓ For any claims that have not yet been adjudicated by MSB, we kindly ask for your continued patience as we continue to learn and adapt to our new system.

VIRTUAL CARE

As per the current physician compensation agreement, the Ministry and SMA agreed that Virtual Care visits are payable to a maximum of 3,000 services per physician per year calendar year. At the turn of the calendar year, the 3,000 service limit will reset. The Medical Services Branch will be issuing a letter to physicians when they reach ~80% of the Virtual Care Pilot service billing limit. However, physicians are encouraged to check how many virtual services they have billed from their EMR and from that calculate the number of remaining billable units. Physicians are also encouraged to submit their billings in a timely manner (the six-month limit to submit billings applies).

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 Physician Registry and Support Services (PRSS) Unit (formerly known as Casework):

- ✓ **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 Physician Registry and Support Services (PRSS) Unit at 306-798-0013 or prss@health.gov.sk.ca if you have questions.

If you would like to change your correspondence address, please provide a letter 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 PRSS Unit of the Medical Services Branch. This correspondence contains new physicians and physicians that are changing clinics. The PRSS Unit is not able to provide new physicians with a billing number until they receive this correspondence.

If you are moving clinics or changing your EMR, there may be an impact to your billing. It is common for significant business changes to cause duplicate or orphaned claims. Prior to making any changes, please ensure that you are aware of any outstanding claims in your vendor system. Doing so will ensure that you are able to accurately reconcile your billing once the change has been processed.

Please be advised that the Medical Services Branch physician inquiry line (1-800-605-2965) can assist with spot-checking a small number of claims, but any reconciliation issues should be discussed and resolved directly with your vendor.

815A – 839A - SURCHARGES AND SPECIAL CALLS

Surcharges/special calls or “callbacks/call outs”, as they are sometimes referred to, are an additional service code that is payable to physicians who are specially called to see a patient. The intent of the surcharge codes (815A-839A) is to compensate physicians for unforeseen medical urgencies that may arise, and when the physician attends to the patient on a priority basis, the visit causes a degree of disruption of work or of out-of-hours activity and travel.

Family practice physicians with extended hours and walk-in clinics during regularly scheduled operating hours utilizing surcharges to manage patient volumes and physician availability is not an appropriate use of surcharges. ***Surcharge codes are not an acceptable management tool in this instance.***

For surcharges to process properly, the order of the claim line(s) is very important. Relevant service(s) are keyed first, with the surcharge after or at the end of the claim. If this is not done, the system may not be able to recognize the eligible service and will reject/return the claim.

Helpful guides are:

- Never bill a surcharge alone
- Never bill a surcharge on the first line of a claim with services following it
- Never bill a surcharge on a separate claim from eligible services on the same day
- Surcharges are based on the number of patients seen, during a specific time of day, and on a specific day of the week. Matching a claim to this criteria will reveal which surcharge is applicable.

VERIFICATION OF HEALTH COVERAGE

We are aware that some EMRs have an eHealth viewer which some offices are using to determine a patient’s eligibility with SK Health, causing some confusion at the time of claim. Physicians (located and 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.

For claims rejected with explanatory code AR, please check your PHRS Viewer. If the patient’s coverage has been updated, please resubmit the 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.

THIRD PARTY MEDICAL BILLING

Did you know that the Ministry of Health does not process claims for entities such as Department of Veterans Affairs or Worker's Compensation Board? If you wish to process medical claims for patients covered under their programs, claims must be sent to them directly. Please see 'Services Not Insured by the Ministry of Health' section, points 1 - 3 for more information on how claims for these situations can be addressed or who can be contacted for further information.

DID YOU KNOW?

Members of the Canadian Armed Forces and inmates of Federal Penitentiaries have coverage under federal programs, but spouses or dependents must register for coverage in their province of residence.

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

PREPARATION IS THE KEY

When a claim is returned / rejected to you, please refer to the Explanatory Code section of the most recent Payment Schedule. This is the best source of information as to what is required, as the list of codes and their related meaning is outlined there and can periodically change.

Read the descriptor of each Explanatory Code carefully, as each has a separate meaning. There are codes for various purposes, such as:

- Supporting documentation is required (ex. AU) before assessment of claim can proceed.
- Claim received with invalid information (ex. ZM) where claim must be updated and resubmit.
- Claim is a duplicate in our system (ex. BA) and will not need to be re-submitted at all.
- Refer to training available on eHealth for how to Claims Query
<https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training.aspx>

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.

- ✓ 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.

CONTACT US

Business Service Desk at 1-800-605-2965

Monday to Friday, 8:00 a.m. to 5:00 p.m.

Please be advised that we are closed on evenings, weekends and on Government of Saskatchewan observed statutory holidays.

PRIVACY IS OUR HIGHEST PRIORITY

Our client's (Physician and Beneficiary alike) personal and confidential information is of the utmost importance and needs to be protected at all times. This is one reason for the tight controls in place around both the Group Number and Certificate.

Group numbers allow a user to submit and pickup billing information from only the practitioner(s) assigned to it through our secure File Transfer site, commonly known as the "ICS site".

Typically, assignment of a Group Number can include situations such as:

- a single practitioner for use in one or many clinics they are part of
- a clinic for use of one practitioner, small groups of practitioners, or all practitioners together
- a Service Bureau for the purpose of billing many physicians, each belonging to different clinics

Your Physician Billing Number, Clinic Number, and Group Number are a unique combination for every location you practice and are the key to your unique access to the submission portal. It is important that you know what they are, how they are used and why they are in place:

- **Physician Billing Number:** Unique number assigned to a Physician for the purpose of billing, identification and payment
- **Clinic Number:** Unique number assigned to a Physician's practice location, whether practice is solo or with other practitioners
- **Group Number:** Unique identifier assigned to Physician(s), clinic or Service Bureau for the collective purpose of transmitting billing securely.

If you move clinics and are not certain of what your Group Number should be, do not just use your prior clinic's Group Number to submit. This may result in a breach of Privacy.

If you are unsure of what your Clinic or Group Number should be and the new Clinic's billing staff cannot help you, contact the Physician Registry and Support Services through the **Business Service Desk at 1-800-605-2965** from Monday to Friday, 8:00 a.m. to 5:00 p.m. Please be advised that we are closed on evenings, weekends and on Government of Saskatchewan observed statutory holidays.

REMINDER: MEDICAL CLAIMS FOR QUEBEC PATIENTS

As a reminder, Quebec is **NOT** part of 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

CHANGES TO SURGICAL BOOKING PROCESS

Starting April 1, 2024, surgeons will be required to provide the following new data when submitting a surgical booking form: a six-character diagnosis code and the associated diagnosis description, which you will find on the Saskatchewan Diagnosis Code List 2024-25. Diagnosis codes link every patient's diagnosis and clinical condition to a priority level and a maximum wait time target. This will provide us with an understanding of how long patients wait in relation to clinically-established benchmarks. An updated OR booking form and the Diagnosis Code List 2024-25 are available at www.saskatchewan.ca/surgical-booking-resources

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 service codes modernized in the Payment Schedule releases since 2018:

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

As part of the PSM process, the Ministry and the SMA meet directly with physician sections to share perspectives and advance PSM items. Due to the Covid-19 pandemic, PSM work slowed down significantly since 2020. The Ministry and the SMA have agreed to prioritize work for 2024 in relation to the new claims payment system, strengthen the joint Working Group, and review previous modernized codes to ensure cost neutrality.

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.

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 11th Avenue
Regina SK S4P 0J5

If you require blank medical certificates of death please contact eHealth Saskatchewan:

Vital Statistics Registry
change@ehealthsask.ca
1-800-667-7551 or 306-787-3251
Fax: (306)787-8951

LINK – Saskatchewan’s Provincial Telephone Consultation Service now available by calling the SFCC

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care.



Specialties providing the LINK service:

Child Psychiatry
HIV and HCV
Nephrology
Obstetrics and Gynecology
Palliative Care (available 24/7)
Physical Medicine and Rehabilitation (Physiatry)
Urology

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

Call the SFCC at 1-866-766-6050 Ext 7

For more information about LINK and other useful tools created to improve the referral/consultation process please visit,
www.ehealthsask.ca/services/Referral-and-Consult-Tools
or scan the QR code above.

WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL

The 55B and the 855B billing codes enable the health system to measure and report how long patients are waiting to see a specialist.

Please use the 55B CODE
(instead of 5B if the patient was referred to a specialist); or

use 855B CODE
(instead of 805B if the virtual visit resulted in a referral to a specialist.

THE REFERRAL/CONSULT APPOINTMENT GUIDE FOR PATIENTS

The guide provides patients with important questions to ask their referring doctor and specialist. Promotional materials for the guide will be mailed out to physician offices beginning February 12. We ask for your cooperation in using the guide and promoting it throughout your office/clinic. Posters, initial copies of the guide, and digital promotions details will be included in the initial mail-out package(s) to clinics. Additionally, they will be available for download on the physician's eHealth webpage.

More information and downloads are available at

<https://www.ehealthsask.ca/services/Referral-and-Consult-Tools/Pages/AppointmentGuideforPatients.aspx>.

Questions and feedback may be directed to:

SKconsultationtools@health.gov.sk.ca.

PHYSICIAN SITE



Thank you for your anticipated cooperation in launching the ***Saskatchewan Referral/Consult Appointment Guide for Patients***.

NEW SPECIALTIES ONBOARDED TO REFERRAL MANAGEMENT SERVICES

We are excited to announce that Orthopedic Hip and Knee Arthroplasty and Saskatoon Respiriology were onboarded to Referral Management Services (RMS) in February 2024. RMS supports a pooled referral process and acts as the central intake for participating specialists. Currently, RMS supports 11 specialty groups/services.

Information regarding pooled referrals can be found at:

[Referral and Consult Tools Pooled Referrals \(ehealthsask.ca\)](#)

Questions and feedback may be directed to: SKconsultationtools@health.gov.sk.ca.