Bi-Weekly Return File Update

WHAT'S NEW?

Medical Services Branch has enhanced the information presented in the **Bi-Weekly Return/ Remittance File** to improve the payment summary information and support with reconciliation of claim submissions. The first new **Bi-Weekly Return/Remittance File** will be generated for payment run "rb" on August 22, 2024.

TOTAL LINE CATEGORIES

The new total categories in the **Bi-Weekly Return/Remittance File** are:

| CATEGORY | DESCRIPTION |
|-------------|--|
| Items Appr | Totals line for the paylist line items that sums the paid and drawback records for |
| | the payment run. |
| Items Rej | Totals line for the rejected line items for the payment run |
| Items Pend | Totals line for ALL pended items as of the payment run. This is an accumulation |
| | from previous payment runs. |
| 989Y Misc | Represents the amounts for Miscellaneous Program Payment across all claims paid |
| | or recovered during the current payment run. |
| 991Y | Represents the amounts for Family Physician Comprehensive Care Program |
| FPCCP | Payment across all claims paid or recovered during the current payment run. |
| | |
| 992Y Metro | Represents the amounts for Metro On-call Program Payment across all claims paid |
| | or recovered during the current payment run. |
| 993Y GP SP | Represents the amounts for GP Specialist Program Payment across all claims |
| | paid or recovered during the current payment run. |
| | |
| 994Y TPM | Represents the amounts for Transitional Payment Model Program Payment across |
| | all claims paid or recovered during the current payment run. |
| OTHER | Downson to the agree water for All Others Durantees Downson to the agree and agree agree and agree agree and agree a |
| OTHER | Represents the amounts for All Other Program Payment not represented |
| PROG | otherwise across all claims paid or recovered during the current payment run. This |
| Claire A /D | includes: 997Y, 998Y, 999Y. |
| Claims A/R | Recovery of Negative Paylist Amount of previous payment runs, or current |
| | payment run from different clinics. This is a negative amount and represents the |
| | amount that was recovered in the current run and not the entire outstanding |
| | amount. |
| Acct A/R | Recovery of Manual Adjustment amount posted by the Accounting team. This is a |
| | negative amount and represents the amount that was recovered in the current run |
| | and not the entire outstanding amount. |



| CATECORY | DESCRIPTION |
|------------|--|
| CATEGORY | DESCRIPTION |
| FFS PYMT | Represents the total amounts for the Fee for Service payments as a sum of all the |
| | lines above this line. The total paid amount on this line will be 0 if the lines above |
| | add up to be less than or equal to 0. |
| 996Y CDM | Represents the amounts for Chronic Disease Management Program Payment not |
| | represented otherwise across all claims paid or recovered during the current |
| | payment run. |
| E44D | |
| EMR | Represents the approved amounts for EMR Fees in the current payment run. |
| Approv | |
| EMR A/R | Represents the recovery of negative balance of EMR Fees from the previous |
| | payment runs or from different clinics of the current payment run. This is a |
| | negative amount and represents the amount that was recovered in the current run |
| | and not the entire outstanding amount. |
| EMR PAID | Represents the final paid amount towards EMR Fees. |
| EMR QTR | Represents the EMR Quarterly Bonus for the first month of the Quarter. |
| M1 | |
| EMR QTR | Represents the EMR Quarterly Bonus for the second month of the Quarter. |
| M2 | |
| EMR QTR | Represents the EMR Quarterly Bonus for the third month of the Quarter. |
| M3 | |
| TOTAL PAID | Represents the final paid amount for the current payment run including FFS PYMT, |
| | CDM (996Y), EMR Fees and EMR Quarterly Bonus. |



When a **Payment** for the categories listed above does not exist, a **Total Line** record will not exist. This means there were no new items paid or re-adjudicated where a new payment or a recovery of a previous payment occurred in the current run.

NOTE: When an EMR Quarterly is paid out but not reported in the Bi-Weekly Return/Remittance file, it means there were no items processed for that pay run for that mode/practitioner number/clinic number/professional corporation combination.

CHANGES TO THE FILE NAMING CONVENTION

The file naming convention has been updated to easily identify the new and updated Bi-Weekly Return files.

- The NEW file naming convention is:
 - o IO21 XXX aa YYYYMMDDHHMMSS.txt
 - Where **XXX** is the group number in UPPERCASE and **aa** is the run code in lowercase.

ENHANCEMENTS TO THE TOTAL LINES

The breakdown of the total lines will assist with reconciling your claims and identifying what is included in the **Total Paid** amount. The new total lines will appear for each combination of:

- mode,
- practitioner number,
- clinic number,
- professional corporation.

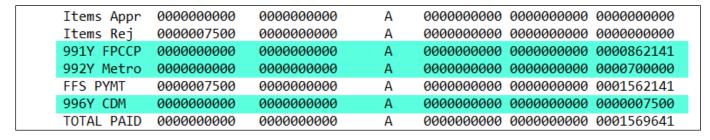
The columns in the new total lines represent the following (please note there are no decimals in the payment amount columns):

| | FEE | FEE | CORP | TOTAL | TOTAL | TOTAL |
|------------|------------|------------|------|------------|------------|------------|
| | SUBMITTED | APPROVED | | PREMIUM | PRGM PMT | PAID |
| Items Appr | 0000200125 | 0000167565 | Α | 0000040961 | 0000000000 | 0000208526 |
| Items Rej | 0000002000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000000000 |
| Items Pend | 0000336700 | 0000000000 | Α | 0000000000 | 0000000000 | 0000000000 |
| FFS PYMT | 0000538825 | 0000167565 | Α | 0000040961 | 0000000000 | 0000208526 |
| EMR Approv | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000001600 |
| EMR A/R | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000000000 |
| EMR PAID | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000001600 |
| TOTAL PAID | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000210126 |

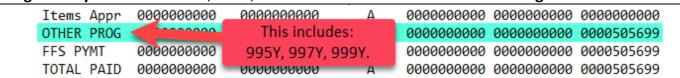
CHANGES TO PROGRAM PAYMENT REPORTING

Program Payments are now reported under the applicable **Total Line** category. For example, 991Y is reported under line 991Y FPCCP.

<u>Please note:</u> If a Program Payment did not occur, the category <u>will not</u> be listed.



Program Payments for: 995Y, 997Y, and 999Y are included under **Other Prog.**

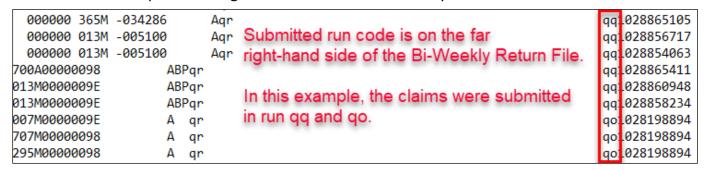


NEW FIELDS

A new field for the **Original Run code** has been added to the Bi-Weekly Return File. For all paid, pended and rejected line items the **Original Run Code** field will indicate the run code the claim item was first submitted to MSB. This will assist in identifying items previously submitted but are currently waiting for a manual review or have been re-adjudicated by MSB.

The **Original Run Code** has been added to the following Record Types:

- Payment List Paid Line Record
- Rejected Visit and Procedure Service Record
- Rejected Hospital Care Service Record
- Rejected Comment Record
- Rejected Reciprocal Billing Out of Province Beneficiary Record
- Pended Visit and Procedure Service Record
- Pended Hospital Care Service Record
- Pended Reciprocal Billing Out of Province Beneficiary Record

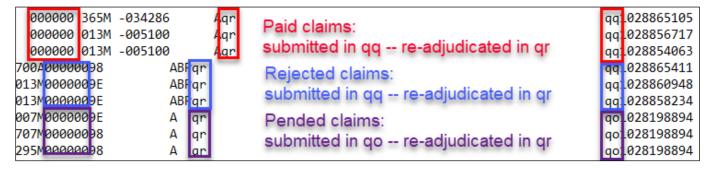


CHANGES TO THE FEE SUBMITTED FIELD

The **Fee Submitted** field will be reported as zero if the claim item has been reported in a previous biweekly payment run. In this case, the **Original Run Code** will display the run code the item(s) was originally submitted in.

The changes are in the following Record Types:

- Payment List Paid Line Record
- Rejected Visit and Procedure Service Record
- Rejected Hospital Care Service Record
- Pended Visit and Procedure Service Record
- o Pended Hospital Care Service Record



MODES

Modes are defined as:

| Mode | Description |
|------|--|
| 0 | Global Budget – Primary Health Physicians or Nurses |
| 1 | Physicians and Dentists – FFS Provider |
| 6 | Optometrists – Service Provider |
| 9 | Alternate Payment Physicians |
| D | Global Budget – Reciprocal billing for OOP beneficiaries or payment of certain |
| | codes by a Saskatchewan Doctor |

INTERPRETING THE BI-WEEKLY RETURN FILE TOTALS

The new record types include totals for all the categories listed above. Here are some examples:

<u>Mode 1 and 6 Practitioners</u> – The total **Fee Submitted** on the **Validation Report(s)** for the given payment run will equal the **Fee Submitted** under the **FFS PYMT** total line type for that mode/practitioner number/clinic number/professional corporation combination.

| Claims Su | ıbmission | Validation I | Report | | | | | |
|---|-----------|--------------------------|--------|---------|----------|---------|----------|-------------|
| File Name Submission Group Numb Status | | ed | l | | | | | |
| Clinic | Doctor | Corporation Indicator | Claims | Records | Services | 89 Recs | Comments | Fee Sub |
| | | Α | 322 | 426 | 411 | 0 | 13 | \$35,101.45 |
| | Totals: | | 322 | 426 | 411 | 0 | 13 | \$35,101,45 |

| 1 | T | Items Appr | 0003360620 | 0003360620 | А | 0000080541 | 0000000000 | 0003441161 |
|---|---|------------------|------------|------------|---|------------|------------|------------|
| 1 | T | Items <u>Rej</u> | 0000070390 | 0000000000 | Α | 0000000000 | 0000000000 | 0000000000 |
| 1 | T | Items Pend | 0000079135 | 0000000000 | Α | 0000000000 | 0000000000 | 0000000000 |
| 1 | T | FFS PYMT | 0003510145 | 0003360620 | Α | 0000080541 | 0000000000 | 0003441161 |
| 1 | T | EMR Approv | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000010200 |
| 1 | T | EMR A/R | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000000000 |
| 1 | T | EMR PAID | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0000010200 |
| 1 | T | TOTAL PAID | 0000000000 | 0000000000 | Α | 0000000000 | 0000000000 | 0003451361 |

<u>Mode 0 and 9 Physicians</u> – The total **Fee Submitted** on the **Validation Report(s)** for the given payment run will equal the **Fee Submitted** under the **FFS PYMT** total line type of the Mode 0/9 **plus** Mode D for that mode/practitioner number/clinic number/professional corporation combination.

| Claims Su File Name Submission Group Numb Status | : Date : | Validation I | Report | | | | | |
|--|-------------|--------------------------|-------------|------------|------------|---------|-----------|-------------------|
| Clinic | Doctor | Corporation Indicator | Claims | Records | Services | 89 Recs | Comments | Fee Sub |
| | | | 33 | 72 | 37 | 1 | 32 | \$2,191.90 |
| | Totals: | | 33 | 72 | 37 | 1 | 32 | \$2,191.90 |
| 9 | Т | 1 | tems Annr (| 2000195765 | 0000195765 | 999 | 0000 0000 | 000000 0000236085 |

| 9 | | | | | |
|---|---|------------------|------------|------------|----------------------|
| | T | Items Appr | 0000195765 | 0000195765 | 0000040320 000000000 |
| | T | Items <u>Rej</u> | 0000004685 | 0000000000 | 000000000 000000000 |
| | T | Items Pend | 0000013185 | 0000000000 | 000000000 000000000 |
| | T | FFS PYMT | 0000213635 | 0000195765 | 0000040320 000000000 |
| 9 | T | EMR Approv | 0000000000 | 0000000000 | 000000000 000000000 |
| 9 | T | EMR A/R | 0000000000 | 0000000000 | 000000000 000000000 |
| 9 | T | EMR PAID | 0000000000 | 0000000000 | 000000000 000000000 |
| 9 | T | TOTAL PAID | 0000000000 | 0000000000 | 000000000 000000000 |
| | | | | | |
| D | T | Items Appr | 0000005555 | 0000005555 | 000000000 000000000 |
|) | T | FFS PYMT | 0000005555 | 0000005555 | 000000000 000000000 |
| D | T | EMR Approv | 0000000000 | 0000000000 | 000000000 000000000 |
| D | T | EMR A/R | 0000000000 | 0000000000 | 000000000 000000000 |
| | T | EMR PAID | 0000000000 | 0000000000 | 000000000 000000000 |
| | | | | | |

In this example, the FFS PYMT amounts for Mode 9 and D match the Validation Report. However, the practitioner will only be paid \$56.55 for Mode D totals as the amount deposited in the account for mode D/practitioner number/clinic number/professional corporation combination will equal the FFS PYMT (mode 9) + Total Paid Amount under 996Y CDM + EMR Paid + EMR QTR M1 + EMR QTR2 + EMR QTR M3 total line types.

| Saskatchewa | in // | 0 | Date 2024 04 08 Deposit YYYY MM DD Advice | 4115 |
|------------------|----------------------------------|---------|---|----------------|
| MINISTRY | INQUIRY | INVOICE | PAYMENT DESCRIPTION | AMOUNT |
| Health Health | (306) 787-7450 (306) 787-7450 | | EMR fees for 'qr'. 2024-Apr-03 FFS Pmt Run for 'qr'. 2024-Apr-03 | 1.00 55.55 |
| | | | Total Deposit | \$56.55 |
| Saskatchewo | in 🎉 | DEPO | Deposit 4115 | |
| Fifty-Six Doll | ars and Fifty Five Co | ents | Date YYYY | 04 08 MM DD |

<u>Mode 1, 6 and D Practitioners</u> – The amount deposited in the account for mode (1,6,9)/practitioner number/clinic number/professional corporation combination will equal the **Total Paid Amount**

| 000 12 | hewa | | | | DEPO | SIT ADVICE | E | Deposit 41 | 0 | | | |
|----------|-------|---------|----------|------|------------|-------------------------------------|--------------------|------------|--------|-------|------------|--|
| | | | | | | Total Depos | it | | | | \$5,056.99 | |
| Health | | (306) 7 | 87-7450 | - 31 | | OTHERS Pmt Run for 'qw'. 2024-Jun-1 | | | | | 5,056.99 | |
| MINI | STRY | IN | QUIRY | | INVOICE | PA | YMENT DE | SCRIPTION | | A | MOUNT | |
| Saskatcı | hewai | n // | | | | Date | 2024 06 YYYY MM | 2 de | osit 4 | 18 | | |
| | T | | TOTAL P. | PAID | 0000000000 | 0000000000 | Α | 0000000000 | 00000 | 00000 | 000050569 | |
| | T | | FFS PYM | ١T | 0000000000 | 0000000000 | Α | 0000000000 | 00000 | 00000 | 000050569 | |
| | T | | OTHER P | ROG | 0000000000 | 0000000000 | Α | 0000000000 | 00000 | 00000 | 000050569 | |
| | T | | Items A | \ppr | 0000000000 | 0000000000 | Α | 0000000000 | 00000 | 00000 | 000000000 | |

<u>Mode 0 and 9 Practitioners</u> – The amount deposited in the account for mode (0,9)/practitioner number/clinic number/professional corporation combination will equal the **Total Paid Amount** under **996Y CDM + EMR Paid + EMR QTR M1 + EMR QTR 2 + EMR QTR M3** total line types.

Five Thousand Fifty-Six Dollars And Ninety-Nine Cents

Date YYYY NM DD

******5,056.99

| Saskato | hewan | <u>/</u> | | DEPOSI | T ADVICE | Deposit 411 Advice 2024 Date YYYY | 04 08 | |
|---------|-------|---------------|-----------------------|--------------|-------------------------------|-----------------------------------|------------|------------|
| | | | | Calledon Str | March 11 - March 11 | | | |
| | | | | | Total Deposit | | | \$57.00 |
| Health | | (306) 787-745 | 0 | | EMR fees for 'qr'. 2024 | -Apr-03 | | 57.00 |
| MINI | STRY | INQUIRY | IN | VOICE | PAYMENT DESCR | IPTION | AMO | DUNT |
| Saskatc | hewan | 1/2 | | | Date 2024 04 08 YYYY MM DD | Deposi Advice | t 411 | |
|) | T | | TOTAL PAID | 0000000000 | 0000000000 | 0000000000 | 9000000000 | 0000558485 |
| | Ť | | EMR PAID | 0000000000 | | 0000000000 | | |
| | T | | EMR Approv EMR A/R | 0000000000 | | 0000000000 (| | |
| | T | | FFS PYMT | 0000610790 | | 0000013955 (| | |
| | T | | Items Rej | 0000034500 | | 0000000000 | | |
| | ı | | Items Appr | 0000576290 | 0000538830 | 0000013955 (| 0000000000 | 000055278 |



If the Deposit Advice <u>does not</u> equal the Total Paid amount specified on your Customer Portal Bi-Weekly Return/Remittance file (as per the above examples), please contact the MSB Support Desk at 1-800-605-2965.

If the Deposit Advice <u>equals</u> the Customer Portal Bi-Weekly Return/Remittance file, but does match your Vendor specific return file, please contact your Vendor.