

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 payroll 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 FPCCP	Represents the amounts for Family Physician Comprehensive Care Program 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 PROG	Represents the amounts for All Other Program Payment not represented otherwise across all claims paid or recovered during the current payment run. This 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.

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.
EMR Approv	Represents the approved amounts for EMR Fees in the current payment run.
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 M1	Represents the EMR Quarterly Bonus for the first month of the Quarter.
EMR QTR M2	Represents the EMR Quarterly Bonus for the second month of the Quarter.
EMR QTR M3	Represents the EMR Quarterly Bonus for the third month of the Quarter.
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:
 - I021_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 SUBMITTED	FEE APPROVED	CORP	TOTAL PREMIUM	TOTAL PRGM PMT	TOTAL PAID
Items Appr	0000200125	0000167565	A	0000040961	0000000000	0000208526
Items Rej	0000002000	0000000000	A	0000000000	0000000000	0000000000
Items Pend	0000336700	0000000000	A	0000000000	0000000000	0000000000
FFS PYMT	0000538825	0000167565	A	0000040961	0000000000	0000208526
EMR Approv	0000000000	0000000000	A	0000000000	0000000000	0000001600
EMR A/R	0000000000	0000000000	A	0000000000	0000000000	0000000000
EMR PAID	0000000000	0000000000	A	0000000000	0000000000	0000001600
TOTAL PAID	0000000000	0000000000	A	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.

Please note: If a Program Payment did not occur, the category *will not* be listed.

Items Appr	0000000000	0000000000	A	0000000000	0000000000	0000000000
Items Rej	0000007500	0000000000	A	0000000000	0000000000	0000000000
991Y FPCCP	0000000000	0000000000	A	0000000000	0000000000	0000862141
992Y Metro	0000000000	0000000000	A	0000000000	0000000000	0000700000
FFS PYMT	0000007500	0000000000	A	0000000000	0000000000	0001562141
996Y CDM	0000000000	0000000000	A	0000000000	0000000000	0000007500
TOTAL PAID	0000000000	0000000000	A	0000000000	0000000000	0001569641

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

Items Appr	0000000000	0000000000	A	0000000000	0000000000	0000000000
OTHER PROG	0000000000	0000000000	A	0000000000	0000000000	0000505699
FFS PYMT	0000000000	0000000000	A	0000000000	0000000000	0000505699
TOTAL PAID	0000000000	0000000000	A	0000000000	0000000000	0000505699

This includes:
995Y, 997Y, 999Y.

NEW FIELDS

A new field for the **Original Run code** has been added to the Bi-Weekly Return File. For all paid, pending 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
- Pending Visit and Procedure Service Record
- Pending Hospital Care Service Record
- Pending Reciprocal Billing – Out of Province Beneficiary Record

000000 365M -034286	Aqr	Submitted run code is on the far right-hand side of the Bi-Weekly Return File.	qq.028865105
000000 013M -005100	Aqr		qq.028856717
000000 013M -005100	Aqr		qq.028854063
700A00000098	ABPqr	In this example, the claims were submitted in run qq and qo.	qq.028865411
013M0000009E	ABPqr		qq.028860948
013M0000009E	ABPqr		qq.028858234
007M0000009E	A qr		qo.028198894
707M00000098	A qr		qo.028198894
295M00000098	A qr		qo.028198894
			qo.028198894

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 bi-weekly 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
- Pending Visit and Procedure Service Record
- Pending Hospital Care Service Record

000000 365M -034286	Aqr	Paid claims: submitted in qq -- re-adjudicated in qr	qq.028865105
000000 013M -005100	Aqr		qq.028856717
000000 013M -005100	Aqr		qq.028854063
700A00000098	ABPqr	Rejected claims: submitted in qq -- re-adjudicated in qr	qq.028865411
013M0000009E	ABPqr		qq.028860948
013M0000009E	ABPqr		qq.028858234
007M0000009E	A qr		qo.028198894
707M00000098	A qr		qo.028198894
295M00000098	A qr		qo.028198894
			qo.028198894

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:

Mode 1 and 6 Practitioners – 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 Submission Validation Report								
File Name		:						
Submission Date		:						
Group Number		:						
Status		: Accepted						
Clinic	Doctor	Corporation Indicator	Claims	Records	Services	89 Recs	Comments	Fee Sub
		A	322	426	411	0	13	\$35,101.45
Totals:			322	426	411	0	13	\$35,101.45


1	T	Items Appr	0003360620	0003360620	A	0000080541	0000000000	0003441161
1	T	Items Rej	0000070390	0000000000	A	0000000000	0000000000	0000000000
1	T	Items Pend	0000079135	0000000000	A	0000000000	0000000000	0000000000
1	T	FFS PYMT	0003510145	0003360620	A	0000080541	0000000000	0003441161
1	T	EMR Approv	0000000000	0000000000	A	0000000000	0000000000	0000010200
1	T	EMR A/R	0000000000	0000000000	A	0000000000	0000000000	0000000000
1	T	EMR PAID	0000000000	0000000000	A	0000000000	0000000000	0000010200
1	T	TOTAL PAID	0000000000	0000000000	A	0000000000	0000000000	0003451361

Mode 0 and 9 Physicians – 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 Submission Validation Report								
File Name : ██████████								
Submission Date : ██████████								
Group Number : ██████████								
Status : Accepted								
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	██████	T	Items Appr	0000195765	0000195765	0000040320	0000000000	0000236085
9	██████	T	Items Rej	0000004685	0000000000	0000000000	0000000000	0000000000
9	██████	T	Items Pend	0000013185	0000000000	0000000000	0000000000	0000000000
9	██████	T	FFS PYMT	0000213635	0000195765	0000040320	0000000000	0000236085
9	██████	T	EMR Approv	0000000000	0000000000	0000000000	0000000000	0000000600
9	██████	T	EMR A/R	0000000000	0000000000	0000000000	0000000000	0000000000
9	██████	T	EMR PAID	0000000000	0000000000	0000000000	0000000000	0000000600
9	██████	T	TOTAL PAID	0000000000	0000000000	0000000000	0000000000	0000236685
D	██████	T	Items Appr	0000005555	0000005555	0000000000	0000000000	0000005555
D	██████	T	FFS PYMT	0000005555	0000005555	0000000000	0000000000	0000005555
D	██████	T	EMR Approv	0000000000	0000000000	0000000000	0000000000	0000000100
D	██████	T	EMR A/R	0000000000	0000000000	0000000000	0000000000	0000000000
D	██████	T	EMR PAID	0000000000	0000000000	0000000000	0000000000	0000000100
D	██████	T	TOTAL PAID	0000000000	0000000000	0000000000	0000000000	0000005655

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.




Date 2024 04 08
 YYYY MM DD

Deposit Advice 4115 ████████

MINISTRY	INQUIRY	INVOICE	PAYMENT DESCRIPTION	AMOUNT
Health	(306) 787-7450	██████	EMR fees for 'qr'. 2024-Apr-03	1.00
Health	(306) 787-7450	██████	FFS Pmt Run for 'qr'. 2024-Apr-03	55.55
Total Deposit				\$56.55

DEPOSIT ADVICE



Deposit Advice 4115 ████████


Date 2024 04 08
 YYYY MM DD

Fifty-Six Dollars and Fifty Five Cents

\$ 56.55

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

1	T	Items Appr	000000000	000000000	A	000000000	000000000	000000000
1	T	OTHER PROG	000000000	000000000	A	000000000	000000000	0000505699
1	T	FFS PYMT	000000000	000000000	A	000000000	000000000	0000505699
1	T	TOTAL PAID	000000000	000000000	A	000000000	000000000	0000505699




Date 2024 06 17
 YYYY MM DD

Deposit Advice 418

MINISTRY	INQUIRY	INVOICE	PAYMENT DESCRIPTION	AMOUNT
Health	(306) 787-7450		OTHERS Pmt Run for 'qw'. 2024-Jun-1	5,056.99
Total Deposit				\$5,056.99

DEPOSIT ADVICE



Deposit Advice 418


Date 2024 06 17
 YYYY MM DD

Five Thousand Fifty-Six Dollars And Ninety-Nine Cents

\$ ***5,056.99**

Mode 0 and 9 Practitioners – 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 QTR2 + EMR QTR M3** total line types.

9	T	Items Appr	0000576290	0000538830		0000013955	0000000000	0000552785
9	T	Items Rej	0000034500	0000000000		0000000000	0000000000	0000000000
9	T	FFS PYMT	0000610790	0000538830		0000013955	0000000000	0000552785
9	T	EMR Approv	0000000000	0000000000		0000000000	0000000000	0000005700
9	T	EMR A/R	0000000000	0000000000		0000000000	0000000000	0000000000
9	T	EMR PAID	0000000000	0000000000		0000000000	0000000000	0000005700
9	T	TOTAL PAID	0000000000	0000000000		0000000000	0000000000	0000558485




Date 2024 04 08
 YYYY MM DD

Deposit Advice 411

MINISTRY	INQUIRY	INVOICE	PAYMENT DESCRIPTION	AMOUNT
Health	(306) 787-7450		EMR fees for 'qr'. 2024-Apr-03	57.00
Total Deposit				\$57.00

DEPOSIT ADVICE



Deposit Advice 411

Date 2024 04 08
 YYYY MM DD

Fifty-Seven Dollars

\$ ***57.00**



If the Deposit Advice does not 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 equals the Customer Portal Bi-Weekly Return/Remittance file, but does not match your Vendor specific return file, please contact your Vendor.