

Operations Bulletin

Operations Bulletin No. 13

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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:

- Documentation Requirements for the Purposes of Billing
- Joint Medical Professional Review Committee
- MAID (Medical Assistance in Dying) Services
- Obstetric Ultrasounds
- Online Billing Course
- Payment Integrity (Audit)
- Physician Billing Obligations
- Requesting Changes to the Payment Schedule
- Routine Audit – Information Sheet

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.

SASKATCHEWAN FORMULARY

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

- ✓ Saskatchewan Formulary website:
<http://formulary.drugplan.ehealthsask.ca/SearchFormulary>
- ✓ Bulletins:
<http://formulary.drugplan.ehealthsask.ca/BulletinsInfo>

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.

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 – HSN 123456789

STATUTORY HOLIDAYS TO JULY 2020

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
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
New Years	Wednesday January 1, 2020	Wednesday January 1, 2020	Monday, Dec 30, 2019	None
Family Day	Monday February 17, 2020	Monday February 17, 2020	None	Run mn: Payment date moved to Tues, Feb 18
Good Friday	Friday April 10, 2020	Friday April 10, 2020	None	Run mr: Payment date moved to Tues, Apr 14
Victoria Day	Monday May 18, 2020	Monday May 18, 2020	None	None
Canada Day	Wednesday July 1, 2020	Wednesday July 1, 2020	None	Run mx: Payment date moved to Tues, July 7

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 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

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

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 October 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**
- ✓ **E-mail Address**

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

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.

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 263.

JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPCR)

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

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;
4. Incomplete chronic disease management flow sheets; and
5. Uninsured/third party services, sick notes and form completions billed to MSB.

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: \$1,789,853 (6 physicians)

2018-19: \$1,598,881 (7 physicians*)

* Based on the fiscal year the final order was issued.

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 JMPCR or have any questions regarding the JMPCR 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.

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 fee codes modernized in the 2018 and/or 2019 Payment Schedule releases:

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

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 April 1, 2020 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 faster and easier to create a best-practice referral letter. The Template uses the clinical information in your EMR to automatically prepare a letter that includes the information specialists need to assess and triage your patient. Data such as patient's medication, allergies, recent history and other relevant medical information are automatically added. The template does not replace existing referral forms.

The template was designed in partnership with physicians to improve workflow and achieve 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 were 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 and to learn how to set up the template in your EMR, please visit:

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

LINK The “VIRTUAL” Physician Lounge

LINK (*Leveraging Immediate Non-urgent Knowledge*) gives primary care providers and their patients rapid access to specialists to discuss less serious patient conditions.

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

Specialties providing the LINK service:

Adult Psychiatry

Child Psychiatry

HIV and HCV

Nephrology

Obstetrics and Gynecology

Palliative Care

Reproductive Endocrinology and Infertility

Call: 1-844-855-LINK (5465)

For more information on LINK:

Visit the [LINK Brochure](#) or email LINK@health.gov.sk.ca

The Saskatchewan Referral/Consult Checklist

Disruptions between primary and specialty care undermine the quality of care and jeopardize patient safety. Even a small piece of missing information on a referral or consult note can cause unnecessary delays and frustration.

Good communication between physicians in the referral/consultation process not only facilitates timely access to care for patients but can also be exceptionally satisfying to the physicians themselves as they consult with each other about how best to address their patients' needs. (*College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada, 2009*)

The Referral/Consult Checklist is a handy tool developed by doctors to ensure the right information is included in your referral and consult letters, telephone consults, and dictated notes.

Try using the pocket-sized checklist the next time you write a referral or consultation letter.

Saskatchewan Quality Referral Pocket Checklist

PATIENT: Name, DOB, HSN, Gender, Address, Phone, Alternate contact, Translator required
PRIMARY CARE PROVIDER: Name, Phone, Fax, CC/indicate if different from family physician
REFERRING PHYSICIAN: Name, Phone, Fax

CLEARLY STATE REASON FOR REFERRAL

- Diagnosis, management and/or treatment
- Procedure issue/care transfer
- Is patient aware of reason for referral?

SUMMARY OF PATIENT'S CURRENT STATUS

- Stable, worsening or urgent/emergent
- What do you think is going on?
- Symptom onset / duration
- Key symptoms and findings / any red flags

RELEVANT FINDINGS AND/OR INVESTIGATIONS
(pertinent results attached)

- What has been done and is available
- What has been ordered and is pending


CURRENT AND PAST MANAGEMENT
(list with outcomes)

- None
- Unsuccessful/successful treatment(s)
- Previous or concurrent consultations for this issue

COMORBIDITIES

- Medical history
- Pertinent concurrent medical problems *(List other physicians involved in care if long-term conditions)*
- Current and recent medications *(name, dosage, PRN basis)*
- Allergies/ Warnings and challenges

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Saskatchewan Quality Consult Pocket Checklist

PATIENT: Name, DOB, HSN, Gender, Address, Phone, Alternate contact, Translator required
REFERRING PROVIDER: Name, Phone, Fax, CC/indicate if different from family physician
CONSULTING PROVIDER: Name, Phone, Fax

PURPOSE OF CONSULTATION

- Date referral received and date patient was seen
- Diagnosis, management and/or treatment
- Procedure issue / care transfer / urgency

DIAGNOSTIC CONSIDERATIONS

- What do you think is going on? *(definitive/ provisional/ differential)*
- Why? *(explain underlying reason)*
- What else is pertinent to management?


MANAGEMENT PLAN

- Goals and options for treatment and management
- Recommended treatment and management
 - » *rationale anticipated benefits and potential harms*
 - » *contingency plan for adverse event(s) / failure of treatment*
- Advice given / Action(s) taken
- Situation(s) that may prompt earlier review

FOLLOW-UP ARRANGEMENTS *(who does what, when)*

- Indicate designated responsibility for:
 - » *organizing reassessment and suggested time frames*
 - » *medication changes (clarify if done or suggestion only)*
- Further investigations
 - » *recommendations*
 - » *responsibility for ordering, reviewing and notifying patient*

Adapted with permission from Quality Referral Evolution (QuRE) Working Group, Alberta



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 by:

Email: change@ehealthsask.ca

Phone: 1-800-667-7551 or 306-787-3251

Fax: (306)787-8951