Specialist Emergency Coverage Program (SECP)
Program Policies and Administrative Guidelines

Program Description

The Specialist Emergency Coverage Program (SECP) was established in July 2001 through an understanding between the Saskatchewan Medical Association (SMA) and government.

The primary objective of the Program is to meet the emergency medical needs of new or unassigned patients requiring specialty care and to ensure that specialists providing coverage as part of an established call rotation are fairly compensated for being available to provide this service.

The Program is jointly managed by a tripartite Committee with representation from the SMA, Saskatchewan Health Authority (Authority) and Saskatchewan Health. The Committee is accountable to and provides advice to the Minister of Health and SMA Board of Directors.

Definitions

Call Rotation	A group of physicians who elect to provide emergency call coverage in accordance with the definitions of either Tier I , Tier II, or Tier III coverage
Call Schedule	A schedule outlining call coverage provided/or to be provided by the physicians participating in the call rotation.
Emergency	A condition involving the possible loss of life, limb or function, or significant risk of morbidity.
New/Unassigned Patient	A patient that is not currently under the care of any physician participating in the call rotation.
Rotation Coordinator	A physician selected by the physicians participating in an approved call rotation to act as the administrative representative for the call rotation.
Tier I Coverage	Physicians participating in a Tier I call rotation are expected to provide continuous coverage (365 days, 24 hours per day) and must be available to respond by telephone within 15 minutes and be able to be on-site within 30 minutes. The coverage in all tiers must include times outside of regular working hours, i.e., evenings and nights, weekends, and statutory holidays.
Tier II Coverage	Tier II call coverage can be either continuous or non-continuous in nature. A physician(s) participating on a Tier II rotation must be available to respond by telephone within 15 minutes and be on-site within a reasonable time. The appropriate on-site response time will be dependent on the clinical judgement of the physician on-call and will vary between specialties and with the specific requirements of each case. The coverage in all tiers must include times outside of regular working hours, i.e., evenings and nights, weekends, and statutory holidays. For non-continuous coverage the compensated availability must include, when feasible, a proportionate share of weekend coverage, in addition to evenings and night during the work week.

Tier III Coverage	Tier III coverage can be either continuous or non-continuous in nature. A physician participating on a Tier III rotation must be available to respond by telephone within 30 minutes. On-site attendance may or may not be required; if it is, the on-site response time will be dependent on the clinical judgement of the physician on-call and will vary between specialties and with the specific requirements of each case. The coverage in all tiers must include times outside of regular working hours, i.e., evenings and nights, weekends, and statutory holidays. For non-continuous coverage the compensated availability must include, when feasible, a proportionate share of weekend coverage, in addition to evenings and night during the work week.
Year	For assessment purposes April 1 to March 31 fiscal year will be used.

Program Parameters and Policies

1. **New Patients or Unassigned Patients**

   The SECP Program is intended for physicians providing emergency coverage to new or unassigned patients. It is not intended for existing patients who are currently under the care of any physician participating in the call rotation.

2. **Frequency of Call**

   No physician participating as part of an approved Tier I or Tier II call rotation may collect payment from the SECP for providing call more frequently than 1 in 2, with the exception of those situations outlined below. No physician participating as part of an approved Tier III call rotation may collect payment from the SECP for providing call more frequently than 3 in 4.

3. **Participation on Multiple Call Rotations**

   A single physician may provide coverage for more than one approved SECP rotation simultaneously (e.g. cardiology and interventional cardiology) provided that he/she provides coverage in accordance with Program requirements. However, a physician may only collect payment for providing coverage on one call rotation at a time and the combined call provided under all approved SECP call rotations will be limited to 1 in 2 for payment calculation purposes.

4. **Participation in the Emergency Room Coverage Program**

   A physician may provide coverage for an approved SECP rotation and the ERCP simultaneously, provided that he/she provides service in accordance with the requirements of both programs. The physician may elect which program to claim payment under; however, a physician may only collect payment under one program at a time. If a claim for payment is made under both the SECP and the ERCP, the SECP claim will be reduced for those hours during which a claim for concurrent coverage has been made.

   For Tiers I and II, the combined coverage provided under both the SECP and ERCP will be limited to 1 in 2 for the purposes of calculating the quarterly SECP payment. For Tier III, the combined coverage provided under both the SECP and ERCP will be limited to 3 in 4 for the purposes of calculating the quarterly SECP payment.

5. **Audit and Fraudulent Claims**

   The SECP Committee or its agents reserve the right to audit the Program in any reasonable manner they see fit to ensure accountability.

   The call rotation will be considered to have submitted a fraudulent claim if a call coordinator purposefully submits a claim for payment for a period when he/she knows that:

   - the final call schedule does not accurately reflect which physicians were actually on-call; or
   - no physician was actually on-call or available to respond within the timeframes required for the level of coverage for which payment is being claimed.

The SECP Committee will adjudicate any identified or suspected case of fraudulent billing. The physician, rotation coordinator and complainant (if applicable) may be required to submit a written account of the alleged infraction to the SECP Committee. The Committee may also require the physician or other individuals, if required, to attend in-person before the Committee.

If, in the judgement of the Committee, a claim for payment was fraudulently submitted to the Program, **funding for involved physician(s) will be recovered for the entire quarter in question.**

The SECP Committee may also elect to refer the matter to the Joint Medical Professional Review Committee or the College of Physicians and Surgeons of Saskatchewan if it is deemed appropriate.

6. Assessment of Claims and Adjustment of Payments

Medical Services Branch (MSB) will assess all call schedules received from the Authority. If an adjustment to a claim for payment is necessary (e.g. for cross coverage of two approved rotations) MSB will base the adjustment on the average hourly funding provided under the SECP. As such, local arrangements that provide differential rates for coverage of specific days or times (e.g. weekends and nights) will not be recognized.

7. Distribution of Program Payments to Participating Physicians

Physicians in a call rotation are free to determine how Program payments are distributed or divided among participating members or within a physician corporation. However, for accountability reasons, the Authority will not issue a payment to an individual physician who has not provided any call.

Notwithstanding, the rotation coordinator must submit a detailed call schedule that accurately reflects the actual call provided by each physician participating in the call rotation.

Individual physicians or physician corporations are solely responsible for ensuring that income derived from this program is reported in accordance Canada Revenue Agency regulations.

8. Eligibility of Physicians

Certified/Non-Canadian Certified Specialists

Specialists certified by the Royal College of Physicians and Surgeons of Canada or non-certified specialists recognized by the College of Physicians and Surgeons of Saskatchewan may participate in a call rotation in their area of specialization.

General Practitioners

There are three situations in the provision of clinical care where a general practitioner may provide coverage in a SECP call rotation:

- GP-Specialty Rotations e.g. GP-Anaesthesia, GP-Obstetrics, GP-General Surgery. These core service rotations typically occur in Community Hospitals. The general practitioners involved must have appropriate and recognized additional training and skills in that

specialty. Once a GP-Specialist rotation has been approved, Committee review is not required when new physicians begin participating in the rotation.

- Rotations covered by general practitioners providing specialty care
  e.g. Palliative Care, Sexual Assault. At the time of application for a SECP call rotation, the Committee must be notified that the call will be provided by general practitioners. Once a rotation has been approved, the Committee review is not required when new physicians begin participating in the rotation.
- Specialty Rotations usually covered by specialists. On application and with supporting documentation, the Committee will assess, on a case by case basis, whether a particular general practitioner can provide the specialist call coverage.

In determining eligibility for these rotations, the Committee will consider the following factors:

- the general practitioner has the additional training and skills that are required to participate in this specialty rotation;
- the general practitioner has been given privileges by the Authority that are consistent with those of a certified or non-certified specialist who might work in the Authority;
- the general practitioner must be functioning within the medical community in a specialized role. This generally means that they receive referrals from and act as consultants to their colleagues in the specialty in which he/she wishes to provide coverage; and
- the general practitioner consistently provides coverage in the particular specialty.

9. Tier I Coverage

It is expected that Tier I coverage will be continuous (365 days, 24 hours per day) when two or more physicians commit to provide this level of coverage. Scheduling conflicts/errors, holidays or other commitments (e.g. out-of-town conferences) are not considered to be sufficient cause for an interruption in Tier I coverage.

No payment will be made for periods when coverage is not provided.

The following policies apply when an interruption in Tier I occurs:

Planned Interruptions in Tier I Coverage

a) The Authority and/or rotation coordinator must notify MSB, in writing, as soon as it is known that an interruption of Tier I coverage will or is likely to occur. A detailed account of the reasons for the interruption and, if applicable, the actions that will be taken to restore Tier I coverage must be provided.

b) If the Authority/rotation coordinator does not provide a reason for the interruption in coverage or, if in the judgment of MSB (subject to appeal and review by the Committee) the interruption was avoidable, payment for the entire quarter will be adjusted to Tier II rates. For the subsequent quarter, the rotation will be assigned a probationary Tier I

status. If there is an avoidable breach in coverage during this quarter or any other quarter within the year, payment for the entire quarter will be adjusted to Tier II rates and the rotation will be assigned a Tier II status indefinitely. To restore Tier I status, the Authority and physicians must reapply and convince the Committee that there is need for Tier I coverage and continuous coverage can be maintained on an ongoing basis.

c) If a known gap in coverage occurs due to the departure of a physician and the Authority/rotation demonstrates that it is actively recruiting, the rotation may retain its Tier I status for a maximum of 15 months (from the first interruption or the date agreed upon, whichever occurs first), subject to review by the Committee after 6 and 12 months.

Unanticipated Interruptions in Tier I Coverage

If an unanticipated interruption in Tier I coverage occurs that is:

- short-term in nature (illness, family tragedy) and unavoidable, the Tier I status of the rotation will not be affected;
- permanent or long-term (loss of physician), the Authority/rotation must apprise MSB of the circumstances and the actions that it will take to restore coverage. The Tier I status will be maintained for a maximum of 15 months, subject to review by the Committee after 6 and 12 months.

In either case, MSB must be notified in writing, within 7 days of the interruption having occurred.

Payment for Tier I Coverage in Excess of 1 in 2

In exceptional circumstances, and on a case-by-case basis, the SECP Committee will consider providing temporary payment to a physician(s) participating on a Tier I call rotation for providing coverage in excess of 1 in 2.

The Committee may elect to compensate a physician for providing coverage in excess of 1 in 2 for up to 6 months, in the following circumstances:

- the physician will be providing coverage for an approved Tier I call rotation;
- coverage of the rotation was recently and routinely provided by 2 or more physicians;
- the disruption in continuous coverage was the result of a sudden and unforeseen absence or departure of a physician(s);
- the disruption in the ability to provide continuous coverage with 2 or more physicians is short-term in nature. The rotation coordinator and the Authority will work collaboratively to inform the Committee of the means by which they intend to restore continuous coverage within 6 months;
- the physician may elect to provide more than 1 in 2 coverage, but will not be required to provide 1 in 1 coverage, unless she/he does so voluntarily. SECP payment will be made in accordance with the coverage provided.

By the sixth month of exceptional status, the physician group and the Authority are required to provide a long-term plan outlining the following:

- The recruitment and retention plan (if applicable)
- A demonstration of why the rotation should remain a Tier I, including how Tier I will be sustainable into the future; and
- A plan for emergent patient care for those days when coverage is not provided. The plan should include a recognition by the Authority/Hospital and physician group who will be receiving the emergency calls and/or transferred patients.
- The level of coverage that will be provided for the remainder of the exceptional status period.

If a plan is not submitted by the sixth month, or the Committee is not satisfied with the information provided, exceptional status will be discontinued. If the plan is satisfactory, the exceptional circumstance period will be continued for an additional six to nine months, for a maximum period of 15 months.

10. Tier II Coverage

Tier II Coverage can either be continuous or non-continuous:

Continuous Tier II Coverage

The SECP may assign a Tier II designation to a rotation for which continuous call coverage is being provided, in consideration of a number of factors, including:

- the relative frequency that a particular specialty is required to attend to emergency/urgent cases;
- the nature of consultation services normally provided/required by the specialty (telephone or in-person);
- the ability of general specialists or emergency physicians to provide the most immediate care;
- the scope of services provided within the community and the level of emergency services that can be provided;
- proximity to a larger hospital; and,
- the ability of the community to recruit and retain an adequate number of physicians to provide continuous coverage on an ongoing basis.

Non-Continuous Tier II Coverage

Generally, in these cases there are an insufficient number of physicians to provide continuous coverage, or the participating physicians have elected to provide non-continuous coverage.

Payment for Tier II Coverage in Excess of 1 in 2

Multiple Physicians – A physician participating in a Tier II call rotation may claim payment for coverage in excess of 1 in 2 within a quarter, however, on an annual basis, payment for coverage will be limited to 1 in 2. This provision is extended to acknowledge the fact that the amount of coverage by physicians participating in a call rotation may vary on a quarterly basis because of vacations, CME, etc.

Single Physician – Physicians participating in a Tier II solo call rotation will not receive payment for coverage in excess of 1 in 2 within a quarter. However, at fiscal year end, MSB will apply an upward adjustment for any unclaimed coverage below 1 in 2.

All claims for coverage in excess of 1 in 2 within a quarter will be subject to review and consideration by MSB and/or the Committee.

11. Tier III Coverage

It is acknowledged that Tier III coverage may be provided by a very small number of or even one-of-a-kind physicians in a subspecialty. The burden of call in Tier III is less than Tiers I and II and having such call available is desirable, so more frequent on-call than 1 in 2 may be sustainable for a physician and may be compensated to a maximum of 3 in 4.

Tier III Coverage can either be continuous or non-continuous:

Continuous Tier III Coverage

The SECP may assign a Tier III designation to a rotation for which continuous call coverage is being provided, in consideration of a number of factors, including:

- a sufficient number of new patients with need for fairly prompt advice and support from a subspecialist;
- the relative frequency that a particular specialty is required to attend to emergency/urgent cases;
- the nature of consultation services normally provided/required by the specialty (telephone or in-person);
- the ability of general specialists or emergency physicians to provide the most immediate care;
- the scope of services provided within the community and the level of emergency services that can be provided;
- proximity to a larger hospital; and,
- the ability of the community to recruit and retain an adequate number of physicians to provide continuous coverage on an ongoing basis.

Non-Continuous Tier III Coverage

Generally, in these cases there are an insufficient number of physicians to provide continuous coverage, or the participating physicians have elected to provide non-continuous coverage.

Payment for Tier III Coverage in Excess of 3 in 4

Multiple Physicians – A physician participating in a Tier III call rotation may claim payment for coverage in excess of 3 in 4 within a quarter, however, on an annual basis, payment for coverage will be limited to 3 in 4. This provision is extended to acknowledge the fact that the amount of coverage by physicians participating in a call rotation may vary on a quarterly basis because of vacations, CME, etc.

Single Physician – Physicians participating in a Tier III solo call rotation will not receive payment for coverage in excess of 3 in 4 within a quarter. However, at fiscal year end, MSB will apply an upward adjustment for any unclaimed coverage below 3 in 4.

12. Vacant Rotations

Any rotation that is vacant for a period of 15 months will not be considered an approved and funded rotation. If recruitment occurs after 15 months of becoming vacant, the physician(s) and the Authority will be required to reapply through the established application process outlined in Section V.

Administration and Funding

1. Duties, Responsibilities and Process

Rotation Coordinators	• will be selected by participating physicians for each approved SECP call rotation; • are responsible for scheduling call coverage and ensuring that coverage is provided in accordance with the requirements of the rotations SECP designation (Tier I, Tier II, or Tier III) • will provide the Authority with a tentative quarterly call schedule at least 1 week in advance of the start of the subsequent quarter; • will input a finalized actual call schedule in the SECP Online Scheduler within one week of the end of each fiscal quarter and submit this to Authority administration; • will retain detailed records (physician, hours) with respect to coverage provided during each quarter for a minimum period of 1 year.
Saskatchewan Health Authority	• will review and approve finalized actual call schedules from rotation coordinators in the SECP Online Rotation Scheduler within two weeks of the end of a fiscal quarter. Submissions or approved call schedules that have not been received by the Medical Services

	Branch within 3 months of the end of a fiscal quarter will not be processed or paid; • will distribute SECP payments to rotation coordinators/physicians within 1 week of having received payment from the Medical Services Branch; • may elect to issue payment to rotation coordinators/ physicians prior to receiving payment from the Medical Services Branch.
Medical Services Branch	• will assess the Authority approved call schedules and payments within one week of receipt; • will audit schedules and make adjustments as necessary.
Financial Services Branch	• will process payments to the Authority subject to bi-weekly payment cut off and run dates; • will deposit payments electronically to Authority's accounts and provide payment advice by e-mail.

2. Administration/Payment Frequency

The SECP Program will be administered and payments will be made on a quarterly basis. The fiscal quarters are as follows:

Quarter 1	April 1 to June 30
Quarter 2	July 1 to September 30
Quarter 3	October 1 to December 31
Quarter 4	January 1 to March 31

3. Assessment of Invoices and Calculation of Payments

Tier I (continuous coverage)	• effective April 1, 2012 the payment rate per call rotation is $ 200,000 per annum; • the total days of coverage must equal the number of days in the quarter for which Tier I is being invoiced, unless approval for non-continuous coverage has been granted by the SECP Committee; • for coverage of a partial day, payment will be calculated on the basis of the number of hours of coverage provided within a 24-hour period (12:00 a.m. to next 12:00 a.m.); • if coverage was provided for the SECP and the ERCP, simultaneously, payment can only be claimed under one Program; • any payment made for concurrent coverage under the ERCP based on the average hourly funding provided under the SECP will be deducted from the SECP payment; • it is recognized that, within a quarter, a single physician may provide coverage in excess of 1 in 2 because of holidays or other

	arrangements. Payment will be made for coverage in excess of 1 in 2 within a quarter, provided that continuous coverage is maintained in accordance with Program guidelines. However, on an annualized basis, it is expected that no physician will provide more than 1 in 2 coverage. A review of coverage provided and payments made will be undertaken at the end of each fiscal year. Payments for coverage exceeding 1 in 2 by more than 5 per cent (18 days) to a single physician over a one-year period will be deducted. The maximum payment per physician per annum is $110,138. This maximum will not apply to periods when a physician(s) has been granted approval by the Committee to claim payment for coverage in excess of 1 in 2 because of exceptional circumstances.
Tier II (non-continuous coverage)	• effective April 1, 2012 the payment rate per call rotation is $150,000 per annum • payments will be calculated on the basis of the number of days that coverage was provided out of the total number of days in the quarter; • for coverage of a partial day, payment will be calculated on the basis of the number of hours of coverage provided within a 24-hour period (12:00 a.m. to next 12:00 a.m.); • if coverage was provided for the SECP and the ERCP simultaneously, payment can only be claimed under one Program; • any payment made for concurrent coverage under the ERCP based on the average hourly funding provided under the SECP will be deducted from the SECP payment; • Payments for coverage exceeding 1 in 2 by more than 5 per cent (18 days) to a single physician over a one-year period will be deducted. The maximum payment per physician per annum is $82,603.

Tier III (non-continuous coverage)	• effective April 1, 2024 the payment rate per call rotation is $100,000 per annum • payments will be calculated on the basis of the number of days that coverage was provided out of the total number of days in the quarter; • for coverage of a partial day, payment will be calculated on the basis of the number of hours of coverage provided within a 24-hour period (12:00 a.m. to next 12:00 a.m.); • if coverage was provided for the SECP and the ERCP simultaneously, payment can only be claimed under one Program; • any payment made for concurrent coverage under the ERCP based on the average hourly funding provided under the SECP will be deducted from the SECP payment; • Payments for coverage exceeding 3 in 4 by more than 5 per cent (18 days) to a single physician over a one-year period will be deducted. The maximum payment per physician per annum is $80,000.

4. Administration Inquiries

Any changes to the physicians in each rotation, or any other administrative inquiry can be directed to:

Attention: Accounting Unit Medical Services Branch
Specialist Emergency Coverage Program
Medical Services Branch
Saskatchewan Ministry of Health
3475 Albert Street
REGINA SK S4S 6X6
E-mail: AccountingUnitMSB@health.gov.sk.ca

5. Applications, Appeals and Requests

(See Section V. Below) Written requests to change program policies, appeals or requests for new call rotations or changes to the status of existing call rotations may be forwarded to the SECP Committee for consideration/adjudication and should be directed to:

SECP Committee
c/o Kinda Kealy
Medical Services Branch, Saskatchewan Ministry of Health
3475 Albert Street
REGINA SK S4S 6X6
Phone: 306-787-3437 Fax: 306-787-3761
E-mail: kinda.kealy@health.gov.sk.ca

Applications

1. **Application Process**

   Physicians that are providing emergency call coverage and wish to be compensated according to the SECP Program Policies must submit an application to the SECP Committee. Physicians who are currently approved to receive funding from the SECP and are requesting a change in the level of coverage (i.e. Tier I or Tier II) must also apply to the SECP Committee.

   All applications must include:

   a) completed SECP Physician Application Form
   b) completed SECP Authority Application Form
   c) completed call log if the physician group is already taking call

   Application forms may be obtained from the Ministry of Health (see above for contact information).

   Formal applications are not required for:

   1. Tier I rotations that are on exceptional status and intend to return to 24/7 coverage following the exceptional circumstance period; or
   2. Tier I rotations that meet all of the following:
      - have voluntarily chosen to provide Tier II coverage due to physician resources;
      - have been successful in recruiting physicians and are now able to provide Tier I coverage;
      - have not exceeded 24 months at Tier II; and
      - want to return to Tier I payment.

   Please note: Even though a formal application is not required in the above two circumstances, MSB must be notified so that payments can be adjusted accordingly.

2. **Review and Implementation Process**

   Applications will be considered twice yearly with deadlines of January 31 and August 31.

   The SECP Committee will review applications following each application date. For changes to existing rotations, decisions will be implemented upon the date that the change in coverage occurred and as agreed upon by the SECP Committee. For new rotation requests, decisions will be implemented from the date that the rotation can confirm that coverage was provided and agreed upon by the SECP Committee. Committee decisions will not be implemented retroactive further than the previous two fiscal quarters.