

Operations Bulletin

Operations Bulletin No. 5

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IMPORTANT HEALTH WEBSITE LINKS HAVE CHANGED

With the implementation of the new Government website on February 1, 2015, important links have changed.

The new Government of Saskatchewan website is www.saskatchewan.ca.

Providers Section:

Information that was previously located on <http://www.health.gov.sk.ca/health-professionals> can now be accessed on the new Saskatchewan.ca site at the following link:

<http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources>

Forms:

All Medical Services Branch forms on the new Saskatchewan.ca site are available at the link below:

<http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms#medical-services-branch-forms>

This link includes the following forms:

- Direct Deposit request
- Income Statement request
- Review of Claims Assessment
- Medical Statement request
- Physician Profile request
- Practitioner Change request
- Professional Corporation request
- Application/renewal form for a Licence to Operate a Medical Laboratory
- Physician Compensation Quality Improvement Program (PCQIP)
- New Clinic application

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STATUTORY HOLIDAYS TO APRIL 2016*

<u>HOLIDAY</u>	<u>ACTUAL DATE</u>	<u>OBSERVED ON</u>	<u>SUBMISSION DATE IMPACT</u>	<u>PAYMENT DATE IMPACT</u>
Thanksgiving	Monday October 12, 2015	Monday October 12, 2015	No impact	No impact
Remembrance Day	Wednesday November 11, 2015	Wednesday November 11, 2015	DEADLINE: Monday November 9, 2015 9:00 am	No impact
Christmas Day	Friday December 25, 2015	Friday December 25, 2015	DEADLINE: Monday December 21, 2015 9:00 am	No impact
Boxing Day	Saturday December 26, 2015	Monday December 28, 2015	No impact	MOVED TO: Tuesday December 29, 2015
New Year's Day	Friday January 1, 2016	Friday January 1, 2016	No impact	No impact
Family Day	Monday February 15, 2016	Monday February 15, 2016	No impact	No impact
Good Friday	Friday March 25, 2016	Friday March 26, 2016	No impact	No impact

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:

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.

Returns.txt: This report is made available for pick up starting at noon on Wednesdays following the run. It contains the pay list records and any returned or rejected claims. Use this report to reconcile your accounts.

You can access the ICS website by going online to <https://ics.ehealthsask.ca/>

For more information or steps on how to retrieve the reports, please download the ICS User Guide which is available on the ICS website.

GENERAL INFORMATION AND REMINDERS

MANUAL COPIES OF THE PAYMENT SCHEDULE – NO LONGER AVAILABLE

Please be advised that after October 1, 2015, Medical Services will no longer be mailing out manual copies of the Physician Payment Schedule. The Physicians' Newsletter and Operation's Bulletin will continue to be mailed out. Copies of the Payment Schedule can be found on the website and link on page 1 of this newsletter.

Dr. PETER GORMAN – NEW MEDICAL CONSULTANT

Dr. Peter Gorman has joined Medical Services as a full-time Medical Consultant. Please direct any medical consultant inquiries to Dr. Gorman at 306-787-7430 or peter.gorman@health.gov.sk.ca.

PHYSICIAN PROFILE REQUEST FORM

Physician profiles represent a summary of services for which the Ministry of Health has made payment to a physician and a comparison to the group average for physicians in the same type of practice. To request a copy of your profile, please access the Physician Profile Request form under the forms section on the website (link on page 1). Please see Physician Payment Schedule page 35 for payment information.

INCOME STATEMENTS

Effective January 1, 2014, prepayment is required for all income statement requests at a charge of \$18.00 annually. Payment must accompany your request form. The Physician Request for Income Statement form can be found under the forms link on page 1.

VERIFICATION OF HEALTH COVERAGE

Effective January 1, 2013, Medical Services Branch no longer verifies 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

APPROPRIATE USE OF TELEPHONE/FAX/EMAIL CODES - 790A TO 795A

Ministry officials have been reviewing the use of telephone/fax/email codes (790A to 795A) to evaluate if the service delivered by the physician is supported in terms of the billings submitted.

The results of this review have revealed that a large volume of services have been billed inappropriately.

790A and 791A – some of the circumstances for which these codes are not billable:

1. Discussions between physicians and patients/family members; or,
2. Discussions between physicians and their own staff.

794A and 795A – some of the circumstances for which these codes are not billable:

1. Prescriptions initiated by the physician (ie: faxing a copy of the prescription to the pharmacy) when it has not been requested by the pharmacist;
2. As a routine practice or to authorize repeat prescriptions for which long term repeats would more properly have been authorized at the time of writing of the initial prescription;
3. Clarification of prescriptions;
4. Deciphering illegible prescriptions;
5. Requests to switch to a generic form of a drug; or
6. Requesting exceptional drug status.

Please see pages 90 to 92 in the Physician Payment Schedule for specific payment criteria related to these service codes.

It is the responsibility of the physician to ensure that the appropriate service code is submitted for the service that was provided. We appreciate your ongoing efforts and cooperation in ensuring that the service codes you submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule and *The Saskatchewan Medical Care Insurance Act*.

For all general billing inquiries please contact the Claims Unit at 306-787-3454

OUT-OF-COUNTRY (OOC) APPROVALS**Reminder:**

- The OOC prior approval process is outlined on page 9 of the Physician Payment Schedule.
- The requesting Saskatchewan specialist must investigate treatment options available in Canada prior to requesting OOC approval.
- Please include the options investigated along with your request.

PHYSICIAN AUDITS

The Saskatchewan Medical Care Insurance Act and The Saskatchewan Medical Care Insurance Beneficiary and Administration Regulations provide the legislative authority for public funding of physician services. It is essential that there is a fair and effective audit process in place to ensure accountability in the expenditure of public funds. This aligns with the government's mandate to continue to implement patient first approaches in the provision of health coverage while balancing our commitment and accountability to a publicly funded and administered healthcare system.

There are times when Medical Services may contact a practitioner about their billing practices in order to clarify the appropriate payment of medical services. When a routine audit is being performed on a claim, the claim will either be recovered using the explanatory code of "RA" or the physician will be contacted directly in writing with a list of the claims in question.

What Can a Physician Expect During an Audit?

- If a claim has been recovered "RA", a copy of the medical record or appropriate documentation to support the billing is required. This must be submitted directly to the Policy, Governance and Audit Unit.
- If no supporting documentation is provided, the claim will remain unpaid.
- Routine audits are usually completed within 30 days, but may take up to 45 days depending on the complexity and nature of the audit.
- Once a decision has been made, the Policy, Governance and Audit Unit will notify the physician in writing.
- All payment adjustments completed by the Policy, Governance and Audit Unit will be done using the explanatory code "RB".
- **Please do not electronically or manually resubmit claims that have been previously deducted using the explanatory code "RA".** Claims resubmitted to MSB will be returned with the explanatory code "RC".

If you have any questions relating to the audit process, please contact Policy, Governance and Audit at MSBPaymentsandAudit@health.gov.sk.ca or 306-787-0496

PAYMENTS AND AUDIT – NAME CHANGE

Please be advised that the Payments and Audit Unit has changed its name to Policy, Governance and Audit. All contact information and responsibilities remain the same, as outlined on page 34 of the Physician Payment Schedule.

ELECTRONIC REMITTANCES

Effective August 1st, 2015 Medical Services Branch and the Ministry of Finance will offer electronic remittance. Electronic remittance allows physicians and clinics to receive an email that outlines payment information rather than a physical direct deposit advice or payment notification. Physicians and clinics will benefit from using electronic remittance, as it improves accuracy and timelines of recording revenue, as payment information is sent prior to actual funds being deposited.

To sign up for electronic remittance please download and fill in the appropriate Electronic Remittance Application form (multiple physicians or single physician) which can be found at:

<http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/ministry-of-health-forms#medical-services-branch-forms>

Inquiries related to electronic remittances can be directed to:

AccountingUnitMSB@health.gov.sk.ca

ANNUAL DIABETIC EYE EXAM COVERAGE (PROVIDED BY OPTOMETRISTS)

Beginning October 1, 2014, people living with diabetes in Saskatchewan have improved access to vision care through provincial coverage for annual eye examinations provided by optometrists. Clinical practice guidelines for the management of individuals with diabetes recommend annual eye exams to ensure optimal monitoring and care. The coverage reduces out-of-pocket costs for patients, improves access to an eye examination, and facilitates early treatment of eye issues related to diabetes.

All Saskatchewan beneficiaries with a valid Saskatchewan Health Card who have been diagnosed with diabetes type I or II are eligible for an insured annual diabetic eye exam. Individuals with pre-diabetes are not eligible. A physician's referral is not required to receive an insured diabetic eye exam; however, for non-medicated diabetic patients, the Optometrist may request a physician's letter confirming the patient's diagnosis.

“SHADOW” BILLING

What is “shadow billing”?

- Shadow billing is a term used for physicians who are not billing fee-for service (FFS), and whose submissions to MSB do not generate an actual ‘payment’.
- Shadow billing applies to all primary health site physicians and most physicians being paid through an alternate payment arrangements/contract.
- Shadow billing is a requirement of all primary health physicians and most alternate payment arrangements.

Why is “Shadow” Billing Required?

- Patient billing histories must be an accurate depiction of the services provided, as patients can request a copy of all billings submitted to the Ministry by physicians on their behalf to claim medical travel expenses on their income tax.
- Ensuring accountability and appropriateness of the services provided under a physician’s contract or salary in terms of publically funded monies.
- When billing information is not provided or accurate, it compromises the integrity of the Ministry’s data.
- Data gathered through shadow billing assists the Ministry when reviewing funding levels of current or new contracts, for annual reporting, financial reporting and for other business utilization purposes.
- Shadow billing data is used when determining eligibility for program payments such as the Family Physician Comprehensive Care Program, Chronic Disease Management QIP, GP Specialist Program, etc.
- Medical Services Branch cannot accurately assess services submitted by other physicians in relation to the services a contracted/salaried physician are providing.
- All claims are audited, adjudicated and monitored for appropriateness in the same manner regardless of mode of billing (FFS, contract, primary health).

**If you have any questions about shadow billings, you can contact
the Claims Unit at 306-787-3454.**