

Operations Bulletin

Operations Bulletin No. 11

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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:

- MAID (Medical Assistance in Dying) Services Billing Information Sheet
- Obstetric Ultrasounds Billing Information Sheet

*** NEW * BILLING BULLETIN**

Medical Services Branch has developed a new document to provide billing-specific information to physicians and their billing staff. MSB does not provide paper copies of this document and it can be accessed electronically at the link above. MSB would strongly encourage physicians and their billing staff to avail themselves of this important resource.

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

STATUTORY HOLIDAYS TO MAY 2019

HOLIDAY	ACTUAL DATE	OBSERVED ON	SUBMISSION DATE IMPACT	PAYMENT DATE IMPACT
Thanksgiving	Monday October 8, 2018	Monday October 8, 2018	None	None
Remembrance Day	Sunday November 11, 2018	Monday November 12, 2018	None	Run Ig: Payment date moved to November 13
Christmas Day	Tuesday December 25, 2018	Tuesday December 25, 2018	None	None
Boxing Day	Wednesday December 26, 2018	Wednesday December 26, 2018	None	None
New Year's Day	Tuesday January 1, 2019	Tuesday January 1, 2019	Submission date moved to January 2	Run Ik: Payment date moved to January 8
Feb	Monday February 18, 2019	Monday February 18, 2019	None	Run In: Payment date moved to February 19
Good Friday	Friday April 19, 2019	Friday April 19, 2019	None	None

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 – NEW 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.

The new contact information for Medical Laboratory Licensing is:

Medical Services Branch

Phone: 306-787-7988

Fax: 306-798-1124

Email: lablicensing@health.gov.sk.ca

Mailing address:

3475 Albert Street

REGINA SK S4S 6X6

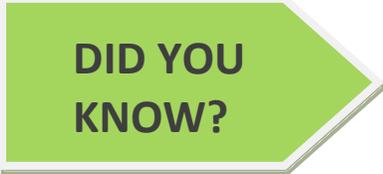
IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS

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?**

The following is available on the ICS Website:

Run Schedule

Payment Schedules

Fee Code File

Referring Doctor File

Diagnostic Code File

The ICS website is <https://ics.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
Date of Birth: August 1, 2018
Sex: Male
Comment record: Mother – Jane Doe from AB

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

INCREASED CLAIMS VOLUMES

As a result of increased claims volumes and in order to assist Medical Services Branch in processing your claims in a timely manner, we are requesting that you do not resubmit unpaid or rejected claims either electronically or using a '**Request for Review of Claim Assessment form**' if you have not received any information regarding the status of the claim for a **minimum** of 2 pay runs.

Resubmitting claims that have not yet been adjudicated creates **duplicate claims** that are added to the claims queue for manual handling which further impacts the timeliness of processing claims for payment. Thank you for your assistance.

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

COMMON ERRORS WHEN SUBMITTING REVIEW OF ASSESSMENT FORMS:

- **ERROR:** Documentation received without a completed Review of Assessment Form
SOLUTION: All requests must have a completed Review of Assessment Form in order to be handled by MSB.
- **ERROR:** Incomplete Review of Assessment forms
SOLUTION: All fields must be complete to handle your request.
- **ERROR:** Operative reports which do not include the surgical start and stop time
SOLUTION: All operative report must have surgical start and stop time attached.
- **ERROR:** Submission of a review to cite an error, but then resubmitting the claim
SOLUTION: MSB will handle the correction manually by adjustment. Please do not resubmit your claim.
- **ERROR:** Submission of supportive documentation for previously "AU" claim, but then resubmitting claim
SOLUTION: MSB does not require the resubmission of a previously "AU" claim. We will process the claim by adjustment. Please do not resubmit your claim.

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, 2018 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

Please ensure you have the following required information **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**

If you are wanting 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.

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

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.

JOINT MEDICAL PROFESSIONAL REVIEW COMMITTEE (JMPRC)

The JMPRC 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 JMPRC is responsible for reviewing the billing patterns of Saskatchewan physicians. The JMPRC 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 JMPRC's investigation, the Committee has the authority to order a recovery of monies if they determine that the Minister has paid monies inappropriately.

The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings in the last two fiscal years:



2016-17: \$2,346,489 (8 physicians)

2017-18: \$1,106,564 (7 physicians)

**Please ensure that you have read the descriptor
for each service code and bill accordingly.**

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, your Direct Payment Agreement with MSB and *The Saskatchewan Medical Care Insurance Act*.

If you'd like to request a copy of your billing information in the form of a Physician Profile:

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 for payment information.

THERE IS CURRENTLY A CPSS-APPOINTED VACANCY ON THE COMMITTEE.

If you are interested in learning more about the JMPC or about this opportunity, 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 (PSM) 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).

The goals of modernization are as follows:

- Ensure fee code descriptors align with current standards of care, advancements in technology and supports modern service delivery.
- Add clarity to fee code descriptors to reduce variations in billing practices, and supports fair and effective auditing processes.
- Ensure fee amounts accurately reflect the service provided, and are equitable within and between different sections.

The **scope** of modernization is constrained by the limitations of the Ministry's current claims system, so any improvements that require substantial information technology investment will fall outside the project for the time being. All **proposed changes** through modernization are vetted through the Payment Schedule Review Committee (PSRC), a joint Ministry-SMA committee, with final approval by the Minister of Health.

Modernization is **revenue neutral**, with any potential savings to be reinvested into the Payment Schedule.

The Modernization Working Group (MWG) is a joint group structured to support a collaborative approach that includes members of the Ministry and SMA, including representation from SMA Committees such as Tariff and Economics. The MWG prioritizes meeting directly with physician sections to share perspectives and advance PSM items.

Current status:

The following sections had fee codes modernized in the October 1, 2018 Payment Schedule release:

- Internal Medicine
- Psychiatry
- Plastic Surgery
- General Surgery
- General Services

Work is ongoing through the PSM working group with the Orthopedics, Family Practice, Pediatrics, Obstetrics/Gynecology, Plastic Surgery, and Psychiatry Sections to review both existing and potential new fee codes within their respective sections.

To date, eight Physician Sections have expressed interest in proceeding with PSM initiatives. The SMA and the Ministry are working to prioritize these initiatives and agree on items for potential implementation in the **April 1, 2019** Payment Schedule release.

ROUTINE AUDIT AND RECOVERY OF CLAIMS:

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.

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.

MSB has the legislative authority to review any accounts paid directly to a physician by MSB to ensure compliance with a physician's direct payment agreement with MSB, *The Saskatchewan Medical Care Insurance Act*, and the Physician Payment Schedule.

After payment, MSB may undertake further investigation of a physician's claims to identify any inappropriate payments to:

- ✓ minimize loss and ensure government accountability to a publically funded system;
- ✓ provide education and ensure physician compliance with Ministry policy and regulations;
- ✓ deter and prevent any future inappropriate or noncompliant billings; and
- ✓ recover any inappropriately paid services.

Recovered Claims:

- If a claim has been recovered under a "**Routine Audit and Recovery**" explanatory code (all "R" section explanatory codes in the Physician Payment Schedule), a copy of a pertinent medical record or other appropriate documentation to support the billing is required.

Submit Audit Inquiries to:

- Policy, Governance and Audit (PGA) on a "**Routine Audit – Request for Information and Response form**" which can be found on the website at:
<https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx>
- Once a decision has been made, PGA will notify the physician in writing via the "**Routine Audit – Request for Information and Response form**" or by letter.