

# Operations Bulletin

Operations Bulletin No. 24

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## IMPORTANT HEALTH WEBSITE INFORMATION

All Medical Services Branch Payment Schedules, Newsletters, Operations Bulletins, Billing Bulletins, billing information sheets and forms are available at:

<https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx>

## THE PAYMENT SCHEDULE, BILLING BULLETIN, OPERATIONS BULLETIN, AND PHYSICIANS' NEWSLETTER

Medical Services Branch no longer provides paper copies of the Physician Payment Schedule, Billing Bulletin, Operations Bulletin or Physician Newsletter. These documents are available on Customer Portal or at the above link. Please be advised, updates to these documents are issued yearly on April 1 and October 1.

## FORMS

- Electronic Remittance – Multiple Physicians
- Electronic Remittance – Single Physician
- Direct Deposit Payment Request – Professional Corporation
- Direct Deposit Payment Request- Non-Professional Corporation
- New Clinic Request Application
- Prior Approval for Abdominal Panniculectomy
- Out of Province Claim for Physician Services
- Physician Profile Request Form
- Physician Request for Income Statement
- Practitioner Registry Change Request
- Request for Review of Claim Assessment
- Routine Audit – Request for Information and Response Form
- SAID – Information for Medical Professionals
- Health Provider Questionnaire

## SASKATCHEWAN FORMULARY

### DID YOU KNOW?

The Formulary and the regular drug listing update Bulletins can be found at the following links:

Saskatchewan Formulary website: <http://formulary.drugplan.ehealthsask.ca/SearchFormulary>

Bulletins: <http://formulary.drugplan.ehealthsask.ca/BulletinsInfo>

**RUN SCHEDULE - STATUTORY HOLIDAYS TO OCTOBER 2025**

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Good Friday	Friday April 18, 2025	Friday April 18, 2025	None	Run rs: Payment date Moved to Tues, Apr 22
Victoria Day	Monday May 19, 2025	Monday May 19, 2025	None	Run ru: Payment date Moved to Tues, May 20
Canada Day	Tuesday July 1, 2025	Tuesday July 1, 2025	None	None
Civic Holiday (Saskatchewan Day)	Monday August 4, 2025	Monday August 4, 2025	Moved to Tues, Aug 5	Run sa: Payment date Moved to Tues, Aug 12
Labour Day	Monday September 1, 2025	Monday September 1, 2025	Moved to Tues, Sept 2	Run sc: Payment date Moved to Tues, Sept 9
Thanksgiving	Monday October 13, 2025	Monday October 13, 2025	Moved to Tues, Oct 14	Run sf: Payment date Moved to Tues, Oct 21

Please note that any changes to the run schedule will be communicated via the Customer Portal and pay lists. Please check the Customer Portal each run for important messages regarding payment or run information. Statutory holidays for the purpose of billing can be found in the Billing Bulletin.

**VIRTUAL CARE**

As a reminder, virtual care visits are insured to a maximum of 3,000 services per physician, per calendar year. To verify the number of virtual services you have billed to date, please refer to the remaining billable units within your EMR.

## CUSTOMER PORTAL

Our new Claims Processing System has now been live for over one-year. Medical Services Branch (MSB) would like to thank everyone for their continued patience and support. Our team continues to focus on improving our processes, enhancing our system's functionality, and striving to provide the best possible service to all of our users.

For support with the Customer Portal:

- ✓ Please refer to the Customer Portal training webpage available on eHealth: <https://www.ehealthsask.ca/services/CustomerPortal/Pages/Training.aspx>
- ✓ For updates on known changes or common issues, please refer to the Customer Portal Message board.
- ✓ To log a ticket or speak to a representative, please contact our Business Support Desk.

### CONTACT US

**Business Support Desk at 1-800-605-2965**

**Monday to Friday, 8:00 a.m. to 5:00 p.m.**

**Please be advised that we are closed on evenings, weekends and on Government of Saskatchewan observed statutory holidays.**

**To help us serve you better please ensure you have the following details:**

- ✓ Physician or Practitioner Name (First and Last Name)
- ✓ Billing Information: Billing ID (physician number), Group Number and Clinic Number
- ✓ Description of the Issue
- ✓ Specific Claim Details (i.e. CPS Claim Number)
- ✓ Contact Information

## CLAIMS BACKLOG

Considerable progress has been made to address the pending claims backlog following the launch of our new system. To support MSB with the reduction of unnecessarily pending claims, please utilize the following tips when reconciling your claim submission:

- ✓ **Customer Portal Validation:** Confirm if your submission was “Accepted” or “Rejected.”
- ✓ **Bi-Weekly Reconciliation:** Regularly review and reconcile your Bi-weekly Return File to determine the status of all claims (paid, pending, and rejected).
- ✓ **Review your Claim Submission History:** Utilize Query Claim in Customer Portal to review your claim submission history for a specific patient. To complete a search, enter the patient’s HSN, Province, your Billing ID, and Group Number to display your claim history (paid, pending, or rejected).
- ✓ **Duplicate Claims:** Duplicates will be rejected with explanatory codes ZN or BA. Please utilize the Claim Submission History search noted above to reconcile your billing submissions.
- ✓ **Claim Resubmissions:** Claim Resubmission should only occur when the claim specific data (i.e., demographics) require correction or updating. Please utilize the Claim Submission History search noted above to reconcile your billing submissions.

## SERVICES BILLABLE BY ENTITLEMENT OR BY APPROVAL

Depending on specialty or training, select service codes within the Physician Payment Schedule require entitlement or approval in advance, and are identified with the following symbols:

@ - Written approval is required from the Saskatchewan Medical Association (SMA).

# - Physicians must be qualified/approved by the College of Physicians and Surgeons of Saskatchewan (CPSS).

\*\* - Physicians approved by the Saskatchewan Health Authority (SHA).

**The entitlement process is described in the Physician Payment Schedule on pg. 16. Please note: Entitlement effective dates cannot pre-date the original request from the physician. If an effective date exceeds 6-months, any services provided beyond 6-months will not be eligible for reimbursement from the Ministry.**

It is the physician’s responsibility to ensure entitlements are communicated to, approved by, and updated through the appropriate contacts (SMA, CPSS, SHA or MSB) before a service is performed to be eligible for compensation.

## 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 Physician Registry and Support Services (PRSS) Unit (formerly known as Casework):

- ✓ **New Clinic Address**
- ✓ **Start Date with new clinic**
- ✓ **End date at previous clinic**
- ✓ **Physician's Billing Number**
- ✓ **Clinic Number**
- ✓ **Group Number**
- ✓ **E-mail Address**
- ✓ **If you are paid fee for service or salary**

Please contact the Physician Registry and Support Services Unit at 306-798-0013 or [prss@health.gov.sk.ca](mailto:prss@health.gov.sk.ca) if you have questions.

If you would like to change your correspondence address, please provide a letter 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 PRSS Unit. This correspondence contains new physicians and physicians that are changing clinics. The PRSS Unit is not able to provide new physicians with a billing number until this correspondence is received.**

## HAVE YOU MOVED CLINICS OR CHANGED YOUR EMR RECENTLY?

If you are moving clinics or changing your EMR, there may be an impact to your billing. It is common for significant business changes to cause duplicate or orphaned claims. **Prior** to making any changes, please make note of the outstanding claims in your vendor system to ensure you are able to accurately reconcile your billings once the change is processed. Please work with your vendor to address any reconciliation issues prior to and/or following a change.

## VERIFICATION OF HEALTH COVERAGE AND DEMOGRAPHICS

To verify patient demographics and health coverage, all practitioners (located and licensed to practice in Saskatchewan) must refer to the online Person Health Registration System Viewer (PHRS Viewer).

To request access to 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](mailto:servicedesk@ehealthsask.ca).

### For rejected claims with explanatory code AA, AR, AH, ZA:

- ✓ Verify the patient's coverage and demographics in PHRS Viewer.
- ✓ Correct and/or resubmit your claim if the patient's coverage has been updated.
- ✓ For patients with invalid coverage residing in Saskatchewan, advise the patient to contact eHealth Registries at 306-787-3251 or 1-800-667-7551.

## THIRD PARTY MEDICAL BILLING

The Ministry of Health does not process claims for third parties such as the Department of Veterans Affairs or Workers' Compensation Board. These claims must be sent directly to the third party for processing. Please review points 1-3 of the Physician Payment Schedule section 'Services Not Insured by the Ministry' for additional detail and contact information.

### DID YOU KNOW?

**Members of the Canadian Armed Forces and inmates of Federal Penitentiaries have coverage under federal programs, but spouses or dependents must register for coverage in their province of residence.**

## OUT OF PROVINCE REFERRING DOCTOR NUMBERS

When a referring doctor is located outside of Saskatchewan, please use the applicable referring doctor number below and add a comment including the doctor's name and province.

Alberta	9908
British Columbia	9909
Manitoba	9907
Ontario	9906
Quebec	9905
Other Provinces	9900

## REMINDER: MEDICAL CLAIMS FOR QUEBEC PATIENTS

As Quebec does not participate in the Reciprocal Billing Agreement, claims are **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

## PRIVACY IS OUR HIGHEST PRIORITY

Our clients' personal and confidential information is of the utmost importance and needs to be protected at all times. This is one reason for the tight controls in place for Group Numbers and Customer Portal access.

Group Users can only submit and retrieve billing information using the unique Group Number they are assigned to in Customer Portal. A Customer Portal user can be responsible for a single group or multiple groups. Each group is assigned a unique Group Number and access is restricted to the groups to which you are assigned.

Typically, assignment of a Group Number can include situations such as:

- a single practitioner for use in one or many clinics they are part of;
- a clinic for use of one practitioner, small groups of practitioners, or all practitioners together.

Your Physician Billing Number, Clinic Number, and Group Number are a unique combination for every location you practice. It is important that you know what they are, how they are used and why they are in place:

- **Physician Billing Number:** Unique number assigned to a Physician for the purpose of billing, identification, and payment.
- **Clinic Number:** Unique number assigned to a Physician's practice location, whether practice is solo or with other practitioners.
- **Group Number:** Unique identifier assigned to Physician(s), clinic or Service Bureau for the collective purpose of transmitting billing securely.

If you move clinics and are not certain what your Group Number should be, do **not** use your prior clinic's Group Number to submit as this may result in a breach of privacy. Please contact our Business Support Desk for assistance at **1-800-605-2965**.

## 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 (PSRC), a joint Ministry-SMA committee, with final approval by the Minister of Health.

The following sections have had service codes modernized in the Payment Schedule since 2018:

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

As part of the PSM process, the Ministry and the SMA meet directly with physician sections to share perspectives and advance PSM items. The Ministry and the SMA have agreed to prioritize work for 2025 in relation to the new claims payment system, strengthen the joint Working Group, and review previous modernized codes to ensure cost neutrality.

Additionally, work is underway in 2025 to modernize the Section of Internal Medicine with phase one targeting zero and low utilized service codes. A data sharing schedule has been drafted to enable MSB to share billing data with the PSM working group to inform areas to target for phase two.

In February 2020, funding was approved for the remuneration of physicians participating in PSM work, including additional compensation for the section working group chair.

If you would like further information on PSM and/or would like to become involved, please contact the SMA.

**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  
change@ehealthsask.ca  
1-800-667-7551 or 306-787-3251  
Fax: (306)787-8951

**CHANGES TO SURGICAL BOOKING PROCESS**

Starting April 1, 2024, surgeons will be required to provide the following new data when submitting a surgical booking form: a six-character diagnosis code and the associated diagnosis description, which you will find on the Saskatchewan Diagnosis Code List 2024-25. Diagnosis codes link every patient's diagnosis and clinical condition to a priority level and a maximum wait time target. This will provide us with an understanding of how long patients wait in relation to clinically-established benchmarks. An updated OR booking form and the Diagnosis Code List 2024-25 are available at [www.saskatchewan.ca/surgical-booking-resources](http://www.saskatchewan.ca/surgical-booking-resources)

## THE TRANSITIONAL PAYMENT MODEL

The Transitional Payment Model (TPM) is a new payment model for eligible fee-for-service (FFS) family physicians that combines the existing FFS structure with a new capitation payment (based on patient contacts and panel size).

The new payment model is intended to recognize the importance of and support the delivery of longitudinal community-based family medicine. The funding available through TPM enables family physicians to spend more time addressing complex patient issues, while placing an increased focus on preventive care and chronic disease management.

As of April 1, 2024, TPM is now available to fee-for-service family physicians interested in joining the new payment model. There is no deadline to apply however to qualify for payment for any given quarter you must register within 60 days from the start of each quarter (i.e., May 30 for Q1 or August 30 for Q2). Once approved for TPM, subsequent quarter payments will continue in accordance with the model.

Information regarding the new payment model including a **[link to register](#)** can be found at: [Transitional Payment Model \(TPM\) Information | Health Care Administration and Provider Resources | Government of Saskatchewan](#).

Questions and feedback may be directed to: [tpm@health.gov.sk.ca](mailto:tpm@health.gov.sk.ca)

## WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL

The 55B and the 855B billing codes enable the health system to measure and report how long patients are waiting to see a specialist.

**Please use the 55B CODE**  
**(instead of 5B if the patient was referred to a specialist); or**  
  
**use 855B CODE**  
**(instead of 805B if the virtual visit resulted in a referral to a specialist).**

**LINK – Saskatchewan’s Provincial Telephone Consultation Service now available by calling the SFCC**

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care.

**Specialties providing the LINK service:**

**Child Psychiatry**  
**HIV and HCV**  
**Nephrology**  
**Obstetrics and Gynecology**  
**Palliative Care (available 24/7)**  
**Physical Medicine and Rehabilitation (Physiatry)**  
**Urology**

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

**Call the SFCC at 1-866-766-6050 Ext 7**

For more information about LINK and other useful tools created to improve the referral/consultation process please visit,

[www.ehealthsask.ca/services/Referral-and-Consult-Tools](http://www.ehealthsask.ca/services/Referral-and-Consult-Tools)

or scan the QR code above.

**RURAL AND NORTHERN PRACTICE PREMIUM – RETRO-ACTIVE PAYMENTS**

- Rural and Northern Premium retro-active payment calculations were processed and deposited into physicians’ accounts on March 24, 2025.
- The retro-active payment was provided to physicians who billed services in eligible locations for the period of April 1, 2024, to August 15, 2024.
- The retro-active payment appears in the bi-weekly return file as “989Y Misc”.
- The following claims were included in the retro-active payment calculations:
  - The date of service falls between April 1, 2024, and August 15, 2024; AND,
  - The claim does not include a Rural and Northern Premium payment; AND,
  - The claim was received by CPS before August 16, 2024 (date RNP became available in CPS).

**For additional detail on this program and payment eligibility please refer to the Rural and Northern Premium Billing Information Sheet from August 2024.**

## THE REFERRAL/CONSULT APPOINTMENT GUIDE FOR PATIENTS

The guide provides patients with important questions to ask their referring doctor and specialist. Promotional materials were mailed out to physician offices in February 2024. We ask for your cooperation in using the guide and promoting it throughout your office/clinic. Posters, initial copies of the guide, and digital promotions details were included in the initial mail-out package(s) to clinics. Additionally, they will be available for download on the physician's eHealth webpage.

**More information and downloads are available at**

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

PHYSICIAN SITE



Questions and feedback may be directed to: [SKconsultationtools@health.gov.sk.ca](mailto:SKconsultationtools@health.gov.sk.ca).

Thank you for your cooperation in launching the ***Saskatchewan Referral/Consult Appointment Guide for Patients***.

## REFERRAL MANAGEMENT SERVICES

Referral Management Services (RMS) supports a pooled referral process and acts as the central intake for participating specialists. Currently, RMS supports 11 specialty groups/services.

Information regarding pooled referrals can be found at:

[Referral and Consult Tools Pooled Referrals \(ehealthsask.ca\)](https://www.ehealthsask.ca/services/Referral-and-Consult-Tools/Pages/PooledReferrals.aspx)

Questions and feedback may be directed to: [SKconsultationtools@health.gov.sk.ca](mailto:SKconsultationtools@health.gov.sk.ca).

## **PEDIATRIC OUT OF PROVINCE TRAVEL ASSISTANCE PROGRAM**

The Government of Saskatchewan implemented a new program that provides financial assistance to families who require out of province medical care for their child. Retroactive to April 1, 2024, families may be eligible to receive a reimbursement of travel expenses up to \$2000 per trip. Additional information on the Pediatric Out Of Province Travel Assistance Program (PTAP) can be found at: [www.saskatchewan.ca/peds-travel](http://www.saskatchewan.ca/peds-travel)

The application for physicians to complete is located on the physician resources website (scroll to bottom of page under Physician Forms): [Establishing and Operating a Practice Physicians](#)

Eligibility criteria:

- Patients 16 years of age and younger.
- Approved standard of care across Canada and Out of Country.
- Care not yet available in Saskatchewan or in a service disruption.
- May include a single trip or a series of trips related to the care pathway.

All applications must be completed by a Saskatchewan physician and recommended for coverage by the Provincial Department Head of Pediatrics. For patients not followed by a pediatrician or specialist the form can be submitted but will be completed for submission to the program by one of the pediatric area Department leads.

If you have questions or require further information on the program you can reach out by email to: [TravelAssistanceProgram@health.gov.sk.ca](mailto:TravelAssistanceProgram@health.gov.sk.ca)