

Operations Bulletin

Operations Bulletin No. 18

Published by Medical Services Branch at 306-787-3454

April 1, 2022

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 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

BILLING RESOURCES

There are important billing resources, including billing information sheets, available on our website. These documents are provided to all new physicians upon registering with Medical Services Branch (MSB). They are also available for download or viewing at the above link.

SASKATCHEWAN FORMULARY

DID YOU KNOW? The 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>

STATUTORY HOLIDAYS TO OCTOBER 2022

| Holiday | Actual Date | Observed On | Submission Date Impact | Payment Date Impact |
|----------------------------------|-----------------------------|-----------------------------|------------------------|--|
| Good Friday | Friday April 15, 2022 | Friday April 15, 2022 | None | None |
| Victoria Day | Monday May 23, 2022 | Monday May 23, 2022 | None | Run ou: Payment date moved to Tues, May 24 |
| Canada Day | Friday July 1, 2022 | Friday July 1, 2022 | None | Run ox: Payment date moved to Tues, July 5 |
| Civic Holiday (Saskatchewan Day) | Monday August 1, 2022 | Monday August 1, 2022 | None | Run oz: Payment date moved to Tues, Aug 2 |
| Labour Day | Monday September 5, 2022 | Monday September 5, 2022 | None | None |
| Thanksgiving | Monday October 10, 2022 | Monday October 10, 2022 | None | Run pe: Payment date moved to Tues, Oct 11 |

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 CLAIMS REPLACEMENT PROJECT UPDATE



Medical Service Branch (MSB) is pleased to report the **Medical Claims Replacement Project** is in full swing! Work is progressing rapidly on the new Claims Processing System (CPS) and Customer Portal.

Physicians and billing staff will enjoy the many benefits of the online claims submission feature of the **Customer Portal**. The new Customer Portal will replace the current Internet Claims Submission Site (ICS).

The Customer Portal will be multi-purpose:

- You will be able to log an inquiry on the Customer Portal for MSB staff to receive;
- You will be able to download forms from the customer portal;
- The Customer Portal will receive batch claims through your software vendor or service bureau;
- Small clinics/solo practitioners will have the ability to logon and submit claims on the Customer Portal as an alternative to paper claims.

Future State Customer Portal Process

The Customer Portal will allow you to submit claims online on a daily basis either directly through the portal or via the existing batch process through your software vendor or Service Bureau. The payment date for claims processing will remain bi-weekly. However if you choose to submit claims on a daily basis they will be processed overnight and you will be advised the following day of any errors in your submission. If there was an error on a claim, this convenient feature provides you the opportunity to correct the error(s) and resubmit prior to the actual bi-weekly run date. You will require an individual e-mail account (not a clinic account) to log into the Customer Portal.

On the Horizon

The new Customer Portal is scheduled to be launched in the fall of 2022. A training toolkit will be provided to ensure you feel comfortable and confident with the new solution. This will include, webinars, videos and reference materials to support you and your billing staff along your learning journey. Various training dates and times will be offered to accommodate work schedules.

We will provide further updates as the project progresses.

Feel free to reach out to MSBClaimsInitiative@health.gov.sk.ca if you have any questions.

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**

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

If you would like 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 PRSS Unit of the Medical Services Branch. 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 they receive this correspondence.

815A – 839A - SURCHARGES AND SPECIAL CALLS

Surcharges/special calls or “callbacks/call outs”, as they are sometimes referred to, are an additional service code that is payable to physicians who are specially called to see a patient. The intent of the surcharge codes (815A-839A) is to compensate physicians for *unforeseen* medical urgencies that may arise, and when the physician attends to the patient on a priority basis, the visit causes a degree of disruption of work or of out-of-hours activity and travel.

Family practice physicians with extended hours and walk-in clinics during regularly scheduled operating hours (whether 5 p.m. or later) utilizing surcharges to manage patient volumes and physician availability is not an appropriate use of surcharges. ***Surcharge codes are not an acceptable management tool in this instance.***

For surcharges to process properly, the order of the claim line(s) is very important. Relevant service(s) are keyed first, with the surcharge after or at the end of the claim. If this is not done, the system may not be able to recognize the eligible service and will reject/return the claim.

Helpful guides are:

- Never bill a surcharge alone
- Never bill a surcharge on the first line of a claim with services following it
- Never bill a surcharge on a separate claim from eligible services on the same day
- Surcharges are based on the number of patients seen, during a specific time of day, and on a specific day of the week. Matching a claim to this criteria will reveal which surcharge is applicable.

VERIFICATION OF HEALTH COVERAGE

We are aware that some EMRs have an eHealth viewer which some offices are using to determine a patient’s eligibility with SK Health, causing some confusion at the time of claim. 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.

For claims rejected with explanatory code AR, please check your PHRS Viewer. If the patient’s coverage has been updated, please resubmit claim. If the patient does not have coverage and is still living in Saskatchewan, please advise the patient to contact eHealth Registries at 306-787-3251 or 1-800-667-7551.

THIRD PARTY MEDICAL BILLING

Did you know that the Ministry of Health does not process claims for entities such as Department of Veterans Affairs or Worker's Compensation Board? If you wish to process medical claims for patients covered under their programs, claims must be sent to them directly. Please see 'Services Not Insured by the Ministry of Health' section, points 1 - 3 for more information on how claims for these situations can be addressed or who can be contacted for further 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 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's referring doctor number to the appropriate province below.

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

PREPARATION IS THE KEY

When a claim is returned / rejected to you, please refer to the Explanatory Code section. This is the best source of information as to what is required, as the list of codes and their related meaning is found in the most recent Payment Schedule.

Read the descriptor of each Explanatory Code carefully, as each has a separate meaning. There are codes for various purposes, such as:

- supporting documentation is required (ex. AU) before assessment of claim can proceed
- claim received with invalid information (ex. ZM) where claim must be updated and resubmit
- claim is a duplicate in our system (ex. BA) and will not need to be re-submitted at all

CLAIMS UNIT INQUIRY LINE PREPAREDNESS

The following information is required to assist you. Please ensure you have this information available **PRIOR** to contacting the Claims Unit.

- ✓ Patient HSN
- ✓ Physician's Billing Number
- ✓ Run codes
- ✓ Explanatory code, if applicable

DID YOU KNOW?

Different areas handle different Explanatory Codes?

Listed below are the specific codes handled by each area of responsibility:

Claims Processing Support – 306-787-3470 or 306-787-0182

AA – AR, CM, CN, CZ, YA – YS, ZA – ZS except ZG & ZR

Policy, Governance and Audit – 306-787-0496

RA – RM, RT, RV

Physician Claim Inquiries – 306-787-3454

handles everything else

PRIVACY IS OUR HIGHEST PRIORITY

Our client's (Physician and Beneficiary alike) 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 around both the Group Number and Certificate.

Group numbers allow a user to:

- collect billing information from the practitioner(s) assigned to it together, and
- submit that information to our secure File Transfer site, commonly known as the "ICS site".

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
- a Service Bureau for the purpose of billing many physicians, each belonging to different clinics

Your Physician Billing Number, Clinic Number, and Group Number are a unique combination for every location you practice and are the key to your unique access to the submission portal. 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 of what your Group Number should be, do not just use your prior clinic's Group number to submit. This is a breach of Privacy.

If you are unsure of what your Clinic or Group Number should be and the new Clinic's billing staff cannot help you, contact the Physician Registry and Support Services area for assistance at 306-798-0013.

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.

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 electronically.
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 electronically
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 electronically.

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

HEALTH REGISTRATION

Please be advised that effective August 23rd, 2021, Health Registries will allow Saskatchewan residents who do not identify as either male or female to provide their gender information in addition to biological sex within the Person Health Registration System (PHRS). This information will be displayed on the health card, however, the sex designation information currently captured in PHRS or displayed in the PHRS Viewers will remain M or F. This will not impact any current electronic data feeds/batch jobs.

There will be three types of health card options available to Saskatchewan residents as outlined below:

- 1) Health Card with Sex Designation displayed – sex designations displayed will be M or F
- 2) Health Card Without Sex Designation displayed – sex designation will be blank (sex designation of M or F will still be maintained on the PHRS Viewers, data feeds, and batch jobs)
- 3) Health Card with Gender X displayed – gender will be displayed as X in sex designation field on the physical card (sex designation of M or F will still be maintained on the PHRS Viewers, data feed, and batch jobs)

Please note that when completing laboratory requisitions, it is important that physicians identify the biological sex of the patient in order to ensure the laboratory reference ranges provided with the test results are appropriate for providing patient care.

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 2018-2021 Payment Schedule releases:

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

In the April 1, 2022 Payment Schedule release:

Psychiatry

As part of the PSM process, the Ministry and the SMA meet directly with physician sections to share perspectives and advance PSM items. Unfortunately, this work had to be significantly curtailed due to the COVID-19 pandemic. As much as possible, work will resume for the next PSM cycle with the potential implementation of items in the October 1, 2022 Payment Schedule release.

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.

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:

Adult Psychiatry
 Child Psychiatry
 HIV and HCV
 Nephrology
 Obstetrics and Gynecology
 Palliative Care (*available 24/7*)
 Physical Medicine and Rehabilitation (Physiatry) *New
 Reproductive Endocrinology and Infertility
 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

or scan the QR code above.

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).

For more information, please contact the Medical Services Branch at:

Ron Epp
 Director, Strategic Priorities
 306-787-7261

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

UPDATED RESOURCES: HEALTH COVERAGE OUTSIDE OF SASKATCHEWAN

The following eHealth webpage has been updated to include resources for both physicians and patients, containing concise and printable Information Sheets. It is important to review this prior to a referral for care outside of Saskatchewan.

<https://www.ehealthsask.ca/services/resources/Pages/Health-Coverage.aspx>

Please be advised this same information can be found on pages 9 and 10 of the current Physician Payment Schedule, including specific details of where a prior approval request must be submitted.

Director, Insured Services
Medical Services Branch, Ministry of Health
3475 Albert Street, Regina, SK S4S 6X6
Phone: 306-798-0013 / Fax: 306-798-1124
Email: prss@health.gov.sk.ca

VIRTUAL CARE – UPDATE EFFECTIVE JULY 19, 2021

During the pandemic, the Ministry agreed to waive the 3,000-service limit to allow physicians the opportunity to provide more services virtually, particularly when residents were being encouraged to stay home whenever possible. Effective July 19, 2021, the Ministry enabled the 3,000 per year service limit on a prorated basis. This means irrespective of the number of virtual care services that a physician has billed prior to July 19, 2021, a physician can bill up to 1,375 virtual services provided from July 19, 2021 to December 31, 2021. The service limit of 875A (Limited virtual care visit) is also being prorated. Inclusive of the 1,375 maximum, a maximum of 687 services are payable via 875A from July 19, 2021 to December 31, 2021. At the turn of the calendar year, the 3,000 service limit will reset.

The Medical Services Branch will also be issuing a letter to physicians when they reach 80% of the Virtual Care Pilot service billing limit. However, physicians are encouraged to check how many virtual services they have billed from their EMR and from that calculate the number of remaining billable units. Physicians are also encouraged to submit their billings in a timely manner (the six-month limit to submit billings applies).