

Operations Bulletin

Operations Bulletin No. 15

Published by Medical Services Branch at 306-787-3454

October 1, 2020

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
- Health Provider Questionnaire
- Practitioner Registry Change Request
- Request for Income Statement
- Prior Approval for Abdominal Panniculectomy
- Request for Practitioner Profile
- Request for Review of Claims Assessment
- Routine Audit – Request for Information and Response Form
- SAID – Information for Medical Professionals
- Out of Province Claim for Physician Services

BILLING RESOURCES

There are billing resources (Billing Information Sheets) available on the website and listed below. All of the billing resources are available for download or viewing at the above link.

Billing Information Sheets:

- Special Care Home Management 627A-629A
- Hyperbaric Oxygen Therapy 935A-937A
- 2020 MSB Claims Processing Calendar
- Consultations
- Hospital Care
- Hospital Care – Psychiatrists
- Minor Procedures
- Shadow Billing
- Surcharges
- Telemedicine Codes 732A-734A
- Time of Day Premium Chart
- Documentation Requirements for the Purposes of Billing
- Joint Medical Professional Review Committee
- Medical Assistance in Dying (MAID)
- Obstetric Ultrasounds
- Online Billing Course
- Payment Integrity
- Physician Billing Obligations
- Requesting Changes to the Payment Schedule
- Routine Audit – Information Sheet

STATUTORY HOLIDAYS TO JULY 2021

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Thanksgiving	Monday October 12, 2020	Monday October 12, 2020	None	Run ne: Payment date moved to Tues, Oct 13
Remembrance Day	Wednesday November 11, 2020	Wednesday November 11, 2020	None	None
Christmas Day	Friday December 25, 2020	Friday December 25, 2020	None	None
Boxing Day	Saturday December 26, 2020	Monday December 28, 2020	None	None
New Years	Friday January 1, 2021	Friday January 1, 2021	None	Run nk: Payment date moved to Tues, Jan 5
Family Day	Monday February 15, 2021	Monday February 15, 2020	None	Run nn: Payment date moved to Tues, Feb 16
Good Friday	Friday April 02, 2021	Friday April 2, 2021	None	Run nr: Payment date moved to Tues, Apr 13
Victoria Day	Monday May 24, 2021	Monday May 24, 2021	None	Run nu: Payment date moved to Tues, May 25
Canada Day	Thursday July 1, 2021	Thursday July 1, 2021	None	Run nx: Payment date moved to Wed, July 7

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.

SASKATCHEWAN FORMULARY

DID YOU KNOW? The Saskatchewan 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>

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**
- ✓ **E-mail Address**

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

If you want 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 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.

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.

IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS

This is a reminder to review the validation and return/remittance file that are available on the Ministry's Internet Claims Submission (ICS) service website. Your EMR/billing application may not relay these reports automatically from ICS.

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 at 306-787-0182 or 306-787-3470 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**" (return/remittance) file from the ICS website starting at 12:00 noon on the day immediately following the run. This file contains the pay list records and any returned claims. Use this report to reconcile your accounts.

DID YOU KNOW?

You can only access the ICS website if you have a VALID ICS Security Billing Certificate.

The address is: <https://ics.ehealthsask.ca/>

You can also find the following links containing important information for you or your billing application for online claims submission.

- ✓ **Run Schedule** (current year run schedule along with payment dates)
- ✓ **Payment Schedules** (link to current and historic Payment Schedules)
- ✓ **Fee Code File** (text file containing all the current fee codes and their fees)
- ✓ **Referring Doctor File** (text file containing doctor number by name and city of practice)
- ✓ **Diagnostic Code File** (text file containing the 3 digit ICD codes used by our claims system)

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

DOB: August 1, 2018

Sex: Male

Comment record: Mother – Jane Doe from AB – HSN 123456789

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

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

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 that do not appear on your payment list must be corrected by the physician or billing clerk and be 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.

IMPORTANT REMINDER: GENDER DESIGNATION IS STILL A REQUIREMENT ON MEDICAL CLAIMS

We require a specified gender designation for claims purposes – F for female and M for male. Blank or any other characters are not valid options at this time. Please note that the gender indicated on the claim must match PHRS.

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?

Claims Processing Support handles explanatory codes:

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

Policy, Governance and Audit handles:

RA – RM
RT, RV

Physician Claim Inquiries handles everything else.

ASSESSMENT OF ACCOUNTS

If a physician does not agree with a particular assessment of an account, they may submit a Request for 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. This is the second level of appeal process. Please refer to the **Assessment of Accounts** section in the Physician Payment Schedule.

Second Level of Appeal Process

In order for your request to be handled, you must:

- ✓ **Submit an appeal letter addressed to the Medical Consultant.**
- ✓ **Provide NEW supportive documentation to substantiate your request.**

If the request lacks these criteria, your request will be denied review.

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.

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 and/or 2019 Payment Schedule releases:

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

In the April 1, 2020 Payment Schedule release:

- General Services
- Orthopedic Surgery
- Neurosurgery
- Family Practice

The Ministry and the SMA have been meeting directly with physician sections to share perspectives and begin advancing PSM items, with potential implementation of several items in the October 1, 2020 Payment Schedule release. Unfortunately, this work had to be suspended due to COVID-19 pandemic. As soon as possible, work will resume for the potential implementation of several items in the April 1, 2021 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 The “VIRTUAL” Physician Lounge

LINK (*Leveraging Immediate Non-urgent Knowledge*) is a provincial telephone consultation service that connects primary care providers to specialists to consult on acute or complex but non-urgent concerns.



Specialties providing the LINK service:

Urology *New
Adult Psychiatry
Child Psychiatry
HIV and HCV
Nephrology
Obstetrics and Gynecology
Palliative Care
Reproductive Endocrinology and Infertility

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

Call: 1-844-855-LINK (5465)

For more information on LINK and to access tools and resources to help physicians improve the referral/consultation process,

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 billing code enables the health system to measure and report how long patients are waiting to see a specialist.

Has the 5B doctor's visit resulted in a referral to a specialist? If yes, use

55B CODE

(Instead of 5B)

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