

# Operations Bulletin

Operations Bulletin No. 26

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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: <http://formulary.drugplan.ehealthsask.ca/SearchFormulary>

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

**RUN SCHEDULE - STATUTORY HOLIDAYS TO OCTOBER 2026**

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Good Friday	Friday April 3, 2026	Friday April 3, 2026	None	Moved to Tuesday April 7, 2026
Victoria Day	Monday May 18, 2026	Monday May 18, 2026	None	Moved to Tuesday May 19, 2026
Canada Day	Wednesday July 1, 2026	Wednesday July 1, 2026	None	None
Civic Holiday (Saskatchewan Day)	Monday August 3, 2026	Monday August 3, 2026	Moved to Tuesday August 4, 2026	Moved to Tuesday August 11, 2026
Labour Day	Monday September 7, 2026	Monday September 7, 2026	None	Moved to Tuesday September 8, 2026
Thanksgiving	Monday October 12, 2026	Monday October 12, 2026	Moved to Tuesday October 13, 2026	Moved to Tuesday October 20, 2026

Changes to the payment run schedule will be communicated via Customer Portal. Check the Customer Portal message board regularly for pertinent updates and information.

Please be advised, statutory holidays for the purpose of billing are located 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.

**Please note:** Physicians will be notified of the total number of Virtual Care Claims paid in the current and previous calendar years as they near the annual maximum. This notification will be included in all return files for the affected physician and will appear as follows:

Overall VC: Physician has reached 100 % ( 3000 services ) of the 2024 limit.  
 Overall VC: Physician has reached 99 % ( 2997 services ) of the 2025 limit.

## CUSTOMER PORTAL

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

**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.

**BEST PRACTICES FOR RETRACTING CLAIMS**

Physicians may retract erroneous billings through query claims in Customer Portal. Retractions are processed automatically by the system and are not manually reviewed by the Claims Analysis Unit.

To avoid missed payments, follow these tips:

- Entire claim billed in error: Retract the entire claim.
- Partial error ( e.g. date of service, service code, or service provider): Retract the original claim in full. Then, submit a new claim with the corrected information.
- Timely resubmission: Correct and resubmit rejected claims within 30 days to avoid any issue with time limit.

If the 30-day period extends beyond the 6-month submission deadline, include a comment with the resubmitted claim explaining the delay. Consideration to time-limit exceptions may be granted for claims associated with explanatory codes AU, and RA-RZ as well as WCB or PHRS related claims.

## **MASS CLAIM CORRECTIONS**

When completing a mass correction, it is strongly recommended that erroneous claims be retracted and corrected claims resubmitted within the same payment cycle.

Processing both actions in the same billing cycle helps balance the adjustments and reduces the risk of an Accounts Receivable (AR) balance, particularly when billing is not submitted regularly.

From a claims perspective, an AR balance may occur when the total value of retracted claims exceeds the amount payable to the physician in a payment cycle. This most often happens when billing is not submitted consistently each cycle.

### **Best Practices for Mass Corrections**

- Be mindful of submission time limits. Submission deadlines apply to both original and retracted claims.
- Act promptly. Make corrections as soon as an issue or error is identified.
- Start with the oldest dates of service. This reduces the risk of exceeding submission deadlines.
- Review the daily return file. Check the file the day after retraction to confirm the claims were successfully processed.
- Seek support as needed. If you need support, please contact the Business Support Desk at 1-800-605-296 to log a ticket. The Claims Analysis Unit will support your inquiry.

## 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:

- ✓ **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 1-800-605-2965 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 sends 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.**

## 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.**

## 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

## **NEW ONLINE BILLING COURSE TO SUPPORT SASKATCHEWAN PHYSICIANS AND BILLING STAFF**

The Ministry of Health, in collaboration with the Saskatchewan Medical Association and the College of Physicians and Surgeons of Saskatchewan, and with the support of the College of Medicine, has developed a **comprehensive new online billing course** for Saskatchewan physicians and their billing staff.

The course is designed to enhance accuracy, consistency, and understanding in the submission of medical claims and the application of the Physician Payment Schedule. It will provide practical, case-based instruction across several core areas, including:

- Submission and reconciliation of claims
- Appropriate application of service codes
- Documentation requirements to support billing
- Effective use of Electronic Medical Records (EMRs)
- Audit processes

**Upon finalization, the course will be fully accredited for both Mainpro+ and Royal College Maintenance of Certification (MOC) Section 3 credits.**

Administration of the course will be overseen by the College of Medicine, which will manage registration, delivery, and accreditation processes.

**The Ministry anticipates that the course will be available to physicians and billing professionals in the coming months. Additional details regarding registration and access will be shared closer to the launch date.**

This initiative reflects a shared commitment among provincial partners to support physicians in meeting billing requirements, strengthening documentation practices, and promoting accountability within Saskatchewan's publicly funded health system.

## **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 2026 in relation to new items requests, the new claims payment system, strengthen the joint Working Group, and review previous modernized codes to ensure cost neutrality.

Additionally, work is underway in 2026 to modernize the Section of Internal Medicine with phase one targeting zero and low utilized service codes. A data sharing schedule has been signed 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

## THE PROVINCIAL CENTRAL INTAKE AND eREFERRAL SOLUTION

### Estimated Completion Date: Fiscal 2026/27

The Provincial Central Intake and eReferral Solution is a new IT-enabled solution that will automate and streamline referral intake processes and support referral pooling.

Available within the eHR Viewer, this digital referral solution will:

- Allow providers to submit and track referrals electronically, replacing fax-based solutions
- Pool referrals providing patients the choice to be seen by the next available specialist able to treat their condition

### Key Benefits of the system:

- Centralize and digitize referrals
- Support direct referrals or the option to choose the first available specialist (for participating specialists)
- Standardized referral processes
- Improved wait time visibility and referral tracking
- Reduce the administrative burden by reducing referral duplication and error

### What to watch for:

- **Go-live Strategy:** Phased approach starting with provincial MRI and CT referrals
- **Support:** Training guides, walkthroughs, FAQs, and help desk support ahead of onboarding and access
- **Engagement:** Feedback is important to support successful development and implementation

**We're committed to engaging physicians and other providers early in the process and would like your input. Please reach out: [centralintake@ehealthsask.ca](mailto:centralintake@ehealthsask.ca)**

## 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.

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.

## REFERRAL MANAGEMENT SERVICES

Referral Management Services (RMS) supports a pooled referral process and acts as the central intake for participating specialists. Currently, RMS supports 13 specialty groups/services.

Information regarding pooled referrals can be found at:

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

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

## THE REFERRAL/CONSULT APPOINTMENT GUIDE FOR PATIENTS

The guide provides patients with important questions to ask their referring doctor and specialist. Promotional materials have been mailed to physician offices, and we appreciate your support in using the guide and promoting it within your office or clinic. All materials are also available for download on the physician eHealth webpage.

**More information and downloads are available at**

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

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.***

PHYSICIAN SITE



## PEDIATRIC OUT OF PROVINCE TRAVEL ASSISTANCE PROGRAM

The Government of Saskatchewan implemented a program that provides financial assistance to families who require out of province medical care for their child. 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 specialists to complete is located under related items on the above site

Eligibility criteria:

- Patients 16 years of age and younger
- Treatment is considered standard of care and is not experimental or part of a clinical trial
- The requested medical service is not available in Saskatchewan

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 subspecialist the form can be submitted but will be completed for submission to the program by one of the pediatric area department leads (contact [peds.tap@saskhealthauthority.ca](mailto:peds.tap@saskhealthauthority.ca) to find out the lead for your area).