

15% Rural & Northern Practice Premium (RNP)

Purpose

To recognize the unique nature and critical importance of rural/northern medicine, Saskatchewan physicians are able to receive a 15% Rural & Northern Practice Premium (RNP) added to eligible service codes billed for insured services delivered in rural/northern communities.

The RNP will be paid to Saskatchewan physicians in accordance with the eligibility and payment criteria outlined in the **Eligibility Criteria** and **Administration of Payments** sections below.

Eligibility Criteria

RNP will apply to most service codes billed for insured services provided in an eligible rural community. Services not eligible for RNP include codes that are not eligible for any premiums and surcharges (See 'Eligible Service Codes' below).

RNP does not apply to services provided in **Metro** or **Regional** communities. Definitions of communities are as follows:

- (i) **Metro** – Regina, Saskatoon, and recognized bedroom communities, which include Balgonie, Clavet, Dalmeny, Delisle, Emerald Park, Langham, Lumsden, Martensville, Pense, Pilot Butte, Warman, and White City.
- (ii) **Regional** – Designated regional communities, including Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, and Yorkton.
- (iii) **Rural/Northern** – All other communities not mentioned above.

For clarity, the RNP applies only to services provided in Rural/Northern communities. Like all other eligible service codes, the RNP will apply to virtual care services when both the physician and patient are physically located in an eligible Rural or Northern community (i.e., not metro or regional) at the time the service is provided.

Administration of Payments

Effective August 16, 2024, physicians will be able to claim the RNP in the Service Location field in their software when submitting their claims. Please note the actual process to claim the RNP may vary from vendor to vendor depending on how they implemented the RNP into their proprietary software. As such, physicians are advised to confirm with their vendor how to bill this premium with their claim submission.

For eligible services provided between April 1, 2024, and August 16, 2024

Has the claim already been submitted to Medical Services Branch (MSB) prior to August 16, 2024?

- If NO: Please submit your claims with RNP selected to receive the premium on eligible services.
- If YES:

Was the claim submitted from a clinic set up in an eligible Rural/Northern community noted above?

- a. If yes, **no action is required**. Your services will be calculated through a retro calculation by MSB in the near future.
- b. If no, please recover submitted claims eligible to receive the RNP through a Claims Query in Customer Portal and resubmit using the new RNP indicator. (Detailed instructions are outlined below)

When viewing the RNP in the new Bi-Weekly Return File, the amount(s) will be:

- Included in the Total Premium Amount field in the Payment List – Paid Line.
- Included in the Total Premium Amount field in the Payment List – Total Line under total line types Items Appr and FFS PYMT.

Eligible Service Codes

RNP applies to all service codes unless indicated otherwise.

Services not eligible for RNP include the following codes that are not eligible for any premiums and surcharges:

- Surcharges (615A, 700A, 701A, 721A, 815A, 816A, 817A, 818A, 819A, 836A, 837A, 838A, 839A, 915A)
- Laboratory Services (Section V codes)
- BMI Supplements (180M, 580L, 580N, 580P, 580R, 581P, 679K)
- Emergency Room Coverage Program (708A, 709A, 710A, 714A, 715A, 716A, 717A, 718A)
- Stipends (057B, 060B, 061B, 062B, 763A, 764A, 765A, 766A, 767A, 768A, 770A)
- ICU Care (400H, 401H, 402H, 403H, 404H, 410H, 411H, 412H, 413H, 414H, 420H, 421H, 422H, 423H, 424H)
- Complex Anesthesia Premiums (540H, 545H, 580H, 585H)
- Extended/After Hours office-based visit payments (891B, 899B)
- SGI codes (070A, 071A, 074A)
- Telemedicine Supplement (732A, 734A)
- Video case Conference (726A, 727A)
- 278D, 278K
- COVID-19 Immunization Hesitancy Counselling (500A) & Administration (505A)
- 600A Payment for assessment of patients attending Geriatric Assessment/Rehab Unit

How to Recover Submitted Claims

If you have submitted claims for RNP-eligible services provided between April 1, 2024 to August 16, 2024 that you want to be paid with this premium, the process is as follows:

- Recover your claims through a Claims Query in Customer Portal and resubmit using this new RNP indicator in the location field.
- Please be advised, a recovered claim will change the claim status to rejected. To allow for this status change to occur, physician must wait one day before the claim is resubmitted with the **RNP** indicator applied.
- On the next pay run, the Bi-Weekly Return File will show the claim(s) rejected and then paid with the **RNP**. This process must be completed for every previously submitted RNP-eligible claim for services provided between April 1, 2024 to August 16, 2024. Failure to follow this process will result in the **RNP** not being paid for the eligible claims.



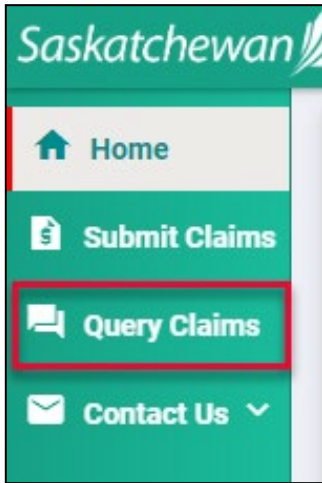
To NOT create a negative pay list, it is very important to recover your claim(s) and then resubmit your claim(s) within the same pay period.

Claims recovered in one pay period and not resubmitted will show as a negative in your bi-weekly return file.

Recovering Claims Through Query Claims in Customer Portal

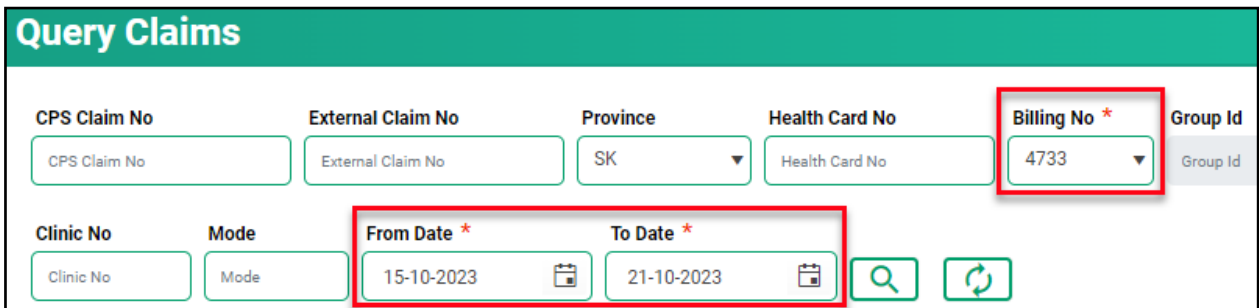
Follow the below steps to recover a claim(s):

1. Click on **Query Claims**.



2. Enter the three mandatory fields:

- **Billing No** (auto populated or selected from the drop-down list),
- **From Submission Date** (DD-MM-YYYY). and
- **To Submission Date** (DD-MM-YYYY).
- **NOTE:** Using the calendar icons ensures the date format is correct.
- **NOTE:** The date range can only be seven days.

A screenshot of the 'Query Claims' form. The form has a green header. Below the header are several input fields: 'CPS Claim No', 'External Claim No', 'Province' (with a dropdown arrow), 'Health Card No', 'Billing No *' (with a dropdown arrow), and 'Group Id'. Below these are 'Clinic No', 'Mode', 'From Date *' (with a calendar icon), and 'To Date *' (with a calendar icon). The 'Billing No *' field and the 'From Date *' and 'To Date *' fields are highlighted with red boxes. There are also search and refresh icons at the bottom right.

The **From Date** and **To Date** must be the **Submission Date** of the claim. In other words, the dates entered for the query must be the date the claim was submitted to MSB not the service date.



When querying a claim submitted **PRIOR** to the new system going live, the **Submission To** and **From Date** must be the **run date of the payment run the claim was originally submitted on**.

3. Click 

4. A list of claims matching the search criteria will be displayed.

Query Claims

CPS Claim No: External Claim No: Province: Health Card No: Billing No: Group Id: Clinic No: Mode: From Date:

To Date:

| | CPS Claim No. | Ext Claim No. | Prov | HSN | Sub SC | DOS From | DOS To | Status | Paid SC | Paid LOS | Paid NOS | Paid Eligible A... | Paid Total A... | Explan Codes |
|--------------------------|---------------|---------------|------|-----------|--------|------------|------------|----------|---------|----------|----------|--------------------|-----------------|--------------|
| <input type="checkbox"/> | 1030023043 | | SK | 370163829 | 038U | 2023-06-15 | 2023-06-15 | REJECTED | | | | 0.00 | 0.00 | AA |
| <input type="checkbox"/> | 1030023043 | | SK | 370163829 | 037U | 2023-06-15 | 2023-06-15 | REJECTED | | | | 0.00 | 0.00 | AA |
| <input type="checkbox"/> | 1030023043 | | SK | 370163829 | 036U | 2023-06-15 | 2023-06-15 | REJECTED | | | | 0.00 | 0.00 | AA |

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5. Place a check mark in the line item you wish to query.

Query Claims

CPS Claim No: External Claim No: Province: Health Card No: Billing No: Group Id: Clinic No: Mode: From Date:

To Date:

| | CPS Claim No. | Ext Claim No. | Prov | HSN | Sub SC | DOS From | DOS To | Status | Paid SC | Paid LOS | Paid NOS | Paid Eligible A... | Paid Total A... | Explan Codes |
|-------------------------------------|---------------|---------------|------|-----------|--------|------------|------------|----------|---------|----------|----------|--------------------|-----------------|--------------|
| <input checked="" type="checkbox"/> | 1030023043 | | SK | 370163829 | 038U | 2023-06-15 | 2023-06-15 | REJECTED | | | | 0.00 | 0.00 | AA |
| <input type="checkbox"/> | 1030023043 | | SK | 370163829 | 037U | 2023-06-15 | 2023-06-15 | REJECTED | | | | 0.00 | 0.00 | AA |
| <input type="checkbox"/> | 1030023043 | | SK | 370163829 | 036U | 2023-06-15 | 2023-06-15 | REJECTED | | | | 0.00 | 0.00 | AA |

1 - 10 of 86 items

6. Click **Next**.



7. Select **Claim Query**.

Submit Query and Attachments

Type: Description:

8. Select the correct **Description**.

Submit Query and Attachments [X]

Type *
Claim Query

Description *
Description

- Physician Requested Recovery - Incorrect Patient
- Physician Requested Recovery - Incorrect Physician
- Physician Requested Recovery - Incorrect Date of Service
- Physician Requested Recovery - Incorrect Service Code
- Physician Requested Recovery - Billed in error**
- Physician Requested Recovery - WCB paid claim
- Physician Requested Recovery - Others (provide comments)

9. Click **Submit**.

10. Review the submitted Query message, then click **Cancel**.

Query/Attachments Submitted [X]

Invoice item(s) 1 captured in job dataset for Re-adjudication

Description
Physician Requested Recovery - Billed in error

Cancel

11. Resubmit the exact same claim with the **RNP** indicator selected. The resubmitted claim will be processed on the next pay run.