

# Operations Bulletin

Operations Bulletin No. 17

Published by Medical Services Branch at 306-787-3454

October 1, 2021

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 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>

**STATUTORY HOLIDAYS TO April 2022**

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Thanksgiving	Monday October 11, 2021	Monday October 11, 2021	None	Run oer: Payment date moved to Tues, Oct 12
Remembrance Day	Thursday November 11, 2021	Thursday November 11, 2021	None	None
Christmas Day	Saturday December 25, 2021	Friday December 24, 2021	None	None
Boxing Day	Sunday December 26, 2021	Monday December 27, 2021	None	None
New Years	Saturday January 1, 2022	Monday January 3, 2022	None	Run ol: Payment date moved to Tues, Jan 4
Family Day	Monday February 21, 2022	Monday February 21, 2022	None	None
Good Friday	Friday April 15, 2022	Friday April 15, 2022	None	None

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.

**ANNOUNCEMENT: Medical Claims Replacement Project Has started**

Medical Services Branch is pleased to announce that work is now underway to replace our medical claims processing system!

The project involves the replacement of MSB's legacy claims system, which was originally implemented in 1964, as well as work to streamline processes. The 2021-22 budget for this initiative is \$8 million.

The new medical claims system is based off the same technology that has been successfully used by Manitoba Health for the last several years. Providers can expect an improved and more reliable system, once implemented.

Updates will be provided as the project progresses and stakeholder groups will be engaged for feedback and testing of the solution. Training will occur prior to the new application's launch. The new claims system is expected to go-live in fall 2022.

Stay tuned for more details! And reach out to [MSBClaimsInitiative@health.gov.sk.ca](mailto: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 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](mailto:caseworkunitmsb@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 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

Physicians licensed to practice in Saskatchewan must verify the validity of their patient's SK health coverage and are required to request access to the online **Person Health Registration System Viewer (PHRS Viewer)**. To learn more about the 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).

Please note that we are aware that some EMRs have an eHealth viewer that some offices are using to determine patients demographics and coverage eligibility with SK Health. **When handling claims submitted to or rejected by MSB, please use the PHRS Viewer only when looking up information.**

For claims rejected with explanatory code **AR**:

- Please check your PHRS Viewer, not the eHealth 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 Registry at 306-787-3251 or 1-800-667-7551.

### IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS

Did you know that confirmation of a submission received or rejected by the Ministry of Health is available in real time on the ICS Validation Report? **To view this report, please go to the Internet Claims Submission (ICS) website at <https://ics.ehealthsask.ca/>.**

If you cannot see your validation report, it is possible that the EMR or billing application software you are using is not relaying it automatically. If that is the case, please contact the eHealth Service Desk at (306) 337-0600 (Regina) or 1-888-316-7446 and ask them to assist you in getting onto the ICS site. We strongly recommend bookmarking the site. Please remember that you can only access the ICS website if you have a valid ICS Security Billing Certificate.

#### Sample SUCCESSFUL submission:

ICS Home eHealth Service Desk 1-888-316-7446

Group  - Claims Received for Run Code ge

Submission Date: Wednesday, Oct 09 2013, 4:02:09 PM

Clinic	Doctor	Claims	Records	Services	89 Recs	Comments	Fee Sub
		17	49	26	0	21	\$3,030.80
		1	3	1	0	0	\$125.00
		38	49	46	1	0	\$4,926.90
		24	26	24	0	0	\$3,398.40
		85	111	109	0	0	\$6,273.47
		112	118	114	1	1	\$11,009.50
		53	136	132	2	0	\$10,178.80
		1	4	1	0	1	\$0.01
		43	61	59	0	0	\$2,004.10
		47	91	89	0	0	\$6,900.00
		10	12	10	0	0	\$1,100.00
		117	124	119	3	0	\$3,674.60
		132	152	146	4	0	\$3,937.40
		4	6	4	0	0	\$491.70
		1	4	1	1	0	\$49.50
<b>Totals:</b>		<b>685</b>	<b>946</b>	<b>881</b>	<b>12</b>	<b>23</b>	<b>\$57,100.18</b>

Total Physicians: 15

**Group, Clinic and Doctor Numbers Removed**

**\*If this report indicates ‘No Submission to report’, MSB did not receive your submission.**

#### Sample REJECTED submission:

Group  - Rejected Claims for Run Code ge

Submission Date: Wednesday, Oct 09 2013, 4:02:09 PM

Clinic	Doctor	Reject Description	Claim #	Seq #
		Source		
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA
		Physician Not Eligible to Submit	NA	NA

#### QUESTIONS REGARDING YOUR SUBMISSION?

Please contact Claims Processing Support at 306-787-3470 or 306-787-0182

#### DO YOU NEED A NEW ICS BILLING SECURITY CERTIFICATE?

Please contact eHealth Saskatchewan at 306-337-0600 or toll free at 1-888-316-7446

## 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. An extension to the six-month time limit could be considered in the rare circumstance where the reasons are beyond the control of the physician. Please see Physician Payment Schedule page 24 – Time Limit for Submission of Accounts and page 44 – explanatory code CM.

### 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.

### DID YOU KNOW?

- Even if your billing system identifies that your claims were **submitted**, it does not mean that the claims were **received** by MSB. Check your validation report every time you do a submission.
- About 97% of the claims submitted to MSB are processed in the same pay run it is submitted. That means you get them back when you pick up your return/remittance file starting at 12:00 noon the day following the run.
- For claims that fail for manual adjudication by a Claims Analyst, please allow 2 – 3 pay runs before you get them back. If it is still outstanding after three payment runs or it is nearing the 6-month time limit, please contact the Physician Claim Inquiries line at 306-787-3454.

## 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, 2020

**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

The “Request for Review of Claims Assessment” form should only be used for paid claims that appear in your return file. Claims can be paid at:

- the amount submit,
- less than the amount submit (i.e. FP explanatory code),
- more than the amount submit (i.e. plus time of day premiums)
- or at \$0.00 (i.e. JN explanatory code).

Please do not use the “Request for Review of Claims Assessment” form for returned claims as MSB will not have a claim to make adjustments on.

If you have questions regarding a paid claim (see definition above) or require further information for claim resubmission, please contact the appropriate area(s) for explanatory codes listed:

**Claims Processing Support (306-787-3470 or 306-787-0182)**

AA – AR

CM, CN, CZ

YA – YS

ZA – ZS except ZR

**Policy, Governance and Audit (306-787-0496)**

RA – RM

RT, RV

**Physician Claim Inquiries (306-787-3454 ext 2) handle all other**

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

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

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

Due to claims system limitations, blank, ‘U’, ‘X’ or any other characters aside from M or F are not options at this time. Please note that the gender indicated on the claim must match PHRS.

## 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.

## 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 cannot be reviewed.**



## 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 2018-2020 Payment Schedule releases:

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

In the April 1 and October 1, 2021 Payment Schedule releases:

- Orthopedic Surgery
- Psychiatry

As part of the PSM process, the Ministry and the SMA meet directly with physician sections to share perspectives and begin 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 April 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](http://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 11<sup>th</sup> 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](mailto: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: caseworkunitmsb@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).