Operations Bulletin

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IMPORTANT HEALTH WEBSITE LINKS HAVE CHANGED

Physician documents and forms have moved to the eHealth Saskatchewan website. Moving documents to eHealth allows you to have quick and easy access to the documents and resources you need from a familiar website.

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:

- Direct Deposit Payment Request – Non-Professional Corporation
- Direct Deposit Payment Request – Professional Corporation
- Health Provider Questionnaire
- New Clinic Request Application
- Practitioner Change Request
- Prior Approval for Abdominoplasty
- Request for Income Statement
- Request for Practitioner Profile
- Request for Review of Claims Assessment
- Routine Audit – Request for Information and Response form – NEW

Billing Information Sheets:

- MAID (Medical Assistance in Dying) Services Billing Information Sheet
- Obstetric Ultrasounds Billing Information
- Obstetric Ultrasounds Billing Information Sheet

VERIFICATION OF HEALTH COVERAGE

Medical Services Branch does not verify beneficiary health coverage information by phone or fax. 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

Government of Saskatchewan

STATUTORY HOLIDAYS TO DECEMBER 2018

HOLIDAY	ACTUAL DATE	OBSERVED ON	SUBMISSION DATE IMPACT	PAYMENT DATE IMPACT
Victoria Day	Monday May 21, 2018	Monday May 21, 2018	None	None
Canada Day	Sunday July 1, 2018	Monday July 2, 2018	None	None
Civic Holiday (Saskatchewan Day)	Monday August 6, 2018	Monday August 6, 2018	None	Run kz: Payment date moved to August 7
Labor Day	Monday September 3, 2018	Monday September 3, 2018	None	Run lb: Payment date moved to September 4
Thanksgiving	Monday October 8, 2018	Monday October 8, 2018	None	None
Remembrance Day	Sunday November 11, 2018	Monday November 12, 2018	None	Run lg: Payment date moved to November 13
Christmas Day	Tuesday December 25, 2018	Tuesday December 25, 2018	None	None
Boxing Day	Wednesday December 26, 2018	Wednesday December 26, 2018	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.

STATUTORY HOLIDAYS FOR THE PURPOSES OF BILLING

Please be advised that statutory holidays for the purposes of billing holiday premiums or other service codes are per the above Government observed/designated holidays, and may be different than the Saskatchewan Health Authority designated holidays.

2017 IS A HEALTH CARD RENEWAL YEAR - *Be on the lookout for expired Health Cards (expiry December 31, 2017)*

eHealth Saskatchewan has sent Health Card Renewal packages to all Saskatchewan residents with provincial health coverage. The packages contain renewal stickers that renew Health Cards for a three-year period, to December 31, 2020. If you notice that a patient has an outdated sticker on their Health Card, please direct them to contact eHealth Saskatchewan so we can ensure their Health Card stays current. If a patient presents with an expired health card, they can be billed for medical services.

Residents can contact eHealth Saskatchewan:

1. Online: eHealthSask.ca/renew
2. Email: change@eHealthSask.ca
3. Mail or in person: Health Registries, 2130 11th Avenue, Regina, SK S4P 0J5
4. Call Customer Service at 1-800-667-7551

MEDICAL LABORATORY LICENSING – NEW CONTACT INFORMATION

In Saskatchewan, all medical laboratories operate under a licence issued by the Ministry of Health in accordance with *The Medical Laboratory Licensing Act* and *The Medical Laboratory Licensing Regulation*s. A medical laboratory is defined as a place where a test is performed or where a specimen is taken or collected for the purpose of transporting it to another medical laboratory where it is to be tested.

As a condition of the licence, the licensee must participate in the Laboratory Quality Assurance (QA) Program administered by the College of Physicians and Surgeons of Saskatchewan.

In order to renew or apply for a medical laboratory licence, the application form is to be completed in its entirety and submitted to the Ministry of Health for adjudication and approval.

As of April 1, 2018, the Roy Romanow Provincial Laboratory (formerly Saskatchewan Disease Control Laboratory) will no longer be approving renewals or applications for new medical laboratory licences as the SDCL is now part of the Saskatchewan Health Authority. Renewals or applications for new medical laboratory licenses are now handled by the Casework Unit of the Medical Services Branch.

The new contact information for Medical Laboratory Licensing is:

Medical Services Branch
Phone: 306-787-7988
Fax: 306-798-1124
Email: lablicensing@health.gov.sk.ca

Mailing address:
3475 Albert Street, Regina, SK Canada, S4S 6X6

MEDICAL CONSULTANT INQUIRIES

As per the Physician Payment Schedule under “Assessment of Accounts”, if a physician does not agree with the results of a Review of Claims Assessment, a further review by a Medical Consultant must be requested in writing with new information provided. Telephone inquiries or emails will not initiate a review by the Medical Consultant.

Please send your written request, along with any **new information** to:

Medical Consultant, Medial Services Branch
Ministry of Health
3475 Albert Street REGINA SK S4S 6X6
Or fax to 306-798-0582

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).

The goals of modernization are as follows:

- Ensure fee code descriptors align with current standards of care, advancements in technology and supports modern service delivery.

- Add clarity to fee code descriptors to reduce variations in billing practices, and supports fair and effective auditing processes.

- Ensure fee amounts accurately reflect the service provided, and are equitable within and between different sections.

The ***scope*** of modernization is constrained by the limitations of the Ministry's current claims system, so any improvements that require substantial information technology investment will fall outside the project for the time being. All ***proposed changes*** through modernization are vetted through the Payment Schedule Review Committee (PSRC), a joint Ministry-SMA committee, with final approval by the Minister of Health.

Modernization is ***revenue neutral***, with any potential savings to be reinvested into the Payment Schedule.

The Modernization Working Group (MWG) is a joint group structured to support a collaborative approach that includes members of the Ministry and SMA, including representation from SMA Committees such as Tariff and Economics. The MWG has begun meeting directly with physician sections to share perspectives and begin advancing PSM items, with potential implementation of several items in the ***October 1, 2018*** Payment Schedule release.

Current status:

- On January 3, 2018, meetings with the Plastic Surgery Section and Psychiatry Section took place.
- A working group meeting took place on February 28, 2018 with members from Respirology and Family Practice Sections to review the spirometry fee codes.
- A meeting took place with the Family Practice Section on March 1, 2018.
- Work is ongoing through the PSM working group with the Orthopedics Section to review several fee codes within their section.
- Additionally, the Ministry is currently reviewing a proposal received from the Pediatrics section.

IMPORTANT REMINDER FOR ONLINE CLAIM SUBMISSIONS

This is a reminder to review the validation and return reports that are available on the Ministry's Internet Claims Submission (ICS) service website. Your EMR program or billing application may not relay these reports automatically from ICS. These reports will provide you with information about the status of your claims.

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 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"*** file from the ICS website starting on the Wednesday following the Tuesday run. This file contains the pay list records and any returned or rejected claims. Use this report to reconcile your accounts.

DID YOU KNOW?

The following is available on the ICS Website:
Run Schedule
Payment Schedules
Fee Code File
Referring Doctor File
Diagnostic Code File
The ICS website is ***https://ics.ehealthsask.ca/***

INCREASED CLAIMS VOLUMES

As a result of increased claims volumes and in order to assist Medical Services Branch in processing your claims in a timely manner, we are requesting that you do not resubmit unpaid or rejected claims either electronically or using a '***Request for Review of Claim Assessment form'*** if you have not received any information regarding the status of the claim for a **minimum** of 2 pay runs.

Resubmitting claims that have not yet been adjudicated create ***duplicate claims*** that are added to the claims queue for manual handling which further impacts the timeliness of processing claims for payment. Thank you for your assistance.

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.

CLAIMS UNIT INQUIRY LINE PREPAREDNESS

Please ensure you have the following required information **prior** to contacting Medical Services Branch Claims Unit:

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

TO REQUEST A CHANGE TO THE PHYSICIAN PAYMENT SCHEDULE

The Ministry of Health and the Saskatchewan Medical Association (SMA) consider implementation of new service codes, deletions or revisions for inclusion in the Physician Payment Schedule upon approval by the Payment Schedule Review Committee (PSRC) comprised of both Ministry and SMA representatives. To request/initiate a change, deletion or addition to the Payment Schedule, please contact:

Saskatchewan Medical Association Tariff Committee
201 – 2174 Airport Drive
SASKATOON SK S7L 6M6 www.sma.sk.ca

The SMA has additional information about the process on their website at:
http://www.sma.sk.ca/104/new-fee-items-tariffs.html

ROUTINE AUDIT AND RECOVERY OF CLAIMS:

It is essential that there is a fair and effective audit process in place to ensure accountability in the expenditure of public funds. This aligns with the government's mandate to continue to implement patient first approaches in the provision of health coverage while balancing our commitment and accountability to a publicly funded and administered healthcare system.

The Saskatchewan Medical Care Insurance Act and *The Saskatchewan Medical Care Insurance Beneficiary and Administration Regulations* provide the legislative authority for public funding of physician services.

MSB has the legislative authority to review any accounts paid directly to a physician by MSB to ensure compliance with a physician's direct payment agreement with MSB, *The Saskatchewan Medical Care Insurance Act*, and the Physician Payment Schedule.

After payment, MSB may undertake further investigation of a physician's claims to identify any inappropriate payments to:

- ✓ minimize loss and ensure government accountability to a publically funded system;
- ✓ provide education and ensure physician compliance with Ministry policy and regulations;
- ✓ deter and prevent any future inappropriate or noncompliant billings; and
- ✓ recover any inappropriately paid services.

Recovered Claims:

- If a claim has been recovered under a "**Routine Audit and Recovery**" explanatory code (all "R" section explanatory codes in the Physician Payment Schedule), a copy of a pertinent medical record or other appropriate documentation to support the billing is required.

Submit Audit Inquiries to:

- Policy, Governance and Audit (PGA) on a ***"Routine Audit – Request for Information and Response form"*** which can be found on the website at: https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx

- Once a decision has been made, PGA will notify the physician in writing via the "***Routine Audit – Request for Information and Response form***" or by letter.

- All payment adjustments completed by PGA will be done using the explanatory code "RB".

If you have any questions relating to the audit process, please contact PGA at MSBPaymentsandAudit@health.gov.sk.ca or 306-787-0496 or fax 306-787-3761

NEW – Audit Form

The 'Routine Audit – Request for Information and Response Form' is a new form implemented to provide a standard form for requests/responses between Policy, Governance and Audit and the provider for handling of all routine audit claims. This form is meant to handle all claim requests specific to the Policy, Governance and Audit unit that pertain ONLY to explanatory codes 'RA' through 'RV' under 'Routine Audit and Recovery'.

The 'Routine Audit – Request for Information and Response Form' ***is NOT meant to replace*** the 'Request for Review of Claim Assessment' form currently used by the Claims Unit for all general billing inquiries/requests pertaining to explanatory codes 'AA'-'QD', 'SA'-'ZY'.

Explanatory Code 'RC'

If your claim is returned with explanatory code 'RC', you have resubmitted a claim that has been previously recovered as part of a routine audit. Please refrain from electronically resubmitting a claim that has been recovered 'RA' under the '***Routine Audit and Recovery***' section of the Physicians Payment Schedule explanatory codes.

Joint Medical Professional Review Committee (JMPRC)

The JMPRC is a legislated, physician peer-review committee with two (2) physicians appointed by each of the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry of Health.

The JMPRC is responsible for reviewing the billing patterns of Saskatchewan physicians. The JMPRC has the authority to review a physician's billings over a 15-month period, request patient records and interview the physician. Based on the results of the JMPRC's investigation, the Committee has the authority to order a recovery of monies if they determine that payment was made inappropriately. The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings in the last two years:

2016: **$1,304,817** **(7 physicians)**
2017: **$1,995,454** **(8 physicians)**

Please ensure that you have read the descriptor for each service code and bill accordingly.

It is the responsibility of the physician to ensure that the appropriate service code is submitted for the service that was provided. We appreciate your ongoing efforts and cooperation in ensuring that the service codes you submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule, your Direct Payment Agreement with MSB and *The Saskatchewan Medical Care Insurance Act*.

BILLING REMINDERS

Hospital Care Surcharges/Premiums (700A, 701A)

This is a reminder to physicians that 700A and 701A are only billable in conjunction with a hospital care code (25-28B-T, 35B) ***AND*** the physician must have personally attended to the hospital on the day the 700A or 701A is billed.

If the physician has not attended the hospital that day, then the 700A or 701A cannot be billed. Likewise, if a hospital care code was not billed, then the 700A or 701A is also not billable.

Character Maximum for Electronic Claims Content

Please be advised that the maximum character allotment when submitting an online (electronic) claim is 77 characters. Please pay particular attention when submitting the following codes which routinely have longer comments:

- 918A – Continuous Personal Attendance
- 220A-226A – Emergency resuscitation
- 246L – Complex incisional hernia with Inlay mesh

Closed Drainage Of Chest (95L)

When a 95L is being done in conjunction with another major surgery – it is considered an inclusion of the major cardiac/thoracic surgery. It would only be appropriate to bill a 95L if the closed drainage of chest is being done as a stand- alone procedure associated with trauma or post-surgery due to a complication.

Calculation of Surgical Assisting Times

Surgical assistance is based on the time between the induction of anesthesia and should not extend beyond the end of the surgical procedure.

It is up to the physician providing this service to document the time of surgical assist from start to stop, as this may vary from the surgical and anesthetic times provided on OR records.

Services Provided in Home Locations

Routine, pre-scheduled visits (ie: every Wednesday physician attends the facility) to any special care home, whether publicly funded or otherwise, should not be billed with a house call surcharge (615A/915A).

A partial assessment (5B) may be billed providing that it is medically required, and all billing components are performed and documented in the medical record. MSB would not expect to see this billed on a routine basis (ie: every Wednesday as part of the physician's regular attendance at the facility).

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

Ureterolysis or Pelviolysis (145R)

145R is intended as a stand-alone procedure, done for cases of retroperitoneal fibrosis by Urologists.

What is it not intended for?

- **Routine identification of a ureter to avoid iatrogenic injury or mobilization of the ureter associated with other procedures.**
- In these cases, it is an inclusion within the payment for a more major procedure.
- All other considerations for payment will be considered in writing by ***independent consideration*** citing reasons for severity, complexity, difficulty and time spent with ureteric mobilization.

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.

TIPS:

- When billing hospital care days, you do not need to wait for the patient to be discharged prior to claims submission
- Claims previously rejected "CW" by Medical Services Branch that are not the responsibility of Workers' Compensation Board (WCB), please resubmit with a comment "Not WCB" followed by the date submitted to and rejected by WCB.
    - For example: **"Not WCB Jan 1/18 - Jan 31/18".**

INJECTIONS (110A, 161A) BILLED AS PARTIAL ASSESSMENTS (5B)

Ministry officials have been reviewing the use of injection codes 110A and 161A to ensure the service delivered by the physician is medically required and supported in terms of the billings submitted.

The results of this review have revealed that a large volume of injection services have been billed inappropriately as visit services (5B).

The Saskatchewan Medical Care Insurance Act states that in order for a service provided in Saskatchewan by a physician to be deemed insured it must be medically required.

In order to bill for a 5B service:

a) It must be medically required; and
b) All payment schedule criteria must be performed and documented.

- For routine injections such as flu shots, B12, testosterone, iron, Depo-Provera, etc., if only the injection is being provided, then a 110A or 161A should be billed, not a 5B.

- Typically, it would not be medically required to bill a 5B for each injection visit.

Please ensure that you have read the descriptor for each service code and bill accordingly. It is the responsibility of the physician to ensure that the appropriate service code is submitted for the service that was provided. We appreciate your ongoing efforts and cooperation in ensuring that the service codes you submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule and *The Saskatchewan Medical Care Insurance Act*.

CHARTING THE PATH TO BETTER PATIENT CARE (5 minutes YouTube video)

Health care providers strive to deliver the best care to their patients. This video explains how understanding the performance of the health care system starts with comprehensive patient information. It demonstrates the role of the clinician in providing comprehensive patient charting which is then coded into databases which are used for research and process improvement.

Link: https://youtu.be/Q3KqE5XEVbQ

PARTIAL ASSESSMENTS, 55B AND SPECIALIST WAIT TIMES IN SASKATCHEWAN

ATTENTION: Billing Clerks

Thank you for using the 55B billing code. Use of 55B has almost doubled since 2012, which enables the health system to measure and report how long patients are waiting to see a specialist, aggregated at provincial specialty level.

The goal is to increase the use of this code (where appropriate) to report wait times for each specialist in the province.

Facts

2012-13 (First Year)		2016-17
17,646	# of 55B Services (94% increase)	**34,174**
532	Physicians used 55B (13% increase)	**601**

Please share this information with your staff and ask them to use the 55B when a referral is being arranged.

Has the 5B doctor's visit resulted in a referral to a specialist?

USE 55B CODE

(Instead of 5B)

WHEN A PARTIAL ASSESSMENT LEADS TO A REFERRAL, USE THE 55B BILLING CODE

The 55B code is for use by General Practitioners and Family Physicians only.

FOR MORE INFORMATION, please contact Mr. Bhooman Bodani at the Strategic Priorities Branch. Email: bbodani@health.gov.sk.ca Phone: 306-787-8936 or fax: 306-787-0023