Operations Bulletin

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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 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 OCTOBER 2023

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Good Friday	Friday April 7, 2023	Friday April 7, 2023	None	None
Victoria Day	Monday May 22, 2023	Monday May 22, 2023	None	Run pu: Payment date Moved to Tues, May 23
Canada Day	Saturday July 1, 2023	Monday July 3, 2023	None	Run px: Payment date Moved to Tues, July 4
Civic Holiday (Saskatchewan Day)	Monday August 7, 2023	Monday August 7, 2023	None	None
Labour Day	Monday September 4, 2023	Monday September 4, 2023	None	None
Thanksgiving	Monday October 9, 2023	Monday October 9, 2023	None	Run qe: Payment date Moved to Tues, Oct 10

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 each run for important messages regarding payment or run information.

CLAIMS BACKLOG

We currently have a backlog of medical claim submissions, in order to assist Medical Services Branch (MSB) address this backlog in a timely manner, we are requesting that you:

- ✓ Please wait for a minimum of three (3) payment runs if you have not received any information regarding the status of the claims submitted.
- ✓ Please refer to your Control Summary Report to verify if a submission was received.
- ✓ For any claims that have not yet been adjudicated by MSB, please do not resubmit electronically or use the Request for Review of Claims Assessment form.
- ✓ If you have an adjustment that exceeds 20 claims, please refrain from submitting a Request for Review of Claims Assessment form for each individual claim. Please instead submit one form and attach an Excel and/or Word document identifying all/any claims that require re-adjudication.

MEDICAL CLAIMS REPLACEMENT PROJECT UPDATE

Medical Services Branch (MSB) continues to make progress with the Medical Claims System Replacement Project. However, due to some testing delays and to ensure a successful system launch, we are now planning for a 'go-live' date at the end of September 2023.

Project Notables

- ✓ Our goal is to make the transition to the new system as smooth as possible, with limited changes for practitioners. We know there will inevitably be some growing pains, we ask for your patience as we work through the transition. We know that appropriate payment for services is critical, but we also know that there will be a small number of instances where payment for a service will be higher or lower than it should be. Our commitment is to work with you in a timely and prioritized manner to resolve all payment issues that may arise – it may take us some time, but we will get it right.
- ✓ There will be very minimal changes to the April and October Payment Schedules in 2023 as part of the planned transition to the new system.
- ✓ The project team has enlisted the assistance of practitioner and billing staff resources who will be participating in the Customer Portal User Experience group. The primary objective of the group is to provide practical feedback on the new Customer Portal, which will benefit all end users at launch. We will customize our training content based on this feedback.
- ✓ A training toolkit, which will include webinars, videos and reference materials will be provided to support practitioners and billing staff through the learning journey. Various training dates and times will be offered to accommodate work schedules.

On the Horizon

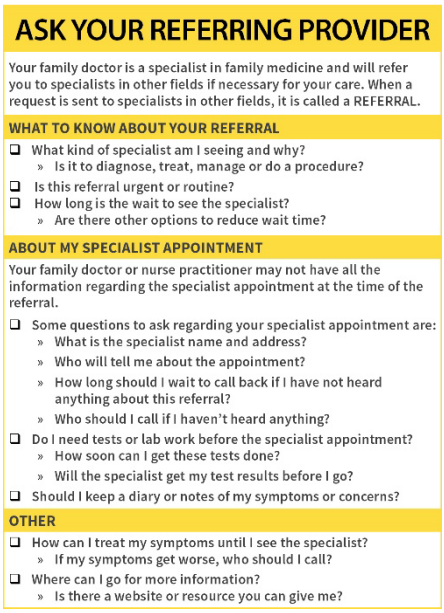
- ✓ We will continue to provide you with ongoing project updates as they emerge.
- ✓ Additional detail can be found here: https://www.ehealthsask.ca/services/CustomerPortal

Feel free to reach out to MSBClaimsInitiative@health.gov.sk.ca if you have any questions.

VIRTUAL CARE

As per the current physician compensation agreement, the Ministry and SMA agreed that Virtual Care visits are payable to a maximum of 3,000 services per physician per year calendar year. At the turn of the calendar year, the 3,000 service limit will reset. The Medical Services Branch will 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).

FEEDBACK REQUESTED ON THE IMPLEMENTATION OF THE SASKATCHEWAN REFERRAL/CONSULT APPOINTMENT GUIDE FOR PATIENTS



ASK YOUR REFERRING PROVIDER

Your family doctor is a specialist in family medicine and will refer you to specialists in other fields if necessary for your care. When a request is sent to specialists in other fields, it is called a REFERRAL.

WHAT TO KNOW ABOUT YOUR REFERRAL

- ❑ What kind of specialist am I seeing and why?
  - » Is it to diagnose, treat, manage or do a procedure?
- ❑ Is this referral urgent or routine?
- ❑ How long is the wait to see the specialist?
  - » Are there other options to reduce wait time?

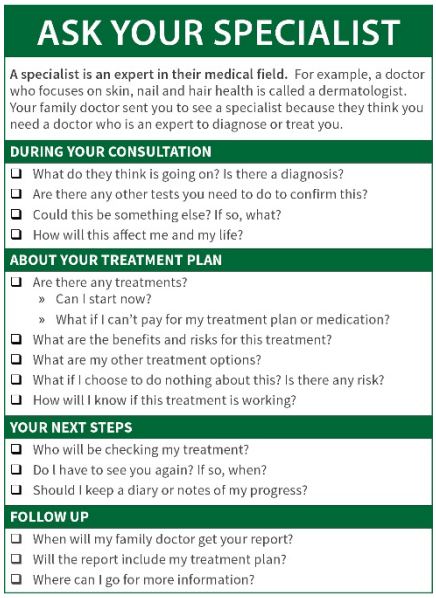
ABOUT MY SPECIALIST APPOINTMENT

Your family doctor or nurse practitioner may not have all the information regarding the specialist appointment at the time of the referral.

- ❑ Some questions to ask regarding your specialist appointment are:
  - » What is the specialist name and address?
  - » Who will tell me about the appointment?
  - » How long should I wait to call back if I have not heard anything about this referral?
  - » Who should I call if I haven't heard anything?
- ❑ Do I need tests or lab work before the specialist appointment?
  - » How soon can I get these tests done?
  - » Will the specialist get my test results before I go?
- ❑ Should I keep a diary or notes of my symptoms or concerns?

OTHER

- ❑ How can I treat my symptoms until I see the specialist?
  - » If my symptoms get worse, who should I call?
- ❑ Where can I go for more information?
  - » Is there a website or resource you can give me?



ASK YOUR SPECIALIST

A specialist is an expert in their medical field. For example, a doctor who focuses on skin, nail and hair health is called a dermatologist. Your family doctor sent you to see a specialist because they think you need a doctor who is an expert to diagnose or treat you.

DURING YOUR CONSULTATION

- ❑ What do they think is going on? Is there a diagnosis?
- ❑ Are there any other tests you need to do to confirm this?
- ❑ Could this be something else? If so, what?
- ❑ How will this affect me and my life?

ABOUT YOUR TREATMENT PLAN

- ❑ Are there any treatments?
  - » Can I start now?
  - » What if I can't pay for my treatment plan or medication?
- ❑ What are the benefits and risks for this treatment?
- ❑ What are my other treatment options?
- ❑ What if I choose to do nothing about this? Is there any risk?
- ❑ How will I know if this treatment is working?

YOUR NEXT STEPS

- ❑ Who will be checking my treatment?
- ❑ Do I have to see you again? If so, when?
- ❑ Should I keep a diary or notes of my progress?

FOLLOW UP

- ❑ When will my family doctor get your report?
- ❑ Will the report include my treatment plan?
- ❑ Where can I go for more information?

Doctor visits and specialist appointments can be overwhelming.

The Saskatchewan Referral/Consult Appointment Guide for Patients provides patients with important questions to ask their referring doctor and specialist.

We would like your feedback on the guide and suggestions for its implementation in physician offices. As part of the implementation plan, we will provide physician offices with promotional posters with QR codes for patient waiting areas and an initial supply of tear-off printed copies of the guide to use with patients.

Please forward your feedback to SKConsultationTools@health.gov.sk.ca.

More information is available at saskatchewan.ca/patient-referral-consult-guide along with a downloadable version of the guide.

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 (formerly known as Casework):

- ✓ **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 Physician Registry and Support Services (PRSS) Unit at 306-798-0013 or prss@health.gov.sk.ca if you have 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 PRSS Unit of the Medical Services Branch. 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 they receive this correspondence.

If you are moving clinics or changing your EMR, there may an impact to your billing. It is common for significant business changes to cause duplicate or orphaned claims. Prior to making any changes, please ensure that you aware of any outstanding claims in your vendor system. Doing so will ensure that you are able to accurately reconcile your billing once the change has been processed.

Please be advised that the Medical Services Branch physician inquiry line (306-787-3454) can assist with spot-checking a small number of claims, but any reconciliation issues should be discussed and resolved directly with your vendor.

815A – 839A - SURCHARGES AND SPECIAL CALLS

Surcharges/special calls or "callbacks/call outs", as they are sometimes referred to, are an additional service code that is payable to physicians who are specially called to see a patient. The intent of the surcharge codes (815A-839A) is to compensate physicians for unforeseen medical urgencies that may arise, and when the physician attends to the patient on a priority basis, the visit causes a degree of disruption of work or of out-of-hours activity and travel.

Family practice physicians with extended hours and walk-in clinics during regularly scheduled operating hours utilizing surcharges to manage patient volumes and physician availability is not an appropriate use of surcharges. ***Surcharge codes are not an acceptable management tool in this instance.***

For surcharges to process properly, the order of the claim line(s) is very important. Relevant service(s) are keyed first, with the surcharge after or at the end of the claim. If this is not done, the system may not be able to recognize the eligible service and will reject/return the claim.

Helpful guides are:

- Never bill a surcharge alone
- Never bill a surcharge on the first line of a claim with services following it
- Never bill a surcharge on a separate claim from eligible services on the same day
- Surcharges are based on the number of patients seen, during a specific time of day, and on a specific day of the week. Matching a claim to this criteria will reveal which surcharge is applicable.

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 (located and 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 the 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.

THIRD PARTY MEDICAL BILLING

Did you know that the Ministry of Health does not process claims for entities such as Department of Veterans Affairs or Worker's Compensation Board? If you wish to process medical claims for patients covered under their programs, claims must be sent to them directly. Please see 'Services Not Insured by the Ministry of Health' section, points 1 - 3 for more information on how claims for these situations can be addressed or who can be contacted for further information.

DID YOU KNOW?

Members of the Canadian Armed Forces and inmates of Federal Penitentiaries have coverage under federal programs, but spouses or dependents must register for coverage in their province of residence.

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

PREPARATION IS THE KEY

When a claim is returned / rejected to you, please refer to the Explanatory Code section of the most recent Payment Schedule. This is the best source of information as to what is required, as the list of codes and their related meaning is outlined there and can periodically change.

Read the descriptor of each Explanatory Code carefully, as each has a separate meaning. There are codes for various purposes, such as:

- supporting documentation is required (ex. AU) before assessment of claim can proceed
- claim received with invalid information (ex. ZM) where claim must be updated and resubmit
- claim is a duplicate in our system (ex. BA) and will not need to be re-submitted at all

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?

Different areas handle different Explanatory Codes?
Listed below are the specific codes handled by each area of responsibility:

Claims Processing Support – 306-787-3470
AA – AR, CM, CN, CZ, YA – YS, ZA – ZS except ZG & ZR

Policy, Governance and Audit – 306-787-0496
RA – RX

Physician Claim Inquiries – 306-787-3454
handles everything else

PRIVACY IS OUR HIGEST PRIORITY

Our client's (Physician and Beneficiary alike) personal and confidential information is of the utmost importance and needs to be protected at all times. This is one reason for the tight controls in place around both the Group Number and Certificate.

Group numbers allow a user to submit and pickup billing information from only the practitioner(s) assigned to it through our secure File Transfer site, commonly known as the "ICS site".

Typically, assignment of a Group Number can include situations such as:

- a single practitioner for use in one or many clinics they are part of
- a clinic for use of one practitioner, small groups of practitioners, or all practitioners together
- a Service Bureau for the purpose of billing many physicians, each belonging to different clinics

Your Physician Billing Number, Clinic Number, and Group Number are a unique combination for every location you practice and are the key to your unique access to the submission portal. It is important that you know what they are, how they are used and why they are in place:

- **Physician Billing Number:** Unique number assigned to a Physician for the purpose of billing, identification and payment
- **Clinic Number:** Unique number assigned to a Physician's practice location, whether practice is solo or with other practitioners
- **Group Number:** Unique identifier assigned to Physician(s), clinic or Service Bureau for the collective purpose of transmitting billing securely.

If you move clinics and are not certain of what your Group Number should be, do not just use your prior clinic's Group Number to submit. This may result in a breach of Privacy.

If you are unsure of what your Clinic or Group Number should be and the new Clinic's billing staff cannot help you, contact the Physician Registry and Support Services area for assistance at 306-798-0013.

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.

COMMON ERRORS WHEN SUBMITTING REVIEW OF ASSESSMENT FORMS:

- ERROR: Documentation received without a completed Review of Assessment Form.
  SOLUTION: All requests must have a completed Review of Assessment Form in order to be handled by MSB.
- ERROR: Incomplete Review of Assessment forms.
  SOLUTION: All fields must be complete to handle your request.
- ERROR: Operative reports which do not include the surgical start and stop time.
  SOLUTION: All operative reports must have surgical start and stop time included.
- ERROR: Submission of a review to cite an error, but then resubmitting the claim electronically.
  SOLUTION: MSB will handle the correction manually by adjustment. Please do not resubmit your claim.
- ERROR: Submission of supportive documentation for previously "AU" claim, but then resubmitting claim electronically
  SOLUTION: MSB does not require the resubmission of a previously "AU" claim. We will process the claim by adjustment. Please do not resubmit your claim electronically.

REMINDER: MEDICAL CLAIMS FOR QUEBEC PATIENTS

As a reminder, Quebec is **NOT** part of 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

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.

HEALTH COVERAGE OUTSIDE OF SASKATCHEWAN

If you are considering referring a patient for services outside of Saskatchewan, prior approval is required for any services that are not eligible to be billed reciprocally. For prior approval requests, a Saskatchewan specialist in the relevant specialty must provide a written request with their explicit clinical recommendation to the Medical Services Branch within the Ministry of Health, or the Saskatchewan Cancer Agency. The written prior approval request, including costs, must:

- Describe the clinical circumstances of the case that make it exceptional.
- Clearly describe the service(s) being requested.
- State – to the best of the specialist's knowledge – that the service(s) are not available anywhere in Saskatchewan, or in Canada if that is the case.

Please be aware that if additional clinical information or clarification is required, Medical Services Branch may contact the requesting specialist for confirmation or to request additional documentation.

For additional information, please review the Information Sheets for Out of Province and Out of Country coverage on the eHealth website or review Page 9 and 10 of the current Physician Payment Schedule.

https://www.ehealthsask.ca/services/resources/Pages/Health-Coverage.aspx

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 service codes modernized in the Payment Schedule releases since 2018:

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

In the April 1, 2023 Payment Schedule release:

Psychiatry - The final phase of PSM work with Psychiatry section was completed with nineteen service codes (three new; twelve revised; four delisted) were modernized with all savings redistributed back within the section to fund new or revised service codes.

As part of the PSM process, the Ministry and the SMA meet directly with physician sections to share perspectives and advance PSM items. Due to the Covid-19 pandemic, PSM work slowed down significantly since 2020. The Ministry and the SMA have agreed to prioritize work for 2023, strengthen the joint Working Group, and review previous modernized codes to ensure cost neutrality. Changes to the October Payment Schedule will be very minimal as mentioned above in relation to the new claims payment system, which is expected to go-live in September 2023.

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

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
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.