MSI Accreditation Process
Information for Patient Specific Electronic Claims Submission in Response to Inquiries about a Direct Data Feed from Hospital IT Systems

Throughout the Bulk Billing Transition project there have been several inquiries regarding the submission of claims via a direct data feed from an IT system to MSI. **The submission of claims to MSI is a two-way interaction**. Claims are submitted through MSIelink and adjudication responses are sent back. The adjudication responses detail:

- each claim's status and indicate whether a claim was accepted or not,
- if not accepted the reason why and any follow up action required.

Payment statements are also sent on a bi-weekly basis through MSIelink. Statements are used to communicate physician payments and help with the reconciliation of claims in the submitter's software system.

All submitters (vendors or service bureaus) are required to successfully complete the accreditation process before approval is granted for claim submission to MSI. This is to ensure that all required information both to MSI and back to the physician meets expectations.

It is possible for a physician, or groups of physicians, to become an accredited software vendor. However, if you decide to pursue this, please note that the implementation time lines for the Bulk Billing Transition remain as communicated.

To become an accredited vendor with MSI, software systems are required to have the following functionality:

- Claims must be submitted in the proper format with technical specification as defined in the *MSI Transaction Standards*. This includes proper batch headings and trailers for each individual batch. Claim batches must be submitted through the MSIelink.
- Ability to submit all transaction types (base claims, person data record and text records) as described in the *Electronic Claims Submission Procedure Manual*
- All claims are sent in via batches and must include a valid batch header and trailer
- Generate unique Service Encounter Numbers for claims
- Be able to receive and view adjudication responses, as well as receive and view payment statements
- Download vendor files that are used to populate the software system. These include updates and additions to health service codes, modifiers, physician numbers, and facility numbers, etc.
- Submit eligibility requests to verify a patient's MSI eligibility, as well as submit requests to change your MSIelink password
- The ability to re-adjudicate claims that are returned to the physician, or delete claims that were submitted in error

Further detailed requirements can be found in the *Requirements for Accreditation* document that will be provided upon request.

If you wish to pursue the accreditation process, you can contact the MSI office at BC_MSIBusinessAnalysts@medavie.bluecross.ca. Further questions can be submitted by email to this address or by phone at (902) 496-8437 (toll free at 1-888-894-5353)

Accreditation process:
- Submitters will be sent the initial document package, which includes the technical requirements, claim standards and accreditation requirements. Once the vendor application has been completed and received by MSI, the vendor test package will be sent.

- When the submitter is ready to start testing, they can contact MSI to receive a submitter ID and schedule access to the test environment.
- Upon completion of the system testing, the submitter may contact MSI to schedule an accreditation, where users must demonstrate successful submission of all claims within the vendor package. The new vendor will then be granted access for submission of production claims after a successful accreditation.
- All costs associated with set up and testing are the responsibility of the submitter. The timeline for application and accreditation can vary depending on multiple factors and could take up to several months to complete if issues arise.