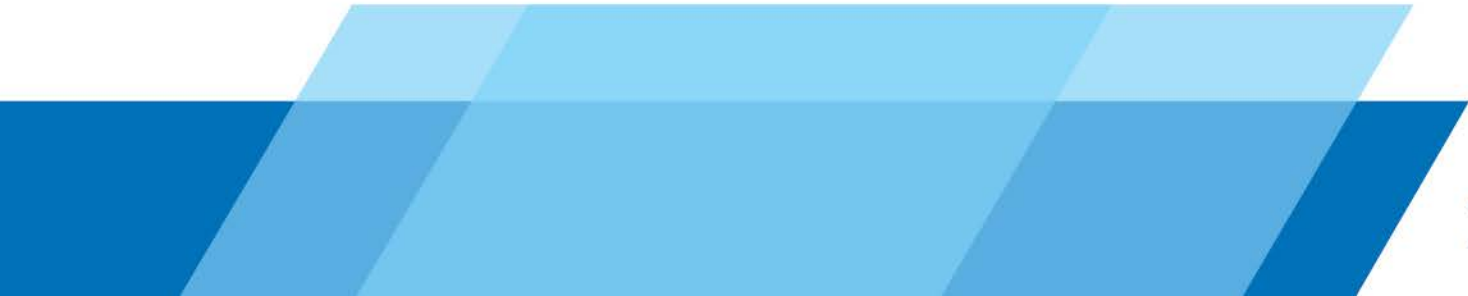




Nova Scotia Bulk Billing Transition Project

Project Overview Meeting With Stakeholders
Tuesday February 3, 2015



Agenda

- Welcome and Introductions
- Project Background & Objective
- Reasons for the Change
- Project Activities to Date
- Physician Responsibilities
- Next Steps

Project Background and Objective

Currently, the specialties of Radiology, Pathology and Internal Medicine (in a limited way) submit claims using a bulk billing method which consists of non-patient specific claims submissions to MSI.

Project Objective:

To transition Radiology, Pathology and Internal Medicine from bulk billing to patient specific electronic claims submission.



Reasons for the Change

- Inability to bill other provinces for the services provided to their patients via reciprocal billing.
- Lack of patient specific information does not provide for a complete patient history.
- Bulk Billing was identified as a risk area in previous Auditor General reports.
- Medavie Blue Cross is currently transitioning to a new claims processing system and the functionality of the current bulk billed service will no longer be available.

New Transition Dates

Internal Medicine – March 1, 2015

Radiology – April 1, 2015

Pathology – April 1, 2015

MSI cannot accept paper claims for services on or after the go live dates.

Project Activities to Date

- Preamble analysis for rule implementation
 - Rules have been developed and are based on existing preamble and DHW policy documentation
- Data analysis to assist with project planning
- A comprehensive communication strategy which began with a mail out to stakeholders in September 2014.
- Discussion with IT contacts to review MSI electronic claims submission required fields and determine if report data is available from the system.

Print Date [Jan 30, 2015]
 Print Time [1:46 pm]

CAPE BRETON REGIONAL FACILITY
 Radiology Patient Specific Billing Report

Page [1]

Institution # [087]

Dictated By [test,doctor m md]
 PMS # [4569]

From Date [Dec 31, 2014]
 Thru Date [Jan 30, 2015]

Patient Name	Sex	HCN	DOB	Status	Insurance	Province	Admit Date
Address				City			
Service Date	Billing Time	Billing Code	Billing Code Description	Count	After Hours		

ITS,WAYNE TEST 36 HIGH ST 20150119 1600 1155	M	5123495094	19600515	Outpatient	NOVA SCOTIA DOH	NS	20150119
			CT ABDOMEN WITH CONTRAST	1	RADBILL-35		
ITS,WAYNE TEST 36 HIGH ST 20150120 0230 0405	M	5123495094	19600515	Outpatient	NOVA SCOTIA DOH	NS	20150119
			CHEST MULTIPLE VIEWS	1	RADBILL-50		
			ABDOMEN MULTIPLE FILMS	1	RADBILL-50		
			ABDOMEN SURVEY FILM	1			
			CHEST SINGLE VIEW	1			
ITS,SHARON MARIE 100 SNOWY LANE 20150122 1207 0405	F	0000053082	19580913	Outpatient	NOVA SCOTIA DOH	NS	20150122
			CHEST MULTIPLE VIEWS	1			
			ABDOMEN MULTIPLE FILMS	1			
ITS,WAYNE TEST 36 HIGH ST 20150123 0938 66.89A	M	5123495094	19600515	Outpatient	NOVA SCOTIA DOH	NS	20150119
			BIO OF MASS UNDER US OR FLUORO	1			
			BREAST, SINGLE	1			
			BIO OF MASS UNDER US OR FLUORO	1			
			BREAST, SINGLE	1			
			ANGIOPLASTY FEMORAL	1			
OE,FLINTSTONE FRED 12 PEBBLE LANE 20150128 1031 1155	M	8000984073	19891018	Inpatient	NOVA SCOTIA DOH	NS	20141202
			CT ABDOMEN WITH CONTRAST	1	RADBILL-35		

Physician Responsibilities

- Contact MSI to ensure you have the appropriate Business Arrangement for electronic claims submission.
- Physicians determine the business process they will implement to submit claims in the required MSI patient specific format.

Physician Responsibilities

- Requirement to utilize accredited claims submission software to submit physician claims electronically.
 - The only way a patient specific claim can be submitted to MSI is by utilizing approved software.

Physician Responsibilities

Business process options for submission:

- 1) Contact software company and submit your billings personally.
- 2) Contact software company & have admin staff submit billings on your behalf.
- 3) Contact a service bureau and they can submit your billings on your behalf for a fee.

Service Bureaus

- List of 9 service bureaus provided in FAQ package
- Of the service bureaus we contacted the average charge per claim was .50¢
 - A physician who submits 1265 claims per month would pay approximately \$633
- Some companies had additional costs such as statement costs or error charges
- Discounts may be available



Clarification

We have heard the following question:
DHW has access to the hospital data, so why do these physician groups need to submit to MSI?

DHW does not have access to the hospital level information required for patient specific electronic claims submissions.



Next Steps

- Specialty specific physician meetings to discuss specific questions and concerns.
 - Internal Medicine – Monday, February 9th 12:00 pm to 1:00 pm
 - Pathology – Thursday, February 12th 11:30 am to 12:30 pm
 - Radiology – Friday, February 13th 12:00 pm to 1:00pm
- Continued opportunities to address questions and concerns via the MSI e-mail address or by telephone.
 - MSI_Assessment@medavie.bluecross.ca
 - 1-902-496-7011 or TF 1-866-553-0585
- Updated information on the MSI Website.



Questions?

Comments?