

Health PEI

One Island Health System

Physician Bulletin

Medical Affairs & Diagnostic Imaging Division
January 2016

Dr. Nadeem Dada
Executive Director

This is our second Physician Bulletin of 2015-16. This revitalized communication tool will help us inform physicians and their staff on matters concerning the Tariff Fee codes, electronic billings, etc.

As we try to standardize the format, please take note of the main headings: Medical Consultant's Message, News Items, Reminders, De-Coding the Tariff, Housekeeping, Organizational News, and Useful Links.

Please ensure that your office/billing staff receive a copy.

Medical Consultant's Message

Having just completed our review of Code xx10 (Comprehensive Office Visits), a number of issues were commonly seen. The two main problems were the lack of a full functional inquiry and a detailed record of the examination. These are part of the Master Agreement Tariff 9.D definition. Remember that your medical record is a legal document and must support your billings. Take the time to document the patient encounter, including all relevant information. Record your findings, your reasoning and your intentions. Be legible, using clear and simple language. Where possible, follow the SOAP format when recording the patient encounter. This will help to document your thought process leading to a diagnosis and plan of care. These simple suggestions will improve your charts and your chances of success in future audits.

Dr. David Hambly,
Health PEI Medical Consultant

News Items:

New Monitoring and Audit Policy approved

Over the past few years, Health PEI's audit practices were updated to reflect best practices in other jurisdictions. A policy was drafted to help communicate the revised audit practices to both health practitioners and staff. On December 22, 2015, Health PEI's Executive Leadership Team approved the new policy – *Physician Claims Monitoring, Compliance, and Recovery*. The Policy is managed by Medical Affairs and Diagnostic Imaging and outlines two distinct processes: routine monitoring audits (educational focus) and comprehensive audits.

How is a physician selected for comprehensive audit?

Health PEI selects a physician for audit based on several factors including:

- analyses of physician billing trends and comparison to peers (billing patterns);
- claims issues reported by the Medicare Office; and
- issues raised through other divisions of Health PEI, government departments, or the public.

What can I expect if my practice is selected for audit?

Health PEI will advise you in writing that your practice has been selected for audit. The scope of the audit will be noted in the letter and usually covers two fiscal years' billings.

Health PEI will select a random sample of patient files for review to support the claims billed. You will receive the list of patient files in advance. We will arrange a date(s) for review of patient files and other relevant documents at your office. Health PEI auditors, with the assistance of the Medical Consultant, will assess each claim. Results of the audit will be statistically extrapolated to estimate the total overbillings in the audited period.

You will be advised in writing of the audit findings and any recommendations for changes in billing practices. Depending on the amount of errors, Health PEI may propose recovery of any claim errors or recovery of the extrapolated overbillings. Should you disagree with a proposed recovery, the *Health Services Payment Act* gives you the right to appeal. Please refer to the policy for more information.

Medical Affairs and Diagnostic Imaging staff will be communicating more information about the policy via the Medical Directors as well as presentations at upcoming PMAC and LMAC meetings.

Claims Monitoring and Education Report

In June, 2015, Medical Affairs and Diagnostic Imaging conducted its first routine monitoring audit under the aforementioned audit policy. We contacted physicians to provide patient records to support three randomly selected 2014 claims for **“Comprehensive Office Visits.”** Master Agreement Tariff 9.D states that the use of this fee code is for a visit that is an *“in-depth evaluation of a patient necessitated by the seriousness, complexity, or obscurity of the patient’s complaint(s) or medical condition.”*

Health PEI has assessed all the submissions for the general practitioners (GPs) against the tariff requirements. The specialists’ submissions still have to be completed. **The results for the 51 GPs are as follows:**

- 12 physicians had all three claims supported by patient record information;
- 18 physicians had 2 of 3 claims supported;
- 6 physicians had 1 of 3 claims supported; and
- 15 physicians had no supported claims.

Feedback was provided to all GPs who participated. Those physicians with less than 2 supported claims will be moved to Phase II of the monitoring process where three more claims will be selected in early 2016 for assessment.

As noted by the Medical Consultant, most claims that did not meet the expectations for the comprehensive visit failed to do so because of the lack of a full functional inquiry or lack of detailed exams. A common misconception is that a patient office visit with more than one problem automatically qualifies a claim as a comprehensive office visit. It is not a time based code and can’t be used simply because the visit took longer than expected.

Please ensure all claims for comprehensive visits have documentation to support a full functional inquiry and a detailed examination as required by 9.D of the Master Agreement Tariff.

In early December, Medical Affairs mailed out letters for the second round of monitoring this fiscal year. This round, the focus is on the “limited office visit.” The submitted patient records will be reviewed in February of 2016, and results will be communicated shortly thereafter.

Reminders:

Hours for Contract Physicians

Article C4.4 (b) of the Master Agreement states “the physician shall submit a written invoice for *actual* hours worked...”. During a recent review, Health PEI noticed that

several contract physicians are submitting invoices for entire days and are not allowing for non-clinical time in the workday for lunches, breaks, etc. Please ensure only clinical time is billed for contracted work. There has been a new Contract Hours Form sent out to Medical Directors and approvers that will be distributed for entering your hours.

Submission and Reconciliation of Claims

It is the responsibility of the physician to ensure billing staff are reconciling claims for errors, cancellations and reversals. As per the Master Agreement claims must be submitted within 3 months. As well, appeals must be submitted within 3 months from the date of cancellation, reversal or reduction of claim. The exception to this is if a claim is rejected from WCB, we allow 3 months from the date of letter from WCB. We require a copy of the letter by fax, scan or mail, and the claim must have a comment indicating rejection from WCB or it will be rejected.

De-Coding the Tariff:

Patient Contact Time

The Master Agreement Tariff outlines many codes that are based on the time spent performing the service such as: Health Promotion Counseling (2505, 2590), Psychotherapy (various), Detention (various), and Diagnostic and Therapeutic Interview (2586, 2588). Other codes like the Limited Office Visit (xx13) are subject to a minimum amount of contact time. The tariff indicates or implies that the billable time is based on **physician/patient contact** time. It **does not include** activities such as:

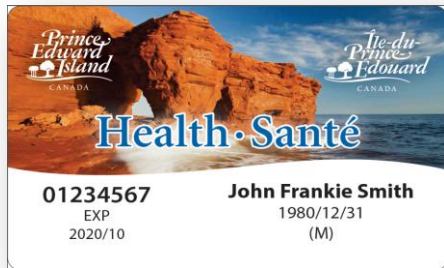
- patient time spent with the nurse or other healthcare practitioner;
- time preparing for or travelling to the session;
- ordering or waiting for information or test results;
- patient time spent completing forms; and
- discussion with other healthcare practitioners (unless they are participating in the patient session).

Maintaining a daily diary of services performed is a useful tool to help manage a practice and to document patient contact time for billing. In fact, this tool is required in Ontario under the *Medicine Act General Regulations* and by the Ontario College of Physicians and Surgeons *Policy Statement #4-12 Medical Records*.

Housekeeping:

New Bilingual Health Card for PEI

- The Medicare Office issues PEI health cards to residents of PEI who are eligible for Medicare. These cards are valid for a maximum of 5 years.
- Currently, we have two health cards in circulation (English and French versions).
- We are moving to a new billing health card in February 2016. These cards will be phased in over the 5 year renewal period of Health Cards. A sample of the Card is picture below.



Contact Hours and Invoice on Call Retainers Deadline

Over recent years, the number of physicians who receive payments through contracts and/or stipends has increased dramatically. This has put extra pressure on the Medicare Office to process these payments in a timely manner.

Beginning in January 2016 (January 7, 2016 pay) we require all contract and stipend information to be received at Medicare Office by noon on the Tuesday of physician pay week. So for the January 7, 2016 pay, information would need to be in our office by noon January 5, 2016. Time entered on these sheets should only be up to the most recent Sunday (for the January 7, 2016 pay that would be Sunday January 3, 2016).

If there are any questions or concerns please do not hesitate to contact Mark Kickham, Manager of the Medicare office, at 902-838-0931.

Organizational News:

Lauren Kelly, P.Eng, MBA is the new Manager of Physician Services at Health PEI. Lauren has worked with Health PEI for 5 years. You can reach Lauren via email at lekelly@gov.pe.ca, by phone at (902) 368-6736, and by fax at (902) 620-3072.

Colette Gallant, CPA, CA is the new Senior Claims Auditor. Prior to Health PEI, Colette worked for 9 years with the province's Office of the Auditor General. You can reach Colette via email at cgallant@gov.pe.ca or phone at 902-620-3466.

Gayan Tennekone, MMI, MSc is the new Program Development Lead at Health PEI. Gayan is a recent graduate and is in his first year with Health PEI. You can access Gayan via email at gtennekone@ihis.org or by phone at 902-620-3763.

Useful Links:

1. Link to on-line Physician Bulletins:
<http://www.healthpei.ca/src/medicarebulletins>
2. The Canadian Medical Protective Association (CMPA) Good Practices Guide for Documentation:
<https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Documentation/documentation-e.html>
3. The Master Agreement between the Medical Society of Prince Edward Island and the Government of Prince Edward Island and Health PEI
http://www.gov.pe.ca/photos/original/doh_masteragree.pdf