

Operations Bulletin

Operations Bulletin No. 27

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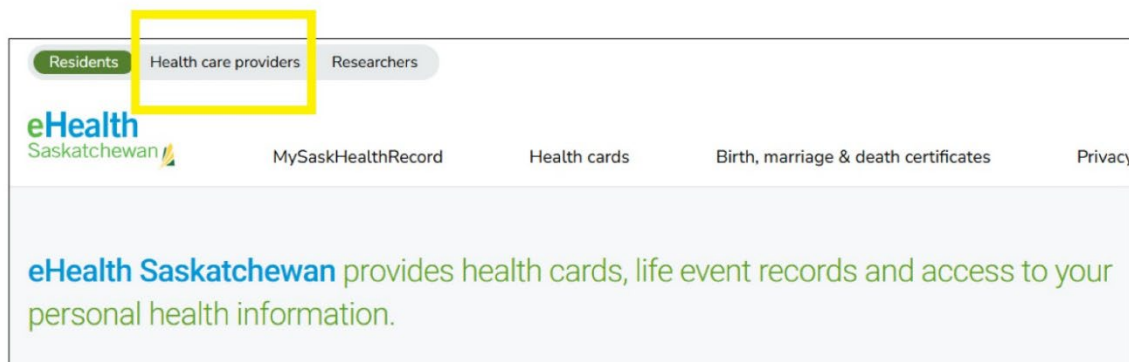
IMPORTANT HEALTH WEBSITE INFORMATION

All physicians are encouraged to become familiar with this important information and update bookmarks accordingly.

All Medical Services Branch **Payment Schedules, Newsletters, Operations Bulletins, Billing Bulletins, billing information sheets and forms** formerly located on *ehealthsask.ca* are now available on **saskatchewan.ca** at: www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-businesses-and-career-development/establishing-and-operating-a-practice/physicians

IMPORTANT NOTICE

The **eHealthsask.ca** site has recently changed. To find resources, including eHealth supported applications such as **EMR, PACS, RMS, PIP** etc. click **Health care providers** at the top of the eHealth home page.



Some resources previously found on **eHealthSask.ca** are now located at **saskatchewan.ca**.

On the **Health care providers** page, you will find **Resources for health care providers** at the top (and also under **Additional Resources**). Links on this page will take you to the external site OR new location at **saskatchewan.ca**.

PLEASE BOOKMARK THE NEW PAGES.

IMPORTANT REFERRAL CONSULT TOOLS WEBSITE INFORMATION

Update your bookmarks. All resources and information related to **referral consult tools**, including **LINK, Pool Referrals (all referral forms), and Referral Management Services (RMS)**, have moved: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-providers/provider-referral-and-consult-tools>

SASKATCHEWAN FORMULARY

DID YOU KNOW? The Formulary and the regular drug listing update bulletins can be found at the following links:

Saskatchewan Formulary: <http://formulary.drugplan.ehealthsask.ca/SearchFormulary>

Bulletins: <http://formulary.drugplan.ehealthsask.ca/BulletinsInfo>

COVID-19 VACCINE IMMUNIZATION PROGRAM

Physician offices will access COVID-19 vaccine through their local public health office using established vaccine ordering, distribution, and inventory management processes already in place for other publicly funded vaccines.

RUN SCHEDULE - STATUTORY HOLIDAYS TO APRIL 2027

Holiday	Actual Date	Observed On	Submission Date Impact	Payment Date Impact
Thanksgiving	Monday October 12, 2026	Monday October 12, 2026	Moved to Tuesday October 13, 2026	Moved to Tuesday October 20, 2026
Remembrance Day	Wednesday November 11, 2026	Wednesday November 11, 2026	None	Moved to Tuesday November 17, 2026
Christmas Day	Friday December 25, 2026	Friday December 25, 2026	None	None
Boxing Day	Saturday December 26, 2026	Monday December 28, 2026	None	Moved to Wednesday December 30, 2026
New Year's Day	Friday January 1, 2027	Friday January 1, 2027	None	None
Family Day	Monday February 15, 2027	Monday February 15, 2027	Moved to Tuesday February 16, 2027	Moved to Tuesday February 23, 2027
Good Friday	Friday March 26, 2027	Friday March 26, 2027	None	None

Changes to the payment run schedule will be communicated via Customer Portal. Check the Customer Portal message board regularly for pertinent updates and information.

Please be advised, statutory holidays for the purpose of billing are located in the Billing Bulletin.

NEW ONLINE PHYSICIAN BILLING COURSE LAUNCHED SEPTEMBER 1, 2026

This self-paced, accredited course is designed to strengthen understanding of the Physician Payment Schedule, improve billing accuracy and consistency, and support compliance with billing and documentation requirements. The course includes practical, case-based learning and covers topics such as billing obligations, claim submission and reconciliation, service code interpretation, documentation requirements, EMR utilization, and payment integrity audits.

Key Details

Format:	Online, self-paced (asynchronous)
Target Audience:	Physicians, billing clerks
Duration:	Approximately 6 to 8 hours
Access:	Mobile phone, Tablet, PC, iMac
Cost:	Free of charge
Registration:	Registration opened September 1, 2026, with continuous intake throughout the year.

Accredited

Royal College of Physicians and Surgeons of Canada: This activity is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification (MOC) Program of the Royal College of Physicians and Surgeons of Canada and approved by the Continuing Medical Education Division, University of Saskatchewan. You may claim a maximum of **2.75 hours** (credits are automatically calculated).

The College of Family Physicians of Canada: This activity meets the certification criteria of the College of Family Physicians of Canada and has been certified by the Continuing Medical Education Division, University of Saskatchewan for up to **7.0 Mainpro+®** Certified Activity credits.

For full course information, accreditation details, and registration instructions, please visit the University of Saskatchewan Continuing Medical Education website:

[Physician Billing - Continuing Medical Education | University of Saskatchewan](#)

CONTACT INFORMATION

For questions and more information, please contact cme.events@usask.ca

VIRTUAL CARE

As a reminder, virtual care visits are insured to a maximum of 3,000 services per physician, per calendar year. To verify the number of virtual services you have billed to date, please refer to the remaining billable units within your EMR.

Please note: Physicians will be notified of the total number of Virtual Care Claims paid in the current and previous calendar years as they near the annual maximum. This notification will be included in all return files for the affected physician and will appear as follows:

Overall VC: Physician has reached 100 % (3000 services) of the 2024 limit.
Overall VC: Physician has reached 99 % (2997 services) of the 2025 limit.

CUSTOMER PORTAL

For support with the Customer Portal:

- ✓ Please refer to the Customer Portal training webpage on **saskatchewan.ca**:
<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-businesses-and-career-development/establishing-and-operating-a-practice/physicians#claims-system-training-and-information>
- ✓ For updates on known changes or common issues, please refer to the Customer Portal Message board.
- ✓ To log a ticket or speak to a representative, please contact our Business Support Desk.

CONTACT THE BUSINESS SUPPORT DESK AT

1-800-605-2965 Monday to Friday, 8:00 a.m. to 5:00 p.m.

Please be advised that we are closed on evenings, weekends and on Government of Saskatchewan observed statutory holidays.

To help us serve you better please ensure you have the following details:

- ✓ Physician or Practitioner Name (First and Last Name)
- ✓ Billing Information: Billing ID (physician number), Group Number and Clinic Number
- ✓ Description of the Issue
- ✓ Specific Claim Details (i.e. CPS Claim Number)
- ✓ Contact Information

HAVE YOU MOVED CLINICS OR CHANGED YOUR EMR RECENTLY?

If you are moving clinics or changing your EMR, there may be an impact to your billing. It is common for significant business changes to cause duplicate or orphaned claims. Prior to making any changes, please make note of the outstanding claims in your vendor system to ensure you are able to accurately reconcile your billings once the change is processed. Please work with your vendor to address any reconciliation issues prior to and/or following a change.

SUPPORTING BENEFICIARY REIMBURSEMENT REQUESTS

Physicians are encouraged to review their administrative practices to help ensure beneficiaries have the information required to seek reimbursement for eligible medical services.

When a beneficiary pays directly for a service, physicians should provide an itemized statement that includes:

- the beneficiary's name,
- date of service,
- description of service provided,
- amount charged and paid,
- physician name and billing number,
- the clinic name and location where the service was rendered,
- Referring doctor name , where applicable, and
- Any other information required under The Medical Care Insurance Act and associated regulations

Physicians should also ensure that all clinics and practice locations where they provide services are accurately reflected on the Physician Registry. Maintaining current registry information supports service verification, facilitates claims administration, and helps prevent delays in the reimbursement process.

These measures help improve the beneficiary experience and support the efficient administration of Saskatchewan's insured medical services program

CHARGES TO BENEFICIARIES FOR DIAGNOSTIC SERVICES

Physicians are reminded to review the Saskatchewan Physician Payment Schedule and applicable policy requirements when charging beneficiaries for diagnostic services.

The technical component of a diagnostic test is intended to reflect the costs associated with performing the service, including equipment, supplies, technical personnel, and related operational expenses. Before billing a beneficiary directly for these costs, physicians should ensure that the charge is permitted under the applicable payment schedule provisions and program policies.

Physicians are encouraged to regularly review their billing practices to ensure patients are charged appropriately and that claims submitted to the Ministry accurately reflect the services and components provided.

UNDERSTANDING OF YOUR MODE PAYMENT

To ensure the appropriate and timely payment of accounts, physicians are reminded to ensure they provide the correct information to Physician Registry and Support Services (PRSS) unit, when completing forms, especially their type of practice (mode payment type). Recently there has been an increase in claims rejected with the ZP explanatory code as a result of the incorrect mode of payment.

To ensure you are correctly set-up on Physician Registry, be sure on whether you are:

- ✓ **Mode 1: A fee-for-service** practitioner: whether you are practicing alone or alongside other practitioners in the same clinic, or
- ✓ **Mode 0: A non-fee for service (contracted)** practitioner: a Primary Care practitioner i.e. you are on a primary care contracted arrangement mostly work in a Primary care clinic/center, or
- ✓ **Mode 9: A non-fee for service (contracted)** practitioner: an Alternate Payment practitioner i.e. you receive remuneration through an alternate source or fund.

Please contact PRSS if you have questions when completing forms, to ensure you provide the correct information for your profile. Incorrect information may result in delays in claims processing and payment.

If you have changed your mode of payment with PRSS, you should also update your vendor system to reflect the correct mode prior to submitting your accounts. If you are unsure how to make this update, you should contact your Vendor for assistance.

MOVING OR CHANGING CLINICS

Physicians, if you are moving or changing clinics please provide a letter, with your signature and the following information to the Physician Registry and Support Services (PRSS) Unit:

- ✓ New Clinic Address
- ✓ Start Date with new clinic
- ✓ End date at previous clinic
- ✓ Physician's Billing Number
- ✓ Clinic Number
- ✓ Group Number
- ✓ E-mail Address
- ✓ If you are paid fee for service or salary (Mode)

**Please contact the
Physician Registry and
Support Services Unit at
1-800-605-2965 or
prss@health.gov.sk.ca
if you have questions.**

If you would like to change your correspondence address, please provide a letter 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 sends correspondence to the PRSS Unit. 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 this correspondence is received.

VERIFICATION OF HEALTH COVERAGE AND DEMOGRAPHICS

To verify patient demographics and health coverage, all practitioners (located and licensed to practice in Saskatchewan) must refer to the online Person Health Registration System Viewer (PHRS Viewer).

To request access to 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 rejected claims with explanatory code AA, AR, AH, ZA:

- ✓ **Verify the patient's coverage and demographics in PHRS Viewer.**
- ✓ **Correct and/or resubmit your claim if the patient's coverage has been updated.**
- ✓ **For patients with invalid coverage residing in Saskatchewan, advise the patient to contact eHealth Registries at 306-787-3251 or 1-800-667-7551.**

OUT OF PROVINCE REFERRING DOCTOR NUMBERS

When a referring doctor is located outside of Saskatchewan, please use the applicable referring doctor number below and add a comment including the doctor's name and province.

Alberta	9908
British Columbia	9909
Manitoba	9907
Ontario	9906
Quebec	9905
Other Provinces	9900

REMINDER: MEDICAL CLAIMS FOR QUEBEC PATIENTS

As Quebec does not participate in the Reciprocal Billing Agreement, claims are **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

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 (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 since 2018:

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

As part of the PSM process, the Ministry and the SMA meet directly with physician sections to share perspectives and advance PSM items. The Ministry and the SMA have agreed to prioritize work for 2026 in relation to new items requests, the new claims payment system, strengthen the joint Working Group, and review previous modernized codes to ensure cost neutrality.

Additionally, work is underway in 2026 to modernize the Section of Internal Medicine. A data sharing schedule has been signed to enable MSB to share billing data with the PSM working group to inform areas to target for modernization.

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

THE TRANSITIONAL PAYMENT MODEL

The Transitional Payment Model (TPM) is available to eligible fee-for-service (FFS) family physicians and combines the existing FFS payment structure with a capitation payment based on patient contacts and panel size.

The model supports longitudinal, community-based family medicine by enabling physicians to spend more time on complex patient care, preventive care, and chronic disease management.

Physicians can apply at any time; however, registration must be completed within 60 days of the start of a quarter to receive payment for that quarter. For example, registration must be completed by May 30 for Q1 (April to June) or August 30 for Q2 (July to September). Once approved, quarterly payments continue in accordance with the model.

Information regarding the new payment model including a **link to register** can be found at: [Transitional Payment Model \(TPM\) Information | Health Care Administration and Provider Resources | Government of Saskatchewan](#).

Questions and feedback may be directed to: tpm@health.gov.sk.ca

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).

Saskatchewan's Provincial Telephone Consultation Service (LINK) is now available by calling the SFCC - 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)

Available 8:00 AM – 5:00 PM
Monday – Friday
excluding statutory holidays

Call the SFCC at
1-866-766-6050 Ext 7

Please visit [saskatchewan.ca](https://www.saskatchewan.ca) for more information about LINK and other useful tools created to improve the referral/consultation process.

THE REFERRAL/CONSULT APPOINTMENT GUIDE FOR PATIENTS

The guide provides patients with important questions to ask their referring doctor and specialist. Promotional materials have been mailed to physician offices, and we appreciate your support in using the guide and promoting it within your office or clinic. All materials are also available for download on the physician eHealth webpage.

Questions and feedback may be directed to: SKconsultationtools@health.gov.sk.ca.

Download a copy of the guide from **saskatchewan.ca** at <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-providers/provider-referral-and-consult-tools/referral-consult-appointment-guide-for-patients>

REFERRAL MANAGEMENT SERVICES (RMS)

A referral can only move forward when the information needed to assess and triage the patient is included.

When Information is Missing ... “Referral Ping-Pong” Begins



The Result



Before You Submit an RMS Referral

Take a few seconds to check:



- ✓ **Are you using the most current RMS referral form?**

Using an outdated or incorrect form can prevent the referral from moving forward.



- ✓ **Have you checked the requirements for the specialist group?**

Each group has standardized requirements.



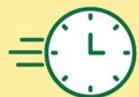
- ✓ **Is the reason for referral clear?**

Clearly state the clinical question or reason the patient needs specialist care.



- ✓ **Have you included the required clinical information and attachments?**

Include relevant clinical information, recent investigations, results and reports needed to assess the referral.



A few extra seconds now can help prevent delays later.

Referral Management Services (RMS) supports a pooled referral process and acts as the central intake for participating specialists. Currently, RMS supports 14 specialty groups/services.

For more information, visit: <https://www.ehealthsask.ca/providers/clinical-systems/rms>

OUT OF PROVINCE TRAVEL EXPENSES

The Saskatchewan Ministry of Health does not provide financial assistance for travel expenses incurred by adult patients who must travel outside Saskatchewan to receive medical care.

Even when the medical service is insured or has received prior approval, the adult patient remains responsible for all travel-related costs, including transportation, mileage, accommodation, meals, parking and other incidental expenses.

Physicians and clinic staff should clearly advise adult patients of this responsibility before finalizing an out-of-province referral. Approval or coverage of the medical service does not include approval or reimbursement of travel expenses.

For children from birth to age 16, the Pediatric Out-of-Province Travel Assistance Program (PTAP) may provide partial reimbursement when an eligible child must leave Saskatchewan to receive medically necessary specialized care that is not available in the province. Assistance is not automatic and requires Ministry approval.

For more information, visit **saskatchewan.ca**:

<https://www.saskatchewan.ca/residents/health/prescription-drug-plans-and-health-coverage/health-benefits-coverage/health-coverage-outside-of-saskatchewan-and-canada/pediatric-out-of-province-travel-assistance-program>

What Physicians Should Do

1. Advise adult patients that the Ministry does not reimburse travel, accommodation, meal or other related expenses for out-of-province care.
2. For patients from birth to age 16, consider PTAP when medically necessary specialized care is not available in Saskatchewan.
3. Submit or facilitate the PTAP application as early as possible and provide the clinical information required to confirm that the service is not available in the province.
4. Advise families that submitting an application does not guarantee assistance and, whenever possible, they should wait for written Ministry approval before making non-refundable travel arrangements.