

ROUTINE AUDIT INFORMATION SHEET

PHYSICIAN AUDITS

Overview:

The Saskatchewan Medical Care Insurance Act and The Saskatchewan Medical Care Insurance Beneficiary and Administration Regulations provide the legislative authority for public funding of physician services. It is essential that there is a fair and effective audit process in place to ensure accountability in the expenditure of public funds. This aligns with the government's mandate to continue to implement patient first approaches in the provision of health coverage while balancing our commitment and accountability to a publicly funded and administered healthcare system.

Medical Services Branch (MSB) has the legislative authority to review any accounts paid directly to a physician by MSB to ensure compliance with a physician's direct payment agreement with MSB, The Saskatchewan Medical Care Insurance Act, and the Physician Payment Schedule.

There are times when MSB may contact a physician about their billing practices in order to clarify the appropriate payment of medical services. After payment, MSB may undertake further investigation of a physician's claims to identify any inappropriate payments.

When a routine audit is being performed on a claim, the claim will either be recovered using the "R" section explanatory codes ("Routine Audit and Recovery"), which are designated specifically for audit use per the Physician Payment Schedule, or the physician will be contacted directly in writing with a request for information.

What can a physician expect during an audit?

Submission of Information:

- If a claim has been recovered with a designated audit explanatory code, a copy of the medical record or appropriate documentation to support the billing is required, unless otherwise explicitly directed in the explanatory code descriptor – please refer to these codes in the Physician Payment Schedule section "Explanatory Codes for Physicians" under "Routine Audit and Recovery" section.
- This documentation must be submitted directly to the Policy, Governance and Audit Unit and not through the Claims Analysis Unit.
- If no supporting documentation is provided, the claim will remain unpaid.

Audit Decisions:

- Routine audits are typically completed within 45 days, but may take longer depending on the complexity and nature of the audit.
- Once a decision has been made, the Payments and Audit Unit will notify the practitioner in writing by way of either 'Audit Response Form', 'Routine Audit - Request for Information and Response Form', or letter.
- Repayment adjustments completed by the Payments and Audit Units will be done using the explanatory code "RB".

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- Please do not electronically or manually resubmit claims that have been previously deducted using audit explanatory codes (“RA” through “RV”). Claims resubmitted to MSB will be returned with the explanatory code “RC”.

Other Explanatory Codes:

- Claims returned or declined with explanatory codes *other* than those contained in the “R” section (under ‘Routine Audit and Recovery’) of the Physician Payment Schedule specifically designated for audit purposes are not part of a routine audit of services.
- Inquiries regarding these claims should be directed to the Claims Analysis Unit at 306-787-3454.

Frequently Asked Questions

Q: Does the ‘Routine Audit – Request for Information and Response Form’ have to be included with my requested documentation?

A: The form was created to ensure that MSB receives all the necessary information in order to complete the routine audit of services and to avoid delays due to missing or inadequate information. Pending the required information is received with your documentation, we would not return your claim in the absence of the form.

Q: I provided the service that was billed and it was already paid, so why is it now being recovered for auditing? Why was my service paid and subsequently recovered?

A: Post-payment audits are an integral component of the audit process to ensure accountability in the expenditure of public funds, to identify and prevent inappropriate payments, provide education, and to ensure compliance with legislation per the Physician Payment Schedule. System limitations also factor into the post-payment audit process.

Q: What information is required of me and where do I send it?

A: For billing purposes, the physician is responsible for documenting and maintaining an adequate medical record that appropriately supports the service being provided and billed. Please refer to ‘Documentation Requirements for the Purpose of Billing’ and the ‘Routine Audit and Recovery’ explanatory codes section in the Physician Payment Schedule. All supporting documentation pertaining to the service provided should be forwarded by fax or email to:

Policy, Governance and Audit:

Fax: 306-787-3761

Email: MSBPaymentsandAudit@health.gov.sk.ca

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Q: If I have received notification on the results of a routine audit and would like to request a reassessment of my adjudicated claim(s), what are my next steps?

A: If your audited claim(s) has been declined and you wish to request a reassessment of an adjudicated claim(s), a physician may request this through the process as outlined in the Physician Payment Schedule under "Assessment of Accounts:

If dissatisfied with a review as a result of an audit, a further review may be requested by **writing** to:

Medical Consultant
Medical Services Branch
Ministry of Health
3475 Albert St
REGINA SK S4S 6X6 or fax to 306-798-0582

NOTE: Please note that only requests made in writing, directed to the Medical Consultants, and accompanied with new additional information will be considered.

Q: There is no code in the Payment Schedule for the service I provided. Can I use an alternate code and just send in my documentation?

A: If a specific fee code for the service rendered is listed in the Payment Schedule, that fee code must be used in claiming for the service, *without substitution*.

If there is no current fee code for the service being provided, the physician should write to Medical Services Branch to request advice on the correct submission of the account:

Medical Consultant
3475 Albert Street
REGINA SK, S4S 6X6 or fax 306-787-3761

Your correspondence must outline the nature and description of the service, the frequency of the service, the length of time spent performing the service, and the suggested fee and rationale.

**If you have any questions relating to the audit process, please contact the
Payments & Audit Unit @ 306-787-0496 or MSBPaymentsandAudit@health.gov.sk.ca.**