

## Contract Amendments for Timely Report Fees

**October 26, 2009**

**2009 – 68**

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Some of you may have already received, or will be receiving this coming week, Contract Amendments for the following contracted services:

- OR1
- OR2
- RTWSS
- ASTD Services
- FCE
- Hand Therapy Services
- Community OT Services
- MARP
- Pain Management Program
- Amputee Multidisciplinary Program

The primary purpose of these amendments is to alter the model for payment of timely report fees, so that both a flat service fee and any associated timely report fee are incorporated into the one flat service fee code. There are no financial impacts or changes here; rather, the desire is to pay the timely report fee, where relevant, in all cases, except when the mandatory report is received outside of the timeliness requirements as outlined in each respective Agreement. In such cases, the timely report fee would be deducted, which would show up on the Remittance Statement with an explanation code.

### **Some helpful things to know about the new model:**

#### **1. Effective Date – November 1, 2009 (for most)**

The model will be effective for Dates of Service (DOS) **November 1, 2009** onward (with exception of ASTD and FCE, who underwent an Amendment effective October 1, 2009).

Those clinics that have programs that use ERCS for reporting/invoicing will be emailed shortly a customized ERCS enhancement file by Knowledge Management, WorkSafeBC, which will allow the new model to be used when invoicing.

#### **2. Addition of the following “Daily Rate – Discharge Report” fee codes**

The Report fee for Daily Rate services is not incorporated into the daily rates and may be billed separately one time in conjunction with the relevant daily rate service with the **latest** date of service. Please refer to the respective Schedule B for fees and business rules.

- 1102032 - OR1 - Daily Rate - Report Fee
- 1102033 - OR2 - Daily Rate - Report Fee
- 1102034 – ASTD – Daily Rate/RTW Monitoring - Discharge Report Fee

## What do I need to do?

- ☑ Sign and return your respective Contract Amendments to Corporate Health Care Purchasing, WorkSafeBC, by the required dates noted, or contact them if you have any questions related to the Amendment
- ☑ Follow the instructions on the ERCS enhancement file (where applicable), once received
- ☑ When invoicing for services with DOS November 1, 2009 onward (or October 1, 2009 for ASTD and FCE providers), please ensure that:
  - If you are not an ERCS user, that you are using the **latest** version of the invoice form available for your specific service on [www.worksafebc.com](http://www.worksafebc.com) under “forms” / “health care providers.” Some of you are using an older version invoice form that incorrectly interprets “participation days” as “units,” causing payment errors and delays.
  - You note the correct “unit” (eg. A completed Hand Program may have **20 participation days**, but **only 1 unit** - with the discharge date as DOS, at \$1,110 - is invoiced.)
  - You note the correct/updated “Cost per unit” as per your updated Schedule B

## What do I do about outstanding timely report fees?

Once the new timely report fee model is in effect and shows itself to be working as designed, Health Care Services will determine the simplest way to address those timely report fees that are still outstanding for some providers. Please do not re-invoice for these amounts. We will communicate more about how the outstanding fees will be addressed as soon as details are available.

## Lastly, reminders again:

When invoicing, please ensure:

- You use the correct date format (yyyy/mm/dd) on all invoices and forms;
- The **Discharge Date** on the **Discharge Invoice** MUST match the **Date of Service** on the Board Sponsored Rehabilitation Services (BSRS) **Fax Cover Sheet (83D12)**;
- You check off the correct Report **Index Code** at the bottom of the BSRS Fax Cover Sheet (e.g. Discharge Report = **BSRDR**; Job Site Visit Report = **BSRJSVR**) when submitting a report;
- You do not fax the Discharge Invoice and the Discharge Report in the same transmission. Invoices often get scanned as part of a lengthy report;
- You do not put invoices under or with the BSRS Fax Cover Sheet. Invoices do not need a fax cover sheet;
- You use the correct fee code for the service you are billing for, particularly in cases where the service provided changed from what was initially referred. In these cases, it would be helpful to remind the Claim Owner to entitle the applicable service(s)/fee code(s) and unit(s).

Thank you for your ongoing patience and support during this challenging time. We are optimistic that we are moving towards significant progress. Please contact Health Care Services if you have questions/concerns.

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