

OR1 Networks

September 29, 2009

2009 – 64

The purpose of this bulletin is to provide you with an update on issues resulting from the implementation of CMS.

First of all, we would like to acknowledge that the transition period has been difficult and continues to cause difficulties for many Providers. We appreciate your patience and your feedback regarding issues that are identified. We are working to resolve the issues as quickly as possible.

1. **TIMELY REPORT FEES**

The Difficulties:

With the implementation of CMS, the Provider process for invoicing for timely report fees and the WorkSafeBC payment process for these fees has changed. CMS was set up to pay these fees automatically when reports are submitted within the defined timelines (three (3) business days). There were a number of issues with the system that resulted in timely report fees not being paid consistently. One of these was with respect to the dates that were being used for measuring the timeliness of reports. As such a number of you did not receive the timely report fees, when in fact you should have.

One source of confusion occurred when Providers included the timely report fee on the invoice, either by writing it on manually, or generating it on the invoice. In these situations, the Remittance Statement showed that the invoiced report fee was rejected. However, as the automated uplifts were paid as designed by the system (in the situations where everything was working as planned), the actual paid amount for the service, did in fact, include the timely report fee.

The Future:

In response to provider feedback looking for improved reconciliation for timely report fees, WorkSafeBC is moving towards a model where the fee code for the specific service would include the timely report fee for the relevant report. In situations where the report is received outside of the required timeline, then a deduction would be applied (the value of the timely report fee) on the fee code.

The timely report fee will be included for the **OR1 Flat Fee** (fee code 1100159) and **OR1 Low Service Area Fee** (fee code 1100160), as well as for the **OR1 Job Site Visit Fee** (fee code 1100163) and **OR1 Subsequent Job Site Visit Fee** (fee code 1100165) when the reports are received as required in the Agreement.

To illustrate, if a worker participates in the OR1 program, and the discharge report is received by WorkSafeBC within three (3) business days following the discharge date, the Remittance Statement the Provider receives with payment will indicate payment of \$1,690 (or \$1,950 for Low Service Area Providers), for fee code 1100159 (or 1100160). This amount includes the program flat fee plus the timely report fee.

On the other hand, if a worker participates in the OR1 program, and the discharge report is submitted more than three (3) business days following the discharge date, the Remittance Statement the Provider receives with payment will indicate payment of \$1,540 (or \$1,800 for Low Service area Providers) as a result of a deduction of the timely report fee of \$150.00 from the invoiced amount.

For the Job Site Visit and Subsequent Job Site Visit, the same method of payment will be applied whereby the fee code for each includes the timely report fee and will be added to payment if the report is received within three (3) business days, or deducted if the report is received after three (3) business days.

The timeline for implementation of this change will be **November 1, 2009** (pending completion of ERCS upgrades). Please watch for further communication on this issue.

Exception:

Effective immediately, a fee code for the **Discharge Report Fee** may be invoiced to WorkSafeBC for the **Daily Rate**, when the Injured Worker attends five (5) days or less in the OR1 program.

In situations where the Provider is invoicing the **Daily Rate** (fee code **1100162**), the **Discharge Report Fee** is to be invoiced using fee code **1102032**. In these situations the Provider will invoice the Discharge Report Fee code, **only** when the discharge report is submitted within the required timelines of three (3) business days, as per the Agreement. You may write this additional fee code with the amount of \$150 directly on the ERCS invoice until an ERCS enhancement is made to include this fee.

What do I do about outstanding timely report fees?

For those of you who have outstanding report fees, Health Care Services is in the process of determining the most effective way to address this issue. Please do not re-invoice for these amounts. We will communicate more about how the outstanding fees will be addressed as soon as possible.

2. THE GOOD NEWS

Providers have done an excellent job of using the most up to date forms, which is one key factor in facilitating the payment process. Thank you!

Forms are available on www.worksafebc.com under “forms” / “health care providers”.

3. REMINDERS

Effective October 1, 2009, the following program fees increase as indicated below:

Service Item	Fee Code	Old fee	New Fee as of October 1, 2009	New Fee with Report
OR1 – Flat Fee	1100159	\$1,540	\$1,675	\$1,825 with Discharge Report
OR1 – Low Service Area Fee	1100160	\$1,800	\$1,960	\$2,110 with Discharge Report
OR1 – Daily Rate	1100162	\$70/day	\$75/day	Not applicable (bill separate fee code)
OR1 – Job Site Visit Fee	1100163	\$210	\$220	\$275 with JSV Report

There will be an ERCS enhancement arriving in your clinic by email within the next two days. The new fees will be reflected in the enhancement, however the blending of the timely report fees into the fee codes as described in **Timely Report Fees** on page one, will not be included in this ERCS enhancement.

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 and will not be recognized for payment;
- 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.

Please contact us, if you have questions/concerns or additional issues not listed above.



Save the Date - June 4, 2010. See you all at the 6th Annual Health Care Professional Conference. Visit www.healthprofessionalconference.com for details.