

# eDOCSNL

## ELECTRONIC MEDICAL RECORD

### BCM BILLING: BLENDED CAPITATION BILLING MESSAGE NOTIFICATIONS AND TURN AROUND DOCUMENTS (TADS)

Billing messages are used to communicate Remittance Statements and Turn around Documents (TADs) (i.e., refused bills) in a textual format. TADs also arrive in the EMR as a refused bill and are found on the \*Ministry Claims Review (NL) Dashboard in the Action required section (widget). Billing Messages and Turn around Documents (TADs) are currently delivered to the EMR regardless of a physician's enrollment in the Blended Capitation Model (BCM). MCP Billing Messages and TADs are delivered to the EMR three times in a two-week period currently and will continue as is for Blended Capitation.

However, there will be new notifications from MCP in the form of Billing Messages and/or TADs coming to the EMR for the physician who participates in Blended Capitation.

### MCP BILLING MESSAGES

Billing Messages in the EMR are located on the \*Ministry Claims Review (NL) Dashboard in the lower left-hand corner:

Bills in Approved		Stephanie Menchions		Today's Pending Claims		All Pending Claims		Bills Outside of 60 Days	
Grouped by: Attending Provider    Statistic: Count    Limit: All		Statistic: Count    Limit: All		Grouped by: Attending Provider    Statistic: Count    Limit: All		Grouped by: Attending Provider    Statistic: Count    Limit: All		Grouped by: Attending Provider    Statistic: Count    Limit: All	
	Count		Count		Count		Count		Count
Mandy Bull	11	Total	16	No data found matching filter.		Barbara Blake	3	Fred Melindy	1
Martina Kennedy	37					Fred Melindy	1	Kim Dadd	21
Mitchell Fudge	1					IMM TEST Account	1	Leslie Barrett	3
<b>Total</b>	<b>49</b>					Jeff Hayley	7	Mandy Bull	1
						Kim Dadd	1	Martina Kennedy	38
Bills in Submitted						Mandy Bull	1	Mary Baggs	8
Grouped by: Attending Provider    Statistic: Count    Limit: All						Richard Coombs	1	Mitchell Fudge	17
	Count					Stephanie Menchions	2	ONE MOA	2
Barbara Blake	1					<b>Total</b>	<b>17</b>	Stephanie Menchions	58
Fred Melindy	1							<b>Total</b>	<b>149</b>
Kim Dadd	25					Bills Outside of 30 Days			
Leslie Barrett	3					Grouped by: Attending Provider    Statistic: Count    Limit: All			
Mandy Bull	6						Count		
Martina Kennedy	73					Fred Melindy	1	Kim Dadd	21
Mary Baggs	8					Kim Dadd	3	Leslie Barrett	3
Medaccess Test Two	1					Mandy Bull	1	Martina Kennedy	38
Mitchell Fudge	48					Martina Kennedy	8	Mary Baggs	8
ONE MOA	2					Mitchell Fudge	17	Mitchell Fudge	17
Sherri Blandford	7					ONE MOA	2	ONE MOA	2
Stephanie Menchions	59					Stephanie Menchions	58	Stephanie Menchions	58
Stephanie Spencer	1					<b>Total</b>	<b>149</b>		
tina kennedy	1					Ministry Billing Messages			
<b>Total</b>	<b>236</b>					Grouped by: Owner    Statistic: Count    Limit: 25			
							Count		
Ministry Billing Messages						Jeff Hayley	5	Kim Dadd	11
Grouped by: Owner    Statistic: Count    Limit: 25						Kim Dadd	11	<b>Total</b>	<b>16</b>
	Count					<b>Total</b>	<b>16</b>		

Billing Messages can also be accessed from the upper right-hand corner of the My Bills screen:

**My Bills**

Filter Batch Create Reports Messages Help

Date of: Service Start: All End: Today Status: Action Req... Warnings: All

Group: All Attending Provider: All Insurer: All

Service	Patient	Ins.	Code	Diag.	Provider	#	Modif.	Explan.	Billed	Balance	Status
10Dec19	EATON, ALTON_TPCHI	NL	112	493	Mitchell Fudge	37201	01		\$0.00	-\$82.46	Overpaid
19Dec17	LAMBERT, ADAM	NL	112	943	Mary Baggs	11401	01		\$80.51	-\$80.51	Overpaid
12Dec17	MALONE, SYBLE_TPCHI	NL	101	943	Bruce White	8201	12		\$106.03	-\$21.21	Overpaid
04Dec17	Zzblackmore, Wendyehr	NL	101	250	Bruce White	6701	01		\$80.51	-\$80.51	Overpaid
27Nov17	Kennedy, Tammy	NL	114	943	Hadeel Ali	6501	01		\$48.31	-\$80.51	Overpaid

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### TADs

TADs are visible on the \*Ministry Claims Review (NL) Dashboard in the Action Required Bills widget in the upper left-hand corner. <same as above.

### \*Ministry Claims Review (NL) Dashboard:

Action Required Bills	Pending Bills over 48 hrs	Bills Outside of 90 Days																																												
<p>Grouped by: Attending Provider    Statistic: Count    Limit: All</p> <table border="1"> <thead> <tr> <th></th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Bruce White</td><td>2</td></tr> <tr><td>Hadeel Ali</td><td>1</td></tr> <tr><td>Mary Baggs</td><td>1</td></tr> <tr><td>Mitchell Fudge</td><td>1</td></tr> <tr><td>Total</td><td>5</td></tr> </tbody> </table>		Count	Bruce White	2	Hadeel Ali	1	Mary Baggs	1	Mitchell Fudge	1	Total	5	<p>Grouped by: Attending Provider    Statistic: Count    Limit: All</p> <table border="1"> <thead> <tr> <th></th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Barbara Blake</td><td>3</td></tr> <tr><td>Fred Melindy</td><td>1</td></tr> <tr><td>IMM TEST Account</td><td>1</td></tr> <tr><td>Jeff Hayley</td><td>7</td></tr> <tr><td>Kim Dadd</td><td>1</td></tr> <tr><td>Richard Coombs</td><td>1</td></tr> <tr><td>Stephanie Menchions</td><td>2</td></tr> <tr><td>Total</td><td>16</td></tr> </tbody> </table>		Count	Barbara Blake	3	Fred Melindy	1	IMM TEST Account	1	Jeff Hayley	7	Kim Dadd	1	Richard Coombs	1	Stephanie Menchions	2	Total	16	<p>Grouped by: Attending Provider    Statistic: Count    Limit: All</p> <table border="1"> <tbody> <tr><td>Fred Melindy</td></tr> <tr><td>Kim Dadd</td></tr> <tr><td>Leslie Barrett</td></tr> <tr><td>Mandy Bull</td></tr> <tr><td>Martina Kennedy</td></tr> <tr><td>Mary Baggs</td></tr> <tr><td>Mitchell Fudge</td></tr> <tr><td>ONE MOA</td></tr> <tr><td>Stephanie Menchions</td></tr> <tr><td>Total</td></tr> </tbody> </table>	Fred Melindy	Kim Dadd	Leslie Barrett	Mandy Bull	Martina Kennedy	Mary Baggs	Mitchell Fudge	ONE MOA	Stephanie Menchions	Total				
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The TADs are also visible in the My Bills screen as the default view of bills which have a **Status of Action Required**:

**My Bills** ⓘ

Date of: Service Start: All End: Today Status: Action Required Group: All Attending Provider: All Insurer: All Warnings: All

Service	Patient	Ins.	Code	Diag.	Provider	#	Modif.	Explan.	Billed
10Dec19	⚠ EATON, ALTON_TPCHI	NL	112	493	Mitchell Fudge	37201	01		\$0.00
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27Nov17	Kennedy, Tammy	NL	114	943	Hadeel Ali	6501	01		\$48.31

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**Physicians who participate in Blended Capitation could possibly receive a TAD for the following reasons and would need to create a new claim in each case. These TADs would be in addition to the TADs that are currently received in EMR.**

1. A patient has been rostered to a physician by entering the Roster Fee Code but the billing for the patient has the BCM flag unchecked when it is submitted and there is no provider capacity field selection:

A TAD will be sent to the physician to send a new bill for the patient with the BCM flag checked and provider capacity field selected?

2. A Blended Capitation claim is submitted but the patient is not rostered to the physician. In this case the Rostering Fee Code could have been missed on the patient:

A new claim would need to be submitted including.

3. A patient is no longer rostered to the physician who is billing because they have been rostered to another physician:

A new claim would need to be submitted that would identify the patient as Non-Blended Capitation.

4. A physician who is not participating in the BCM submits bills as though they are a participating Blended Capitation physician:

New claims would need to be submitted.

**Physicians who participate in Blended Capitation could possibly receive a Billing Message notification for the following reasons. See image below on how to De-Roster a patient in the billing window, if required:**

1. Patient becomes deceased de-roster message - when the physician receives this billing message they, or their clerical, need to submit the **De-Rostered Fee Code** to MCP and **remove the Blended Capitation check** at the top of the billing screen. The billing message can then be completed. They as well can assign the billing messages to clerical for management.

2. Patient moves to long-term care - when the physician receives this billing message they, or their clerical, need to submit the **De-Rostered Fee Code** to MCP and **remove the Blended Capitation check** at the top of the billing screen. The billing message can then be completed.
3. Patient moves to a new province - when the physician, receives this billing message they, or their clerical, need to submit the **De-Rostered Fee Code** to MCP and **remove the Blended Capitation check** at the top of the billing screen. The billing message can then be completed.
4. Patient is rostered to a new/another physician - when the physician receives this billing message they, or their clerical, need to submit the **De-Rostered Fee Code** to MCP and **remove the Blended Capitation check** at the top of the billing screen. The billing message can then be completed.
5. Patient's MCP number expires - depending on clinic business practices, the new/reactivated MCP would be obtained by the patient and will be updated in the EMR by the Client Registry. The clerical must accept the new/reactivated MCP into the patient's chart. The clerical or physician will complete the billing message once the new/reactivated MCP is in the chart.
6. Physician goes over their limit of rostered patients - when the physician receives this billing message they, or their clerical, will need to evaluate their number of patients rostered. The billing message can then be completed once a plan is determined and appropriate action(s) taken to bring their roster back to the established limit.

The Blended Capitation Roster checkbox can be de-selected and the **De-Rostered Fee Code** can be selected from the billing window:

Bill						
Billing Provider*	<input type="checkbox"/> Blended Capitation	Referral Code	Inst./Hosp. Code			
<input type="text"/>	<input checked="" type="checkbox"/>	Non-referred patient	Select Favourite...			
Service Code 1	Code	Skill	Calls (qty)	Date*	Insurer	
De-Rostered	00000D		1	21-Mar-2024	NL - 449582034053	
Diagnosis	Code	Premium	Remarks Code		3rd Party Insurer	
<input type="text"/>	<input type="text"/>		<input type="text"/>		Select Favourite...	
Unit	BCM	Write-off	Total	Paid	Balance	Status
0.00	<input type="checkbox"/>	0.00	0.00	0.00	0.00	Pending
▼						
Payee #	Admission Date	SHV Last Date	IC Code	Provider Capacity		
<input type="text"/>	dd-MMM-yyyy	dd-MMM-yyyy	<input type="checkbox"/>	0 - Surgeon and/or Atten		