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 deliver 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
Grouped by: Attending Provider   Statistic: Count Limit: All

	Count
Mandy Bull	11
Martina Kennedy	37
Mitchell Fudge	1
Total	**49**

Bills in Submitted
Grouped by: Attending Provider   Statistic: Count Limit: All

	Count
Barbara Blake	1
Fred Melindy	1
Kim Dadd	25
Leslie Barrett	3
Mandy Bull	6
Martina Kennedy	73
Mary Baggs	8
Medaccess Test Two	1
Mitchell Fudge	48
ONE MOA	2
Sherri Blandford	7
Stephanie Menchions	59
Stephanie Spencer	1
tina kennedy	1
Total	**236**

Ministry Billing Messages
Grouped by: Owner   Statistic: Count Limit: 25

	Count
Jeff Hayley	5
Kim Dadd	11
Total	**16**

Richard Coombs	
Stephanie Menchions	2
Total	**16**

Today's Pending Claims
Grouped by: Attending Provider   Statistic: Count Limit: All
No data found matching filter.

All Pending Claims
Grouped by: Attending Provider   Statistic: Count Limit: All

	Count
Barbara Blake	3
Fred Melindy	1
IMM TEST Account	1
Jeff Hayley	7
Kim Dadd	1
Mandy Bull	1
Richard Coombs	1
Stephanie Menchions	2
Total	**17**

Mary Baggs	
Mitchell Fudge	17
ONE MOA	2
Stephanie Menchions	58
Total	**149**

Bills Outside of 60 Days
Grouped by: Attending Provider   Statistic: Count Limit: All

	Count
Fred Melindy	1
Kim Dadd	21
Leslie Barrett	3
Mandy Bull	1
Martina Kennedy	38
Mary Baggs	8
Mitchell Fudge	17
ONE MOA	2
Stephanie Menchions	58
Total	**149**

Bills Outside of 30 Days
Grouped by: Attending Provider   Statistic: Count Limit: All

	Count
Fred Melindy	1
Kim Dadd	21
Leslie Barrett	3
Mandy Bull	1
Martina Kennedy	38
Mary Baggs	8
Mitchell Fudge	17
ONE MOA	2
Stephanie Menchions	58
Total	**149**

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

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:

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 Ⓢ

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

Export options: Excel | PDF | RTF

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: