

BLENDED CAPITATION BILLING

Blended Capitation functionality is a feature that is enabled at the EMR clinic site level and must be activated by TELUS. Once enabled, the user will see new features that have been added to support Blended Capitation billing:

Bill			
Billing Provider* Kennedy, Martina	Blended Capitation	Referral Code Non-referred patient 🗸	Inst./Hosp. Code Select Favourite
Service Code 1	C <u>o</u> de ్ట 00000M 🔵 🦔	Skill	Calls (qty) Date* 1 14-Mar-2024
Diagnosis	Cod <u>e</u>	Premium	Remarks Code
Unit 🔹 BCM 0.00	Write-off	Total Image: Second system Paid Image: Second system Im	Balance Status 0.00 Pend

The **Blended Capitation** checkbox at the top of the window will be checked by the user who is rostering a patient into the Blended Capitation group. The checking of the Blended Capitation box and entry of the Rostering Fee Code can be completed by the clerical or the provider.

BLENDED CAPITATION FEE CODES AND BILLING PROCESS

When the **Blended Capitation** checkbox is selected, the secondary field of **BCM** at the bottom of the window is automatically selected. The BCM field when checked will change any "In-basket" service fee code unit amount to 25% of its original MCP Fee Schedule amount. In the example below, a 121 Office – Partial Assessment will have a unit amount of \$8.25 under Blended Capitation, whereas its unit price at 100% is \$32.98.

Note: In-basket fee codes are the core set of insured services provided by a physician to attached patients in their family medicine clinic practice (s). The In-basket fee codes can be referenced in the Blended Capitation Model for Primary Care, Schedule R, and Appendix B.

Bill			
Billing Provider* Bull, Mandy	Blended Capitation	Referral Code Non-referred patient 🗸	Inst./Hosp. Code Select Favourite
Service Code 1	C <u>o</u> de 😵 121 🧼	skill 01 - General Practitioı ✔	Calls (qty) Date* 1 08-Feb-2024
Diagnosis Signs/symptoms not yet	Cod <u>e</u> 780 <i>m</i>	Premium	Remarks Code
Unit Q BCM 8.25	Write-off	Total Image: Second system Paid Image: Second system Im	BalanceStatus8.25Pending

A fee code that is not included in the "in-basket" list of fee codes can be entered in the same billing window with "in-basket" fee codes. Note: the BCM flag is unchecked for the fee code 201 as it is not an "in-basket" fee code.

Billing Provider*	Blended Capitation	Referral Code	Inst./Hosp. Code		
Bull, Mandy		Non-referred patient V	Select Favourite		
Service Code 1 🛛 📓 💇 🕷	Code 🔇	Skill	Calls (qty) Date*		
Office - Partial Assessm	121 🔊	01 - General Practition V	1 08-Feb-2024		
Diagnosis	Cod <u>e</u>	Premium	Remarks Code		
Signs/symptoms not yet	780 🦔	~			
		enili	Calle (at.) Datat		
name of the second s	0-4-6		(3116 (CITU) 11310°		
Service Code 2	Code	10 Cardiac Surgeon	1 08-Eeb-2024		
Service Code 2	Code 🚱 201 🔊 Code	10 - Cardiac Surgeon ✓ Premium	1 08-Feb-2024 Remarks Code		
Service Code 2	Code 😵 201 🛤 Cod <u>e</u> 780 🛤	Premium ✓	I 08-Feb-2024 Remarks Code		
Service Code 2	Code Second	Skill 10 - Cardiac Surgeon ✓ Premium ✓ Total Paid	Calls (qty) Date 1 08-Feb-2024 Remarks Code Status		

Billing from the Visit Tab

The physician can continue to bill from the visit but the Blended Capitation enrolment form must be completed as well as the entry of the zero valued rostering fee code. The provider can enter the visit fee code and diagnosis but then would select the Bill icon above the Diagnosis field to go to the billing window.

Assessment			Bill
Diagnosis			
chr airway obstruct nec	496	<i>5</i>	
Billing Item CHRONIC DISEASE MANAGEMENT OF A	127	<i>8</i> 0	

Before

Billing Provider*	Blended Capitation	Referral Code	Inst
Kennedy, Martina		Non-referred patient 🗸	Sel
Service Code 1	C <u>o</u> de 🚷	Skill	Calls
CHRONIC DISEASE M.	127 🦔	01 - General Practitio 🗸	1
Diagnosis	Code	Premium	Rem
CHRONIC AIRWAYS O	496 🧥	×	
Unit 🔯 BCM	Write-off [Total 📗 🔘 Paid 🗽	Bala
49.48	0.00	49.48 0.00	49.4

In the billing window they will click the Blended Capitation check box at the top of the screen. This would only need to be checked once for a patient. This in turn would check the box called BCM. Once this is clicked the value in the unit field will be 25% of the original amount.

After BCM:



Lastly they will select the green plus sign to the right of the service code field label to add another service code field. They will enter the rostering fee code appropriate for the patient in the new service code field.

Note: If the BCM flag is not checked, the provider's bills will be processed at 100% as though they were not under the Blended Capitation model.

BILLING FROM THE DAYSHEET

The Daysheet billing functionality will look the same as it did before the implementation of the Blended Capitation functionality. Users who bill from the Daysheet will still have the edit link to the billing window to enter the bills for a patient visit.

Duplica	te	thought	_	as	pr	revious		sentence!
Memo	6							*
Time	Name		Туре	Concern	Status	Billing Status	Bill	Diag 🖕
09:20								^
09:25								
09:30	Lisa Rangel	8	Routine/Reg		Booked	Edit		
09:45								
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