

URBAN LOCUM PROGRAM

Submitting Encounter & Shift Records in an EMR



SEP 9, 2022

Urban Locum Program

- Introductions
- Welcome
- Land Acknowledgement
- Agenda
- Housekeeping Notes

Session Expectations

- Focused on using an EMR to submit Encounter and Shift records
- Not focused on the details of the contract
- Time for questions at the end

Terminology

- As the billing part of the EMR is used to submit Encounter and Shift records, these terms can be used interchangeably
 - Record
 - Claim
 - Bill

Overview - Encounter and Shift Records

Encounter Record

- Captures the clinical patient encounter for MSP
- Submission of a \$0 bill through the EMR
- Replicates a Fee For Service (FFS) bill
- 19 Simplified Encounter Service Codes

Shift Record

- Captures the daily time spent on the locum contract for MSP
- Submission of a \$0 bill through the EMR
- One Service Code (97570)
- One Shift Record per day

Important Set Up – LOCUM

- Practitioner MSP Number
- Payee Number
- Assignment of Payment Form
 - Locums (as well as other health care providers) can have multiple concurrent assignment of payments
 - Typical processing time by HIBC is 3 to 5 days
 - Program staff to assist with this process

Important Set Up – Host Clinic

- Informing EMR Vendor
- Teleplan Fee Code Update
- Locum Set Up in the EMR
- Ready for submitting Encounter and Shift codes?
 - Call HIBC – To confirm MSP Number and Payee Number assignment of payment is active and ready to use
 - Start by submitting the first day of Encounter codes and a Shift code to check they are not rejected

ENCOUNTER RECORD



Encounter Record – Mandatory Information

| Information | Explanation |
|---------------------------------------|--|
| Physician MSP Number and Payee Number | Automatically pulls from the provider record |
| Patient Name and PHN | Automatically pulls from the patient record |
| Service Date | Automatically populates today's date |
| Service Code | Encounter code |
| Diagnostic ICD-9 code(s) | One is mandatory, up to three can be included |
| Service Location Code | Usually – automatically populates the location code relevant for the clinic |

Encounter Record - Additional

| Information | Explanation |
|-----------------|---|
| Facility Number | <p>Only if being used by the host clinic.</p> <p>Usually – automatically pulls in the Facility Number of the clinic.</p> |
| Note | <p>If further information is to be provided with the service code or if required when resubmitting a rejected claim.</p> |
| Referral Doctor | <p>If the service is related to a referral, either from a physician or to a physician.</p> <p>The referral physician's MSP Number is entered.</p> |

Encounter Record - Example

| Information | Example |
|---------------------------------------|--------------------------------------|
| Physician MSP Number and Payee Number | 12345 98765 |
| Patient Name and PHN | John Doe 1234567890 |
| Service Date | Oct 11, 2022 |
| Service Code | 97512 (Visits) |
| Diagnostic ICD-9 code(s) | 02A (Abdominal Pain) |
| Service Location | L-Longitudinal Primary Care Practice |

SHIFT RECORD



Shift Record – Explanation

- Using a bill to send to MSP the daily amount of time a locum has worked under the contract.
- As a bill is used, a patient must be included as well as a diagnostic ICD-9 code.
 - Patient – any patient seen on the day or any patient where the chart has been reviewed under the contract hours.
 - ICD-9 code – 780 (General Symptoms).
- Start time and End time for services provided under the contract.
- Qty – Number of 15mins worked (between the start and end time) for services provided under the contract.

Shift Record – Mandatory Information

| Information | Explanation |
|--|---|
| Physician MSP Number and Payee Number | Automatically pulls from the provider record |
| Patient Name and PHN | Automatically pulls from the patient record [Can use any patient seen on the day or any patient where the chart has been reviewed under the contract hours] |
| Service Date | Automatically populates today's date |
| Start and End Time | Start and end time for the day for services provided under the contract |
| Qty or Units (Depending on the EMR) | Number of 15mins worked for the day for services provided under the contract |
| Service Code | Shift code |
| Diagnostic ICD-9 code(s) | One is mandatory |
| Service Location Code | Usually, automatically populates the location code for the clinic |

Shift Record - Additional

| Information | Explanation |
|-----------------|---|
| Facility Number | Only if being used by the host clinic. Usually – automatically pulls the Facility Number of the clinic. |

Shift Record – Time Unit

- 1 Time Unit = 15 minutes of contract eligible services.
- Any time on breaks (e.g. lunch) or time spent billing FFS or Third-party billings would be excluded from the Time Units.
- For a partial Time Unit, 8 or more minutes is rounded up to 1 Time Unit, whereas 7 minutes or less is rounded down.

Shift Record – Scenario

- Locum starts contract work at 8:30am and finishes contract work at 5:00pm = 8 hours 30 mins
- Locum takes a lunch break of 30 mins
- No FFS or Third-party claims done during this time
- Total hours worked under the contract = 8 hours
- Time Units (number of 15 mins) = $8 \times 4 = 32$
= 8 (hours) x 4 (15 mins) = 32

Shift Record – Scenario

| Information | Scenario |
|--|--|
| Physician MSP Number and Payee Number | 12345 98765 |
| Patient Name and PHN | John Doe 1234567890 [Can use any patient seen on the day or any patient where the chart has been reviewed under the contract hours] |
| Service Date | Oct 11, 2022 |
| Start and End Time | 08:30 17:00 |
| Qty or Units (Depending on the EMR) | 32 (excluding 30 mins for lunch) |
| Service Code | 97570 |
| Diagnostic ICD-9 code(s) | 780 (General Symptoms) |
| Service Location Code | L-Longitudinal Primary Care Practice |

Fee For Service / Third-Party Billings

- Any time spent on Third-party or eligible FFS billing must be excluded from the hours provided under the contract.
- When a locum bills eligible FFS on the same day as a clinical shift is worked, the start and end times must be included in the claim.
 - Note: this means the block of time spent delivering these services, not individual start and stop times on each claim.
 - Except time-based claims, where the start and end times are entered.
- Process for handling FFS and Third-party billings discussed in host/locum orientation.

Resources

- EMR guides on the JCC Resource Catalogue (<https://www.jcc-resourcecatalogue.ca/en>)
 - Med Access ([link](#))
 - Oscar ([link](#))
 - Oscar Pro ([link](#))
- Frequently used ICD-9 codes (last 2 pages of the EMR guides above)
- Resource with the simplified Encounter service codes (<https://www.pcnbc.ca/en/pcn/permalink/pcn130>)
- Urban Locum Program Orientation Package

Support

- Urban Locum Program
 - UrbanLocumProgram@VictoriaDivision.ca
 - (778) 265-0473
- Practice Support Program
 - PSP@doctorsofbc.ca
- HIBC
 - To confirm MSP Number and Payee Number assignment of payment is active and ready to use
 - (604) 456-6950 option 3 then option 2
- If EMR Vendors have questions
 - DTOInfo@doctorsofbc.ca

Questions



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Thank You

DTO Doctors
Technology
Office
A GPSC Initiative

P S P
Practice Support Program