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|  <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINES</p> | Operational Guideline: Third Party Billing | Guideline Number: PCOG#2 |
| | Approved By: Primary Care Service Area Leadership | Pages: 1 of 8 |
| | Approval Date: April 26, 2022 | Supersedes: November 14, 2018 |

1. **INTENT:**

- To ensure consistency of application and processes related to the submission, tracking, reconciliation and distribution of revenues generated from Physician, Physician Assistant and Nurse Practitioner Third Party Billings
- To support consistent Third Party Billing practice that falls within the boundaries of the *Winnipeg Independent Contractor General Practitioner Agreement* and ensures principles regarding double billing guide clinic process. Per section #5.08 of the Agreement:
 - The parties acknowledge and agree that, aside from the compensation payable pursuant to this Agreement, no other compensation is payable for medical services being rendered pursuant to this Agreement and that the physician should not be paid any additional remuneration or compensation (including but not limited to any benefit, payment in the nature of a signing bonus, retention bonus, employment incentive, retention incentive, relocation assistance, travel assistance and/or "in kind" compensation) in consideration for providing these medical services, other than as specifically provided for in this Agreement.*

2. **DEFINITIONS:**

- Third Party Billing** - Refers to activities not insured by Manitoba Health and Seniors Care but may be billed to and paid for by other third party insurers. Examples may include Manitoba Public Insurance, Workers Compensation Board (WCB), Blue Cross, Canada Life, etc.
- Contracted Hours** – Each Physician signs an annual contract which indicates the total hours they must work within any given fiscal year (1.0 EFT/GFT = 1,760 hours) in order to fulfill their contractual obligation. Based on the Physician's annual contracted EFT/GFT, a minimum daily/weekly Physician staffing baseline schedule is then developed that will provide assurance within an interprofessional team environment of the ability to respond to patients in a safe and timely way.
- Outside Contracted Hours**
Example: Physician finishes their scheduled 20 hours/week on a Thursday but comes into the clinic on Friday during open hours to work specifically on Third Party Billing (not seeing patients); contracted hours are fulfilled for the week; Physician is not being paid for this time
- Within Contracted Hours**
Example: Physician completes Third Party paperwork during their scheduled 20 hours/week on any particular day as time permits; perhaps a result of an empty clinic slot in their schedule due to a No-Show Appointment

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3. OPERATING GUIDELINE:

3.1 Third Party Billing Revenue Distribution:


- WRHA Independent Contracted Physicians / Department of Family Medicine Physicians will receive 80% of all Third Party Revenue generated from the processing of any Third Party request **outside** contracted hours at the clinic where they work. The remaining 20% of revenues generated will be retained by the WRHA / Department of Family Medicine Finance & Administrative Office and used to offset administration costs incurred.

NOTE: For taxation purposes it is not appropriate for the Physician to keep 100% and then write a personal cheque to the WRHA / Department of Family Medicine Finance & Administrative Office for 20% of the amount billed and paid.

- WRHA Independent Contracted Physicians / Department of Family Medicine Physicians will receive no Third Party Revenue generated from the processing of any Third Party request **within** contracted hours at the clinic where they work. 100% of revenues generated will be retained by the WRHA / Department of Family Medicine Finance & Administrative Office.
- The 80/20 split **does not apply** to Physician Assistants or Nurse Practitioners regardless of whether the Third Party request is processed within or outside operating hours of the clinic where they work. 100% of revenues generated by Physician Assistants and Nurse Practitioners are retained by the WRHA / Department of Family Medicine Finance & Administrative Office.


3.2 Processing / Invoicing of Third Party Requests:

- All Third Party requests received are time sensitive in nature and require immediate attention. Per provincial legislation, all requests for release of Personal Health Information must be completed within 30 days.
- Upon receiving an electronic request for release of health information from a Third Party, the Primary Care Assistant (PCA) will transfer the documents into the Physician/Physician Assistant/Nurse Practitioner in-box within the Electronic Medical Record (EMR) for completion and processing. In the event of paper copy requests received, these would be scanned into the EMR before following the same process noted above.
- Once the Physician/Physician Assistant/Nurse Practitioner completes work related to the Third Party Billing, they will create a task for the PCA identifying that a Third Party invoice is required complete with all necessary billing details.

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- For all Physician Third Party Billings, it is the sole responsibility of the Physician to accurately inform the PCA whether the Third Party work was completed within or outside of contracted hours. **NOTE:** This information may be periodically audited. This information is required in order for the PCA to record provider specific details on *Third Party Billing Tracking (APPENDIX A)* including whether the distribution of Third Party Revenue is to be an 80/20 split or 0/100 as described above.
- The designated PCA will generate an invoice in accordance with either of the following two fee schedules:
 - 1) [WRHA Acute, Long Term & Community Care Sites Fee Schedule for Patient Information](#) (current fee schedule located on Health Information Management webpage)
This fee schedule is used when:
 - a. There is no Physician involvement with release of information; or
 - b. Physician Assistant, Nurse Practitioner, Midwife, or other Provider provides release of information
 - 2) [Billing for Uninsured Services Guide](#) (located in EMR-Billing)
This fee schedule is used when:
 - a. There is Physician involvement with release of information
- Third Party Billing Revenue must never be paid direct to a provider via Direct Deposit from a Third Party Insurer.
- Invoices **MUST** always indicate funds are **PAYABLE TO THE WRHA** and should be mailed to the Primary Care Clinic that originated the Third Party claim unless otherwise arranged/advised by Finance.

There is currently **one exception to this rule** - WCB payments for Nurse Practitioners **ONLY** will be forwarded by WCB direct to Finance for processing. To ensure compliance with this requirement, the following **WCB Third Party Billing instructions specific to Nurse Practitioners** must be adhered to:

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*******WCB Specific Billing Instructions*******


- **WCB Third Party Billing for NURSE PRACTITIONERS ONLY:**
In order for WCB Third Party cheques to be made payable to the WRHA instead of Nurse Practitioners, it is imperative these steps be followed.
- When the PCA generates a Nurse Practitioner invoice for WCB, the **WCB#9082-XXXXX account number** MUST be included on each WCB invoice before WCB will make payment direct to the WRHA instead of the Nurse Practitioner.
- Each Primary Care Clinic has been assigned a unique WCB account number to be used for all Nurse Practitioner invoicing to WCB ONLY as follows:

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| Access Winnipeg West | 9082-10042 |
| McGregor Walk-In Connected Care | 9082-10151 |
| Access River East | 9082-10332 |
| Access Downtown | 9082-10375 |
| Access Transcona | 9082-10378 |
| Aikins Community Health Centre | 9082-10396 |
| Access Fort Garry | 9082-10364 |
| BridgeCare Clinic | 9082-10152 |

When generating a WCB invoice for any Nurse Practitioner within Accuro, the PCA must select the appropriate site specific account number as found within the dropdown menu under the “**WCB Nurse Practitioner account number, if applicable**” category.


- WCB cheques for Nurse Practitioners ONLY will be forwarded to WRHA HSC Finance at 4th Floor – 650 Main Street for processing. Once Finance reconciles payment on their end, they will deposit the cheques and forward detail regarding WCB remittance to the respective PCA for reconciliation of records at the site level.
- **WCB Third Party Billing for PHYSICIANS ONLY:**
Instead of a unique site specific WCB account number, every Primary Care Physician has been assigned a unique individual WCB account number to be used for that Physician’s billing.

When a new Physician does not yet have a WCB account number, the PCA should generate the first invoice to WCB using the Physician’s name (i.e. **Dr. John Doe, Prac#**_____) indicating this is for a new Physician. Once WCB receives the invoice, they will assign a unique individual WCB account number for that Physician and send a letter back to the clinic advising of such. The clinic would then begin using this unique individual WCB account number for that Physician on subsequent billing.

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3.3 Third Party Billing Tracking Processes / Financial Management:


- Information is recorded on the monthly *Third Party Billing Tracking (APPENDIX A)* spreadsheet by the PCA. It is recommended the spreadsheet be maintained on a daily basis to improve accuracy and to avoid backlog. The billing information should be recorded on the appropriate tab (Claims Received or Claims Outstanding), depending on the status of the claim at month end. New claims should be entered onto the Claims Outstanding spreadsheet, then cut & paste (or transcribe information) onto the Claims Received spreadsheet once payment has been received.
- The 2-page monthly tracking report with invoice summary is to be sent to WRHA Finance **three (3) business days before month end** so that they can record into Accounts Receivable. Finance will generate payments to Physicians based on Claims Received for any given month. For example, if a claim that originated in January is received by the WRHA in May, the Physician will be paid their portion of that claim during the May Medical Remuneration payments.
- In addition to the Monthly Report, each site should send the related cheques for deposit. **Ensure that the claim number and the month it was invoiced is written on the cheque (or on copies of cheques) so it can be easily identified on the Monthly Report.** Finance does not require copies of the documentation related to the claim, but individual sites should retain this documentation for reference.
- All Third Party recoveries are to be received by the Primary Care Clinic in which the billable service was provided unless otherwise arranged/advised by Finance.
 - If the funds are sent to WRHA Finance in error, then Finance will fax a copy of the cheque and the related documentation to the appropriate Primary Care Clinic immediately. Finance will retain the actual cheque and reconcile it with the other submissions from that Primary Care Clinic at month end.
 - If the Physician/Physician Assistant/Nurse Practitioner receives the recovery directly, they must sign the cheque over to the WRHA in its entirety and forward all original payment and documentation to the Primary Care Clinic immediately. The Physician/Physician Assistant/Nurse Practitioner may choose to keep copies of paperwork for their own files.
- Upon receipt of the Primary Care Clinic monthly report and cheques, Finance will deposit the cheques and update Accounts Receivable accordingly. Finance will pay the Physician recoveries based on the monthly report for claims received. All recoveries belonging to the WRHA will be deposited into a central account and tracked by site. The Account Code at the top of the Monthly Report should be filled out with the Site Code and Central Cost Centre Code:
 - Access Downtown – 10200068**
 - BridgeCare Clinic – 10200069**
 - 601 Aikins – 10200070**

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- **Access Transcona – 10200072**
 - **Access River East – 10200073**
 - **McGregor Walk-In Connected Care – 10200375**
 - **Access Winnipeg West – 10200377**
 - **Access Fort Garry - 10200467**
- Payments to Physicians will be bundled with all other payments owing to Physicians through Medical Remuneration following the bi-weekly payment schedule. Payments for Third Party billing are only processed ONCE each month, following month end processing. As a result, Physicians can expect their Third Party payments on the Medical Remuneration payment date that occurs in or around the middle of the following month. For example, payments for claims received during the month of May will be paid in and around the middle of June.
 - Finance will provide the clinics with information related to the 80/20 split for the purposes of the site records. Since Third Party payments are combined with all other Medical Remuneration payments in the same deposit, the Sites may use this information at their discretion to inform Physicians regarding the portion of the payments that are related to Third Party activity.
 - **Sites are responsible for following up on outstanding claims regularly.** The general guideline for the steps to be followed include:
 - **Approximately 4-6 weeks outstanding** – Phone call to the Third Party Insurer to remind them of outstanding claim.
 - **Approximately 8-10 weeks outstanding** - Letter to Third Party Insurer to remind them of outstanding claim – include copy of original invoice and CC the relevant Physician/Physician Assistant/Nurse Practitioner. See *APPENDIX B - Reminder to Insurer*.
 - **Approximately 12-14 weeks outstanding** - If claim still not received, advise Physician/Physician Assistant/Nurse Practitioner in writing that claim remains outstanding and that the claim will be written off (this memo is not sent to the Insurer). See *APPENDIX C - Notice of Write Off to Provider*.

After significant effort to collect on an outstanding claim it is determined there is a low likelihood it will ever successfully be collected:

- The PCA **MUST** send an email with particulars to WRHA Finance instructing them to process a write-off. Third Party write-offs **MUST** be completed on a regular basis so uncollectable claims are removed as an Outstanding Accounts Receivable against the Primary Care Clinic where it originated.
- In addition, the PCA should indicate “Write-off” against that specific claim on the *Third Party Billing Tracking (Claims Received)* spreadsheet for future reference as required.

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- Claims rejected by Third Party Insurers should be indicated on the *Third Party Billing Tracking (Claims Received)* spreadsheet as “**Rejected**” for future reference as required. If the claim is ever received after the claim has been written off, it should be processed as a newly received claim and recorded once again on the *Third Party Billing Tracking (Claims Received)* spreadsheet.

3.4 Third Party Billing Revenue / Expenditure Tracking:

- Finance will provide the Program Specialist with a monthly Third Party revenue and expenditure tracking sheet which provides current information by site. This tracking sheet will identify the total cumulative funds available in the central revenue account to be accessed and spent by the WRHA Direct Operated Clinics. This tracking sheet will be shared for planning purposes with Primary Care Service Area Leadership, Community Area Directors and Team Managers.
- Each WRHA Direct Operated Clinic may access funds from the central revenues account via a request to the Program Specialist after first discussing requirements with their respective Primary Care team including Community Area Director and Site Medical Leader. Approval for spending of Third Party funds is required in advance of any purchases being made. Funds may also be allocated at the discretion of Primary Care Service Area Leadership and/or in consultation with the Community Area Director.
- Funds will be allocated strategically to support primary care priorities within the WRHA Direct Operated Clinics. Allocation of available funds will be fair, equitable and based on need. It is the site responsibility to determine their needs and make a submission.
- All Third Party purchases must ensure the use of fair and ethical methods and an accountable determination of the successful vendor from which to purchase goods, services and equipment as outlined in [WRHA Regional Policy #30.10.130 Purchasing](#).
- All funds in the central revenue account must be spent before fiscal year end annually. Funds remaining in this account at year end will not carry forward.

4. SOURCES/REFERENCES:

- Green Belt LEAN Project “Third Party Billing” (July 2013), Quality Improvement Project Report Out & Recommendations
- WRHA Acute, Long Term & Community Care Sites Fee Schedule for Patient Information, revised date January 2016
- Winnipeg Independent Contractor General Practitioner Agreement (July 2019)
- Consultation with Primary Care Service Area Leadership, Primary Care Direct Operation Team Managers and Community Area Directors, EMR Support Services, WRHA Finance and Department of Family Medicine Finance & Administrative Office

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5. APPENDICES:

- **APPENDIX A** - Third Party Billing Tracking (Claims Received and Outstanding)
- **APPENDIX B** – Reminder to Insurer (Letter template)
- **APPENDIX C** - Notice of Write Off to Provider (Internal Memo template)

SCOPE:

Applicable to all WRHA Primary Care Direct Operated Clinics (including Walk-In Connected Care Clinics).

NOTE:

Only Sections #1, #2, and #3.1 of this guideline are applicable to Kildonan Medical Centre, Family Medical Centre, and Northern Connections Medical Centre.

Due to separate billing, tracking and financial management arrangements in place between the Department of Family Medicine Finance & Administrative Office and the University Medical Group for Third Party/Private Billings, all existing processes and templates outlined within the Department of Family Medicine Remuneration Framework shall be maintained.

**Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership*