MSP Claim Reconciliation:
A Step-by-Step Guide

MDBilling.ca

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MSP billing can be complex and time-intensive. While submitting claims is the easiest part of the process, most physicians forget to cross-reference their payment data with patient records so that they can ensure all of their work is properly compensated.

To keep your practice running smoothly, it's important to make certain that you're getting paid what you're owed. Reconciliation is a vital business process that should be completed monthly - that is, you need to keep track of the service codes that have been submitted, which claims haven't been paid, and take action to resubmit or appeal with the Ministry of Health when needed.

In this easy-to-follow guide, we'll cover all of the steps you need to take in order to reconcile your claims with MDBilling.ca. To complete all the steps, you'll need to set aside up to 45 minutes depending on how many patients you have each month, the number of rejections/unpaid codes, and if you want to appeal for any claims.

💡 Tip

Take the time to submit your claims correctly before each close-off date. This way you'll have fewer claims to reconcile each remittance (e.g. submitting claims that are not allowed will be rejected or not paid by MSP, resulting in more work for you to reconcile later).

1   Step 1 - Generate Reports

2   Step 2 - Review Paid, Adjusted, and Held Claims

3   Step 3 - Dispute a Claim Adjustment or Non-payment (Optional)

4   Step 4 - Review Financial Summary

5   Step 5 - Reviewing Unprocessed Claims Summary

How to Reconcile Your Claims

1 Step 1 - Generate Reports

1 minute

You'll need to run two reports after we receive the remittance (payment reports) from MSP. An email notification will be sent to you when the reports are ready to download from your account. This occurs twice a month (mid and end of the month).

Follow these steps to access your reports

> Under the REPORTS & FORMS menu

> Click BASIC REPORTS

> Click on "Claim Payment Summary (Current Payment)" and "Unprocessed Claims Summary" to run the reports
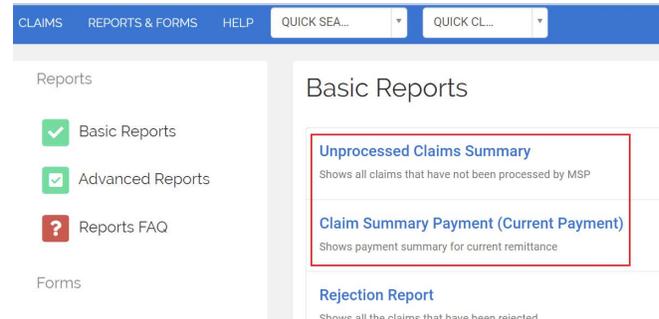
To download a report

Once you have accessed the report, in the dropdown at the top of the report where it has the down arrow, select a preferred format. A copy of the report will be downloaded to your local drive. For reconciling, we recommend that you download the reports in Excel Worksheet format.
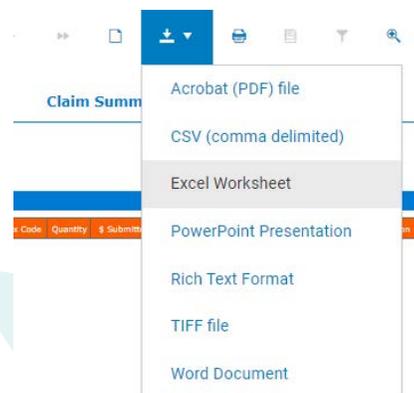
Step 2 →

Step 2 - Review Paid, Adjusted, and Held Claims

🕐 **2–10 min**

Open the Claims Summary Payment report. Here you can review the claims that have been paid in full or partially paid, or being held for some reason. On the rightmost column of the report, you will find an explanation code for claims that have been adjusted.

Explanation codes are issued by MSP in accordance with the MSC Payment Schedule and they provide a reason for a payment adjustment or non-payment of a claim. A legend of the codes can be found at the bottom of the report.

Accounting Id	Patient Name	Service Code	Service Date	Dx Code	Quantity	$ Submitted	$ Paid	Balance	Status	Explanation
1		01172	27/08/2020	727	2	$69.78	$69.78	$0.00		
8		01172	27/08/2020	715	3	$104.67	$104.67	$0.00		
9		01172	26/08/2020	5690	2	$69.78	$69.78	$0.00		
11		01172	26/08/2020	787	3	$104.67	$104.67	$0.00		
20		01112	27/08/2020	835	3	$94.02	$109.92	$15.90		BG

Explanation	Description
BG	AMOUNT ADJUSTED TO THE RATE EFFECTIVE FOR THIS DOS.

Step 3 →

3 # Step 3 - Dispute a Claim Adjustment or Non-payment (Optional)

🕐 **0–30+ min**

If you determine that a payment adjustment has been applied incorrectly (based on the claim particulars, your billing history for the patient, or the rules of the MSC Payment Schedule), you have two options to obtain clarification from MSP outlined below. Otherwise, skip to step 4.

Option 1: Contact MSP Billing Support

When calling the MSP Billing Support Office, provide your MSP practitioner number and payee number so that the billing support staff can quickly locate your information.

Canada District Offices

Vancouver
Tel: (604) 456-6950

Elsewhere in B.C.
Tel: 1-866-456-6950
Press 1, then 1 (for specific claims)

💡 **Tip**

If you are asked for the sequence number of the claim, it can be found at the bottom of the claim page under Submission Details (MDBilling.ca Data Centre: T1919).

SUBMISSIONS DETAILS

Submission Date	Sequence No.
2021-02-02	4961

Option 2: Hire a Billing Specialist for Assistance

You can sign up for our ad-hoc billing agent service at an hourly rate to assist in reconciling and appealing your claims. Please contact our support team for more information.

4 Step 4 - Review Financial Summary

⏲ **2 minutes**

Claim Summary Totals

Total Patients:	16
Total Claims:	17
Total Submitted by MDBilling.ca:	$2,298.76
Total Amount Paid:	$2,314.66
Balance:	$15.90

The financial summary can be found at the bottom of the Claim Summary Payment report.

Total Amount Paid

This is based on the processed claims during the payment period. It does not include any adjustments such as additional payments or deductions.

Balance

Difference between the Amount Submitted minus the Amount Paid.

5 Step 5 - Reviewing Unprocessed Claims Summary

In this report, you can review all the unprocessed claims. This is a "snapshot in time" of all the claims in our system that have not been processed by MSP.

You will find the following claim statuses in the report:

> Saved
> Submitted
> Unsubmitted
> Rejected

Claims with a **Submitted** status and created after the last close-off date will not be processed for the current remittance, and will therefore show in this report. You may also find **Unsubmitted** or **Rejected** claims in this report, as they have not been transmitted to MSP.

In this report, you'll want to be aware of claims that are **Rejected** and ensure to correct and resubmit them within 90 days from the date of service. If you do not wish to resubmit the claim, you can archive the claim so that it will not appear in this report anymore.

How to Handle Over-Aged Claims
(over 90 days after the service date)

When the claim is over 90 days old, you can still submit the claim as usual for the following reasons:

- The patient's coverage has been reinstated
- The claim has been processed by MSP but you disagree with the adjudication of the claim
- The claim has been either refused or accepted by ICBC since it was originally submitted
- The claim has been either refused or accepted by WorkSafe BC (WSBC) since it was originally submitted

If the claim becomes over-aged due to none of the above reasons, you must submit a written request with a detailed explanation for an over-aged submission. The request must also include the date range of the claims, number of claims, the value of claims, and the fee items involved.

Note: Administrative issues such as staffing problems, clerical errors, lost or forgotten claims, system or service bureau problems do not qualify for an exemption.

When a written application is approved for retroactive billing, the maximum retroactive period will be six months from the date of approval. Only in very exceptional circumstances will claims be approved beyond six months. In those exceptional circumstances due to system restrictions, the maximum retroactive period granted will be 18 months.

MSP will respond (by fax) in writing to advise if the claims will be denied or approved. If the request is denied, the letter will advise the next steps, i.e. the appeal process. If the request is approved, you can then submit the over-age claim as usual except that you will need to click Advanced Fields on the claim page and select the Submission Code A (Post 90 day - Pre-approval Claims).

Advanced Fields ∨

Facility Number	▾
Ref Practitioner 1	∨ ▾
Submission Code	Post 90 Days - Pre-approval Claims (A)
Payment Mode	Regular

Please note the over-age claim approval applies only to the exemption to the 90-day submission limit and does not guarantee payment. All claims billed are subject to the usual processing and adjudication rules and regulations.

For more information you can contact the Practitioner and Patient Claims Support via phone: 1-866-456-6950 or by fax: 250-405-3593.

About MDBilling.ca

MDBilling.ca is an established MSP software and billing service that can help you manage your claims and reconcile your accounts. Developed with busy doctors in mind, our efficient and accurate processing of MSP claims will help you get maximum reimbursement in minimum time.

Using our software and our concierge-level billing service allows you to invest the appropriate resources to get this important task completed without breaking a sweat. So, whatever time or effort you wish to invest in your MSP billings, MDBilling.ca can help you save time, and earn more!

Start your MDBilling.ca trial. It s free!

What's next?

> Discover 5 common errors that reduce medical practice revenue and how to prevent them
> Or log into your account and reconcile your claims