mcp newsletter

May 29, 2025 **25-07**

TO: ALL PHYSICIANS

RE: MCP CLAIMS MONITORING SYSTEM

Background

The MCP Claims Monitoring System (CMS) is an automated claims selection program designed to ensure the integrity of medical claims submitted to the Newfoundland and Labrador Medical Care Plan (MCP). It operates through two key components: the Verification Program and the Compliance Program. CMS verifies claims by comparing submitted documentation with the MCP Medical Payment Schedule and General Preamble, and confirming services with patients.

The CMS **Verification Program** begins with VP1, where one service per physician is randomly selected every month. If records are acceptable for three consecutive months, the physician progresses to VP2, reducing submission frequency to once every third month. During each stage, the physician submits documentation, while the patient is contacted to confirm the service, and both are reviewed by audit staff.

If a physician's documentation is found to be deficient during either verification stage, they enter the CMS **Compliance Program**, which will consist of three escalating stages (CP1–CP3). Each stage requires the submission of an increasing number of records of the fee code in question per stage. If issues persist through to stage CP3, the physician may be entered into the Physician Claims Intervention Program, which will require the Physician to submit all records for the selected fee code prior to payment. Persistent issues may lead to a Comprehensive Audit. Physicians can exit the Compliance Program at any stage if their submissions meet specified billing and documentation standards.

<u>CMS Modernization</u>

In newsletter 24-17, issued November 2024, the Department of Health and Community Services (HCS), in consultation with the Newfoundland and Labrador Medical Association (NLMA), announced the pausing of the Compliance Program under the CMS pending review. The aim of the review of the CMS Compliance Program is to examine whether the program is meeting the objective of providing physicians with proactive feedback and education on billing with reference to the MCP Medical Payment Schedule General Preamble and billing rules.

At the time the CMS Compliance Program was paused, HCS also announced that the CMS Verification Program would remain in effect. Subsequently, the CMS Verification

Program was also paused to ensure proper IT system programming and to make improvements that are now ready for implementation.

Relaunch of CMS Verification Program

On **May 30, 2025**, the CMS Verification Program will be relaunched.

The CMS Verification Program has been enhanced to ensure that physicians receive more thorough and informative feedback to inform billing practices and help reduce the incidence of claims proceeding to comprehensive audit. HCS has made technical adjustments so that more detailed comments on turn around documents (TADs) produced by CMS can be provided. This aligns with the educative intention of the CMS Verification Program. No other changes to the CMS Verification Program have been made at this time.

While the CMS Compliance Program remains paused, any unacceptable records in the CMS Verification Program (VP1 or VP2) **will not** result in additional records being selected for examination through the CMS Compliance Program.

Development of enhancements to the CMS Compliance Program are underway. HCS remains committed to consultation with the NLMA to complete review, improvement, and relaunch of the CMS Compliance Program later this year

Update to TeleClaim

Finally, HCS and the Office of the Chief Information Officer are pleased to announce an update to TeleClaim (MCP's Electronic Billing Software for Providers) will be launched in the coming weeks. TeleClaim 6.4 has been updated to include some additional edit checks on the data entered for each claim. This will enable physicians to have an opportunity to rectify some data entry errors prior to submission of a claim. These upfront checks should reduce the number of TADs provided to physicians.

Questions pertaining to the content of this newsletter should be directed to:

Leanna Devereaux
Manager of Audit Services
(709) 729-0515
leannadevereaux@gov.nl.ca, or

Gerard Power
Manager of Physician Relations
(709) 729-1011
gerardpower@gov.nl.ca.