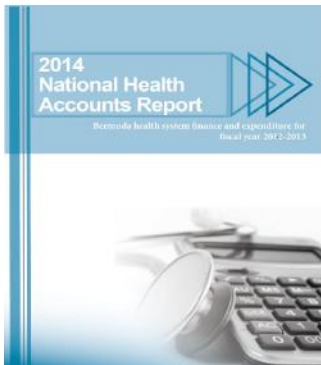




“Achieving a quality, equitable and sustainable health system”

Coming Soon: Health Accounts



Transparency for Employees

BHeC is exploring mechanisms to post on our web site the names of employers with inactive health insurance policies. Publication will improve transparency and ensure employees know the status of their policies, particularly when premium is deducted from their pay.

Visit our web site at www.bhec.bm for all our publications and updates.

Outreach

At this time of year there is always a lot going on. Every year we contend with storm interruptions, but this time we know everyone’s busy taking precautions to stay safe as Gonzalo approaches. Let us applaud the army of health professionals that will be working and on-call while the majority of the Island huddles down. We thank you! But, hopefully, we’ll return to business as usual next week as there will be much to do in our sector. There are a number of issues that we want to discuss with all stakeholders and will be conducting a series of communication and consultation meetings. Among the issues are clinical guidelines and standard health benefit changes under consideration. We look forward to the dialogue.

Diagnostic Codes—Reaching 100%

Since 2012, the Health Insurance (Health Service Providers and Insurers) (Claims) Regulations has identified the data required for insurance claims. In particular, the legislation requires that health professionals provide the diagnostic code on claims and requisition forms, along with other data such as the place of service, patient’s name, etc.

For claims submission, this information not only allows the insurer to process the claim correctly, it allows the health system to better track the conditions for which patients are

Referral for Home Medical Services
FORM HMS.2

This form is to be used by the referring physician in order for a patient to receive medical services in the home setting in accordance with section 3(2) of the Health Insurance (Standard Hospital Benefits) Regulations, 1971.

PART A – PATIENT INFORMATION

Last name: _____ First name: _____ Middle name: _____ Date of Birth: _____ Sex: Male Female

Address: _____ Parish and Postal Code: _____ Tel. No.: _____

Insurance Company: _____ Policy No.: _____ Cont. No.: _____

Medical diagnosis: _____ ICD-9 code: _____ Onset of symptoms date: _____

PART B – REFERRAL

Referring physician: _____ Physician contact No.: _____

Name of Approved Home Medical Services Agency to which patient is being referred (see Agency details below): _____

Medical procedure(s) for which patient is being referred (check "X" all that apply):

GENERAL SERVICES	HOME INFUSION MANAGEMENT
<input type="checkbox"/> 00154 General line care	<input type="checkbox"/> E0779 mod RR TV pump rental per week
<input type="checkbox"/> 00164 Patient education and training	<input type="checkbox"/> S9364 Total parenteral nutrition via pump
<input type="checkbox"/> 01806 Antithrombotic therapy (tissue/plasmin)	<input type="checkbox"/> 36415 Collection of blood
<input type="checkbox"/> 99001 Specimen handling	<input type="checkbox"/> 99601 Intravenous infusion initial 2 hours
<input type="checkbox"/> 99141 Home visit initial	<input type="checkbox"/> 99602 Intravenous infusion add-on hours
<input type="checkbox"/> 99106 Home visit intramuscular injection	<input type="checkbox"/> 94523 Blood vascular device
<input type="checkbox"/> 99507 Urinary catheter change	
WOUND CARE	OBILIC MONITORING
<input type="checkbox"/> 29897 Wound(s) care simple (non-debride)	<input type="checkbox"/> 02182 24h monitoring
<input type="checkbox"/> 97622 mod 22 Wound care complex	<input type="checkbox"/> 80259 Blood level monitoring

being treated. This will enable better health system planning.

For referrals, this information helps the provider to correctly test the patient and enables them to bill the insurer for the work. Referrals can be for both

diagnostic imaging and for laboratory testing; including any necessary pre-operating tests. Not including the diagnosis code may lead to improper testing or non-payment.

Nobody wants to inconvenience patients or delay care however, if a provider is unable to determine the diagnosis code or an insurer does not receive the

required data, referrals and claims may be denied. Monitoring to date indicates good levels of cooperation, with approximately 80% of requisitions including a diagnostic code. We look forward to reaching 100% to avoid delays in care or payment.

Regulatory Updates



Technology: the Ministry has prioritized legislation to enable Health Technology Reviews (HTRs). Amendments will be made to BHeC’s Act and the Public Health Act to require permission for entry of high risk medical equipment into the health system. The intent is to protect the public and enable better health system planning.

Professionals: Legislation is being developed to allow professional registration for

social workers, counsellors, acupuncturists, chiropractors, massage therapists and naturopaths.

Whistleblowing: the Ministries of Home Affairs and Health are collaborating to allow employees to make protected disclosures of information to BHeC.

Contact us on 292-6420 or healthcouncil@bhec.bm