

CRITICAL CONDITION GOOD FAITH COVERAGE POLICY

The Critical Condition Good Faith (CCGF) Coverage Policy is provided through the 2017-2022 agreement between the Saskatchewan Medical Association and the Ministry of Health. Physicians may apply for reimbursement if they provided eligible services to Canadian residents with no current provincial coverage.

All eligible physicians are encouraged to take advantage of the coverage policy. Guidelines are given below. Further information may be obtained from the Saskatchewan Medical Association, 201 – 2174 Airport Drive, Saskatoon, Saskatchewan S7L 6M6, telephone 244-2196 or 1-800-667-3781.

Guidelines

Physician Eligibility

To apply, a physician must:

- (a) be licensed with the College of Physicians and Surgeons of Saskatchewan under Bylaw 2.4, 2.5, 2.6 or hold a locum license at the time of service.
- (b) be a resident in Saskatchewan and be practising on fee-for-service basis in Saskatchewan at the time of service.
- (c) be providing eligible insured clinical services to eligible patients at the time of service.

Service Eligibility

The coverage only applies to treatment services provided on or after April 1, 2021, by eligible physicians to eligible patients in-hospital for emergent or urgent acutely critical conditions.

Services for conditions that are terminal but not acutely critical are not considered part of this policy. Treatment provided in clinics in the community is excluded. All services that are not medically required are excluded. Services provided to out-of-country visitors are excluded.

Patient Eligibility

The patient must:

- (a) be a resident of Canada; and
- (b) be eligible for provincial/territorial coverage at the time of service.

The physician must obtain proof of patient's residency in Canada. For example:

[eHealth Supporting Documentation Information](#).

The physician must validate no Saskatchewan HSN in the Patient Health Registry System (PHRS):

[PHRS Log In Page](#)

The physician must validate with Hospital Registry via Shared Client Index (SCI) no current out-of-province HSN for the patient

[eHealth Accessweb MIT Login](#)

The dates of confirmation of no provincial/territorial coverage must be documented.

If the patient has an existing HSN or (re)establishes coverage within 180 days, the physician must submit claims to Medical Services Branch (MSB).

The physician is encouraged to advise the patient that if they do not (re)establish coverage within 180 days, they could be invoiced for the services directly.

The physician is encouraged to collect as much information about the patient as possible (e.g. names, aliases, DOB, contact information, next of kin) to facilitate the search in the PHRS or with SCI, and to confirm residency. No patient information should be included as part of this application.

General Information

Physicians interested in accessing the program are encouraged to first read the guidelines and are required to fill out the attached Application form and the Standard Invoice. Based upon this information the SMA will make a determination of eligibility.

The physician must hold billings for 180 days from the date of service before they apply for this coverage.

The SMA may reach out to relevant physician experts (e.g. SMA committees, section representatives) and/or the MSB to obtain feedback about appropriateness of billings.

Physicians may be asked to provide additional information (e.g. OR report) to substantiate their claims on SMA or the Ministry's request.

Exceptions to policy requirements are subject to review by the SMA.

Eligible physicians can invoice the SMA for reimbursement to be paid at Physician Payment Schedule rates applicable at the time of service.

The SMA will make payment by cheque.

Income Tax

Money received from the CCGF program must be declared as income for tax purposes.