

Primary Care Baseline

Jurisdictional Requirements Guide – New Brunswick

April 20, 2023

Document Version and Status: 2.2 - Final



Table of Contents

1	INTRODUCTION	3
1.1	VERSION HISTORY.....	3
2	GENERAL GUIDANCE ON REQUIREMENTS	4
2.1	DEMOGRAPHIC MANAGEMENT REQUIREMENTS.....	4
2.2	LAB TEST MANAGEMENT REQUIREMENTS.....	6
2.3	REPORTING, QUERY AND COMMUNICATIONS.....	7
2.4	BILLING MANAGEMENT REQUIREMENTS.....	10
2.5	INTERFACE REQUIREMENTS.....	14

1 INTRODUCTION

The Primary Care Baseline specification contains EMR requirements that focus on expectations for Ontario (ON). The purpose of this document is to help readers identify and interpret terminology and requirements that have a New Brunswick (NB) jurisdictional context. The guidelines provided for NB do not necessarily apply to any other jurisdiction.

1.1 Version History

VERSION	REVISION DATE	NOTES
1.0	2021-01-25	Initial release
2.0	2021-09-15	<ul style="list-style-type: none"> a) Updated document title b) Added version history c) Added requirements with modified guidelines for NB
2.1	2023-04-20	<ul style="list-style-type: none"> a) Updated PC05.01 to provide additional clarity around maintaining test result information b) Updated Additional References section: Information and Procedures for Claiming the Cumulative Preventive Care Bonus c) Corrected various errata

2 GENERAL GUIDANCE ON REQUIREMENTS

All requirements in the companion document, Primary Care Baseline Requirements apply to both Ontario and New Brunswick unless their interpretation is explicitly modified in this Jurisdictional Requirements Guide or the Terminology Jurisdictional Requirements Guide. When a requirement is listed in the Jurisdictional Requirement Guide, the New Brunswick Guidelines fully replace the Guidelines for that requirement. Requirements are listed in this document to highlight that:

- a) the requirement has a different interpretation/guideline in New Brunswick.
- b) the requirement is not applicable in New Brunswick.

The table content below can be interpreted as follows:

- OMD #: original requirement number from the Primary Care Baseline Requirements document
- Requirement: original requirement statement from the Primary Care Baseline Requirements document
- Guidelines: original ON guidelines statement from the Primary Care Baseline Requirements document
New Brunswick Guidelines: NB jurisdictional guidelines that replace the ON Guidelines

2.1 Demographic Management Requirements

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
PC01.03	Maintains the current and historical enrolment of a patient to a physician	<p>Refer to the EMR CDS-S Specification for patient enrolment history data elements.</p> <p>The definitive patient enrolment to a physician used for payment is kept by the MOH, not by the EMR Offering.</p> <p>The EMR user MUST be able to update the current and historical enrolment information.</p> <p>Patients are enroled to a specific physician within a Physician Group, not to the Physician Group as a whole.</p> <p>Patients rostered to a physician can be either enroled or non-enrolled.</p> <p>For more information Refer to "Processing</p>	Requirement not applicable in New Brunswick.

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
		Enrolment/Consent Forms Reference Manual - for Primary Care Groups” in the Related Documents section.	
PC01.05	Provides an automated method of identifying and preventing duplicate patient records	<p>The EMR Offering MUST provide a method of preventing the creation of duplicate patient records.</p> <p>Duplicate records are identified by a name match, or by a health card number (HCN) match. HCN version codes MUST be excluded from the matching function. An HCN with a different version code should be considered the same patient record.</p>	The EMR Offering MUST provide a method of preventing the creation of duplicate patient records. Duplicate records are identified by a name match, or by a health card number (HCN) match.

2.2 Lab Test Management Requirements

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
PC05.01	Provides the ability to maintain laboratory test results as separate data fields	Refer to the EMR CDS-S Specification for laboratory test data elements.	<p>The EMR Offering MUST provide the ability to manually enter laboratory test data elements, or populate the laboratory test data element values through electronic report integration.</p> <p>Refer to the EMR Core Data Set Specification for laboratory test data elements.</p>
PC05.15	Provide the ability to complete the Ontario Lab Requisition Form electronically, prior to printing	<p>The EMR Offering MUST support checking off appropriate boxes, as well as adding text entries within the appropriate sections of the standard form. The creation of the lab requisition form within the EMR Offering does not require a preview of the completed form, but the requested tests and the date/time of the lab requisition order MUST be maintained in the EMR Offering within the patient record.</p> <p>The clinician's (e.g., physician's, nurse practitioner's) signature is still required on the completed (printed) form.</p> <p>Standard laboratory requisition form may be updated at MOH discretion and EMR Offerings are required to conform to the most recent update.</p> <p>Refer to the "Laboratory Requisition" in the Related Documents section for the most current laboratory requisition form available.</p>	<p>The EMR Offering MUST support checking off appropriate boxes, as well as adding text entries within the appropriate sections of the corresponding requisition form. The creation of the requisition form within the EMR Offering does not require a preview of the completed form, but the requested tests and the date/time of the lab requisition order MUST be maintained in the EMR Offering within the patient record.</p> <p>NB does not have a standard laboratory requisition form; instead, each health zone publishes several forms used to requisition laboratory and diagnostic imaging tests, depending on the facilities available in the specific zone. The collection of these forms is used to reflect the context of the Ontario Lab Requisition Form for this requirement. This collection is referred to as the NB Provincial Requisition Forms</p> <p>The NB Provincial Requisition Forms may be updated, or forms may be added or retired, at NB DoH discretion and EMR Offerings are required to conform to the most recent updates as published by NB DoH. Updates or new forms are to be made available to clinicians within 2 weeks of the new form being published, and discontinued forms must be removed from the EMR Offering within two weeks of request.</p>

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
			A list of mandatory NB Provincial Requisition Forms in their most current versions will be made available to EMR vendors by NB DOH.
PC05.16	Automatically populates and prints the demographic information for patients and physicians in the appropriate fields on the Ontario Lab Requisition Form	<p>The laboratory requisition form may be updated at the MOH's discretion. EMR Offerings are required to conform to the most recent update.</p> <p>Refer to the "Laboratory Requisition" in the Related Documents section for the most current laboratory requisition form available.</p>	For NB, The EMR Offering MUST automatically populate and print the demographic information for patients and physicians in the appropriate fields on all the NB Provincial Requisition Forms as identified by NB DOH.

2.3 Reporting, Query and Communications

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
PC11.02	<p>Allows the EMR user to set up preventive care parameters required for the Patient Recall List and Cumulative Bonus Report generation for each of the five preventive care categories:</p> <ul style="list-style-type: none"> • Mammogram • Pap smear • Colorectal • Immunization • Influenza 	<p>EMR user MUST be able to set up and maintain the following parameters for the target populations:</p> <ol style="list-style-type: none"> a) Enrolment status b) Age c) Gender d) Procedure/vaccination timeline e) Exclusion codes <p>The parameters applicable MUST be adjustable and saved:</p> <ol style="list-style-type: none"> a) On a fiscal year basis for Cumulative Bonus Reports b) On a real-time basis for Patient Recall List <p>Hard coding the parameters would not satisfy this requirement.</p>	Requirement not applicable in New Brunswick.

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
		Service Enhancement Codes are set by the MOH for applicable Physician Group Agreements. See the OHIP Bulletins and MOH guidelines.	
PC11.03	Generates the Patient Recall List report for preventive care activities/programs for patients enroled to a physician	Patient Recall List MUST include/indicate: <ul style="list-style-type: none"> a) Target population b) The physician to whom the patient is enroled c) Patient information (name, HCN, age, gender, phone number, address) d) Guardian information (name, phone number, and address) for Childhood Immunizations e) Whether the patient is entitled to receive the first letter, second letter or phone call 	Requirement not applicable in New Brunswick.
PC11.04	Creates patient letters directly from the Patient Recall List report	At a minimum, the EMR Offering MUST be able to: <ul style="list-style-type: none"> a) Generate the letters in a batch and individually (both MUST be supported) b) Generate the letters without requiring the EMR user to do another patient lookup c) Save records of all correspondence including dates of delivery of the written notices Letters MUST meet requirements listed in the MOH Service Enhancement Codes Primary Care Agreements: <ul style="list-style-type: none"> a) Indicate whether it is the first or second written notice b) Indicate the procedure type, benefits and the date of the last procedure c) The name and address of the patient or guardian (for Childhood Immunizations) d) Physician letterhead and information (name, address, phone number) 	Requirement not applicable in New Brunswick

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
PC11.05	Generates Cumulative Bonus reports for preventive care activities/programs for patients enrolled to a physician	<p>Cumulative Bonus report MUST include/indicate:</p> <ul style="list-style-type: none"> a) The target population b) The physician to whom the patient is enrolled c) Patient information (name, HCN, age, gender) d) Last procedure date e) Whether the eligible patients for the selected fiscal year have received the procedure or not f) Percentage of patients who have received the procedure from the target population <p>The Cumulative Bonus Report is a real-time report. Updates to patient data, report parameters, and letter generation MUST be automatically reflected in the Cumulative Bonus report.</p> <p>Reports can be generated for each fiscal year.</p> <p>Requiring the EMR user to re-enter any information (e.g., Demographic and EMR information) already in the EMR Offering would not satisfy the requirement.</p> <p>Service Enhancement Codes are set by the MOH for applicable Physician Group Agreements. See the OHIP Bulletins and MOH guidelines.</p>	Requirement not applicable in New Brunswick
PC11.13	EMR Usage Metrics Report	<p>Report indicates:</p> <ul style="list-style-type: none"> a) Physician for whom the report is being generated b) Date range of report c) Practice profile information d) Metrics for the patients rostered to physician <ul style="list-style-type: none"> i) scheduled appointments ii) billing (OHIP, WSIB, private, uninsured) iii) encounter notes created iv) problems entered in the Ongoing Health Condition list 	Requirement not applicable in New Brunswick.

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
		<ul style="list-style-type: none"> v) stored documents (including scanned documents or external documents received from an interface) vi) new and renewed prescriptions vii) lab test results received electronically viii) alerts/reminders generated <p>Refer to section Error! Reference source not found. - Error! Reference source not found..</p>	

2.4 Billing Management Requirements

New Brunswick Billing is automated using the Medicare Claims Entry Web Services (MCE-WS). For additional information on the billing codes, refer to the New Brunswick Physicians' Manual. For additional information on MCE-WS integration, refer to the MCE Web Services Portal.

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
PC13.01	Processes concurrent Ontario billings models of fee-for-service, shadow partial payment billings, and Physician Group bonus codes	See the OHIP Bulletins and MOH guidelines.	<p>The EMR Offering MUST have the functionality to process concurrent NB billing models via the MCE-WS integration.</p> <ul style="list-style-type: none"> a) Shadow billing b) Fee For Service (FFS) c) Reciprocal Claims <p>The EMR Offering MUST support Reciprocal Claims through MCE-WS (Non-resident claim is submitted by identifying the out-of-province HCN and the Province)</p>
PC13.02	<p>Provides basic error checking.</p> <p>MUST alert the EMR user when an error is detected.</p>	<p>At a minimum, the basic error checking to be provided when:</p> <p>Registering patients:</p> <ul style="list-style-type: none"> a) Ontario HCN - check digit, b) HCN duplicate 	<p>The EMR Offering MUST provide basic error checking and edits for all mandatory billing fields:</p> <ul style="list-style-type: none"> a) Service date b) Physician number c) HCN

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
		<p>Edits for all mandatory billing fields:</p> <ul style="list-style-type: none"> a) Service date b) Physician number c) HCN d) Name e) Date of Birth (DOB) f) Gender g) Fee code and fee claimed h) Checks all dates are valid dates and in the past. 	<ul style="list-style-type: none"> d) Name e) Date of Birth (DOB) f) Gender g) Fee code and fee claimed <p>Additionally, the EMR Offering MUST integrate with MCE-WS for claim submission and MUST capture all errors returned by the Claim Submission Web Service and display them to the EMR user for resolution.</p> <p>The EMR Offering MUST calculate the fee claimed in accordance with the billing code and other billing fields provided by the user and allow the user to manually override the claimed fee.</p>
PC13.03	Provides automated reconciliation and claim re-submission and prints reconciliation reports	<p>The reconciliation reports can be either the entire MRO data file or include the MOH-defined data fields, based on their MRO record type.</p> <p>Supports the resubmission of rejected claims without the need to re-enter data.</p> <p>See the OHIP Bulletins and MOH guidelines.</p>	<p>The EMR Offering MUST integrate with the MCE Reconciliation Web Service and automatically retrieve reconciliation data based on a date range for all claims submitted from the EMR Offering. This reconciliation data can be used to support automatic EMR reconciliation functionality.</p> <p>The EMR Offering MUST retrieve all reconciliation claim messages for the reconciled claims and display them to the EMR user on the corresponding claim to facilitate reconciliation and possible correction and resubmission of claims.</p> <p>The EMR Offering MUST support the resubmission of rejected or cancelled claims without the need to re-enter data.</p>
PC13.04	Supports reading a health card through a card reader device and looking up the patient in the EMR application database	<p>The EMR Offering MUST:</p> <ul style="list-style-type: none"> a) Notify of version code discrepancies, and b) Upon EMR user request, automatically update the patient record with demographic data associated with the HCN <ul style="list-style-type: none"> • Name • Gender 	Requirement not applicable in New Brunswick

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
		<ul style="list-style-type: none"> • DOB 	
PC13.05	Supports WSIB billing through MRI files		Requirement not applicable in New Brunswick
PC13.08	Supports manual entry of non-OHIP billing transactions including: <ul style="list-style-type: none"> • Direct to patient • Reciprocal • 3rd party 		The EMR Offering MUST support manual entry of non-Medicare billing transactions, including direct to patient. Reciprocal claims are handled through MCE-WS. Refer to PC13.01 for more information.
PC13.10	Contains the current OHIP fee schedule including preventive care codes		The EMR Offering MUST integrate with the MCE-WS and synchronize and maintain in the EMR all available values for the ODG tables including <u>current</u> and historical values. Billing claims MUST use the correct ODG data based on the billing claim date of service.
PC13.11	Maintains and uses a historical OHIP fee schedule for the prior year	Prior fee schedule information may be required for resubmission purposes	The EMR Offering MUST integrate with the MCE-WS and synchronize and maintain in the EMR all available values for the ODG tables including <u>current</u> and <u>historical</u> values. Billing claims MUST use the correct ODG data based on the billing claim date of service.
PC13.17	Enables updating of billing codes through the OHIP fee schedule master update file as provided by MOH in the specified format	Refer to the "OHIP Fee Schedule Master" in the Related Documents section.	The data in the MCE-WS ODG tables is updated by NB Medicare continuously (sometimes daily). The EMR Offering MUST integrate with MCE-WS and provide regular synchronization to the Open Data Gateway (ODG) tables to capture these changes. The tables MUST be used in the EMR Offering for billing in accordance with the billing rules published in the physician manual and the guidance provided on the MCE website.

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
			<p>The EMR Offering SHOULD use an automated schedule to synchronize key tables daily or provide the user with the ability to synchronize the tables on demand. The key tables are:</p> <ul style="list-style-type: none"> a. Immunization Product b. Vaccine Lot c. Service Code d. Service Eligibility <p>The EMR Offering MUST display to the user the most recent successful synchronization date. If on-demand synchronization is the primary method of synchronization, then users MUST be trained to synchronize daily based on the displayed synchronization date.</p>
PC13.19	Provides access to OMA-suggested fees for uninsured services and third-party services, including HST eligibility	<p>OMA Suggested Fees for uninsured services and third-party services can be accessed from scheduling and billing modules, and the patient's medical record.</p> <p>Refer to the "Physician's Guide to Third-Party and Other Uninsured Services" for a list of suggested fees for uninsured services and third-party services.</p>	Requirement not applicable in New Brunswick.

2.5 Interface Requirements

OMD #	REQUIREMENT	GUIDELINES	NEW BRUNSWICK GUIDELINES
PC16.01	Claims and Incentive Payments through the MOH Billing system	Refer to the “Technical Specifications – Interface to Health Care Systems” in the Related Documents section.	The EMR Offering MUST integrate with the MCE-WS for: <ul style="list-style-type: none"> a) Claim submission b) Claim reconciliation c) Open Data Gateway table synchronization For additional information, refer to the MCE-WS page.
PC16.02	Commercial Laboratories – MUST support at least one of the following: <ul style="list-style-type: none"> • Dynacare • LifeLabs 	For this requirement to be met, the EMR vendor MUST obtain a letter certifying the successful interface. The letter MUST be dated within the previous twelve (12) months.	Requirement not applicable in New Brunswick
PC16.05	The EMR Offering MUST support validation of Ontario health cards through the MOH using at least one of the following: <ul style="list-style-type: none"> • OBEC (Overnight Batch Eligibility Checking) • HCV (Real-Time Health Card Validation) 	Refer to the Health Card Validation Reference Manual.	Requirement not applicable in New Brunswick