

New Unattached Patient Fees and Fee Enhancements

April 2009

Billing Instructions for the New Unattached Patient Fees and Fee Enhancements

The Ministry is currently developing systems to pay the new Unattached Patient Fees that were negotiated as part of the 2008 Physician Services Agreement. The new fees will be claimed through the regular billing process and may be billed retroactive to February 12, 2009. In the interim, physicians should:

- Hold all unattached new patient fee claims (Q013, Q023, Q033 and Q043) until further details on the system implementation are provided by the Ministry, but continue to submit your per patient rostering fees (Q200s) in order to facilitate the rostering of patients.
- Enrol unattached patients using the *Patient Enrolment and Consent to Release Personal Health Information* (enrolment/consent) form and complete and retain the *New Patient Declaration* for all unattached patients that you are rostering.

Further information on the new billing codes and the effective date of the change to ministry payment systems will be communicated as soon as it is available.

* Complex Vulnerable New Patient Fee

Appendix D of the 2008 *Physician Services Agreement* between the Ministry and the OMA sets out a range of new fees and fee enhancements available to primary health care family physicians practicing in a Patient Enrolment Model (PEM) who enrol complex-vulnerable patients from the Health Care Connect Program.

- A new Complex/Vulnerable New Patient fee, a one-time payment of \$350 for attaching the patient from Health Care Connect.
- All family physicians in PEM models can bill both existing and new fees applicable to New Patients (from the unattached patient information system or through other mechanisms).
- Fee codes for patients attached from the unattached patient information system will not be subject to any billing maximums.

- Payment of all new patient fees is subject to current Health Care Connect program requirements (i.e. patient must be rostered and New Patient Declaration completed and retained in your files).

Physicians will be paid the new Complex/Vulnerable New Patient Fee through the submission of existing new patient fee codes (Q013, Q023, Q033, and Q043) or a new Q code.

- If billed with an existing new patient fee code, where the patient is registered on Health Care Connect as complex/vulnerable, Ministry systems will automatically replace the existing new patient fee code with the new Complex/Vulnerable New Patient Q code and pay \$350.
- Physicians are advised to verify with their software vendor that their billing system can reconcile a claim where a fee code has been replaced.
- If billed with the new Complex/Vulnerable New Patient Q code, where the patient is registered on Health Care Connect as complex/vulnerable, the claim will pay \$350.

Enhanced Payments

PEM physicians are eligible to receive enhanced payments for caring for complex/vulnerable patients for 12 consecutive months from the patient's enrolment effective date. Ministry systems will automatically initiate the enhanced payments based on enrolment of the complex/vulnerable patient. **No action is required on the part of the physician to initiate the enhanced payment.**

- For physicians in harmonized models, an enhanced payment of \$500 is added to the existing capitation rate for any complex/vulnerable patients enrolled. This will be prorated and paid monthly as a new complex capitation payment.
- For physicians in non-harmonized models (Family Health Group, Comprehensive Care Model), all fees billed applicable to any complex/vulnerable patients will be paid at 150% of the fee-for-service (FFS) value during the first year of care. This will be paid monthly as a new complex FFS premium.



Mother/Newborn New Patient Fee

Appendix D of the 2008 *Physician Services Agreement* between the Ministry and the OMA also sets out new fees for primary health care family physicians practicing in a PEM who enrol as new patients an unattached mother within two weeks of giving birth or women after 30 weeks of pregnancy.

- Physicians taking on as a new patient an unattached mother within two weeks of giving birth, will be eligible for a \$350 fee for enrolling both the mother and newborn.
- Physicians taking on as a new patient an unattached woman after 30 weeks of pregnancy will be eligible for the \$350 new patient fee providing the newborn is enrolled at birth and receives appropriate care within two weeks of birth and both are rostered within three months.
- In the case of multiple births, a new Unattached Multiple Newborn fee for each additional newborn of an unattached mother will be paid at \$150.



- An unattached mother and newborn are not required to be referred through Health Care Connect in order for the PEM physician to claim this fee.
- Payment of all new patient fees is subject to primary care program requirements (i.e. patient must be rostered and the New Patient Declaration completed and retained in your files).
- The mother/newborn fee will not be subject to any billing maximums.

Expanded Access to Unattached Patient Codes

All family physicians in PEM models can bill both existing and new fees applicable to New Patients (from the unattached patient Health Care Connect program or through other mechanisms). The extension of Q013 to all PEM models means that CCM and RNPGA physicians will be able to bill this fee, retroactive to April 1, 2009, once the system changes are implemented.

Signing up patients from Health Care Connect

Care connectors will be contacting family physicians in their LHIN to discuss Health Care Connect and learn about their practices, including any specific services or clinics that the practice offers and ability to take on new patients. Family physicians may wish to designate a key contact in their practice to communicate with the Care Connector.

Physicians will also be able to contact Care Connectors at their local CCAC. Please see Appendix A for the list of contact information for Ontario's 14 CCACs. This information is also available on-line at <http://www.health.gov.on.ca/healthcareoptions>.

Please note that Care Connectors will inform physicians if the patient being referred has been identified as a complex-vulnerable patient, or physicians will also be able to contact Care Connectors at their local CCAC to determine patient status.

For further information, please contact the Ministry at 1-866-766-0266.



APPENDIX A: LHIN CCAC-Based Care Connectors Contact Information

Central	1-888-470-2222
Central East	1-800-263-3877
Central West	1-888-733-1177
Champlain	1-800-538-0520
Erie St.Clair	1-888-447-4468
Hamilton-Niagara-Haldimand-Brant	1-800-810-0000
Mississauga-Halton	1-877-336-9090
North East	1-800-461-2919
North Simcoe-Muskoka	1-888-721-2222
North West	1-800-626-5406
South East	1-800-869-8828
South West	1-800-811-5146
Toronto Central	1-866-243-0061
Waterloo-Wellington	1-888-883-3313

