

Questions & Answers – Bulletin 4489

3% General Fee Payment

A. General Information

1. *What is the 3% General Fee Payment (3% GFP)?*

The 3% General Fee Payment (3% GFP) is a one time payment being issued per sections 3.1, 3.3, 14.1 and 17.3.2 of the 2008 Physician Services Agreement for eligible professional services rendered during the period October 1, 2008 to September 30, 2009.

2. *Who is eligible to receive the 3% GFP?*

All opted-in and opted-out Ontario physicians are eligible for the 3% GFP which includes, but is not limited to, Academic Health Sciences Centre, Alternative Payment Program, Fee-for-Service, Primary Health Care, and Telemedicine physicians.

3. *When was the initial 3% GFP paid?*

The initial 3% GFP for OHIP professional services was issued with the February 2009 Remittance Advice (RA) and was calculated retroactively against eligible services rendered in October, November, and December 2008 and January 2009. The initial 3% payment did not include automated premiums, Q codes Q012, Q014, Q015, Q016 and laboratory codes with the L8** prefix billed by laboratory groups in the 5000 series which will be issued retroactively with the March 2009 Remittance Advice (RA).

The 3% payment to Opted-out physicians will be made via a manual cheque payment or direct deposit depending on your current OHIP registration. Please ensure banking and address information is up to date with OHIP. The 3% payment will be issued monthly. The 3% payment should not be included in physician billings to patients. Patients should be billed at the current rates listed in the Schedule of Benefits.

4. *What is the status of the 3% payment for services not captured through the OHIP payment system?*

For other program payments subject to the 3% payment not paid through the OHIP system, a separate payment and communication process is being developed to ensure that this funding is paid to the appropriate program. These programs include:

- Assertive Community Treatment Teams
- Divested Provincial Psychiatric Hospitals
- Hospital Paediatric Stabilization Fund
- Ontario Psychiatric Outreach Program (OPOP)
- Psychiatric Stipends
- Psychiatric Sessional Fee and Sessional Fee Supplement
- Rural Medicine Incentive Program
- Urgent GP Locum Travel Stipend
- Urgent Locum Tenens Program for Specialists

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5. *What is the schedule for issuing the 3% GFP?*

After the initial 3% GFP issued with the February 2009 Remittance Advice (RA), each subsequent Remittance Advice (RA) will include a 3% payment for eligible services processed that month. For eligible fee-for-service claims, the 3% payment will continue until the April 2010 Remittance Advice (RA) since claims can be submitted up to six months from the date of service. The 3% GFP will continue up to the October 2009 Remittance Advice (RA) against eligible payments related to alternative payment program contracts, primary health care contracts, and automated premiums.

6. *How is the 3% GFP being paid?*

The 3% GFP is being issued as a lump sum payment as accounting transactions reported on the Remittance Advice. Individual claim items are not being increased by 3%.

7. *How is the 3% payment distributed if the physician submitted claims through different groups during the 3% payment period and is no longer affiliated to the group?*

The 3% payment will be issued to the group per the Group Billing Number that was indicated on the claim of the service(s) eligible for the 3% payment regardless of whether or not the physician is still affiliated with the group. Payments made to groups on behalf of the group physicians are reported on the physician's solo Remittance Advice (RA) and reported on the group Remittance Advice (RA) which includes a breakdown of the 3% payment amount per physician.

If the physician is no longer affiliated with the group, the physician should contact the group to make arrangements for distribution of the 3% payment. The distribution of payment is a matter between the group and the physician.

8. *How will administrators of physician billing groups be able to identify the 3% GFP applicable to individual physicians?*

A 3% General Fee Payment Summary Report will be included on the group Remittance Advice (RA) and will include a breakdown of the 3% GFP applicable to each group physician.

9. *Are manually assessed claims eligible for the 3% GFP?*

Yes, the 3% GFP will be applied to any eligible claims that are manually assessed by staff at the local OHIP Claims Offices.

10. *Will stale dated claims be eligible for the 3% GFP?*

Any claims with service dates from October 1, 2008 to September 30, 2009 that are submitted after March 31, 2010 eligible for the 3% GFP will be handled on a case by case basis through the existing stale-date claims process via the local OHIP Claims Office.

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- 11. Are professional services submitted to the Ministry for “Independent Consideration” (IC) eligible for the 3% GFP?**

Yes, when the fee approved amount is confirmed by a medical consultant a 3% payment will be calculated on this amount.

- 12. Why does it appear that the 3% GFP payment for automated premiums includes service dates prior to October 1, 2008?**

Due to the way that automated premium payments are calculated, it was not possible to isolate specific service dates. Therefore, the automated premium applicable to some pre-October 1, 2008 services paid after October 1, 2008 will be included in calculating the 3% GFP for automated premiums. To compensate, the automated premiums for eligible claims assessed after October 1 2009 will not be included in calculating the 3% GFP.

- 13. On the March 2009 Group Remittance Advice (RA) some physicians have both the premium payment Remittance Advice (RA) message and the 3% payment on the premium Remittance Advice (RA) message reported and others only have the 3% payment on the premiums Remittance Advice (RA) message reported, why is that? It looks like this:**

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*****
                                PREMIUM PAYMENTS
FOR PAYMENT:                    2009-02-28
PROVIDER NUMBER:                012345
PROVIDER NAME:                  DR. JOHN SMITH
GROUP BILLING NUMBER:          0AAAA
GROUP NAME:                     ABC MEDICAL CENTER
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```
CURRENT FISCAL
PAYMENT          PAYMENT      NUMBER OF      TOTAL DOLLAR VALUE      TOTAL
TYPE            RATE          CLAIMS        OF APPROVED CLAIMS     PAYMENT
GLOBAL FUNDING  10.00% MTD      1             $32.25                  $3.23
                                YTD          287           $12,019.20             $1,202.41
TOTAL MONTHLY PREMIUM PAYMENT                                $3.23
```

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*****
                                GFP PAYMENT FOR ELIGIBLE PREMIUMS OCTOBER 2008 - FEBRUARY 2009
PROVIDER NUMBER:                012345
TOTAL 3% ELIGIBLE PREMIUMS                                CURRENT MONTH           $311.79
                                                                TO DATE                 $311.79
TOTAL 3% GFP PAYMENT                                CURRENT MONTH           $9.35
                                                                TO DATE                 $9.35
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*****
                                GFP PAYMENT FOR ELIGIBLE PREMIUMS OCTOBER 2008 - FEBRUARY 2009
PROVIDER NUMBER:                023456
TOTAL 3% ELIGIBLE PREMIUMS                                CURRENT MONTH           $132.09
                                                                TO DATE                 $132.09
TOTAL 3% GFP PAYMENT                                CURRENT MONTH           $3.96
                                                                TO DATE                 $3.96
*****
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} Record for other physician

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Q&A 13 (Continued)

For the March 2009 Remittance Advice (RA), if a physician does not have any premium payments for the Remittance Advice (RA) reporting period the Premium Payments Remittance Advice (RA) message is not reported. The 3% GFP for the Eligible Premiums Remittance Advice (RA) message will be displayed because it contains payment information retroactive to October 2008. If neither is displayed then that indicates that there have been no premium payments for the current payment period and there are no 3% payments payable on the premiums retroactive to October 2008.

14. *Why does the total monthly premium payment amount on the Premium Payments Remittance Advice (RA) message not balance with the total 3% eligible premiums for the current month on the March 2009 Remittance Advice (RA)?*

The premium payment Remittance Advice (RA) message is only reporting the premium payments paid for February 2009 services whereas the GFP Payment for Eligible premiums Remittance Advice (RA) message is reporting 3% payments retroactive to October 2008.

15. *The 3% GFP bulletin #4489 references the services that are eligible for the 3% payment, what services are not eligible for the 3% payment?*

The following types of services are not included in calculating the 3% GFP:

- a) the technical component of diagnostic services
- b) Reciprocal Medical Billing (RMB) Payment Program Type services
- c) Out of Country services

16. *Which Ministry programs are not eligible for the 3% GFP?*

The following programs are not eligible for the 3% GFP:

- a) Clerkship Stipend
- b) Clinical Decision Units (“CDU”)
- c) Emergency Department Education Funding (EDEF)
- d) Hospital On Call Coverage (HOCC) Long Term Care (LTC) / Chronic Care On-Call Coverage (CCC)
- e) HOCC GP Anaesthesia Premium
- f) HOCC Rurality Premium
- g) Northern Physician Retention Initiative (NPRI)
- h) Pregnancy/Parental Leave Benefit Program (PPLBP)
- i) Service recognition Program (SRP) Payment
- j) Wait Time Reduction Payment

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17. What specific fee codes are services not eligible for the 3% payment?

The following fee codes are not eligible for the 3% payment (assume that the A, B and C suffixes are included except where specified differently):

- a) B550, B551, B552, B553
- b) E450B, E451B
- c) G000, G013, G104, G111, G121, G127, G140, G143, G146, G149, G152, G153, G154, G167, G174, G181, G209, G284, G308, G310, G311, G315, G414, G416, G440, G441, G442, G443, G448, G451, G455, G466, G519, G540, G542, G544, G554, G560, G566, G570, G574, G574, G577, G651, G652, G654, G655, G661, G682, G683, G684, G685, G686, G687, G688, G689, G692, G693, G815, G850, G851, G852, G853, G854, G855, G856, G857, G858, G999
- d) H000, H501, H510, H520, H521, H530, H540, H550, H600, H620, H630, H640, H650, H660, H700, H710, H720, H721, H740, H800, H801, H802, H820, H830, H840, H850, H860, H991
- e) I500, I800, I900
- f) J102B, J103B, J105B, J106B, J107B, J108B, J122B, J125B, J127B, J128B, J135B, J138B, J149B, J151B, J157B, J158B, J159B, J160B, J161B, J162B, J163B, J164B, J165B, J180B, J182B, J183B, J189B, J190B, J191B, J192B, J193B, J194B, J195B, J196B, J197B, J198B, J199B, J200B, J201B, J202B, J203B, J204B, J205B, J206B, J207B, J290B, J301B, J303B, J304B, J305B, J306B, J307B, J308B, J310B, J311B, J313B, J315B, J316B, J318B, J319B, J320B, J322B, J323B, J324B, J327B, J330B, J331B, J332B, J333B, J334B, J335B, J340B, J402B, J403B, J405B, J406B, J407B, J408B, J422B, J425B, J427B, J428B, J435B, J438B, J457B, J458B, J459B, J460B, J461B, J462B, J463B, J464B, J476B, J480B, J482B, J483B, J489B, J490B, J491B, J492B, J493B, J494B, J495B, J496B, J497B, J498B, J499B, J500B, J501B, J502B, J503B, J504B, J505B, J506B, J507B, J602B, J604B, J606B, J607B, J608B, J609B, J610B, J611B, J612B, J613B, J614B, J615B, J616B, J617B, J618B, J619B, J620B, J621B, J623B, J624B, J625B, J626B, J627B, J629B, J630B, J631B, J632B, J633B, J634B, J635B, J636B, J637B, J638B, J639B, J640B, J641B, J643B, J647B, J648B, J649B, J650B, J651B, J652B, J653B, J657B, J658B, J659B, J660B, J661B, J662B, J663B, J664B, J665B, J666B, J667B, J668B, J669B, J670B, J671B, J672B, J673B, J674B, J675B, J676B, J677B, J678B, J679B, J680B, J681B, J682B, J683B, J684B, J685B, J686B, J687B, J689B, J690B, J691B, J802B, J804B, J806B, J807B, J808B, J809B, J810B, J811B, J812B, J813B, J814B, J815B, J816B, J817B, J818B, J819B, J820B, J821B, J823B, J824B, J825B, J826B, J827B, J829B, J830B, J831B, J832B, J833B, J834B, J835B, J836B, J837B, J838B, J839B, J840B, J841B, J843B, J847B, J848B, J849B, J850B, J851B, J852B, J853B, J856, J857B, J858B, J859B, J860B, J861B, J862B, J863B, J864B, J865B, J866B, J867B, J868B, J869B, J870B, J871B, J872B, J873B, J874B, J875B, J876B, J877B, J878B, J879B, J880B, J881B, J882B, J883B, J884B, J885B, J886B, J887B, J889B, J890B, J891B, J893B, J894B, J991, J992, J993, J994, J995, J996, J997, J998, J999
- g) K000
- h) L000-L799 and L900 – L999
- i) P000
- j) Q000–Q011, Q013, Q017-Q039, Q041, Q043–Q049, Q051-Q149, Q151-Q989
- k) R991, R992, R999
- l) Dental: T000 to T999
- m) Optometry: V000 – V999
- n) W000
- o) X000, X001B, X003B, X004B, X005B, X006B, X007B, X008B, X009B, X010B, X011B, X012B, X016B, X017B, X018B, X019B, X020B, X025B, X027B, X028B, X031B, X032B, X033B, X034B, X035B, X036B, X037B, X038B, X039B, X040B, X045B, X046B, X047B, X048B, X049B, X050B, X051B, X052B, X053B, X054B, X055B, X056B, X057B, X058B, X060B, X063B, X064B, X065B, X066B, X067B, X068B, X069B, X072B, X080B, X081B, X090B, X091B, X092B, X096B, X100B, X101B, X103B, X104B, X105B, X106B, X107B, X108B, X109B, X110B, X111B, X112B, X113B, X114B, X116B, X117B, X120B, X121B, X122B, X123B, X129B, X130B, X131B, X132B, X133B, X134B, X135B, X136B, X137B, X138B, X139B, X140B, X141B, X143B, X144B, X145B, X146B, X147B, X149B, X150B, X151B, X152B, X153B, X154B, X155B, X156B, X158B, X159B, X160B, X161B, X162B, X163B, X164B, X167B, X169B, X170B, X171B, X173B, X174B, X175B, X176B, X177B, X179B, X180B, X181B, X182B, X183B, X184B, X185B, X189B, X190B, X191B, X192B, X193B, X194B, X195B, X196B, X197B, X198B, X199B, X200B, X201B, X202B, X203B, X204B, X205B, X206B, X207B, X208B, X209B, X210B, X211B, X212B, X213B, X214B, X215B, X216B, X217B, X218B, X219B, X220B, X221B, X223B, X224B, X225B, X226B, X227B, X228B, X229B, X230B
- p) Y602B – Y887B
- q) Z000

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B. Specialist Physician Contracts (formerly Alternative Payment Programs Physicians)

The OMA and MOHLTC are discussing the details related to Alternative Payment Program (APP), Alternative Funding Program (AFP) and Academic Health Science Centres (AHSC) contracts. The majority of these contracts have been finalized and will be paid in March 2009.

5. *How will EDFAFA groups and Gynecology/Oncology groups see their premium payments on the premium payment Remittance Advice (RA) message?*

On January 1, 2009 EDFAFA groups and Gynecology/Oncology groups were moved from receiving a shadow billing premium to a flow through premium. This was just a correction in the claims system and payment will not be affected. However, for claims that have service dates prior to January 1, 2009 the payment will appear under the Global Funding heading on the premium payment report and those with service dates after January 1, 2009 the premium payment will be listed under the Flow Through heading.

C. Primary Health Care Physicians

6. *How will the Primary Health Care fee-for-service incentives and premiums be reported?*

The 3% payment for the following Primary Health Care incentives and premiums will be combined with the 3% payment for eligible fee-for-service premiums as an accounting transaction “3% General Fee Payment Opted In” for HCP claims:

- Newborn Care Episodic Fee (Q014A, Q015A)
- Diabetes Management Incentive (Q040A)
- Smoking Cessation Counselling Fee (Q042A)
- Heart Failure Management Incentive (Q050A)
- FOBT Distribution and Counselling Fee (Q150A)
- Comprehensive Care Premium (FHG physicians only)

The 3% payment will be directed to the Group or Solo Remittance Advice (RA) where the incentive is paid. For example, if you bill for services using your SOLO billing number then the 3% GFP will be reported on your Solo Remittance Advice (RA). If you bill for services using your GROUP billing number the 3% GFP will be reported on your Group Remittance Advice (RA).

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7. *How will the Primary Health Care incentives and premiums be reported for primary care groups who have opted for “GROUP” payment?*

The 3% payment for the following primary care incentives and premiums will appear as a single accounting transaction “3% General Fee Payment Primary Care” on the Group Remittance Advice (RA):

- Base Rate Capitation Payment and Reconciliation
- Comprehensive Care Capitation Payment and Reconciliation
- Blended Fee for Service Payments
- Access Bonus Payment and Reconciliation

8. *How will the Primary Health Care incentives and premiums be reported for primary care groups who have opted for “SOLO” payment?*

The 3% payment for the following primary care incentives and payments will appear as an accounting transaction “3% General Fee Payment Primary Care” on each individual physician’s Solo Remittance Advice (RA):

- Base Rate Capitation Payment and Reconciliation
- Comprehensive Care Capitation Payment and Reconciliation
- Blended Fee for Service Payments

The 3% payment for the Access Bonus Payment will be paid on the primary care Group Remittance Advice (RA), as an accounting transaction “3% General Fee Payment Primary Care”, which is the total Access Bonus for all physicians in that group. This payment will appear on a separate report, “Three Percent General Fee Payment Report” which will be provided to the lead physician of each primary care group. In February 2009 this will be distributed as a paper report, however, starting in March the report will appear on the Remittance Advice.

D. Telemedicine Services

18. *Are telemedicine services and premiums included in calculating the 3% GFP?*

Yes, eligible telemedicine professional services and the telemedicine premiums are included in calculating the 3% GFP. The 3% GFP report included with the Remittance Advice identifies the amount of the 3% GFP applicable to telemedicine services and premiums and is labeled “OTN”.