To: Executive Directors/Administrative Leads – Community Sponsored Family Health Teams and Blended Salary Model Physicians/Blended Salary Model Income Stabilization Physicians

Published By: Primary Health Care Branch

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Re: 2012 Physician Services Agreement – Primary Care Changes

The 2012 Physician Services Agreement (PSA) between the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA), includes provisions for a base payment reduction to specified primary care physician compensation models (see PSA, Appendix C, item 2) related to the Schedule of Benefits changes that were effective April 1, 2012. This reduction, referred to as “reverse flow through”, results in a 1.37% base reduction and is effective January 1, 2013.

As a result the Blended Salary Model salary payment levels and hard cap levels have been decreased 1.37%. This bulletin is to advise you that the reverse flow through has been processed with an effective date of January 1, 2013 and will be reflected on your March 2013 Remittance Advice.

BSM Salary as of January 1, 2013:

<table>
<thead>
<tr>
<th>BLENDED SALARY MODEL - SALARY LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Period</td>
</tr>
<tr>
<td>January 1, 2013</td>
</tr>
</tbody>
</table>

| 1300 | 1475 | 1650 |

Corresponding decreases will be made to benefits (20% of salary level) and locum allowance (5% of salary level).

Physicians who work less than 1.0 FTE will be paid on a prorated basis based on the number of patients enrolled using the Level 1 as the base.
INCOME STABILIZATION FUNDING

<table>
<thead>
<tr>
<th>Effective Period</th>
<th>Income Stabilization</th>
<th>Salary Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Graduate/Physician with Insufficient Ontario Fee for Service (FFS) Billing History</td>
<td>Aboriginal Family Health Team</td>
<td></td>
</tr>
<tr>
<td>January 1, 2013</td>
<td>$198,572.25</td>
<td>$217,788.93</td>
</tr>
<tr>
<td>Benefits included above</td>
<td>Benefits included above</td>
<td></td>
</tr>
</tbody>
</table>

New BSM Hard Cap:

Effective January 1, 2013, the new hard cap value for the 2012/13 fiscal is $18,110.50. For the 2013/14 fiscal forward, the hard cap value is $17,923.77.

New Fee Schedule Codes:

Effective January 1, 2013, the annual health exam (A003 with diagnostic code 917) will be replaced by a periodic health visit. Please see INFObulletin #4585, which provides details related to the introduction of the periodic health visit codes into the Schedule of Benefits. The following are the new fee schedule codes for Periodic Health Visits:

<table>
<thead>
<tr>
<th>Fee Code</th>
<th>Description</th>
<th>Proposed Fee</th>
<th>Assistant</th>
<th>Anaesthetist</th>
</tr>
</thead>
<tbody>
<tr>
<td>K130A</td>
<td>Periodic Health Visit – adolescent</td>
<td>77.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K131A</td>
<td>Periodic Health Visit – adult aged 18 to 64 inclusive</td>
<td>50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K132A</td>
<td>Periodic Health Visit – Adult aged 65 and above</td>
<td>77.20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These new fee schedule code have been identified as Primary Care Services that are included codes under your contracts. As such, when billed for a rostered patient, the claim will pay at zero dollars with a payment explanation code of ‘I2’ - service is globally funded (Shadow Billing). The Blended FFS Premium will be applied.

After Hours Premium (Q012A):

The new periodic health visit fee codes K130A – K132A, are being added to the list of allowable codes for payment of the after-hour premium under your agreement. This change will be implemented in ministry payment systems in the near future. In the interim, please hold any K130A – K132A claims services performed in an after-hours session for which you are entitled to bill the after-hours premium (Q012A). You will be informed by a separate INFObulletin when to submit your held claims.
Preventive Care Management Fees (Q001A to Q005A)

As of April 1, 2013 the Preventive Care Management fee codes Q001A, Q002A, Q003A, Q004A and Q005A will be ended. The ministry systems have been updated to remove the billing rules to allow for the submission of any outstanding claims to be processed with service dates March 31, 2013 and prior.

House Call Bonus and Premiums:

The 2012 PSA includes a provision (Appendix D, item 4.3) which enhances the current bonus and premiums available for the provision of house calls. The text of this section reads:

The Parties agree that primary care physicians should be encouraged to provide more house calls with a focus on homebound and frail elderly patients. Accordingly, the Parties agree to enhance the current premium for house calls and to implement new house call incentives for homebound frail elderly patient as follows:

a) A new fee code, at the same value as the A901, will be developed for house calls to homebound and frail elderly patients. The definition of “homebound and frail elderly patient” for the purpose of this fee code shall be developed by PHCC.

b) The current premiums for house calls shall be revised as follows:

<table>
<thead>
<tr>
<th>Bonus Level</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary annual criteria</td>
<td>3 or more patients served and</td>
<td>6 or more patients served and</td>
<td>17 or more patients served and</td>
<td>32 or more patients served and</td>
</tr>
<tr>
<td></td>
<td>12 or more encounters</td>
<td>24 or more encounters</td>
<td>68 or more encounters</td>
<td>128 or more encounters</td>
</tr>
<tr>
<td></td>
<td>$1,500</td>
<td>$3,000</td>
<td>$5,000</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

These changes are effective April 1, 2013. The new fee code for house calls to homebound and frail elderly patients will be added to the Schedule of Benefits effective April 1, 2013. The appropriate use of this new fee code is important as components of the bonus and premium structure rely on information services provided to frail elderly and homebound patients.

Thank you for your continued participation in advancing Primary Health Care in Ontario.
All claims inquiries should be directed to your Claims Service Branch Office:

**Hamilton**
119 King St. W.
10th Floor
L8P 4Y7
905-521-7100

**Kingston**
1055 Princess St.
4th Floor
K7L 5A9
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