To: Family Health Group (FHG)  
Published By: Primary Health Care Branch  
Date Issued: February 25, 2013  
Bulletin #: 11063  
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 new Fee Schedule Codes to be added to the Schedule of Benefits effective January 1, 2013.

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 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 years and above</td>
<td>77.20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effective January 1, 2013 these new fee schedule codes have been identified as Primary Care Services and were added to the list of codes entitled to the 10% Comprehensive Care Premium.

When an FHG physician submits one of these services for an enrolled or assigned patient, the service will be paid fee for service plus 10% comprehensive care premiums.
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-hours 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 code 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>Home Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Necessary annual criteria</td>
<td>3 or more patients served and</td>
</tr>
<tr>
<td></td>
<td>12 or more encounters</td>
</tr>
<tr>
<td></td>
<td>$1,500</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 on services provided to frail elderly and homebound patients.
In addition, also effective April 1, 2013, a new bonus is created that will pay a 20% premium on the value of claims for house call visits in excess of level C threshold (17 distinct patient and 68 or more encounters), if at least 75% of the house calls performed in the year were for homebound or frail elderly patients. Details of the enhanced premium, including the schedule for payment, will be provided in a future INFObulletin.

Revised After Hours Requirements

The 2012 PSA includes a provision (Appendix D, item 4.2) that expands the requirements for provision of after hour’s coverage. The text of this section reads:

The parties agree that larger sized PEM groups should offer an additional number of after-hours blocks of coverage to accommodate for larger total group roster. The parties agree on the following:

a) to amend the Family Health Network (“FHN”), Family Health Organization (“FHO”) and Family Health Group (“FHG”) to create an enhanced after-hours service requirement for groups with 10 or more physicians. The revised number of after-hours service blocks required would be:

<table>
<thead>
<tr>
<th>NUMBER OF PHYSICIANS IN GROUP</th>
<th>TOTAL NUMBER OF AFTER-HOURS SERVICE BLOCKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 – 19</td>
<td>7</td>
</tr>
<tr>
<td>20 – 29</td>
<td>8</td>
</tr>
<tr>
<td>30 – 74</td>
<td>10</td>
</tr>
<tr>
<td>75 – 99</td>
<td>15</td>
</tr>
<tr>
<td>100 – 199</td>
<td>20</td>
</tr>
<tr>
<td>200 +</td>
<td>25</td>
</tr>
</tbody>
</table>

This requirement becomes effective April 1, 2013. Please amend your after-hours schedules accordingly. Please find Q&A’s on the revised After Hours requirements below.

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
613-545-0656

**Mississauga**
201 City Centre Dr.
Suite 300
L5B 2T4
905-896-6000

**Oshawa**
419 King St. W.
4th Floor
L1J 7J2
1-855-250-3696

**Toronto**
47 Sheppard Av. E.
Suite 505
M2N 7E7
1-855-645-1282
Q1. **How are we expected to provide the new Enhanced After Hours blocks?**

A1. The original 5 blocks of After Hours must be met in accordance to the original language in the contract (4 blocks Mon-Thurs, each on a distinct day, and 1 on Weekend). The Enhanced blocks can be done on days of the Group’s choice.

Q2. **Are all blocks expected to be unique sets of time?**

A2. No, if two physicians are working the same after hours block, then that is considered 2 blocks of time. Please note the original 5 blocks must be unique (See Question 1). Also note, the block requirements set out in the contract establish the minimum level of extended hours required; groups are required to staff the extended hours sessions with sufficient physicians to meet the needs of their enrolled patients.

Q3. **If we have multiple physicians working the same block of time, do they need to be at multiple sites?**

A3. No, the physicians are not required to work at multiple sites, but if your group spans a large geography you should consider using multiple sites to ensure adequate coverage.

Q4. **We have an exemption given to our group from the Ministry because more than 50% of our group does ED. Are we still exempt?**

A4. Yes, if your group has an approved exemption from the MOHLTC, then you do not have to do after hours.

Q5. **We run a clinic on Saturday from 9am-3pm with 2 physicians, how does that count?**

A5. That would count as 4 blocks of After Hours (9-12 and 12-3 times 2 physicians). Please note you cannot fulfill all After Hours blocks during the weekend. Your PEM Contract stipulates the number of weekday After Hour blocks required.

Q6. **How do you define an After Hours Block?**

A6. An after hours block is defined as a 3 hour block of time after 5pm Monday – Friday or any 3 hours on Saturday or Sunday.

For the original (not the Enhanced) Q and A on After Hours please refer to:

www.health.gov.on.ca/english/providers/program/ohip/bulletins/11000/bul11007_2.pdf
Q7. In addition to the increase in minimum block coverage the agreement also says “to ensure the staffing of additional physicians after-hours may be necessary if the group determines that the volume and needs of their patients make such additional staffing necessary.” What does this mean?

A7. This is a reminder that the after hours blocks define the minimum requirement, and if your group requires additional staffing to meet patient need they should do so.

Q8. Our group has 10 MDs but only 8 Full Time Equivalents, how does this affect the number of After Hour Blocks we have to provide?

A8. The After Hours blocks are determined by the number of Signatory Physicians in the group. It is not based on the FTE level of the signatory physicians. Please note, that Locum physicians are Contracted (not Signatory) and do not count towards the group size.