To: Comprehensive Care Management (CCM)
Family Health Group (FHG)
Family Health Network (FHN)
Family Health Organization (FHO)

Published By: Primary Health Care Branch

Date Issued: August 1, 2013
Bulletin #: 11089

Re: Home Visits Special Premium Payment and Reporting (CCM, FHG, FHN, FHO)

The 2012 Physician Services Agreement (PSA) between the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) includes enhancements to the Home Visits Special Premium. These changes are found in Appendix D ‘Primary Care Initiatives’ under section 4.3 House Calls.

A new level of Special Premium payment is being introduced (Level D)

<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</td>
<td>3 or more</td>
<td>6 or more</td>
<td>17 or more</td>
<td>32 or more</td>
</tr>
<tr>
<td>Annual Criteria</td>
<td>patients served and</td>
<td>patients served and</td>
<td>patients served and</td>
<td>patients served and</td>
</tr>
<tr>
<td></td>
<td>12 or more</td>
<td>24 or more</td>
<td>68 or more</td>
<td>128 or more</td>
</tr>
<tr>
<td></td>
<td>encounters</td>
<td>encounters</td>
<td>encounters</td>
<td>encounters</td>
</tr>
<tr>
<td>Annual Bonus</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$5,000</td>
<td>$8,000</td>
</tr>
</tbody>
</table>
The Home Visits annual bonus amounts have been increased for level A and B, and a new level D has been added to the Special Premium.

- Level A annual bonus payment has increased to $1500. (previously $1,000)
- Level B annual bonus payment has increased to $3000. (previously $2,000)
- Level C annual bonus payment has increased to $5000. (no change)
- Level D annual bonus payment is $8000 (new)

To achieve level D the physician must achieve a threshold of 32 or more patients served AND 128 or more encounters in order to receive an additional $3000 for a total $8000 payment.

The tracking of home visits towards threshold levels was put on hold and will commence reporting on the August 2013 Remittance Advice (RA). Payments will be made as each threshold level is reached. If threshold levels were reached during the hold period, payment will be made on the August RA.

The Special Premium Report on the RA will show the accumulations towards home visits special premium retroactive to April 1, 2013. Each home visit encounter, as identified through eligible claims with service dates on or after April 1, 2013, will contribute to and report against the thresholds.

Below is the list of Fee Schedule Codes (FSCs) which will be used to identify eligible home visits:

<table>
<thead>
<tr>
<th>Home Visits</th>
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</thead>
<tbody>
<tr>
<td>A900A Complex House Call Assessment</td>
</tr>
<tr>
<td>A901A House Call Assessment</td>
</tr>
<tr>
<td>A902A Home Visit – Pronouncement of death</td>
</tr>
<tr>
<td>B990A Spec. Visit Premium</td>
</tr>
<tr>
<td>B992A Spec. Visit Premium</td>
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<tr>
<td>B993A Spec. Visit Premium</td>
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<tr>
<td>B994A Spec. Visit Premium</td>
</tr>
<tr>
<td>B996A Spec. Visit Premium</td>
</tr>
</tbody>
</table>

The new A900A ‘Complex House Call Assessment’ was introduced to the Schedule of Benefits effective April 1, 2013 and was added to the list of eligible fee schedule codes contributing to home visits special premium thresholds for all eligible providers.

A house call assessment (A900/A901) is only eligible for payment for the first person seen during a single visit to the same location. The same service rendered to additional patients seen during the same visit is payable at a lesser fee from the General Listings in the Schedule of Benefits. Services to the second and subsequent patients seen during the same visit at a single location do not count towards the threshold levels for the purpose of calculating the bonus and premiums.
In addition, a new bonus is created that will pay physicians in the CCM, FHG, FHN and FHO models a 20% premium on the value of claims for house visits, and full fee for service value in the FHO model, in excess of the level C threshold (17 distinct patients and 68 or more encounters) if at least 75% of the house calls performed in the year were for Complex House Call Assessments (A900A). See Physician Services Agreement, Appendix D, item 4.3 c) and d). This payment will be made as an annual payment after year end starting in 2013/14. Details of this new premium for CCM, FHG, FHN and FHO physicians will be provided in a future INFOBulletin.

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.

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