Effective September 1, 2013, changes have been made to two Preventive Care Bonus categories to align with the Cancer Care Ontario guidelines. These changes affect the target population and services eligible to meet compliance for Pap Smear, and Mammography. The changes are as follows:

**Pap Smear changes:**

- A new fee schedule code E431A to be added to the list of codes that appears as services on the report.
- A change in the target population to females age 21 to 69 as of March 31, 2014 forward.
- A change in the period from every two years to every three years.
Mammography changes:

- New fee schedule codes X178A, X178B, and X178C to be added to the list of codes that appear as services on the report.

- A change in the target population to now report females age 50 to 74 inclusive as of March 31, 2014 of the fiscal year forward.

To meet the compliance levels for Pap Smear for the March 2014 bonus payment you will now need to target women 21 to 69 years of age but they now only require the prevent service once every three years.

These current changes are reflected in the enclosed September Projected Target Population and Service reports.

Changes in the calculation for compliance for the March 2014 payment will be as follows:

**Pap Smear**

This bonus is based on the percentage of the target population who has received a Pap smear in the 42 months prior to March 31st of the fiscal year for which the bonus is being claimed. The target population consists of enrolled female patients who are between 21 and 69 years of age, inclusive, as of March 31st of the fiscal year for which the bonus is being claimed (i.e. a patient who turns 70 on March 15th, 2013 would not be considered part of the 2012/2013 Pap smear target population).

**Mammography**

This bonus is based on the percentage of the target population who has received a mammogram in the 30 months prior to March 31st of the fiscal year for which the bonus is being claimed. The target population consists of enrolled female patients who are between 50 and 74 years of age, inclusive, as of March 31st of the fiscal year for which the bonus is being claimed (i.e. a patient who turns 75 on March 15th, 2013 would not be considered part of the 2012/2013 Mammography target population).

**September 2013 Preventive Care Target Population/Service Report**

- All physicians will receive a Preventive Care Target Population/Service Report – Projected Report for the 2013/2014 fiscal year for each of the five (5) preventive care categories. This report is intended to assist physicians in managing preventive care services for the remainder of the year.

- The TPSR – Projected Report provides a list of the preventive care services (with the exception of the Influenza Vaccine) provided to the patients in a physician’s target population.
Specifically this report identifies:

- A physician’s Target Population including enrolled patients who meet the age and sex criteria for each of the five (5) preventive care categories;
- Enrolled patients who have provided consent and received services in each of the five (5) preventive care categories, according to Ministry records;
- Enrolled patients who have provided consent for whom any physician in the group has submitted a Tracking Code; and Enrolled patients for whom the enrolling physician has submitted an Exclusion Code.

**Physician Eligibility**

- All signatory physicians who are active with a PEM on March 31st of each fiscal year (e.g. March 31st, 2014 for the 2013/2014 fiscal year) are eligible for the Cumulative Preventive Care Bonuses for that fiscal year.
- FHG and CCM physicians must meet the minimum roster size in order to be eligible for the bonuses. FHG and CCM physicians must also meet the minimum roster size in order to receive the Preventive Care Target Population/Service Report – Previous Report distributed in April of each year.

The requirements for FHG and CCM minimum roster sizes are as follows:

- Eligibility is based on a physician’s roster size on March 31st of the current bonus year (e.g. March 31st, 2014, for the 2013/2014 fiscal year).
- In each bonus year, a physician must have a minimum roster size of 650 enrolled patients on the last day of each fiscal year (e.g. March 31st, 2014 for the 2013/2014 fiscal year)
- New Graduates in their first year of practice with a FHG or CCM will be required to have a minimum roster size of 450 enrolled patients.

Note: Minimum roster size is calculated based on the physician’s enrolled patient roster on March 31st of each year. Per Patient Rostering Fees (Q200A/Q201A) must be submitted and processed by March 31st in order to be included in the enrolled patient roster.