The purpose of this INFOBulletin is to remind physicians of the upcoming Preventive Care Bonus Projected report used to determine what patients within the target population still requiring a preventive care service.

The Ministry of Health and Long-Term Care (Ministry) provides eligible physicians in Patient Enrolment Models (PEMs) with a Projected Preventive Care Target Population/Service Report (TPSR) semi-annually, in April and September, to assist them in determining their Target Population and the delivery of preventive care services.
• 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;
  • Eligible services provided to enrolled patients who have provided consent for 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.

The TPSR – Projected Report allows physicians to focus on providing any preventive care
services not yet received by their target population for the remainder of the fiscal year.
Submission of the Cumulative Preventive Care Bonus claims does not occur until April and at
that time instructions for submissions are provided.

Note: The Influenza Vaccine is an annual service and is neither available nor administered to
patients until late fall of each year. As no services have been provided it only provides
the patients in the target population.

**Physician Eligibility**

• All signatory physicians who are active with an eligible PEM on March 31st of each fiscal
  year are eligible for the Preventive Care Bonuses for that fiscal year.

• FHG and CCM physicians must meet the minimum roster size as of March 31st of the fiscal
  year in order to be eligible for the bonuses.

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
• In each bonus year, a physician must have a minimum roster size of 650 enrolled patients
  on March 31st of the bonus year being claimed.
• 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 on March 31st of the bonus year being
  claimed.

Note: Minimum roster size is calculated based on the physician’s enrolled patient roster on
March 31st of each year. Physicians must ensure they promptly submit the Per Patient
Rostering fee code to enroll their patients.

Each April and September FHG and CCM physicians are provided their Projected TPSR
regardless of their roster size at that time.
Target Populations and Services categories

**Influenza Vaccine**
- **Target population**: consists of enrolled patients who are 65 years or older as of December 31st of the fiscal year for which the bonus is being claimed.
- **Service Period**: is the current flu season up to January 31st of the year for which the bonus in being claimed.
- **Service Codes reported**: G590A, G591A, Q690A, Q691A, and tracking code Q130A

**Pap Smear**
- **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.
- **Note**: only patients who are sexually active should be used in the calculation for the bonus
- **Service Period**: by 42 months prior to March 31st of the fiscal year for which the bonus is being claimed.
- **Service Codes reported**: G365A, L713A, L643A, E430A, E431A, Q678A, tracking code Q011A and exclusion code Q140A

**Mammography**
- **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.
- **Service Period**: by 30 months prior to March 31st of the fiscal year for which the bonus is being claimed.
- **Service Codes reported**: X178A, X178B, X178C, X185A, X185B, X185C, tracking code Q131A and exclusion code Q141A

**Childhood Immunizations**
- **Target population**: consists of enrolled patients who are aged 30 to 42 months of age, inclusive as of March 31st of the fiscal year for which the bonus is being claimed.
- **Service Period**: by their 30th month of age.

**Colorectal Cancer Screening**
- **Target population**: consists of enrolled patients who are between 50 and 74 years of age, inclusive; on March 31st of the fiscal year for which the bonus is being claimed.
- **Service Period**: is 30 months prior to March 31st of the fiscal year for which the bonus is being claimed.
- **Service Codes reported**: G004A, L179A, L181A, Q700A, tracking codes Q133A and exclusion codes Q142A
Tracking and Exclusion Codes

- To better assist physicians in monitoring patient status and determining service levels achieved, tracking and exclusion codes have been introduced. When submitted, these codes will identify the patient as having received the preventive care service or identify the patient as having met the criteria for being excluded from the target population for a specific preventive care service. For example, if your patient informs you that they received their influenza vaccination at a flu clinic at work, then the tracking code can be submitted.

- Tracking and Exclusion codes may be submitted using the normal billing practices used to submit Fee for Service claims and premium codes applicable to their agreement. As with other tracking codes, the fee billed should be zero dollars, and the fee paid on the Remittance Advice (RA) will be zero dollars with explanatory code 30 – “This service is not a benefit of OHIP”. Exclusion codes may be submitted if the patient meets the exclusion criteria listed below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Tracking Code</th>
<th>Exclusion Code and Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Vaccine</td>
<td>Q130A</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>Q011A</td>
<td>Q140A Exclusions apply for women who have had a hysterectomy, or who are being tested for cervical diseases that preclude regular screening Pap tests and also any female who is not sexually active.</td>
</tr>
<tr>
<td>Mammography</td>
<td>Q131A</td>
<td>Q141A Exclusions apply for women who have had a mastectomy, or who are being treated for clinical breast disease.</td>
</tr>
<tr>
<td>Childhood Immunizations</td>
<td>Q132A</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Q133A</td>
<td>Q142A Exclusions apply for patients with known cancer being followed by a physician; with known inflammatory bowel disease; who have had a colonoscopy within the last 10 years; with a history of malignant bowel disease; or with any disease requiring regular colonoscopies for surveillance purposes.</td>
</tr>
</tbody>
</table>
If you have changed your Electronic Medical Record (EMR) and are now with a different vendor, please ensure that the new EMR will accept claim submissions without a health number, date of birth and version code in preparation for submitting for the next preventive care bonus.

For any inquiries please contact the Service Support Contact Centre at 1-800-262-6524