

# Questions & Answers

Keeping health care providers informed of payment, policy or program changes

**To:** Family Health Networks (FHNs)  
Family Health Organizations (FHOs)  
Family Health Groups (FHGs)  
Comprehensive Care Model (CCM)

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**Re:** After Hours Service Requirements Update

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**Q1. What are the principles governing the billing of After Hours premiums?**

A1. In addition to the elements contained in your original agreements and the 2004 Memorandum of Agreement, the following principles have been agreed to by the PCCC:

- No claims for premiums may be made for services rendered between 8:00 a.m. and 5:00 p.m.
- The services must be available to scheduled and non-scheduled patients. The services must be held during regularly scheduled times and the physician must make his/her patients aware of the dates and times such services are available.
- Premiums should not be billed for patients who are seen after 5:00 p.m. because the physician's clinic is behind schedule nor is it the intention for physicians to alter regular daytime hours solely for the purpose of billing.
- Physicians must be available during regular office hours to provide comprehensive care to their patients. This obligation is specified in the FHG and FHN Agreements and other Agreements.

**Q2. How do I make my patients aware of my office hours?**

A2. Subject to any specific requirements in your funding agreement, any reasonable method of informing your patients is acceptable provided there is sufficient notice to patients and that scheduled and unscheduled visits are available. Some methods other physicians have used include: posting hours in the waiting room, leaving a message on an answering machine, producing a practice newsletter with the hours included or sending patients letters or emails.

**Q3. My regular clinic runs from 10:00 a.m. to 5:00 p.m. on a particular day and another physician in my group is providing our after hours block coverage. My office runs overtime and I see my last patient at 5:30 p.m. Can I bill the after hours premium for the patients I saw between 5:00 p.m. and 5:30 p.m.?**

A3. No. After hours premiums can only be billed for scheduled and unscheduled patients seen as a regular block of after hour services and your patients must be informed that the service is available.

**Q4. I am responsible for providing a 3-hour block for my group on a Saturday. I decide that I will regularly be available for a 5-hour block at that time. Can I bill the After Hours premium for all 5 hours?**

A4. Yes, as long as you or your group are meeting all the requirements for after hours coverage in your particular agreement. You need to ensure that your patients are aware of these hours (see Q and A # 2) and that you offer both scheduled and unscheduled visits during the time period.

**Q5. Today is Tuesday and another physician is available for all patients in our group for a 3-hour block from 5:00 p.m. to 8:00 p.m. I always have office hours on Tuesday from 9:00 a.m. to 7:00 p.m. Can I bill the premium?**

A5. Yes, as long as you and/or your group are meeting all the requirements for after hours coverage in your particular agreement. You need to ensure that your patients are aware of all of these hours and that you offer both scheduled and unscheduled visits during the time period. You can bill the after hours premium for all patients seen between 5 p.m. and 7 p.m. because this is a regular block of hours.

**Q6. I have decided only to only see patients between 5:00 p.m. and 10:00 p.m. Monday to Friday. Can I bill the premium for all of these visits?**

A6. No. All comprehensive care contracts obigate the physician to be available during regular daytime hours to provide comprehensive care to rostered patients. It is not acceptable to alter office hours solely for the purposes of billing the after hours premium.

**Q7. If I decide to have an evening office from 5:00 p.m. to 8:00 p.m. every Monday from November 1 to March 1 because of increased volumes during the cold and flu season, can I bill the after hours premium during those times?**

A7. Yes, as long as you or your group is meeting all the requirements for after hours coverage in your particular agreement. You need to ensure that your patients are aware of these hours (see Q and A #2) and that you offer both scheduled and unscheduled visits during the time period. The after hours must be for regular blocks and the patients must be aware of availability of the service. It is recognized that there may be seasonal variation. The key is that patients must be aware of when the service is available.

**Q8. Is it acceptable for physicians to deduct/reduce hours from their regular office hours and then provides the 3-hour after hours care in the evening/early AM?**

A8. It is not acceptable to alter office hours solely for the purposes of billing the after hours premium.

**Q9. I belong to a FHG where more than 50% of us provide public hospital emergency room coverage and we have received a written waiver from the Ministry exempting us from having to provide after hours services. If one of us decides to provide after hours services despite the fact that we are not required to do so, will we receive the after hours premium?**

A9. As long as the after hours services are provided during regularly scheduled times, are for booked and un-booked appointments, and otherwise meet the terms of the contract and other after hours principles, the premium is billable.

**Q10. If my regular office hours are between 12:00 noon and 8:00 p.m., am I entitled to receive the after hours premium between 5:00 p.m. and 8:00 p.m.?**

A10. Yes. Individual physicians may bill this premium between 5:00 p.m. and 8:00 p.m. if their regular office hours are between 12:00 noon and 8:00 p.m. However, the group as a whole must ensure that sufficient and convenient coverage is provided to patients of the group during morning hours and that the patients of the group are aware of the locations of this coverage.

**Q11. My office hours are scheduled from 8:30 a.m. to 5:30 p.m. Monday to Thursday, and Friday 8:30 a.m. to 7:00 p.m. Would our present hours on Friday be sufficient to meet the requirements of Block Coverage, or would we have to stay open until 8:30 p.m. on Friday?**

A11. No. Block Coverage must be in a 3-hour block, after 5:00 p.m. on weekdays or anytime on Saturdays, Sundays or on statutory holidays.

The Friday Block Coverage and entitlement to the after hours premium would have to be a 3-hour block beginning no earlier than 5:00 p.m. If the after hours services commence at 5:00 p.m., the office would have to stay open for scheduled and unscheduled visits until 8:00 p.m.

**Q12. What do I do if block coverage is advertised say for Friday 5:00 p.m. to 8:00 p.m. and patients do not book any appointments say past 6:00 p.m.?**

A12. In order to fulfill the requirements of your contract you must provide 3 hours of block coverage to be in compliance with the terms of the Agreement. Block Coverage must be for scheduled and unscheduled services provided during a 3-hour block of time. You need to ensure that your patients are aware of this service through posting information in your office, on your answering machine or through other mechanisms.

**Q13. My office is by appointment only, no walk-ins.**

A13. You need to ensure that you offer both scheduled and unscheduled visits during your block coverage.

**Q14. Are there any guidelines on the ratio of scheduled to unscheduled appointments for the Block Coverage requirement?**

A14. There are currently no ratio guidelines however it is assumed that the ratio would reasonably reflect the needs of your patients.

**Q15. Are CCM physicians able to sub-contract their after hours care out to a part time physician?**

A15. No. The terms, conditions and obligations under the Agreement are between the physician and the Ministry. There is no provision in the CCM agreement which allows for an assignment or transfer of such obligations.

**Q16. What are reasonable hours to provide Block Coverage to patients? Are there any restrictions on when I can offer them e.g. 5:00 a.m. to 8:00 a.m. or 8:00 p.m. to 11:00 p.m.?**

A16. The ministry and the OMA have agreed that the after hours premium cannot be billed between 8:00 a.m. and 5:00 p.m. (with the exception of weekends). You may consider it reasonable that the 3-hour block of time begin between 5:00 p.m. and 7:00 p.m., however, reasonableness of one's office hours depends in part on the demands of one's patients. Physicians must be available during regular office hours to provide comprehensive care to their patients. The Family Health Group agreement states that evening and weekend hours shall be Monday to Thursday night (from 5:00 p.m. to 8:00 p.m.) and three hours on the weekend.

**Q17. Where can Block Coverage be provided?**

A17. Block Coverage should be provided at a physician's office or a similar facility.

**Q18. I will be providing coverage in the Emergency Department of another community. Do I need to work additional evening and weekends on top of this to satisfy the Block Coverage? Or does our coverage of the Emergency Department fulfill this requirement?**

A18. Block Coverage is to be provided to the physician's patients in the community in which the physician's office is located and typically at the physician's practice office.

**Q19. Can a CCM physician be granted exemption from the 3-hour block because he/she does regular on-going ER/anaesthesia/obstetrics work – just like FHN physicians can claim exemption?**

A19. No. The waiver does not apply to CCM physicians.

**Q20. Does Block Coverage/After hours have to be provided in a 3-hour block? Can I divide the Block?**

A20. Block Coverage must be provided as a 3-hour block. You cannot divide the block. You or your group may be eligible for payment of premiums beyond the 3-hour block but notice must be provided (see other Qs and As).