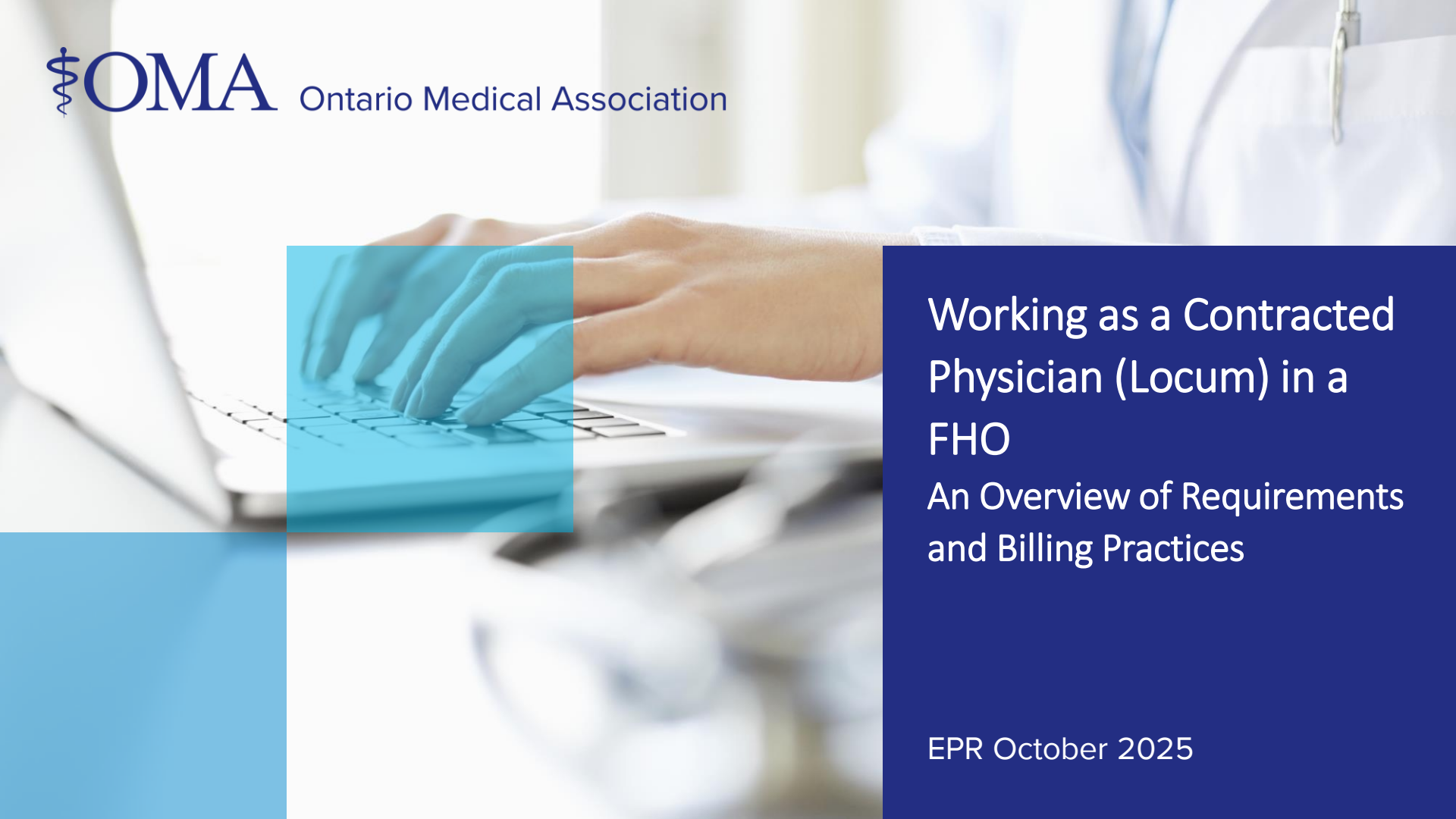

OMA Ontario Medical Association

Working as a Contracted Physician (Locum) in a FHO

An Overview of Requirements and Billing Practices

EPR October 2025

Agenda

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Overview

There are two ways to join a FHO as a locum physician:

1. You may work for the FHO for a set period of time, i.e. as a locum covering a FHO's two week vacation, maternity leave, etc.; or
2. Work with a FHO on an on-going basis, i.e. work within a FHO every Wednesday afternoon.

Physicians may locum within more than one group at a time

- If a physician does not hold any signatory PEM affiliations, there is no limit on the number of locum affiliations
- With a signatory PEM affiliation, the number of locum affiliations is capped at three (3)

General Billing Guidelines

- When working within the FHO, you must bill using that particular FHO's group billing number
  - Submit all claims with your primary care four letter B-group identifier followed by your six digit provider number and two digit specialty code (BXXX-123456-00)
- When working outside of the FHO, you should bill using your solo number or other group number
- Payment will be made to the bank account specified in the FHO governance agreement
- FFS claims will appear on the FHO group's RA and be paid to the FHO bank account
- The 19.41% shadow billing premium for in-basket/core services provided to enrolled patients will either be paid to the physician's bank account or the FHO group bank account, dependent on the payment option chosen by the group
- In-basket services provided by the locum to enrolled patients using the FHO group number will not count towards the group's outside use and nor will it affect the group's Access Bonus

Access Bonus Overview

- **Access Bonus** is paid in addition to the Base Rate Capitation
  - The maximum bonus is 18.59% of the Base Rate
  - Subtracted from the maximum is the value of “in-basket” services provided to rostered patients by non-FHO-group physicians, otherwise known as **Outside Use**
- This payment is reconciled at the group level
- If the group Access Bonus is negative or zero, no Access Bonus will be paid

Outside Use and Access Bonus

- When a locum physician works outside of the FHO and uses their own OHIP billing number for in-basket services to enrolled patients (without the FHO group number), this **will** count towards the FHO group's outside use and Access Bonus calculation
- When a locum physician uses their own OHIP billing number & the FHO group number, this **will not** count towards the FHO's outside use and Access Bonus calculation

Similarities between a FHO signatory Physician and a Locum

- Must provide core (‘in-basket’) and non-core services to enrolled and non-enrolled patients of the FHO
- Will receive 19.41% shadow billing premium on all core services to enrolled patients
- Will receive the full FFS value on all out-of-basket claims to enrolled and non-enrolled patients
- Can provide evening and weekend after-hour services to enrolled and non-enrolled patients

Differences between a FHO signatory Physician and a Locum

- Cannot enroll patients
- Does not earn a base rate or monthly capitation payments for enrolled patients
- Is not eligible to receive premium payments for hospital work, home visits, office procedures, palliative, obstetrical and prenatal care for enrolled patients
- Does not count towards the FHO's hard cap ceiling for in-basket services provided to non-enrolled patients

After Hours Premium (Q012)

- Locum physicians are eligible for a 30% premium during scheduled after-hours on the following fee codes: A001A, A003A, A004A, A007A, A008A, A888A, K005A, K013A, K017A, K030A, K033A, K130A, K131A, K132A, K133A, Q050A and Q888A
  - Q012 can only be billed when the above services are rendered to enrolled patients of any physician in the FHO
- For scheduled and unscheduled services provided during a scheduled After Hours Services time block

After Hours Premium (Q012) (cont.)

- Q012 must have the same service date as the accompanying service code or the claim will be rejected
- The maximum number of services allowed for each Q012 is one
  - If the number of services is greater, the Q012 will reject
  - If you have seen the patient on two occasions on the same day where the Q012 is applicable, the second claim should be submitted with a manual review indicator and supporting documentation

Newborn Care Episodic Fee (Q015)

- Locum physicians are eligible for the Q015 premium of $13.99 for each well-baby visit, up to a maximum of 8 per patient, to enrolled patients in the first year of life
- The patient must be enrolled to a physician in the FHO
- The Q015 may only be billed with A007 and have the same service date as the A007 or the claim will be rejected with a code ‘AD-9 – Premium not allowed alone’
  - If the assessment was previously approved without a valid Q015, the Q015 may be submitted separately for the same patient with the same service date

Newborn Care Episodic Fee (Q015) (cont.)

- The Q015 may only be billed for enrolled patients under 1 year of age
- If more than eight Q015 services are submitted, the additional services will be processed at zero dollars
- If the Q015 is submitted for an unenrolled patient, the Q015 will be paid at zero dollars
  - Other services submitted on the same claim will be process for payment
  - Upon subsequent enrollment of the patient in the following 12-month period, the Q015 will automatically be adjusted for payment, provided the service date of the Q015 is on or after the date of enrollment

Preventive Care Tracking and Exclusion Codes

- Locum physicians may submit the Preventive Care tracking and exclusion codes for any patient that is enrolled to a physician in the FHO
- A tracking code may be submitted once the physician has knowledge that the patient has had the preventive care service
- An exclusion code may be submitted once the physician has confirmed that the preventive care service is not appropriate for the patient, in accordance with the criteria for that particular exclusion code
- Tracking and Exclusion codes may be submitted using the normal billing practices, with the fee billed at zero dollars ($0)
- Note, as locums don’t hold rosters they are not eligible for the Preventive Care Bonus

Changes coming with FHO+ (effective April 1, 2026)

For most in-basket services, shadow billing will rise from 19.4% to 30%

- A higher 50% shadow billing rate applies to select in-basket procedures

The after-hours premium will increase from 30% to 50%

FHO+ introduces an hourly rate for insured in-basket and out-of-basket services provided to rostered patients:

- Direct patient care:
  - In-person or virtual: $80/hour
  - Care provided by telephone when you are out of the office: $68/hour
- Indirect patient care: $80/hour
- Clinical administration: $80/hour
- **Locum's are eligible for the hourly rate- provided all requirements are met**

Changes coming with FHO+ (effective April 1, 2026)

- In the FHO+, access bonus is removed
- The FHO+ introduces a new Continuity of Care measure and accountability process linked to capitation
- Continuity of Care tracks how many in-basket visits to rostered patients are provided by the physician, their FHO colleagues, or other approved providers (such as a locum)
- If less than 75% of visits meet this standard for two or more quarters, a 15% reduction will be applied to the physician's capitation payments until the threshold is met again
- Care provided by locums registered to the FHO group is **not** considered outside use

More Information and Next Steps

- For more information and next steps to register as a locum, please see the INFOBulletin here: Registering as a Locum or Contract Physician in Patient Enrolment Models-Fillable Forms