



Working as a Contracted Physician

An overview of requirements and billing practices

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Working as a Contracted Physician

An Overview

- When joining a FHO as a locum physician there are two ways this can occur:
 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.
- It is also possible for a physician to 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).

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General Billing Guidelines

- When working within the FHO you must bill using that particular FHO's group billing number
- FFS claims will appear on the FHO group's RA and be paid to the FHO bank account
- The 15% 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.

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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 is negative or zero, no Access Bonus will be paid

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Outside Use & 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.

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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 15% 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.

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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.

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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 and Q050A.
- Q012 can only be billed when the above services are rendered to enrolled patients of any physician in the FHO.
- Q012 must have the same service date as the accompanying service code or the claim will be rejected

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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'
- 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

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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.

Feedback / Questions?

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