

APPENDIX K

Income Stabilization for Qualifying Physicians Joining Eligible Patient Enrolment Models

The Income Stabilization (IS) Program supports Physicians who have joined the FHN/FHO while they develop patient rosters prior to converting to the group-based blended capitation funding model. Eligible Physicians who accept the terms and conditions of the IS Program receive a guaranteed compensation rate for up to 12 consecutive months upon the commencement of their membership with the FHN/FHO.

1. Eligibility

A Physician who regularly shall provide between 20 and 40 hours per week of Comprehensive Care services shall be eligible to participate in the IS Program:

(a) if he or she:

- (i.) is in his or her first year of comprehensive primary care practice (commenced within three years following their graduation); or
- (ii.) has a minimum of 12 consecutive months of Ontario fee-for-service (FFS) billing history; and

(b) he or she:

- (i) is not currently registered in any of the following physician services agreements:
 - Family Health Organization;
 - Family Health Network;
 - Family Health Group; or
 - Comprehensive Care Model; and
- (ii) has not previously participated in the IS Program*.

***Note:** Physicians who are currently registered in a PEM, including those who may have participated in the IS program previously, and/or physicians compensated through mechanisms other than FFS may request to be considered as eligible and such requests will be reviewed and approved on a case-by-case basis.

Current participating full-time IS physicians who wish to practice on a part-time basis (no less than 20 hours per week (0.5 FTE) , must sign the revised *IS Undertaking and Acknowledgement* and/or complete the new *Weekly Service Commitment Notification* form, in order to facilitate an amendment to their current service obligations, target roster sizes and IS rates.

Full-time IS is considered no less than 40 hours per week (1.0 FTE)

2. Terms and Conditions

- 2.1 Eligible Physicians must sign and deliver the undertaking attached hereto as Schedule '1' of this Appendix 'K', to the Ministry prior to the commencement of their services with the FHN/FHO.
- 2.2 Physicians may participate in the IS Program for a term up to 12 consecutive months (IS Period).
- 2.3 A Physician participating in the IS Program (IS Physician) may request for his or her IS Period to be temporarily suspended due to an absence from his or her practice. The Ministry will consider such request on a case-by-case basis. A Physician making this request shall provide the Ministry with a minimum notice of 30 days.
- 2.4 IS Physicians are not permitted to bill OHIP for services to any Enrolled Patients during the IS term, with the exception of the fee codes below for services specific to emergency room unscheduled visits and obstetrical deliveries, for which the IS Physicians may bill the full fee-for-service (FFS) value:

K990, K991, K992, K993, K994, K995, K996, K997, K998, K999, H055, H065, H101, H102, H103, H104, H105, H112, H113, H121, H122, H123, H124, H131, H132, H133, H134, H151, H152, H153, H154, H400, H401, H402, H403, H404, H405, H406, H407, H408 and P006, P020, E502, P018, P041, P042, E500, P038, P009, P010, C989, E411, E414, P045, P046, Z774, P036, P039, P029, P013, P014, P016, E100, G224*, Z776, Z734, P030, P023, Z775, P031, P034, Z777, E409 and E410 for billable suffixes A, B and C.

(Note: fee codes billed in association with the above 'K' codes are considered eligible fee codes for FFS billing).

*G224 needs to be billed in conjunction with one of the following obstetrical fee codes in order to be eligible for FFS billing: P006, E414, P009, P020, P022, P023, P028 and P030.

- 2.5 Subject to their ability to meet the FHO/FHN service obligations and the IS undertaking, IS Physicians are entitled to unlimited FFS billings for services provided to non-Enrolled Patients at locations outside of the FHO/FHN group practice offices.
- 2.6 IS Physicians must provide a minimum of 30 days prior written notice to the Ministry of their intention to terminate their participation in the IS program.

3. Patient Enrolment

- 3.1 IS Physicians are required to submit their completed enrolment and consent forms to the Ministry during the IS Period. Completed forms must be sent to and received by the Ministry by the end of each month at: Ministry of Health and Long-Term Care, P.O. Box 48, Kingston ON K7L5J3. Section 3 of the Batch Header forms should clearly identify the physician as an IS participant. Completed E/C forms will be held by the Ministry unprocessed until an IS Physician ends their income stabilization period.
- 3.2 An IS Physician shall commit to enrolling at least 825 patients who have not been enrolled to any other physician in the Group or to the Group itself (New Patients) during the IS Period. An IS Physician will be expected to enrol an average of 50 patients in each of the first 3 months of the IS Period and an average of 75 patients per month for the remaining IS Period.
- 3.3 An IS Physician will be subject to monthly enrolment target reviews by the Ministry. Failure to achieve monthly enrolment targets as stated above will result in the following process.
 - (a) the Ministry will contact the IS Physician to seek an explanation on why he or she has not satisfied the enrolment targets for that period;
 - (b) if the Ministry does not feel that the explanation provided is satisfactory, the Ministry shall inform the IS Physician, the FHO/FHN, and the OMA that if patient enrolment targets are not met, the Ministry may exercise its right to terminate the IS Physician's participation in the IS program.
 - (c) if the enrolment targets are not met in the second consecutive month, the Ministry may exercise its right to terminate the IS Physician's participation in the IS program. In such case, the physician may continue to be paid under the standard terms of the FHN/FHO Agreement.
 - (d) any party (i.e. Ministry, OMA, physician, or group) can refer this matter to the Physician Services Committee (PSC) under section 17.20.
- 3.4 IS Physicians must retain a record of their shadow-billable services (other than for permissible FFS claims) during the IS Period for audit purposes and cooperate with the Ministry to provide any reports or information pertaining to services rendered and enrolment targets during the IS Period. At the end of the IS period, following keying of all submitted enrolment forms, the Ministry will conduct a review of claims submitted during the IS period to ensure that no fee for services claims were paid for Enrolled Patients.

IS physicians must provide the Lead Physician (or equivalent) of their Group with copies of their IS records and allow the Lead Physician to provide the Ministry with the same upon request.

- 3.5 IS Physicians must be physicians who intend to continue to provide care to patients they have enrolled during the IS Period after the IS Period ends and the Physician is compensated under the standard terms of the FHN/FHO Agreement.

4. IS Funding and Compensation

- 4.1 The IS compensation rate is as follows:

- (a) Urban annual IS rate for a full-time physician is \$201,330.48
- (b) Rural* annual IS rate for a full-time physician is \$220,814.08.

* Only those physicians whose primary practice address has a Rurality Index of Ontario (RIO) score greater than or equal to 40, will be paid the rurality adjusted IS rate.

- 4.2 The compensation rate and enrolment requirements will be adjusted by the Ministry on a pro-rated basis for part-time physicians. The compensation rate will also be adjusted where the Ministry, acting reasonably and in consultation with the OMA, determines that the IS Physician is failing to comply with her/his service obligations.

- 4.3 The IS Physician further understands that the value of the Urban Income Stabilization and/or the Rural Income Stabilization payments may be revised periodically in accordance with the appropriate fee-for-service increases set out in, and over the term of, the Framework Agreement. The subsequent revisions to the value of these payments shall be confirmed and agreed to by the OMA and the Ministry and notice of the resulting new value(s) shall thereafter be communicated accordingly to the IS Physician.

- 4.4 During the IS Period, IS Physicians are not eligible to earn any of the additional premiums, incentives and special payments available in the FHO/FHN Agreement, with the exception of the incentive fees listed below:

- Per Patient Rostering Fee;
- Unattached Patient Fee;
- Health Care Connect (HCC) Complex-Vulnerable Patient Fee;
- Unattached Mother and Newborn Patient Fee;
- New Patient Fee;
- New Graduate – New Patient Fee; and
- New Patient Fee FOBT Positive/Colorectal Cancer Increased Risk

SCHEDULE '1'
UNDERTAKING AND AKNOWLEDGEMENT

TO: The Ministry of Health and Long-Term Care

Re: Patient Enrolment Model Funding Agreement (FHN or FHO) Dated _____ (as amended).

In consideration of my entering into the above-noted Agreement and my decision to opt for Income Stabilization as defined in the Agreement and the Appendix attached hereto, I, the undersigned physician hereby acknowledge and undertake as follows:

1. I meet the requirements set out in the Appendix attached hereto qualifying me to participate in the Income Stabilization (IS) Program;
2. I would like to participate in the IS Program as a _____ IS Physician;
(insert-part-time or full-time)
(if applicable) and as a part-time IS Physician I commit to providing a minimum of _____ service hours per week to the PEM group I have joined during the IS Period.
3. I acknowledge and agree that subject to the terms and conditions set out in the attached Appendix and the Agreement, my Income Stabilization compensation will be paid by the Ministry in 12 monthly instalments to the bank account specified by the physician Group to which I belong and that the Group will be responsible for paying me my Income Stabilization compensation.
4. I agree to be bound by the contents, terms, and conditions of the attached Appendix and the Agreement, and acknowledge the rights of the Ministry as set out therein.

DATED THIS ____ day of _____, 20____.

In the event the Physician is a natural person:

Signature: Physician

Witness

OR

In the event the Physician is a Medicine Professional Corporation:

Signature: Authorized Signing Officer

Witness

Name & Title: _____

I have the authority to bind the [insert name of Professional Corporation]
