INTRODUCTION
What is the Education and Prevention Committee (EPC)?
The Ministry of Health and Long-Term Care (MOHLTC) and Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC’s primary goal is to educate physicians about submitting OHIP claims that accurately reflect the service provided so that the need for recovery of inappropriately submitted claims is reduced.

What is an Interpretive Bulletin?
In order to achieve this goal, the EPC is developing a number of educational initiatives that are intended to help physicians submit accurate OHIP claims. One of these initiatives is the provision of regular “Interpretive Bulletins.” Interpretive Bulletins will be jointly prepared by the Ministry and the OMA. The purpose of these Bulletins will be to provide general advice and guidance to physicians on specific billing matters.

The EPC intends to maintain an index of these Bulletins to assist physicians in referring to previously discussed topics.

OHIP Claim Submissions: Pre and Post-Payment Review Process

Purpose
The purpose of this Interpretive Bulletin is to provide physicians with general information about how OHIP claims are screened and reviewed.

Submitting OHIP Claims
Depending upon the type of licence granted by the College of Physicians and Surgeons of Ontario (CPSO), physicians may bill OHIP as either general/family practitioners or as specialists. Non-certified specialists must submit OHIP claims using the general practice fee codes. International Medical Graduates are encouraged to contact their District Medical Consultant to clarify any billing restrictions that may apply to them.

Pre-Payment Computer Screening of OHIP Claims
Claims submitted to OHIP are pre-screened by computer checks for several things, including:

- Both physician and patient eligibility, and
- Some of the billing "rules" and restrictions found in the Schedule of Benefits for Physician Services.

Although the computer system often rejects claims for various reasons, it is not able to provide a comprehensive screening for all billing rules and restrictions contained in the Schedule.

It is important to understand that payment of a claim does not automatically validate that the claim is correct. Payment for claims that are incorrect can be recovered at a later date.
Post-Payment Claims Manual Review
Since the computer system cannot provide a comprehensive check to ensure that OHIP claims meet all the billing rules, OHIP claims are paid subject to post-payment review.

Some examples of what may trigger a post-payment review:
• Ministry ad hoc fee code reviews.
• A complaint or other information comes to the attention of the Ministry that suggests there are specific claim codes that are being submitted incorrectly.

Some examples of what may be involved in a post-payment review:
• Consideration of issues such as when two codes are claimed when the Schedule has one code that pays for the two services when they are performed together.
• OHIP claims may have been submitted for procedures that are still considered experimental.
• Post-payment review often requires examination of patient records.

Post-payment claims reviews are always undertaken by Ministry medical consultants. If, when reviewing claims, an unusual claim pattern is noted, medical consultants consider the type of work being performed by the physician, the region in which the physician is working, and other variables that may explain the unusual pattern. If an explanation is not readily apparent from the claims data alone, the physician may be asked to provide an explanation.

The Education and Prevention Committee was formed by the Ministry of Health and Long-Term Care and the Ontario Medical Association, under the auspices of the Physician Services Committee, to make recommendations to ensure appropriate claims to the Ontario Health Insurance Program. The work of this Committee will benefit all physicians with respect to their interaction with the Medical Review Committee and the Ministry.

In order to ensure an appropriate billing course, the Committee requests input from your section and input from all its members.

What do you think should be in a billing course that would benefit you, and how would you design it? Your input would be appreciated.

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