MINISTRY OF HEALTH AND LONG-TERM CARE
Primary Health Care and Family Health Teams

FACT SHEET

Title: **Billing, Payment and Reporting Information for Concurrent Signatory and Locum Physicians**

Date: **XXXXX 2008**

Eligible Patient Enrolment Models (PEMs):

- ☑ Family Health Networks (FHNs)
- ☑ Comprehensive Care Model (CCM)
- ☑ Rural and Northern Physician Group Agreement (RNPGA)
- ☑ Group Health Centre (GHC)
- ☑ St. Joseph's Health Centre (SJHC)
- ☑ Weeneebayko Health Ahtuskaywin (WHA)

This fact sheet provides billing, payment, and reporting information for Patient Enrolment Model (PEM) physicians who choose to affiliate as a signatory to one PEM while participating as a locum in up to three (3) additional PEMs. This is a follow up to the XXXX 2008 Signatory Physicians Affiliating as Locum Physicians Fact Sheet.

Billing and Payment Guidelines while working as a Signatory Physician:

- There are no changes to the current billing and payment rules when a physician is working as a signatory.
- Signatory physicians should continue to submit for services following the rules of their signatory group while working with that signatory group.

Billing and Payment Guidelines while working as a Locum Physician:

- While working as a locum, physicians must always bill with their locum group number in order to ensure proper payment processing. This applies whether the physician is a signatory physician in another group or not.
- Claims submitted without the locum group number will be assessed based on the rules of the signatory group. This may result in outside use where applicable.
- Physicians are encouraged to submit claims using the appropriate PEM group number to ensure the correct assignment of the claim.

Please be advised that locum physicians are not permitted in the Comprehensive Care Model (CCM).

For more information about the billing rules for your group, please consult the billing and payment fact sheet applicable to your PEM.

Billing and Payment Reporting:

- There are no changes to the current reporting rules for signatory or locum groups. The group Remittance Advices (RAs) will remain unchanged.

- Changes to the sequencing of reports will occur on the individual physician's solo RAs. The report messaging for each premium report will be displayed in the following order with each group number noted at the top of the report:
    - Signatory
    - Locum – if there is more than one locum affiliation then these reports will be sorted in alphabetical order by group number
    - Non-signatory and non-locum (e.g. Fee for Service Group or Solo)

Report sample:

In the report sample below for the Premium Payments report, this physician is a signatory with BXXX which has opted for group level payments, a locum with FXXX, and has solo billings as noted under group 000000.

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                              PREMIUM PAYMENTS
         FOR PAYMENT:          2008-06-27
         GROUP BILLING NUMBER: 0BXXX

         CURRENT FISCAL
         PAYMENT         PAYMENT     NUMBER OF    TOTAL DOLLAR VALUE   TOTAL
         TYPE            RATE           CLAIMS    OF APPROVED CLAIMS   PAYMENT
         BLENDED PREMIUM  10.0000% MTD     101          $493.61          $49.36
                                  YTD     101          $493.61          $49.36
         TOTAL MONTHLY PREMIUM PAYMENT                                   $49.36
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                              PREMIUM PAYMENTS
         FOR PAYMENT:          2008-06-27
         GROUP BILLING NUMBER: 0FXXX

         CURRENT FISCAL
         PAYMENT         PAYMENT     NUMBER OF    TOTAL DOLLAR VALUE   TOTAL
         TYPE            RATE           CLAIMS    OF APPROVED CLAIMS   PAYMENT
         BLENDED PREMIUM  10.0000% MTD      67          $313.92          $31.39
                                  YTD      67          $313.92          $31.39
         TOTAL MONTHLY PREMIUM PAYMENT                                   $31.39
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                              PREMIUM PAYMENTS
         FOR PAYMENT:          2008-06-27
         GROUP BILLING NUMBER: 000000

         CURRENT FISCAL
         PAYMENT         PAYMENT     NUMBER OF    TOTAL DOLLAR VALUE   TOTAL
         TYPE            RATE           CLAIMS    OF APPROVED CLAIMS   PAYMENT
         BLENDED PREMIUM  10.0000% MTD      26          $138.08          $13.80
                                  YTD      26          $138.08          $13.80
         TOTAL MONTHLY PREMIUM PAYMENT                                   $13.80
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Enrolment and Consent

- There are no changes to enrolment and consent at this time. Patients can still only be enrolled to a signatory physician.
- There are also no changes to current enrolment and consent reporting.

Should you have any questions regarding this initiative, please contact your Ministry site team at 1-866-766-0266.