

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Family Health Network (FHN)
Family Health Organizations (FHO)

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Re: Physician Services Agreement Initiatives Effective
September 1, 2011

Base Rate Capitation Increase

The [2008 Physician Services Agreement \(PSA\)](#) between the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) includes provisions for a general fee increase in the Schedule of Benefits, effective September 1, 2011.

As a result, the Base Rate Capitation Payments for FHNs and FHOs has been increased by 5.2%. We are pleased to advise you that this increase has been processed with an effective date of September 1, 2011 and will be reflected on your November 2011 Remittance Advice (RA).

If you receive capitation payments on your FHN/FHO group RA, this payment will be reported and paid on your group's November 2011 RA.

If you receive capitation payments on your solo RA, this payment will be reported and paid on your November 2011 solo RA.

Long Term Care Capitation Increase

Effective September 1, 2011, the Long Term Care Capitation Payment rate will increase by 12% and will be reflected on the November 2011 RA.

Hard Cap Increase

The new Hard Cap amount of \$54,672 will be reflected on the October 2011 RA, retroactive to April 1, 2011.

Effective April 1, 2012 the Hard Cap will be increased to the new amount \$55,950, reflected on the May 2012 RA.

New Fee Schedule Codes

Effective September 1, 2011 the following fee schedule codes (FSC) will be added to the Schedule of Benefits:

NEW FSC	DESCRIPTION
G840A	DTaP–IPV–Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus – paediatric
G841A	DTaP–IPV–Hib—Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Virus, Haemophilus influenza type b paediatric
G842A	HB—Hepatitis B
G843A	HPV—Human Papillomavirus type 6, 11, 16, 18
G844A	Men–C–C—Meningococcal C Conjugate
G845A	MMR—Measles, Mumps, Rubella
G846A	Pneu - Pneumococcal Conjugate
G847A	TdaP—Tetanus, Diphtheria, acellular Pertussis–adult
G848A	Var—Varicella

These new fee schedule codes have been identified as Primary Care Services and will be added to the basket of 'Included Codes' for both the FHN and FHO patient enrolment models.

When an FHN or FHO physician bills the service for a rostered patient, the claim will pay at zero dollars with a payment explanation type code of 'I2' (shadow billed). The Blended Fee for Service (FFS) Premium will be applied to the shadow billed claims.

Thank you for your continued participation in advancing Primary Health Care in Ontario.

If you have any questions please do not hesitate to contact your ministry Site Team at 1-866-766-0266.