Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4377	**November 1, 2001**	**Ministry of Health Processing Office** *(address below)*
Distribution: **Physicians, Hospitals, Clinics, Laboratories**		

Subject **Malpractice Coverage Reimbursement – 2002 Coverage Year**

The automation of malpractice fee reimbursements for members of the Canadian Medical Protective Association (CMPA) was introduced for the 2001 coverage year. Overall the new process was a success, and in an effort to improve service we are introducing some changes for the 2002 coverage year. The reimbursement options available will remain the same, only the administration of the process will change.

To expedite the introduction of the new reimbursement options for the 2001 coverage year, the CMPA agreed to distribute and record all information related to the process. This did assist in introducing the new options; however, the ministry did not have information readily available to deal with inquiries regarding payments. Feedback has indicated that physicians would prefer to communicate directly with the ministry regarding reimbursement information. To that end, the ministry will now assume responsibility for recording all information specific to the reimbursement payment.

The ministry, with the assistance of the CMPA and OMA, has developed a new Reimbursement Participation Form which will be distributed with the 2002 CMPA membership renewal. The revised form provides the CMPA with authorization to transfer information to the ministry as well as authorizing the ministry to process the reimbursement entitlement in the manner selected.

The new form **must be completed** even if a Reimbursement Participation Form for 2001 was submitted. Two (2) copies of the new form will be returned to the CMPA who in turn will forward the original to the ministry. Provided all eligibility requirements are met, the reimbursement option selected will remain in effect for subsequent coverage years. The reimbursement option may be changed with a signed Reimbursement Participation Form indicating a change in option is requested.

If a completed Reimbursement Participation Form is **not received by January 1, 2002**, the ministry will default your reimbursement payment option for the 2002 coverage year to Option C - Regular Annual Reimbursement and a ministry Application for Reimbursement will be sent to you along with your CMPA Acknowledgement of payment, early in 2003.

For your convenience a malpractice reimbursement payment options reference sheet is **attached.** If you have any further questions regarding the reimbursement program or a specific application inquiry, please contact the ministry at 1-613-547-1814.

Inquiries regarding CMPA membership or malpractice fees should be directed to Membership Services at the CMPA at 1-800-267-6522.

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Ministry of Health and Long-Term Care

Malpractice Reimbursement Program Payment Options

Reimbursement Options	Description	Requirements
Option A **Early Annual Reimbursement**	• Physicians pay their Canadian Medical Protective Association (CMPA) annual fee in full by January 1st of the coverage year with a post-dated cheque dated May 1st. • Information related to malpractice fee payment is transmitted electronically to the ministry from CMPA. • The full reimbursement entitlement is paid in April of the current coverage year.	• Licensed with the College of Physicians and Surgeons of Ontario and practice in Ontario during the coverage period • A completed Malpractice Reimbursement Participation Form indicating Option A • Registered with a Ministry of Health and Long-Term Care (MOHLTC) **solo** billing number • Registered for direct bank deposit with a MOHLTC **solo** billing number
Option B **Quarterly Reimbursement**	• Physicians pay their CMPA fees either monthly or annually. • Information related to malpractice fee payment is transmitted electronically to the ministry from CMPA. • Reimbursement entitlement is paid in 4 equal payments over the course of the coverage year.	• Licensed with the College of Physicians and Surgeons of Ontario and practice in Ontario during the coverage period • A completed Malpractice Reimbursement Participation Form indicating Option B • Registered with a MOHLTC **solo** billing number • Registered for direct bank deposit with a MOHLTC **solo** billing number

Option C
 	
Regular Annual Reimbursement
	• Physicians pay their fees/premiums either monthly or annually.
	  • Applications for reimbursement are mailed to physicians in January following the coverage year
	
	  • A reimbursement application is completed and sent to the MOHLTC following the coverage year.
	  • Reimbursement payment is made within 8 weeks of receipt of a completed application.
		• Licensed with the College of Physicians and Surgeons of Ontario and practice in Ontario during the coverage period
		  • A completed Malpractice Reimbursement Participation Form indicating Option C
		  • Completed ministry application for reimbursement received by MOHLTC by June 30 following the coverage year
		  • Proof of malpractice fee/premium paid i. e. CMPA Acknowledgement or receipt of premium paid if with another carrier

Once selected the reimbursement payment option shall remain in effect until such time as a signed authorization is received to cancel and/or modify the selection.

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