Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4443	January 12, 2007	Ministry of Health and Long-Term Care Processing Office
Distribution		(address below)
Physicians, Hospitals, Clinics and Laboratories		

Subject: Preventive Care Paper Claim Submission

Preventive Care bonus premiums are paid to Primary Care physicians who provide preventive care services to enrolled patients as agreed to by the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care (MOHLTC). As these bonus payments are not patient specific they are submitted to the ministry without a Health Number, Version Code or Date of Birth. Physicians may choose to submit paper claims if their software does not currently support the electronic submission of claims with blank Health Number and Date of Birth fields. Physicians who submit paper claims for bonus premiums are reminded to follow the process described below. This information applies to physicians in the following Patient Enrolment Models (PEMs).

- ☑ Family Health Networks (FHNs)
- ☑ Primary Care Networks (PCNs/FHOs)
- ☑ Family Health Groups (FHGs)
- ☑ Health Service Organizations (HSOs/FHOs)
- ☑ Comprehensive Care Models (CCMs)
- ☑ Group Health Centre (GHC)
- ☑ South Eastern Ontario Academic Medical Organization (SEAMO)

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Billing Rules:

- Determine the Q code in the Preventive Care Bonus category that corresponds to the calculated percentage
- Service date on the claim must be March 31st of the fiscal year being billed with the exception for claiming the 2005/2006 Colorectal Screening Bonus. Please refer to Fact Sheet "Information and Procedures for Claiming the 2005/2006 Colorectal Screening Bonus (September 1st, 2006 Service Date)" distributed to PEM physicians in October 2006 providing further details.
- Blank health number, date of birth and version code
- No diagnostic code is required
- Fee billed must be $0.00
- A separate claim card must be submitted for each physician. Multiple physicians cannot use a single claim card. **These claim cards will be rejected**.
- Ten services may be submitted per claim card.
- There will be a $2.00 processing fee charged for **each** claim card submitted.

Paper claim cards must be completed as follows to ensure proper processing:

Preventive Care Bonuses Paid to Group:

- Provider Number – Group Number followed by Billing Number followed by 00, separated by hyphens (BXXX-123456-00)
- Health Number – Blank
- Version – Blank
- Date of Birth – Blank
- Accounting Number – Optional (for physician use)
- Payment Program – HCP
- Payee – P
- Location Code – Blank
- Referred By – Blank
- Faculty Number – Blank
- In-patient Admission – Blank
- Service Code – Q code being billed
- Fee Submitted – $0.00
- Number of Services – 1
- Service Date – Month/Day must always be March 31st of the year the bonus is being submitted

Preventive Care Bonuses Paid to Solo Physicians:

- Provider Number – 0000 followed by Billing Number followed by 00, separated by hyphens (0000-123456-00)
- Health Number – Blank
- Version – Blank
- Date of Birth – Blank
- Accounting Number – Optional (for physician use)
- Payment Program – HCP
- Payee – P
- Location Code – Blank
- Referred By – Blank
- Faculty Number – Blank
- In-patient Admission – Blank
- Service Code – Q code being billed
- Fee Submitted – $0.00
- Number of Services – 1
- Service Date – Month/Day must always be March 31st of the year the bonus is being submitted