Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4482	July 22, 2008	Ministry of Health and Long-Term Care Processing Sites (address below)
Distribution: Physicians, Hospitals, Clinics and Laboratories		

Subject: ColonCancerCheck Physician Incentives

1. FOBT Distribution and Counseling Fee: Q150A
2. Colorectal Cancer Screening Management Fee: Q005A
3. Colorectal Cancer Screening Preventive Care Bonus enhancements: Q118A – Q123A
4. FOBT Completion Fee: Q152A
5. New Patient Fee FOBT Positive/Colorectal Cancer Increased Risk: Q043A

Background:

The Ontario government has launched Canada's first province-wide population-based colorectal cancer screening program (ColonCancerCheck) to provide early detection of colorectal cancer and help save the lives of Ontarians. The program has been developed in collaboration with Cancer Care Ontario.

For average risk men and women age 50 years and over, the program recommends the Fecal Occult Blood Test (FOBT) every two years. All patients with a positive FOBT should be referred for colonoscopy. Patients at increased risk because of a family history of one or more first degree relatives (e.g. parent, sibling or child) with a diagnosis of colorectal cancer should be referred for a screening colonoscopy at age 50 or 10 years before the age of diagnosis of the affected relative, whichever occurs first.

The goal of the new and enhanced physician incentives is to focus on screening of all patients aged 50 and over, including those at both average and increased risk of developing colorectal cancer. New and enhanced physician incentives are being introduced, effective April 1, 2008. Some of the incentives are available to all primary care physicians, while others are available only to physicians in Patient Enrolment Models (PEMs). The chart below summarizes physician eligibility for the incentives.

Colorectal Cancer Screening Physician Incentives	ELIGIBILITY	
	Patient Enrolment Model (PEM) Physicians	Fee-For-Service Primary Care Physicians
FOBT Distribution and Counseling Fee Q150A	Yes	Yes
Colorectal Cancer Screening Management Fee Q005A	Yes	No
Colorectal Cancer Screening Preventive Care Bonus Q118A – Q123A	Yes	No
FOBT Completion Fee Q152A	Yes, if minimum roster size not met	Yes
New Patient Fee FOBT Positive/ Colorectal Cancer Increased Risk Q043A	Yes	No

Processing Sites			
Hamilton 119 King Street West, 10th Floor P.O. Box 2280, Stn A L8P 4Y7	**Kingston** 1055 Princess Street, Suite 401 P.O. Box 9000 K7L 5A9	**London** 217 York Street, 5th Floor Station A N6A 5P9	**Mississauga** 201 City Centre Drive Suite 300 L5B 2T4
Oshawa Executive Tower, Oshawa Centre 419 King Street West P.O. Box 635 L1J 7J2	**Ottawa** Fuller Building 75 Albert Street K1P 5Y9	**Sudbury** 199 Larch Street Suite 801 P3E 5R1	**Toronto** 47 Sheppard Avenue East Suite 505 M2N 7E7

Fecal Occult Blood Test Kits
For screening testing health care providers should only use the ColonCancerCheck FOBT kits (green envelope and test card).

For diagnostic testing providers may continue to use non-program (non-ColonCancerCheck) FOBT kits.

Your community laboratory supplied the initial quantity of ColonCancerCheck FOBT kits and will be filling re-orders as required. These laboratories include: Alpha Laboratories, CML Healthcare, Gamma-Dynacare Medical Laboratories and LifeLabs.

The process for reordering ColonCancerCheck FOBT kits is the same as order other supplies from your community laboratory: complete an order form, fax it to the number on the form and the kits will be shipped from the laboratory's distribution centre within the same time frame as other supplies. To simplify the process some laboratories (LifeLabs and Gamma-Dynacare Medical Laboratories) have links on their websites where providers can access communications on the program and download kit order forms.

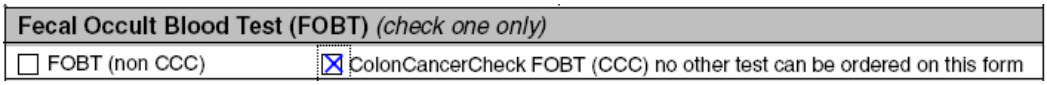
Note: Specimen collection centres do not have ColonCancerCheck FOBT kits.

1. FOBT Distribution and Counseling Fee: Q150A

Effective April 1, 2008, the Q150A seven dollar ($7) incentive payment will be available to all primary care physicians in Ontario who provide the Fecal Occult Blood Test (FOBT) kit directly, in person to the patient.

To claim the fee the physician must complete all of the following:

- meet with the patient to discuss and assess the patient's medical and family history to determine if the FOBT is appropriate for the patient;
- educate the patient during an office visit on correct use of the FOBT kit; and
- provide a separate, completed and signed laboratory requisition form for the FOBT using the revised OHIP Laboratory Requisition Form (4422-84). The revised form (4422-84) includes a separate requisition box - ColonCancerCheck FOBT, appearing on the bottom right of the form. Primary Health Care Providers are required to use this selection in order to identify that the test requested is a ColonCancerCheck FOBT.



Please note that when ordering a ColonCancerCheck FOBT no other tests can be ordered on the same Laboratory Requisition. This is necessary for all screening tests, whether the patient will be mailing or dropping off the completed kit or will be completing the FOBT at the same time as other laboratory tests. This will also assist in reducing the potential laboratory documentation testing rejects. A test will be rejected by the laboratory if the requisition is missing, not fully completed or not signed. If other tests need to be ordered for a patient, an additional requisition form is to be completed.

It is vital that a separate and complete laboratory requisition form be used when ordering a ColonCancerCheck FOBT – this will ensure that ColonCancerCheck FOBTs are not rejected due to incomplete documentation.

Tip: Physicians and laboratories have found that a useful approach for reducing the number of tests that are rejected is for the physician's office to place a patient label on both the requisition and the test card. This label should include the patient's: name, health number, date of birth, gender and current address.

Please refer to Bulletin number **4471: ColonCancerCheck Fecal Occult Blood Testing (FOBT)** for additional details with respect to the revised OHIP Laboratory Requisition Form (4422-84), amendments to Ontario Regulation 552 made under the Health Insurance Act, the New Fee Code: L179 ColonCancerCheck FOBT and amendments to Ontario Regulation 682 made under the Laboratory and Specimen Collection Centre Licensing Act.

The Q150A fee code is billable for all patients enrolled and non-enrolled, aged 50 and over and at average risk.

The Q150A fee code is limited to a maximum of one service per patient every 730 day period.

When a second Q150A code is billed for a single patient by any other provider in the same 730 day period the Q150A will pay zero dollars and have the explanation code **M4** "Maximum Fee Allowed for these services by one or more practitioners has been reached" applied to the claim.

2. Colorectal Cancer Screening Management Fee: Q005A

Physicians in all Harmonized Models (Family Health Networks, Family Health Organizations, Community Health Centers, Group Health Center, Rural and Northern Physician Group Agreement and Blended Salary Model) are eligible for the Colorectal Cancer Screening Management Fee (Q005A).

Effective April 1, 2008, this fee will also be made available to all Family Health Group (FHG) and Comprehensive Care Management (CCM) physicians.

Eligible PEM physicians may submit the Q005A fee code at six dollars and eighty-six cents ($6.86) for enrolled patients aged 50 -74 years (inclusive) who have been contacted for the purpose of scheduling an appointment for colorectal cancer screening.

Outlined below are the prescribed methods of contacting enrolled patients and conditions for claiming this fee:

Contacting the Patient
Two written notices and one telephone call is the prescribed manner in which eligible PEM physicians must contact their enrolled patients between the ages of 50-74 inclusive.

The written notices and the telephone call must meet the following requirements.

Written notices will be sent via regular mail, e-mail or facsimile. The physician will address written notices to the enrolled patient and use the patient's current address on record.
The first written notice must include the following information:

- the name of a contact person in the physician's/group's office and telephone number for scheduling an appointment
- the specific test (Colorectal Cancer Screening) that is recommended;
- the material risks and benefits of the test, and the recommended frequency of the test;
- the date of when the test was last received by the enrolled patient, if applicable; and

The second written notice must be delivered one to three months after the first written notice and must include the following:

- an offer to schedule an appointment for the specific recommended test (Colorectal Cancer Screening);
- a description of the medical benefits of the recommended test; and
- the name of a contact person in the physician's/group's office and telephone number for scheduling an appointment.

The telephone call will be made to the enrolled patient at the phone number the physician has on record for the patient. The telephone call must be made by a PEM Physician or a member of the staff in the PEM in order to convey the medical benefit of the recommended test or procedure.

Maintaining Records

The PEM physician must retain written records of all correspondence with the enrolled patient, including copies of the written notices, dates of delivery of the written notices and the date and a detailed description of the telephone call. The enrolled patient who is contacted must not already have had the recommended FOBT test in the past two years.

Claiming the fee code Q005A:

A physician may only claim the Q005A fee code once the patient has been contacted in the prescribed manner and one of the following has occurred:

(a) the enrolled patient has responded to the physician's efforts to contact the enrolled patient by appearing for a scheduled appointment with the physician for the recommended test or procedure;

Or

(b) the enrolled patient has responded to the physician's efforts to contact the enrolled patient by declining the recommended test or procedure, either verbally or in writing;

Or

(c) the physician has provided two written notices to the enrolled patient and telephoned the enrolled patient.

3. Colorectal Cancer Screening Preventive Care Bonus enhancements: Q118A – Q123A

Colorectal Cancer Screening was implemented as a new Preventive Care Bonus category in April 2006. PEM physicians are eligible to receive the Preventive Care Bonus for providing colorectal cancer screening to their enrolled patients

The Bonus is currently payable based on achieving the following enrolled population screening thresholds:

Enrolled Population Screening Threshold	Bonus	Fee Code
15%	$220	Q118A
20%	$440	Q119A
40%	$1,100	Q120A
50%	$2,200	Q121A

Two new threshold levels will be added to this Preventive Care Bonus for the bonus year April 1, 2008, to March 31, 2009. New fee codes (Q122A, Q123A) have been implemented for the new levels of the Colorectal Cancer Screening Preventive Care Bonus as follows. These new fee codes will be effective March 31, 2009.

Enrolled Population Screening Threshold	Bonus	Fee Code
60%	$3,300	Q122A
70%	$4,000	Q123A

The submission of coverage levels Q118A – Q123A will be made the year after coverage levels have been achieved.

Q118A - Q123A must be submitted with a blank health number, version code and date of birth. If a Health Number (HN) is on a claim with one of the fee codes listed above, it will reject ESN – 'NO HN REQD FOR FSC'. Regular fee codes with a blank HN will continue to reject VH2 – 'MISSING HN'

Q118A - Q123A must be submitted with a service date of March 31.

Q118A - Q123A are tracking codes paid at zero dollars with an explanation code 30 "This service is not a Benefit of OHIP".

4. FOBT Completion Fee: Q152A

Effective April 1, 2008, the Q152A five dollar ($5.00) incentive payment will be available to all eligible primary care physicians in Ontario to be submitted once the patient's FOBT results have been reviewed by the primary care physician and communicated to the patient.

Physician's participating in Patient Enrolment Models (PEMs) who are eligible to receive the Preventive Care Bonus Payment is not eligible to claim this fee code.

This fee is eligible for Primary Care Physicians not in a Patient Enrolment Model as well as FHG and CCM physicians identified as new graduates who have not met the minimum roster size of 450 enrolled patients. All other FHG and CCM physicians will be eligible when their roster sizes are less than 650 enrolled patients.

FHG or CCM physicians above minimum roster size requirements and all other PEM physicians are to bill the appropriate Colorectal Cancer Screening Preventive Care Bonus fee code (Q118A – Q123A)

Q152A may be billed once per patient per 730 day period. When a second Q152A fee code is claimed for the same patient in the 730 day period, the claim will reject to the physician's error report A36 "Claimed by other Pract."

When a PEM signatory physician (other than FHG or CCM) claims the Q152A, the fee code will be rejected to the physician's error report with the explanation code EPA "PCN Billing Not Approved".

When a FHG or CCM physician bills the Q152A fee code the claim will be processed and paid at zero dollars ($0) with an explanation code I2 - "service is globally funded".

Once FHG and CCM minimum roster processing occurs in April 2009, FHG and CCM Physicians who have not met their minimum roster size will have their valid Q152A claims automatically re-processed by ministry systems. Each valid I2'd claim previously paid at zero dollars ($0) will be paid in full to the eligible FHG or CCM physician under the accounting transaction "FOBT Completion Fee" at a fee value of $5.00 per claim.

The earliest payment to FHG and CCM physicians for the FOBT Completion Fee will be the May 2009 Remittance Advice.

5. New Patient Fee FOBT Positive/Colorectal Cancer Increased Risk: Q043A

As part of the ColonCancerCheck program Cancer Care Ontario (CCO) is collecting and maintaining a list of physicians who are currently accepting new patients with positive FOBT or at increased risk of colorectal cancer (CRC). Patients without a family physician will be able to obtain their FOBT kit from a community pharmacy or through Telehealth Ontario. The patient will complete the FOBT and mail it to the laboratory for processing in a postage prepaid envelope or drop it off at a community laboratory specimen collection centre.

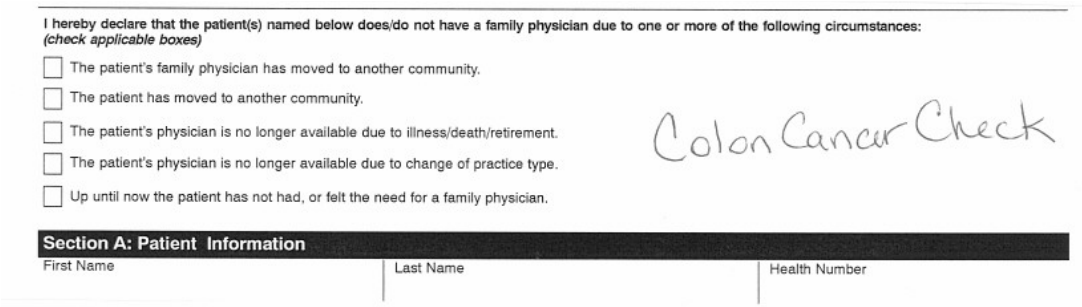
When negative results are obtained the ColonCancerCheck program will send a letter to the patient informing them of the results and to return for screening in two years time.

When positive results are obtained the program will contact a physician from the list in order to arrange an appointment for the patient with a positive FOBT or increased risk for follow-up care (e.g. referral to colonoscopy). The program will contact the patient to provide the details about the appointment.

Physicians willing to accept new patients who are FOBT positive or at increased risk are asked to complete the physician survey on the program website (http://www.coloncancercheck.ca/docs/ccc_unattached_patient_survey.pdf) and fax it to the fax-number listed on the survey.

Physicians are able to remove themselves from the referral list at any time by contacting the program. The referral list will not be made available publicly – it will only by used by the program for the purpose of referring individual unattached patients with a positive FOBT or at increased risk to physicians.

To be eligible for the New Patient Fee the physician and patient will complete and sign a Patient Enrolment and Consent to Release Personal Health Information (enrolment/consent) form and a New Patient Declaration form. Physicians will write the words ColonCancerCheck (CCC) on the declaration form (see example below). The patient is given a copy of the enrolment/consent form and the physician retains a copy of both forms for practice records.



I hereby declare that the patient(s) named below does/do not have a family physician due to one or more of the following circumstances:
(check applicable boxes)

- ☐ The patient's family physician has moved to another community.
- ☐ The patient has moved to another community.
- ☐ The patient's physician is no longer available due to illness/death/retirement.
- ☐ The patient's physician is no longer available due to change of practice type.
- ☐ Up until now the patient has not had, or felt the need for a family physician.

ColonCancerCheck

Section A: Patient Information

First Name	Last Name	Health Number

The effective date of the New Patient Fee FOBT Positive/CRC Increased risk Q043A fee code is April 1, 2008.

To claim the New Patient Fee FOBT Positive/CRC Increased Risk the physician must submit the Q043A claim to the Ministry for:

- $150 for patients up to and including 64 years of age
- $170 for patients 65 – 74 years of age, and
- $230 for patients 75 years of age and older

Should a physician's software program not support multiple amounts for the same fee code, he/she may submit the Q043A for $150.00 and the ministry's system will adjust it accordingly.

The service date of a Q043A claim must be the same as the date on the enrolment/consent form and the New Patient Declaration form.

A physician may submit both a New Patient Fee FOBT Positive/CRC Increased Risk (Q043A) and a Per Patient Rostering Fee (Q200A) for the same patient.

There is no annual limit on the number of services (Q043A) a physician is eligible to claim.

For any individual patient a physician may only claim <u>one</u> of the following fees: New Patient Fee; New Graduate-New Patient Fee, Unattached Patient Fee or New Patient Fee FOBT Positive/CRC Increased Risk.

Note: CCM physicians are not eligible to claim the New Patient Fee. CCM physicians are eligible for New Graduate-New Patient Fee, Unattached Patient Fee and New Patient Fee FOBT Positive/CRC Increased Risk.

Should you have any questions regarding the Colorectal Cancer Screening Enhancements please contact the Primary Health Care Team at 1-866-766-0266.