INFOBulletin

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

To: **Physicians, Hospitals, Clinics and Laboratories**

Published By: **Diagnostic Services and Planning Branch**

Date Issued: **December 22, 2011** **Bulletin #: 4547**

Re: 2010/11 $15 Million Diagnostic Services Payment

Section 4.2 of the 2008 Physician Services Agreement provides for a $15 million technical diagnostic services fund to be distributed per the Physician Services Committee (PSC).

The 2010/11 payment was calculated based on volumes of eligible diagnostic services claimed for services rendered from April 1, 2010 to March 31, 2011 inclusive and processed by OHIP up to September 30, 2011. The PSC has approved this payment.

A list of the 23 eligible diagnostic services and the payment amount per service are listed in the questions and answers which accompany this INFOBulletin.

It is planned that the 2010/11 one-time payment will be issued to eligible physicians and physician groups with the January 2012 remittance. The payment will be identified with the accounting transaction message "One-Time 2008 PSA Payment".

The pending 2011/12 funding is being directed toward other diagnostic services-related initiatives. Details will be provided in a subsequent bulletin when funding distribution has been finalized.

Questions & Answers

In addition to this INFOBulletin, we have prepared an accompanying "Questions & Answers" document to provide additional details about the one-time 2010/11 payment.

Please contact your local OHIP claims office if you have any additional questions regarding the 2010-11 $15 million payment. The office locations and contact numbers are available at

www.health.gov.on.ca/english/public/contact/ohip/ohip_claims_offices.html

Ontario

Questions&Answers

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

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Date Issued: December 22, 2011 **Corresponding Bulletin Reference:** 4547

Re: 2010/11 $15 Million Diagnostic Services Payment

1. What is the origin of the $15 million technical diagnostic services funding?

Section 4.2 of the 2008 Physician Services Agreement (PSA) between the Ontario Medical Association (OMA) and the Ministry of Health and Long Term Care (the ministry) established a $15 million fund to support the technical component of insured diagnostic services. The 2008 PSA is published at:

www.health.gov.on.ca/english/providers/physiciansa/docs/oma_agreement.pdf

2. Who will receive a share of the 2010/11 $15 million payment?

Community physicians (solo and group), hospital diagnostic groups, and Independent Health Facility diagnostic groups who rendered eligible diagnostic services between April 1, 2010 and March 31, 2011 inclusive are entitled to a proportional share of the $15 million technical diagnostic services fund. See question 6 below for a list of the eligible diagnostic services.

Sector	Number Eligible	Payment Total
Hospital Physician Groups	374	$7,268,919
Independent Health Facilities	161	$2,610,111
Community Physician Groups	103	$397,545
Community Solo Physicians	866	$4,723,425
Totals:	**1,504**	**$15,000,000**

3. When are the one-time 2010/11 payments being made?

The one-time 2010/11 payments are planned to be issued with the January 2012 remittance.

4. How will I know how much my 2010/11 payment is?

The 2010/11 payments are being issued as accounting transactions and will be reported on the Remittance Advice (RA) with the accounting transaction message “One Time PSA Payment”. (Only one accounting transaction is issued per OHIP billing group regardless of the number of physicians who submitted eligible diagnostic services claims through the group.)

Ontario

5. Is there a communication on the RA about the 2010/11 payment?

The following broadcast message will be included with the January 2012 RA to alert you that there may be a 2010/11 payment:

> "Your January 2012 remittance may include a one-time 2010/11 payment per the 2008 Physician Services Agreement (PSA). This payment is your share of $15 million PSA funding and is based on volumes linked to certain Physician Services Committee (PSC) approved fee codes for diagnostic services you rendered from April 1, 2010 to March 31, 2011 and assessed by OHIP up to September 30, 2011. This allocation methodology has been reviewed and approved by the PSC. The payment is identified on your Remittance Advice with an accounting transaction message "One-Time 2008 PSA Payment".

6. How was my 2010/11 payment calculated?

Your 2010/11 payment was calculated based on the number of Eligible Diagnostic Services you claimed with service dates April 1, 2010 to March 31, 2011 inclusive (that were processed by OHIP up to September 30, 2011) multiplied by the applicable Payment per Service listed below:

Eligible Diagnostic Services		**2010/11 Payment Calculation**		
Fee Code	**Brief Description**	**# of Services**	**Payment per Service***	**Total Allocation**
G140A	Neurology (Evoked Potentials)	5,888	$48.48	$ 285,452.70
G209A	Allergy Testing	6,432,192	$0.28	$ 1,819,562.41
G332A	Gastroenterology (Capsule Endoscopy)	229	$585.28	$ 134,028.36
G414A	Neurology (EEG)	39,902	$29.41	$ 1,173,523.90
G416A	Neurology (EEG)	9,245	$17.66	$ 163,228.30
G455A	Physical Medicine (EMG)	127,168	$32.29	$ 4,105,970.20
G540A	Neurology (EEG)	49,665	$4.39	$ 218,008.24
G542A	Neurology (EEG)	473	$57.55	$ 27,222.19
G554A	Neurology (EEG)	652	$34.34	$ 22,387.22
G810A	Opthalmology (Corneal Topography)	2,545	$20.87	$ 53,126.54
G812A	Opthalmology (Specular Photomicroscopy)	857	$28.29	$ 24,243.13
G813A	Opthalmology (Corneal Pachymetry)	48,674	$7.61	$ 370,340.83
J189C	Vascular (Transcranial Doppler)	5,540	$59.55	$ 329,917.53
J333B	Pulmonary Functions (Bronchial)	20,268	$7.34	$ 148,774.11
J489C	Vascular (Transcranial Doppler)	911	$59.55	$ 54,251.78
J683B	Nuclear Medicine (Haematopoitic System)	4	$161.24	$ 644.97
J684B	Nuclear Medicine (Haematopoitic System)	34	$161.68	$ 5,497.21
J883B	Nuclear Medicine (Haematopoitic System)	287	$161.24	$ 46,276.95
J884B	Nuclear Medicine(Haematopoitic System)	1,565	$161.68	$ 253,033.39
X172B	Mammogram No Symptoms (Unilateral)	1,008	$7.85	$ 7,915.28
X178B	Mammogram No Symptoms (Bilateral)	28,879	$10.39	$ 300,014.14
X184B	Mammogram Symptoms (Unilateral)	74,915	$7.85	$ 588,267.18
X185B	Mammogram Symptoms (Bilateral)	468,618	$10.39	$ 4,868,313.44
{*rounded to two decimals}	**Total:**	**7,319,519**	**Total:**	**$15,000,000.00**

7. How was it determined which diagnostic services were eligible for a share of the 2010/11 $15 million funding?

The OMA and the ministry, through the Physician Services Committee, determined that the technical component of the diagnostic services listed above were eligible for a share of the 2010/11 $15 million one-time funding. (Where technical fee claims data was not available, the professional fee data was used as a proxy.)

8. Is there a minimum 2010/11 payment amount?

The OMA and the ministry, through the Physician Services Committee, determined that $10.00 would be the minimum 2010/11 payment amount. All payments of less than $10.00 were placed back into the $15 million fund and evenly redistributed to the payments that were $10.00 and over.

9. Will I receive the same payment amount for 2011/12?

No, this is a one-time payment for 2010/11. The pending 2011/12 funding will be directed toward other diagnostic services initiatives and the details will be provided when funding distribution has been finalized.

10. I submitted facility fee claims to OHIP for the eligible diagnostic services. Why did I not receive a one-time 2010/11 payment?

You may have not received a one-time 2010/11 payment due to one or more of the following reasons:

a) Your 2010/11 payment was calculated as less than $10.00.
b) Your claims were submitted through an OHIP group billing number and has been paid to the group
c) The service dates of your eligible claims were before April 1, 2010 or after March 31, 2011.
d) The payment program of your claims was not OHIP but was “WCB” or “RMB”.

11. Are there report-back requirements to detail how the 2010/11 payment was spent?

No, there are no report-back requirements for the 2010/11 one-time payment.

12. Is there criteria detailing how the 2010/11 payment is to be spent, for example, toward ministry approved expenses only?

No, there are no spending requirements and you can allocate the payment as desired.

13. Is the ministry providing a breakdown of the payment amount for each of the individual group physicians?

No, the ministry is not reporting the individual payment amounts per physician. This is because internal allocation among group members is a matter between the group and the physicians following internal established group policies and agreements.

14. Who can I contact if I have any additional questions?

Please contact your local OHIP claims office if you have any additional questions regarding the 2010-11 $15 million payment. The office locations and contact numbers are available at www.health.gov.on.ca/english/public/contact/ohip/ohip_claims_offices.html