INFOBulletin

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

To: **All Physicians**

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Re: **COVID-19 Expanding access to OHIP Coverage and Funding Physican and Hospital Services for Uninsured Patients**

As part of Ontario's efforts to reduce spread of COVID-19, the Ministry of Health (ministry) is committed to ensuring that all people in Ontario receive medically necessary health care during the COVID-19 outbreak.

To this end, and until further notice, the ministry is establishing temporary payment mechanisms to facilitate hospital and physician payments for medically necessary services provided to patients who are not currently insured under OHIP or another provincial plan.

As announced last week, the ministry has also made changes to health card expiry dates and the three month waiting period for OHIP coverage to ensure there are no barriers to accessing care.

The following changes have been made to ensure individuals have access to the care they need during this time:

1. **Removal of the Three Month Waiting Period**
   Effective March 19, 2020, the three-month waiting period for OHIP coverage has been removed from Regulation 552 in response to the COVID-19 situation. This is a temporary measure. The three-month waiting period will be reinstated at a future date.

   Individuals who are currently in their three-month waiting period will be eligible for OHIP coverage as of March 19, 2020. All individuals enrolled for OHIP after March 19, 2020 will have immediate coverage.

Ontario

2. Funding for Physician and Hospital Services for Patients without OHIP or Other Provincial/Federal Health Coverage

Physicians who perform services for uninsured patients in a hospital setting will be remunerated by the hospital at existing rates listed in the Schedule of Benefits for Physician Services (the Schedule). Claims for these services cannot be submitted to OHIP.

Please Note: Physicians should continue to use existing billing methods for patients who have Canadian provincial health insurance coverage (e.g. BC, QC etc), and for those who have federal coverage (e.g. Interim Federal Health).

The ministry will be providing a tracking spreadsheet to all hospitals with the information required for reimbursement of hospital services and physician services performed in hospital. Physicians are expected to report this information to the hospital where the service was provided. Hospitals will be responsible for submitting reports to the ministry for reconciliation and payment, from which hospitals will distribute payment to physicians.

For services performed outside the hospital setting, the ministry is introducing the following temporary fee codes for the provision of medically necessary physician services provided to uninsured patients in the community.

These codes come into effect March 21, 2020.

Please Note: While payment for the provision of services associated with these temporary codes is effective March 21, 2020, system changes will be implemented over the coming weeks to process payment. As a result, the ministry requests that physicians wait to submit claims for these codes until futher notice. Further information regarding each of these changes will be forthcoming.

Fee Codes and Payment

Temporary Codes

K087	minor assessment of an uninsured patient provided in-person or by telephone or video or advice or information provided in-person or by telephone or video to an uninsured patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis $23.75
K088	a. intermediate assessment of an uninsured patient provided in-person or by telephone or video, or advice or information provided in-person or by telephone or video to an uninsured patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis, if the service lasts a minimum of 10 minutes; or b. psychotherapy, psychiatric or primary mental health care, counselling or interview conducted in-person or by telephone or video, if the service lasts a minimum of 10 minutes $36.85

K089 psychotherapy, psychiatric or primary mental health care, counselling or interview conducted in-person or by telephone or video per unit (unit means half hour or major part thereof) per unit $67.75

Payment Requirements

1. The services must be documented on the patient's medical record (including the start and stop times).
2. If K087, K088, or K089 are claimed, no charge can be billed to, or payment received from, the patient or the patient's representative.

For any inquiries, please contact the Service Support Contact Centre at 1-800-262-6524.

3. Extending Expiry Dates of Recently Expired and Expiring Health Cards

Most recently expired and expiring health cards will remain valid and can continue to be used for accessing insured health services until further notice.

Health care providers are encouraged to continue using existing health card validation services to validate all health cards at point of service.

If an individual does not have a valid Ontario health card, **please do not turn the patient away**. Instead, please use billing codes identified above for individuals without OHIP or another provincial health plan.

4. Suspension of the Elimination of Red and White Health Cards

Ontario residents with a valid red and white health card can continue to use their card. The ministry's planned elimination of red and white health cards on July 1, 2020 has been suspended at this time.

Any posters identifying the July 1, 2020 end date should be removed at this time.

A new deadline has not been determined. When a new date has been set, the ministry will make an announcement.

Presenting and Validating the Health Card

It is the patient's responsibility to show their health card to the health care provider, upon request, for the provision of an insured health service.

The ministry encourages providers to ask for a patient's most recent health card and to validate it **each time the patient visits**. This will help to reduce additional administration time for providers associated with rejected claims due to incorrect version codes and patient ineligibility, and help patients receive important messages regarding the status of their OHIP registration.

The ministry offers several automated Health Card Validation services to assist providers in determining a patient's eligibility and the validity of an Ontario health card status at the time a service is rendered.

Health Number Look-Up Services

If a provider cannot reasonably obtain the health card information from the patient or from existing records, the ministry, through ServiceOntario, has an escalation processes to provide health numbers and version codes directly to providers. The 24x7 ServiceOntario Help Desk offers providers accelerated release of health numbers/version codes.

For access to the 24x7 ServiceOntario Help Desk services, providers must first sign up for the service. To begin this process, an email containing the provider's name and OHIP billing number can be sent to 24x7@ontario.ca. Please note that this service is only provided to recognized Health Information Custodians (as defined in the PHIPA).

Please note that if an individual does not have a valid health card **please do not turn them away.** Instead, please use billing codes identified above for individuals without OHIP or another provincial health plan.

Additional resources regarding Health Card Validation can be found at: http://health.gov.on.ca/en/pro/publications/ohip/.

This Bulletin is a general summary provided for information purposes. Physicians, hospitals, and other health care providers are directed to review the Health Insurance Act, Regulation 552, and the Schedules under that regulation, for the complete text of the provisions. You can access this information at www.e-laws.gov.on.ca. In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.