Ontario
Ministry of Health and Long-Term Care

OMA

Education and Prevention Committee
Interpretive Bulletin

Volume 1, No. 1

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care (MOHLTC) and Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the service provided so that the need for recovery of inappropriately submitted claims is reduced.

What is an Interpretive Bulletin?

In order to achieve this goal, the EPC is developing a number of educational initiatives that are intended to help physicians submit accurate OHIP claims. One of these initiatives is the provision of regular "Interpretive Bulletins". Interpretive Bulletins will be jointly prepared by the Ministry and the OMA. The purpose of these Bulletins will be to provide general advice and guidance to physicians on specific billing matters.

The EPC intends to maintain an index of these Bulletins to assist physicians in referring to previously discussed topics.

OHIP Claim Submissions: Pre and Post-Payment Review Process

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with general information about how OHIP claims are screened and reviewed.

Submitting OHIP Claims

Depending upon the type of licence granted by the College of Physicians and Surgeons of Ontario (CPSO), physicians may bill OHIP as either general/family practitioners or as specialists. Non-certified specialists must submit OHIP claims using the general practice fee codes. International Medical Graduates are encouraged to contact their District Medical Consultant to clarify any billing restrictions that may apply to them.

Pre-Payment Computer Screening of OHIP Claims

Claims submitted to OHIP are pre-screened by computer checks for several things, including:

- Both physician and patient eligibility, and
- Some of the billing "rules" and restrictions found in the Schedule of Benefits for Physician Services.

Although the computer system often rejects claims for various reasons, it is not able to provide a comprehensive screening for all billing rules and restrictions contained in the Schedule.

It is important to understand that payment of a claim does not automatically validate that the claim is correct. Payment for claims that are incorrect can be recovered at a later date.

Post-Payment Claims Manual Review

Since the computer system cannot provide a comprehensive check to ensure that OHIP claims meet all the billing rules, OHIP claims are paid subject to post-payment review.

Some examples of what may trigger a post-payment review:

- Ministry ad hoc fee code reviews.
- A complaint or other information comes to the attention of the Ministry that suggests there are specific claim codes that are being submitted incorrectly.

Some examples of what may be involved in a post-payment review:

- Consideration of issues such as when two codes are claimed when the Schedule has one code that pays for the two services when they are performed together.
- OHIP claims may have been submitted for procedures that are still considered experimental.
- Post-payment review often requires examination of patient records.

Post-payment claims reviews are always undertaken by Ministry medical consultants. If, when reviewing claims, an unusual claim pattern is noted, medical consultants consider the type of work being performed by the physician, the region in which the physician is working, and other variables that may explain the unusual pattern. If an explanation is not readily apparent from the claims data alone, the physician may be asked to provide an explanation.

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The Education and Prevention Committee Seeks Input on Education Billing Program

OMA

The Education and Prevention Committee was formed by the Ministry of Health and Long-Term Care and the Ontario Medical Association, under the auspices of the Physician Services Committee, to make recommendations to ensure appropriate claims to the Ontario Health Insurance Program. The work of this Committee will benefit all physicians with respect to their interaction with the Medical Review Committee and the Ministry.

In order to ensure an appropriate billing course, the Committee requests input from your section and input from all its members.

What do you think should be in a billing course that would benefit you, and how would you design it? Your input would be appreciated.

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EDUCATION AND PREVENTION COMMITTEE
Dr. Garry Salisbury, Co-Chair • Dr. Larry Patrick, Co-Chair

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Ministry of Health and Long-Term Care

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OHIP Billing Numbers

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information on physician billing numbers, and the rights and responsibilities associated with having a billing number.

Obtaining a Billing Number

When physicians receive a certificate of registration (medical licence) from the College of Physicians and Surgeons of Ontario (CPSO), they are also entitled to apply for an OHIP billing number. An OHIP billing number remains effective unless:

- There is a change limiting or restricting a physician's CPSO licence.
- The physician notifies the Ministry of his or her intention to cease submitting OHIP claims.

Physicians are legally responsible for all OHIP claims submitted and paid under their billing number, regardless of whether or not the physician personally submitted the claims, or whether the physician personally receives the payment. For this reason, physicians should always be aware of the claims being submitted under their billing number, and payments made under their billing number.

Solo and Group OHIP Numbers

Physicians may submit claims as solo practitioners or claims as part of a group that has been issued a "group number". A

group is not an independent legal entity under the Health Insurance Act in the same way that a physician is, and consequently does not have the same rights and responsibilities as a physician or health facility.

When incorrect claims are submitted to OHIP under a group number, the physician whose billing number was used with the group number to submit the claim is legally responsible for the claim, regardless of who actually received the payment for the claim.

For this reason, physicians should be aware of any claims that are being submitted by a group and paid to a group using their individual physician billing number.

The Ministry does not have any knowledge of individual group arrangements and how monies are dispersed among group members.

- If a physician wishes to be affiliated with a group, the physician must apply to the Ministry to become affiliated with the group in order to submit claims under the group number.
- If a physician wishes to terminate a group affiliation, the physician must notify the Ministry in writing. Failure to do this can result in serious ramifications in situations where a recovery of incorrect payments is initiated.

Other Concerns

Incorrect claims submissions can have other consequences other than just repayment for the overpaid claims. For example, claims payments could be used as a record of income paid to a physician in some circumstances. A patient's entitlement to insurance benefits, insurance eligibility, and entitlements in legal actions may be affected by incorrect information.

Your feedback is welcomed and appreciated!

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments on this Bulletin, or suggestions for future Bulletin topics, etc., please contact:

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For specific inquiries regarding claims submission, please submit your questions IN WRITING to your OHIP Medical Consultant:

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