



The OHIP Billing Number and the Group Number

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care and the 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 services provided and that are in compliance with the law.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters or other matters related to billing. They are provided for education and information purposes only and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the Health Insurance Act (HIA). In the event of a discrepancy between this Bulletin and the HIA or its Regulations, the text of the HIA and its Regulations prevail.

EPC Bulletins and all other Ministry bulletins are available on the Ministry website at: http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html.

Purpose

The purpose of this Interpretive Bulletin is to provide physicians with information on the Ontario Health Insurance Plan (OHIP) billing number, in particular, the responsibilities associated with having a billing number. It has come to the attention of the Ministry and the OMA that there are some misunderstandings about a physician's responsibility with regard to claims submitted and payments made, particularly when a claim is submitted with a group number.

The OHIP billing number

The OHIP billing number is necessary in order for a physician to submit claims to OHIP for insured physician services

listed in the Schedule of Benefits for Physician Services (Schedule). Having a billing number allows the Ministry to calculate and direct payment for claims submitted under the number. Once the OHIP billing number is assigned, it remains in effect until:

- There is a change affecting a physician's license (as notified by the College of Physicians and Surgeons of Ontario [e.g., retirement, death or a practice limitation/restriction]); or
- The physician notifies the Registry unit at his or her local OHIP claims office, in writing, of the intention to cease submitting claims (e.g., retirement, moving out of the province).

Responsibilities associated with the OHIP billing number

As stated in the HIA, claims submitted in the name of a physician with the billing number, and any payments made on those claims, are deemed to have been:

- Submitted personally by the physician;
- Paid to the physician personally;
- Received by the physician personally; and
- Made by and submitted with the consent and knowledge of the physician.

While you may authorize staff or a billing agent (or other third party) to submit claims on your behalf, it is your responsibility to ensure the proper fee code is submitted and payment is correct. This means that, regardless of who submits the claims, or who receives the payment, you are responsible for all claims submitted and for reconciling all payments made in conjunction with your billing number. For these reasons, you should always be familiar with the claims submitted and the payments made under your billing number, and you should exercise caution when providing your billing number to others. Note that a locum tenens or another physician filling in for you while you are away must use his or her own billing number (and not yours) for services he or she personally renders. This applies regardless of the payment model you participate in. If he or she incorrectly uses your billing number, you remain responsible for those claims (which could include repayment of any incorrectly submitted claims).

How do I know what has been submitted under my billing number?

Every claim submitted to OHIP for payment, and processed by the Ministry's Claims Payment system, appears on either the monthly Remittance Advice (RA) or the Claims Error Report (CER). The RA shows a line-by-line account, and the amount paid for submitted claims. The total amount paid (by cheque or direct deposit) is also shown on the RA. Claims on the CER require correction and resubmission.

Where does the Ministry send the RA and the CER?

Whoever receives payment also receives the RA and the CER. In other words, if a physician receives direct payment from the Ministry for services, the RA and CER are sent to the physician. The RA and CER are sent to the group if the physician has requested that the Ministry direct payment to a group account, or if such payment direction is in accordance with a contract the physician has entered into with a

group (see below for more information on group numbers). Most physicians and groups receive the RA and CER by Electronic Data Transfer.

Group numbers

A group number is a number issued by the Ministry that allows individual physicians to have their billings associated with a group. A group number is not a billing number. When a claim is submitted with a group number on the claim, the payment is usually made to the group's bank account, if so directed (there are exceptions for some specialist group contracts where, if the contract allows, the payment is directed to the individual physician); however, the individual physician (whose billing number is on the claim) is responsible for the claim.

Some examples where a group number may be used:

- Primary health care models (e.g., Family Health Organization, Family Health Group);
- Alternate payment programs (e.g., emergency department alternate funding arrangement, academic health science centres);
- Other hospital or clinical groups where staff may submit billing; or
- Billing for services provided at an Independent Health Facility.

Please note that the Ministry does not oversee individual group arrangements. Specifically, the Ministry has no knowledge of how monies are disbursed among physicians affiliated with the group when payment is made to a group bank account. The Ministry provides the group number for directing payment by setting up the affiliation of a physician to a group or groups, however; as previously stated, individual physicians are responsible for all claims and payments made in conjunction with their billing number, including those associated with a group number or directed into a group account. Physicians in a group where payment is directed to the group account may request the detailed listing of their own group billings from the group administrator or lead physician.

Affiliation with a group

If a group agrees to accept a new member, the physician must apply in writing to the Ministry, or in some other documented manner, indicating his or her desire to be part of a group. The required documentation may differ depending on the type of group. For example, a common form for standard groups is the Ministry's Authorization for

Payment form; however, Primary Care groups or Specialist Physician groups may require different Ministry documentation.

If a physician wishes to terminate a group affiliation for any reason, including retirement, the physician must notify the appropriate Ministry unit or program area (as per the contract) in writing, indicating the specific end date of the affiliation. Physicians should also consult with their group administrator in order to be aware of all consequences when ending their affiliation with a group, especially those that may arise if a recovery of an incorrect payment is required.

As noted above, physicians should be aware of, and carefully review, any claims that are being submitted with a group number and paid to a group account using their billing number. When incorrect claims are submitted to OHIP under a group number, the physician whose billing number was used with the group number is responsible for the claim, regardless of who submitted the claim or whether the payment was directed to the physician or the group.

How do I know if I am affiliated with a group?

You may be affiliated with a group if:

- You have filled out and submitted an Authorization for Payment form to the Ministry;
- You have been assigned and provided a group number for services you provide as part of a group contract;
- You practise in a primary care model (e.g., Family Health Group, Family Health Network/Organization, Comprehensive Care Model, etc.);
- You practise in an Independent Health Facility;
- You are part of an alternate payment program (e.g., emergency department alternate funding program, academic health sciences centres, etc); or
- You have signed a contract to provide services for a salary or payment, and you have signed a Declaration & Consent attesting that claims will be submitted in accordance with the contract.

If any of the above applies to you, you may be affiliated with a group, and group claims can be submitted using your billing number. Please check the RA for information on claims submitted with a group number. Physicians in a group where payment is directed to the group account may request the detailed listing of their own group billings from the group administrator or lead physician.

Examples

Here are some examples where a physician's claims could be submitted with a group number:

Example 1

Dr. G. is affiliated with Group1. Group1 is a Family Health Organization (FHO), and claims for services provided by physicians in the FHO are submitted by an administrative assistant. Group1's contract states how each physician in the group will receive payment for services provided, and payment is made by the group's administrator. Despite the fact that Dr. G. does not personally submit his claims, he is nevertheless responsible for ensuring that what has been submitted and paid is correct. In the event of a medical claims audit, it is Dr. G. who is responsible for the claims submitted under his billing number. In order to see what has been submitted under his billing number, Dr. G. might request a copy of his monthly RA from the group administrator.

Example 2

Dr. H. was affiliated with Group2, but decided to stop practising with the group. Dr. H did not notify the Ministry and some claims were accidentally submitted by the group under her billing number. Dr. H. is still responsible for the claims submitted under her billing number. If payment recovery or claims adjustments are required, Dr. H. may wish to work with the group to ensure the claims are corrected, and payment adjusted if necessary.

Example 3

Dr. R. is a radiologist who works in a hospital group and performs services for patients of the hospital. The claims are submitted by the group's billing agent. Payments are made into the account specified by the group, and the RA is sent to the group administrator. Dr. R. receives payment from the group in accordance with the arrangement she made with the group.

In a post-payment claims review, it was noted that some of the claims appear to have been billed incorrectly. The Ministry sends her a letter notifying her of this. Because Dr. R. had not reviewed her claims on the RA, she was unaware of what was being billed by the hospital; however, she is still responsible for those claims. In future, Dr. R. might wish to request a copy of her group billings from her group administrator each month in order verify that the appropriate services were billed.

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 or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit in writing to:

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The PSC Secretariat will anonymously forward all comments/suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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