

Information Sheet for Alternative Payment Program / Alternative Funding Program (APP / AFP) Physicians¹

1. *What payment processing rules are applied when a physician submits telemedicine billings through a group covered by an alternative funding arrangement?*

The OHIP claims payment and processing rules applicable to Alternative Payment Program / Alternative Funding Program (APP / AFP), a Primary Health Care Family Health Team (PHCFHT) payment model, or an Academic Health Sciences Centre (AHSC) funding agreement will apply to the telemedicine premium and services that are submitted with a group billing number assigned to an APP / AFP, or AHSC billing group.

For example, if a telemedicine billing includes an APP / AFP group billing number and telemedicine premiums and services are "in-scope" of the APP / AFP agreement, then the telemedicine billing will not be paid but processed as a shadow billing according to the APP contract -- the telemedicine events will be tracked and included in the service encounter reporting for the APP / AFP and will be subject to eligible premiums.

2. *For some APP / AFP contracts, telemedicine services are explicitly out of scope. If you do not have a copy of the APP contract to know if the program you administer has limitations, who do you call to find out?*

Please contact your contract administrator if you have questions or require further clarification regarding payment for telemedicine services and premiums per your APP / AFP contract. If the contract administrator is unable to answer your questions, please contact your APP / AFP program consultant for assistance.

3. *Prior to April 1, 2008 APP / AFP contracts used to receive the full value of OTN premiums for providing consults through telemedicine. Why are APP / AFP contracts no longer getting paid 100% of the OTN premium?*

Prior to April 1, 2008, APP / AFP physicians billed OTN for premiums for consultations provided through telemedicine. However, these events could not be recorded or processed as part of regular APP / AFP service encounter reports and no other credit could be given for these events. Now that telemedicine billings are being processed through the OHIP billing system this has all been harmonized and any applicable APP / AFP contract rules will be applied during claims processing.

This means that:

- a) The existing contract determines whether the APP / AFP physicians / group is eligible to receive any additional payment for a telemedicine event, i.e., the telemedicine premium and/or the consultation service.

¹ Please note that OTN does not endorse these billing processes as appropriate when "non-telemedicine" services are claimed to OHIP.

- b) Any existing clinical service premiums in the contract (e.g., service premium rate or % flow through) will be applied to the telemedicine event, i.e., the telemedicine premium and/or the consultation service.

Note that clinical services delivered through telemedicine are considered in scope for most APP/AFP contracts, and as such are not eligible to receive the full value of the telemedicine premium.

While most APP physicians may no longer be eligible to receive payment for the full value of the telemedicine premium, APP/AFP physicians will be paid for both the telemedicine premium as well as the telemedicine service(s) at their APP/AFP service premium rate or % flow through, based on their APP/AFP contract. In most cases this will result in the same level of remuneration for telemedicine events as when APP/AFP physicians received the full value of the telemedicine premium. Additionally, telemedicine events are now recorded and fully credited as part of an APP/AFP service encounter report.

- 4. *Some APP/AFP contracts include a service premium rate or % flow through, however, when billings are submitted for telemedicine events the OHIP statement shows that I am not receiving any payment at all against these events. Why is this?*

You will receive payment for clinical service premiums (e.g., service premium rate or % flow through) in the manner in which you would for face-to-face consultations.

For some APP/AFP groups, this is calculated and paid out immediately by the OHIP system and reflected immediately in billing statements. For other APP/AFP groups, this is calculated and paid out on a quarterly basis and in these cases the payment you should be receiving for telemedicine events will be part of the quarterly payment and will not be reflected in your OHIP billing statement. Please note these payments are made to the APP/AFP group through the regular transfer payment process, and not to individual physicians.

- 5. *Should you include your APP/AFP group number with your billings for telemedicine events?*

Yes, if telemedicine is considered an in scope service for your APP/AFP contract. Telemedicine billings are subject to the annual APP/AFP billing review, reconciliation, and recovery process.

- 6. *How should an APP/AFP group bill for telemedicine events conducted for WSIB and other third party services?*

Since these services are considered out of scope for APP/AFP contracts, you should submit the telemedicine billings to OHIP without using the APP/AFP group billing number and with the "OTN" Service Location Indicator (SLI) Code to identify it as a telemedicine service. OHIP will then process the telemedicine billings for payment and the telemedicine service(s) will not be included in the service encounter report. You will receive full payment for both the telemedicine premium and consultation service.

7. *If telemedicine is out-of-scope for the AFP contract, how do I bill to get 100% of the service premium?*

You should submit the telemedicine billings to OHIP without using the APP/AFP group billing number and with the “OTN” Service Location Indicator (SLI) Code to identify it as a telemedicine service. OHIP will then process the telemedicine billings for payment and the telemedicine service(s) will not be included in the service encounter report. You will receive full payment for both the telemedicine premium and consultation service.

8. *How should you bill for telemedicine services if telemedicine services are in-scope for your APP/AFP contract but telemedicine premiums are out-of-scope?*

If telemedicine services are in-scope but telemedicine premiums are out-of-scope for the APP/AFP contract then two telemedicine billings are required as follows:

- The billing for service(s) should not include the OTN service location indicator code but SHOULD include the APP/AFP group Billing Number for service encounter tracking and the service(s) will be paid at zero but will accumulate towards any eligible premium.
- The billing for the telemedicine premium should include the OTN Service Location Indicator (SLI) code but should NOT include the APP/AFP group billing number and the premium will be paid in full.

Questions?

If you have questions about the OHIP billing process, please contact your [local OHIP claims office](#).

If you have questions about OTN, please visit www.otn.ca, email hcpinfo@otn.ca or call 1-866-454-6862.

Disclaimer: Every effort has been made to ensure that the contents of this Guide are accurate. OTNhub members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Telemedicine Network assumes no responsibility for any discrepancies or differences of interpretation of applicable Regulations with the Government of Ontario including but not limited to the Ministry of Health and Long-Term Care (MOHLTC), and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing – by contacting their regional OHIP office.