

Information Sheet for Family Health Teams/Primary Care Physicians¹

1. *Can primary care Patient Enrolment Model (PEM) physicians bill for telemedicine services and premiums?*

As long as the PEM physician is registered with OTN, the physician is eligible to submit billings for telemedicine services and premiums.

2. *Do PEM physicians have to submit their billings differently for telemedicine billings?*

The telemedicine services will be directed to the Group or Solo RA where the payment is made. For example, if you bill for services using your SOLO billing number then the telemedicine service and premium will be reported on your Solo RA. If you bill for services using your GROUP billing number the telemedicine service and premium will be reported on your Group RA.

3. *Are telemedicine premiums considered to be primary care core services for PEM groups and will the premiums contribute to the physician's hardcap related to core services for non-enrolled patients?*

All PEM physicians are eligible to receive telemedicine premiums at the full fee-for-service value. The premiums are considered to be non-core services for all primary care models. The telemedicine premiums will not contribute to the PEM physician's hardcap.

4. *Depending on the primary care contract, how will the PEM physician's telemedicine services be remunerated?*

The provisions regarding the remuneration for PEM physicians are the same regardless of whether a consultation occurs via telemedicine. For example:

a) *The patient is enrolled with the PEM and the telemedicine service is a primary care core service in the PEM contract.*

The PEM physician will be eligible to receive the full fee-for-service (FFS) amount of the telemedicine service and premium.

b) *The patient is enrolled with the PEM and the telemedicine service is a primary care core service in the PEM contract.*

The PEM physician will not be paid for the service; the claim will be processed as shadow billed according to the PEM contract.

c) *The patient is not enrolled with the PEM and the telemedicine service is a primary care core service in the PEM contract.*

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

The PEM physician will be eligible to receive the full fee-for-service value of the telemedicine service. This telemedicine service will contribute to the physician's hardcap.

d) The patient is not enrolled with the PEM and the telemedicine service is not a primary care core service in the PEM contract.

The physician will be eligible to receive the full fee-for-service value of the telemedicine service. This claim will not contribute to the physician's hardcap.

5. *I am a member of a PEM group and I refer patients requiring telemedicine services to a General Practitioner outside of my group. Will these services affect my access bonus payment?*

The provisions regarding the access bonus for PEM physicians are the same regardless of whether a consultation occurs via telemedicine. If an enrolled patient receives primary care core services through telemedicine from a family physician outside the group of physicians to whom the patient is rostered, the access bonus payment is negatively impacted.

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.