

MINISTRY OF HEALTH AND LONG-TERM CARE
Primary Health Care Team

Fact Sheet

Title: Information Regarding *Preventive Care Target Population/Service Reports*

Date: October 2006

Eligible Patient Enrolment Models (PEMs):

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|---|--|
| <input checked="" type="checkbox"/> Family Health Networks (FHNs) | <input checked="" type="checkbox"/> Rural and Northern Physician Group Agreement (RNPGA) |
| <input checked="" type="checkbox"/> Primary Care Networks (PCNs) | <input checked="" type="checkbox"/> St. Joseph's Health Centre |
| <input checked="" type="checkbox"/> Health Service Organizations (HSOs) | <input checked="" type="checkbox"/> Weeneebayko Health Ahtuskaywin (WHA) |
| <input checked="" type="checkbox"/> South Eastern Ontario Academic Medical Organization (SEAMO) | |
| <input checked="" type="checkbox"/> Group Health Centre (GHC) | |

The Ministry of Health and Long-Term Care (Ministry) provides a *Preventive Care Target Population/Service Report* semi-annually, in April and September, to assist physicians in determining their Target Population and to deliver preventive care services. Please note that for this year only the September reports have been delayed until October.

October 2006 Reports

- Physicians will receive a *Preventive Care Target Population/Service Report* for the 2006/2007 fiscal year for each of the five (5) preventive care categories.

Note: Due to the delay in the availability of the Influenza Vaccine for the 2006/2007 Influenza season, physicians now have until January 31st, 2007 to administer vaccinations to eligible patients in order that they count towards their 2006/2007 bonus. The MOHLTC has extended the deadline for this year only.

- This report identifies:
 - A physician's Target Population which includes enrolled patients who meet the age and sex criteria for each of the five (5) preventive care categories.
 - Enrolled patients who have provided consent and received services in each of the categories, according to Ministry records.
 - Enrolled patients who have provided consent for whom any physician in the group has submitted a Tracking Code.
 - Enrolled patients for whom the rostering physician has submitted an Exclusion Code.

April 2007 Reports

- Physicians will receive a final *Preventive Care Target Population/Service Report* as of March 31st, 2007. In addition, physicians will receive a procedure manual to enable them to calculate their bonuses for the 2006/2007 fiscal year.

Report Enhancements

Physicians who have received *Preventive Care Target Population/Service Reports* from the Ministry in the past should take note of the following enhancements.

Colorectal Screening Bonus for Enrolled Patients 50 to 74 years of age (inclusive)

- A new category has been added to existing reports to include Target Population and service reporting for colorectal screening by Fecal Occult Blood Test (FOBT) for patients 50 to 74 years of age (inclusive).
- Approved claims for fee schedule codes G004A and L181A (Occult Blood codes) and Tracking Codes (see below) with service dates in the appropriate time period will be reported for patients who have provided consent.
- Exclusion Codes (see below) with service dates in the appropriate time period will be reported to the rostering physician for all enrolled patients.

Tracking and Exclusion Codes

- Tracking Codes will be reported when submitted by any physician for enrolled patients, who have provided consent, for the appropriate time period. The service date of these codes will report in the column "Service Date" for all five (5) preventive care categories.
- A new column "Excluded Date" has been added to reports for all preventive care categories with the exception of Influenza for Enrolled Patients over 65 and Immunizations for Enrolled Patients under two years (there are no exclusions for these categories). The service date of Exclusion Codes submitted for the appropriate time period by a rostering physician will be reported.
- Please refer to the enclosed *Preventive Care Bonus – Tracking and Exclusion Codes Fact Sheet* sent to eligible PEM physicians in January 2006 for more information regarding Tracking and Exclusion Codes. This fact sheet is also available on the Ontario Medical Association's website www.oma.org.

Additional Fee Schedule Code Reporting for Pap Smears

- An approved claim for fee schedule code E430A (Add-on fee when Papanicolaou Smear is performed in office) with a service date in the appropriate time period will now be reported for female enrolled patients 35 to 75 years of age who have provided consent.

Changes to Target Population Criteria for Influenza Bonus

- Enrolled patients who are 65 years of age and older on December 31st of the payment year will be reported (previously reported as of March 31st).

Health Number and Birth Date Reporting

- A patient's Health Number and Date of Birth will now report for each of the five (5) preventive care categories.

**For more information please contact your local Ministry office
or your site team at 1-866-766-0266.**