

POLICY**Subject: Mandatory Use of SEAMO Billing Services****Number: 11-09**

Page: 1 of 3

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Revised: New

Approved by: SEAMO Governing Committee

Reviewed by: SEAMO Resources Committee

1. Background

In 1994, SEAMO enters into an Alternative Funding Plan (AFP) Agreement with the Ministry of Health and Long-Term Care (MOHLTC). In the original contract, SEAMO and the MOHLTC negotiate a clinical reporting system based largely on chart extraction, which provides the MOHLTC with encounter-based information.

With the introduction of the 2005 AFP Agreement and at the insistence of the MOHLTC, shadow billing becomes a requirement for all SEAMO-funded physicians. In 2006, SEAMO introduces a centralized billing system, SEAMO Billing Services (SBS), to capture the clinical activity of SEAMO-funded physicians and to assist with MOHLTC reporting requirements. However, the use of the SBS software is voluntary, limiting the thoroughness of the data.

In 2012, the implementation of the Accountability Framework begins. The Accountability Framework is meant to provide a robust system of reporting on deliverables in three main areas: clinical service, education and research. Billing penetration becomes the metric for departmental clinical activity, as measured through shadow billing.

Capturing accurate and complete billing data for all SEAMO-funded physicians becomes increasingly important as accountability measures are introduced and departmental funding for clinical deliverables becomes linked to billing penetration. Most departments must earn 70 percent of their funding through the provision of direct patient care services, as measured through shadow billing.

To more accurately capture the clinical activity performed by SEAMO-funded physicians, the Resources Committee is tasked with reviewing the mandatory use of SBS software. Timely, uniform and accurate billing information is needed to measure clinical activity fairly and to ensure each department earns its clinical funding. It is also important that SEAMO demonstrate to the MOHLTC its full accountability for the funding it receives, particularly in respect to clinical deliverables.

As recommended by the Resources Committee and approved by the Governing Committee, all newly appointed physicians receiving SEAMO funding, excluding physicians in the Department of Family Medicine, are mandated to use SBS software to process all SEAMO-related Ontario Health Insurance Plan (OHIP) claims. This policy becomes effective January 1, 2012.

SEAMO POLICY

Subject: Mandatory Use of SEAMO Billing Services

Number:

11-09

Page:

2 of 3

Despite the requirement of all newly appointed physicians to use SBS software and the majority of existing SEAMO-funded physicians voluntarily using SBS or SBS software, about 10 percent of SEAMO-funded physicians use other billing services and/or software. For SEAMO, this results in: incomplete information for the clinical services provided at the physician, division and department levels; reliance on the MOHLTC for this data; limited ability to optimize the identification of missed billing opportunities because the data is unknown and/or incomplete; and limited ability to accurately assess billing completeness.

To address the concerns posed by some SEAMO-funded physicians not using SBS software, the Resources Committee recommends the mandatory use of SBS software by all SEAMO-funded physicians, excluding physicians in the Department of Family Medicine. This solution supports physician autonomy while providing SEAMO with complete and comprehensive data for all physicians receiving SEAMO funding. SEAMO Declaration and Consent Forms are also amended to include a statement regarding the mandatory use of SBS software. Further, to minimize destabilizing the SBS workforce and limit the associated financial costs, SEAMO-funded physicians are required to provide SBS with six-months notice prior to changing billing arrangements (e.g., switching from SBS to SBS software). This policy is approved by the Governing Committee in February 2014 and comes into effect May 1, 2015.

2. Policy Definitions

The **Mandatory Use of SEAMO Billing Services software** means that all SEAMO-funded physicians, excluding physicians in the Department of Family Medicine, must use SEAMO Billing Services software to process all SEAMO-related OHIP claims.

SEAMO-related OHIP claims refer to all in-scope clinical activity performed by SEAMO physicians, as captured through shadow billing.

A **SEAMO-funded Physician** is a physician who holds a position that is formally identified by SEAMO to be either fully or partially SEAMO-funded.

3. Role of SEAMO-funded Physicians

A SEAMO-funded physician has a primary responsibility to execute the clinical, education, research, administrative and other duties for which he or she is appointed to the hospitals and university. To measure the clinical activity for which he or she is responsible, all SEAMO-funded physicians, excluding physicians in the Department of Family Medicine, are required to use SEAMO Billing Services software to process all SEAMO-related OHIP claims.

SEAMO POLICY

Subject: Mandatory Use of SEAMO Billing Services

Number:

11-09

Page:

3 of 3

4. Policy

Effective May 1, 2015, all SEAMO-funded physicians, excluding physicians in the Department of Family Medicine, must use SEAMO Billing Services software to process all SEAMO-related OHIP claims.

5. Distribution and Notification

This policy shall be distributed to each SEAMO-funded physician upon its approval. Thereafter, it shall be given to each SEAMO-funded physician upon initial appointment to the hospitals and university.