
PRIMARY MATERNITY CARE (PMC) PROGRAM

Questions & Answers

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Updates

	Update	Responsible	Date
1.	Created new document to distribute to all participating PMC physicians	DHW (S. Goodwin, R. Abbott)	01Apr2020
2.	Added clarification for locum physicians providing both PMC and locum-paid office services (p. 7, #3)	DHW (R. Abbott)	23Oct2020
3.			
4.			
5.			

OVERVIEW

The Primary Maternity Care (PMC) Program is a new funding model that provides an increased daily and on-call stipend for doctors who provide primary maternity care services in eligible Nova Scotian regional hospital communities. This is intended to ensure all PMC patients, with or without a family doctor, can receive comprehensive regional primary maternity care (including newborns) as required to meet community needs 24/7/365 across the province. The PMC program has been designed to stabilize primary maternity care services at participating sites. The PMC funding model is available to family physicians providing primary maternity care at the following regional hospitals:

- South Shore Regional Hospital, Bridgewater
- St. Martha's Regional Hospital, Antigonish
- Cumberland Regional Hospital, Amherst
- Yarmouth Regional Hospital, Yarmouth
- Cape Breton Regional Hospital, Sydney

Effective Date of the Program:	April 1, 2020
Payment Model:	Sessional
Sessional Type:	Primary Maternity Care (PMC) Program
Payment Frequency:	Monthly
Submitter:	Hospital sites submit directly to Medavie Bluecross

PMC Q & A

This document addresses the following:

- Compensation and Billing
- Service Delivery Expectations
- Impact on Physicians' Practices and Other Services they Deliver
- Contract Requirements

Target Audience

This document is aimed at physicians, Zone Heads of Maternal Child Care, Zone Heads of Family Medicine, other NSHA personnel either participating, coordinating or managing primary maternity care services throughout Nova Scotia and Medavie Bluecross (Medavie) personnel providing payments to physicians.

COMPENSATION AND BILLING

Question	Answer
<p>1. How much will I get paid?</p>	<p>Physicians participating in the PMC program will be paid a daily stipend. The daily stipend is a combination of two funding components: daily site funding and on-call funding. Daily site funding for daytime work under the PMC program is based on annual volumes of PMC activities at the site, time weights per activity and the negotiated hourly rate in the 2019-2023 Master Agreement (\$147.33 in 2019-2020). The on-call portion of the funding is fixed at \$300 per weekday and \$400 per weekend day and holiday and is not eligible for the annual rate increases specified in the Master Agreement.</p> <p>Table 1: Daily Stipend Rates (including daily site funding and on-call funding) as negotiated in the 2019-2023 Master Agreement for those sites with approved Site Delivery Plans (page 9)</p> <p>Table 2: Details on subsequent year rates for each site from April 2020 to March 2023 (page 9)</p>
<p>2. How will I get paid?</p>	<p>Each month, your site’s Representative Physician (or designate) will submit a payment form to Medavie.</p> <ul style="list-style-type: none"> • If the site is set up as a group sessional arrangement, Medavie pays the group via direct deposit and each physician is then paid a portion as determined by the group. • If the site is set up as individual physician sessional arrangements, Medavie pays each physician via direct deposit. <p>Table 3: Important dates for submission of claims and payment dates up to January 2022 (page 8)</p> <p>When called back to the site to provide services after hours or as second physicians for urgent services, physicians can bill fee- for-service (FFS) – see more detail in question #4. Payments are made by Medavie to the physicians’ FFS business arrangement (BA).</p> <p>Note: if you do not already have a FFS BA, one can be obtained by contacting Medavie at msiproviders@medavie.bluecross.ca.</p>
<p>3. What do I do if I notice my monthly payment is incorrect?</p>	<p>Medavie makes monthly payments to the PMC physicians/groups according to claims submitted by the Representative Physician (or designate).</p> <p>Discrepancies should first be investigated at the site level; the first point of contact is the Representative Physician (or designate) who will ensure the appropriate information was submitted. They will follow up with Medavie if needed. <i>Note: Medavie will not adjust a payment without the appropriate documentation on the payment forms.</i></p> <p>For payments to a group, apportioning of funds is the responsibility of the Representative Physician (or designate). Resolution of discrepancies in distribution to physicians will be the responsibility of the Representative Physician.</p>
<p>4. Are any services eligible for fee-for-service billing?</p>	<p>FFS billing is eligible in the following scenarios:</p> <ul style="list-style-type: none"> • A designated PMC physician is called back to the site outside of daytime hours to provide urgent care • An additional physician is required on site to provide PMC services as a “second physician” for urgent services (e.g., surgical assist for a PMC patient)

Question		Answer
		<p>Both FFS and Alternative Payment Plan (APP) physicians are eligible to bill fee-for-service for those services, but APP physicians have additional considerations before agreeing to “second physician” responsibilities – see “Impact...” section question #3.</p> <p>No FFS can be billed for regularly scheduled PMC work or urgent work that occurs during daytime hours by the designated PMC physician(s) on service that day. This is applicable to both FFS and APP physicians.</p> <p>All FFS billed after hours must be claimed using the appropriate after-hours modifiers for this work.</p> <p>As outlined in the <i>PMC Program Overview for Regional Hospitals</i>, Section 3, “total annual daytime PMC fee-for-service billings by PMC physicians are not expected to exceed 10% of total annual site funding.”</p>
5.	Can I claim for my own patients separately when I am doing a PMC shift?	<p>If your patients are part of the PMC program, then you cannot claim them separately; the services must be shadow billed to the PMC BA. However, on any given day when you are the designated PMC physician, if the workload is lighter than normal and you choose to work from your office setting, you can see your own patients as time allows. You would claim for your own patients in your normal manner (FFS or shadow billing).</p> <p>Physicians are expected to schedule the majority of their PMC services on the day(s) they are the designated PMC physician(s).</p>
6.	Can newborns without family physicians (unattached) be claimed separately?	<p>There are no unattached patient fees applicable while a baby is receiving care as part of the PMC program. During the daytime, they are shadow billed to the PMC business arrangement; in the evenings, if called back to care for a baby, this would be billed FFS for an urgent visit.</p>
7.	Are participants eligible for retroactive payments?	<p>The South Shore Regional Hospital is eligible for payment pursuant to the PMC funding model effective October 25, 2019 (as per the Master Agreement, Schedule “H”, Article 6). Once the site delivery plan was approved, each physician at that site became eligible for retroactive compensation for PMC services from October 25, 2019 to the date the new PMC model is implemented (i.e., the site delivery plan was approved on April 2, 2020 and made retroactively effective April 1, 2020; therefore, retroactive compensation for PMC service will cover the period October 25, 2019 to March 31, 2020).</p> <p>All other participating sites are eligible for implementation on April 1, 2020. There is no retroactivity for these sites.</p>

SERVICE DELIVERY EXPECTATIONS

Question		Answer
1.	What are the overall service delivery expectations of the group?	<p>PMC is intended to provide comprehensive Primary Maternity Care Services for unattached and attached patients (including newborns) as required to meet community needs. Services will include prenatal, intrapartum (deliveries and obstetrical surgical assists), postpartum, neonatal and infant care (up to six weeks as required), consultation and collaboration with Obstetricians when necessary and provision of 24/7/365 PMC on-call service.</p>
2.	Am I expected to be on site all day?	<p>There are no specific onsite requirements for this program, but the scheduled PMC physicians must be able to report onsite within 20</p>

Question		Answer
		minutes of being called. PMC service physicians can provide PMC services offsite in their own offices on the days they are on PMC service; however, any PMC services must be shadow billed. Physicians are expected to schedule the majority of their PMC services on the day(s) they are the designated PMC physician(s).
3.	I can't do full days. Can I still participate?	<p>Some sites arrange their site delivery plan to allow participation of physicians who are unable to commit to a 24-hour shift. How the participants of the site's program arrange themselves will be outlined in the site delivery plan.</p> <p>The overall goal is to ensure patients receive optimal care. Allocation of "who does what and when" will be decided by each group.</p> <p>If you have questions or concerns, you can speak with the Representative Physician for the site you wish to provide services.</p>
4.	What are my responsibilities in ensuring follow up for unattached newborns discharged from the hospital?	<p>As a member of the site's PMC team, you are required to provide effective discharge planning in concert with the hospital multidisciplinary team, the patients family/support network, and community-based staff, agencies and supports. Specific responsibilities should be outlined in the service delivery plan and may include encouraging the patient to sign up on the Nova Scotia Health Authority (NSHA) Need a Family Practice registry – link: https://needafamilypractice.nshealth.ca – or providing information for local walk-in clinics if available.</p>

IMPACT ON PHYSICIANS' PRACTICES & OTHER SERVICES THEY DELIVER

Question		Answer
1.	I have a full-time practice and often provide multiple services on any given day. Will PMC impact this?	<p>Physicians can participate in PMC while maintaining their regular practice schedules, however, the requirement to respond by phone within 10 minutes and to report onsite within 20 minutes of being called must to be maintained. How this works will be determined and agreed by the physicians participating at the site and will be described in the site delivery plan.</p> <p>APP physicians who wish to participate in the PMC program will participate outside their contracted APP hours provided they are meeting the requirements of their APP deliverables. Other considerations for APP physicians include:</p> <ul style="list-style-type: none"> • When an APP physician is the <u>designated PMC physician</u>, all services for PMC outside the daytime hours may be billed FFS • If providing PMC care to their own patients on a day that they are <u>not a designated PMC physician</u>, they may shadow bill that work to their APP business arrangement. • If an APP physician that participates in the PMC program is an <u>additional PMC physician</u> on site to provide PMC services (e.g., surgical assist, second delivery), they are allowed to bill FFS for that work. <p>Note: if an APP physician suspends scheduled APP services to be a second physician for PMC on any given "APP" day, they would bill FFS for the urgent work and would then choose one of the following options:</p> <p>(i) defer the APP services by making up the APP time lost, or (ii) record the time as leave from the APP</p>

Question	Answer
<p>2. Can I participate in the delivery of other services, such as Facility on Call?</p>	<p>With <u>prior written approval of NSHA’s Zone Medical Executive Director(s)</u>, PMC physicians may participate in call under more than one program (such as hospitalist, PMC, long term care) where necessary due to limited resources in the community. However, if receiving the PMC daily stipend for the day, designated PMC physicians providing cross coverage in other on-call rotas will not be eligible to receive any additional on-call stipend.</p>
<p>3. I have an APP; can I do both? How do I manage that and PMC?</p>	<p>APP physicians who wish to participate in the PMC program will participate outside their contracted APP hours provided they are meeting the requirements of their APP deliverables. 1.0 FTE APP physicians who regularly participate in the PMC program will generally see a reduction in their APP to 0.8 FTE because of the demands of this program. Any APP physician wishing to participate should first discuss their eligibility with their Zone Head of Family Medicine before committing to the program.</p> <p>When providing PMC services, APP physicians can still provide some services to fulfill their APP requirements, but the PMC workload often interferes with office schedules and makes balancing PMC and APP services quite challenging when attempting to do both on any given day. Most APP physicians participate on days other than regularly scheduled “APP” days. In any case, whether as a “designated” or “second” PMC physician, if an APP physician suspends scheduled APP services on any given “APP” day, they would choose one of the following options:</p> <ul style="list-style-type: none"> (i) defer the APP services by making up the APP time lost, or (ii) record the time as leave from the APP.

CONTRACT REQUIREMENTS

Question	Answer
<p>1. Will I be required to sign a contract?</p>	<p>The PMC Program is a funding model designed to support the delivery of primary maternity care services in eligible Nova Scotian regional hospital communities. Each site develops a site delivery plan outlining the services they will provide and expectations for participation in the program. While there is no contract, physicians participating at the time of implementation will sign the site delivery plan; all subsequent physicians will sign a declaration demonstrating their agreement toward contributing to the site delivery plan and overall requirements of the program.</p> <p>Table 4: Sample Declaration Template</p>
<p>2. If I choose not to participate in the program, will I still be able to provide care for my own inpatients? Will I be compensated for services provided in a facility that has implemented the PMC funding model?</p>	<p>Some family doctors will continue to follow their own patients throughout the prenatal to infant care period. It is recognized that some of these PMC services may be provided at a participating site by physicians who are not covering the PMC daytime or call shift on a given day. Those services will be billed FFS or shadow billed and paid as appropriate to those physicians outside the PMC funding program.</p> <p>Should any of your patients become part of the PMC program, you will no longer be the most responsible provider while the patient (and newborn) are part of the PMC model. When they do not require PMC services, you can resume billing for those patients in your usual manner.</p>

<p>3.</p>	<p>Are locum physicians eligible to participate? NEW: How do locum physicians get paid for both the locum office-based service and PMC?</p>	<p>Locum physicians engaged to provide services for this program will be remunerated as per the PMC model daily stipend. Physicians eligible for expenses (e.g., travel, accommodation) may be compensated by the Provincial Locum Program. This applies only to physicians who are not part of the core rota. A 'locum' physician should check with Medavie to determine eligibility for expense coverage at locumprogram@medavie.ca.</p> <p>NEW: Where locum physicians want to participate in PMC on the same day as providing office-based locum services, they will be eligible to do so in addition to the locum hours and will be compensated per the PMC funding model. However, a locum physician must fulfill the hours specified for that locum income before claiming anything for PMC. Locum hours cannot be 'made up' on a subsequent day.</p> <ul style="list-style-type: none"> • Where possible, the PMC activity should be fulfilled before or after the "locum" hours. • Where frequent interruptions are expected throughout any given day (e.g., urgent patient response to the site, frequent phone calls) and there is considerable likelihood a full day of locum office services cannot be achieved, the host/locum physicians should consider the half-day income guarantee or FFS remuneration for the office services. • If a locum physician does not fulfill the service requirement as stated on the host application and/or claim form, the locum physician must advise Medavie for an adjustment to the locum compensation where applicable.
<p>4.</p>	<p>If we adopt the PMC program and it doesn't work for our site, can we opt out?</p>	<p>A physician group that participates in the PMC program may terminate its participation by giving three months' prior written notice from its Representative Physician to the DHW and NSHA. Upon termination, the members of the physician groups shall:</p> <ul style="list-style-type: none"> • Revert to FFS for primary maternity care; or • For physicians who are on APPs, revert to their full APP FTE allotment and provide PMC services as required by their APP agreement, as immediately prior to the physician group enrolling in the PMC Model. <p>Regardless of the funding and delivery model, planning must incorporate services for unattached patients.</p>
<p>5.</p>	<p>What are the shadow billing expectations for PMC?</p>	<p>Physicians working a PMC shift will be required to shadow bill for 100% of services provided. Physicians are required to shadow bill all daytime PMC services for which health service codes exist, whether provided on site or in their own offices.</p>
<p>6.</p>	<p>What is a site delivery plan?</p>	<p>A PMC site delivery plan contains without limitation, how a physician group will provide the PMC 'Core Services' including prenatal, intrapartum, postpartum, neonatal and infant care; how they will accept patients; and how they plan to provide 24/7/365 coverage. The plan addresses the service delivery model, collaborative care, clinical support services, and funding allocation methodology.</p> <p>Site delivery plans have been approved by the Zone Head of Maternal Child Health and Zone Medical Executive Director and are consistent with NSHA Policies and Procedures. Each site delivery plan has also been provided to DHW for review and sign-off prior to implementation.</p>
<p>7.</p>	<p>Can we change or alter our site delivery plan after it has been submitted?</p>	<p>It is expected the services for PMC may evolve over time. Site delivery plan amendments are appropriate and encouraged whenever there is a change in scope for direct, indirect or clinical support services or funding methodology. When an amendment is</p>

		<p>necessary, the Representative Physician can confer with the Zone Head of Maternal Child Health.</p>
<p>8.</p>	<p>How do I opt into the funding model?</p>	<p>Physician groups who are eligible for the PMC model (as outlined in the 2019-2023 Physician Services Master Agreement, Schedule “H,” Article 5) opt into the PMC program by delivering notice from their Representative Physician to the Zone Head for Maternal Child Health. Should additional funding become available, the Parties agree that the PMC funding model could be extended to other regional hospitals with PMC services.</p> <p>Physicians who are interested in joining a PMC group should contact the Representative Physician at the site for which they have interest. Sites currently eligible as per the Physician Services Master Agreement include:</p> <ul style="list-style-type: none"> • South Shore Regional Hospital, Bridgewater (Dr. K. Parker) • St. Martha’s Regional Hospital, Antigonish (Dr. M. Fuhrmann) • Cumberland Regional Hospital, Amherst (Dr. M. McCrossin) • Yarmouth Regional Hospital, Yarmouth (Dr. J. Gillis) • Cape Breton Regional Hospital, Sydney (TBD) • <i>IWK, Halifax (Dr. L. Bussey) *funded through a group APP</i>

TABLES

Table 1: Daily stipends per site based on annual volumes of PMC services and funding formula (2019-2020 hourly rate used: \$147.33/hr)		
	Weekdays	Weekend Days/Holidays
South Shore Regional	\$1767.96 + \$300.00 = \$2067.96	\$1767.96 + \$400.00 = \$2167.96
Yarmouth Regional	\$1767.96 + \$300.00 = \$2067.96	\$1767.96 + \$400.00 = \$2167.96
St. Martha's Regional	\$1149.17 + \$300.00 = \$1449.17	\$1149.17 + \$400.00 = \$1549.17
Cumberland Regional	\$898.71 + \$300.00 = \$1198.71	\$898.71 + \$400.00 = \$1298.71

Table 2: Subsequent Year Funding to March 31, 2023						
	Weekdays			Weekend Days/Holidays		
	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23
South Shore Regional	\$1,803.32 + \$300.00 \$2,103.32	\$1,839.39 + \$300.00 \$2,139.39	\$1,876.17 + \$300.00 \$2,176.17	\$1,803.32 + \$400.00 \$2,203.32	\$1,839.39 + \$400.00 \$2,239.39	\$1,876.17 + \$400.00 \$2,276.17
Yarmouth Regional	\$1,803.32 + \$300.00 \$2,103.32	\$1,839.39 + \$300.00 \$2,139.39	\$1,876.17 + \$300.00 \$2,176.17	\$1,803.32 + \$400.00 \$2,203.32	\$1,839.39 + \$400.00 \$2,239.39	\$1,876.17 + \$400.00 \$2,276.17
St. Martha's Regional	\$1,172.15 + \$300.00 \$1,472.15	\$1,195.60 + \$300.00 \$1,495.60	\$1,219.51 + \$300.00 \$1,519.51	\$1,172.15 + \$400.00 \$1,572.15	\$1,195.60 + \$400.00 \$1,595.60	\$1,219.51 + \$400.00 \$1,619.51
Cumberland Regional	\$916.68 + \$300.00 \$1,216.68	\$935.02 + \$300.00 \$1,235.02	\$953.72 + \$300.00 \$1,253.72	\$916.68 + \$400.00 \$1,316.68	\$935.02 + \$400.00 \$1,335.02	\$953.72 + \$400.00 \$1,353.72

Note: Cape Breton Regional Hospital rates TBD

Table 3: Important Dates for Monthly PMC Payments			
Month (when services are provided)	Payment Form due by 11:00 AM (to Medavie):	Maximum Number of days to be paid to each Site	Payment to Site Members (i.e., either individual physicians or to the group)
April 2020	May 8, 2020	30	May 20, 2020
May 2020	June 8, 2020	31	Jun 17, 2020
June 2020	July 6, 2020	30	Jul 15, 2020
July 2020	August 17, 2020	31	Aug 26, 2020
August 2020	September 14, 2020	31	Sep 23, 2020
September 2020	October 9, 2020	30	Oct 21, 2020
October 2020	November 6, 2020	31	Nov 18, 2020
November 2020	December 7, 2020	30	Dec 16, 2020
December 2020*	January 18, 2021	31	Jan 27, 2021*
January 2021*	February 12, 2021	31	Feb 24, 2021*
February 2021*	March 15, 2021	28	Mar 24, 2021*
March 2021*	April 12, 2021	31	Apr 21, 2021*
April 2021*	May 10, 2021	30	May 19, 2021*
May 2021*	June 7, 2021	31	June 16, 2021*
June 2021*	July 5, 2021	30	July 14, 2021*
July 2021*	August 16, 2021	31	August 25, 2021*
August 2021*	September 13, 2021	31	September 22, 2021*
September 2021*	October 11, 2021	30	October 20, 2021*
October 2021*	November 8, 2021	31	November 17, 2021*
November 2021*	December 6, 2021	30	December 15, 2021*
December 2021*	January 17, 2022	31	January 26, 2022*

Payment Notes:

- Medavie will not issue payments without complete and accurate payment form submissions made monthly by the Representative Physician (or an approved designate) for each site.
- Late or incomplete forms may affect the scheduled date of payment; please ensure forms are submitted to afpclaims@medavie.bluecross.ca by 11:00 AM on the due date.
- Payment dates are stated as per the Medavie schedule **published for 2020 and anticipated* dates for 2021, 2022**; these **dates are subject to change**. Medavie will publish any changes to this schedule via its bulletins distributed to physicians and posts on its website.

Table 4: Sample Declaration Template

DECLARATION PRIMARY MATERNITY CARE PROGRAM	
TO:	Nova Scotia Minister of Health and Wellness
TO:	Nova Scotia Health Authority c/o VP Medicine & Integrated Services
TO:	Doctors Nova Scotia
<p>I, [insert full name of physician], hereby declare to you that:</p>	
1.	I have read and understand: <ol style="list-style-type: none"> a. The Agreement between the Province of Nova Scotia, the Nova Scotia Health Authority and Doctors Nova Scotia regarding the Primary Maternity Care Model, including its Program Guidelines (the “PMC funding model”); and, b. The Site Delivery Plan for primary maternity care at [insert full name of Regional Hospital] (the “Regional Hospital”) made pursuant to the PMC funding model;
2.	In regard to the provision of primary maternity care at the Regional Hospital I agree to be bound by the guidelines of the PMC funding model, including but not limited to the requirements of the Primary Maternity Care Model, and compensation for primary maternity care, as described therein;
3.	In regard to the provision of primary maternity care at the Regional Hospital I agree to support, contribute to and adhere to the Site Delivery Plan.
<p>All capitalized terms used in this Declaration and not defined herein shall have the meanings ascribed to them in Master Agreement Schedule “H”.</p>	
DATED at	_____ this day of _____, 20____ .
Signature of Physician: _____	

CONTACT

For help in completing tasks associated with the tracking of physician services each month or payment inquiries, contact Medavie at afpclaims@medavie.bluecross.ca.

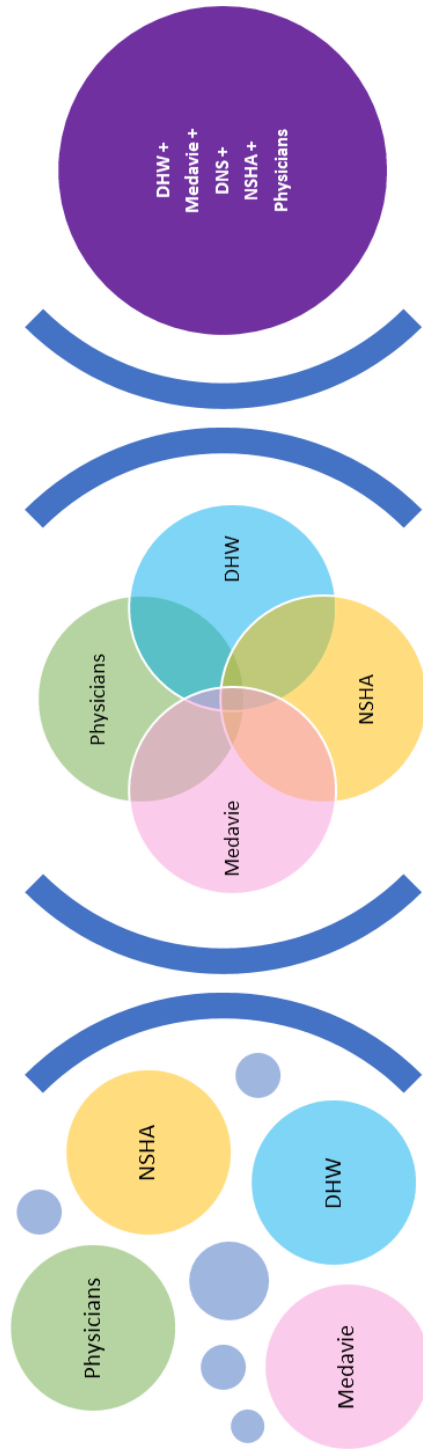
For additional questions not included in this document or process inquiries, contact DHW at alternate.funding@novascotia.ca.

For service or physician-related inquiries, contact the PMC Representative Physician or Zone Head for Maternal Child Health.

PROCESS HIGHLIGHTS

Primary Maternity Care (PMC) Program

Process Highlights



IMPLEMENTING PMC

Physicians form site group; submit site delivery plan to NSHA

NSHA reviews/approves plan

DHW reviews/approves plan, advises Medavie to set up funding, sends initial reporting workbook template to sites

Medavie sets up the groups' BAs

DHW calculates retroactive payments for SSRH, IWK; physicians submit payment forms to Medavie; **Medavie** pays

ONGOING PROGRAM

Physicians provide services, shadow bill all daytime to the program BAs and FFS bill for nighttime

Representative Physician submits monthly payment form to Medavie

Medavie deposits funds to physicians/group

NSHA provides key metrics report to the physician group (*content and frequency TBD*)

Representative Physician submits physician declarations (for any new physicians approved by Zone Head) + quarterly summary of program financial disbursements to individual physicians to DHW

NSHA provides quarterly metrics/utilization to DHW (*content TBD*)

ANNUAL REVIEW

DHW reviews shadow billing, disbursements, key metrics/utilization. Analysis and decisions arising from review are shared (with DNS, NSHA and physician group)

DHW adjusts daily stipends as required, based on data provided by NSHA and shadow billing