

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

FACT SHEET

Title: Continuing Medical Education

Date: April 2008

Eligible Models:

- | | |
|---|--|
| ☒ St. Joseph's Health Centre (SJHC)
☒ Group Health Centre (GHC)
☒ Toronto Palliative Care Associates (TPCA) | ☒ Rural and Northern Physician Group Agreement (RNPGA)
☒ Weeneebayko Health Ahtuskaywin (WHA) |
|---|--|

The Ministry of Health and Long-Term Care (MOHLTC) will pay a service enhancement fee of \$100.00 for each hour that a physician spends at a continuing medical education (CME) conference or seminar, subject to the following conditions:

- a) **Approvals:** Each CME conference and seminar must be approved by a joint committee of the Ontario Medical Association, the Ministry of Health and Long-Term Care, the Institute of Clinical Evaluative Sciences, University of Toronto and the Ontario College of Family Physicians.
- b) **Maximum hours per fiscal year:** A physician may claim a maximum of 24 hours each fiscal year (one hour of CME activity is equivalent to one CME credit).
- c) **Eligible credits:** A physician is eligible for reimbursement of 24 MAINPRO-C or MAINPRO-M1 credits, however, no more than 20 of the 24 credits may be MAINPRO-M1 per fiscal year.
- d) **Prorated Credits:**
 - I. A physician is only entitled to the prorated value of CME credits based on their Full Time Equivalency with the group.
 - II. Credits are also prorated for the total months in the fiscal year that the physician has been affiliated to the group. For example:

Name	Start Date*	FTE Count	Max MAINPRO-M1 Credits	Total Combined Credits
Dr. A	April 1, 2006	1.0	20	24
Dr. B	April 1, 2006	0.5	10	12
Dr. C	October 1, 2006	1.0	10	12
Dr. D	October 1, 2006	0.5	5	6

* Examples assume that physicians remained in group until the end of the fiscal year (March 31st)

- e) **Group CME Cap:** In each agreement it stipulates the number of funded FTE positions for the group. For the purpose of CME, the group is capped at the number of CME credits that can be reimbursed based on the FTE compliment outlined in the agreement. The cap amount is calculated

by the number of funded FTEs x 24 credits (e.g. if a group is funded for 3 FTEs then the group's cap would be 3 x 24 = 72 credits).

- f) **Timing of claims:** Claims must be submitted within six months of the date on which the activity was undertaken. **Claims received after six months will not be reimbursed.**

g) **Carry Over credits:**

- III. Maximum Carry Over: If a physician does not use all of the credits in the fiscal year for which they are intended, then the remaining credits, up to the maximum number of pro-rated credits from the previous fiscal year, may be carried over to the following year. For example, if Dr. C (see table above) used eight (8) credits in the 2006-07 fiscal year, then she may transfer four (4) credits to the following fiscal year.
- IV. Transfer period: Carry over credit may be transferred only once and only to the following fiscal year.
- V. Using carry over credits: Carry over credits can be applied to claims for CME eligible-activity completed in the current and/or previous fiscal year. For example:
- If Physician A transfers 10 unused credits from the 2005-06 fiscal year to the 2006-07 fiscal year, then Physician A is entitled to compensation for 34 credits earned in the 2006-07 fiscal year.
 - If Physician B transfers 10 unused credits from the 2005-06 fiscal year to the 2006-07 fiscal year and submits a claim for credits earned in 2005-06, then the unused credits (in this case 10 unused credits are available) from 2005-06 will still apply to the claim if the credits were earned in the previous six months.
- VI. Time limit of carry over credits: All unused transferred credits expire at the end of the fiscal year into which they are transferred.

- h) **Proof of attendance:** A physician must retain proof of attendance at the conference/seminar as a condition of payment. Although CME policy does not require physicians to submit this documentation in addition to their initial claim, submissions that are processed for payment are subject to audit. As a result, the Ministry will undertake periodic reviews of CME payment claims and may request proof of attendance from a physician for the seminar/conference for which payment has been claimed and/or made, in order to verify the accuracy of such claims.

In the event of such a request, the physician will be required to send documents showing the dates on which he or she participated in the educational conference or seminar, the type of accreditation, and the number of eligible credits. If the physician fails to provide the requested documentation in a timely manner, the Ministry may seek recovery of any amount or amounts paid in connection with any undocumented claim from the physician/group out of any money that is owing to them by the Ministry under and in accordance with the terms of their Agreement. Please note: a physician is required to maintain this documentation in accordance with all record retention obligations contained in their Agreement.

- i) **Physician-requested reviews:** The Continuing Medical Education Advisory Committee will review CME submissions for educational activities that are not MAINPRO-M1 or MAINPRO-C approved, if a physician requests such a review. Please submit documentation describing how the activity

incorporates evidence-based medicine and clinical guidelines that promote quality of care and cost-effectiveness to: Ministry of Health and Long-Term Care, CME Advisory Committee,
1075 Bay Street, 9th Floor
Toronto ON M5S 2B1
Attention: David Rudoler, CME Coordinator

CME Submission Information:

- Credits will be pro-rated, based on a physician's active-to-bill date and/or end date with the group.
- Physicians leaving a CME entitled group to join another CME entitled group during a fiscal year will not have their CME credits prorated.
- CME payment is based on the fiscal year April 1st – March 31st.

Reconciliation Process:

- If a physician leaves one of the CME eligible models noted above (e.g. RNPGA) and his/her group has received group payments that exceed the group's pro-rated CME entitlement, then reconciliation will take place.
 - o For example: if a physician claims 24 CME credits in the first six months of the fiscal year and leaves an eligible model to join a model not eligible for CME entitlement in month seven, the physician's CME entitlement would be pro-rated for the six month period that they were affiliated with the eligible model. Any payments the physician's group previously received for credits that exceed the group's pro-rated entitlement will be reconciled by the Ministry.
- Overpayments will be reconciled with the group's pro-rated CME entitlement and will appear on the group's RA. Payment recovery notices will only be distributed in the event that reconciliation is not possible.
- If recovery is necessary it will take place in accordance with the terms and conditions of the applicable Agreement.

For further information on the CME policy and payments, please contact the Primary Health Care and Family Health Teams at **1-866-766-0266**.