

mcp newsletter

January 12, 2022

22-01

TO: ALL FEE-FOR-SERVICE PHYSICIANS BASED WITHIN EASTERN HEALTH AND WESTERN HEALTH FACILITIES

RE: PANDEMIC PHYSICIAN WORK DISRUPTION PROGRAM 2022

In consultation with the Newfoundland and Labrador Medical Association, the Department of Health and Community Services is introducing the Pandemic Physician Work Disruption Program (PPWDP) 2022 for FFS physicians who are affected by the 'urgent/emergent' status currently in place at Regional Health Authority (RHA) facilities in Eastern and Western Health. The application form is attached to this newsletter.

Application forms must be completed by the physician and submitted directly to their respective RHA's Director of Medical Services. Applications are to be submitted by February 15, 2022. Retroactive payments to January 4, 2022 will not apply to applications submitted to the RHA after this date as per the Policy.

Policy

The PPWDP 2022 is effective January 4, 2022, and will remain in effect until February 15, 2022, or until such time as the Department of Health and Community Services (HCS) deems the pandemic health care delivery protocol no longer necessary.

This policy applies to FFS physicians who are affected by the 'urgent/emergent' status currently in place at RHA facilities in Eastern and Western Health¹. FFS specialists whose practices depend upon access to a Western or Eastern RHA facility (e.g. internists, surgeons, ER physicians, etc.) are eligible to apply. FFS family practitioners whose income is derived significantly from work within an RHA facility will also be eligible. All applications will require confirmation from the respective VP of Medical Services (or designate).

In consideration of present circumstances PPWDP 2022 will be available only to those physicians noted above who are based in either the Western or Eastern Regional Health Authority. This program may be reviewed and extended to other RHAs on an as needed basis as pandemic response protocols are reviewed and updated.

¹ This policy also applies to RHA-based locums (who bill FFS) who have worked in the RHA for the last six continuous pay periods.

Physicians will be guaranteed 80% of their average Fee-For-Service (FFS) payments (inclusive of services remunerated by sessional payments) and will continue to bill FFS over this period. Physicians providing additional services as per Principle #2 will receive the greater of actual FFS earnings or 100% of their average Fee-For-Service (FFS) payments. For purposes of this program, the maximum average FFS payment is capped at \$575,000 annually or \$22,115 biweekly.

All eligible FFS physicians, as noted above, must apply for consideration of an earnings top-up under the PPWDP 2022 program. This includes those physicians who previously applied to the 2020 and 2021 PPWDP.

An official from the Department of Health and Community Services, the respective RHA, and the Newfoundland and Labrador Medical Association (NLMA) will comprise the PPWDP Review Panel to consider issues arising from this program that may require clarification in the course of implementation and management of the program.

Principles

Compensation will be conditional on the following principles:

1. Physicians are required to be present at their normal work site, or provide virtual care services (in regular work site or alternate location), in accordance with HCS requirements, based on their regular schedules. RHA based physicians will continue to carry out all the services that would be required of them during normal times, unless directed otherwise by the Vice President (VP) of Medical Services (or designate) due to changing priorities or operational limitations on site. RHA-based physicians should seek guidance, as necessary, through their medical leadership. A physician's failure to comply with these requirements may result in voiding the PPWDP agreement. The principles of procedural fairness will be applied when deciding to void the PPWDP agreement. If a physician disagrees with a decision of HCS to void the PPWDP agreement, they may forward the issue to the PPWDP Review Panel for resolution.
2. Physicians may be assigned to work in areas which may be outside their normal scope of practice but within the scope of the physician's license and competencies. This will be determined on a priority basis to meet the evolving needs of the health care system during the pandemic. Based on the VP of Medical Services' (or designates) discretion, these include but are not limited to the following:
 - i. Emergency Departments;
 - ii. COVID Assessment/ILI Clinic(s);
 - iii. COVID Testing Analysis Sites;
 - iv. COVID Swabbing Test Sites;
 - v. COVID Inpatient Care Unit(s);

- vi. Intensive Care Unit(s); and
 - vii. COVID Vaccination Clinic(s).
3. Physicians are required to provide evidence, satisfactory to their RHA, of their regular work practice prior to the pandemic (i.e. hours of operation of clinic, types of additional services provided – house calls, inpatient care, long-term care, personal care homes, etc.) and how such work has been affected during the pandemic.
 4. Physicians are required to provide contact information (e.g. cell phone number, home phone number, office phone number and email address) so they may be contacted easily at any time during the pandemic event.
 5. For physicians who normally provide on-call coverage, they are required to continue to do so during the pandemic event.
 6. The RHA may organize groups of physicians to provide on-call coverage, which may include or be comprised of physicians who do not normally provide on-call coverage, recognizing that the services required while on-call may be outside their normal scope of practice but within their competency.
 7. Where a physician receives remuneration from another source for insured services (other than MCP or under this Policy) during the pandemic period, HCS must be informed of the arrangement and it will be taken into consideration, accordingly.

Procedure

1. Compensation will be based on the individual physician's average FFS earnings, submitted to MCP, over 26 pay periods (i.e. pay periods 18-22 to 19-21) with claim submission deadlines in the 2019 calendar year (refer to MCP Newsletter 18-08). For purposes of this program, the annual maximum average FFS payments for the individual physician will not exceed \$575,000 annually (\$22,115 biweekly).
 - i. Applicants who previously applied under the 2020 or 2021 PWDP will have the same earnings average applied to the 2022 PPWDP. For clarity, the \$575,000 annual cap shall apply to all physicians, if necessary, regardless of whether they are a new or returning applicant.
 - ii. Consistent with the 2020 and 2021 PWDP, the following will not be included in the 2022 PPWDP earnings average:
 - a. FFS payments for seeing non-MCP beneficiaries;
 - b. Any bonuses, awards or rebates (e.g. CMPA) and
 - c. Any non-FFS payments (salaried or otherwise) from RHAs, Memorial University, etc.
 - iii. New applicants, who did not participate in the 2020 or 2021 PPWDP, may identify any questions concerning their average income in the application.

The matter will be reviewed by representatives from HCS and the NLMA. Valid reasons to review a physician's earnings average include: a lower than normal earnings average due to an extended illness, sabbatical, maternity/paternity leave, a State of Emergency snow-related closure; or other valid reason deemed acceptable by the Department of Health and Community Services.

- iv. Regarding applicants who previously identified concerns regarding earnings average in 2020 or 2021 PWDP, their earnings average for the 2022 PPWDP will continue to reflect the most recent decision rendered from review of their earnings average.
2. Physicians who continue to bill FFS will be guaranteed 80% of their average FFS payments (including sessional payments) to an annual maximum average FFS payment of \$575,000 annually or \$22,115 biweekly. For example; the maximum average FFS payment, under the 2022 PPWDP, of \$575,000 annually equates to a guaranteed income of \$460,000 annually or \$17,692 biweekly.
3. If no billings have been submitted in a pay period that physician will be considered inactive for that pay period and no top-up will be awarded. Prior to the claim submission date for the pay period, the physician may, at their own discretion contact the Department of Health and Community Services, Medical Services Division to explain the circumstances why no billings were submitted. If the circumstances were not in the control of the physician, the physician was available to provide services, and the physician had no alternatives but to submit zero billings, the physician will receive a top-up payment for that pay period. The principles of procedural fairness will apply in these circumstances.
4. Physicians who are assigned to provide "additional services", i.e. duties listed in Principles #2 above, support to another clinical area, extended clinic hours beyond normal practice hours, regional community call services, etc., will continue to bill FFS and will be provided the greater of actual FFS earnings during the pandemic period or 100% of their historical average income as defined above, for the duration of the secondment. Vice Presidents (VP) of Medical Services will be responsible for designating which services and physicians fall within "additional services". "Additional services" can be requested within or outside regular work schedules. Physicians are expected to maintain normal responsibilities and duties to the extent possible while also providing "additional services". The RHA will be responsible for providing HCS with start and end dates of the secondment during which a physician provides "additional services". The duration of a secondment covers the continuous period during which a physician provides "additional services"; not solely the days on which "additional services" occur.

5. A physician who declines to be available to provide “additional services” must notify their VP of Medicine (or designate), and they will no longer be eligible to receive benefits under this Policy.
6. If a physician becomes ill with COVID-19 (or presumed COVID-19), or requires mandatory self- isolation based on guidance from the RHA or Chief Medical Officer of Health, during the pandemic emergency, and has been providing services as agreed to under #4 above, or in the course of performing their normal duties, they will be entitled to compensation under this policy until cleared by the RHA or, if deemed unable to work by the RHA, until their own disability insurance becomes active up to a maximum of a 90 day period. Physicians who are in self isolation, but not ill, will continue to provide services virtually, as appropriate.
7. Applications are to be submitted by February 15, 2022. Retroactive payments to January 4, 2022 will not apply to applications submitted to the RHA after this date.
8. Physicians must individually complete the appropriate agreement, consistent with this Policy, and forward to their RHA’s Office of Medical Services for approval before implementation. Applications must be submitted to the Director of Medical Services associated with your RHA.

Contact List for Directors of Medical Services within the RHAs as follows:		
Eastern Health	Janelle Hillier	Janelle.Hillier@easternhealth.ca
Western Health	David Palmer	davidpalmer@westernhealth.nl.ca

9. If a physician agrees to work in a location that requires travel, their travel and living expenses would be covered as per RHA policy.
10. If a physician begins extended leave (e.g. maternity or parental, disability, sabbatical, etc.) during their enrollment in PPWDP 2022 they, and/or the applicable RHA, must inform HCS immediately to prevent the payment of ineligible top-up payments. If sufficient notification is not provided recoveries will be sought at a later date.
11. If a FFS physician switches to salaried locum status for any period during the PPWDP 2022 they will not qualify for top-ups on the days they are not eligible to bill FFS. If HCS is not informed in a timely manner prior to the issuing of top-up payments recoveries will be sought at a later date.

Questions relating to the content of this newsletter should be directed to Matthew Pinsent by email at matthewpinsent@gov.nl.ca



MCP Newsletter 22-01 ANNEX
Application for FFS Pandemic Physician Work Disruption Program 2022

By completing and signing this agreement, the fee-for-service (FFS) physician agrees to accept an optional payment arrangement during the COVID-19 pandemic event as defined in the “Pandemic Physician Work Disruption Program 2022”.

This agreement is effective retroactively to January 4, 2022, and will remain in effect until February 15, 2022 or such time as the Department of Health and Community Services (HCS) deems that the pandemic health care delivery protocol is no longer necessary.

This policy applies to FFS physicians who are affected by the ‘urgent/emergent’ status currently in place at RHA facilities in Eastern and Western Health. FFS Consultants whose practices depend upon access to a Western or Eastern RHA facility (e.g. internists, surgeons, ER physicians, etc.) are eligible to apply. FFS family practitioners whose practice is derived significantly from work within an RHA facility will also be eligible. This policy also applies to RHA-based locums (who bill FFS) who have worked in the RHA for the last six continuous pay periods. All applications will require confirmation from the respective VP of Medical Services.

Forms must be completed by the physician and submitted directly to their respective Regional Health Authority’s (RHA) Director of Medical Services (refer to list on last page). Applications are to be submitted by February 15, 2022. Retroactive payments to January 4, 2022 will not apply to applications submitted to the RHA after this date as per the Policy.

First Name		Last Name										
MCP Provider (Billing) Number (not College of Physicians and Surgeons Registration Number)												
Specialty												
Home Phone				-				-				
Mobile Phone				-				-				
Email												
Mailing Address (Street or P.O. Box)												
City/Town												
Province		Country					Postal Code					

1. This agreement is guided by the policies and procedures set out in the Physician Work Disruption Program 2022, MCP Newsletter 22-01.
2. Upon submission of this agreement, signed by the physician, the Regional Health Authority (RHA) will review it for completeness. This verification entitles the physician to the 80% guarantee as outlined in the Policy retroactive to January 4, 2022. If necessary, the RHA will meet with the physician to discuss any “additional services” required of the physician. As per the Policy, the physician is required to provide the RHA with information on their availability for “additional services”.
3. If at any time the physician is no longer available for “additional services”, the physician must notify the RHA and the Policy will cease to apply to the physician. It is the responsibility of the RHA to schedule the additional services and to communicate with the physician about these services.
4. If a physician seeks special consideration for no contact with COVID-19 patients, due to legitimate personal health or family circumstances, the RHA will make every effort to accommodate such requests and sign the agreement on this basis. The RHA may seek verification as appropriate. It is recognized that, depending on the requirements of the RHA, these accommodations may not be possible. In the latter circumstances, the physician must decide whether to accept the “additional services” offered or to withdraw from the program and they must notify the RHA of their decision.
5. As per sub-section 10(1) of the **Medical Care and Hospital Insurance Act**, physicians have up to 90 days to submit claims to MCP. Physicians who opt-in for payment top-up under this Policy are encouraged to submit billings in a timely fashion to allow the Department adequate opportunity to calculate, and dispense, the top-up amount.
6. The Department of Health and Community Services reserves the right to reconcile the top-up payments with the amount of a physician’s billings, by service date, during the pandemic period, or after the pandemic period. In the event of overpayments, the Department will recover the funds. Physicians may request the details of their calculation.
7. New applicants, who did **not** participate in the 2020 or 2021 PWDP, may identify concerns they have regarding the calculation of their average billings. Regarding applicants who previously identified concerns about their earnings average from either the 2020 or 2021 PWDP their 2022 PWDP earnings average will continue to reflect the most recent decision rendered. New applicants with an interest in having any of their previous pay periods excluded from the calculation of their average FFS earnings, must list the pay period(s) and the reason for exclusion in the text box below. This information will be reviewed by representatives from the Department of Health and Community Services and the Newfoundland and Labrador Medical Association. Valid reasons to review a physician’s earnings average include: an extended illness, sabbatical, maternity and parental leave, a State of Emergency snow-related closure; or other valid reasons deemed acceptable by the

Department of Health and Community Services.

Physician Signature

Date Signed

RHA Signature (VP Medical Services or designate)

Date Signed

Applications are to be submitted to the Director of Medical Services in your RHA:		
Eastern Health	Janelle Hillier	Janelle.Hillier@easternhealth.ca
Western Health	David Palmer	davidpalmer@westernhealth.nl.ca

Forms must be completed by the physician and submitted directly to the Director of Medical Services in their RHA.

Questions concerning the administration of this Policy within the Department of Health and Community Services should be forwarded to Matthew Pinsent at matthewpinsent@gov.nl.ca.