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Dealing with De-Insurance

As you are all quite aware, effective November 2004, OHIP has de-insured patients between the ages of 20-64. As your practice adapts to these changes over the next few months, your software needs will likely change as well.

We have numerous clients across Canada who are de-insured or have recently gone through the process of de-insurance. As a result, Visual-Eyes[®] should have all of the functionality and features that you will require. I have detailed the options that are available to you in terms of the direct day to day changes de-insurance will have on your practice. If you have any questions about your options, or need more information, please do not hesitate to contact our office. The information I have included about the changes to OHIP's billing codes reflects the information in the Bulletin produced by the Ontario Government.

Invoicing Adults:

You will now need to bill adults for private exams, just as you would have billed out-of- province patients, or extra services for patients. If you are not currently using our invoicing module, I strongly suggest that you contact our office, and arrange to start using it. It will greatly reduce the impact of the increased invoicing, as well as track last visits and last full exam dates. Invoicing also reduces time in cashing out at the end of the day, as well as making A/R tracking much easier.

First, we need to make sure that your private exams are properly setup. This will ensure that you correctly track patients who have been in for private full and minor exams.

- 1) Your invoice exam fees
 - Go into Admin
 - Click on Invoice Codes (Middle of the second column on the Base Module Tab)
 - In your exam category, make sure that all exam related visits have an exam code. If the charge is for a Full or Complete eye exam, make sure this code is "Full". An exam code will cause the "Last Visit" date on the main patient screen to update, if the exam code is "Full" then Visual-Eyes[®] will also update the "Last Priv Full" date.

- 2) Your recalls (you will need a level 10 to access this section)
 - Go into Admin
 - Click on Options (Top Right of the screen)
 - Select the recall tab
 - Make sure either "Prompt for recall after full exam invoice", or "Prompt for recall after all invoice (with exam)" is checked. This will make sure that your staff is still prompted to input a recall when invoicing a patient for a private exam.
 - Exit the options screen to save your changes

Billing Adults:

The basic summary of changes to your OHIP are as follows. Please refer to the attached Bulletin and the Health Insurance Act, Regulation 552 for the complete text. This information can be found at www.e-laws.gov.on.ca/

V405A & V407A will no longer be used after November 1st, 2004

V402A can no longer be used for an Adult between the ages of 20 and 64.

The following new codes have been added for adults ages 20 to 64:

V450A, which is to cover patients who receive income support from the Ontario Disability Support Program Act, 1997 (limited to once every 24 months)

V451A, which is to cover patients who receive income support from the Ontario Works Act, 1997 (limited to once every 24 months)

V409A, which is for a Full Exam based on medical conditions or a valid "request for eye examination requisition"

V408A, which is for a Minor Exam, as a follow up to a previously billed V409A (must have the same ICD9 as the V409A)

The V409A should always be billed if the Optometrist finds glaucoma, cataract, retinal disease, amblyopia, visual field defects, corneal disease or strabismus as a result of their exam. In this situation, the patient should not be billed privately.

To bill a V409A, you must either have a valid ICD9 Code, or a service request for eye examination requisition, with a valid referring OHIP practitioner number. You can either type in the number, or you can select from a drop down list. As your list gets long, if you want to search alphabetically, simply type a * in the field, and a search screen will appear.

The changes you will need to make in Visual-Eyes® to accommodate these changes to your OHIP billing codes are detailed below: (Please make these changes as close to November 1st, as possible, so that adults are not accidentally billed a V409A, when they should be billed a V405A)

- 1) Changes to your Billing Setup (You will need to run the new update to make these changes)
 - Go into Admin
 - Click on Billing Item (Top of the second column on the Base Module Tab)
 - Edit your V405A, and write down the Item Group. Then remove the Min Age, Max Age, and Item Group. You can change the description if you wish.
(Do not delete the whole item, just blank out the age filter and item group.)
 - Create a New item:
 - Billing Code: V409A
 - Gov: Checked
 - Bill To: Blank
 - Description: Major Eye Examination, 20-64
 - Amount: 41.30
 - Min Age: 20
 - Max Age: 65
 - Item Group: 401 (or whatever value you deleted from V405A)

- Create a New item:
Billing Code: V408A
Gov: Checked
Bill To: Blank
Description: Follow Up Minor Assessment, 20-64
Amount: 19.25
- Create a New item:
Billing Code: V450A
Gov: Checked
Bill To: Blank
Description: MCSS Ontario Disability Full Exam, 20-64
Amount: 39.15
- Create a New item:
Billing Code: V451A
Gov: Checked
Bill To: Blank
Description: MCSS Ontario Works Full Exam, 20-64
Amount: 39.15

Because of corrections to V405 & V407 that may still come up, these items should not be deleted until May 1st, 2005, or when all your old claims are paid.

2) Setup your ICD9 Codes (if they are not already done)

- Go into Admin
- Click on ICD9 Codes (Top of the first column on the Base Module Tab)
- Make sure your ICD9 Codes have been inputted, especially the ones listed as required to bill V409A's

3) Adding Practitioner Billing Numbers

(You will receive off your patient's Request for Major Eye Examination Form)

- Go into Admin
- Click on GP/Referrals (Middle of the second column on the Base Module Tab)
- Edit or Add your GP's as needed. The Referral Code should be their billing number, which needs to be 6 digits long. (eg: 68 would be entered as 000068)

When to Invoice:

You will need to decide when to invoice for private exams. This decision is base primarily on "Practice Flow". The most common options and consequences are:

1. Some clinics prefer to invoice & collect their money up front, before the exam. One problem with this method is that if the OD does find something that is billable, then a reverse invoice and refund will be necessary.
2. Other clinics find that they prefer invoicing at the end of an exam, as they will know exactly what the charge will be and whether it will be privately paid or government covered. This eliminates the need for corrections. In established de-insured provinces and professions, this is the most common method.
3. Other clinics bill for the exam on entry, but collect the payment before the patient leaves. This way you do not miss invoicing the patient, but you can still make corrections to the bill (depending on staff user levels), and will not have to refund, if the patient is covered.

Checking you did not neglect to Invoice or billing any patients:

Currently you likely run Show Billing information off of the scheduler at the end of the day to verify that you have not missed billing any of your patients. Because most of your patients will not be billed, a better option is to run the "View Patient Summary" which is also found on the scheduler list. This report will list all the patients for the day, and whether a Billing, Invoice and/or Recall has been created for each patient.

I hope this has cleared up any questions you may have about how to deal with de-insurance. If you have any other questions or concerns, please do not hesitate to contact us.

Anne M.J. Chong