

Facturation^{.net}

New biller guide

General practitioners

A simple start to your new practice!

☎ 1 866 332-2638

🌐 www.facturation.net



About us

Experts in medical billing for more than 35 years, we are recognized for the sound advice we offer to physicians. We support physicians and administrative staff with their medical billing, in addition to being a provider of custom platform and services. With rapid growth and more than 6,500 clients, our experts make it their duty to support and facilitate the lives of family physicians and specialists.

Medical billing is our passion. Demystifying the ins and outs, giving useful tips to physicians and administrative staff, and supporting them in order to optimize billing is part of this passion that drives us.

Together, we are the perfect combination of expertise, technology and people. Our partnership is for real.

Facturation.net, the medical billing expert, year after year. Period.



#1 choice
of general practitioners
and specialists

6 500
doctors count
on us

Organizations of interest

- Fédération des médecins omnipraticiens du Québec (FMOQ)
1 800 361-8499 / info@fmoq.org
- Ministère de la santé et des services sociaux (MSSS)
1 877 644-4545
Stopgap mechanism: 1 800 463-2647 / cnmq@mss.gouv.qc.ca
- Département régional de médecine générale (DRMG)
List of DRMGs, [click here](#).
- Régie de l'assurance maladie du Québec (RAMQ)
1 888 330-3023 / Servicesprofessionnels@ramq.gouv.qc.ca
- Collège des médecins du Québec (CMQ)
1 888 633-3246 / info@cmq.org / Permit Section: extension 4253
- Canadian Medical Protective Association (CMPA)
1 800 267-6522 / inquiries@cmpa.org

Steps at the beginning of practice

Dear new biller, we want to simplify your start of practice by listing the different steps necessary to become a new practice owner.

1. Obtaining your permit to practise and registering with the Ordre du Collège des médecins du Québec (CMQ)
2. Taking out professional liability insurance
3. Selecting a medical billing agency, making initial contact and getting advice
4. Creating a file and registering with the Régie d'assurance maladie du Québec (RAMQ)
5. Incorporation (optional)
6. Obtaining a position under the PREM or choosing stopgap services
7. Joining the special agreement on AMPs
8. Receiving initial training in billing
9. Submitting the Declaration of principal practice in designated territories (if applicable)
10. Choosing a practice setting
11. Adhering to group practice consent and/or GMF (if applicable)
12. Selecting the patient increase method (if applicable)
13. Subscribing to the 500+ patient follow-up commitment (if applicable)
14. Associating with a specialized nurse practitioner (if applicable)
15. Registering for professional liability insurance reimbursement
16. Starting billing
17. Selecting a specialist professional accountant for physicians

Step 1. Obtaining your permit to practise and registering with the Ordre du Collège des médecins du Québec (CMQ)

If you plan to finish your training on June 30 of the current year, you must submit your application for a permit to practise to the Collège des médecins du Québec (CMQ) no later than the May 1st preceding the end of your residence.

1. Complete the *Request for medical registration* form available at www.inscriptionmed.ca;
2. Send the Collège des médecins all the documents required in the form, as well as the cheque relating to the application for a permit to practise;
3. When you receive your permit number, complete the *First registration form on the board of the Ordre* through the CMQ's online services.

Your permit will be sent to you no later than one week before the scheduled end date of your training.

Step 2. Taking out professional liability insurance

You absolutely must obtain professional liability insurance when starting practice. The insurance you benefit from during your residency ends when you have completed your training.

We recommend that you contact the Canadian Medical Protective Association (CMPA) by phone, fax or email.

* It is suggested that you begin the process at least one month before the end of your training, to ensure that you are covered from the start of your practice.

Step 3. Selecting a medical billing agency, making initial contact and getting advice

You have three options for managing your medical billing:

1. billing platform;
2. a medical billing agency;
3. your medical secretary.

Medical billing is a very complex process with many nuances. There are also pitfalls that could lead to investigations and sanctions by the RAMQ. You should have everything at your fingertips in order to truly master the process.

Step 4. Creating a file and registering with the Régie d'assurance maladie du Québec (RAMQ)

As soon as you register with the Collège des médecins du Québec (CMQ), the RAMQ will send you your professional number and reference number for your registration for online services by mail within 7 to 10 working days.

When you have obtained your permit number, the Collège des médecins will forward the information to the RAMQ. The RAMQ will send you a letter with a PIN (personal identification number) that you can use to register online for fee payment services.

To complete your registration, you must follow these steps:

1. click on *Je m'engage [I agree]*;
2. check that your personal information is accurate and correct it if necessary with your professional association;
3. enter your correspondence details (your personal address), which is where we will communicate directly with you by letter (this information will remain confidential);
4. indicate your practice contact details, that is, those of your main practice location (this information will be public);
5. mention the method of payment (cheque or bank transfer) you want for your fees;
6. Specify:
 - a. how your fees are billed (e.g., billing platform);
 - b. the method for transmission of your statements (by telecommunication only if processing is done on Facturation.net);
 - c. if applicable, enter the contact information related to the latter method (the transmission number of Facturation.net is AGP65399).

Your registration is done instantly on the RAMQ website, whereas for registration using forms, the processing time is 4 to 6 weeks.

Step 5. Incorporation (optional)

Incorporation is not mandatory, but it offers two advantages:

- tax deferral through a corporation, as the tax rate is advantageous on operating income;
- income splitting, in particular the payment of a dividend to a spouse and adult children which makes it possible to benefit from lower tax brackets.

To find out more, we recommend that you analyze your financial situation with your accountant.

The steps to incorporate are as follows:

- create the company with the Registraire des entreprises du Québec and wait for the certificate of incorporation;
- contact your professional liability insurer (CMPA) to inform them that you will practise your profession within a corporation;
- send the *Declaration form to be authorized to practise the medical profession in a corporation* to the Collège, the copy of the certificate of incorporation (step 1), the copy of confirmation from the CMPA (step 2), as well as a cheque for administrative costs;
- create a bank account in the name of the company;
- wait for the confirmation letter from the Collège des médecins;
- complete the following forms and send them to the RAMQ with the confirmation of the letter from the Collège des médecins and a specimen cheque:
 - Form 2404 - *Request for accreditation and information for computerized billing*;
 - Form 2788 - *Mandate - Commercial data processing agency*;
 - Form 2914 - *Authorization of payment by bank transfer*;
 - Form 3004 - *Mandate of health professionals authorizing the Régie to pay its fees to the order of a third party*;
 - Form 3005 - *Mandate of health professionals authorizing a third party to sign their statements of fees or their requests for payment*;
 - Form 3006 - *Application for an administrative account and notice of group or partnership practice*.

Step 6. Obtaining a position under the PREM or choosing stopgap services

Before starting your practice, you must obtain a notice of compliance with the regional medical staffing plans (PREM) for your future practice region. PREMs aim to ensure greater equity of access to medical services for the population.

To obtain a notice of compliance, you must:

- check which regions offer places to new billers;
- complete the notice of compliance application form;
- indicate the sub-territory(ies) of the region where you wish to practise;
- specify the date on which you wish to settle in this region.

Obtaining this notice of compliance implies a commitment from the physician to maintain the majority of their practice, i.e. 55% or more of their billing days, in a sub-territory of this region.

* A day is considered as a day when the physician has billed at least \$523

* A half-day is considered as a day when the physician has billed between \$261.50 and \$523.

If this agreement is not respected, the physician commits to a financial reduction of 30%, applicable to all of his/her remuneration.

Step 7. Receiving initial training in billing

An initial invoicing meeting allows you to learn the principles of billing, whether it be:

- procedures and techniques;
- rules of application;
- letters of agreement.

You will also receive sound advice on how to see your patients to optimize profitability and optimize your billing.

Tools to help you with your billing are also provided to help get your practice off to a good start.

Step 8. Submitting the declaration of principle practice in designated territories (if applicable)

Physicians practising in designated territories are entitled to an increase in the retention of remuneration. To obtain this rate, the physician must ensure that the annual declarations are completed with the RAMQ.

Complete Form 3789 - *Declaration of continuing principal practice in designated territories - Different Remuneration - Schedule XII - FMOQ.*

Step 9. Joining the special agreement on AMPs

All family physicians who practise under the Quebec public health insurance plan are covered by the commitment to devote part of their practice to specific medical activities (AMP). The number of AMP hours a physician must respect depends on the number of years of practice. Physicians with less than 15 years of practice must commit to 12 hours of AMP per week or the equivalent for a total of at least 132 hours per quarter.

Once you have obtained your notice of compliance with the PREM, you must join the AMPs in your region of practice. For example:

- emergency services;
- palliative care;
- obstetric care.

If this agreement is not respected, the physician commits to a financial reduction of 30% applicable to all of their remuneration.

Step 10. Choosing a practice setting

In your region of practice, you must be hired by a healthcare facility to practise there.

You must read your remuneration agreement, your method of remuneration, as well as your letters of agreement.

Step 11. Adhering to group practice consent and/or GMF (if applicable)

A physician who practises in a family medicine group (GMF) may benefit from the rate for the visit scheduled for a vulnerable patient or, as the case may be, from the liability package in group practice. They must:

- be part of the practice group at the patient registration site;
- complete Form 4060 - *Family Medicine Group and Group Practice*;
- exercise in the practice group and have registered and monitored at least one vulnerable patient at this site.

Step 12. Selecting the patient increase method (if applicable)

There are several ways to build up your patient base, such as:

- registering your patients one at a time during their care, whether or not they are assigned to you by the Family Physician Access Centre (GAMF);
- accepting the bulk transfer of patients from a physician who moves, retires, changes practice or dies (Letter of Agreement No. 304). The transfer must be a minimum of 50 patients and allows patients to keep their usual place of follow-up. Please note that Form 4381 must be sent to the RAMQ at least 30 days before the transfer begins;
- requesting the allocation of a batch of orphaned patients without a first intake visit.

Letter of Agreement No. 321 allows the registration of a set of patients without the need to carry out a medical examination for this purpose. Complete Form 4381 - *Transfer agreement for the en bloc management of registered patients*. The patient is then deemed to be registered when the transfer is confirmed by the RAMQ and treatment can take place subsequently, within 12 months of the transfer for a vulnerable patient, or within 36 months for a non-vulnerable patient. If the patient is not seen within this period, the patient is re-registered with the GAMF on their initial registration date.

New billers can take advantage of this within 12 months of obtaining their permit to practise if they agree to take a minimum of 100 weighted patients, up to a maximum of 1,500 weighted patients. Note that patients transferred with Letter of Agreement No. 304 also count towards this calculation.

Other physicians (physicians already in practice) can take as many patients as they wish.

Physicians wishing to enroll patients via Letter of Agreement No. 321 and No. 304 should contact the coordinator of their Local Service Network (RLS).

At the time of the first examination or the first clinical intervention resulting in the patient's first care visit, the physician can also take advantage of the additional care. Registration must be changed to a registered patient when taking over a transferred patient.

Step 13. Subscribing to the 500+ patient follow-up commitment (if applicable)

The nomenclature for offices, homes, CLSCs and GMF-U provides for different and increased pricing depending on the number of patients registered with a doctor (\pm 500 registered patients).

It is possible, during the first 12 months after obtaining the permit, to benefit from enhanced pricing without counting 500 registered patients.

To benefit from it, the doctor must commit to the DRMG to register 500 patients the first year of practice.

This is done by sending their written commitment to the RAMQ and DRMG.

Step 14. Associating with a specialized nurse practitioner (if applicable)

You can sign a partnership agreement with a specialized nurse practitioner if your establishment adheres to the Letter of Agreement No. 229. By doing so, you authorize them to render medical services to your patients on your behalf. Remuneration may apply if you participate in the services.

Step 15. Registering for professional liability insurance reimbursement

The RAMQ reimburses part of the liability insurance portion each year.

Complete Form 2904 - *Request for reimbursement relating to professional liability insurance*.

You must send the RAMQ your 1st CMPA reimbursement statement to automatically receive a reimbursement in February, May, August, November, etc. Reimbursement is always made in the physician's personal finances.

Step 16. Starting billing

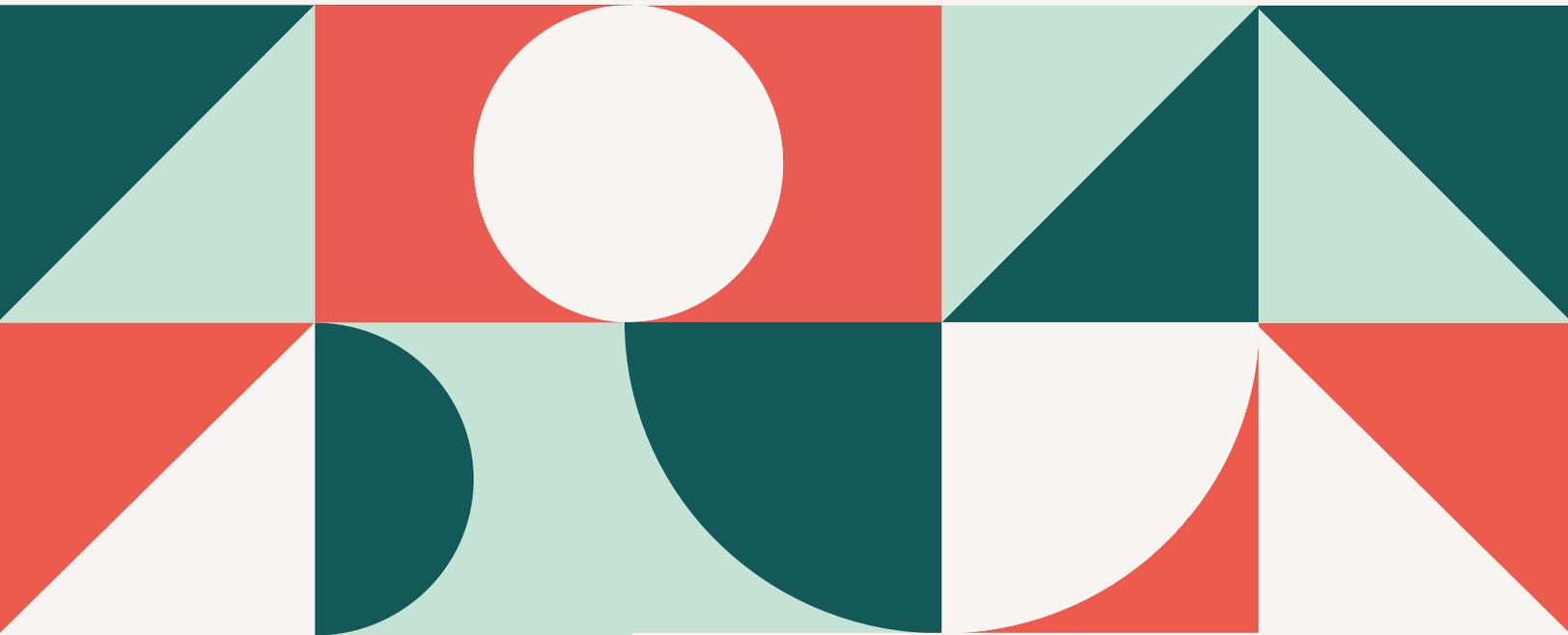
To bill the Régie de l'assurance maladie du Québec (RAMQ), the doctor must:

1. hold a permit to practise from the Collège des médecins du Québec;
2. have a professional number;
3. be entered on the roll of the Ordre;
4. be registered with the RAMQ

The billing methods (per procedure, hourly or mixed rate), the procedures and the billing codes are designed according to the type of activity, the clientele and the places of practice.

Step 17. Selecting a specialist professional accountant for physicians

During the first year, you should choose an accountant who specializes in physicians. It is important to choose an expert in the medical field to provide you with sound advice.



Discover billing

Billing deadline

The physician has a period of three months (90 days) following the date on which the covered services were provided to submit the billing to the RAMQ. Any claim submitted after this deadline will be automatically refused by the RAMQ, unless the RAMQ modifies this deadline or authorizes billing after the deadline. These exceptional measures can occur when a request for exemption is accepted, when a newsletter mentions that the deadline has been changed, or when a retroactive change is announced by the RAMQ.

Payment by the RAMQ

The RAMQ makes payments within 45 days of receipt of claims. Payments are made by direct deposit.

RAMQ period

A period is a sequence of two weeks, from Tuesday to Monday. To view the billing period calendars, [click here](#).

RAMQ cut-off

The RAMQ cut-off dates are every other Monday. You can find the calendar with the deadlines on the RAMQ website page

RAMQ verification

The RAMQ may request supporting documents to assess billing compliance. It is important to take sufficient notes in each patient chart. The doctor must keep the records of their billing for five (5) years in the event that supporting documents are requested. If the RAMQ does not receive the requested supporting document within the requested timeframe, it will not be able to complete assessment of the invoice, which will result in its partial or complete refusal of payment.

RAMQ exemption

The RAMQ may exceptionally allow you to make payment requests beyond the billing deadline (90 days). This special permission should be used with care, since you must be able to prove to the RAMQ the reason for exceeding the deadline and the impossibility of acting sooner. This impossibility must be completely outside the physician's control or for serious reasons.

Billing with the RAMQ

A physician has three options for managing their medical billing.

Autonomous billing management

You are fully responsible for everything related to medical billing. This applies whether it concerns data entry, processing of account statements, re-invoicing, analysis of new newsletters, etc.

To give you an example:

- in 2020, there were 72 newsletters, including a major one concerning COVID billing;
- in 2019, there were 84 newsletters;
- in 2018, there were 99 newsletters.

All these newsletters changed the rules and ways of billing.

You must also choose optimal billing platform with frequent updates in line with RAMQ changes.

Management by the secretary

You are fully responsible for your secretary who does your billing. This applies whether it concerns data entry, processing of account statements, re-invoicing, analysis of new newsletters, etc.

Here are the main errors observed:

- patient sharing not completed;
- registrations not completed or having errors;
- billing/rebilling time limit exceeded;
- contexts of uncapping of forgotten CI;
- practice fees forgotten;
- patient procedures/packages forgotten;
- overbilling of procedure or package codes;
- non-compliance with billing rules.

Management by a billing agency

There is then a division of responsibility between you and the billing agency. You are responsible for sending the necessary information to your agency. The agency modifies, controls and optimizes your invoicing in accordance with RAMQ rules.

In other words, the billing agency takes care of data entry (optional), processing account statements, rebilling and analysis, and notifies you of the changes announced in the newsletters.

The billing agency makes sure to give you the appropriate training to guide you in how to bill your payment requests. It will give you advice according to your practice and will provide support and follow-up to make sure your billing is in compliance.

Managing your medical billing is a personal choice that must take into account the risk of investigations and penalties imposed by the RAMQ.

Offer for residents

6 months free

Training and support at the beginning of your practice

Free service during your fellowship and moonlight



Investigations and audits by the RAMQ (Bill 92)

Power of investigation

The power of inspection enables the Régie to request any information or document from any person concerning the activities or functions of a health professional or a provider of insured services. The Régie may require any document or information contained in the chart of an insured person while ensuring the confidentiality of this information.

The Régie may apply to the Superior Court for an injunction to put an end to practices that contravene a provision of the laws it is responsible for applying.

The limitation period is 5 years for non-compliant services and 10 years for services not rendered, falsely described or not insured.

Fines for a repeat offence can go up to \$150,000.

The Act provides for fines (\$1,000 to \$10,000) to anyone who aids or encourages a person to obtain or receive a benefit, in particular a brand-name drug, to which they are not entitled under this Act or provides information that they know to be false or inaccurate. In the event of a repeat offence, the fines provided for by law may be doubled.

Here are examples of reimbursements following investigations and inspections by the RAMQ in 2020.

	Visit, examination or consultation (reimbursement amount)			
General practitioners	\$100,173	\$314,052	\$106,895	\$204,334
	\$111,685	\$253,764	\$403,240	\$74,676

Medical clinic	Reimbursement amount
Patient care	\$104,595
Billing of insured services	\$1,410
Overbilling when the health insurance card is not presented	\$2,000
Transcription error	\$8,232
Non-compliant rebilling	\$40,861
Overbilling of codes	\$71,704

Administrative monetary penalties

The RAMQ now imposes a financial penalty (administrative monetary penalties) on any amount that may be owed to it by a health professional in certain specific situations.

The main factors that may be taken into account in determining the application of an administrative monetary penalty (AMP) include, but are not limited to, the following:

- the nature of the irregularity, fault or failure;
- its repetitive nature;
- its cumulative character;
- the history of payment requests from the healthcare professional, service provider or third party;
- any other contextual element in the file.

Classification	Case in point	AMP 10%	AMP 15%
Non-compliance with laws, regulations or agreements	Inappropriate billing of a procedure code Unjustified aid replacement Dispensation of ineligible assistance	☑	
Not provided, not insured, falsely described	False description in billing Billing for a service not rendered Billing for a product or goods not supplied Billing without obtaining the prescription or on an invalid prescription		☑
Payment obtained from a person insured against LAM	Billing incidental to a service to an insured person Billing for a package Billing for fees that provide privileged access		☑
Not medically required	Billing for a service not required Billing for a service rendered more frequently than necessary		☑

The Régie advises in writing of the irregularity, fault, breach or act complained of and of the AMP that may be imposed.

To note

What has to be remembered from Bill 92 is that underbilling does not protect you from an audit or investigation. These are often caused by a report from a colleague, nurse or secretary. Audits are also frequently triggered by a significant disparity in billing between physicians within the same practice location.

How does Facturation.net become your official partner in your medical practice?

A billing expert provides you with support throughout your career. The advisor associated with a physician's file provides advice adapted to your practice.

Training

First of all, meetings with your advisor allow you to demystify billing according to your situation.

These meetings at the beginning of a practice help you to understand the RAMQ agreements and:

- know what to do;
- when to do it;
- why;
- how;
- how much it pays.

Advice is also provided to help prevent RAMQ investigations and audits. At the end of the meetings, you will have a good understanding of the various pitfalls to avoid when billing.

Training is unlimited to ensure that you are familiar with all the specifications of your billing agreements.

Optimization

A billing expert allows you to be paid what you are entitled to. A complete analysis is done periodically to ensure that you have fair billing according to:

- a comparative analysis of the different methods of remuneration;
- client-patient management;
- a choice of the best day-to-day billing scenarios;
- a review of the legality of billing;
- personalization of information gathering mediums;
- management of service notices and mandatory links with the various hospital stakeholders:
 - DSP;
 - authorized signatory;
 - administrative staff.

Billing

There are several elements in your billing that should not be overlooked:

- procedures;
- hourly rate;
- mixed remuneration;
- per diem;
- travel;
- training;
- hospital insurance;
- outside RAMQ;
- leadership packages;
- on call;
- and much more.

Audits

Your advisor analyzes your entire statement of account, and makes the necessary changes. He takes care, among other things, of:

- rebilling;
- requests for revisions;
- monitoring the processing of requests for exemptions.

RAMQ submissions

Your billing is guaranteed to be sent to the RAMQ according to the pre-established deadlines and guarantees you payment every two weeks.

An advisor makes sure to communicate with you if there is any missing information for fair invoicing and makes sure that there are no inadmissible invoices.

Reconciliation of payments

A quality check is done to ensure the correct payment for your billing.

Career

Whether in your professional or personal life, your advisor supports you to offer you the best advice in terms of billing.

- Personal life
 - Maternity
 - Leave
 - Illness
 - Retirement
- Professional life
 - Moonlight, fellow
 - Change in practice
 - Retirement
 - Method of remuneration
 - AMP
 - According to type of practice or establishment
 - New agreements
 - Newsletter
 - Training
 - Adaptation of billing tools
 - Monitoring and optimization of the new agreement
 - Investigations
 - Audits

"Understanding and friendly, Facturation.net experts have helped us navigate the complex rules of billing during COVID. Well done!"

*Dr Martin Louis Bernier
Cardiologist*

The three main methods of remuneration

There are three methods of remuneration for physicians depending on the institution, letters of agreement, etc.

Fee-for-service

For each patient seen by a doctor, a payment request must be sent to the RAMQ specifying the medical procedures performed.

The billing methods vary according to several criteria, which explains the price increases on procedures.

This method of remuneration is possible in practices, institutions and at home.

Hourly rate remuneration

Remuneration is based on hours of practice and not on medical procedures. Billing is done with Form 1215 and different activity codes are used depending on the nature of the service and the activities carried out during these hours. All times must be approved by an authorized signing officer of the establishment, and the original signed forms must be kept for RAMQ audit purposes.

This method of remuneration is only available in institutions and a service notice must be sent to the RAMQ to give entitlement to this method.

Mixed remuneration

This remuneration combines fee-for-service and hourly rate remuneration. The hours of activities are billable with base packages, packages according to the activities carried out and additional fees for the medical procedures performed.

This method of remuneration is often chosen in GMF-U's, where teaching physicians sometimes see fewer patients. This mode may be used in institutions under different programs, and a service notice must be sent to the RAMQ to give entitlement to this mode.

Billing for medical services

For the transmission to the RAMQ of the medical services performed, the following elements are important.

Patient information

To be reimbursed for services rendered to a patient, the doctor must have the health insurance number (HIN). The health insurance card must be valid to ensure payment.

Exceptions:

- a child under one year of age;
- an eligible patient with an expired HIN requiring urgent care;
- claims outside the RAMQ.

Place of service

The place of service is the location where a doctor provides a service. A five-digit number establishes the place in question and breaks down as follows:

- the first digit represents the institution category;
- the three digits in the centre constitute the institution number;
- the last digit corresponds to the category of care units in each institution.

Here are some nomenclatures:

- Hospital Centre (0XXXX)
 - Outpatient clinic (0XXX1)
 - Short-term geriatric unit, URFI (0XXX2)
 - General and specialized care unit (short term) (0XXX3)
 - Residential and long-term care unit (0XXX4)
 - Coronary unit (0XXXX6)
 - Intensive care unit (0XXX6)
 - Emergency clinic (0XXX7)
 - Department of Psychiatry (0XXX8)
 - Palliative care unit (4XXX0)
 - Chronic pain centre (4XXX1)
 - Clinical decision unit (4XXX7)

- CHSLD
 - Long-term care unit (accommodation) (0XXX4)
 - Public accommodation (1XXX5)
 - Private accommodation (2XXX3)
- Clinic
 - Medical clinic, GMF, GMF-R, GMF-U (5XXXX)
- CLSC
 - CLSC (9XXX2)
 - CLSC dispensary, social pediatric centre and certain specific care settings (8XXX5)

Billing codes and related circumstances

Billing codes vary by practice area. Your billing advisor offers you training on the use of billing codes according to your different agreements and will offer you tools customized to your needs.

Context elements

Context elements are used to describe the context in which a service has been rendered. This context identification makes it possible to determine the calculation correctly according to the agreements, or to justify the context in which the procedure was performed.

- General: These elements specify in what context or under what agreement all the services were rendered. Example: Walk-in period
- Service: These elements specify the context of a service. Example: Different session from another service given to the same patient on the same day.

Diagnoses

The medical diagnosis of the patient according to the CIM-9 and CIM-10 classification system is not mandatory, except in certain situations. It is strongly recommended to apply it, because organizations and institutions such as Public Health use this information for statistical purposes, research and public awareness campaigns.

Start time

Registration of the time of service allows certain surcharges to be applied. It is recommended to specify the start time of services, but without it, the service will be paid at the base rate. In some situations, the actual start time is mandatory.

Sessions

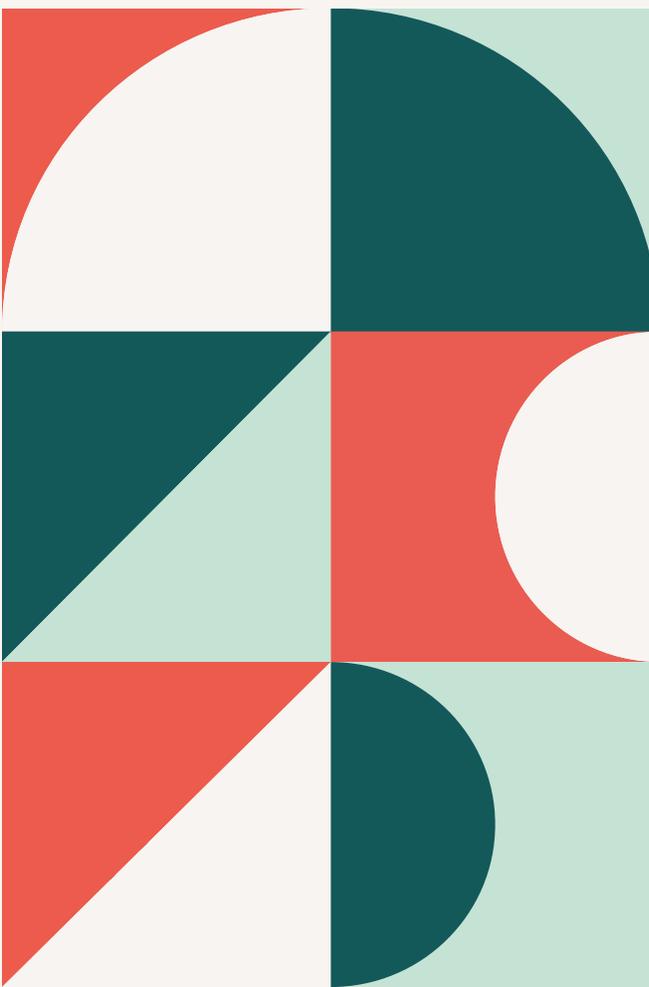
A session is a period of time devoted to a patient. In cases where the same patient was seen in the same place and on the same day, the context element “different session” must be indicated. This is particularly important in order to prevent the RAMQ from considering your billing as duplicate, even if the hours of service are different.

Supervision of externs and residents

A doctor who carries out medical training and supervision activities is remunerated for these activities. To take advantage of this package, the doctor must perform supervision for a minimum of three and a half hours (3hr 30 min).

Billing must include the identification number of the extern or resident:

- Extern: Number assigned by the College starting with the letter E and followed by eight digits (e.g.: E12345678);
- Resident: Number assigned by the College starting with the letter R and followed by five digits (e.g.: R12345)



“Facturation.net has taken over my data entry and now I’m free of it. My advisor answers my questions quickly. You take care of the RAMQ changes. I feel privileged to have you.”

Dr. Marc Afilalo

*Director of the Department
of Emergency Medicine*

How to bill properly

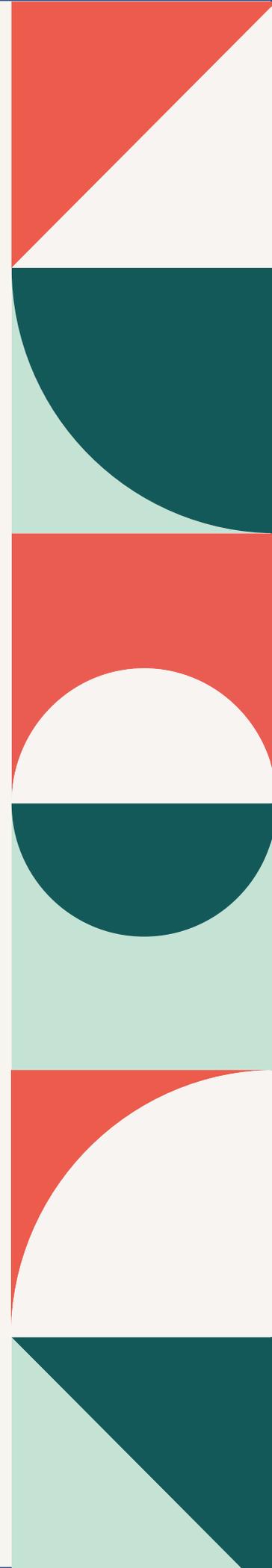
The first key step is to choose a method of remuneration by place of practice.

Billing for general practitioners is the most difficult with the RAMQ. Each type of practice leads to different possibilities in terms of billing. In addition, each sector has its own codes according to their own specific agreements and letters of agreement that complicate billing. The method of remuneration is often personal to each doctor and depends on the particularities of the clientele (heaviness, flow), the institution and the doctor themselves.

The second step after choosing the method is knowing the billing agreements and rules for your location and type of practice (office, emergency, hospitalization, etc.).

The last step is to check the payments received from the RAMQ and to carry out reconciliation, rebilling and revision if necessary. A certain vigilance is required in this step, because the RAMQ can make mistakes and refuse procedures when they are not justified. Sometimes decisions have to be challenged in order to obtain certain payments.

Of course, depending on your initial choice between taking care of your billing yourself or entrusting everything to an agency, and depending on the latter's skill level, these three steps will vary in terms of administrative tasks and complexity.



Registration of clientele

Enhanced pricing

A physician who has 500 or more patients registered in their name on the first day of the month preceding an application quarter may take advantage of enhanced pricing.

- July 1 to September 30 (reference date: June 1);
- October 1 to December 31 (reference date: September 1);
- January 1 to March 31 (reference date: December 1);
- April 1 to June 30 (reference date: March 1).

A physician who has held a permit to practise from the Collège des médecins du Québec for less than a year can take advantage of enhanced pricing, if they agrees with their DRMG to take charge of and follow up at least 500 patients at the end of four completed quarters.

Group practice

Group practice consists of a group of doctors practising in the same site. This group allows all of its members to bill different visit codes when a physician sees vulnerable patients enrolled with a colleague in the same group. This principle is also commonly called "patient sharing".

The request for consent to group practice must be sent to the RAMQ.

Transfer for en bloc intake and follow-up of clientele

A physician may accept a transfer of patients from a physician who is no longer monitoring them. To do this:

- the number must be between 50 and 1,000 patients;
- transferred patients must be registered with the family doctor who transfers their clientele;
- the doctor cannot select the patients he agrees to take care of.

The Transfer agreement form for the en bloc management of registered patients - Letter of agreement No. 304 must be sent to the RAMQ at least 30 days before the date of the transfer.

Packages and supplements

The doctor who actually takes the registration of patients can benefit from supplementary packages.

General registration package

- Package for intake and follow-up of GMF clientele;
- Supplement to the periodic examination of a child aged 0 to 5 years.

Vulnerable clientele

- Annual package for the care of vulnerable clients;

- Responsibility package for a monitored and registered vulnerable patient.

Obstetrical clientele

- Pregnancy management exam;
- Supplement to the pregnancy management exam;
- Supplement to pregnancy follow-up exam;
- Supplement for temporary care;
- Supplement for temporary care (physician member of a GMF).

Patients without a family doctor

- Supplements for the first examination, the first visit or the first clinical intervention by appointment or with adapted access made during the care of a patient without a family doctor

Priority intake of certain clienteles

- Institutional discharge of an admitted patient

Other compensation or efficiency measures

- Practice costs
- Supplement to the volume of registered patients
- Supplement for multi-discipline practice
- Office fees related to the use of an electronic medical record (EMR)

Register of consultations

The registration of consultations in the register maintains the active status of registered patients and has a direct impact on the payment of the following packages:

- general registration package;
- annual package for the care of vulnerable clients;
- supplement to the volume of registered patients;
- supplement for multi-discipline practice.

This register is only necessary for physicians who have chosen a payment method that does not include fee-for-service, thus making it possible to identify the patients seen.

Other billings

Conferences and resourcing

For physicians practising in a region provided for in Schedule 12, the agreement provides for 10 days (for the first year of practice) or 20 days (for subsequent years) annually during which they can be paid for their participation in training or professional development conferences. Unused days can be carried over to the following year. In order to obtain reimbursement from the RAMQ, the physician must send confirmation of attendance and the duration of the training.

A doctor who participates in a refresher training stay is entitled to reimbursement of the following expenses:

- the compensatory amount per day;
- reimbursement of return transport costs from the place of residence to the location of the training (maximum 2 days [for the first year of practice] and 4 days [for subsequent years]);
- the daily amount for the package allowance covering subsistence expenses such as accommodation, meals and other expenses.

For physicians practising in a region that is not part of Schedule 12, they may claim a compensatory amount for a maximum of 7 days per year if they participate in training or a professional development conference. These days cannot be carried over to the following year.

For teaching physicians in GMF-U, additional training/development days are available.

Private billing

Physicians can be paid for services rendered in Quebec to residents of other provinces or territories in one of the following ways:

- Billing the patient for services rendered without obligation to respect the usual RAMQ rate. A detailed receipt must be given to the patient so that they can be reimbursed by the insurance of their province of origin, or;
- Billing the province of origin using the Out-of-Province Claim for Medical Services form. The professional then agrees to be reimbursed at the rate of the other province or territory if the fees claimed are higher. It is preferable to use the procedure codes generally used in Quebec, but there is no obligation to respect Quebec rates.

Increase for unfavourable hours

Doctors working evenings, weekends and holidays may benefit from an increase according to different application methods.

Here are some examples of increases:

Location	Monday to Thursday from 6 p.m. to 10 p.m., except public holidays	Friday from 6 p.m. to 10 p.m., except public holidays	Weekend and public holiday from 8 a.m. to midnight	Weekend and public holiday from 8 a.m. to midnight (SRV in GMF-R)
Fee-for-service in office, home, GMF-U, CLSC	16%	26%	26%	33%
Hourly rate in GMF-U, CLSC	16%	26%	26%	33%
Mixed in GMF-U, CLSC	25.17%	40.89%	40.89%	51.9%

Location	Monday to Thursday from 8 p.m. to midnight, except public holidays	Friday from 8 p.m. to midnight, except public holidays	Weekend and public holiday from 8 a.m. to midnight	Every day from midnight to 8 a.m.
Emergency at hourly rate, fee-for-service	16%	26%	33%	16%
Patient admitted, fee-for-service	13%	23%	23%	30%
Patient admitted, hourly rate	16%	23%	23%	13%
Short-term, outpatient clinic, fee-for-service	13%	23%	23%	N/A
Geriatrics, mixed	23.03%	40.75%	40.75%	N/A
Palliative care, mixed	23.84%	42.17%	42.17%	N/A
Long term, mixed	22.63%	40.03%	40.03%	N/A
Rehabilitation	19.77%	34.98%	34.98%	N/A

Family medicine group (GMF) packages

A doctor practising in a GMF can benefit from supplementary packages:

- Package for remuneration of the doctor in charge;
- GMF operating activities.

Institutional packages

A doctor practising in an institution can benefit from supplementary packages:

- Package for the doctor in charge or head of department;
- Package for a doctor on call on standby.

Travel expenses

The stopgap mechanism aims to support the lack of medical personnel in a facility, more particularly in the following sectors of activity:

- Front-line emergency service;
- Acute care unit;
- Anesthesia;
- Obstetrics.

When a physician travels in connection with covered services rendered and provided for in their agreement, they may be reimbursed for the following expenses:

- Transport costs
 - Personal vehicle: \$0.46 per kilometre & parking
 - Rented vehicle: vehicle rental & gasoline
 - Bus
 - Taxi
 - Train
 - Ferry
 - Plane
- Travel time
 - Compensation for travel time is granted up to a maximum of 9 hours for the outward journey and 9 hours for the return
- Unexpected waiting time
 - For example: a flight delay or bad weather
 - Maximum of 9 hours per day (including travel time)
- Living expenses
 - Hotel charges if the doctor was unable to travel in the same day
 - Meals

Billing in remote areas

Physicians practising in designated territories are entitled to an increase in the retention of remuneration. To obtain this rate, the physician must ensure that the annual declarations are completed with the RAMQ. A region is considered remote when it is not part of a city with a university institution (Montreal, Sherbrooke and Quebec City).

Increases of up to 145% will vary according to the framework agreements:

- 75% of the total practice is carried out in designated territories;
- Less than 75% of the total practice is carried out in designated territory;
- In a stopgap situation:
 - 115% of the base remuneration for the services provided within the framework of the stopgap service depending on the sectors;
 - 120% of the base remuneration for the services provided within the framework of the stopgap service depending on the sectors.

Incentives for practising in remote regions are also put in place for practice in designated and non-designated territories:

- remoteness or isolation premiums;
- exit costs;
- moving expenses;
- reimbursement of the doctor's contribution to professional liability insurance;
- continuing training costs and related travel/accommodation expenses.

"I'm very happy with the service and proximity of my advisor. It takes away all the hassle of RAMQ updates. I recommend your team for their experience, speed and security."

*Dr. Marie-Hélène Gagnon
Family doctor*

How do I choose a billing agency?

Agency reputation

- In what year was the billing agency founded?
 - Facturation.net was founded in 1984 and affiliated with Médijuris, which was founded in 2008.
- How many clients use the agency's services?
 - More than 6,400 physicians use Facturation.net services in Quebec.

Expertise of the agency and advisors

- How many employees work in the agency?
 - More than 130 employees work at Facturation.net, ensuring that your billing is carried out without delay, regardless of the circumstances.
- What is the team's expertise?
 - Working every day to be recognized as an employer of choice, our employees are stable and many have been with us for more than ten years. We firmly believe in career management and we support them in their professional and personal development in order to always serve you better.
 - Facturation.net's expertise comes from a team of more than 130 dedicated people. Each employee is asked to share their different experiences and specializations. The culture of collaboration and adaptability is essential in order to promote the professional development of each employee.
 - A lawyer by training, Mr. Nicolas Bellemare has been present throughout Quebec in the field of medical billing for nearly 27 years. Instigator of several successes in medical billing, he is recognized as an expert speaker in Quebec. He has presented and continues to present to several associations of medical specialists, and groups of family doctors; he is a member of certain tariff committees and has provided training to hundreds of medical residents since the beginning of his practice. He regularly collaborates in contentious cases before the RAMQ for various stakeholders. Today, he has the privilege of being an expert, trainer and mentor for the large medical billing team at Facturation.net.
- What are the agency's fields of expertise?
 - Each employee obtains basic training in medical billing, but participates in continuing education in the medical field, in medical billing, as well as in the legal field.

Customer service

- Is free training available at any time?
 - Facturation.net advisors offer you the amount of training sessions you need to have billing mastered at your fingertips. Training and refreshers can be requested at any time.
- Is access to a billing advisor available at all times?
 - Facturation.net advisors are available at all times, with a maximum delay of 24 hours for a response.
- Is it possible to speak to an advisor by email, phone or face-to-face?
 - You can access your advisor any way you like, whether by email, secure messaging, phone or even in an in-person meeting.
- Is the advice personalized to the practice?
 - The advice obtained from Facturation.net is always personalized to your practice.
- Is it possible to change my service plan?
 - You can change the service plan at any time to have a service that matches your needs.
- Are there any communications about RAMQ newsletters?
 - When a RAMQ newsletter is released, a committee analyzes it to quickly present you with the important elements affecting your billing.

Billing platform

- Is the platform easy to use?
 - The billing platform is developed with the aim of being quick and easy to use.
- Does the platform have validations?
 - The billing platform has several validations to ensure good billing compliance.
- Does the platform have regular updates and adapt quickly to RAMQ newsletters?
 - When a RAMQ newsletter requires validations, code additions, etc., the billing platform will respond quickly to new developments.

Value-added services

- Are there complementary services?
 - Facturation.net offers accounting services specially designed for you:
 - Management of practice plans;
 - Distribution according to the rules of your "pool";
 - Management of annual budgets and expenses;
 - Collection of physician contributions;
 - Complete bookkeeping.

"Facturation.net offers impeccable and personalized service that frees me from administrative tasks. User-friendly and intuitive, the web platform is versatile and I can use it anywhere. I highly recommend Facnet!"

*Dr. Theodore H. Wein
Neurologist*



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