

Facturation^{.net}

New biller guide

Specialists

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 spécialistes du Québec (FMSQ)
1 800 561-8499 / info@fmsq.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. Receiving initial training in billing
7. Submitting the Declaration of principal practice in designated territories (if applicable)
8. Choosing a practice setting
9. Registering for professional liability insurance reimbursement
10. Starting billing
11. 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. Submitting the declaration of primary practice in designated territories (if applicable)

Physicians practising in designated territories are entitled to an increase in base remuneration of between 7% and 45%. To obtain this rate, the physician must ensure that the annual declarations are completed with the RAMQ.

To make your initial declaration, your annual renewal or to inform us of a change of location of primary practice, you must complete the *Declaration of Primary Practice Area - Different Remuneration* form. This form is available on the RAMQ's online services.

For information on billing in remote areas, refer to page 27 of the guide.

Step 8. 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 9. 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 10. Starting billing

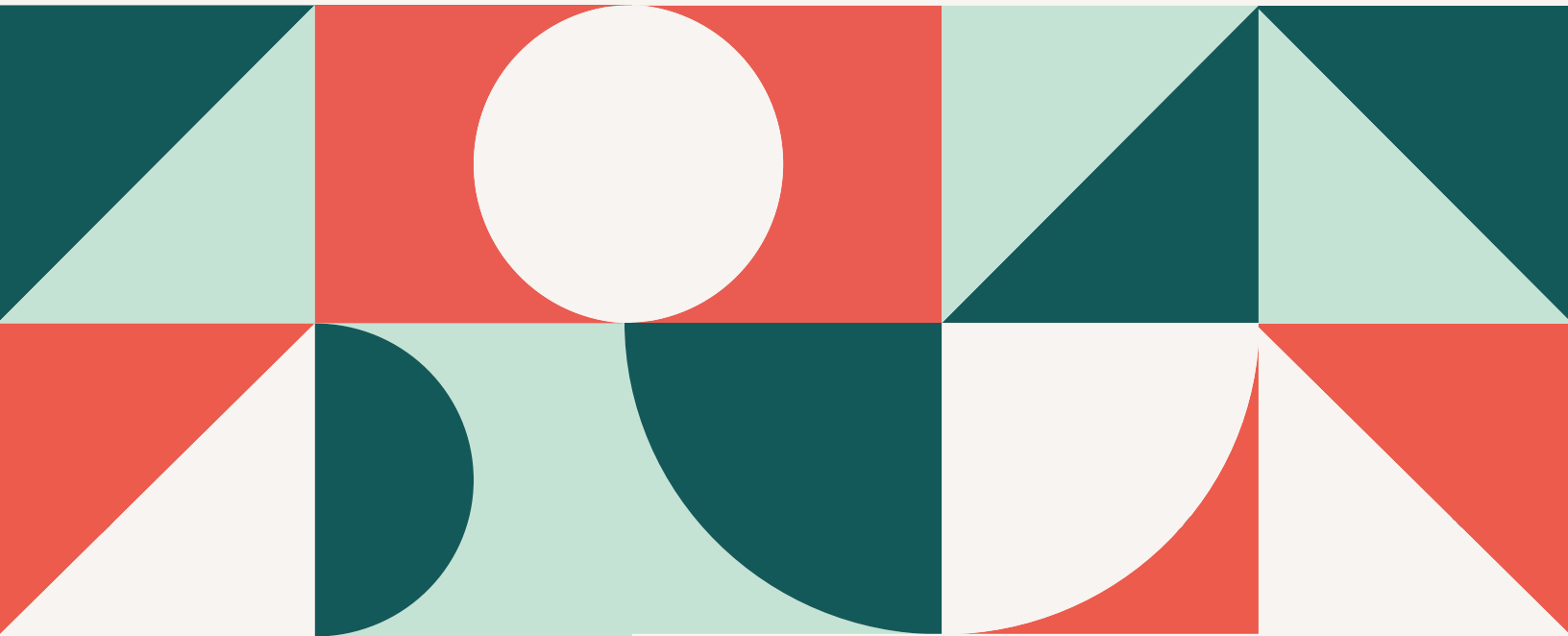
To bill the Régie de l'assurance maladie du Québec (RAMQ), the doctor must:

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 11. 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 60 newsletters;
- in 2019, there were 54 newsletters;
- in 2018, there were 62 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.

Specialist	Reimbursement Amount
Mixed remuneration for clinical activities	\$355,973
Visit, exam or consultation	\$704,482
Visit, exam or consultation	\$369,749
Administrative medical services - Assessment or completion of form	\$56,883
Non-compliant billing	\$256,685
Overbilling of codes	\$71,704
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 medical specialists.

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, health network establishments and at home.

Mixed remuneration

The mixed mode of remuneration (schedule 38) is established for the active practice of specialized medicine in a clinical department, a clinical service or, where applicable, a sector of activity of an establishment. The mixed remuneration mode aims to remunerate all the medical activities that the specialist doctor, classified in a targeted specialty, performs.

This method of remuneration is only available in institutions and a service notice must be sent to the RAMQ to make the contract effective. Depending on the circumstances, the doctor may take advantage of a regular service notice, as a replacement, as a support or in a service pool.

In addition to a lump sum (per diem), the doctor will receive a percentage of the remuneration for their procedures.

Each mixed remuneration request must be countersigned by the institution's authorized signatory and kept for 5 years for the purposes of RAMQ audits.

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.

A service notice must be sent to the RAMQ beforehand. This method of remuneration is rather rare among medical specialists.

Each hourly rate remuneration request must be countersigned by an authorized signatory of the institution and kept for 5 years for the purposes of RAMQ audits.

In some specialties such as emergency medicine, mixed remuneration is billed on the hourly rate forms. It is very important to understand the agreements to ensure that the billing is done properly according to the billing rules.

This method of remuneration is only available in institutions and may be used for billing for administrative meetings.

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 clinical supervision activities is remunerated for these activities. To take advantage of these packages, the doctor must supervise one or more students for a morning or afternoon time slot (except emergency medicine).

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*

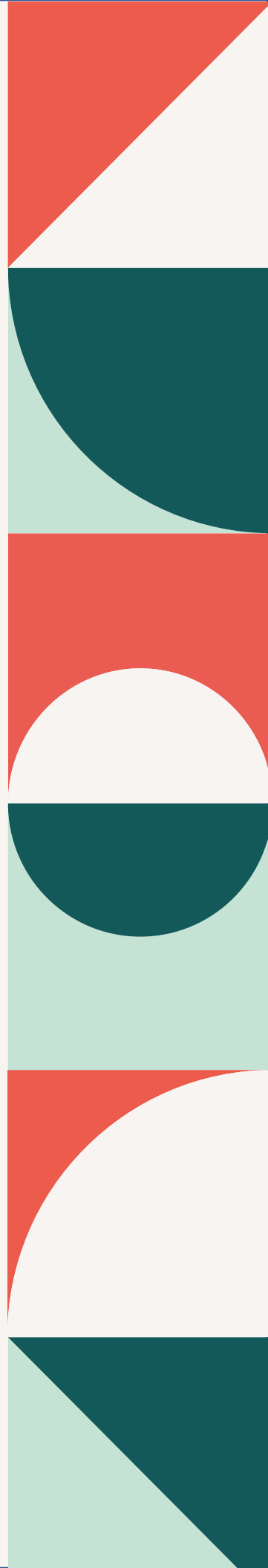
How to bill properly

Firstly, knowing your method of remuneration is important, as the processing of billing will be different from one method to another.

Second, the doctor must be familiar with the billing agreements and rules that govern his or her discipline. Billing for medical specialists is specific to each specialty. Depending on the discipline, the physician is subject to application rules, addenda, memoranda of understanding and letters of understanding which complicate billing. In the same discipline, there may be several types of practice depending on the physician's subspecialty.

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. In some cases, the doctor must even appeal to his or her association when the RAMQ still does not agree following a request for review.

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.



Elements to consider in billing

Mixed remuneration (Appendix 38)

To summarize the modalities, the doctor bills per diem (lump sum) corresponding to the number of hours worked during the week (except holidays), from 7 a.m. to 5 p.m., on the mixed remuneration form (3743). The doctor is then paid for a maximum of 1 per diem per day, depending on the hours billed. One per diem corresponds to 7 hours of work. All times must be approved by an authorized signing officer of the establishment, and the original signed forms must be kept for at least 5 years for RAMQ audit purposes. In addition to the remuneration of per diems, the doctor can claim certain services and supplements to the service according to what is provided for in their agreement.

Outside of the hours scheduled for mixed remuneration (evening, weekend or holiday), the doctor bills services entirely on a fee-for-service basis.

In an establishment where the doctor does not see many patients, it is often more advantageous to use a mixed than a fee-for-service mode.

Emergency care

Rule 14 PG relates to emergency care in medicine, surgery and anesthesiology in acute care hospitals.

A specialist doctor who is called for an emergency during on-call duty is entitled to payment of increased fees.

When a doctor applies the appropriate contextual element during the on-call schedule, an increase of between 70% and 150% is added to the basic rate of the service.

This rule is sometimes verified by the RAMQ. It is therefore very important that the notes in the patient's chart be precise and complete.

Form 1606 (hospital insurance)

Hospital insurance is payable in several disciplines and more particularly for radiologists. In radiology, billing for a large part of the procedures must be done on a hospitalization insurance form (1606). It is usually mentioned in the billing rules when billing must be done on this form.

Hospitalization insurance forms group together the codes of procedures performed during the day without having to give details of the patients, except in certain cases where modifiers, which give increases to these procedures, are applied. The increase must then be justified by attaching a complementary information form (1944) for each procedure.

In all cases, the physician must obtain practice privileges assigned by the establishment to obtain payment for the forms. To do so, the institution must send a form to the RAMQ (3051 - *Notice of assignment - Granting of practice privileges - Laboratory services in an establishment*).

Each request for hospital insurance must be countersigned by an authorized signing officer of the establishment and the signature of the physician or his/her representative must also be affixed on each form.

Unless the doctor bills their forms directly on the RAMQ's online services, the forms must be sent in hard copy to the RAMQ. No electronic platform is authorized to send these forms to the RAMQ.

This service is available at Facturation.net.

Other billings

Conferences and resourcing

For physicians practising in a region provided for in schedule 19 (remote regions*), the agreement provides for 37 half-days (from May 1, 2021, to April 30, 2022) and 30 half-days (from May 1, 2022) annually where 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 must also send form 3336 - *Application for reimbursement of incentives*.

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 19, they may claim a compensatory amount for a maximum of 8 half-days per year if they participate in training or a professional development conference. These days cannot be carried over to the following year. It is, however, possible to use days in advance and thus anticipate up to a maximum of 8 half-days per year. In addition, the doctor must send the RAMQ the certificate of attendance as well as Form 4188 - *Request for payment - Professional development and skills maintenance program*.

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 Form 2688 - *Out-of-Province Claim for Medical Services*. 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.

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

(different remuneration - Schedule 19)

Physicians practising their primary practice on a regular and continuous basis in the designated territories are entitled to an increase in basic remuneration. To obtain this rate, the physician must ensure that the annual declarations are completed with the RAMQ.

The applicable increase is between 7% and 45% if:

- At least 50% of the physician's practice earnings are made in designated territory;
- A physician practises in an establishment located in a designated territory on a regular and continuous basis and not in an itinerant context;
- In certain territories, a doctor not listed in Schedule 19 can still benefit from an increase of 20% of their basic remuneration if they are itinerant (e.g. replacement) in a designated territory;

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

- Remoteness or isolation premiums;
- Retention premium;
- Exit costs;
- Moving expenses;
- Resourcing costs and expenses related to travel/accommodation for continuing training.

"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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