NOVA SCOTIA
Health and Wellness

COMMUNITY HOSPITAL INPATIENT PROGRAM (CHIP)

Questions & Answers

Contents

Updates

	Update	Responsible	Date
1.	Created new document to distribute to all participating CHIP physicians	DHW (S. Goodwin, R. Abbott)	01Apr2020
2.	Updated to reflect change in process for Facility On-Call payments	DHW (R. Abbott)	14May2020
3.	Added clarification for locum physicians providing both CHIP and locum-paid office services (pp. 6-7, #3)	DHW (R. Abbott)	23Oct2020
4.			
5.			

OVERVIEW

The Community Hospital Inpatient Program (CHIP) is a new funding model that supports 24/7/365 care in eligible community hospitals across the province. These sites were determined during the negotiations of the 2019-2023 Master Agreement. The program provides an increased daily and on-call stipend for family physicians who provide inpatient care at these facilities. The overall goal of CHIP is quality and safe patient care for all patients, attached and unattached.

Effective Date of the Program:	**April 1, 2020**
Payment Model:	**Sessional**
Sessional Type:	**Community Hospital Inpatient Program (CHIP)**
Payment Frequency:	**Monthly**
Submitter:	**Hospital sites submit directly to Medavie Bluecross**

CHIP Q & A

This document addresses the following:

- Compensation and Billing
- Service Delivery Expectations
- Impact on Physicians' Practices and Other Services they Deliver
- Contract Requirements

Target Audience

This document is aimed at physicians, Zone Heads of Family Medicine, other NSHA personnel either participating, coordinating or managing inpatient services throughout Nova Scotia's community hospitals and Medavie Bluecross (Medavie) personnel providing payments to physicians.

COMPENSATION AND BILLING

	Question	Answer
1.	How much will I get paid?	Physicians participating in the CHIP program will be paid a daily stipend. Each site has been approved for a fixed daily rate which applies between 0800 and 1700 hrs. Rates vary by site dependent on the number/acuity of patients. The rates were negotiated as part of the 2019-2023 Master Agreement. More details can be found in Schedule "G", Appendix "B". **Table 1**: Calculation of Daily Stipend Rates as negotiated in the 2019-2023 Master Agreement (page 9) **Table 2**: Subsequent year rates for each site from April 2020 to March 2023 (page 9) After 1700 hrs, physicians are eligible for the Facility On-Call Category 1 rates of $300 for weekdays (Monday to Friday) and $400 for weekends (Saturday-Sunday) and holidays; they can also bill fee-for-service (FFS) when called to the facility to provide urgent care. At sites where physicians share delivery of services on any given day, the amount of the daily rate apportioned to each physician will be determined by each group.

	Question	Answer
2.	How will I get paid?	**Effective May 1, 2020,** the Daily Stipend and Facility On-Call claims will be combined in the monthly reporting workbook. The daily stipend and the on-call portion are paid by Medavie. Each month, your site's Representative Physician will submit a payment form to Medavie. • If paid as a group, Medavie pays the group and each physician is paid according to an agreed plan as determined by the group. • If paid individually, Medavie pays the physician via direct deposit. **Table 3**: Important dates for submission of claims and payment dates up to January 2022 (page 9) When called back to the site to provide a service after hours, physicians can bill FFS. Payments are made by Medavie to physicians' FFS business arrangement (BA). Note: if you do not already have a FFS BA, one can be obtained by contacting Medavie at msiproviders@medavie.bluecross.ca. Although the Facility On-Call program is for 24 hours, the funding being provided is intended to recognize "after hours" coverage. Determining whether physicians have met the eligibility requirements for their approved on-call category will be monitored by DHW through an evaluation of on-call schedules, physician billings, relevant information provided by the sites/NSHA and any identified issues about coverage. Note: Category 1 on-call requirements must be met to maintain Category 1 funding. Details can be found in the Nova Scotia Facility On-Call Program Guidelines.
3.	What do I do if I notice my payment is incorrect?	Medavie makes monthly payments to the CHIP physicians/groups according to claims submitted by the Representative Physician (or designate). Discrepancies should first be investigated at the site level; the first point of contact is the Representative Physician (or designate) who will ensure the appropriate information was submitted and follow up with Medavie if needed. *Note: Medavie will not adjust a payment without the appropriate documentation on the payment forms.* For payments to a group, apportioning of funds is the responsibility of the Representative Physician (or designate). Resolution of discrepancies in distribution to physicians will be the responsibility of the Representative Physician.
4.	Are all nighttime services eligible for FFS billing?	Physicians can bill FFS when called back to the facility after hours to provide service to a patient, or patients – i.e., eligible services must follow the site's call back protocol. Physicians use their own FFS BA for these claims. All FFS billed after hours must be claimed using the appropriate after-hours modifiers.
5.	Can I claim for my own patients separately when I am doing a CHIP shift?	Physicians participating at the site are responsible for all inpatients, attached and unattached – including their own patients – within the CHIP funding arrangement. Therefore, all patients should be shadow billed to the CHIP BA (i.e., nighttime FFS excepted). Note: long term care units are excluded from the CHIP model and can continue to be billed according to the established payment method(s).

	Question	Answer
6.	I understand participants in the CHIP program are eligible for retroactive payment from July 2019. How will this be calculated?	**Daily Stipend Retroactivity** Once a physician group has implemented a site delivery plan as provided by Article 4 of the Memorandum of Agreement, DHW will calculate the retroactive payment as noted in Schedule "G", Appendix "B", Article 5 of the Master Agreement. The Department will provide its calculations to the physician group and the physician group will be responsible for submitting a claim for retroactive compensation to Medavie as per Appendix "A", article 4. FFS and APP physicians are eligible for retroactive payment – the payment is calculated by site and distributed among the participating physicians (i.e., the physician group will determine how they will allocate the retroactive payment to each physician). The calculations are based on the applicable daily stipend, number of days eligible for retroactivity and patient billings (FFS and shadow billing). More detail is available in the Master Agreement. **On-Call Retroactivity** Call payment retroactivity will be paid at the same time/method as the daily stipend retroactive payment. The amount owed to each site will be determined by the Category 1 call rate, less any payment already made to physicians at a site for the purpose of call. Once calculated, DHW will provide the details to each site. The site then claims the amount by submitting the retroactive compensation payment form to Medavie.

SERVICE DELIVERY EXPECTATIONS

	Question	Answer
1.	What are the overall service delivery expectations of the group?	Physician groups participating CHIP will provide onsite comprehensive care for all inpatients 24/7/365, collaborate with other providers, participate in effective discharge planning, quality improvement and bed utilization management and utilize best practices in 'hand-off' structure and process and the clinical record for all visits, admissions and discharges. All physicians at an eligible community hospital must participate and all beds, other than LTC, must be covered by the program. Quality care will be provided to all inpatients across the different units of the hospital, including attached and unattached patients, but excluding LTC beds.
2.	Am I expected to be on site all day?	There are no specific onsite requirements for this program, but the scheduled CHIP physicians must be able to report onsite within 20 minutes of being called. Once all inpatient needs have been met, onsite presence is not required. Physicians are expected to ensure onsite presence for the following conditions: 1. Daily comprehensive care for all inpatients (attached and unattached) in the hospital, excluding long term care, on weekdays, weekends and holidays 2. Onsite presence to align with the timing of daily bed management decisions by other hospital staff (as pre-arranged and mutually agreed) 3. Response to the site within 20 minutes when called for service When not on site, physicians are expected to be available by phone for the full day of 0800 to 1700 hrs.

	Question	Answer
3.	I can't do full days. Can I still participate?	Some sites arrange their site delivery plan to allow multiple physicians to share in the daily rounds/care; this will be outlined in the site delivery plan. The overall goal is to ensure patients receive optimal care; this can be done with one physician providing care to all patients in a day or several physicians following their own patients and sharing in the unattached patients' care. Allocation of "who does what and when" will be decided by each group. If you have questions or concerns, you can speak with the Representative Physician for the site you wish to provide services.
4.	What are my responsibilities in ensuring follow up of for unattached patients discharged from the hospital?	As a member of the site's CHIP team, you are required to provide effective discharge planning in concert with the hospital multidisciplinary team, the patients family/support network, and community-based staff, agencies and supports. Specific responsibilities should be outlined in the service delivery plan and may include encouraging the patient to sign up on the Nova Scotia Health Authority (NSHA) *Need a Family Practice* registry (https://needafamilypractice.nshealth.ca/) – or providing information on local walk-in clinics if available.

IMPACT ON PHYSICIANS' PRACTICES & OTHER SERVICES THEY DELIVER

	Question	Answer
1.	I have a full-time practice and often provide multiple services on any given day. Will CHIP impact this?	Physicians can participate in CHIP while maintaining their regular practice schedules, however, the requirement to respond by phone within 10 minutes and to report onsite within 20 minutes of being called must be maintained. How this works will be determined and agreed by each physician group and will be described in the site delivery plan. APP physicians who wish to participate in the CHIP program will participate outside their contracted APP hours provided they are meeting the requirements of their APP deliverables. When APP physicians participate on any given day where they are also fulfilling APP-paid services, they choose one of the following options: (i) defer the APP services by making up the APP time lost, or (ii) record the time as leave from the APP.
2.	I have an APP; can I do both? How do I manage that and CHIP?	APP physicians who are participating in the CHIP program in their practice communities will no longer have inpatient coverage as part of their APP agreement. Therefore, a revision of deliverables will be required to reflect a reduction in the APP FTE to offset the work now undertaken through the CHIP program. The reduction will be determined based on a percentage of total shadow billings or total time apportioned to inpatient care – whichever has the least impact on the physician The revision of deliverables and reduction in FTE will be discussed with your Zone Head of Family Medicine. When providing CHIP inpatient services, APP physicians can still provide some services to fulfill their APP requirements, but the CHIP workload may interfere with office schedules and make balancing CHIP and APP services quite challenging when attempting to do both on any given day. Most APP physicians participate on days other than regularly scheduled "APP" days or in sites where the responsibilities are shared among several providers. In any case, if an APP physician suspends scheduled APP services on any given "APP" day, they would choose one of the following options: (i) defer the APP services by making up the APP time lost, or (ii) record the time as leave from the APP.

	Question	Answer
3.	Can I participate in more than one "call" at a time?	Additional call participation is possible but is subject to specific guidelines regarding permission and compensation. As stated in Schedule "G," Appendix "B," Article 2: *For the purposes of CHIP, any physician seeking to take on more than one call shift per day must have the prior **written** approval of the NSHA and must, as determined by the NSHA in the NSHA's sole discretion, be able to adhere to the criteria associated with category 1 on call.* "Written" can be in the form of an email. As per the Facility On-Call Program Guidelines: *Physicians cannot be paid for more than one on-call rota or other program which includes funding for on-call on the same day.* In other words, taking on additional call does not allow physicians to claim more than one call stipend; however, they can bill FFS in addition to the on-call funding whenever providing after-hours services for the rotas they are covering.

CONTRACT REQUIREMENTS

	Question	Answer
1.	Will I be required to sign a contract?	The CHIP model is designed to support the delivery of inpatient care in eligible Nova Scotian community hospitals. Each site develops a site delivery plan outlining the services they will provide and expectations for participation in the program. While there is no contract, physicians participating at the time of implementation will sign the site delivery plan; all subsequent physicians will sign a declaration demonstrating their agreement toward contributing to the site delivery plan and overall requirements of the program. **Table 4**: Sample Declaration Template (page 9)
2.	If I choose not to participate in CHIP, can I still provide care for my own inpatients?	This is a comprehensive model to provide inpatient care to all patients in the hospital (excluding long term care). There are no provisions for separate remuneration outside of the CHIP model.
3.	Are locum physicians eligible to participate? **NEW:** How do locum physicians get paid for both the locum office-based service and CHIP?	Locum physicians engaged to provide services for this program will be remunerated as per the CHIP model daily stipend. Physicians eligible for expenses (e.g., travel, accommodation) may be compensated by the Provincial Locum Program. This applies only to physicians who are not part of the core rota. A 'locum' physician should check with Medavie to determine eligibility for expense coverage at locumprogram@medavie.ca. **NEW:** Where locum physicians want to participate in CHIP on the same day as providing office-based locum services, they will be eligible to do so in addition to the locum hours and will be compensated per the CHIP funding model. However, a locum physician must fulfill the hours specified for that locum income before claiming anything for CHIP. Locum hours cannot be 'made up' on a subsequent day. • Where possible, the inpatient activity should be fulfilled before or after the "locum" hours.

Question		Answer
		• Where frequent interruptions are expected throughout any given day (e.g., urgent inpatient response to the site, frequent phone calls) and there is considerable likelihood a full day of locum office services cannot be achieved, the host/locum physicians should consider the half-day income guarantee or FFS remuneration for the office services. • If a locum physician does not fulfill the service requirement as stated on the host application and/or claim form, the locum physician must advise Medavie for an adjustment to the locum compensation where applicable.
4.	If we convert to the CHIP model and it doesn't work for our team, can we opt out?	If physicians at a particular site collectively decide they no longer wish to participate in the CHIP model, the group can decide to opt out. Regardless of the funding and delivery model, planning must incorporate services for unattached patients. As per the 2019-2023 Master Agreement, Schedule "G", Article 8: *8. A physician group that participates in the Community Hospital In - Patient Model may terminate its participation by giving three months' prior written notice from its Representative Physician to the Minister and the NSHA. Upon termination, the members of the physician group shall:* *8.1. revert to fee for service for their inpatient care; or* 8.2. *for physicians who are on an alternate payment plan, revert to their full alternative payment plan FTE allotment and provide inpatient services as required by their alternative payment plan agreement, as immediately prior to the physician group enrolling in the Community Hospital In-Patient Model.*
5.	What are the shadow billing expectations for CHIP?	All services for which health services codes exist must be shadow billed. Monthly reporting of clinical services will be provided by Medavie to DHW, NSHA and the sites. Shadow billing and other utilization/bed data provided by NSHA will be used in the annual review of daily stipends for each site.
6.	What is a site delivery plan?	A CHIP site delivery plan contains without limitation, how a physician group will provide comprehensive care for all inpatients (attached and unattached; excluding LTC) and how they plan to provide 24/7/365 coverage. The plan addresses the service delivery model, collaborative care, clinical support services, and funding allocation methodology. Site delivery plans have been approved by the Zone Head of Family Medicine, Zone Medical Executive Director and Senior Medical Director of Medicine and are consistent with NSHA Policies and Procedures. Each site delivery plan has also been provided to DHW for review and sign-off prior to implementation.
7.	Can we change or alter our site delivery plan after it has been submitted?	It is expected the services for inpatient care may evolve over time. Site delivery plan amendments are appropriate and encouraged whenever there is a change in scope for direct, indirect or clinical support services or funding methodology. When an amendment is necessary, the Representative Physician can confer with the Zone Head of Family Medicine.
8.	How do I opt into the funding model?	CHIP is available to physician groups as identified in the 2019-2023 Master Agreement, Schedule "G", Article 1. An eligible physician group may opt into the CHIP model by delivering notice from their Representative Physician, as identified in its site delivery plan, to the Zone Head for Family Medicine.

Question		Answer
		Physicians who are interested in joining an established CHIP group should contact the Representative Physician at the site for which they have interest. Sites currently eligible as per the Physician Services Master Agreement include: • Inverness Consolidated Memorial Hosp., Inverness**not established* • Strait-Richmond Hospital, Evanston (Dr. James Collins) • New Waterford Consolidated Hospital, New Waterford (Dr. Jennifer Lange) • Northside General Hospital, North Sydney (Dr. Andrew Wawer) • Fishermen's Memorial Hospital, Lunenburg (Dr. Catherine Kelly) • Soldiers Memorial Hospital, Middleton (Dr. Leslie Ribeiro)*NEW • Queens General Hospital, Liverpool (Dr. Andrew Blackadar) • Hants Community Hospital, Windsor**not established* • Roseway Hospital, Shelburne (Dr. John Keeler)

TABLES

Table 1: Calculation of Daily Stipend Rates (September 30, 2019)					
Site	**Physician Resource Weighted Beds**	**Avg Daily Admissions**	**Avg Daily Discharges**	**Avg Daily Ongoing Care Beds**	**Daily Stipend Funding**
Inverness	28.0	2.06	2.08	23.85	**$1,515**
Strait-Richmond	14.6	1.72	1.75	11.10	**$852**
Northside	45.4	2.51	2.52	40.36	**$2,378**
Fisherman's	18.0	0.88	0.88	16.23	**$932**
Soldiers	20.5	1.91	1.97	16.62	**$1,151**
Queens	22.7	1.94	1.96	18.76	**$1,253**
Hants	25.9	1.82	1.86	22.18	**$1,393**
Roseway	11.0	0.79	0.78	9.41	**$592**
New Waterford	19.9	0.90	0.91	18.09	**$1,024**

Table 2: Subsequent Year Funding to March 31, 2023						
Site	**2019-20 (from above)**	**2019-20 (New MA Rate)**	**2020-21**	**2021-22**	**2022-23**	
Fishermen's	$ 932.00	$ 950.64	$ 969.65	$ 989.05	$ 1,008.83	**Daytime (per site)**
Hants	$ 1,393.00	$ 1,420.86	$ 1,449.28	$ 1,478.26	$ 1,507.83	
Inverness	$ 1,515.00	$ 1,545.30	$ 1,576.21	$ 1,607.73	$ 1,639.88	
New Waterford	$ 1,024.00	$ 1,044.48	$ 1,065.37	$ 1,086.68	$ 1,108.41	
Northside	$ 2,378.00	$ 2,425.56	$ 2,474.07	$ 2,523.55	$ 2,574.02	
Queens	$ 1,253.00	$ 1,278.06	$ 1,303.62	$ 1,329.69	$ 1,356.29	
Roseway	$ 592.00	$ 603.84	$ 615.92	$ 628.24	$ 640.80	
Soldiers	$ 1,151.00	$ 1,174.02	$ 1,197.50	$ 1,221.45	$ 1,245.88	
Strait-Richmond	$ 852.00	$ 869.04	$ 886.42	$ 904.15	$ 922.23	

Table 3: Important Dates for Monthly CHIP Payments			
Month (when services are provided)	**Payment Form due by 11:00 AM (to Medavie):**	**Maximum Number of days to be paid to each Site**	**Payment to Site Members (i.e., either individual physicians or to the group)**
April 2020	May 8, 2020	30	May 20, 2020
May 2020	June 8, 2020	31	Jun 17, 2020
June 2020	July 6, 2020	30	Jul 15, 2020
July 2020	August 17, 2020	31	Aug 26, 2020
August 2020	September 14, 2020	31	Sep 23, 2020
September 2020	October 9, 2020	30	Oct 21, 2020
October 2020	November 6, 2020	31	Nov 18, 2020
November 2020	December 7, 2020	30	Dec 16, 2020
*December 2020**	*January 18, 2021*	31	*Jan 27, 2021**
*January 2021**	*February 12, 2021*	31	*Feb 24, 2021**
*February 2021**	*March 15, 2021*	28	*Mar 24, 2021**
*March 2021**	*April 12, 2021*	31	*Apr 21, 2021**
*April 2021**	*May 10, 2021*	30	*May 19, 2021**
*May 2021**	*June 7, 2021*	31	*June 16, 2021**
*June 2021**	*July 5, 2021*	30	*July 14, 2021**
*July 2021**	*August 16, 2021*	31	*August 25, 2021**
*August 2021**	*September 13, 2021*	31	*September 22, 2021**
*September 2021**	*October 11, 2021*	30	*October 20, 2021**
*October 2021**	*November 8, 2021*	31	*November 17, 2021**
*November 2021**	*December 6, 2021*	30	*December 15, 2021**
*December 2021**	*January 17, 2022*	31	*January 26, 2022**

Payment Notes:

- Medavie will not issue payments without complete and accurate payment form submissions made monthly by the Representative Physician (or an approved designate) for each site.
- Late or incomplete forms may affect the scheduled date of payment; please ensure forms are submitted to afpclaims@medavie.bluecross.ca by 11:00 AM on the due date.
- Payment dates are stated as per the Medavie schedule **published for 2020 and anticipated* dates for 2021, 2022**; these **dates are subject to change**. Medavie will publish any changes to this schedule via its bulletins distributed to physicians and posts on its website.

Table 4: Sample Declaration Template

DECLARATION
COMMUNITY HOSPITAL INPATIENT PROGRAM

TO: Nova Scotia Minister of Health and Wellness

TO: Nova Scotia Health Authority
c/o VP Medicine & Integrated Services

TO: Doctors Nova Scotia

I, [insert full name of physician], hereby declare to you that:

1. I have read and understand:

   a. The Memorandum of Agreement between the Province of Nova Scotia, the Nova Scotia Health Authority and Doctors Nova Scotia regarding the Community Hospital In-Patient Model, including all Schedules thereto (the "Memorandum of Agreement"); and,

   b. The Site Delivery Plan for inpatient care at [insert full name of Community Hospital] (the "Community Hospital") made pursuant to the Memorandum of Agreement;

2. In regard to the provision of inpatient care at the Community Hospital I agree to be bound by the Memorandum of Agreement, including but not limited to the requirements of the Community Hospital In-patient Model, and compensation for inpatient care, as described therein;

3. In regard to the provision of inpatient care at the Community Hospital I agree to support, contribute to and adhere to the Site Delivery Plan.

All capitalized terms used in this Declaration and not defined herein shall have the meanings ascribed to them in the Memorandum of Agreement.

DATED at this day of , 20 .

Signature of Physician: _____

CONTACT

For help in completing tasks associated with the tracking of physician services each month or payment inquiries, contact Medavie at afpclaims@medavie.bluecross.ca.

For additional questions not included in this document or process inquiries, contact DHW at alternate.funding@novascotia.ca.

For service or physician-related inquiries, contact the CHIP Representative Physician or Zone Head for Primary Health Care.

PROCESS HIGHLIGHTS*effective May 1, 2020

Community Hospital Inpatient Program (CHIP)

Process Highlights

IMPLEMENTING CHIP

Physicians form site group; submit site delivery plan to NSHA

NSHA reviews/approves plan

DHW reviews/approves plan, advises Medavie to set up funding, sends initial reporting workbook template to sites

Medavie sets up the groups' BAs

DHW calculates retroactive payments for eligible sites; physicians submit payment forms to Medavie; **Medavie** pays

ONGOING PROGRAM

Physicians provide services, shadow bill all daytime to the program BAs and FFS bill for nighttime

Representative Physician submits monthly payment form to Medavie for compensation of both daytime and on-call services

Medavie desposits funds to physicians/group

NSHA provides monthly key metrics report to the physician group

Representative Physician submits physician declarations (for any new physicians approved by Zone Head) + quarterly summary of program financial disbursements to individual physicians to DHW

NSHA provides quarterly metrics/utilization to DHW *(content TBD)*

ANNUAL REVIEW

DHW reviews shadow billing, disbursements, key metrics/utilization. Analysis and decisions arising from review are shared (with DNS, NSHA and physician group)

DHW adjusts daily stipends as required, based on data provided by NSHA using the formulae outlined in Schedule "G", Appendix B of the Master Agreement