

Emergency Department Visit Premium for Workload and Fee for Service Sites

1. Effective April 1, 2025, emergency department physicians will receive a premium, payable twice annually, for eligible services rendered in an emergency department site during the following applicable six-month periods each fiscal year:
 - a) April 1 to September 30, and
 - b) October 1 to March 31.

2. For the purposes of determining emergency department visits, an eligible service is one of the following fee codes:

H055A, H065A, H101A, H102A, H103A, H104A, H105A, H112A, H113A, H121A, H122A, H123A, H124A, H131A, H132A, H133A, H134A, H151A, H152A, H153A, H154A, H980A, H981A, H984A, H985A, H988A, H989A, H986A, H987A, G391A, G395A, G521A, G522A, G523A, K101A, K102A, K111A, K112A

3. Regardless of setting, the eligible services identified above contribute chronologically to the encounter brackets identified below.

4. For the purposes of this payment, an *encounter* is a direct physical interaction where a physician provides one or more unscheduled eligible service(s) to an insured person on a given day (limit one encounter per physician per patient per day). The hospital Master Number associated with the emergency department site where the service is rendered must be submitted on the claim for each eligible service for the encounter to be included in percentage payable calculation and premium payment.

5. Only encounters rendered in either an emergency department site that has a workload model Emergency Department Alternative Funding Agreement (EDAFA) with the Ministry of Health or a fee for service emergency department site listed in Appendix A are eligible for the premium.

6. The percentage payable is determined incrementally by the cumulative number of encounters provided by a physician within the applicable six-month period, as set out below:

Encounter Brackets	Applicable Premium
1-250	0%
251-500	6%
501-750	8%
751-1,000	10%
1,001+	12%

The premium rate only applies to the visits within the bracket. For example, if a physician has 750 visits in the first 6 months of a fiscal year, the first 250 visits are not paid a premium, the next 250 visits are paid a premium of 6%, and the last 250 visits are paid a premium of 8%.

7. The premium payable will be equal to the percentage payable determined for each physician, multiplied by the approved value of eligible services claimed during the applicable six-month period.
8. The total value of the premium payable to a physician in any single fiscal year (April 1 to March 31) will not exceed \$40,000.

Appendix A: List of Fee for Service Emergency Department Sites

Hospital Site Name	Location
ST JOSEPH'S HEALTH CARE SYSTEM-HAMILTON	Hamilton
ST JOSEPH'S COMMUNITY HEALTH CENTRE	Hamilton
MACKENZIE HEALTH-RICHMOND HILL HOSPITAL	Richmond Hill
MACKENZIE HEALTH-CORTELLUCCI VAUGHAN HOSPITAL	Vaughan
JOSEPH BRANT HOSPITAL	Burlington
SOUTHLAKE REGIONAL HEALTH CENTRE	Newmarket
WILLIAM OSLER HEALTH SYSTEM-ETOBICOKE	Toronto
WILLIAM OSLER HEALTH SYSTEM-CIVIC SITE	Brampton
WILLIAM OSLER HEALTH SYSTEM-PEEL MEMORIAL	Brampton
LAKERIDGE HEALTH -OSHAWA SITE	Oshawa
NIAGARA HEALTH SYSTEM-GREATER NIAGARA	Niagara Falls
NIAGARA HEALTH SYSTEM-MAROTTA FAMILY HOSPITAL	St. Catharines
TRILLIUM HEALTH PARTNERS-MISSISSAUGA SITE	Mississauga
TRILLIUM HEALTH PARTNERS-QUEENSWAY HLTH	Toronto
UNITY HEALTH TORONTO - ST.JOSEPH'S	Toronto