Auditing Physician Billings

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2004-12-04

TOPICS
Physician practice, compensation, forms

Documents

CMA POLICY

Auditing Physician Billings:

Purpose:
The CMA has determined that an increasing number of physicians are being involved in billing-related activities beyond their professional practice. This is likely due to the fear of financial loss, which may present serious ethical challenges for physicians. The CMA policy outlines the need for physicians to maintain ethical standards and be aware of the potential consequences of non-compliance with billing practices.

Recommended:

1. To prevent late payments, auditors should receive billing estimates in a timely manner and have a clear understanding of the audit process and its consequences.
2. Physicians should maintain accurate billing records, including patient information and supporting documentation, to ensure compliance with billing regulations.
3. Auditors should have access to the necessary information to adequately assess the billing practices of physicians, including the number of providers involved in the billing process.

Billing with an independent third party may involve the submission of a fee schedule to a third-party entity, which then reimburses the physician. This practice may result in the physician receiving a larger fee than the fee schedule suggests, as the third-party entity may include a markup. Therefore, it is important for physicians to be aware of their billing practices and to ensure that they are in compliance with billing regulations.

In response to this increasing trend, the CMA has developed a policy that outlines the responsibilities of physicians in relation to billing practices. The policy aims to ensure that physicians maintain accurate and complete billing records, including patient information and supporting documentation. Physicians should be aware of the potential consequences of non-compliance with billing regulations and take appropriate steps to ensure compliance.

References:

CMA Policybase - Canadian Medical Association
Avoiding negative consequences to health care delivery from federal taxation policy
https://policybase.cma.ca/link/policy11957

POLICY TYPE Response to consultation
DATE 2016-08-31
TOPICS Health human resources
Physician practice, compensation, forms

Documents
Canadian Medical Association Submission on Motion 315 (Income Inequality)
https://policybase.cma.ca/link/policy10715

POLICY TYPE  Parliamentary submission
DATE  2013-04-25
TOPICS  Physician practice, compensation, forms

Documents
CMA Pre-budget Submission

https://policybase.cma.ca/link/policy14259

**POLICY TYPE**  Parliamentary submission

**DATE**  2020-08-07

**TOPICS**  
Physician practice, compensation, forms  
Health information and e-health  
Health care and patient safety  
Health systems, system funding and performance

**Documents**
CMA’s Response to CRA’s Questions, Public consultation on the Disability Tax Credit Promoters Restrictions Act regulations
https://policybase.cma.ca/link/policy14027

POLICY TYPE  Parliamentary submission
DATE  2015-05-15
TOPICS  Health systems, system funding and performance
        Physician practice, compensation, forms

Documents
CMA's Submission to Finance Canada regarding proposed amendments to the Income Tax Act
https://policybase.cma.ca/link/policy10353

POLICY TYPE
Parliamentary submission

DATE
2012-02-14

TOPICS
Physician practice, compensation, forms

Documents
CMA’s Submission to the House of Commons Standing Committee on Finance: Amending Bill C-25 to expand the PRPP framework to provide value to self-employed Canadians

https://policybase.cma.ca/link/policy10355

POLICY TYPE
Parliamentary submission

DATE
2012-02-24

TOPICS
Physician practice, compensation, forms
COVID-19 Vaccine Global Intellectual Property Policy

POLICY TYPE
Policy document

DATE
2021-10-22

TOPICS
Physician practice, compensation, forms

Documents
Disclosure of COVID-19 Vaccination Status by Physicians

https://policybase.cma.ca/link/policy14457

POLICY TYPE
Policy document

DATE
2021-10-22

TOPICS
Physician practice, compensation, forms

Documents

Disclosure of COVID-19 Vaccination Status by Physicians

In the context of the COVID-19 pandemic, it is essential to protect the health and safety of patients and healthcare providers. This policy outlines the recommended practice for disclosure of COVID-19 vaccination status by physicians.

1. The pandemic has highlighted the importance of timely and transparent communication. Physicians should disclose their vaccination status to patients, ensuring trust and confidence in the care provided.

2. Vaccination status disclosure can be included in initial consultations and ongoing patient interactions. This information helps patients understand the healthcare provider's commitment to protect public health and safety.

3. Physicians should consider providing written materials, such as handouts or electronic resources, that outline the importance of vaccination and the benefits to public health.

4. The disclosure should be tailored to the patient's needs, taking into account cultural and linguistic considerations. This approach promotes inclusivity and empathy.

5. The purpose of vaccination disclosure is to inform and empower patients. It allows patients to make informed decisions about their health and the care they receive.

6. Physicians should also consider the legal and ethical implications of vaccination disclosure. Compliance with relevant laws and ethical guidelines is crucial.

7. The disclosure should be consistent with the Canadian Medical Association's (CMA) policies and guidelines on confidentiality and patient privacy.

8. This policy is subject to change as public health guidelines and recommendations evolve. Healthcare providers are encouraged to remain informed and adapt practice accordingly.

CMA Policybase - Canadian Medical Association
Federal measures to recognize the significant contributions of Canada’s front-line health care workers during the COVID-19 pandemic

https://policybase.cma.ca/link/policy14247

POLICY TYPE  Parliamentary submission
DATE  2020-06-02
TOPICS  Physician practice, compensation, forms
Federal tax proposal risks negative consequences for health care delivery

https://policybase.cma.ca/link/policy11960

POLICY TYPE  Parliamentary submission
DATE  2016-11-18
TOPICS  Physician practice, compensation, forms

Documents

CMA Submission
Federal Tax Proposal Risks Negative Consequences for Health Care Delivery
Submission to the House of Commons Standing Committee on Finance
Bill C-20, Budget Implementation Act, 2016, No. 2

November 18, 2016
Guiding principles for physicians recommending mobile health applications to patients

https://policybase.cma.ca/link/policy11521

POLICY TYPE  Policy document
DATE  2015-05-30
TOPICS  Health information and e-health
Physician practice, compensation, forms

Documents

GUIDING PRINCIPLES FOR PHYSICIANS RECOMMENDING MOBILE HEALTH APPLICATIONS TO PATIENTS

The document is designed to outline basic elements for physicians about how to ensure a mobile health application is appropriate and in the interest of the patient's health, well-being, and health information.

These policy guidelines are the Canadian Medical Association's (CMA) Provisional Guidelines on Patient-Centered Mobile Applications.

Background
- A mobile health application, whether developed by a health professional or a mobile health professional, should be designed to be safe, accurate, and trustworthy.
- The application must be free from bias and conflicts of interest.
- The application must be easy to use and provide clear and concise information.
- The application must be accessible to all patients, regardless of language or location.
- The application must be able to provide real-time feedback to patients and their physicians.
- The application must be able to provide access to other relevant health information, such as research evidence, guidelines, and patient education materials.

CMA POLICY

The Canadian Medical Association (CMA) is the national organization representing physicians in Canada. The CMA is committed to promoting the health and well-being of all Canadians and advancing the science and practice of medicine. The CMA is dedicated to the ethical and professional conduct of physicians and the promotion of public health. The CMA is committed to ensuring that the health information provided by mobile health applications is accurate, trustworthy, and accessible to all patients.
Maintaining Ontario’s leadership on prohibiting the use of sick notes for short medical leaves
https://policybase.cma.ca/link/policy13934

POLICY TYPE: Parliamentary submission
DATE: 2018-11-15
TOPICS: Physician practice, compensation, forms
Health systems, system funding and performance

Documents

CMA submission:

MAINTAINING ONTARIO’S LEADERSHIP ON PROHIBITING THE USE OF SICK NOTES FOR SHORT MEDICAL LEAVES

Submission to the Standing Committee on Finance and Economic Affairs
November 15, 2018
A medical industry perspective – supporting small business, the economic engine of Canada
https://policybase.cma.ca/link/policy13731

POLICY TYPE  Parliamentary submission
DATE  2017-10-02
TOPICS  Physician practice, compensation, forms

Documents
A new vision for Canada: family practice— the patient’s medical home 2019
https://policybase.cma.ca/link/policy14024

POLICY TYPE          Policy endorsement
DATE                 2019-03-02
TOPICS               Physician practice, compensation, forms
                      Health systems, system funding and performance

Documents
Physician compensation (Update 2013)

https://policybase.cma.ca/link/policy11060

Policy document

2018-03-03

2013-12-07

Physician Compensation (Update 2001)

Physician practice, compensation, forms

PHYSICIAN COMPENSATION

(UPDATE 2013)

Recommendations

1. Physicians determine their own compensation in accordance with their own clinical and practice needs and taken into consideration the availability of full-time equivalent physicians, local market conditions, and professional standards.

2. Reimbursement from public and private sources is to be made on a non-discretionary basis, consistent with a transparent fee schedule, and in compliance with applicable laws and regulations.

3. In the public sector, clinicians are paid on the basis of time spent in direct patient care, with supplementary remuneration for time spent in teaching, administration, research or public health responsibilities.

4. In the private sector, clinicians are paid a salary or fee for each service rendered.

Conclusion

Physicians are essential to the delivery of quality health care. They provide direct care, educational opportunities, and research. The Canadian Medical Association (CMA) has been involved in discussions on the compensation of physicians and has played a role in the development of national and international guidelines on the issue.

Current issues in physician compensation include the need for a transparent fee schedule, the role of public versus private reimbursement, and the need for adequate remuneration in the public sector.

The CMA recommends that physicians determine their own compensation in accordance with their own clinical and practice needs and local market conditions, and that reimbursement from public and private sources be made on a non-discretionary basis, consistent with a transparent fee schedule.

The CMA also recommends that in the public sector, clinicians are paid on the basis of time spent in direct patient care, with supplementary remuneration for time spent in teaching, administration, research or public health responsibilities.

In the private sector, clinicians are paid a salary or fee for each service rendered.

The CMA recognizes the importance of physician compensation and encourages ongoing discussions on the issue to ensure that physicians are adequately compensated for their work.

CMA Policybase - Canadian Medical Association
Protecting and supporting Canada’s health-care providers during COVID-19
https://policybase.cma.ca/link/policy14260

POLICY TYPE
Parliamentary submission

DATE
2020-03-23

TOPICS
Physician practice, compensation, forms
Health systems, system funding and performance
Health human resources

Documents