



DO

- Document, document, document - understand appropriate billing and record-keeping requirements.
- Recognize appropriate billing - justify the use of the fee code by documenting all components of the service. Seek advice if unsure of what code to bill before billing it.
- Choose an experienced billing agent (with 7+ years experience).
- Have a system in place for monitoring billings and conduct your own preventative audit of your billing records.
- MRP premiums (E083/E084). Work it out with your colleagues or department head on who should be paid when there are two MRPs on the same day.
- OHIP data is considered financial records. Keep it up to 7 years, as you could be audited.
- Ensure that you and your billing agent are using approved billing software (listed on the MOHLTC website).
- If audited, contact the CMPA or legal counsel.
- Most importantly, get advice before responding to any inquiry.



DON'T

- Bill special visit premiums excessively.
- Submit just before the 6-month deadline. If the claim is rejected, you may end up resubmitting past the 6-month cut-off.
- Forget to reconcile monthly to avoid claims being stale dated.
- Just resubmit a claim where it is unclear why it was rejected. If you have a question about a claim, submit a RA inquiry and wait (it may take a few months).
- Ignore a query from the Ministry or OHIP.
- Try to justify the unjustifiable. If you billed the wrong code due to a mistake or misunderstanding, remedy that (but get advice first).
- Double down. If you made a mistake, do not try to cover it up.
- Destroy or delete medical records or change them after the fact. The only exception is if you need to note a late entry while maintaining the original entry.
- Take the audit process lightly or delay in taking action.