

KWEMA Pay Structure

Hourly Pay – This money is paid out at the AFA rates based on the weekday/evening/weekend worked. St. Mary's and GRH (Queens/Midtown) both will pay their AFA total amount for the previous month. St. Mary's pays around the 10th of the month approximately and GRH closer to the 15th. There is some variability on the exact days. Always double check your payments.

We no longer have CDU as of March 31st 2025. We continue to place patients into CDU for P4R rankings. *CDU – 52\$ per shift which is paid to every doctor. Each hospital will pay this on top of your AFA amounts each month. These are for core shifts and not certain shifts such as the 1000 SMGH shifts.*

Productivity Bonus: Each shift, submit for the productivity bonus if you saw 22 or 25 patients (or more). 22 patients = extra 150\$ pay, 25 patients = 300\$. For casino night shifts, it is 13 or more patients = (150\$). This is paid out as part of your monthly pay, combined with your shadow billings.

Shadow billings – 37% of the total amount you bill, will be paid to every month. This is around the 15th – 20th of the month, for the prior billing cycle. It's important to note that billing cycles do not line up with the exact calendar month. The OHIP cycles cut off anywhere from the 18th to the 27th of the month and are not predictable. You can see your billings for each shift on Sync.

WSIB Patient billings – You will get 100% of your billings for WSIB patients every month. The forms themselves are not to be billed individually.

WSIB Forms - They are billed as a group. Every 3 or 6 months, the total amount is paid out to all ER physicians based on how many patients you saw in that time frame. The forms are completed with your name and signature and left with the clerks. The billers then submit these digitally to collect the full amount as opposed to paper submissions.

Out of province – You will get 100% of your billings for all out of province patients (the 37% shadow billing rule does not apply) monthly. These are billed like any other OHIP patient on Cerner. Quebec is also billed directly by our billers and you will get a cheque but these often take a long time (Quebec).

Uninsured patients – Hospital bills the patient upfront and the funds are distributed every 3 or 6 months. This is for out of country patients and self pay patients. We collect 420\$ at both sites for OOC and 275\$ for self pay. Please double check that a receipt is scanned into the chart to confirm the patient has paid (it will be under Documentation in Cerner where you find patient notes). If not, let a clerk know so the patient can be billed.

Student insurance – These are billed on Cerner like anyone else and you will get a cheque to your hospital mailbox. Our hospital clerks collect insurance information from the patient and our

billers submit the billings. For non-OHIP patients who are students, please verify that insurance info is scanned into the chart on Cerner under “Documentation” . Otherwise the visit is not billable. Let a clerk know if it is not scanned. Generally at SMGH/Queen’s site, we sometimes find that this is not scanned in properly.

Federal prison patients – As of December 2024, these are pooled and paid out every 3 or 6 months. They pay at 100% of billing rates (not 37/% shadow bill).

IFH refugee patients – Submit these billings on Cerner. That pay at 100% of OHIP rates and you’ll get a cheque in your mailbox. Double check that the IFH sheet is scanned into Cerner.

Holiday premiums – OHIP holidays (these can be found on Google) are paid an extra 25% premium on your billings. Ex. If you bill 1000\$, you get 37% of that in shadow billings = 370\$. However, you get an additional 25%, (250\$), on top of that 370\$ for holiday billings. These pay as part of your monthly billings. Holidays on weekdays also pay at weekend rates for hourly pay.

Excess funds are paid out to KWEMA members-only quarterly or biannually as part of the semi-annual payout. Check with Exec about eligibility to join the KWEMA business group.

Retroactive MOH payments will be paid to anyone who worked at the time of the pay period.

Non-OHIP private forms (ex. Insurance forms) – we do not do these in the emergency room. OHIP forms have their own K billing code usually on the sheet, with some exceptions. Common ones like MTO or CCAC are on Cerner. If it looks like an OHIP form, it will have a K code on it. But some do not like CCAC, look them up to ensure you don’t miss out on the money. Any private forms for insurance/attending statements/school forms etc. we do not complete in the emergency room. Patients should be given access to their hospital records and they can have those completed with their family doctor or a walk in clinic. Also OHIP forms pay at 100%, not the shadow bill rate. They are not eligible for after hours premiums.

Sick notes – 40\$ charged to the patient. The doctors as a group keep 20\$ of that portion. We pool the money and pay it out every 3 or 6 months based on # of patients seen. Physicians should not be directly charging patients for these. They can be completed and left with the clerk/nurse. After you complete a sick note, hand it to a nurse and verbally confirm that the nurse is aware that the patient still has to be charged.

Key points about pooled funds (ex. WSIB forms, sick notes, self pay patients etc.):

- Physicians should not be directly billing patients themselves
- WSIB forms should not be submitted by physicians themselves, they are left with the clerks → goes to the billers to submit (we submit electronically to get the full amount)
- Pooled funds are paid out to the physician based the proportion of patients seen either quarterly or biannually. This is based on the fiscal year.