
Nova Scotia Physician Incentive

Questions & Answers

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Updates

	Update	Responsible	Date
1.	Created new document to distribute to all applicants and stakeholders	K. Gorman, T. Kirkwood	May 2, 2022
2.	Addition of questions from Dalhousie New Resident Webinars (May 16-17)	L. Li	May 19, 2022
3.	Addition of contractual obligations	R. Abbott, L. Li, T. Kirkwood	May 30, 2022
4.	GP +1 Updates	T. Kirkwood	Sept 13, 2022
5.			

OVERVIEW

The Nova Scotia Department of Health & Wellness has developed new incentive plans for family physicians and specialists. The [Nova Scotia Government announced the details](#) of the Primary Care Physician Incentive Program and the Specialist Physician Incentive Program on March 7, 2022.

The intent of these programs is to both recruit and retain family physicians and other specialists to communities that have been generally underserved from a physician-resource perspective, as well as to promote comprehensive family medicine office-based practices. The incentive framework seeks to do this through matching the health care needs of communities with the practice profiles of physicians – i.e., effectively working to balance how and where a physician wants to practice with the health care needs of communities.

This document is intended to provide illustrative examples of the eligibility and implementation of the incentive framework.

Effective Date of the Program: **January 19, 2022**

Payment Frequency: **Annually**

INCENTIVE Q & A

This document addresses the following:

- Physician Incentive Eligibility
- Application
- Obligations
- Payments

Target Audience

This document is intended for physicians, NSHA/IWK Department Heads, Health Authority recruitment, medical societies, other NSHA/IWK personnel either participating, coordinating, or managing services throughout Nova Scotia's communities, and Medavie Bluecross (Medavie) personnel providing payments to physicians.

PHYSICIAN INCENTIVE ELIGIBILITY

	Question	Answer
1.	When can I qualify for an incentive? Must I have finished my residency?	You can qualify while still doing your medical residency. If you are currently enrolled in a Canadian residency program and are licensed with a medical regulatory authority in Canada (i.e., with a member association of the Federation of Medical Regulatory Authorities of Canada [FMRAC] – e.g., College of Physician and Surgeons of Nova Scotia) and meet all other eligibility criteria, you qualify.
2.	I am finishing residency but do not plan to work full time. Am I eligible for the incentive?	<p>Yes, if you meet all the criteria for the incentive, you are eligible for a pro-rated amount for each payment. If you are funded with an Alternative Payment Plan (APP) you must have a minimum 0.5 FTE.</p> <p>Regardless of FTE, if you are a family physician, a minimum 50% of your practice as defined in your letter of offer must be office-based services. For example, if you are practicing as a 0.6 FTE, 50% (or 0.3 FTE) must be office-based services. Payments will be prorated based on your FTE.</p>
3.	I am currently a Dalhousie Family Medicine resident in the Central Zone (in 2021-22) and upon graduation (in 2022, 2023) I intend to practice in the Central Zone. I was advised when I started my residency I could get an incentive, but the new incentives don't apply to my intended practice area. Am eligible for anything?	<p>If you plan to practice in the Eastern Shore Musquodoboit or West Hants networks, you are eligible for the new incentive. All other communities in Central Zone are ineligible for the new incentive.</p> <p>Since Dalhousie Family Medicine residents in Post-Graduate Year One (PGY1) and Two (PGY2) were advised throughout their academic tenure that community location did not matter with respect to financial incentive eligibility, DHW has approved a “bridging” eligibility for the legacy financial incentives.</p> <p>The legacy financial incentives included in the “bridging” are:</p> <ul style="list-style-type: none"> • Tuition Relief • Family Medicine Bursary • Debt Assistance <p>Candidates eligible for the legacy financial incentives must have a signed contract executed by June 30, 2023.</p> <p>Graduates planning to work in other locations where the new incentive applies will only be eligible for the new incentive.</p> <p><i>Note: University of Sherbrooke Family Medicine residents will be provided the same option as Central Zone Family Medicine residents PGY1 or PGY2 in the 2021-22 cohorts).</i></p>

Question	Answer
<p>4. I will be starting my residency in Central Zone in July 2022. Can I get a legacy financial incentive if I apply before June 30, 2023?</p>	<p>The bridging of legacy and new incentive eligibility only applies to current residents (i.e., those in PGY1 or PGY2 in 2021-22). New residency cohorts commencing in July 2022 must meet the new incentive eligibility requirements.</p>
<p>5. I am a Central Zone Dalhousie Family Medicine resident but am off cycle to my cohort. I will not graduate until Fall 2023. Will I be eligible for the “bridging” to get a legacy financial incentive?</p>	<p>If you apply, are found to be eligible, and have an executed contract by June 30, 2023, you can receive a legacy incentive.</p>
<p>6. I completed my residency in 2020 and was advised I was eligible to provide locum services for a while before applying for one of the legacy incentives. Am I still eligible?</p>	<p>Those who completed residency <u>in the past two years</u> may be eligible for Tuition Relief.</p> <p>Those who completed residency <u>in the past 12 months</u> may be eligible for Debt Assistance.</p> <p><i>Note: only current residents (as categorized in question 3 above) may be eligible for Family Medicine Bursary.</i></p>
<p>7. I have never received an incentive from Nova Scotia because I was doing locum placements. Now I want to begin my own practice. Am I eligible?</p>	<p>Yes, provided you meet all the other criteria outlined in the guidelines (Appendix 1 & 2), you are eligible.</p>
<p>8. When does my 10-year ‘clock’ begin?</p>	<p>The 10-year eligibility period begins the year you complete any formal and uninterrupted academic program. For example, if you complete your residency and then enter a fellowship, or do a ‘plus-one’ year, the ten-year period starts at the end of the fellowship/‘plus-one’ year. If, however, you take time off before entering a fellowship/‘plus-one’ certification program, the ten-year period would begin at the completion of your residency.</p> <p>Examples:</p> <ul style="list-style-type: none"> • If you completed your residency in June 2018, the ‘clock’ began in June 2018. Your ten-year anniversary for approval would be June 2028. • If you completed your residency in June 2018 and did a fellowship/‘plus-one’ year which concluded in June 2019, your ten-year anniversary for approval would be June 2029.

Question	Answer
	<ul style="list-style-type: none"> If you completed a residency in June 2018, practiced for some time, and then did a fellowship/‘plus-one’ a few years later ending in December 2021, your ten-year anniversary for approval would be June 2028 because there was a break between your residency and fellowship/‘plus-one’ program.
<p>9. **UPDATED** I am a family physician with an additional year of training (GP+1) in Geriatrics/Family Medicine/Emergency Services/Anaesthesia (i.e., one-year postgraduate certificate in one of these specialty services, but not a Royal College of Canada certified specialist) . Am I eligible?</p>	<p>Yes, you are eligible for the one-year postgraduate specialty services certificate (GP+1) incentive stream.</p>
<p>10. **UPDATED** Why is the Family Medicine Incentive not available to family medicine graduates who provide full-time hospitalist care, emergency medicine, community-based geriatric, or palliative care services, etc. (those without additional competency training)?</p>	<p>While it is true that Nova Scotia needs many types of physicians, the focus of the family physician incentive is to support comprehensive family practice and provide an incentive to increase office-based care.</p> <p>The incentives for specialists and family physicians with additional certification in various specialty services are focused on Royal College accredited specialists and family physicians with an additional year of training who intend to practice outside Central Zone.</p> <p>Note: family physicians without certification would not qualify.</p>

Question		Answer
11.	Are the new incentives open to all specialties?	There is no restriction on specialist type for fiscal 2021-2022 and 2022-2023. In future years, a list of eligible specialties will be provided.
12.	I practiced in Nova Scotia for several years (not as a locum), moved elsewhere, and am returning to Nova Scotia. I am within the 10-year Nova Scotia residency timeframe. Am I eligible for this incentive?	This incentive is designed for new practices, and therefore not available to physicians who've previously had an established practice in Nova Scotia.
13.	I practiced in Nova Scotia for several years (not as a locum), then took time off to start a family, and am now returning to practice; am I eligible?	This incentive is designed for new practices, and therefore not available to physicians who've previously had an established practice in NS.
14.	I have practiced in Antigonish for eight years and am now moving my practice to Truro. Am I eligible for the incentive if I sign a Return of Service agreement?	The incentive is intended to support recruitment to areas in need. An established physician relocating from one area of need to another area of need does not meet the eligibility requirements.
15.	I'm a family physician transitioning into a practice agreement where I am gradually assuming the patients from a retiring physician. Am I eligible for the incentive?	Yes, if you meet all the eligibility criteria (Appendix) and maintain a minimum 50% office-based practice, you are eligible. You can receive the initial \$25,000 payment (or pro-rated amount depending on your FTE) upon signing your contract.

Question	Answer
<p>16. I've received a financial incentive of a lesser value. Can I switch to the new incentive or be topped up to the new amount and sign an additional Return of Service Agreement?</p>	<p>Since you already have an incentive, you are not eligible for a second one, and you are not eligible for the new incentive or a top-up to the new amount. The new incentives are effective January 19, 2022, on a go-forward basis. The new incentive programs are not retroactive.</p>
<p>17. I signed my Return of Service agreement in early January before the effective date of the new incentives. I have not received any payment yet. Can I switch to the new incentive?</p>	<p>Your contract is considered active upon signing. Although you have not received the initial payment, you cannot switch and are held to the framework in place at the time when you signed the letter of offer; there is no retroactivity within the new incentive framework.</p>
<p>18. I have received a single payment under my Return of Service contract. Can I return that payment and switch to the new incentive?</p>	<p>Your contract is considered active upon signing. You cannot switch and are held to the framework in place at the time when you signed the letter of offer; there is no retroactivity within the new incentive framework.</p>
<p>19. As the new incentive did not exist when I signed my Return of Service contract in December 2021, and I don't start practicing until July 2022, can I be considered for the new incentive instead?</p>	<p>Your contract is considered active upon signing. You cannot switch and are held to the framework in place at the time when you signed the letter of offer; there is no retroactivity within the new incentive framework.</p>
<p>20. I was unaware of the new incentive and applied for a previous incentive. I have not signed the Return of Service contract issued to me and would prefer the new incentive. Can I be considered for this?</p>	<p>Yes. Since you did not yet sign the contract, it is not active. Please notify DHW of your decision by emailing physician.resources@novascotia.ca to request a new incentive application. Please ensure you meet all the criteria for the new incentive before notifying of your intention not to proceed with your previous, legacy contract. Once you decide to cancel the legacy contract, you will not be given the opportunity to reconsider.</p>
<p>21. I was unaware of the new incentive and applied for a previous incentive. I have not signed the Return of Service contract issued to</p>	<p>If you have already been approved for the previous incentive and were issued a contract, DHW will honour that contract. Please submit your executed agreement to physician.resources@novascotia.ca.</p>

Question	Answer
me. I want the incentive for which I originally applied. Am I still eligible for that?	
22. I am applying for an Education Incentive; can I also apply for the financial incentive?	By agreeing to an educational incentive, you are entering into an existing model of Return of Service contract with DHW. Since you already have an incentive, you are not eligible for a second one.
23. I am applying for a Labour Market Priorities Return of Service Incentive; can I also apply for the financial incentive?	Yes, physicians who have a Labour Market Priorities contract can apply for the financial incentives. This is the only instance where a physician can hold multiple Return of Service contracts.
24. My letter of offer states I will work 0.6 FTE. I want to increase my workload to 1.0 FTE next year. Will the incentive rate change for me (i.e., increase from 0.6 FTE to 1.0 FTE eligibility)?	<p>Once you commit to an FTE and sign the Return of Service contract, you must meet eligibility for that FTE each year. For purposes of incentive calculation and/or payout, changes to FTE will not be considered for the duration of your Return of Service period.</p> <p><i>Note: any additional services provided outside the letter of offer will not be factored into the incentive payout calculation, i.e., only the services as defined in the letter of offer are eligible.</i></p>
25. I plan to split my practice between Central Zone and Northern Zone. Am I eligible for the new incentive?	<p>It is possible to be considered for the new incentive if the portion of your practice outside Central Zone meets the eligibility requirements.</p> <p>For example, if you have a family practice in Elmsdale (Northern Zone) and wish to provide hospitalist services at Dartmouth General Hospital (Central Zone), the Northern Zone portion of your FTE would be considered in determining eligibility.</p>
26. I am a new graduate and am not sure what I will want to do once I get my practice established. Can I change which services I plan to provide in the first few years?	<p>The incentives require the physicians' commitment for five years in the communities they choose to practice. If they are unsure of what they wish to do over a five-year period, they should consider only that FTE for which they are committed at time of signing the contract. Services cannot be changed for the purpose of the return of service obligation over the life of the agreement. If physicians have any questions about the composition of the FTE, please contact Physician Services for more clarification.</p> <p>For example, a family physician has a letter of offer stating 0.8 FTE office-based practice and 0.2 primary maternity care (PMC). If the physician is not sure they will want to continue with PMC services</p>

Question	Answer
	over the five years, they can choose to only request 0.8 FTE of an incentive for the primary care practice. Subsequently, if the physician decides to change their service from PMC to hospitalist in Year 2, it will not affect their return of service obligation.

APPLICATION

Question	Answer
<p>1. How do I apply, and how long does it take to process an application?</p>	<p>When you have all the required documentation, you can request an application and apply directly through the Department of Health and Wellness via email at physician.resources@novascotia.ca. Complete applications will be reviewed within 5* business days. Physicians/residents are contacted directly. Only complete applications will be considered for approval.</p> <p><i>* In instances where information needs verification (i.e., determining locum status, graduation from residency within the 10-year window, etc.), the application process may exceed 5 business days. Candidates will be advised of any delays should they be anticipated.</i></p>
<p>2. I do not have a letter of offer from NSHA. Can I apply?</p>	<p>A letter of offer from NSHA must be submitted along with your application. If you do not have an offer letter yet, your application will be categorized as incomplete and cannot be considered. If you have questions regarding your letter of offer, please contact NSHA directly at physicianrecruit@nshealth.ca.</p> <p><i>Note: for some medical residents, those awaiting immigration approval, etc. NSHA may provide you with a conditional letter of offer (which will be later converted to a full letter of offer). This conditional letter is acceptable for purposes of applying for the new incentive.</i></p>
<p>3. I am currently licensed to practice medicine in Ontario, but not yet in Nova Scotia. Can I apply?</p>	<p>If you are currently licensed with a medical regulatory authority in Canada (e.g., College of Physicians and Surgeons of Ontario), you have never had an established practice in Nova Scotia, and you have a letter of offer from NSHA, you can apply.</p>

Question		Answer
4.	I've previously entered into a Return of Service agreement (either for financial or education incentives) with the Province, the Minister, and/or the Department of Health & Wellness. Can I apply for the new incentive?	<p>Since you have already had an incentive with Nova Scotia, you are not eligible for a second one*.</p> <p><i>* The only exception to this rule is for physicians who have a Labour Market Priorities contract because there is no monetary value tied to that incentive and the contractual obligation is for the purpose of obtaining permanent residency.</i></p>
5.	I previously practiced (other than during residency or locum) in one of the communities that is eligible for the new incentive program. Can I apply?	As this incentive is meant to establish new practices within Nova Scotia, you do not qualify for the new incentive.
6.	I do not have a signed letter of offer with the NSHA. Can I apply?	All applications must be accompanied with a signed letter of offer from the NSHA which specifies the community of practice, FTE and the physician's intended start date. If you have questions regarding your letter of offer, please contact NSHA directly at physicianrecruit@nshealth.ca .
7.	I have previously practiced as a hospitalist and/or on a locum. Can I apply?	Yes, you may apply if you have not previously established a permanent Nova Scotian practice or taken on your own patient panel. Each application will be reviewed by DHW on a case-by-case basis to determine eligibility.

OBLIGATIONS

NOTE: the answers provided below contain many examples for illustrative purposes. In an instance where there is a discrepancy between the Q&A document and the contract, contract language shall prevail.

Question		Answer
1.	How do I fulfil my Return of Service obligation?	<p>Return of Service obligations are outlined in the contract and all the attached schedules. The services to be provided under the agreement are included in the letter of offer from NSHA and any associated deliverables contained within the contract.</p> <p>You must provide the agreed services for a period of five (5) years in total. This shall be continuous services unless approved in writing by DHW (see questions below for some examples where service may be interrupted).</p>

Question	Answer
<p>2. I want to provide virtual care services to my patients. How is that considered in the new incentives?</p>	<p>Virtual care options are being reviewed by the province. Currently, physicians are still required to have face-to-face contact with their patients (i.e., neither family medicine, GP+1, or specialist physicians should be providing solely virtual services).</p> <p>For the new incentives, family physicians must fulfil a minimum 50% office-based, patient-facing services with their patients. Specialists and GP+1 do not have the minimum office-based requirement because their practices typically comprise a significant amount of hospital-based services.</p>
<p>3. What if I want to do work which is not specified in my letter of offer or deliverables?</p>	<p>Doing additional work is possible, but both NSHA and DHW must approve in advance of taking on this work. This ensures there is no conflict of interest with your Return of Service Agreement and that you will not be in breach of your contract if the balance of services shifts significantly. For example, a family physician may wish to take on hospitalist services in addition to ED services already included in the letter of offer. If this addition results in office-based services dipping below 50%, then NSHA/DHW can advise the physician in advance of this risk and avoid breaching their contract. The services agreed on upon signing your contract must contain a minimum 50% office-based primary care and be maintained throughout the life of the contract.</p> <p><i>Note: any additional services taken on after the initial letter of offer is issued will not be included in your return of service agreement. Therefore, it is important to ensure any new services do not impact your return of service commitment to avoid breaching your contract.</i></p>
<p>4. The community where I will be practicing wants to give me a bonus for setting up a new practice. They want me to sign a document saying I will stay and practice in the community for at least three years. Can I have multiple incentives at one time?</p>	<p>During the Nova Scotia Return of Service period, physicians cannot take advantage of any other arrangement whereby they may receive any compensation or other benefit in exchange for providing medical services insured under the Health Services and Insurance Act during the same period that they are providing the Primary Care Practitioner, GP+1, or Specialist Physician incentive return of service. Once the Nova Scotia Return of Service period has been fulfilled, Physicians can pursue other incentive opportunities.</p>
<p>5. Can I apply for a suspension of my Return of Service incentive contract if I go on maternity leave or some other form of leave?</p>	<p>Yes. The leave must be approved by NSHA and the Department of Health and Wellness. The leave period will effectively ‘pause’ your annual obligations to meet shadow billing/billing targets. Upon completion of the leave, you will then revert to the original executed contract.</p>

Question	Answer
<p>6. If I meet the requirement for the minimum number of hours, but I don't meet the minimum number of 46 weeks (e.g., work 45 hours per week for only 40 weeks per annum) will I be eligible for the payment?</p>	<p>The "minimum" requirement is 1725 hours per annum reasonably equally distributed over a "minimum" 46 weeks per year. This allows physicians with mixed practices to vary the work hours across multiple services. The goal of all incentives is to ensure consistent access to services by their patients throughout the year.</p> <p>If you are concerned about how this may be scheduled for your particular situation, please contact DHW's Physician Resources team at physician.resources@novascotia.ca.</p>
<p>7. What if I don't complete my full Return of Service period?</p>	<p>If you do not complete the full five years of service, you will be in breach of your contract. You will be required to repay a pro-rated portion of the initial \$25,000 (\$5,000 for each year remaining)*.</p> <p><i>* For contracts with less than 1.0 FTE, this amount is prorated accordingly (e.g., 0.8 FTE would be required to pay back 0.8 x \$5,000 = \$4,000)</i></p> <p>However, you are not required to repay any of the annual incentive payments because they are applied only once you complete each full year of service and have met all the conditions. If you leave midway during any year, there is no pro-rated amount payable for that year.</p>
<p>8. What if I want to change my service location?</p>	<p>Change of service location is possible but must be approved by both NSHA and DHW. If the new practice location is eligible for an incentive (i.e., an approved community) and NSHA and DHW agree, you would retain eligibility. Note: requests are reviewed on a case-by-case basis and approval is limited to extenuating circumstances.</p>
<p>9. I provided my start date when signing my initial contract during residency, but now that I am nearing graduation, I would like to alter my start date. Is this allowed?</p>	<p>Requests will be considered on a case-by-case basis and must be made in advance of the contracted start date. You must obtain agreement from NSHA and DHW in advance of the original start date for the request to be considered.</p>
<p>10. My family practice has a duty clinic. I will be participating every fourth weekend. Is this part of my practice?</p>	<p>Where physicians participate in a duty clinic as part of their practice, all claims submitted will be included in your overall shadow or FFS billing evaluation each year.</p>
<p>11. Is there any reporting required at the end of each year?</p>	<p>Annual reporting will be limited to confirming you have adhered to the contractual requirements as set out in section 2</p>

Question		Answer
		of your Return of Service agreement. A reporting template will be provided in advance of your one-year anniversary.
12.	Are there any specific patient number/panel size as part of the requirements for these incentives?	<p>Specialist services are solely based on claims for clinical services (i.e., threshold). No patient minimums are listed.</p> <p>Mixed practices outside office-based settings are evaluated based on a mixture of claims for clinical services and time spent doing ‘other’ services (e.g., hospitalist, emergency service, primary maternity care).</p> <p>Office-based practice activity level is measured through FFS or shadow billing. In addition to the 60% shadow billing threshold requirement, family physicians are required to have claimed a minimum 50% office-based patient facing services – i.e., using office-based fee codes (e.g., 03.03). Specialist practices do not have this requirement because much of their practice is in hospital-based settings.</p> <p>While this incentive does not prescribe how many patients are to be attached to any practice, family physicians must derive a minimum 95% of new patients from the Province’s Need a Family Practice Registry or through a transfer of a patients from another Nova Scotia physician.</p> <p>Family physicians who are remunerated through APPs would have a minimum patient panel size required as part of their APP requirements (but not for the incentives).</p>

PAYMENTS

Question		Answer
1.	When will I get my funding?	<p>The first payment will be made when all signatories have signed the Return of Service agreement.</p> <p>For subsequent payments, they are disbursed once the previous year’s billings have been verified. In Nova Scotia there is a 90-day window allowing claims to be submitted as outlined in the Nova Scotia Physicians Manual Preamble. Therefore, review of eligibility and payment for incentives will only commence after completion of the 90-day allowance period. This simply allows</p>

Question	Answer
	<p>physicians a grace period to submit claims and ensures annual payments are made on total billing.</p>
<p>2. How will I know if I've worked enough to qualify for the incentive each year?</p>	<p>Fee-for-Service or shadow billing data will be used to determine eligibility. You must meet the billing or shadow billing targets identified in your agreement to receive payment. There is no pro-ration if targets are not met. However, not meeting a target one year does not preclude you from receiving the payment in subsequent years if targets are met.</p> <p><i>For services where thresholds are based on other indicators (e.g., hospitalist census, emergency CTAS), physicians will be expected to work a minimum number of hours distributed throughout the year. More information can be found in the "Obligations" section.</i></p>
<p>3. How is 50% of office-based practice measured? Must I spend 50% of my time in an office, or have a certain number of patients?</p>	<p>Office-based practice activity level is measured through Fee-for-Service or shadow billing. Your payment is dependent upon having a 50% office-based practice, and you must bill office-based fee codes (e.g., 03.03) from an office-based location (i.e., face-to-face, direct clinical care).</p>
<p>4. **UPDATED** I am less than a full 1.0 FTE. What is my billing threshold?</p>	<p>For physicians remunerated through an Alternative Payment Plan (APP), the billing threshold is equivalent to their APP shadow billing target. This target is a percentage of the contract value. In 2021-22, all APPs in the province have a 60% threshold except Anesthesia, which has a billing threshold of 50%.</p> <p>For fee-for-service physicians, the billing threshold will be 60% of the Canadian Institute for Health Information (CIHI) average gross clinical payment for 2019-2020, adjusted for the current Master Agreement annual increases and FTE identified in the NSHA Letter of Offer.</p> <p>1.0 FTE values are illustrated in the attached Specialty Rates chart (Appendix 4).</p> <p>Physicians remunerated from multiple sources (e.g., part-time APP, part-time fee-for-service) will have a weighted average target applied comprising the individual targets (i.e., APP target + FFS target).</p> <p>GP+1 physicians who practice in geriatrics, palliative, and EDs, will be expected to work a minimum number of hours distributed throughout the year. GP+1 physicians in Anaesthesia will have a shadow billing threshold of 50%.</p> <p>Please note, for family physicians, at least 50% of the services performed must be from patient-facing, office-based primary care.</p>

	Question	Answer
5.	What are the APP billing thresholds?	As per the 2021-22 APP contracts, the shadow billing threshold is 60% for all specialties except Anesthesia (i.e., 50%). DHW is currently reviewing the Accountability Framework and these threshold rates may be subject to change in future years. In all instances, APP physicians will be advised of their shadow billing threshold.
6.	I did not meet my billing threshold in my second year of the Return of Service agreement. Does this mean I will not qualify for any more payments?	If you miss the target in any year, you can still be eligible for payments in the following year(s) of the Return of Service period. Each year is reviewed independently. If you do not meet the billing threshold one year, it does not disqualify you from receiving future payments.
7.	How will payments be made?	<p>All payments will be made in accordance with the Medavie payment schedule. You can see the schedule of payments here: MSI - Billing FAQs – (bluecross.ca)</p> <p>Subsequent payments are disbursed once the previous year’s billings have been verified. In Nova Scotia there is a 90-day window allowing claims to be submitted as outlined in the Nova Scotia Physicians Manual Preamble. Therefore, review of eligibility and payment for incentives will only commence after completion of the 90-day allowance period. This allows physicians a grace period to submit claims and ensures annual payments are made on total billing. For example, if your one-year anniversary date is July 17, 2023, your billing will not be reviewed until after September 15, 2023.</p>
8.	Is the incentive taxable?	Yes, it is a taxable benefit. You should consult with your accountant and/or tax planner to ensure you understand the full impact of any potential tax implications.
9.	I have a mixed practice and will be providing hospitalist services for 0.2 of my overall FTE. Are my on-call hours included in the annual calculation?	<p>For services where call is required (e.g., most specialties, hospitalist, emergency), the nighttime/holiday/weekend call is not included as part of any annual hours’ calculations but will be included as part of the annual billing calculation for specialists.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Family physician doing 0.2 FTE hospitalist services (minimum 38 days per annum) <ul style="list-style-type: none"> ○ Only scheduled hours are included in the annual calculation <i>(1725 hrs x 0.2 FTE ÷ 9 hrs per day = 38.33 days)</i>

Question	Answer
	<ul style="list-style-type: none"> ○ Claims made while on call are not included in the annual review because this service does not have a shadow billing threshold • Obstetrics and Gynecology specialist doing nighttime core specialty call <ul style="list-style-type: none"> ○ All claims – FFS or shadow – will be included in the total claims calculation when determining attainment of the billing threshold

APPENDIX 1 – NOVA SCOTIA PHYSICIAN INCENTIVE GUIDELINES –
PRIMARY CARE PRACTICONER

Nova Scotia Physician Incentive: Primary Care Physician Stream

Guidelines

The Primary Care Physician Incentive is intended to support patient-facing office-based primary care.

Eligibility Criteria:

Communities of practice that are eligible for the incentive	<p>Western Zone – all communities</p> <p>Eastern Zone – all communities</p> <p>Northern Zone – all communities</p> <p>Central Zone – only the following communities are eligible:</p>										
	Eastern Shore Musquodoboit Network	<table border="1"> <tr><td>Chezzetcook</td><td>Middle Musquodoboit</td><td>Porters Lake</td></tr> <tr><td>Jeddore</td><td>Musquodoboit Harbour</td><td>Sheet Harbour</td></tr> <tr><td>Lake Echo</td><td>Upper Musquodoboit</td><td>Moser River</td></tr> </table>	Chezzetcook	Middle Musquodoboit	Porters Lake	Jeddore	Musquodoboit Harbour	Sheet Harbour	Lake Echo	Upper Musquodoboit	Moser River
Chezzetcook	Middle Musquodoboit	Porters Lake									
Jeddore	Musquodoboit Harbour	Sheet Harbour									
Lake Echo	Upper Musquodoboit	Moser River									
West Hants Network	<table border="1"> <tr><td>Brooklyn</td><td>Kempt Shore</td><td>Smiths Corner</td></tr> <tr><td>Falmouth</td><td>Mount Uniacke</td><td>Summerville</td></tr> <tr><td>Hantsport</td><td>Windsor / Windsor Forks</td><td>Three Mile Plains</td></tr> </table>	Brooklyn	Kempt Shore	Smiths Corner	Falmouth	Mount Uniacke	Summerville	Hantsport	Windsor / Windsor Forks	Three Mile Plains	
Brooklyn	Kempt Shore	Smiths Corner									
Falmouth	Mount Uniacke	Summerville									
Hantsport	Windsor / Windsor Forks	Three Mile Plains									
ELIGIBILITY CRITERIA 1	<p>Have you previously entered into a Return of Service agreement for a financial or educational incentive either with the Province, the Minister and/or the Department of Health and Wellness or another party (either current or past)?</p>										
	No	Please proceed to Eligibility Criteria 2.									
	Yes	You do not qualify.									
ELIGIBILITY CRITERIA 2	<p>Do the following conditions apply to your situation?</p> <ul style="list-style-type: none"> • You are currently enrolled in a Canadian family medicine residency program, or have completed a family medicine residency (and any training immediately following residency) and it has been 10 years or less since you entered into independent practice; and • You are currently licensed with a medical regulatory authority in Canada 										
	Yes	Please proceed to Eligibility Criteria 3.									
	No	You do not qualify.									
ELIGIBILITY CRITERIA 3	<p>Have you practiced in Nova Scotia before in a community that is eligible for the incentive, other than during a residency or locum?</p>										
	No	Please proceed to Eligibility Criteria 4.									
	Yes	You do not qualify.									
ELIGIBILITY CRITERIA 4	<p>Have you signed a letter of offer with the NSHA, which specifies a community or communities of practice?</p>										
	Yes	Please review the approved zones / communities for eligibility									
	No	You do not qualify.									

Nova Scotia Physician Incentive: Primary Care Physician Stream Guidelines

Return of Service (ROS) Agreement:

Approved incentive recipients will be required to enter into a Return of Service agreement with the Province of Nova Scotia before receiving any funds. Among other things, the agreement will require you to:

- practice for five years in the community or communities specified in your Letter of Offer,
- provide at least 50% patient-facing office-based primary care,
- acquire a minimum 95% of your new patients from the Province's Need a Family Practice Registry or through a transfer of a patients from another Nova Scotia physician, and
- meet fee-for-service and/or shadow billing targets and minimum hours of service per annum (whichever is applicable for the mix of services being provided in the Return of Service period)

Value of Incentive:

For **full-time** physicians (1.0 FTE), the incentive is valued at \$125,000:

- Initial payment of \$25,000 will be paid upon signing a Return of Service agreement.
- Five annual payments of \$20,000 each are paid at the end of each year of service (provided conditions are met as outlined within the Return of Service agreement).

Physicians practicing on a **part-time** basis (less than 1.0 FTE) will receive a prorated portion of these payments.

Alternative Payment Plans (APPs):

Physicians receiving this incentive and remunerated with an Alternative Payment Plan (APP) must have a minimum 0.5 FTE APP agreement.

Annual Payment Conditions:

Annual billings will be calculated no sooner than 90 days following the end of each year of service, to allow for calculation of all relevant billings.

Billings and payments for non-clinical services will be excluded from the billing data analysis. They include, but are not necessarily limited to:

- a. Master Agreement incentive programs
- b. Leadership/administrative stipends
- c. Pathology List B payments
- d. Facility on-call stipends
- e. Workers' compensation billings
- f. Payments for C/AFP entitlements
- g. Teaching stipend
- h. Locum payments for anything other than clinical services (i.e., expenses)

Though not all, those listed above are typically payable in addition to a physician's shadow billing or fee-for-service claims.

For APP physicians, the incentive shadow billing target is 60% of the APP contract value.¹

Nova Scotia Physician Incentive: Primary Care Physician Stream Guidelines

For fee-for-service physicians, the billing threshold will be 60% of the Canadian Institute for Health Information (CIHI) average gross clinical payment for 2019-2020 adjusted for the current Master Agreement annual increases² and FTE identified in the NSHA Letter of Offer.

Where remuneration for services is based on days/hours (e.g., ED, hospitalist, primary maternity care, sessional), the incentive threshold is based on minimum annual hours.

Physicians remunerated from multiple sources (e.g., part-time APP, part-time fee-for-service, part-time sessional) will have a weighted average target applied comprising the individual targets (i.e., APP target + FFS target + sessional target).

In all instances:

- The target will be pro-rated for the FTE identified in the NSHA Letter of Offer, and
- At least 50% of the claims submitted must be from patient-facing office-based primary care.

If a physician leaves mid-year, the final payment will not be prorated.

Moving Return of Service Location:

If a recipient wishes to change their Return of Service location, the incentive may only be transferred with Department of Health and Wellness approval and if the new location is in an eligible community of practice. In each instance, the physician and health authority must present an extenuating reason for the request to be considered.

Please note this is a taxable benefit. Upon request, a T4A will be provided.

For further detail about this incentive, please refer to the accompanying *Question & Answer (Q&A)* document.

¹ APP shadow billing thresholds are independent of the Return of Service billing threshold. When issuing a contract to a physician, DHW will advise the applicable thresholds (i.e., shadow billing, FFS billing, hours) of the services being provided for the incentive.

² Source: CIHI National Physician Database – Payments Data, 2019-2020. [npdb-payments-data-tables-2019-en.xlsx \(live.com\)](https://www.cihi.ca/en/npdb-payments-data-tables-2019-en.xlsx). Nova Scotia Physician Services Master Agreement rate increases are applied (e.g., 2% per annum for the 2019-23 agreement). The Family Physician average gross clinical payment for 2019-20 was \$234,283 per FTE; the rate for 2022-23 is calculated as \$248,623. The threshold will be \$124,312 per 1.0 FTE. When issuing a contract to a physician, DHW will advise the applicable thresholds (i.e., shadow billing, FFS billing, hours) of the services being provided for the incentive.

APPENDIX 2 – NOVA SCOTIA PHYSICIAN INCENTIVE GUIDELINES –
GPs WITH ONE-YEAR POST GRADUATE SPECIALTY SERVICES
CERTIFICATION

Nova Scotia Physician Incentive: One Year Postgraduate Training (GP+1) Specialty Stream Guidelines

The One-year Postgraduate Training (GP+1) Specialty Stream Physician Incentive is intended to support the recruitment of physicians with a minimum of one-year postgraduate certification in specialty services, (e.g., Care of the Elderly, Emergency Medicine, FP Anaesthesia, Palliative Care) but who are not Royal College of Canada certified specialists.

Eligibility Criteria:

Communities of practice that are eligible for the incentive	<p>Western Zone – all communities</p> <p>Eastern Zone – all communities</p> <p>Northern Zone – all communities</p> <p>Central Zone – not eligible</p>				
ELIGIBILITY CRITERIA 1	<p>Have you previously entered into a Return of Service agreement for a financial or educational incentive either with the Province, the Minister and/or the Department of Health and Wellness or another party (either current or past)?</p> <table border="1"> <tr> <td style="text-align: center;">No</td> <td>Please proceed to Eligibility Criteria 2.</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td>You do not qualify.</td> </tr> </table>	No	Please proceed to Eligibility Criteria 2.	Yes	You do not qualify.
No	Please proceed to Eligibility Criteria 2.				
Yes	You do not qualify.				
ELIGIBILITY CRITERIA 2(A)	<p>Do the following conditions apply to your situation?</p> <ul style="list-style-type: none"> • You have a minimum of one-year postgraduate certification in one of the following specialty services: Anaesthesia, Care of the Elderly, Emergency Medicine, Palliative Care, or • You are currently enrolled in a Canadian family medicine residency (or postgraduate program), and working towards one of the above mentioned specialty services. <table border="1"> <tr> <td style="text-align: center;">Yes</td> <td>Please proceed to Eligibility Criteria 2(B).</td> </tr> <tr> <td style="text-align: center;">No</td> <td>You do not qualify.</td> </tr> </table>	Yes	Please proceed to Eligibility Criteria 2(B).	No	You do not qualify.
Yes	Please proceed to Eligibility Criteria 2(B).				
No	You do not qualify.				
ELIGIBILITY CRITERIA 2(B)	<p>Do the following apply to your situation?</p> <ul style="list-style-type: none"> • It has been 10 years or less since you <u>first</u> entered into independent practice; and • You are currently licensed with a medical regulatory authority in Canada. <table border="1"> <tr> <td style="text-align: center;">Yes</td> <td>Please proceed to Eligibility Criteria 3.</td> </tr> <tr> <td style="text-align: center;">No</td> <td>You do not qualify.</td> </tr> </table>	Yes	Please proceed to Eligibility Criteria 3.	No	You do not qualify.
Yes	Please proceed to Eligibility Criteria 3.				
No	You do not qualify.				
ELIGIBILITY CRITERIA 3	<p>Have you practiced in Nova Scotia before in a community that is eligible for the incentive, other than during a residency or locum?</p> <table border="1"> <tr> <td style="text-align: center;">No</td> <td>Please proceed to Eligibility Criteria 4.</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td>You do not qualify.</td> </tr> </table>	No	Please proceed to Eligibility Criteria 4.	Yes	You do not qualify.
No	Please proceed to Eligibility Criteria 4.				
Yes	You do not qualify.				
ELIGIBILITY CRITERIA 4	<p>Have you signed a letter of offer with the NSHA, which specifies a community or communities of practice?</p> <table border="1"> <tr> <td style="text-align: center;">Yes</td> <td>Please review the approved zones / communities for eligibility</td> </tr> <tr> <td style="text-align: center;">No</td> <td>You do not qualify.</td> </tr> </table>	Yes	Please review the approved zones / communities for eligibility	No	You do not qualify.
Yes	Please review the approved zones / communities for eligibility				
No	You do not qualify.				

Nova Scotia Physician Incentive: One Year Postgraduate Training (GP+1) Specialty Stream Guidelines

Return of Service (ROS) Agreement:

Approved incentive recipients will be required to enter into a Return of Service agreement with the Province of Nova Scotia before receiving any funds. Among other things, the agreement will require you to:

- practice for five years in the community or communities specified in your Letter of Offer,
- meet fee-for-service and/or shadow billing targets, or minimum hourly threshold (for Emergency Medicine, Geriatric Care, and Palliative Care).

Value of Incentive:

For **full-time** physicians (1.0 FTE), the incentive is valued at \$125,000:

- Initial payment of \$25,000 will be paid upon signing a Return of Service agreement.
- Five annual payments of \$20,000 each are paid at the end of each year of service (provided conditions are met as outlined within the Return of Service agreement).

Physicians practicing on a **part-time** basis (less than 1.0 FTE) will receive a prorated portion of these payments.

Alternative Payment Plans (APPs):

Physicians receiving this incentive and remunerated with an Alternative Payment Plan (APP) must have a minimum 0.5 FTE APP agreement.

Annual Payment Conditions:

Annual billings will be calculated no sooner than 90 days following the end of each year of service, to allow for calculation of all relevant billings.

Billings and payments for non-clinical services will be excluded from the billing data analysis. They include, but are not necessarily limited to:

- a. Master Agreement incentive programs
- b. Leadership/administrative stipends
- c. Facility on-call stipends
- d. Workers' compensation billings
- e. Payments for C/AFP entitlements
- f. Teaching stipend
- g. Locum payments for anything other than clinical services (i.e., expenses)

Though not all, those listed above are typically payable in addition to a physician's shadow billing or fee-for-service claims.

For APP physicians, the incentive shadow billing target is 50% of the APP contract value.¹

For fee-for-service physicians, the incentive billing threshold will be 50% of the Canadian Institute for Health Information (CIHI) average gross clinical payment for 2019-2020 adjusted for the current Master Agreement annual increases² and FTE identified in the NSHA Letter of Offer.

Where remuneration for services is based on days/hours (e.g., ED, sessional), the incentive threshold is based on minimum annual hours.

Nova Scotia Physician Incentive: One Year Postgraduate Training (GP+1) Specialty Stream Guidelines

Physicians remunerated from multiple sources (e.g., part-time APP, part-time fee-for-service, part-time sessional) will have a weighted average target applied comprising the individual targets (i.e., APP target + FFS target + sessional target).

In all instances:

- The target will be pro-rated for the FTE identified in the NSHA Letter of Offer, and

If a physician leaves mid-year, the final payment will not be prorated.

Moving Return of Service Location:

If a recipient wishes to change their Return of Service location, the incentive may only be transferred with Department of Health and Wellness approval and if the new location is in an eligible community of practice. In each instance, the physician and health authority must present an extenuating reason for the request to be considered.

Please note this is a taxable benefit. Upon request, a T4A will be provided.

For further detail about this incentive, please refer to the accompanying *Question & Answer (Q&A)* document.

¹ APP shadow billing thresholds are independent of the Return of Service billing threshold. When issuing a contract to a physician, DHW will advise the applicable thresholds (i.e., shadow billing, FFS billing, hours) of the services being provided for the incentive.

² Source: CIHI National Physician Database – Payments Data, 2019-2020. [npdb-payments-data-tables-2019-en.xlsx \(live.com\)](#). Nova Scotia Physician Services Master Agreement rate increases are applied (e.g., 2% per annum for the 2019-23 agreement). GP+1 specialities available for licensure in Nova Scotia are relatively few and the billing thresholds may not be attainable in certain communities. When issuing a contract to a physician, DHW will advise the applicable thresholds (i.e., shadow billing, FFS billing, hours) for the services being provided for the Return of Service.



Health and Wellness

Nova Scotia Physician Incentives

APPENDIX 3 – NOVA SCOTIA PHYSICIAN INCENTIVE GUIDELINES –
SPECIALIST

Nova Scotia Physician Incentive: Specialist Stream

Guidelines

The Specialist Physician Incentive is intended to support the recruitment of specialists working full-time and outside of Central Zone. Specialist means a Physician registered with the College of Physicians and Surgeons whose name appears on the Medical Specialist Register of Nova Scotia, excluding those who have either a CCFP or CCFP-EM certification.

Eligibility Criteria:

Communities of practice that are eligible for the incentive	<p>Western Zone – all communities</p> <p>Eastern Zone – all communities</p> <p>Northern Zone – all communities</p> <p>Central Zone – not eligible</p>				
ELIGIBILITY CRITERIA 1	<p>Have you previously entered into a Return of Service agreement for a financial or educational incentive either with the Province, the Minister and/or the Department of Health and Wellness or another party (either current or past)?</p> <table border="1"> <tr> <td style="text-align: center;">No</td> <td>Please proceed to Eligibility Criteria 2.</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td>You do not qualify.</td> </tr> </table>	No	Please proceed to Eligibility Criteria 2.	Yes	You do not qualify.
No	Please proceed to Eligibility Criteria 2.				
Yes	You do not qualify.				
ELIGIBILITY CRITERIA 2	<p>Do the following conditions apply to your situation?</p> <ul style="list-style-type: none"> • You are currently enrolled in a Canadian specialist residency program, or have completed a specialist residency (and any training immediately following residency) and it has been 10 years or less since you entered into independent practice; and • You are currently licensed with a medical regulatory authority in Canada <table border="1"> <tr> <td style="text-align: center;">Yes</td> <td>Please proceed to Eligibility Criteria 3.</td> </tr> <tr> <td style="text-align: center;">No</td> <td>You do not qualify.</td> </tr> </table>	Yes	Please proceed to Eligibility Criteria 3.	No	You do not qualify.
Yes	Please proceed to Eligibility Criteria 3.				
No	You do not qualify.				
ELIGIBILITY CRITERIA 3	<p>Have you practiced in Nova Scotia before in a community that is eligible for the incentive, other than during a residency or locum?</p> <table border="1"> <tr> <td style="text-align: center;">No</td> <td>Please proceed to Eligibility Criteria 4.</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td>You do not qualify.</td> </tr> </table>	No	Please proceed to Eligibility Criteria 4.	Yes	You do not qualify.
No	Please proceed to Eligibility Criteria 4.				
Yes	You do not qualify.				
ELIGIBILITY CRITERIA 4	<p>Have you signed a letter of offer with the NSHA, which specifies a community or communities of practice?</p> <table border="1"> <tr> <td style="text-align: center;">Yes</td> <td>Please proceed to Eligibility Criteria 5.</td> </tr> <tr> <td style="text-align: center;">No</td> <td>You do not qualify.</td> </tr> </table>	Yes	Please proceed to Eligibility Criteria 5.	No	You do not qualify.
Yes	Please proceed to Eligibility Criteria 5.				
No	You do not qualify.				

Nova Scotia Physician Incentive: Specialist Stream Guidelines

Return of Service (ROS) Agreement:

Approved incentive recipients will be required to enter into a Return of Service agreement with the Province of Nova Scotia before receiving any funds. Among other things, the agreement will require you to:

- practice for five years in the community or communities specified in your Letter of Offer,
- participate in the call coverage rotation for your service (where a call service exists), and
- meet fee-for-service and/or shadow billing targets and/or minimum hours of service per annum (whichever is applicable for the mix of services being provided in the Return of Service period).

Value of Incentive:

For **full-time** physicians (1.0 FTE), the incentive is valued at \$125,000:

- Initial payment of \$25,000 will be paid upon signing a Return of Service agreement.
- Five annual payments of \$20,000 each are paid at the end of each year of service (provided conditions are met as outlined within the Return of Service agreement).

Physicians practicing on a **part-time** basis (less than 1.0 FTE) will receive a prorated portion of these payments.

Alternative Payment Plans (APPs):

Physicians receiving this incentive and remunerated with an Alternative Payment Plan (APP) must have a minimum 0.5 FTE APP agreement.

Annual Payment Conditions:

Annual billings will be calculated no sooner than 90 days following the end of each year of service, to allow for calculation of all relevant billings.

Billings and payments for non-clinical services will be excluded from the billing data analysis. They include, but are not necessarily limited to:

- a. Master Agreement incentive programs
- b. Leadership/administrative stipends
- c. Pathology List B payments
- d. Facility on-call stipends
- e. Workers' compensation billings
- f. Payment for C/AFP entitlements
- g. Teaching stipend
- h. Locum payments for anything other than clinical services (i.e., expenses)

Though not all, those listed above are typically payable in addition to a physician's shadow billing or fee-for-service claims.

For APP physicians, the incentive shadow billing target is 50% of the APP contract value.¹

For fee-for-service physicians, the incentive billing threshold will be 50% of the Canadian Institute for Health Information (CIHI) average gross clinical payment for 2019-2020 adjusted for the current Master Agreement annual increases² and FTE identified in the NSHA Letter of Offer.

Where remuneration for services is based on days/hours (e.g., ED, ICU, sessional), the incentive threshold is based on minimum annual hours.

Nova Scotia Physician Incentive: Specialist Stream Guidelines

Physicians remunerated from multiple sources (e.g., part-time APP, part-time fee-for-service, part-time sessional) will have a weighted average target applied comprising the individual targets (i.e., APP target + FFS target + sessional target).

In all instances, the threshold will be pro-rated for the FTE identified in the NSHA Letter of Offer.

If a physician leaves mid-year, the final payment will not be prorated.

Moving Return of Service Location:

If a recipient wishes to change their Return of Service location, the incentive may only be transferred with Department of Health and Wellness approval and if the new location is outside of Central Zone. In each instance, the physician and health authority must present an extenuating reason for the request to be considered.

Please note this is a taxable benefit. Upon request, a T4A will be provided.

For further detail about this incentive, please refer to the accompanying *Question & Answer (Q&A)* document.

1. APP shadow billing thresholds are independent of the Return of Service billing threshold. When issuing a contract to a physician, DHW will advise the applicable thresholds (i.e., shadow billing, FFS, hours) of the services being provided for the incentive.
2. Source: CIHI National Physician Database – Payments Data, 2019-2020. [npdb-payments-data-tables-2019-en.xlsx \(live.com\)](#) Nova Scotia Physician Services Master Agreement rate increases are applied (e.g., 2% per annum for the 2019-23 agreement); e.g., the Paediatrics average gross clinical payment for 2019-20 was \$244,784 per FTE; the rate for 2022-23 is calculated as \$259,767. The threshold will be \$129,884 per 1.0 FTE. Note: some specialties (e.g., geriatric medicine, palliative care) may not have a billing threshold until the new accountability framework establishes appropriate metrics for those specialties. When issuing a contract to a physician, DHW will advise the applicable thresholds (i.e., shadow billing, FFS billing, hours) of the services being provided for the incentive.

APPENDIX 4 – SPECIALTY RATES (2019-20 CIHI data with Nova Scotia
Master Agreement rate increases applied)

Average Gross Clinical Payment per Physician Specialty in Nova Scotia

CIHI data from 2019-2020

Master Agreement rate increases applied for 2022-2023

Specialty	CIHI		NS Master Agreement Applied	
	2019	2020	2022	2023
Family medicine	\$234,283		\$248,623	
Medical specialties	\$286,546		\$304,085	
Internal medicine	\$290,103		\$307,860	
Cardiology	\$280,439		\$297,604	
Gastroenterology	\$287,155		\$304,731	
Neurology	\$324,506		\$344,368	
Psychiatry	\$250,602		\$265,941	
Pediatrics	\$244,784		\$259,766	
Dermatology	\$447,393		\$474,777	
Physical medicine	\$203,207		\$215,645	
Anesthesia	\$332,793		\$353,163	
Surgical specialties	\$413,401		\$438,704	
General surgery	\$412,135		\$437,361	
Thoracic/cardiovascular surgery	\$445,475		\$472,741	
Urology	\$471,614		\$500,480	
Orthopedic surgery	\$388,567		\$412,351	
Plastic surgery	\$462,908		\$491,241	
Neurosurgery	\$492,833		\$522,999	
Ophthalmology	\$575,428		\$610,649	
Otolaryngology	\$422,715		\$448,589	
Obstetrics/gynecology	\$268,251		\$284,670	

Source: CIHI National Physician Database – Payments Data, 2019-2020

Nova Scotia Physician Services Master Agreement rate increases are applied (e.g., 2% per annum for the 2019-23 agreement)

Example: the Family Physician average gross clinical payment for 2019-2020 was \$234,283 per FTE; rate for 2022-2023 is calculated as \$248,623. 2022-2023 threshold will be 60% of \$234,283 = \$149,174 per 1.0 FTE.

Where a sub-specialty is not listed, DHW will calculate and advise.