APPENDIX G

MEDICAL ON-CALL/AVAILABILITY PROGRAM (MOCAP)

- 1.1 MOCAP will provide payment to physician(s) and physician groups who provide coverage for patients, other than their own or their call groups', as required and approved by Health Authorities.
- 1.2 The MOCAP budget identified in section 18.1 of the Physician Master Agreement includes funding for Doctor of the Day payments. This provides greater flexibility for Health Authorities in purchasing MOCAP coverage and Doctor of the Day services.
- 1.3 Where MOCAP coverage is required it is in the best interests of the population served that it be provided on a 24/7/52 basis. It is recognized that, in some circumstances, a Health Authority may decide to provide MOCAP coverage on some other basis.
- 1.4 Physicians will provide MOCAP coverage in accordance with the provisions of the template MOCAP Contract attached as Schedule 1 to this Appendix.
- 1.5 MOCAP payments will be determined on the basis of annual rates.
- 1.6 The annual rates for the 2006/07, 2007/08, 2008/09, 2009/10, 2010/11 and 2011/12 Fiscal Years will be as follows:
 - (a) Level 1- Coverage designated by a Health Authority to require availability by telephone within 10 minutes, and available to be on-site urgently but no later than within 45 minutes. The annual rate for 24/7/52 Level 1 coverage is \$225,000 per call group.
 - (b) Level 2 Coverage designated by a Health Authority to require availability by telephone within 15 minutes, and available to be on-site within 2 hours. The annual rate for 24/7/52 Level 2 coverage is \$165,000 per call group.
 - (c) Level 3 Coverage designated by a Health Authority to require availability by telephone within 15 minutes, and available on-site within 16 hours of receiving the call. The annual rate for 24/7/52 Level 3 coverage is \$70,000 per call group.
 - (d) On Site On-Call Where a physician is designated by a Health Authority to be on-call on site. Physician groups in this category predominately include tertiary obstetrics, anesthesia, and neonatology. The annual rate for 24/7/52 on site on-call coverage is \$325,000 per call group.
 - (e) Call Back Where a physician is not on-call but is called in by the Health Authority to provide a service. The call back rate is \$250 per call back.

This consolidated version reflects Amendment Number 1 dated December 6, 2007, Amendment Number 2 dated June 12, 2008, Amendment Number 3 dated October 3, 2008 and Amendment Number 4 dated March 27, 2009, and all consequential Subsidiary Agreement amendments. All amendments in red font.