FACT SHEET

Title: **Solo Payments for Signatory Physicians – Lead Physicians**

Date: **October 2008**

Eligible Patient Enrolment Models (PEMs):

☑ Family Health Networks (FHNs) ☑ Family Health Organizations (FHOs)

Section 10.6 of Appendix E of the Memorandum of Agreement (MOA) between the Ministry of Health and Long-Term Care (the Ministry) and the Ontario Medical Association (OMA), provided for eligible Patient Enrolment Model (PEM) physicians, should they agree at the group level, with the option to receive capitation payments on their solo Remittance Advice (RA). The Ministry and the OMA then agreed that signatory physicians could also submit Fee-for-Service (FFS) and most Q code claims with their solo billing number and receive payment on their solo RA.

To date, all of the agreed upon solo payments have been made available to physicians with the exception of the Cumulative Preventive Care Management Fees and the Blended Fee for Service Payment.

Effective June 1, 2008, signatory physicians in eligible PEMs that have opted for solo payments began to be paid for the following as solo payments:

- Cumulative Preventive Care Management Fees (Q100A-Q121A)
- Blended Fee for Service (FFS) Premium (includes Age Premium)

Blended Fee for Service Premium Reporting Changes:

Prior to June, 2008, the Blended Fee for Service Premium appeared as an accounting transaction, 'BLENDED FEE FOR SERVICE PREMIUM', on the Group RA as a sum of the Blended Fee for Service Premium for all physicians in this group.

Beginning with the July 2008 RA, the Blended Fee for Service Premium stopped appearing on the Group RA and began appearing and being paid on the individual physician's Solo RA as an accounting transaction 'BLENDED FEE FOR SERVICE PREMIUM'. The Blended Fee for Service on Age Premium, when a patient qualifies for this premium, will also be paid on the physician's Solo RA as a second accounting transaction 'BLENDED FEE FOR SERVICE PREMIUM'.

Cumulative Preventive Care Management Fee Reporting Changes:

Prior to June, 2008, the Cumulative Preventive Care Management Fee appeared as an accounting transaction, 'PREVENTIVE CARE BONUS', on the Group RA as a sum of the Cumulative Preventive Care Management Fees for all physicians in this group.

Beginning with the July 2008 RA, the Cumulative Preventive Care Management Fee stopped appearing on the Group RA and began appearing and being paid on the individual physician's Solo RA as an accounting transaction 'PREVENTIVE CARE BONUS'.

PAYMENT SUMMARY REPORT Changes on the Group and Solo RA:

Beginning with the July 2008 RA, the PAID TO GROUP totals on each physician's PAYMENT SUMMARY REPORT stopped including the Blended FFS Premium and Cumulative Preventive Care Management Fee. These amounts are now included in the PAID TO PHYSICIAN totals.

Additional Reporting Changes on the Group RA:

Beginning with the July 2008 RA, the GROUP TOTAL SUMMARY REPORT stopped reporting the TOTAL BLENDED PREMIUMS, TOTAL AGE PREMIUM and PREVENTIVE CARE BONUS PAYMENT.

Also, the following reports stopped appearing on the Group RA:

- PREMIUM PAYMENTS REPORT for each physician in the group
- BLENDED FEE-FOR-SERVICE PREMIUM SUMMARY REPORT
- BLENDED FEE-FOR-SERVICE PREMIUM DETAIL REPORT for each physician in the group

Should you have any questions regarding solo level payments, please contact your Ministry site team at 1-866-766-0266.