

*MINISTRY OF HEALTH AND LONG-TERM CARE*  
*Primary Health Care Team*

**FACT SHEET**

**To: All Ontario Family Physicians**

**Title: Family Health Organization (FHO) Fact Sheet**

**Date: May 2007**

---

Section 9.1 of Appendix E of the 2004 Memorandum of Agreement [MOA] between the Ministry of Health and Long-Term Care [the Ministry] and the Ontario Medical Association [OMA] provided for the alignment of Primary Care Network [PCN] and Health Service Organization [HSO] models into one model that includes common capitated services and treatment of Outside Use.

Existing PCNs and HSOs transitioned to this new model - the Family Health Organization - [FHO] - on November 1, 2006.

**This model is now available to all Ontario family physicians.**

Key elements of the FHO model are outlined below. Please refer to the MOA between the ministry and the OMA for a complete list of primary care incentives.

Physicians interested in becoming a FHO may contact the ministry to obtain a Revenue Analysis in order to support their transition to the FHO model.

If you have questions or are interested in becoming a FHO physician, please contact the Primary Health Care Team at 1-866-766-0266.

**Key elements of FHO Model:**

**1. Group Size**

A FHO will have a minimum group size of 3 physicians.

**2. Capitated Services**

The FHO average net Base Rate Payment effective April 1, 2007 is \$126.04 (includes Seniors Care Premium but excluding Comprehensive Care Capitation Fee) based on 119 included Fee-Schedule Codes (included in Appendix A).

**3. Shadow Billing Premium**

The Ministry will pay to the FHO 10% of the value of included codes provided to all enrolled patients, including Long-Term Care (LTC) enrolled patients.

**4. Outside Use/Access Bonus**

FHO physicians will receive an estimated Access Bonus for their enrolled patients paid monthly with semi-annual reconciliation.

The Access Bonus will be calculated as 0.1859 of a physician's monthly Base Rate Payment minus any Outside Use. The Access Bonus for LTC patients will be calculated at a rate of 0.2065 of a physician's monthly Base Rate Payment minus any Outside Use.

A physician's Outside Use is equal to the dollar value of included services provided to his/her enrolled patients by a family physician outside the group.

## **5. After Hours Obligations**

FHO after hours obligations will require that a minimum three hour block of after hours coverage be provided for each FHO physician up to 5 sessions per week. For example, if the FHO consists of five or more physicians, the physician office will be open for a minimum three hour block on at least five occasions per week, including a three hour block of time on a weekend.

A three hour block of coverage may be provided on Saturday or Sunday in place of one of the weekday evening hour blocks. Two of the weekday evening hour blocks will be considered to have been met if a three hour block of coverage is provided on both Saturday and Sunday.

The FHO agreement sets out all minimum requirements and other components of the After Hours obligations for FHO physicians.

## **6. Telephone Health Advisory Service [THAS]**

The FHO will receive a monthly payment of \$400 per FHO physician to a maximum monthly payment of \$2,000.

## **7. Group Management and Leadership Payment [GMLP]**

The FHO will receive a GMLP payment equal to \$1 per enrolled patient per year to an annual maximum of \$25,000 per group.

## **8. Newborn Care Episodic Fee**

A Newborn Care Episodic Fee of \$13.69 (effective April 1, 2007) will be available for all FHO physicians.

## **9. Q Codes, Premiums and Bonuses**

FHO physicians will be eligible for all incentive payments that align with the Family Health Network Agreement and those included in the MOA. Examples of these are as follows:

- New Patient Fees,
- After Hours Premium,
- Seniors Care Premium,
- Diabetes Management Incentive,
- Smoking Cessation Fees,
- Comprehensive Care Capitation (CCM Fee),
- Special Premiums for Hospital, Obstetrics, Prenatal, Office Procedures, Home Visits, Palliative Care, and providing Primary Care to Patient with a Serious Mental Illness, and
- Cumulative Preventive Care Bonuses.

**For more information, please contact your Ministry site team at 1-866-766-0266**

**Appendix A - FHO Included  
Fee Schedule Codes**

<b>#</b>	<b>FSC</b>	<b>#</b>	<b>FSC</b>	<b>#</b>	<b>FSC</b>
1.	A001A	41.	G231A	81.	K017A
2.	A003A	42.	G235A	82.	Q990A
3.	A004A	43.	G271A	83.	Q992A
4.	A007A	44.	G310A	84.	Q994A
5.	A008A	45.	G313A	85.	Q996A
6.	A110A	46.	G365A	86.	R048A, R048C
7.	A112A	47.	G370A	87.	R051A, R051C
8.	A777A	48.	G371A	88.	R094A, R094C
9.	A901A	49.	G372A	89.	Z101A
10.	A903A	50.	G373A	90.	Z110A
11.	A990A	51.	G375A	91.	Z113A
12.	A994A	52.	G377A	92.	Z114A
13.	A996A	53.	G378A	93.	Z116A
14.	B990A	54.	G379A	94.	Z117A
15.	B992A	55.	G381A	95.	Z122A
16.	B994A	56.	G384A	96.	Z125A
17.	B996A	57.	G385A	97.	Z128A, Z128C
18.	C882A	58.	G420A	98.	Z129A, Z129C
19.	C903A	59.	G435A	99.	Z153A
20.	E070A	60.	G462A	100.	Z154A, Z154C
21.	E071A	61.	G481A	101.	Z156A, Z156C
22.	E542A	62.	G482A	102.	Z157A, Z157C
23.	G001A	63.	G489A	103.	Z158A, Z158C
24.	G002A	64.	G525A	104.	Z159A, Z159C
25.	G004A	65.	G538A	105.	Z160A, Z160C
26.	G005A	66.	G539A	106.	Z161A, Z161C
27.	G009A	67.	J301C	107.	Z162A, Z162C
28.	G010A	68.	J304C	108.	Z169A, Z169C
29.	G011A	69.	J324C	109.	Z170A
30.	G012A	70.	J327C	110.	Z171A, Z171C
31.	G014A	71.	K001A	111.	Z175A, Z175C
32.	G123A	72.	K002A	112.	Z176A, Z176C
33.	G197A	73.	K003A	113.	Z314A, Z314C
34.	G202A	74.	K004A	114.	Z315A
35.	G205A	75.	K005A	115.	Z535A
36.	G209A	76.	K006A	116.	Z543A
37.	G212A	77.	K007A	117.	Z545A
38.	G223A	78.	K008A	118.	Z611A
39.	G227A	79.	K013A	119.	Z847A
40.	G228A	80.	K015A		