The purpose of this info bulletin is to provide Primary Health Care providers with information to assist them in understanding the two newly implemented Primary Care reports, introduced in April 2015: the Roster and Capitation Payment Reconciliation Report and the OHIP Payment Summary Report.

For further information, please refer to INFO Bulletin 11129.

Please note the information illustrated in this INFOBulletin is for demonstration purposes only. Each payment and/or reconciliation amount in your report will be calculated based on your Primary Care agreement.

**e-Guide**

The ministry is developing an electronic guide (e-Guide) which will contain the above information and sample reports in an interactive format that will allow health care providers to learn about these new reports using a self-guided tool at their own convenience and pace. An Info-Bulletin will be posted with instructions on how to access the e-Guide when it is available.

In the interim, a “test” version which will allow you to see the functionality of the future e-Guide can be obtained by emailing the Service Support Contact Centre at: SSSContactCentre.MOH@ontario.ca.

**Do You Need Help Understanding Your Report?**

The Service Support Contact Centre at 1-800-262-6524 can help you if you have a question about MCEDT or the report content.
Roster and Capitation Payment Reconciliation Report – Sample 1 (available to PEM physicians)

This report will:

- Provide a monthly electronic roster
- Provide capitation payment reconciliation details
- Replace six paper roster and payment reports based on your Patient Enrolment Model
  - Enrolment Summary Report
  - Enrolment Detail Report
  - Base Rate Comp Care and Complex Cap Reconciliation Report
  - Comp Care Capitation Payment Reconciliation Report
  - Base Rate Comp Care and Complex Cap Detail Report
  - Comp Care Capitation Payment Detail.

Sample 1: Illustration of Roster and Capitation Payment Reconciliation Report.
Roster Summary Details

The first page of the Roster and Capitation Payment Reconciliation Report will provide Roster Summary details (see Sample 2).

**Sample 2: Illustration of the Roster Summary.**

**Roster Summary section**

- Displays past & current roster totals.

**Previous Month-Total Patients**

- Patients that were reported on the previous month's ROSTER SUMMARY.

**Current Month-Total Patients**

- Total number of patients rostered.

**Roster Type section**

- Displays the total patient breakdown by each roster type.

**Enrolled Patients**

- A patient of a physician participating in a Primary Care Enrolment Model.

**LTC Enrolled Patients**

- An enrolled patient in a Long-Term Care facility.

**Pre-Members**

- A patient who is enrolled through an automated process.

**FHG Assigned Patients**

- A pre-defined list of patients assigned to Family Health Group physicians
In the following pages of the **Roster and Capitation Payment Reconciliation Report** the patients are divided into three sections based on enrolment activity or non-activity (patients are sorted in alphabetical order in each section):

- **Reconciliation Activity**
- **Current Month – Enrolment Additions/Removals**
- **Current Month-No Activity**

These sections will include information under Roster Details, Reconciliation Period and Payment.

**Reconciliation Activity Section – Sample 3**

This section includes payments or recoveries made as a result of any retroactive changes to a patient’s enrolment, the capitation payment or a patient’s age/gender processed in the current month.

### Sample 3: Illustration of the Reconciliation Activity Section of Roster and Capitation Payment Reconciliation Report.

**Health Number**
- A ten-digit number assigned to an OHIP insured patient.

**Status**
- A patient status indicator identifying the roster type of a patient.
  - LTC (Long-Term Care) - An enrolled patient in a Long-Term Care facility.
  - FHG (Family Health Group) - Assigned patient of a Family Health Group physician.
  - PME (Pre-Member) - A patient enrolled through an automated process.

**Roster Start**
- The effective date of the enrolment to the physician.

**Roster End**
- The date the patient’s enrolment ends with the physician.
Reconciliation Activity Section – Sample 3 continued

**Term Code**
- Indicates the reason the enrolment with the physician has ended.
- Roster and Capitation Payment Reconciliation Report continued

**Reconciliation Start**
- First day of the reconciliation period.

**Reconciliation End**
- Last day of the reconciliation period.

**Member Days**
- Total number of days being reconciled.

**Reason Code**
- An indicator identifying the reason for the reconciliation when there is no TERM CODE.
  - 01D-99D - Remove from Roster
  - RND - Rounding Adjustment
  - AGE - Age Change

**Base Rate Reconciliation Adjustment**
- Reconciliation of NETWORK BASE RATE PAYMENT for enrolled patients that have retroactive changes processed in the current month.

**Comp Care Reconciliation**
- Reconciliation of COMP CARE CAPITATION for enrolled patients that have retroactive changes processed in the current month.

**Complex Vulnerable Capitation Adjmt**
- Reconciliation of COMPLEX VULNERABLE CAPITATION PAYMENT for enrolled patients that have retroactive changes processed in the current month.

**On the last page of Reconciliation Activity you will find Totals:**
- The amounts for BASE RATE RECONCILIATION ADJUSTMENT; COMP CARE RECONCILIATION; and COMPLEX VULNERABLE CAPITATION ADJMT. This value will report in the Accounting Adjustments on the Remittance Advice.
Current Month – Enrolment Additions/Removals Section – Sample 4
This section includes details for enrolled patients (including member days) that have enrolment additions/removals processed in the current month.

Sample 4: Illustration of the Current Month – Enrolment Additions/Removals section of Roster and Capitation Payment Reconciliation Report.

Current Month-No Activity Section (Sample 5)
This section includes all patients that have no changes to enrolment in the current processing month.

Sample 5: Illustration of the Current Month No Activity section of Roster and Capitation Payment Reconciliation Report.
OHIP Payment Summary Report – Sample 6 (available to group leads)

This report will:

- Provide summarized information related to payment and/or reconciliations made to the group and providers
- Provide information currently reported on the Group Remittance Advice (RA).

The first page(s) of this report will provide the total GROUP PAYMENTS and EXCEPTION PAYMENTS made in the current month and the $ amount paid to the group.

Sample 6: Illustration of the OHIP Payment Summary Report

(The payments illustrated in this section are for demonstration purposes only. Your Patient Enrolment Model agreement will determine the payments your group is eligible to receive. This sample is for a Family Health Organization who has chosen group payment.)

**Total Payments**

(A + B) = Bank transfer or cheque amount reported on the Group RA.

A = GROUP + EXCEPTION PAYMENTS (see Sample 6: Illustration of the OHIP Payment Summary Report).

B = TOTAL GROUP PAYMENTS ALL PROVIDERS (see Sample 8: Illustration of the Group Payment All Providers).
OHIP Payment Summary Report – Sample 6 continued

**Group + Exception Payments Total (A)**
- The total of the GROUP PAYMENTS and EXCEPTION PAYMENTS made in the current month.
- Roster and Capitation Payment Reconciliation Report continued

**Group Payments Section**
- Payments and/or reconciliations generated by the group and paid on the Group RA. These payments and/or reconciliations will only report when there is a payment/reconciliation made in the current month.

**Exception Payments Section**
- Payments and/or reconciliations generated by the Ministry of Health and Long-Term Care and paid on the Group RA. These payments and/or reconciliations will only report when there is a payment/reconciliation made in the current month.

**Current Month**
- The month the payments and/or reconciliations are processed and paid on the corresponding RA.

**Year to Date**
- The total of all previous and current month payments and/or reconciliations.

(Accounting Adjustments are currently reported on the Group RA to identify the type of payments and/or reconciliations made. These will report in the GROUP and/or EXCEPTIONS PAYMENTS section.)
Group Payment to Provider – Sample 7

Payments and/or reconciliations processed for each individual provider paid on the Group RA that are owed to the provider.

**Note:** Automatic page breaks are included to allow the group lead to share report information with individual providers

**Note:** Information is sorted by the PROVIDER BILLING NUMBER

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### Sample 7: Illustration of the Group Payment to Provider.

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Group Payment All Providers – Sample 8
Total of all of the Group Payment to Providers. Payments and/or reconciliations processed for all providers paid on the Group RA but owed to the providers.

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**Ministry of Health and Long-Term Care**

**GROUP PAYMENT SUMMARY REPORT**

**GROUP:** SAMPLE FAMILY HEALTH ORGANIZATION

**Group:** 082ZZZ

**For Period:** (YY-MM-DD) 2011-10-01 TO 2011-10-31

**Remittance Advice:**

**Group:** November 2011

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**GROUP PAYMENTS ALL PROVIDERS (H)** 5,490.00 16,170.00

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Sample 8: Illustration of the Group Payment All Providers.
Provider Summary – Sample 9
Payments and/or reconciliations paid directly to each individual provider that report on the Group RA.

Note: Automatic page breaks are included to allow the group lead to share report information with individual providers.

Sample 9: Illustration of the Provider Summary.

Summary – All Providers – Sample 10
Payments and/or reconciliations paid directly to all providers that report on the Group RA.

Sample 10: Illustration of the Summary – All Providers.