

## Glossary of Terms

The table below lists each XML field name and its associated field name in the paper report, along with a short description for the field name.

<b>GLOSSARY OF TERMS</b>		
<b>XML Field Name</b>	<b>Paper Report Field Name</b>	<b>Description</b>
Group ID	Group	A ministry registration number assigned to organizations to facilitate payment consolidation.
Group Name	Group	The name of the organization which facilitates payment consolidation.
Group Type	Group/Solo Level	Name to describe the type of group (will be either Group or Solo).
Member Total	Total Members	Grand total for all of the member types (total for re-enrolled is excluded from this total).
Member Type	Assigned Members Enrolled Members Pre-Members Unconfirmed Members Transferred Member Re-enrolled Members	Types of patients\members rostered to a physician who is participating in a primary care model.
Member Type Total	N/A	Total for each type of member (assigned, enrolled, pre-member, unconfirmed, transferred and re-enrolled).
Patient Birthdate	Date of Birth, Birth Date, Birthdate	Date patient was born. (YYYYMMDD)
Patient First Name	Patient Name, First Name	Patient's first name.
Patient Health Number	Health Number, Patient HN	The unique 10 digit individual health identification number assigned by the ministry to eligible Ontario residents.
Patient Last Name	Patient Name, Last Name	Patient's last name.
Patient Sex	Sex, Sex Code	Sex of patient either M or F.
Provider First Name	Physician, Provider	Provider's first name.
Provider Last Name	Physician, Provider	Provider's last name.
Provider Middle Name	Physician, Provider	Provider's middle name.
Provider Number	Physician, Provider	A ministry registration number assigned to individual providers who are lawfully entitled to provide insured services.
Report As Of Date	Report As Of Date	Date the report used to summarize the activity. YYYYMMDD
Report Date	Report Date, Run Date	Date the report was generated. YYYYMMDD
Report ID	Report ID	Unique identifier assigned to the report by MOHLTC.
Report Name	Report Name	Name/title of the report.
Report Period End	For the Period, Report Period	Date the reporting period ended. YYYYMMDD
Report Period Start	For the Period, Report Period	Date the reporting period started. YYYYMMDD
Service Amt	Fee Paid	Amount of payment.
Service Code	Fee Code	Code which appears opposite the description

		of insured benefits listed in the various MOHLTC Schedules of Benefits and Facility Fee Schedule.
Service Date	Service Date	Date the patient received the service. YYYYMMDD
Service Description	Description	Description of the service code.
Subtotal Category	N/A	Subtotal patient categories include: <ul style="list-style-type: none"> <li>• Enrolled Patients</li> <li>• Network Colleague</li> <li>• Non- Enrolled Patients</li> <li>• WSIB</li> <li>• Pre-Network Payment Activation</li> </ul>
Subtotal Category Amt	Subtotal (# of patients, amount paid)	Subtotal amount for each patient category.
Subtotal Category Count	Subtotal (# of patients, amount paid)	Subtotal count for each patient category.
Total Amt	Total Amount for # Enrolled Patients Current Month's Total	Grand total amount for payments.
Total BR Amt	Total Amount for # Enrolled Patients	Grand total amount for the Base Rate payments.
Total CC Amt	Total Amount for # Enrolled Patients	Grand total amount for the Comprehensive Care Capitation payments.
Total Count	Total Amount for # Enrolled Patients Current Month's Total	Grand total number of patients.
Total Recon Amt	Total Reconciliation Amount Shown on Remittance Advice	Grand total for Reconciliation payments.
Total Recon BR Amt	Total Reconciliation Amount Shown on Remittance Advice	Grand total for Base Rate Reconciliation payments.
Total Recon CC Amt	Total Reconciliation Amount Shown on Remittance Advice	Grand total for Comprehensive Care Capitation Reconciliation payments.

For More Information:

Call the **Ministry of Health and Long-Term Care, Service Support Contact Centre** at 1-800-262-6524, or in Kingston, call (613) 548-7981.