Ontario Medical Association

Dear Physicians,

We are writing to inform you of important changes regarding family physicians (OHIP specialty '00') working in emergency departments and hospitals in the context of the new FHO+ model, which went into effect April 1, 2026.

1. All in-basket fee codes claimed by physicians working in hospitals using OHIP specialty code '00' must be submitted with a Master Hospital Number

Under the new FHO+ model, negation of the access bonus as a result of outside use has been eliminated. There is a new approach to accountability for FHOs called Continuity of Care, which is tied to FHO base rate payments.

Continuity of Care is measured by calculating the percentage of rostered patients' visits for in-basket services that are provided by the FHO physician, another physician within the FHO group, or by an Acceptable Physician, including physicians using OHIP specialty code '00' (generally, family physicians) within the hospital. Any FHO physician whose Continuity of Care measure falls below 75% for two related measurement quarters will be subject to a 15% adjustment to their base rate payment.

For Continuity of Care reporting purposes, visits to a physician using OHIP specialty '00' in hospital for in-basket services are captured as visits to an Acceptable Physician when claims are submitted along with a Master Hospital Number (MNI). This also applies to fee codes for special visits to an ED (K990-K999, H980-H981, H984-H989).

In summary, please ensure a Master Hospital Number (MNI) is submitted with any claims provided by physicians billing under OHIP code '00' to ensure these visits do not count against the patient's FHO physician.

Visit the OMA's website for more details about the Continuity of Care measure and a list of in-basket fee codes.

2. Claims for in-basket services provided to in-patients must be submitted with a Service Location Indicator, and notice of delay in 100% fee-for-service payments

For FHO and FHN physicians, as of April 1, 2026 in-basket services provided to enrolled patients who are in-patients in a hospital are now considered out-of-basket and will be paid at the full fee-for-service amount. This was scheduled for implementation starting April 1, 2026, but has since been delayed.

To be eligible for the 100% fee-for-service rate, FHO and FHN physicians **must** submit claims with a Service Location Indicator (SLI) equal to HIP (Hospital In-Patient). This will allow the OHIP system to distinguish claims eligible for 100% of the fee; claims submitted without the SLI equal to HIP will not be eligible for full payment. Although this item has not been implemented yet, physicians should begin submitting applicable claims with an SLI equal to HIP now to support appropriate reconciliation and retroactive payment.

Additional details will be forthcoming; we will communicate updates as soon as they become available.

Key takeaways for physicians:

1. All physicians working in hospitals using OHIP specialty '00' must submit claims for in-basket services together with the four-digit Master Hospital Number when the care is provided in hospital.

2. All FHO and FHN physicians working in hospitals must include a Service Location Indicator (SLI) equal to HIP with claims for in-basket services for in-patients (in addition to the Master Hospital Number).

On behalf of the OMA, we appreciate your attention to these changes and your support to convey this information to your teams and colleagues. Any additional questions can be directed to info@oma.org.

Sincerely,

Steve Nastos
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Ontario Medical Association