

OHIP Billing: FHO+ Continuity of Care

Quick Reference Guide

This reference guide will provide you with key information on the FHO+ continuity of care measure.

What is the continuity of care (CoC) measure?

Under the new **FHO+ model**, the continuity of care measure is an accountability framework designed to support longitudinal, patient-centred care. It looks at where rostered patients receive their **in-basket primary care services** and encourages care to remain within the physician's practice and their FHO.

What is the required threshold for CoC?

To meet the requirement, physicians must maintain a **minimum continuity rate of 75%**, reinforcing care within their practice while allowing flexibility in how care is delivered.

How is CoC measured/calculated?

The continuity of care measure is calculated **quarterly** as a percentage for each individual FHO physician, based on services provided to their rostered patients (both regular and LTC enrolled). Here's how the calculation works:

The number of in-basket services (virtual and in-person) provided by:

- You (rostered physician)
- Physicians in your FHO (including locums)
- Acceptable providers*

CoC measure (%) = x 100

The number of all in-basket services provided by any family physician (OHIP specialty code 00), including:

- Walk-in clinic visits
- Visits to non-designated family physicians

*Acceptable providers are described as:

- ✓ Designated GP-focused practice physician (including GP psychotherapy) for in-basket visits using [fee or diagnostic codes identified for their area of practice](#)
- ✓ HIV or Care of Elderly (COE) physicians billing in-basket fee codes
- ✓ ED and hospital for in-basket visits identified by a master hospital number, including special visits to an ED, using codes K990-K999, H980-H981, H984-H989
- ✓ Oculo-visual physician for in-basket services using fee codes A110A and A112A



What isn't included in the measurement?

Out-of-basket services such as **prenatal care, diabetes management, and STI management** are not included in the continuity of care calculation, as capitation payments apply only to in-basket services. Non-billed clinical tasks (like secure patient emails) and care provided by **non-physician providers**, including nurse practitioners, are also excluded.

While these services don't count toward the measure, having NPs and allied health professionals in your practice can still improve access for your rostered patients and help reduce outside use that may impact your continuity score.

The 75% threshold & how accountability works

The continuity of care threshold has been set at **75%**, meaning that at least 75% of in-basket primary care visits for your rostered patients should be provided by you or other acceptable providers each quarter. Most FHO physicians are already meeting this benchmark, with many others close to doing so.

If the threshold is met, there is **no financial impact**. A **15% reduction to capitation** (both regular and LTC) only applies if a physician remains below the threshold for **two related quarters**, providing time to adjust and improve continuity.

Here are a few examples of how the process works for different situations:

Scenario	Total in-basket services	Services by own physician/ acceptable substitute	Continuity (%)	Consequence
Dr. A in Q1	1000	800	$(800/1000) \times 100 = 80\%$	Over threshold, no reduction
Dr. B in Q1	1200	850	$(850/1200) \times 100 = 70.8\%$	Below threshold, no reduction, but needs improvement
Dr. B in Q3	1000	800	$(800/1000) \times 100 = 80\%$	Notification from the ministry to correct, no deduction
Dr. B in Q4	1100	780	$(780/1100) \times 100 = 70.9\%$	Below threshold again, no reduction but needs improvement
Dr. B in Q6	1000	800	$(800/1000) \times 100 = 80\%$	15% discount in Q1 capitation
Dr. C over Q1 & Q2	2500	1900	$(1900/2500) \times 100 = 76\%$	No reduction, meets threshold over two quarters



A note on the 15% reduction

If your continuity of care falls below the **75% threshold** for a quarter, you'll receive a notice from the Ministry. Because you have up to three months from the date of service to submit billings, a notification for Q1 will come early in Q3.

There is **no financial impact** for a single quarter below the threshold. This notification is meant to give you time to review your data and make adjustments before the next measurement period.

CoC Reporting

Physicians will receive a new monthly report through MCEDT. More details on this report, including whether a baseline continuity of care measure will be provided, will be available during implementation.

How CoC differs from Access Bonus negation

Negation worked as a dollar-for-dollar reduction to your access bonus whenever a rostered patient received in-basket care outside of our FHO. Each outside visit directly reduced your bonus by the full value of the billed service.

The new **continuity of care** approach works differently. A discount applies to **capitation only** if your continuity rate falls below **75% for two related quarters**, replacing immediate penalties with a threshold-based model that allows time to adjust.

When CoC applies & who it applies to

The effective date of this measure will start on **April 1, 2026**, and will apply to individual FHO physicians only (it is not calculated on a group level).

Key considerations for out-of-basket billing

Even though out-of-basket billing will not be taken into consideration for this measure, it is still important that you continue to bill out-of-basket services not just for your rostered patients, but for your non-rostered patients as well, to continue to receive the full fee amount for services like diabetes management, prenatal care and smoking cessation.

This not only enhances quality patient care and continuity in your practice, but also your overall revenue.

How DoctorCare can help you track CoC

Staying ahead of your continuity of care performance requires timely, actionable insights.

Great news! DoctorCare's Practice Care service will soon include enhanced tracking to help you calibrate your roster and maintain the 75% threshold under FHO+. By identifying patients who frequently access care outside your FHO, including through walk-in clinics, our reports will provide you with an overview of your threshold status and give insight into your frequent outside users.

QUESTIONS?

Call our Billing Hotline at 1-844-224-6244 or email us at info@doctorcare.ca