



PRIMARY CARE COMPARISON:

Fee for Service, Comprehensive Care Model, Family Health Groups and Family Health Networks

ELEMENTS	Fee-for-Service (CCM) Available October 1, 2005	FAMILY HEALTH GROUP (FHG)	FAMILY HEALTH NETWORK (FHN)	RURAL AND NORTHERN PHYSICIAN GROUP (RNPG)
Group Size	No minimum 1 Physician	Minimum 3	Minimum 5	Group 1 - Minimum: Group 2 - Minimum 3
Payments	Directly to physician	Directly to physician except for THAS funds	To the FHN, except for premiums listed in section 3 of Appendix I of the FHN Agreement, which are paid directly to the physician. (On April 1, 2006, FHNs will have an option to have the capitation payments made directly to each physician and for the Access Bonus to continue being paid to the FHN.)	To the RNPG, except for premiums listed in section 3 of Appendix D3 of the RNPG Agreement, which are paid directly to the physician.
Enrollment/Registration	None	Required Patient Enrollment Incentive: \$5,000 will be paid per patient for the initial enrollment of patients for 12 months following the signing of the CCM contract	Required; Active enrollment with formal enrollment form Enrollment Funding: \$5,000 per enrolled patient available for 1 year after commencement or until March 30, 2006 for FHNs existing prior to March 30, 2005	Optional; Ministry generated patient roster with opportunity to augment with formal enrollment Patient Enrollment Incentive: \$5,000 per enrolled patient available for 3 years after signing the RNPG agreement to maximum of \$25,000 for the group With Ministry Assistance = Each physician can earn \$3000 over 3 yrs (\$1000 after issuance date, \$1000 to be paid after the first 1/3 of generated roster is enrolled and after the 2 nd 1/3) On-call requirement: On-call Payment: \$400 payment per month for each physician in group, up to a maximum \$2,000 per month.
T telephone Health Advisory Service	Not available	Not available - No On-Call requirement	On-call requirement On-call Payment \$2,000 payment per month to FHN (regardless of size)	On-call requirement: On-call Payment \$400 payment per month for each physician in group, up to a maximum \$2,000 per month.
Basket of Services; FFS Billing	Per Schedule of Benefits for all services provided	Per Schedule of Benefits for all services provided Comprehensive Care Management Fee: for all enrolled patients beginning October 1, 2005	Base rate plus 10% applicable to 57 Coder's for enrolled patients Network FFS limited to \$40,000/x # of doctors in Network for included services to non-enrolled patients (no limit 1 st year); No FFS limit for excluded services Age and Sex Adjusted, Average Base Rate of approximately \$105.42 for Blended Payment Model (LTC patients \$416.28), increasing to \$107.28 (excluding E070) on October 1, 2005. CCM Fee will flow through and the Average Base Rate increased by the CCM Fee amount (see Incentives/Premiums under CCM)	Shadow billed premium 5% applicable to any service provided. Out-of-network services can be billed to CHIP, and other Specialized Services can be billed when provided during night, weekend, or Recognized Holidays
Annual Cap/Base Rates/ Funding	None	Not applicable	Not applicable	Base funding based on number of Drs designated for Community: 1 Dr = \$194K or \$194K (if nursing home or H) + overhead 2 Drs = 174K or \$184 (if nursing home or H) + overhead 3-4 Drs = \$137.5K + \$60 for overhead 5+ Drs = \$128K + \$60 for overhead Specialized service bonuses - depending on service and group size, bonuses will either be \$2,500, \$5,000, or \$10,000 for each physician who provides these services Rurality Bonus - depending on group location, \$2,500, \$5,000, or \$10,000 may be paid for each physician
Access Bonus	Not applicable	Not applicable	Payment of approximately \$22 per enrolled patient per year if basket of services is provided only by FHN physicians The FHN's total Access Bonus is reduced if a rostered patient receives primary care from a physician outside of the FHN	None
Relegation	None	None	3 years from Commencement Date (renewable)	None
Term of Contract/ Withdrawal/ Termination by Physicians	Not applicable 90 days written notice to the Ministry to terminate. As the CCM is a solo physician agreement, termination is the same as withdrawal.	Not applicable Until March 31, 2008	90 days written notice to the Ministry to terminate. No notice requirement for an individual physician to withdraw (should be considered for group governance). Until March 31, 2008	3 years from Effective Date of Agreement, but groups of less than 3 physicians have the option of a shorter term 60 days written notice to the Ministry to terminate. Unless otherwise stated in the RNPG's governance agreement, 60 days notice is required to be provided to the Lead Physician, Ministry, and OMA for an individual physician who withdraws from the FHN.

ELEMENTS	Fee for Service	COMPREHENSIVE CARE MODEL (CCM) Available October 1, 2005	FAMILY HEALTH GROUP (FHG)	FAMILY HEALTH NETWORK (FHN)	RURAL AND NORTHERN PHYSICIAN GROUP (RNPg)
Roster Size	Not applicable	No roster limit	No roster limit	No roster limit. Base capitation rate is reduced by 50% for each patient enrolled beyond an average of 2,400 patients per physician	No roster limit
Extended Hours/On Call	No requirement	Extended hours required; on call not required. One 3-hour block of after hours coverage per week. (Must agree to provide within 6 months of signing contract or contract ends)	One 3-hour session in evening/weekend per physician per week up to 5 sessions FHG physician on-call to THAS nurse Monday to Thursday, 5:00pm-9:00am, Friday 5:00pm to Monday 9:00am & recognized holidays	5:00-8:00pm, Monday to Thursday and 3 hours on weekend FHN physician on-call to THAS nurse Monday to Thursday, 5:00pm-9:00am, Friday 5:00pm to Monday 9:00am & recognized holidays	5:00-8:00pm, Monday to Thursday and 3 hours on weekend FHN physician on-call to THAS nurse Monday to Thursday, 5:00pm-9:00am, Friday 5:00pm to Monday 9:00am & recognized holidays, unless group consists of less than 5 physicians
Income Stabilization	Not applicable	Not applicable	Not applicable	Guaranteed income for new grads entering a Rural/Northern Template FHN: \$155,000 for General Template; \$170,000 for Rural/Northern Template	None
Incentives/Premiums	Complex Care Premium: Effective October 1, 2005, 15% premium for A003, C003, W102, W109, A003, C003, W903 and A007 for patients over 70 years of age. Extends to patients 65 years of age on January 1, 2008. Applies to all physicians (see for service and in models)	Patient Registration Incentive: See Enrolment/Registration Comprehensive Care Management Fee – Beginning October 1, 2005, physicians who provide after hours block coverage receive an average monthly capitated payment of \$1,42 per enrolled patient. This will increase to \$1,80 after 12 months and to \$2,15 on January 1, 2008. Those who do not choose to immediately provide block coverage are eligible to receive an average capitated payment of \$1,00 per enrolled patient for up to 6 months after Hours Care. Additional 10% for services to enrolled patients: Applies to 9 basic office visit codes (A001, A003, A004, A007, A008, A898, K005, K013, K017) Diabetes Management Incentive – Effective April 1, 2006 physician will receive an annual \$60/enrolled patient for co-ordinating, providing and documenting all required elements of Diabetic care. Cumulative Preventative Care Management Payment (Bonus): Available April 1, 2007 for Pap smears, mammograms, childhood immunizations, flu shots Colorectal Screening Bonus – Available April 1, 2006 for preventative screening using Fecal Occult Blood Testing on eligible enrolled patients between the ages of 50 – 74 Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee – Available April 1, 2006 Complex Care Premium: See Incentives/Premiums for Fee for Service	Patient Registration Incentive: See Enrolment/Registration Comprehensive Care: 10% of FFS value for 13 codes. Applies to Ministry rostered and formally enrolled patients. 8 additional codes to be added on April 1, 2006 Comprehensive Care Management Fee: Beginning October 1, 2005, physicians will receive an average monthly capitated payment of \$1,42 per formally enrolled patient. This will increase to \$1,80 after 12 months and to \$2,15 on January 1, 2008. Seniors' Care: Additional 10% for A003 (seniors' complete physical) once annually for formally enrolled patients between 65 and 74 years available until October 1, 2005. Replaced with Complex Care Premium (see Incentives/Premiums for Fee for Service) Palliative Care: \$2,000 per year for palliative care after billing K023 for 4 or more patients. Can be Ministry rostered or formally enrolled patients. After Hours Care: Additional 15% for services to Ministry rostered and formally enrolled patients. Applies to 9 basic office visit codes (A001, A003, A004, A007, A008, A898, K005, K013, K017) increases to 20% on April 1, 2006 Diabetes Management Incentive – Effective April 1, 2006 physician will receive an annual \$60/formally enrolled patient for co-ordinating, providing and documenting all required elements of Diabetic care. Cumulative Preventative Care Management Payment (Bonus): Available April 1, 2007 for Pap smears, mammograms, childhood immunizations, flu shots on formally enrolled patients Colorectal Screening Bonus: Available April 1, 2006 for preventative screening using Fecal Occult Blood Testing on eligible formally enrolled patients between the ages of 50 – 74 Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee: Available April 1, 2006 Primary Health Care of Patients with Serious Mental Illness: \$1,000 per year for 5-9 registered patients with bipolar disorder or schizophrenia. \$2,000 per year for 10 and over New Patient Premium: \$100 each for up to 50 'formally enrolled new patients, without a physician' per year. Additional 10% for new patients 65-74, 20% for age 75 and over. Complex Care Premium: See Incentives/Premiums for Fee for Service	Group Management and Leadership Payment: \$1/enrolled patient/year Cumulative Preventative Care Management Payment (Bonus): for Pap smears, mammograms, childhood immunizations, flu shots Preventative Care Management Service Enhancement Fee (Remitter Fee): to contact patient to obtain preventative services Targeted Medical Education (CME): \$100/hour for 24 hours Special Payments (Premiums): eligible for all premiums in any fiscal year for: Obstetrical Deliveries, Hospital Services, Palliative Care, Office Procedures, Prenatal Care, Home Visits (other than Palliative) Newborn Care Episodic Fee: Additional \$12.50 paid to physicians for each of up to 8 A007 (well baby care) visits in the first year of life for enrolled patients Diabetes Management Incentive – Effective April 1, 2006 physician will receive an annual \$60/enrolled patient for co-ordinating, providing and documenting all required elements of Diabetic care. Colorectal Screening Bonus – Available April 1, 2006 for preventative screening using Fecal Occult Blood Testing on eligible enrolled patients between the ages of 50 – 74 Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee – Available April 1, 2006 Seniors' Care, After Hours Care, Primary Health Care of Patients with Serious Mental Illness, New Patient Premium: as per FHG provisions Complex Care Premium: See Incentives/Premiums for Fee for Service Premiums will flow through to base rate/cap rate on applicable patients	Group Management and Leadership Payment: \$1/enrolled patient/year Cumulative Preventative Care Management Payment (Bonus): for Pap smears, mammograms, childhood immunizations, flu shots Preventative Care Management Service Enhancement Fee (Remitter Fee): to contact patient to obtain preventative services Targeted Medical Education (CME): \$100/hour for 24 hours Special Payments (Premiums): eligible for all premiums in any fiscal year for: Obstetrical Deliveries, Hospital Services, Palliative Care, Office Procedures, Prenatal Care, Home Visits (other than Palliative) Diabetes Management Incentive – Effective April 1, 2006 physician will receive an annual \$60/enrolled patient for co-ordinating, providing and documenting all required elements of Diabetic care. Colorectal Screening Bonus – Available April 1, 2006 for preventative screening using Fecal Occult Blood Testing on eligible enrolled patients between the ages of 50 – 74 Smoking Cessation Counselling Fee and Smoking Cessation Add-on Fee – Available April 1, 2006 Seniors' Care, After Hours Care, Primary Health Care of Patients with Serious Mental Illness, New Patient Premium: as per FHG provisions Complex Care Premium: See Incentives/Premiums for Fee for Service Premiums will flow through to base rate/cap rate on applicable patients