FHO+ Hourly Rate: Activity Tracking – ACCURO

Contents

This guide provides recommendations to help physicians document time-based FHO+ hourly rate activities with step-by-step EMR instructions.

Effective **April 1, 2026**, a new hourly rate will compensate FHO physicians for time spent on direct and indirect patient care, as well as clinical administrative work.

Review and Update your Roster in your EMR

Reviewing your roster helps keep your patient panel accurate and up to date.

Why this matters

Time-based activities apply only to care provided to **FHO rostered patients**. Maintaining an accurate roster helps distinguish care provided to rostered versus non-rostered patients.

When to do this

It is recommended that you review your roster monthly or quarterly. Using the provided roster reconciliation tools and processing the files regularly ensures updates are quick and manageable.

Helpful tools

Use the **Roster Reconciliation Tool**, developed by Dr. Kevin Brophy and Dr. Alex Duong, to identify discrepancies and improve roster data quality.

Understand How to Identify Rostered Patients in your EMR

Know how your EMR displays **rostered versus non-rostered** patients. Indicators may be automatic or require manual action.

Indicators that may be available:

- Roster or enrollment fields
- Patient status labels or demographic bands
- Custom flags, colours or attributes

Why this matters

Understanding how your EMR identifies roster status helps with identifying and tracking **FHO+ hourly rate hours and activities only for eligible (rostered) patients**.

When to do this

Complete this as a one-time review when setting up workflows. Revisit if EMR settings or clinic processes change.

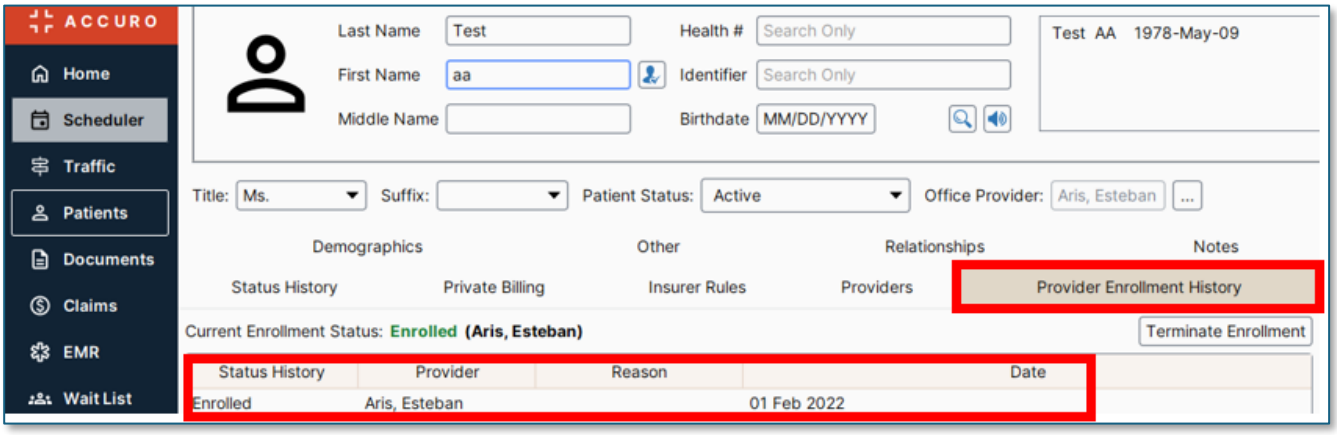
Tip: Ensure staff understand how roster status can be identified in your EMR, whether automatically or manually.

Helpful tools

Explore your EMR's roster and enrollment indicators to understand how rostered patients are identified and displayed within charts, schedules, or demographic views, and check whether indicators are automated or require manual action.

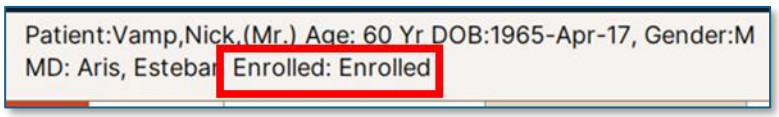
Review how Accuro identifies rostered versus non-rostered patients. Staff can assist with these tasks.

- **Patients Demographics:** View a patient's enrollment status in the **Provider Enrollment History** tab.



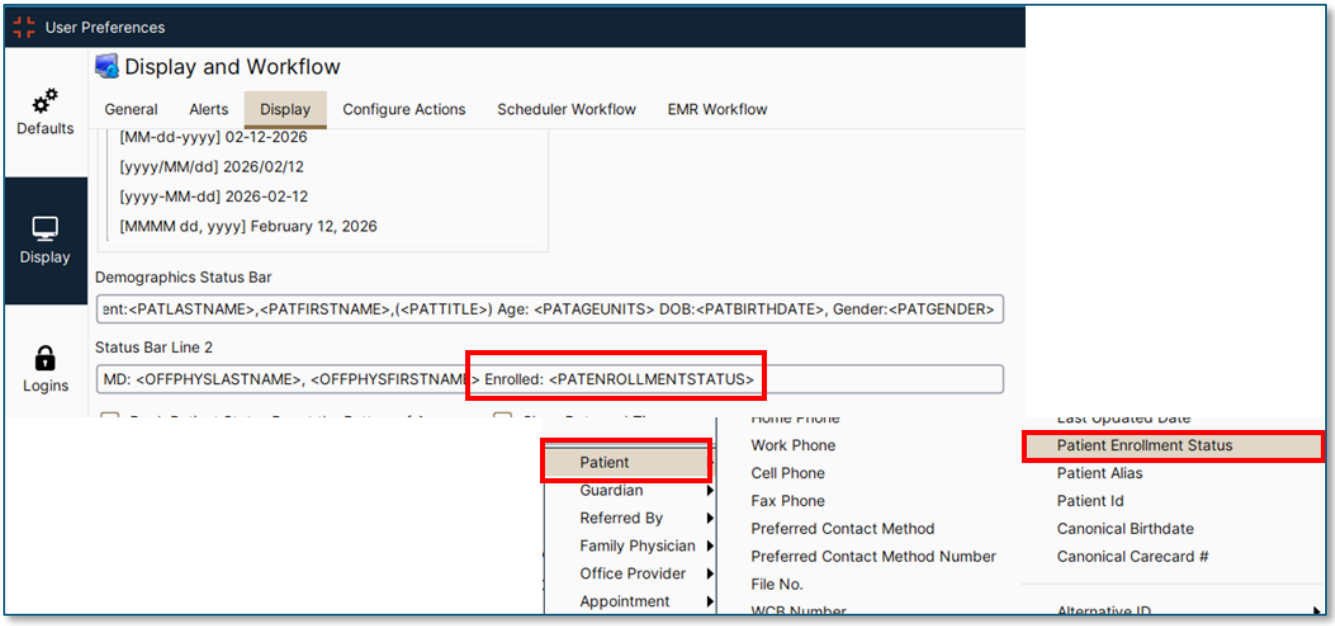
Screenshot showing Patient Demographics

- **Global Patient:** Add the enrollment status to the patient's demographic status bar at the Global level for ongoing visibility when working with patients.



Display Enrollment Status at the Global Level

- Click Menu > File > User Preferences > Display > Display tab
- In the **Demographics Status Bar**, choose where the **Enrollment Status** should appear:
  - Right click > select **Patient** > select **Patient Enrollment Status**



Screenshot showing Global Patient Display settings in User Preferences

Flag Appointments for Non-Rostered Patients

Consider **flagging non-rostered patient appointments** in your schedule to assist with end-of-day calculations for **Direct Patient Care** and identify visits that are eligible for hourly rate billing.

Why this matters

Flagging non-rostered patient appointments helps ensure you calculate **Direct Patient Care hours only for eligible (rostered) patients** and separate time spent with non-rostered patients.

When to do this

This can be completed during appointment booking or when reviewing scheduled appointments in the schedule. Staff can assist by identifying and flagging non-rostered patient appointments.

Helpful tools

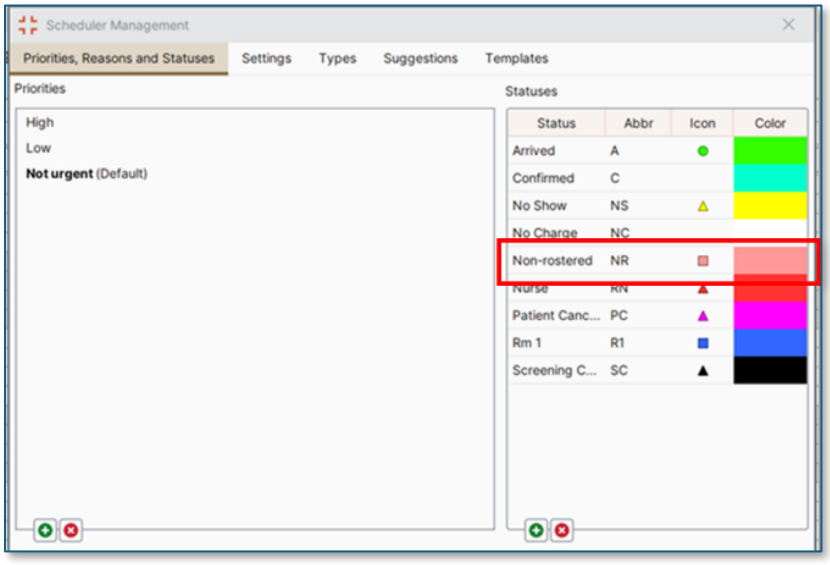
Flag **non-rostered patient** appointments in your schedule using EMR features like **labels, icons, schedule notes** or **colour coding** to **easily distinguish** them from **rostered visits**.

Tip: There are **multiple ways to flag appointments** - your EMR may offer additional options. **Choose the method that works best for your practice.**

Creating and assigning **statuses to flag non-rostered patient appointments** displays them on the **Day Sheet** and **Schedule** to help physicians quickly recognize rostered patient **visits eligible for hourly rate billing**.

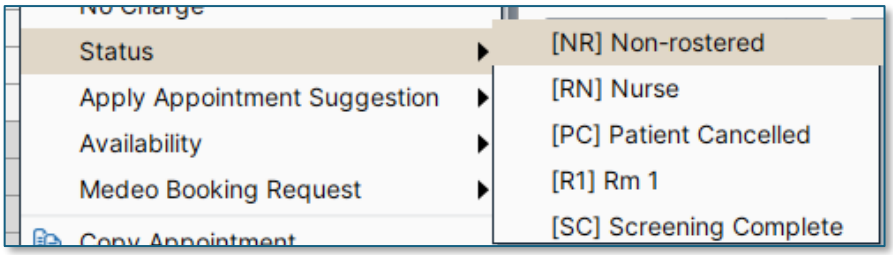
Create Statuses for Flagging Non-Rostered Appointments

- Click Menu > Scheduler > Schedule Management
- Select the **Priorities, Reasons and Statuses** tab
- Click the green plus symbol to add a new status
- Enter a name (e.g.: 'non-rostered') and assign an abbreviation, icon and colour



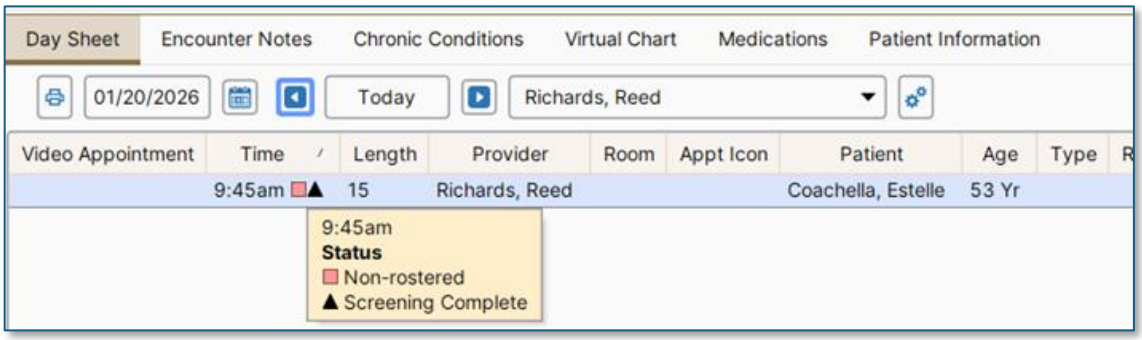
Screenshot showing options for Priorities, Reasons and Statues in the Scheduler Management

- **To assign a status to an appointment**
  - Right click on the appointment and select the **Status**

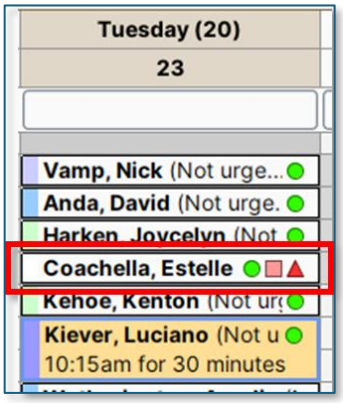


Screenshot showing appointment status options

- The status will be displayed on the **Day Sheet and Schedule** for easy reference



Day Sheet showing statuses



Schedule showing statuses

Categorize FHO+ Hourly Rate Care Categories

Consider categorizing appointments by FHO+ care types in your schedule to easily delineate:

- **Direct Care:** In-person & Virtual
- **Direct Care:** Phone Out-of-Office
- **Indirect Care**
- **Clinical Administration**

Why this matters

Categorizing appointments helps ensure accurate tracking of FHO+ hourly rate care categories and allows you to quickly identify the type of care provided.

When to do this

Categories can be applied when booking appointments, when reviewing scheduled appointments, or when recording additional unscheduled care such as Indirect or Clinical Administration.

Helpful tools

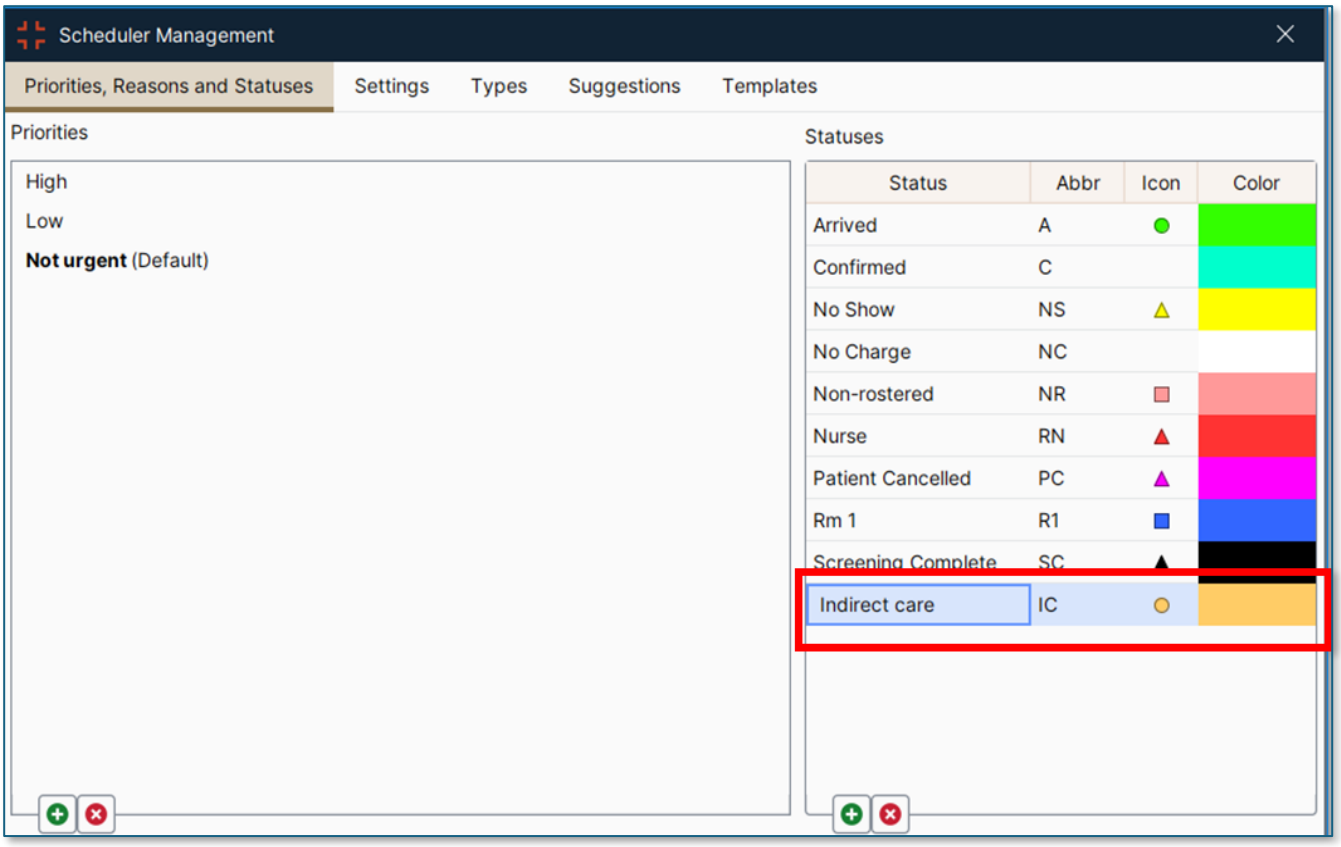
Use EMR features like **labels, icons, schedule notes, appointment types or colour coding** to categorize care types. Consistently naming, colour coding or visually flagging care categories *(e.g. "Direct Care: In-person/Virtual," "Direct Care: Phone Out-of-Office," "Indirect Care," "Clinical Admin")* makes it easier to track and report hours.

Tip: There are **multiple ways to categorize appointments** - your EMR may have additional options. **Choose the method that works best for your practice.**

Categorize Appointments Using Statuses *(appears on Daysheet and Schedule)*

Creating and assigning category statuses to appointments for FHO+ hourly rate care types displays them on the Day Sheet and Schedule, helping physicians quickly differentiate the care provided.

- **To create statuses for care categories**
  - Click Menu > Scheduler > Schedule Management
  - Select the **Priorities, Reasons and Statuses** tab
  - Click the green plus symbol to add a new status
  - Enter a name (e.g.: 'Indirect care') and assign an abbreviation, icon and colour

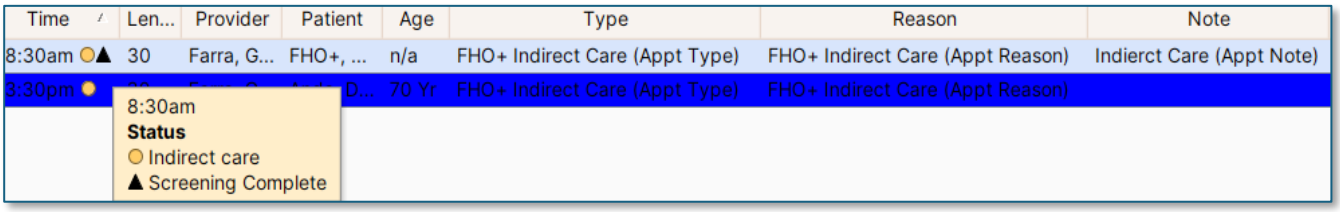


Showing Scheduler Management settings for Appointment Priorities, Reasons and Statuses

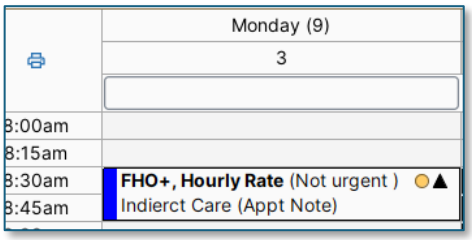
- **To assign a category to an appointment**
  - Right click on the appointment and select the **Status**

Appointment status showing category selections

- The status will be displayed on the **Day Sheet and Schedule** for easy reference



Day Sheet showing category icons

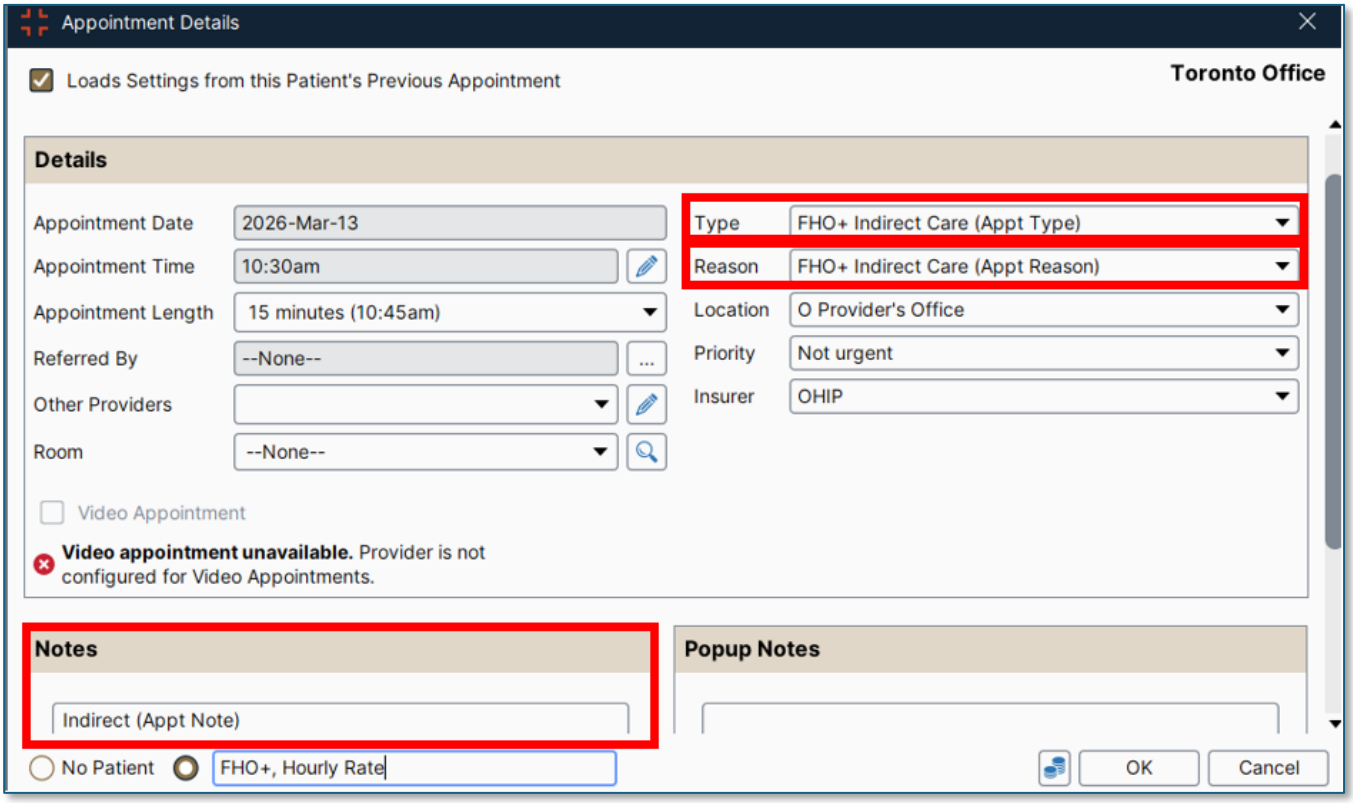


Schedule showing category icons

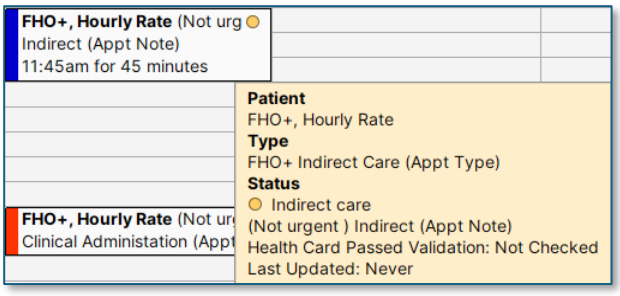
Alternative Options for Categorizing Appointments

- **Appointment Types, Reasons, Icons or Notes** – These appointment details can be used to categorize appointments in the **Schedule and Day Sheet**.

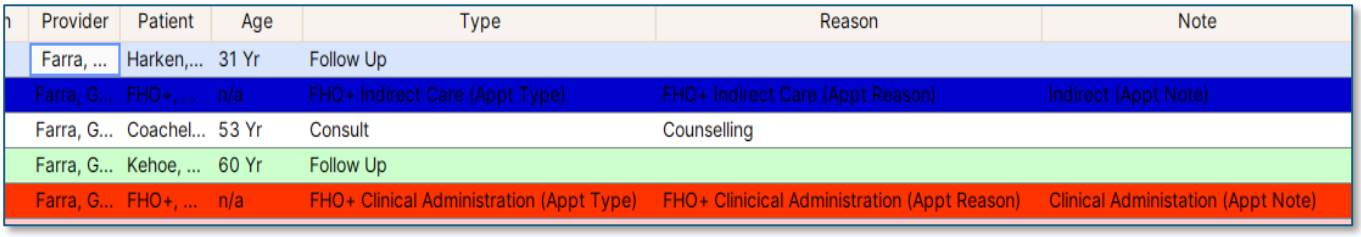
  ***Note**: The appointment must be associated with a patient to appear on the Day Sheet. For appointments created to log Indirect Care or Clinical Administration, we recommend using the FHO+ tracking patient for categorization (see Use a Designated "Tracking" Patient).*



Screenshot showing appointment details including Type, Reason, Notes



Screenshot showing appointment details from Schedule



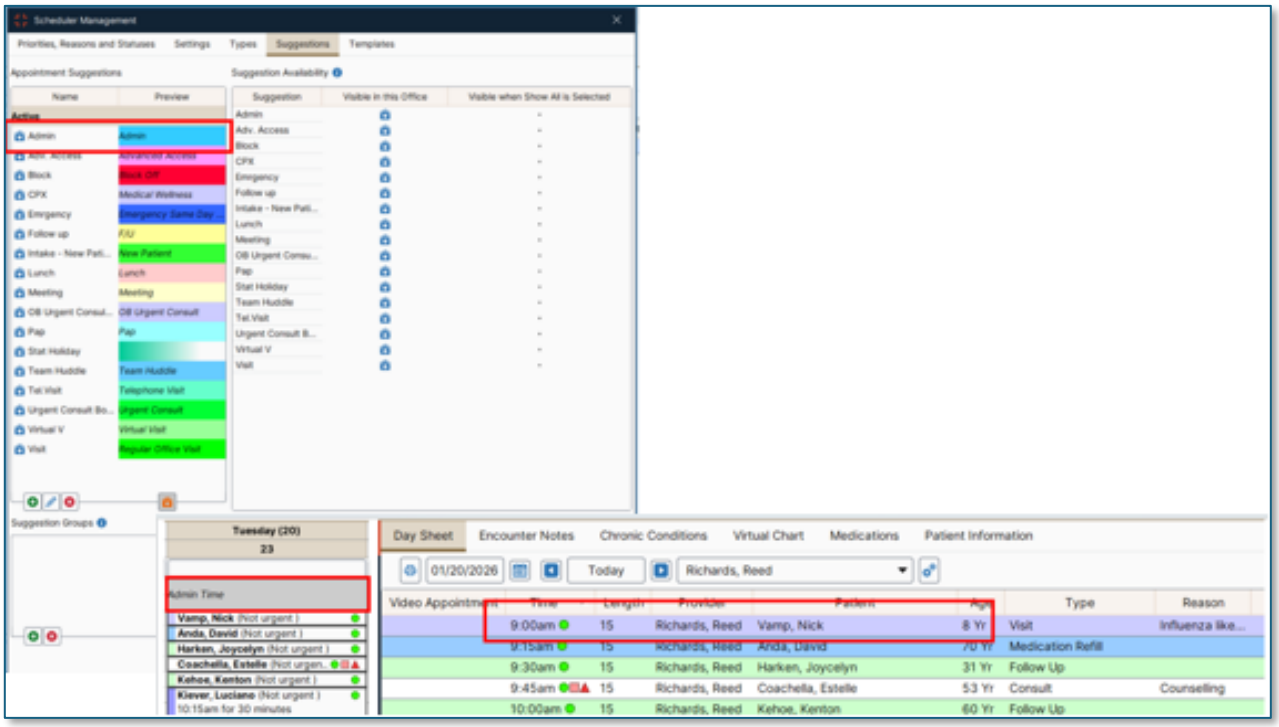
Provider	Patient	Age	Type	Reason	Note
Farra, ...	Harken,...	31 Yr	Follow Up		
Farra, G...	FHO+, ...	n/a	FHO+ Indirect Care (Appt Type)	FHO+ Indirect Care (Appt Reason)	Indirect (Appt Note)
Farra, G...	Coachel...	53 Yr	Consult	Counselling	
Farra, G...	Kehoe, ...	60 Yr	Follow Up		
Farra, G...	FHO+, ...	n/a	FHO+ Clinical Administration (Appt Type)	FHO+ Clinicical Administration (Appt Reason)	Clinical Administation (Appt Note)

Screenshot showing appointment details from Day Sheet

Tip: Choose the method that works best for your practice - your EMR may offer additional options.

Reminder: Ensure any care requiring documentation (time and activities) is recorded in the structured encounter note *(see Record Daily Hours and Activities in a Structured Encounter Note)*.

- **Appointment Suggestions** – Time for Indirect Care or Clinical Administration can be blocked in the schedule.
  ***Note**: Appointment Suggestions appear in the Schedule view only and do not display on the Day Sheet.*



Screenshot showing Scheduler with Admin Time blocked but not showing in Day Sheet

Use a Designated "Tracking" Patient

Create a designated **"tracking" patient** in your EMR to document your daily hours and activities. In some EMRs, it can also be used to submit FHO+ hourly rate billing. This "tracking patient" **contains no real patient information** and may be set up by staff.

Why this matters

- Establishes a consistent place to document your daily hours and activities.
- Allows you to follow a familiar workflow: open chart → create note → document.
- Keeps all documentation EMR-first and audit ready.

When to do this

Set up this tracking patient **once at the start** as part of preparing your FHO+ hourly rate documentation workflow. After setup, this tracking patient will be used **every day** to record your hours and activities.

Revisit if EMR settings, clinic workflows, or staff responsibilities change.

For example:

- A new physician begins using the same EMR.
- EMR updates affect the tracking patient, charting or template functionality.
- Clinic workflows change how daily tracking or billing is performed.

Helpful tools

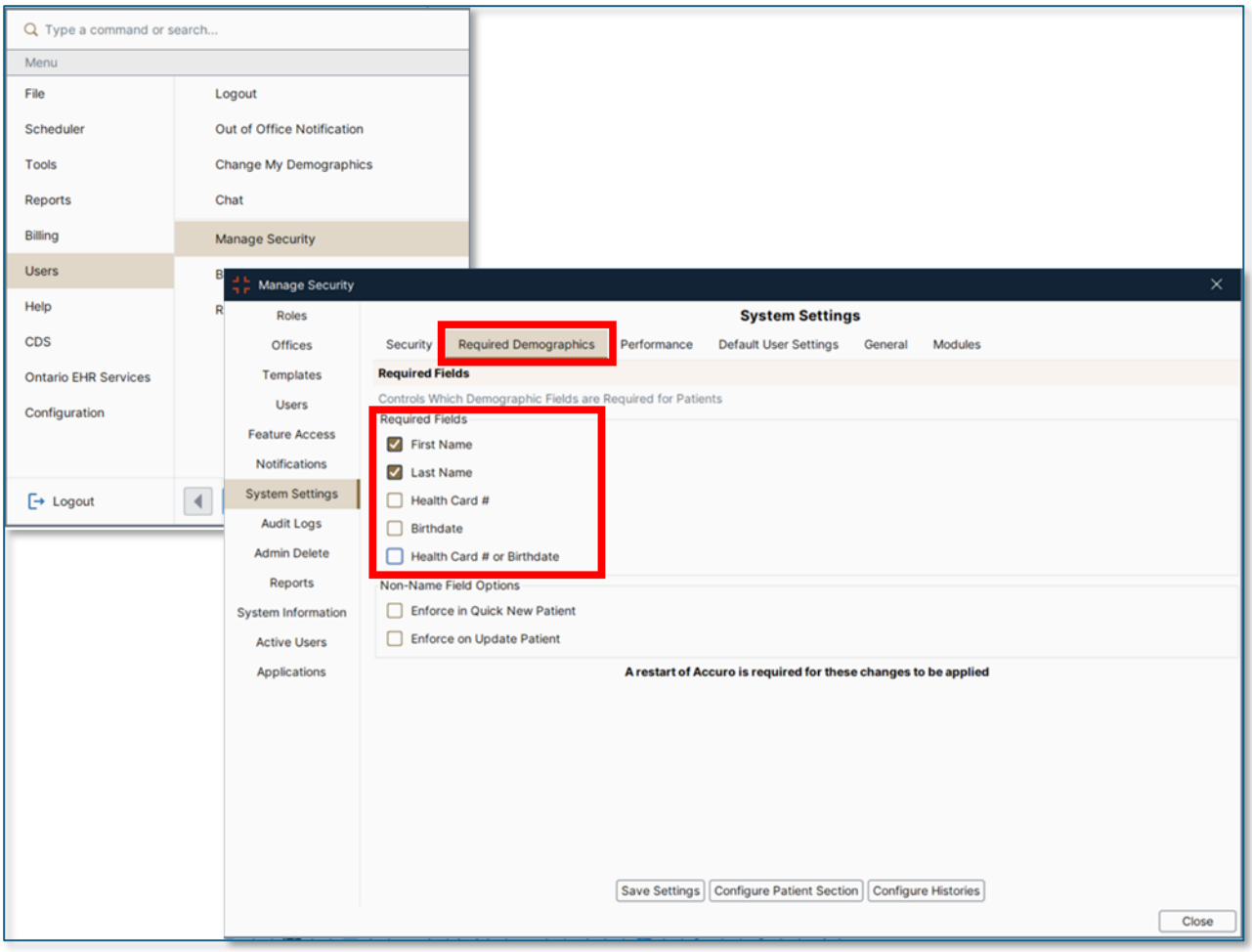
- Create **one tracking patient per clinician** who will be documenting and billing FHO+ hourly rate.
- Name the tracking patient clearly and meaningfully (e.g. "Smith - FHO+ Hourly Rate").
- If multiple physicians share one EMR, include the physician's name or initials in the tracking patient's name to keep charts separate.
- This tracking patient may later be used to submit the hourly rate billing claims where supported.

Update Demographics Settings (as needed)

ACCURO EMR system settings may prevent the creation of a patient record unless a Health Card Number and/or Date of Birth is entered. For workflows that require creating temporary or placeholder patient records, these requirements may need to be adjusted.

⚠️ **Important:** These settings apply globally and will affect all EMR users. Only users with appropriate administrative permissions should make these changes.

- Select **Menu > Users > Manage Security**
- In the **Manage Security** window, select **System Settings > Required Demographics**
- Under the **Required Demographics** tab, deselect the following fields as applicable:
    - **Health Card #**
    - **Birthdate**
    - **Health Card # or Birthdate**
- Select **Save Settings**, then click **Close**
- **Restart ACCURO** for changes to take effect

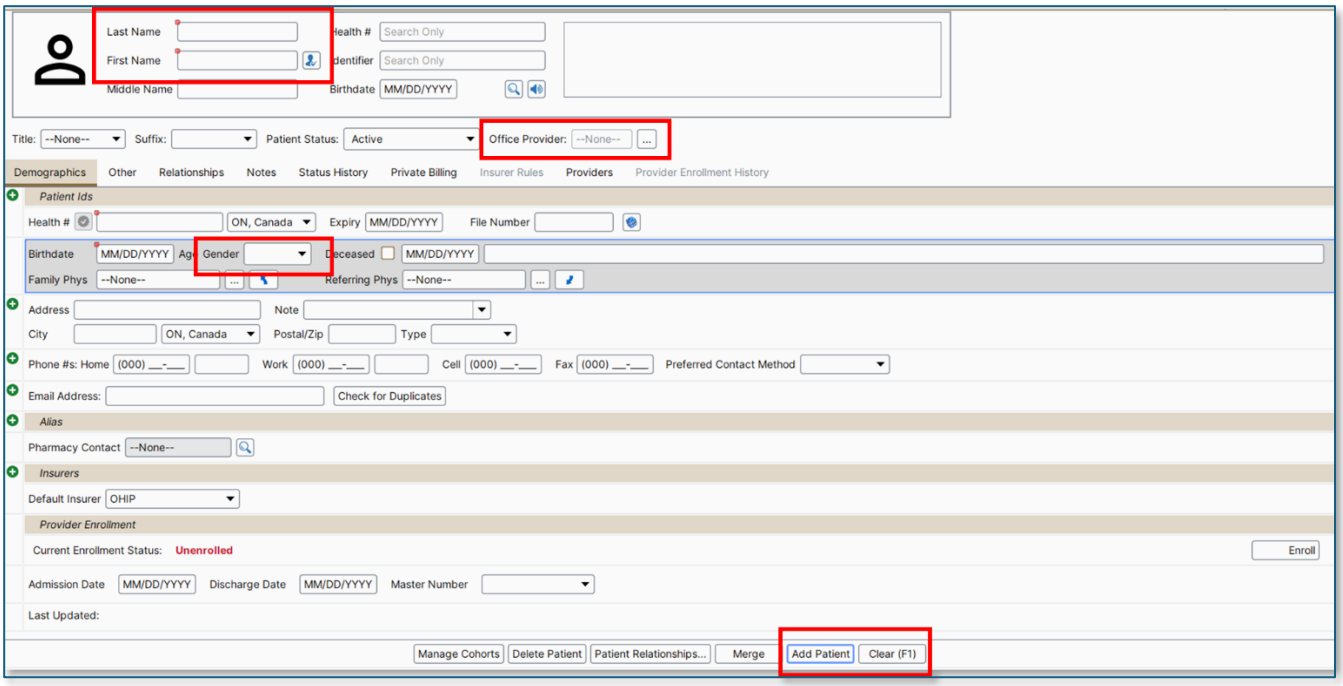


Screenshot showing Required Demographics options in Manage Security configuration window

Create the Designated Tracking Patient

- Select the **Patient** tab to open the demographic window

- Click **Clear (F1)** to clear the current patient
- Enter **Last name, First name, Gender and Office Provider** for the tracking patient
  ***Note**: Gender is required to create the tracking patient but will be masked or removed when billed appropriately (see Create Claims for Each Date of Service that FHO+ Hourly Rate Care was Performed)*
- Click **Add Patient**



Screenshot showing Patient Demographic window

Create Recurring Daily Appointment as a Reminder

Schedule a recurring end-of-day appointment for the designated tracking patient *(see Use a Designated "Tracking" Patient).* This serves as a reminder to calculate and document your daily FHO+ hourly rate time-based activities and hours. Staff can assist with setting up this recurring appointment.

Why this matters

- Acts as a reminder to integrate time tracking and documentation into the daily workflow.
- Reduces the risk of missed or forgotten hours.
- Encourages adherence to consistently track FHO+ hourly rate time and activities.
- Allocates flexible time in the EMR schedule for end-of-day documentation.

When to do this

- Set up the recurring appointment at the **start of the month, or as early as possible**, to avoid conflicts.
- Schedule the appointment at the end of the day, after the last booked patient, to avoid double-booking or interference with regularly scheduled appointments.
- Booking the appointment for every day of the month can help capture all eligible hours, since work may occur on any day.
- Consider colour coding or flagging the appointment to make it easily identifiable in the schedule.

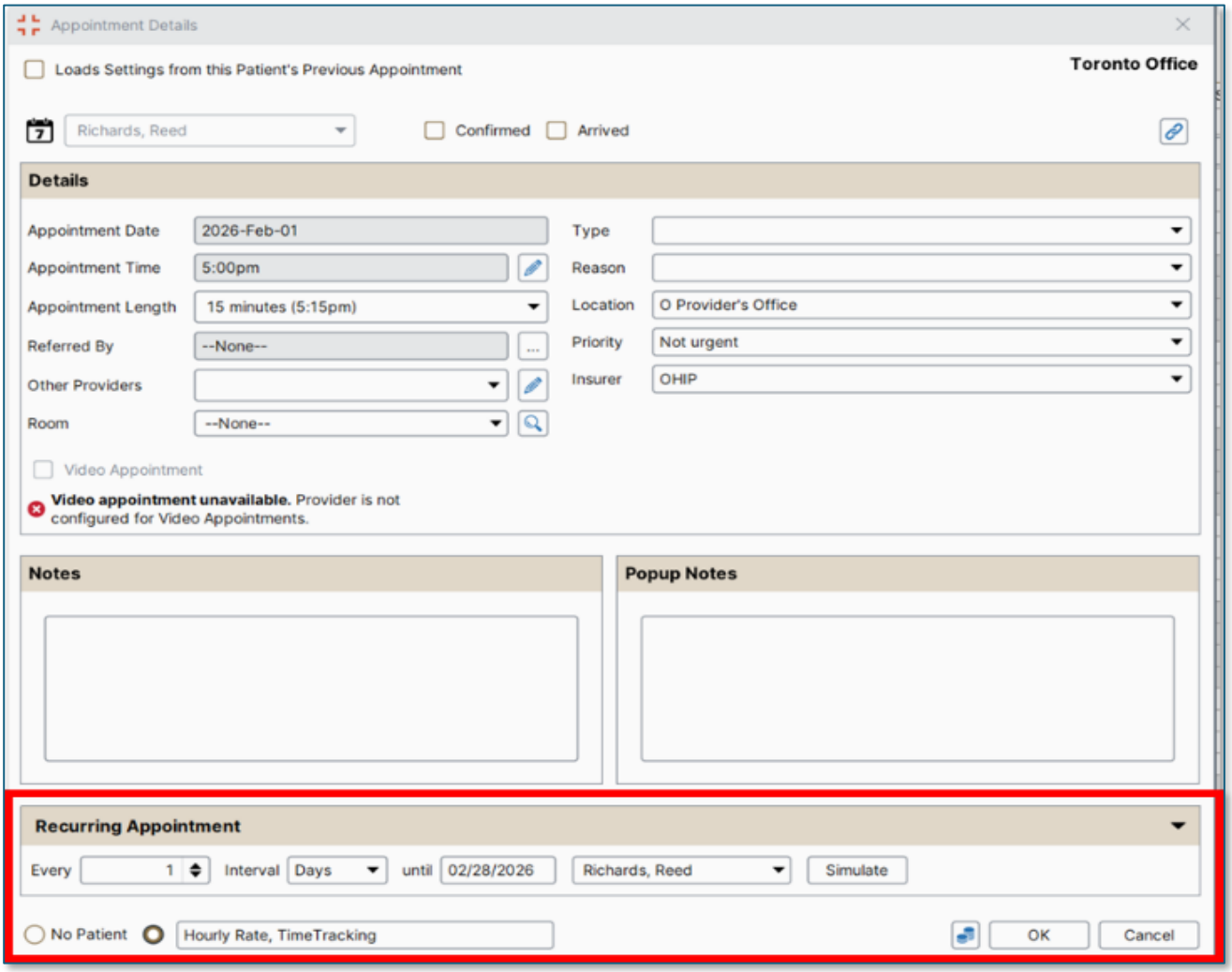
Helpful tools

- If your EMR does not allow booking a tracking patient, consider creating an **end of day prompt**.
- If you record and submit **Online Appointment Booking (OAB) metrics**, be sure to subtract the recurring appointment(s) from your totals (1 x the number of days in the month the tracking patient appointment is added).

Add Recurring Appointment

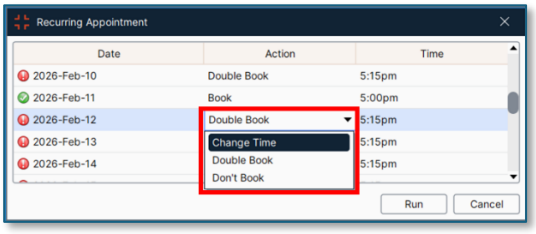
Recurring appointments are created in the Scheduler:

- On the first day of the month, schedule a recurring end-of-day appointment for your tracking patient.
- At the bottom of the new appointment window, select **Create a Recurring Appointment.**
- Set the recurrence to **Every: 1; Interval: Days** until the End of Month.
- Click **Simulate** once all information is correct.



Screenshot showing Recurring Appointment Details

- A window will open showing all the appointments for your review.
- Adjust the time of any conflicting appointment using the **Action** drop-down menu.
  Tip: the time shown is the next available appointment.

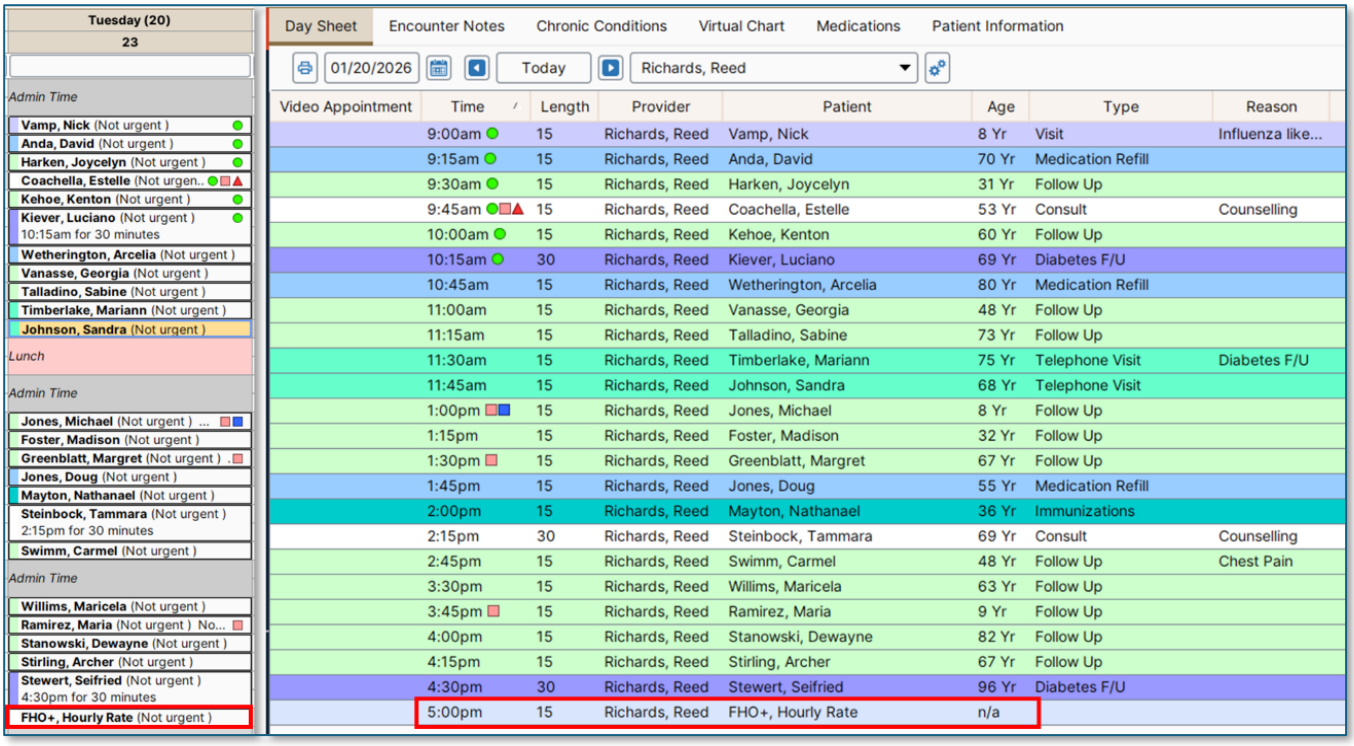


- If you select **Double Book**, a second column will appear in the **Scheduler** for that day.

If you require further assistance, please contact OntarioMD at 1-866-744-8668 support@ontariomd.com

Back to top

The recurring appointment(s) appear in both the **Schedule** view and the **Day Sheet** and serve as a reminder to document your daily hours and activities.



Screenshot showing Day Sheet with Recurring Appointment as reminder

Record Daily Hours and Activities in a Structured Encounter Note

Each day, use the **provided structured encounter note template** for your tracking patient to record your daily FHO+ hourly-rate time and activities **for the work performed that day**. This ensures that time spent on each eligible category is documented consistently and that supporting details are available if requested for audit purposes.

- In the **encounter note template**, enter the **total time spent providing Direct Care, Direct Phone Care, Indirect Care, and Clinical Administration for that day.**
- **Document the activities performed for Indirect Care and Clinical Administration.**
- Record any Direct Care provided (e.g. in-person, virtual, or phone care) in your schedule for audit purposes.

Why this matters

- Ensures accurate documentation of **actual time** spent on **Direct Care, Direct Phone Care, Indirect Care** and **Clinical Administration.**
- Demonstrates the work performed for claimed Indirect and Clinical Administration hours if requested by the Ministry of Health (MOH).
- EMR audit and security reports may not provide a full picture of daily activities. Using the daily note template ensures a complete record, including work performed outside the EMR.

When to do this

- Physicians are required to enter a **daily record each day for the work performed** (including time spent and activities, as applicable).
- The hourly rate is billed in **15-minute units**, calculated cumulatively across the day. ***Note:*** *Any remainder of* ***eight (8) minutes or more*** *is rounded up to a full 15-minute unit.*
- **Start and stop times do not** need to be recorded for activities.
- Activities do **not** need to be recorded on a patient-by-patient basis.
- Refer to the OMA FHO+ hourly rate reference guide for more information.

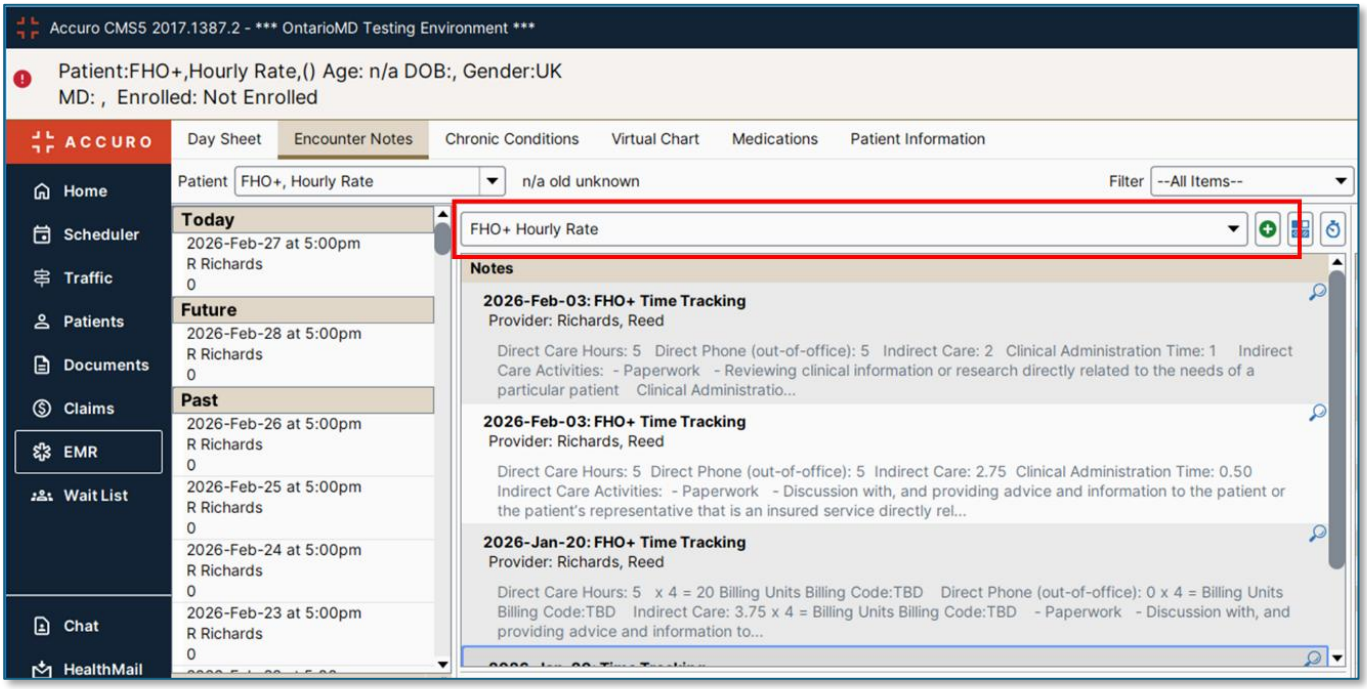
Helpful tools

- Use a consistent tool to speed up documentation like a **template, stamp, or macro.**
- Using the same method each day improves clarity, consistency and efficiency.

The ACCURO FHO+ Hourly Rate package that you downloaded includes a sample template.

Add Note in the Tracking Patient Chart

It is recommended to create a customized **Note template** that can be used in the tracking patient encounter notes to document daily hours and activities. Use the provided Note template or create one to match your workflow. Templates are stored in your Electronic Drawer for easy access.



Screenshot illustrating the Electronic Drawer in the Encounter Notes

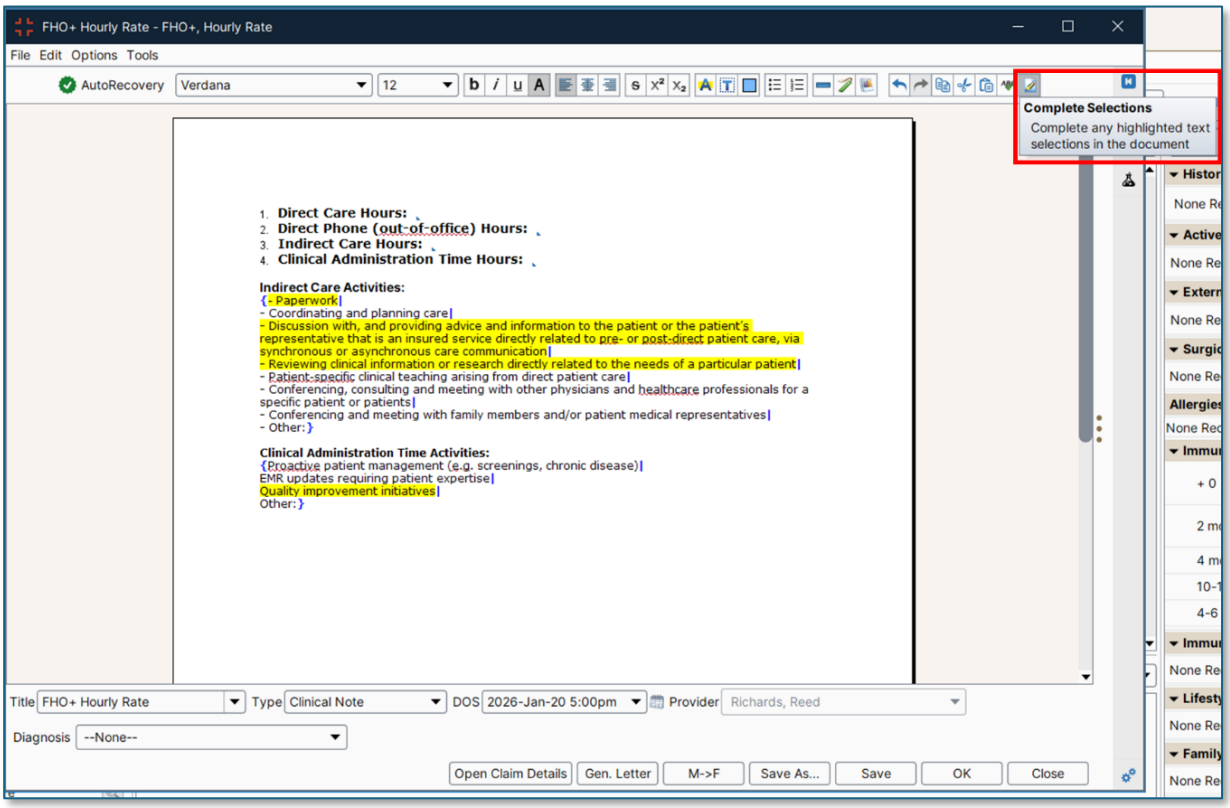
Tip: Mark any note in your **Electronic Drawer** as a favourite to have it appear in the **Favourites** section at the top of the drawer. This makes it easy to quickly access your frequently used notes without searching through the full list.

Creating Templates

Templates can be created in the **Template Wizard**, customized to match your workflow, and are stored in your **Electronic Drawer** for easy access. A standardized template helps maintain consistent documentation of daily activities while still allowing flexibility to update the content as needed.

- **Insert bookmarks** at the end of each to **easily navigate** between them using **Ctrl + UP/Down arrows** on your keyboard (**Ctrl +** ↑ **/ Ctrl +** ↓)
- To complete the template, click once on each phrase you wish to include (selected items will highlight yellow). Then double-click your final selection or use the **Complete Selections** button to finish the note.

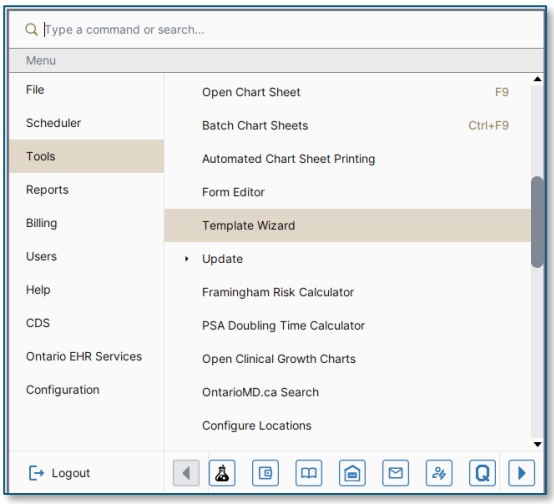
When inserting a template or note, include or remove additional details as needed to match your workflow and accurately reflect the FHO+ hourly rate activities completed that day.



Screenshot illustrating the ACCURO sample template

Add Template

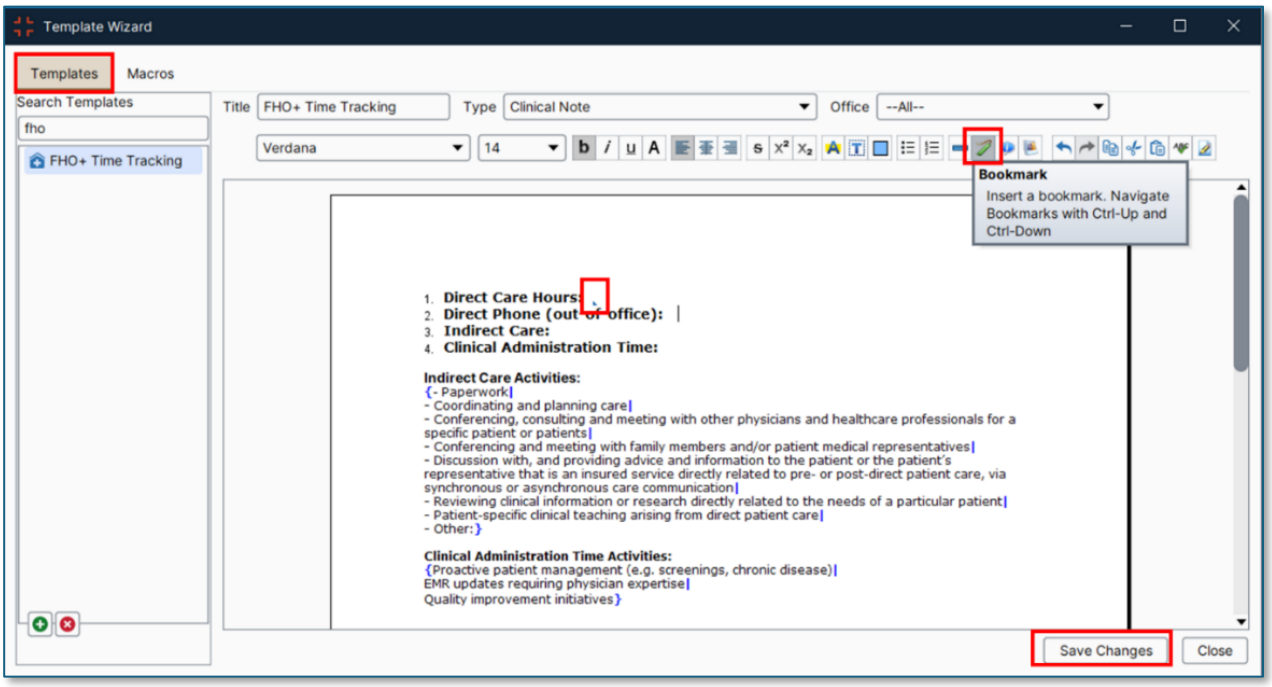
- Select **Menu > Tools > Template Wizard** *(or type "template" in the Menu search field).*



Screenshot illustrating Template Wizard option

- Ensure the **Template** tab is selected (not the **Macro** tab).
- Click the **green plus (+)** button to add a new template.

- Start with a blank template or copy and paste the provided sample template.
- Enter a clear and recognizable **Title** for the template.
- Leave **Type** set to *Clinical Note*.
- Add **Bookmarks** where needed to make navigation easier *(see Add Bookmarks to Sample Template)*.
- Customize the template to reflect your clinic processes and the types of FHO+ activity documentation you complete regularly.
- Click **Save Changes**.



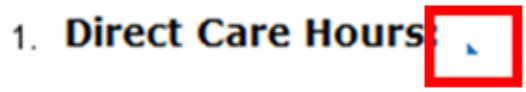
Screenshot illustrating the Bookmark option in the Template Wizard

Add Bookmarks to Sample Template

Bookmarks act as placeholders to mark where information should be entered, making templates easier and faster to complete while guiding data entry. Once inserted, you can quickly navigate between **Bookmarks** using (**Ctrl +** ↑ **/ Ctrl +** ↓)

- Select **Menu > Tools > Template Wizard** *(or type "template" in the Menu search field)*.
- Click in the template where you want to insert a **Bookmark**.
- Select the **Bookmark** icon at the top right to add the **Bookmark**.

- A small arrow will appear within the template, indicating the placement of the **Bookmark**.



- Repeat for each category you want to **Bookmark**.
- Select **Save Changes** when finished.

ACCURO Sample Template

Copy and paste the text below into the **Template Wizard** and customize it to match your workflow. Add **bookmarks** to mark where information goes and quickly navigate between fields. When using this template in a patient chart, include additional details as needed to accurately reflect the FHO+ hourly rate activities completed that day.

1. Direct Care Hours:
2. Direct Phone (out-of-office) Hours:
3. Indirect Care Hours:
4. Clinical Administration Time Hours:

Indirect Care Activities:
{- Paperwork|
- Coordinating and planning care|
- Discussion with, and providing advice and information to the patient or the patient's representative that is an insured service directly related to pre- or post-direct patient care, via synchronous or asynchronous care communication|
- Reviewing clinical information or research directly related to the needs of a particular patient|
- Patient-specific clinical teaching arising from direct patient care|
- Conferencing, consulting and meeting with other physicians and healthcare professionals for a specific patient or patients|
- Conferencing and meeting with family members and/or patient medical representatives|
- Other:}

Clinical Administration Time Activities:
{Proactive patient management (e.g. screenings, chronic disease)|
EMR updates requiring patient expertise|
Quality improvement initiatives|
Other:}

Billing FHO+ Hourly Rate in your EMR

The **new FHO+ hourly rate billing codes may need to be added manually to your EMR,** as they are not part of the OHIP schedule of benefits and may not be included in automatic vendor updates. Instructions for adding these codes are provided in this guide. You may also contact your vendor for assistance.

Tip: Billing for the hourly rate is handled similarly to CME or the preventive care annual bonus.

Why this matters
Adding the codes will allow physicians to accurately record and submit FHO+ hourly rate claims. Ensuring the codes are in place helps maintain smooth billing workflows and supports consistent tracking of eligible hours.

When to do this
Add the billing codes to your EMR before April 1, 2026, so they are available when you begin recording FHO+ hourly rate activities.

Helpful tools

Considerations for FHO+ hourly rate billing claims

- Submitted claims **must not contain** a health number, version code or birthdate
- Billing codes are submitted at the fee per unit and paid based on the number of units billed.
- Adjust the units or quantity to reflect claimed hours (1 unit = 15 minutes)
- Daily claims cannot exceed 14 hours
- Service codes do not require an associated diagnosis code

***Note**: Review Ministry of Health Information Bulletin for full details*

FHO+ Hourly Rate Billing Codes		
Care Category	**Code**	**Description**
Direct care: In-person or video	Q310	Personally delivering insured clinical services to rostered patients, including in-person and virtual care, and clinical teaching done concurrently with patient care.
Direct: Phone out-of-office	Q311	Care provided by telephone when you are out of office.
Indirect patient care	Q312	Charting, referrals, requisitions, clinical forms, reports, chart reviews, reviewing results, and family or representative conferences tied to patient care.
Clinical administration time	Q313	Proactive patient management, EMR updates requiring physician expertise, and quality improvement initiatives.

Table listing FHO+ Hourly Rate billing codes

Use your EMR's built-in functions to streamline billing entry and validate claims

- **Create a billing shortcut** - Depending on your EMR, group FHO+ hourly rate codes you regularly bill in a shortcut and adjust the time units to reflect hours worked
- **Check defaults** - EMRs may automatically assign a minimum of 1 unit or quantity for each code. Delete any codes not applicable to that date of service
- **Verify claims** - Some EMRs provide reports for **unbilled appointments**. Regularly use these reports or other clinic-approved billing checks/reports, to ensure claims have been created and submitted

Add FHO+ Hourly Rate Billing Codes to ACCURO

Please refer to the ACCURO Support 'Add Procedure Codes' section:
Claims - Ontario - FHO+ (Add Procedure Codes)

Create Claims for Each Date of Service that FHO+ Hourly Rate Care was Performed

Please refer to the ACCURO Support 'Create Claims' section:
Claims - Ontario - FHO+ (Create Claims)

Create Billing Macro

Consider creating a **Billing Macro** to streamline billing by grouping commonly submitted FHO+ procedure codes together. This can improve efficiency but **works best when all codes in the macro correspond to care that will actually be billed**.

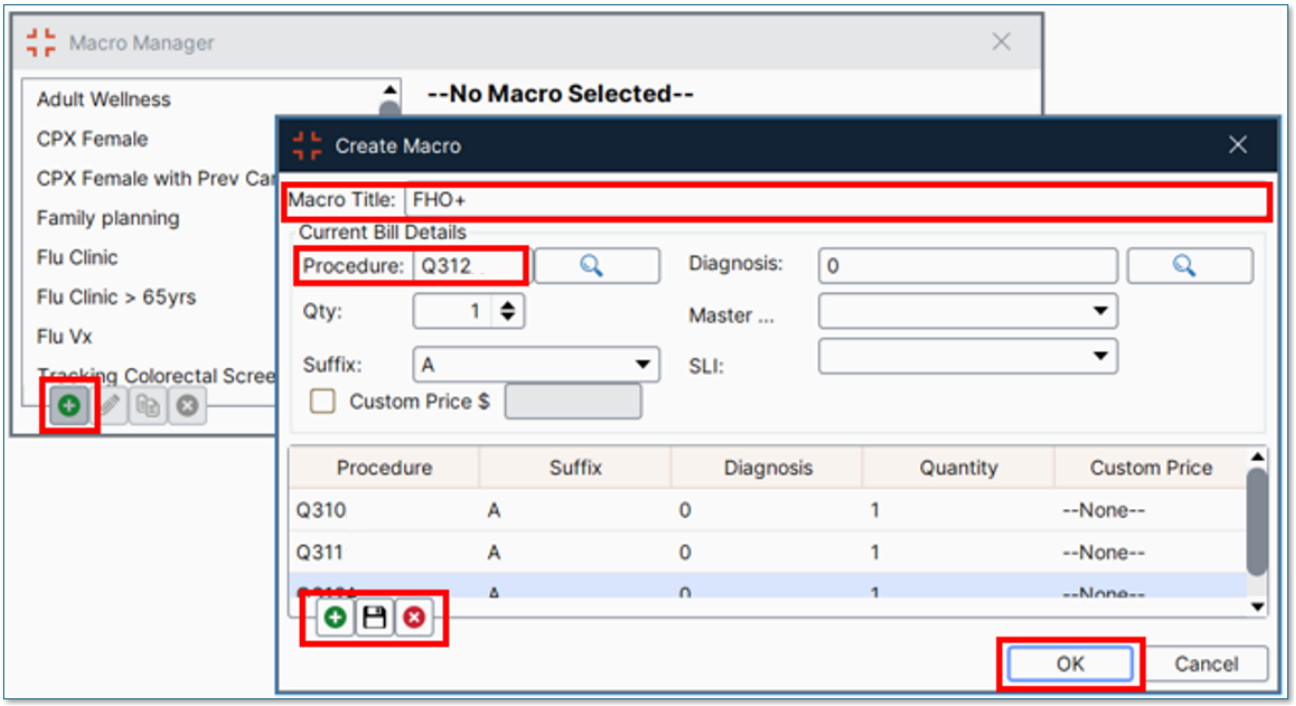
If any codes are not applicable because the work was not performed and would otherwise have a quantity of 0, they **must be deleted.** The system will default the quantity to one unit (1), which will result in incorrect billing.

- Go to **Menu → Billing → Billing Options → Manage Macros**
- In **Macro Manager**, click **Add** to create a new **Macro** (or **Edit/Copy** as needed)
- Enter a meaningful **Macro Title** (minimum 3 characters)
- Enter the **Procedure** code and details
- Click **Save** to add the code
- Click **Add** to add another code
- **Repeat Save and Add steps** for each additional code to include in the **Macro**
- Click **OK** to save the **Macro**

Best Practices for Billing Macros

Optimize Your Macro for Your Clinic: If using a **Macro** is appropriate for your clinic and certain categories will rarely or never apply, consider excluding those codes and building your macro around the ones most likely to be used.

Avoid Incorrect Billing - When billing with a **Macro**, remove any procedure codes that do not apply before saving the claim, since they cannot be set to 0 and will default to a quantity (**Qty**) of 1



Screenshot illustrating the creation of a billing Macro

Monitor Billing Hours to Stay Within Required Limits

Track your daily hours to **stay within allowable daily and monthly billing limits**. This helps you keep an accurate record, monitor your hours, and avoid rejected claims. The **FHO+ Hourly Rate Calculator** automates calculations and supports ongoing tracking and monitoring of your daily entries. Physicians may use the **FHO+ Hourly Rate Calculator** or other preferred tracking tools to ensure alignment with billing limits.

Why this matters

- Physicians must adhere to billing limits to avoid **claim rejections or overpayments**
- The OHIP system will reject claims that exceed the **14-hour daily limit** or the **prorated monthly limit of 240 hours**. Physicians are responsible for staying within the percentage caps:
    - 25 per cent of your total billable hours monthly can be for indirect care and clinical administration (together)
    - Five per cent of your total direct and indirect care hours monthly can be for clinical administration
- As of April 1, 2026, only absolute hour caps (14/day, 240/month) will be in place. The Ministry of Health will reject billings over these amounts
- As of April 1, 2026, the percentages caps will **NOT** be in place. If a physician submits hours exceeding these caps, payment for the extra hours will be adjusted at a future date (to be determined)

When to do this

- Daily, weekly or as convenient, enter the **daily hours from the EMR tracking patient** (documented daily) **into the FHO+ Hourly Rate Calculator**, with each day entered separately
- Work month-by-month in the **FHO+ Hourly Rate Calculator** and **clear data between monthly periods** to avoid confusion
- Staff can assist with transposing hours from the EMR into the calculator as needed.
- The **calculator is optional** and is meant only to **complement the required daily documentation (maintained in the EMR as recommended).** Physicians can use it to **monitor ongoing totals and alignment with billing limits** by transposing cumulative hours from the EMR.

Important: The **FHO+ Hourly Rate Calculator** is a supplementary tool and does not replace EMR documentation nor capture FHO+ hourly rate care category activities for audit purposes.

Helpful tools

Download the **FHO+ Hourly Rate Calculator**