

Technical Specification for the Outside Use Report

(Patients with Signed Consent)

Claims Services Branch
Ministry of Health
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Notice and Disclaimer

This document is intended for use by developers of applications and products that support communication with the Ministry of Health (the ministry) Medical Claims Electronic Data Transfer (MCEDT) via Electronic Business Services (EBS) (web service interface), a service provided by the ministry to support electronic data transfer. This service is built to the web services standards detailed in this document.

The ministry does not provide any support for automation of the public MCEDT web page.

This document is also intended to be read in the context of either a service agreement between the ministry and the Service Requestor or through an accepted IDP. The service agreement is defined by a Master Service Agreement (MSA) and an MCEDT Service Schedule between the ministry and the Service Requestor (SR).

This technical specification is also targeted to vendors of various software applications and products that have or plan to have modules that support MCEDT through a web service interface within the province of Ontario in Canada. It is assumed that the reader has knowledge of web services and related protocols, SOAP and XML message formats/processing, relevant interoperability profiles and identity assertions and has read the [Technical Specifications for Electronic Business Services document](#).

Please direct any questions to the Service Support Contact Centre (SSCC) at 1-800 262-6524 or SSContactCentre.MOH@ontario.ca.

Intended Audience for this Technical Specification Document

This document is intended for use by developers of various software applications and products. It describes the XML schemas for the Outside Use Report (Patients with Signed Consent).

Introduction

This document is intended to provide the reader with sufficient information to decompose XML documents related to medical claims payment information. More specifically, the technical specifications contain annotated XML schema decomposition information for the Outside Use Report.

Outside Use Report are accessible via the Medical Claims Electronic Data Transfer (MCEDT) service.

The reports are available in PDF and XML format via the MCEDT service which adheres to the Electronic Business Service security model and the Identity Provider (IDP) and as such requires that the unique ministry identifier for a Service Requestor (SR) has been established.

Although the ministry does provide an MCEDT web user interface for enrolled service users to also download the XML file, all program to program interfaces to consume these reports and files MUST use the MCEDT web service and should never interface directly to the user interface. The user interface can and will change from time to time without notification.

See [Appendix A](#) for more information on the MCEDT Service.

Background

Outside Use is incurred when a core (in-basket) service is provided to an enrolled patient by any family physician who is not affiliated with the patient's primary care group. The Outside Use report provides the group with information about their patients who incurred outside use for tracking purposes only.

Prior to April 1, 2026, the Outside Use report was used to calculate the group's Access Bonus payment. Eligible groups received this bonus if their rostered patients stayed within the group for primary care, rather than visit walk-in clinics. Whenever an enrolled patient received a core service from a doctor outside their group, it triggered a dollar-for-dollar reduction (negation) subtracting from the physician's access bonus.

As of April 1, 2026, instead of a direct financial deduction per outside visit, a group-level continuity threshold (set at 75%) tracks whether rostered patients receive the majority of their core services within their designated primary care Family Health Organization group. Falling below this threshold triggers administrative review rather than immediate financial negation.

XML Schemas

The XML Schema definitions (XSD) for the Outside Use Report are well-formed and valid. The schema for each report is included in [Appendix F](#).

Validation of an XML document against the XSD

A valid XML document contains a reference to an XML Schema Definition (XSD), and its elements and attributes follow the grammatical rules that the XSD specifies.

The fields described in the schema definition are generic in order to follow the XML data typing standards.

This format consists of a dataset element, which contains a metadata element, and a data element. The metadata element contains the data item information in item elements. The data element contains all the row and value elements.

Testing

Testing of the XML Schemas has been performed according to W3C Standards. The W3C organization has an XML Schema (XSD) Validation Tool, which is available on the W3C website.

Exemption

This technical publication has been exempted from translation under the *French Language Services Act* as per Ontario Regulation 671/92.

APPENDIX A: Medical Claims

Electronic Data Transfer

The MCEDT service is a secure method of transferring electronic files to and from an authorized MCEDT user and the ministry. It is compliant with the Government of Ontario Information Technology Standards and the [Personal Health Information Protection Act](#) for the handling of personal health information. The MCEDT service is a web enabled service that can be accessed using an Internet connection.

The web page is a user-friendly interface that provides the basic upload and download functions to submit and retrieve files one at a time. This does not replace billing software.

The web page is not intended for use with automated billing programs or scripts. Billing software is required to create claim files. Attempts to automate web page functions are strongly discouraged since the user interface is subject to change without notice and the ministry is unable to support applications that are sensitive to the layout of MCEDT screens.

Service users and their agents must create an OPS (Ontario Public Service) BPS (Broader Public Sector) Secure account to access web-based OPS online services. An OPS BPS Secure account is required to enroll and access MCEDT. The contents and format of files remain exactly as transmitted from the service user or from the ministry's information technology systems.

Outside Use Reports (Patients with Signed Consent)

The chart below illustrates how the Outside Use Reports will appear as menu selection option via the MCEDT service. The Report Name will appear under the Subject heading and there is a 2-digit identifier assigned to each report in the file name under the Item heading.

Report Name	Report Name (as seen in MCEDT, List of Reports)	Report Type 2 Digit Identifier
Outside Use Report (Patients with Signed Consent)	Outside Use	OU

The file name **LEOU4567.123** shown under the Item heading above can be deciphered as follows:

- **L** = First alpha character is a unique identifier referencing the program area (L = Primary Care)

- **E** = The next alpha character is the report month (Where A = Jan, B = Feb, C = March, L = December), in this example E = May
- **OU** = The next 2 alpha characters are the unique identifiers for the type of report (OU = Outside Use Report)
- **9999** = The 4 digits are the MCEDT Service Tracking Serial Number, in this example 4567
- **.999** = The last 3 digits are the file extension, in this example .123

The report file name in the above sample refers to the Primary Care, Outside Use Report, for the month of May.

For more information on the MCEDT service please refer to the current version of the [Technical Specification for Medical Claims Electronic Data Transfer \(MCEDT\) Service via Electronic Business Services \(EBS\)](#).

Please direct any MCEDT related questions to the **Service Support Contact Centre (SSCC)** at **1 800 262-6524** or SSContactCentre.MOH@ontario.ca.

APPENDIX B: XML Terminology

The table below lists each XML field name and its associated field name in the paper report.

XML Field Name	Paper Report Field Name	Description
Group ID	Group	A ministry registration number assigned to organizations to facilitate payment consolidation.
Group Type	Group/Solo Level Name	Name to describe the type of group (will be either Group or Solo)
Group Name	Group	The name of the organization which facilitates payment consolidation.
Provider Number	Physician, Provider	A ministry registration number assigned to individual providers who are lawfully entitled to provide insured services.
Provider Last Name	Physician, Provider	Provider's last name.
Provider First Name	Physician, Provider	Provider's first name.
Provider Middle Name	Physician, Provider	Provider's middle name.
Patient Health Number	Health Number	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 First Name	Patient Name, First Name	Patient's first name.
Patient Birth Date	Date of Birth	Patient's date of birth
Patient Sex	Sex Code	Patient's sex code
Service Loc	Service Location	A ministry location code used to identify where service was provided. Currently only reported for OTN - Ontario Telemedicine Network.

Service Date	Service Date	Date the patient received the service. YYYYMMDD
Service Code	Fee Code	Code which appears opposite the description of insured benefits listed in the various MOH Schedules of Benefits and Facility Fee Schedule.
Service Description	Description	Description of the service code.
Service Amt	Fee Paid	Amount of payment.

APPENDIX C: Data Models

DATA MODEL 1

Outside Use Report (Patients with Signed Consent) - Models without Descriptions on Reports for Group Health Centre and Community Sponsored Agreement Models

Field	Field length
REPORT-ID	CHAR (10)
REPORT-DATE	CHAR (10)
REPORT-NAME	CHAR (50)
REPORT-PERIOD-START	CHAR (10)
REPORT-PERIOD-END	CHAR (10)
GROUP-ID	CHAR (04)
GROUP-TYPE	CHAR (03)
GROUP-NAME	CHAR (75)
PROVIDER-NUMBER	CHAR (06)
PROVIDER-LAST-NAME	CHAR (30)
PROVIDER-FIRST-NAME	CHAR (20)
PROVIDER-MIDDLE-NAME	CHAR (20)
PATIENT-HEALTH-NUMBER	CHAR (10) CHAR (10) on paper report
PATIENT-LAST-NAME	CHAR (30) CHAR (28) on paper report
PATIENT-FIRST-NAME	CHAR (20) CHAR (18) on paper report
PATIENT-BIRTH-DATE	CHAR (10) CHAR (10) on paper report
PATIENT-SEX	CHAR (01) CHAR (01) on paper report
SERVICE-LOC	CHAR (04)
SERVICE-DATE	CHAR (10)
SERVICE-CODE	CHAR (05)

DATA MODEL 2

Outside Use Report (Patients with Signed Consent) - Models with Descriptions on Reports for Family Health Network and Family Health Organization Models

Field	Field length
REPORT-ID	CHAR (10)
REPORT-DATE	CHAR (10)
REPORT-NAME	CHAR (50)
REPORT-PERIOD-START	CHAR (10)
REPORT-PERIOD-END	CHAR (10)
GROUP-ID	CHAR (04)
GROUP-TYPE	CHAR (03)
GROUP-NAME	CHAR (75)
PROVIDER-NUMBER	CHAR (06)
PROVIDER-LAST-NAME	CHAR (30)
PROVIDER-FIRST-NAME	CHAR (20)
PROVIDER-MIDDLE-NAME	CHAR (20)
PATIENT-HEALTH-NUMBER	CHAR (10) CHAR (10) on paper report
PATIENT-LAST-NAME	CHAR (30) CHAR (28) on paper report
PATIENT-FIRST-NAME	CHAR (20) CHAR (18) on paper report
PATIENT-BIRTH-DATE	CHAR (10) CHAR (10) on paper report
PATIENT-SEX	CHAR (01) CHAR (01) on paper report
SERVICE-LOC	CHAR (04)
SERVICE-DATE	CHAR (10)
SERVICE-CODE	CHAR (05)
SERVICE-DESCRIPTION	CHAR (39)
SERVICE-AMT	DECIMAL (9.2)

APPENDIX D: Technical Questions and Answers

Technical questions and answers about the delivery of the Outside Use Report via MCEDT are listed below:

Question	Answer
1. Why are reports in XML format?	Extensible Markup Language (XML) is a recognized international standard for the encoding of data exchanged between third parties. It is widely used in both the private and public sectors and is an official standard of the Ontario Government. XML was chosen as the encoding standard due to its ease of implementation and the flexibility it offers when modifying reports.
2. What is an XML parser?	An XML parser is the piece of software that reads an XML file, recognizing the structure of the data it contains, and makes the data available to software applications. It tests whether a document is well-formed and, if given an XML schema, it will also check for validity (i.e., it determines if the document follows the syntactic and semantic rules defined by the schema).
3. What kind of software packages have an XML parser built in?	Microsoft Word and Excel both contain XML parsers, enabling them to recognize and display well-formed XML documents. Windows® operating systems since the 2000 version and Internet Explorer browsers version 5 and subsequent versions include a validating XML parser. Most third party internet browsers such as Firefox, Chrome, Safari, Opera, Lynx, Archne and Epiphany also have an XML parser built in. To determine if the software application is XML enabled, have it try to read one of the schemas or sample report files on the XML Schemas and Sample Reports link. Otherwise, contact your vendor.

4. Can a Macintosh computer read these XML reports?	Yes, Macintosh computers can read the electronic report files and are currently in use for the submission of claims via MCEDT as well as retrieval of files sent to MCEDT.
5. Are Clinical Management Systems (CMS) equipped to handle these XML reports?	Please follow up with your CMS vendor.
6. What are the benefits of the sample reports?	The sample reports will assist vendors in testing parsers created from the schemas to read the XML reports. They are a starting point for vendors to develop test cases for their parsers and should not be considered to provide comprehensive test coverage.
7. Have the contents of the paper reports been changed?	Both paper and xml reports have been updated to include Service Location, and they both contain the same data elements. The patient's first and last name on the paper reports are two characters shorter than the XML listing.

APPENDIX F: XML Schema

```
<?xml version="1.0" encoding="utf-8"?>
<xs:schema id="REPORT" xmlns="" xmlns:xs="http://www.w3.org/2001/XMLSchema"
xmlns:msdata="urn:schemas-microsoft-com:xml-msdata">
<!--XSD specification created by Don Wood-->

<xs:annotation>
    <xs:documentation>PCRP60R1-C Outside Use (Patients with Signed
Consent)</xs:documentation>
</xs:annotation>

<!-- Create a type to restrict the data to a max length of 20 -->
<xs:simpleType name="maxLenString">
    <xs:restriction base="xs:string">
        <xs:maxLength value="20"/>
    </xs:restriction>
</xs:simpleType>

<xs:element name="REPORT" msdata:IsDataSet="true" msdata:Locale="en-US">
<xs:complexType>
<xs:sequence>
<xs:element name="REPORT-DTL">
<xs:complexType>
<xs:sequence>
<xs:element name="REPORT-ID" minOccurs="0">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="10"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>

<xs:element name="REPORT-DATE" type="xs:date" minOccurs="0" />

<xs:element name="REPORT-NAME" minOccurs="0">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="50"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>

<xs:element name="REPORT-PERIOD-START" type="xs:date" minOccurs="0" />
<xs:element name="REPORT-PERIOD-END" type="xs:date" minOccurs="0" />
</xs:sequence>
```

```

</xs:complexType>
</xs:element>
<xs:element name="GROUP">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="GROUP-DTL" minOccurs="0" maxOccurs="unbounded">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="GROUP-ID" minOccurs="0">
              <xs:simpleType>
                <xs:restriction base="xs:string">
                  <xs:maxLength value="4"/>
                </xs:restriction>
              </xs:simpleType>
            </xs:element>

            <xs:element name="GROUP-TYPE" minOccurs="0">
              <xs:simpleType>
                <xs:restriction base="xs:string">
                  <xs:maxLength value="3"/>
                </xs:restriction>
              </xs:simpleType>
            </xs:element>

            <xs:element name="GROUP-NAME" minOccurs="0">
              <xs:simpleType>
                <xs:restriction base="xs:string">
                  <xs:maxLength value="75"/>
                </xs:restriction>
              </xs:simpleType>
            </xs:element>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
      <xs:element name="PROVIDER" minOccurs="0" maxOccurs="unbounded">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="PROVIDER-DTL" minOccurs="0" maxOccurs="unbounded">
              <xs:complexType>
                <xs:sequence>
                  <xs:element name="PROVIDER-NUMBER" minOccurs="0">
                    <xs:simpleType>
                      <xs:restriction base="xs:string">
                        <xs:maxLength value="6"/>
                      </xs:restriction>
                    </xs:simpleType>
                  </xs:element>
                </xs:sequence>
              </xs:complexType>
            </xs:element>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>

```

```

<xs:element name="PROVIDER-LAST-NAME" minOccurs="0">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="30"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>

<xs:element name="PROVIDER-FIRST-NAME" type="maxLenString" minOccurs="0"
/>

<xs:element name="PROVIDER-MIDDLE-NAME" type="maxLenString"
minOccurs="0" />

</xs:sequence>
</xs:complexType>
</xs:element>
<xs:element name="PATIENT" minOccurs="0" maxOccurs="unbounded">
<xs:complexType>
<xs:sequence>
<xs:element name="PATIENT-DTL" minOccurs="0" maxOccurs="unbounded">
<xs:complexType>
<xs:sequence>
<xs:element name="PATIENT-HEALTH-NUMBER" minOccurs="0">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="10"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>

    <xs:element name="PATIENT-LAST-NAME"
minOccurs="0">
        <xs:simpleType>
            <xs:restriction base="xs:string">
                <xs:maxLength value="30"/>
            </xs:restriction>
        </xs:simpleType>
</xs:element>

    <xs:element name="PATIENT-FIRST-NAME" minOccurs="0">
        <xs:simpleType>
            <xs:restriction base="xs:string">
                <xs:maxLength value="20"/>
            </xs:restriction>
        </xs:simpleType>

```

```

        </xs:element>

<xs:element name="PATIENT-BIRTHDATE" type="xs:date" minOccurs="0" />
<xs:element name="PATIENT-SEX">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:enumeration value="M"/>
            <xs:enumeration value="F"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>
</xs:sequence>
</xs:complexType>
</xs:element>
<xs:element name="SERVICE-DTL1" minOccurs="0" maxOccurs="unbounded">
<xs:complexType>
<xs:sequence>
<xs:element name="SERVICE-LOC" minOccurs="0">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="4"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>

<xs:element name="SERVICE-DATE" type="xs:date" minOccurs="0" />
<xs:element name="SERVICE-CODE" minOccurs="0">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="5"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>

<xs:element name="SERVICE-DESCRIPTION" minOccurs="0">
    <xs:simpleType>
        <xs:restriction base="xs:string">
            <xs:maxLength value="39"/>
        </xs:restriction>
    </xs:simpleType>
</xs:element>

<xs:element name="SERVICE-AMT">
    <xs:simpleType>
        <xs:restriction
base="xs:decimal">
            <xs:totalDigits value="9"/>

```

