

Housekeeping

- Thank you for joining us today. The webinar will begin shortly.
- Your microphones have been muted upon entry. Please leave them muted to avoid background noise.
- **Please write any questions in the text box.** The speakers will either answer at the end of the presentation or provide a written response after the presentation.

Hospital Sector Supports Webinar

Ministry of Health - Hospitals

May 4, 2021

Overview

Throughout the COVID-19 pandemic the Hospital sector has faced unprecedented challenges and has responded with great agility and dedication.

To support the hospital sector in responding to the third wave of the COVID-19 pandemic, the Ontario government has made various investments to increase capacity.

The focus of this presentation is to outline those supports, provide additional clarity on implementation, and outline next steps.

Item

Topic

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Updates on Broad Based Reconciliation and 2020/21 Year End Financials

Updates on Broad Based Reconciliation and 2020/21 Year End Financials -- Hospital Requirements and Steps

Step 1: Incremental COVID-19 expenses

- **Recognition of Funds on Audited Financial Statements:** Hospitals should recognize revenue to offset actual COVID-19 incremental expenses incurred up to the amount provided in the March 23, 2021 ADM memo.
- **Documentation Requirements:** The deadline for submitting final March 2021 COVID-19 expense reports is May 31st, 2021. Capital and operating settlement reports with eligible one-time COVID-19 capital incremental expenses incurred between March 6, 2020 to March 31, 2021 are due June 30th, 2021. Additional materials will accompany this presentation.
- **Ministry Next Steps:** The Ministry will flow final amounts based on actual eligible expenses incurred, validation of submitted financial data and attestation receipt. Any excess funding over eligible actual expenses will be recovered by the Ministry.

Updates on Broad Based Reconciliation and 2020/21 Year End Financials -- Hospital Requirements and Steps cont'd

Step 2: Unearned Funds from Select Hospital Programs

- **Recognition of Funds on Audited Financial Statements:** Hospitals should apply any unearned funds from the selected programs up until they achieve an Adjusted Fund Type 1 balanced position (no surplus/deficit). Unearned funds can be applied to Fund Type 1 pressures, including pressures that result from lost T-Fees and any COVID-19 incremental expenses above the amount identified as an accrual by the Ministry. Unearned funds from these selected hospital programs cannot be used to create a surplus; any unearned funds that cannot be applied to Fund Type One pressures will be recovered by the Ministry.
- **Documentation Requirements:** Ministry will release an Application of Unearned Funds form in early May which will be due back to the MOH by **June 11th**.
- **Ministry Next Steps:** Once received, the Ministry will review and validate information supplied by hospitals on the Application of Unearned Funds form and MOH and OH/CCO will recover any funds that weren't applied to Fund Type 1 cost pressures.

Updates on Broad Based Reconciliation and 2020/21 Year End Financials -- Hospital Requirements and Steps cont'd

Step 3: Lost Non-Ministry Revenue

- **Recognition of Funds on Audited Financial Statements:** This form allows hospitals to report and attest to actual lost non-Ministry revenues and apply up to the estimated accrual amounts previously communicated by the Ministry against hospital operations and clinical activities. This includes Fund Type 1 or Fund Type 2 related expenses not already supported by other Ministry funding.
- **Documentation Requirements:** Ministry will release a template focused on collecting attested hospital information on the actual impact of Lost Non-Ministry Revenues. The template will be due back by June 11, 2021.
- **Ministry Next Steps:** Ministry will review the received templates and a final reimbursement amount will be determined through validation of year end financial and attested data.

Overall Goal:

Following receipt of documentation, the Ministry will work with Ontario Health to review and validate hospitals' use of funds, Audited Financial Statements and other information as applicable. The goal of this work is to ensure that funding provided by the Ministry in 2020-21 is applied to reasonable and appropriate costs in the COVID-19 pandemic. Unusually large revenue increases identified through this review that do not correspond to an accompanying expense may result in adjustments to the final amount of funding that is ultimately flowed to each hospital.

Updates on Broad Based Reconciliation and 2020/21 Year End Financials -- Hospital Requirements and Steps cont'd

Step 4: Working Funds Relief (applicable to certain hospitals only)

- **Recognition of Funds on Audited Financial Statements:** Hospitals should recognize any applicable Working Funds up to the amount they were eligible to accrue as revenue. This can be reported as a separate revenue item but should be included in total revenue for the hospital. Working funds relief from the ministry is based on the hospital's working funds deficit reported in 2019-20 Audited Financial Statements (AFS) and Self-Reporting Initiative Quarterly Reports.
- **Documentation Requirements:** The Ministry will release a workbook in the coming weeks for hospitals to complete and submit to the Ministry in June (TBD).
- **Ministry Next Steps:** The Ministry has convened a working group with representation from hospitals, the OHA and OH to help finalize program details.

Overall Goal:

The working funds program is related to other Ministry COVID-19 supports encompassed by the Broad-Based Reconciliation but will be implemented separately.

The Ministry expects that recognition of revenue in 2020-21 up to the amount that hospitals were informed they are eligible to accrue on March 16, 2021, may create a surplus in 2020-21.

Optimizing COVID-19 Bedded Capacity & Supporting Patient Transfers

Objective

Support an increase to hospital capacity through the following measures:

- Additional funding to support the conversion of existing acute care beds to critical care beds.
- Confirmation that the government will continue to fund the operation of COVID-19 response beds for the full fiscal year.
 - This includes approved beds opened during Wave 1, the Fall Preparedness Plan and Phase 3 critical care beds.
 - Note that beds are subject to reallocation throughout the year, to respond to COVID-19 surges and later, the surgical and procedural backlog.
- Funding for all incremental critical care beds added to the system at actual costs rather than historic rates.
- Support the increased need to quickly create additional temporary non-critical care capacity by allowing the opening of new short term non-critical care beds in response to local, regional or provincial need.

Current status

- Through surgical ramp down measures and redeployment of staff to critical care, the ministry anticipates bringing online ~600 more critical care beds.
 - To date, 215 additional critical care beds have been brought online with additional 284 beds to be available (as needed) effective May 1.
- Over 3,100 beds added since March 2020 that continue to be operational.

- In order to support the increased need for hospital care in the third wave of COVID-19, there is a need to quickly create additional non-critical care capacity during the duration of the declaration of the Emergency Order.
- New non-critical care capacity opened in response to local, regional, or provincial need will meet the following expectations:
 - Be considered temporary and created for a limited time. These beds will be closed when no longer required or as directed.
 - Only be opened as deemed necessary by Hospital CEO in collaboration with Regional Lead to support COVID-19 census load balancing, in response to capacity demand resulting from directions from the IMS tables but, not at their specific direction i.e., the IMS cannot direct the opening of beds.
 - Be considered a **provincial** and/or **regional resource**.
 - Be funded by the Ministry using a standard per diem rate. No bed per diems may be submitted for reimbursement through the ministry's COVID-19 incremental expense process.
- To support hospitals in quickly being able to increase their non-critical care capacity, hospitals will be able to complete an Activation Attestation to document the opening of new non-critical beds. The Activation Attestation will be submitted to Ontario Health and consolidated for the Ministry on a weekly basis.

Short-Term Non-Critical Care Bed Activation Attestation Process

ATTESTATION

Hospital CEO signs off on Activation Attestation

APPROVAL

OH Regional Lead signs off on Activation Attestation and provides approval to Hospital to open beds

TRACKING

Regional Lead sends signed attestation to Ontario Health for central tracking

MOH NOTIFICATION

Ontario Health provides weekly updates to MOH on approved beds

MOH REPORTING

Hospitals update *COVID-19 Beds Tracker – Weekly Survey* under "Section 3, Phase 4: short term non-critical care beds" with bed openings and closings

Supporting Patient Transfers

Funding Ornge & EMS to increase IMS Transfers

- Authorized incremental funding for dedicated Ornge and EMS resources to support increased IMS transfers to enable patient flow.
- Patient transfer will assist in freeing-up ICU capacity in COVID-19 hotspots through IMS load balancing of acute and critical care capacity.
- The ministry is engaging with Ornge and paramedic services to assess daily capacity, streamline transfer requests and implement additional strategies to enhance transport resources (e.g. use of private air ambulance carriers).
- This funding will flow via Ornge and EMS transfer payment recipients and will not be an eligible expense through the COVID-19 expense process.
 - Hospital-incurred patient transfer costs (e.g., repatriation, etc) will be treated separately as an eligible expense through the COVID-19 process.

Additional Physician Capacity in the East (SEAMO)

- Authorized incremental funding to support additional physician capacity in Eastern Ontario (Southeastern Ontario Academic Medical Organization) to cope with increased patient transfers.
- This funding will flow via SEAMO and will not be an eligible expense through the COVID-19 expense process.

Hospital COVID-19 Incremental Expenses Process

- Process has been extended until March 31, 2022.
- For the 2021-22 fiscal year, eligibility criteria will be revised and communicated under separate communication to the sector in May 2021.
- Examples of eligible expenses include:

Item	Capital Expenses	Operating Expense
Vaccine Administration	Reimbursable	Reimbursable
Health Human Resources (HHR)*	N/A	Reimbursable
Critical Care/High Intensity Beds (CC/HIM) – Phase 3 beds	Reimbursable**	Non-reimbursable***
Short Term/Non-Critical Care Beds	Reimbursable	Non reimbursable***
Acute to Critical Care Beds Conversion Costs	Reimbursable**	Non reimbursable***

* Eligible Expenses for HHR initiatives approved as part of the Ministry’s Wave 3 critical care capacity approvals for 2021-22.

** Only minor capital costs associated with the conversion of acute care beds to critical care beds will be considered eligible expenses.

*** These expenses are being addressed separate from the expenses process as existing funding mechanisms are already in place to support them.

Out of Country Prior Approval Program

Use of U.S. Hospital Facilities

Objective

- The ministry is exploring leveraging the existing Out-of-Country Prior Approval (OOC PA) Program to ensure on-going access to medically necessary services that cannot be performed in Ontario without a medically significant delay during this third wave of the COVID-19 pandemic.

Current Status:

- In support of this strategy, the MOH is proactively:
 - Based on advice from Ontario Health (CancerCare Ontario) and CorHealth, focusing on priority patient groups most likely to be impacted by delay;
 - Identifying U.S health facilities that are close to the border with whom the MOH has an existing funding relationship;
 - Developing relationships with other facilities with proximity to the border based on advice from Ontario Health and CorHealth;
 - Ensuring that those facilities have capacity to receive Ontario patients should the need arise; and,
 - Ensuring MOH processes are streamlined so that, if an increase in OOC funding applications occurs, administrative processes do not delay patient access.

Background

There are two general pathways for funding OOC services:

Emergency Circumstances	Prior Approval
<ul style="list-style-type: none">• Emergency transfers to U.S. facilities are enabled through CritiCall. CritiCall's role is strictly for patients requiring emergency medical treatment (e.g., life-or-limb-threatened patients) who come through the CritiCall Ontario case facilitation process and where U.S. border cities are the closest and most appropriate destination. This is part of the CritiCall's regular core services.• Funding is provided through OHIP after the services are rendered.	<ul style="list-style-type: none">• A physician-driven application-based program.• In the past, the ministry has utilized U.S. facilities for specific services to address capacity and backlog issues (i.e., stem cell treatment).• OHIP does not cover travel/accommodation costs through this program; however, funding options are being explored to assist with these expenses.

Health Human Resources Supports

Communication coming later this week on:

- Enhanced Extern program
- HHR redeployment from IHFs and private hospitals
- HHR redeployment from hospital to hospital
- Leveraging out-of-province and out-of-country HHR
- Temporary physician funding

Questions

