

Additional Questions and Answers
Temporary Physician Funding Administered by Hospitals During COVID-19 Outbreak

Q1: What is this funding for and why is this funding being administered by hospitals?

This funding is to pay physicians for in-hospital COVID-related services as outlined in the Guidelines document.

As directed by Treasury Board Secretariat and the Office of the Provincial Controller, the ministry is required to continue to adhere to financial management directives, protocols and processes for all transfer payment funding during COVID-19.

Under these accountability requirements, the ministry is contracting with the LHINs to manage the administration of this funding through to the hospitals who will administer these compensation payments to physicians in keeping with the Guidelines.

Q2: Can physicians be paid out of more than one funding stream (i.e. hospital hourly funding framework and FFS)?

Yes, as long as they are not receiving both payments concurrently (for example, receiving the hourly rate for ward services while also billing FFS for these same services).

Q3: Can a physician receive two different hourly funding streams under this framework (i.e. working one week providing administrative and leadership activities and another week providing clinical services in a COVID-19 ward unit)?

Yes, physicians are eligible to be paid under different compensation components, provided they are not receiving compensation under more than one of the components, or other forms of payment, at a time.

For example, if a physician provides administrative and leadership activities during the day, and in the evening provides ward unit services, they are eligible for the hourly payment under each compensation stream for the separate distinct hours they have worked under each. The same would apply for a physician providing services in the ICU in the morning, and later that day providing separately billable FFS services outside of the ICU. The physician in this case would be eligible for both the hourly payment and FFS payments, if they are not billing for services provided during the same hour(s) for which they are already receiving an hourly sessional payment.

Q4: Is there a cap on the funding?

There is no cap on eligible physician activities. However, in order to provide this funding, the ministry is entering into a Transfer Payment Agreement with the LHINs. Under standard ministry financial management directives and accounting processes for transfer payment funding, initial funding allocations will be assigned at the LHIN and hospital level. Hospitals will be responsible for flowing these compensation payments to physicians in keeping with the agreement and guidelines.

The initial LHIN/hospital allocations will be reassessed as needed to provide any additional funding as required for qualifying physician services under the Guidelines, beyond the initial LHIN/hospital allocations. In the event that a hospital anticipates a greater need for funding than what was originally allocated, the LHIN should be notified as early as possible.

Q5: When will the funding flow?

The ministry is working to finalize, implement and communicate funding allocations to the LHINs who will follow up to communicate to hospitals. This will provide hospitals with the information they will need to begin to process payments.

Hospitals will then be able to request funds for costs incurred under the Guidelines from the beginning of the funding period. Payments will be made at Mid and End of the Months as per current payment accounting schedules and deadlines. Hospitals may wish to consider requesting funding monthly to ensure timely payment of their physicians.

Further information will be provided by the LHINs to hospitals on this process, once the initial funding allocations have been communicated.

Q6: Is there a process for physicians who had already submitted FFS claims, who now want to receive retroactive payments under the hourly funding framework for the same period, to cancel the earlier FFS billing they have submitted?

If a physician has submitted FFS billings that they now want to have reversed / removed from their Remittance Advice, they should send a bulk Remittance Advice Inquiry (RAI) requesting this via e-mail to: casbulkadjustments@ontario.ca.

The email should have a subject line of COVID Corrections and should provide the following information:

- Provider/group number
- Patient Health Card Number
- Fee Schedule Codes billed
- Date(s) of Service

Q7: Are physicians who receive payments under the hourly funding framework still able to get HOCC payments for being at home overnight on call?

Yes, when physicians are not receiving payments under the hourly funding framework (i.e. they are not at the hospital providing care or providing administrative/leadership activities and are therefore not being paid the hourly sessional), they are eligible to receive payments from other funding sources, including HOCC, as long as they are not receiving both payments concurrently.

Q8: Can I pay our chief extra to compensate for additional time worked beyond chief pay?

Compensation can be used appropriately to pay for additional hours worked if pay is related to COVID-19 planning and care and is not concurrent with other forms of compensation (i.e. more than one form of compensation for the same hour).

Q9: If a hospital has a COVID-19 Response Team and the expertise of more than one physician is required for a patient who requires cardiopulmonary resuscitation, can the physician(s) who assists and who is not part of the protected code blue team bill FFS for their activities?

If any member of a COVID-19 Response Team is receiving the hourly rate, then no concurrent FFS billings or other payments are to be paid to a physician being paid the hourly sessional payment. In the event that there is a clinical need for more than one physician to provide cardiopulmonary resuscitation, the additional physician required would be eligible to submit FFS billings if they are not receiving the hourly sessional payment under this framework.

Q10: Are administrative/leadership activities limited to 40 hours per week?

No, there is not a cap for those services. Forty (40) hours per week was provided as an example of a full-time position, however the funding of these activities is left to the discretion of the hospital CEO or delegate in accordance with the guidelines.

Q11: Can any of the hourly sessional payments under this funding framework be used to fund community physicians or be used to fund on-call physicians in the community or physicians who are on-call for COVID-19 services but not receiving funding through HOCC or another on-call program?

Community physicians who are providing qualifying physician services in-hospital under the Guidelines are eligible to receive payments under this framework for the services they perform in hospital.

However, these hourly sessional payments and the related funding should not be used to fund community-based clinical care. This funding should also not be used to pay physicians for being on-call or to fund any on-call programs.

Q12: How do the payments apply to hospitals who do not have a dedicated, protected code blue team?

If a hospital does not have a dedicated protected code blue team, the funding under this framework for this activity does not apply. However, other funding categories may apply if the Guidelines for that funding are met.

Q13: How should we calculate COVID+ and COVID probable cases?

COVID+ patients should be determined by positive test results. COVID probable patients are those who are treated as at risk of being COVID-19 positive under local hospital policy.

Q14: Is there a template that would be used by physicians and hospitals to track requests for hourly rates?

The ministry will be providing a sample template as a guide that the LHINs, hospitals and physicians can refer to in order to track and request payments under this framework.

Under the transfer payment accountability requirements, the ministry is contracting with the LHINs to manage the administration of this funding through to the hospitals. Under this LHIN funding structure, as is common with other funding and payments, the hospitals will submit their requests for payment to the LHINs. The LHINs will then confirm these payments to the ministry, who will flow the funds to the hospitals for payment to physicians.

Under the amending agreement between the LHINs and the ministry, hospitals will also be required to complete a reporting template to go to the LHINs for submission to the ministry which will be used for audit/review purposes.

Q15: How should we interpret the use of the word “critical” in the previous Q and A document when describing non-clinical assignments.

The term was used to mean those physician non-clinical and leadership activities that were related and necessary to the hospital’s COVID planning and care delivery. Non-clinical physician activities that were deemed appropriate by the hospital CEO or delegate in order to prepare for the COVID-19 pandemic are eligible for funding.