

OPERATING SETTLEMENT REPORT - COVID One-Time Reimbursement of Operating Incremental Expenses



Instructions: Complete all highlighted fields and submit this report to the Ministry of Health by June 30th, 2021 with eligible one-time COVID-19 operating incremental expenses incurred between March 6, 2020 to March 31, 2021. Total operating incremental expenses incurred by the hospital should be reported in the table below; any applicable offsets received through other funding sources, including other Ministry of Health or Ontario Health funding sources should be reported in cell F16 "Other Operating MOH/OH or Other Funding Offsets". Please refer to "MINISTRY OF HEALTH COVID-19 GUIDANCE: INCREMENTAL HOSPITAL EXPENSES" guidance document. The Attestation should be submitted as an Excel form, accompanied by a signed PDF and Auditor's Report.

All reporting materials are to be submitted electronically to Hospitals.Branch-HSQFD@ontario.ca, unless otherwise required by the Ministry.

Date Submitted (YYYY-MM-DD):		For Reporting Period (ending March 31, 2021):	
Hospital Facility/BPS Number (3-Digits):		Total Operating Costs Incurred from March 6th 2020 to March 31st 2021:	
Hospital Corporation Name:		MOH Operating Funding Received/Reimbursement Amount (for net expenses reported up to November 2020):	
Ontario Health Region:	Please select.	Total Additional Eligible Operating Expenses Reported to the Ministry for up to November 2020 (Any late reporting adjustments requesting reimbursement, if applicable):	
LHIN Region:	Please select.	Total Operating Expenses Incurred between December 1, 2020 to January 31, 2021 and Reported to the Ministry (Amount accrued by Hospital or MOH Reimbursed Amount for this period, if available):	
Contact Name:		Total Operating Expenses Incurred between February 1, 2021 to March 31, 2021 and Reported to the Ministry (Amount accrued by Hospital or MOH Reimbursed Amount for this period, if available):	
Contact E-mail:		Other Operating MOH/OH or Other Funding Offsets:	
Contact Phone Number:		Surplus(+) / Deficit(-):	\$0.00

By signing below, the hospital confirms that all information contained in this form is true, complete and is in compliance with the Transfer Payment Agreement.

Signature - CEO or CFO: _____
Print Name: _____
Print Title: _____
Date (YYYY-MM-DD): _____

Auditor's Report

We have examined the institution's compliance as at _____, 20____ with the COVID-19 ONE-TIME REIMBURSEMENT OF Operating INCREMENTAL EXPENSES ONTARIO TRANSFER PAYMENT AGREEMENT in effect April 1, 2020 and the MINISTRY OF HEALTH COVID-19 GUIDANCE: INCREMENTAL HOSPITAL EXPENSES and COVID-19 INCREMENTAL HOSPITAL EXPENSES EXCEL TEMPLATE SUBMISSION QUESTIONS AND ANSWERS documents. This financial information is the responsibility of the facility's management. Our responsibility is to express opinion on the financial information and compliance with the Agreement based on our audit. We conducted the audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement and that the institution complied with the guidelines referred to above. It is expected that the auditors' examination will follow the CPA Handbook - Assurance (CAS 805) as issued by the Chartered Professional Accountant Association. We have audited this Settlement Report for all identified Projects. In our opinion, this statement presents fairly, in all material respects, the funds received and disbursed in accordance with Canadian Generally Accepted Accounting Principles.

Auditor's Signature: _____