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Memorandum To: Ontario Hospitals and Ontario Health

From: Patrick Dicteri
Interim Assistant Deputy Minister & General Manager of OHIP

Mike Heenan
Assistant Deputy Minister
Hospitals and Capital Division

Subject: Extension of Temporary COVID-19 Physician Funding

In March 2020, the Ministry of Health (the ministry) and the Ontario Medical Association (OMA) agreed to introduce several temporary physician funding measures in response to the COVID-19 pandemic, many of which were scheduled to expire in March 2021.

Given current uncertainties regarding the potential extent and duration of the pandemic, the ministry recognizes that additional temporary support will be required beyond March 2021. As such, the ministry and the OMA have reached an agreement to temporarily extend the COVID-19 physician funding outlined below until September 30, 2021.

Services by Telephone or Video

The temporary virtual care fee codes ("K-codes") for physician telephone and video services under the Ontario Health Insurance Plan (OHIP), K080, K081, K082 and K083, have been extended until September 30, 2021.

Additionally, the ministry is implementing four new temporary virtual palliative care fee codes for services delivered on or between March 14, 2021 and September 30, 2021, at equivalent rates to A945 and K023. The ministry will provide further communications to physicians once the necessary system changes have been implemented to enable physicians to submit claims for the new temporary virtual palliative care fee codes.

COVID-19 Assessment Centres

The temporary COVID-19 sessional unit fees (H409/H410) for physician services provided at designated COVID-19 Assessment Centres have been extended until September 30, 2021.

A COVID-19 Assessment Centre is a place designated by the Ministry of Health as eligible for COVID-19 sessional unit fees. This extension of the hourly sessional fees (H409/H410) includes the previously expanded criteria for designating COVID-19 Assessment Centres which includes mobile/pop-up Assessment Centres, certain Long-Term Care Homes (LTCHs) or a unit of a LTCH, and Congregate Care Settings (CCSs) or a portion of a CCS, where a hospital has deployed physicians to provide in-person clinical care related to COVID-19.

Additionally, to support the provincial vaccination strategy, the ministry has also expanding the criteria used to designate COVID-19 Assessment Centres to include any sites where a Hospital or Public Health Unit (PHU) coordinates COVID-19 vaccination delivery. Coordination means a hospital or PHU (or an individual a hospital or PHU have designated) has scheduled a physician to attend a specific location on a specific date/time to support vaccination services.

When a physician is part of a COVID-19 vaccination team organized or deployed by either a Hospital or a PHU that has an eligible Assessment Centre, the sites at which the vaccine services are delivered will be considered eligible Assessment Centres for the duration of vaccine delivery.

Physicians providing services at these sites will be eligible to claim the H409/H410 fee codes for each hour of service rendered.

Examples of services that are eligible for payment with H409 and H410:

1. In-person clinical care related to COVID-19 rendered at eligible assessment centres, including assessment, testing, and vaccination services.
2. In-person Infection Prevention and Control (IPAC) activities related to COVID-19 rendered at eligible assessment centres.
3. COVID-19 vaccination planning, administrative, or leadership services when requested by a hospital or by a PHU that is an eligible assessment centre.

Should you have any questions, please do not hesitate to contact HealthServicesBranch@ontario.ca for additional information or support.

Temporary Physician Funding for Hospitals During COVID-19

The temporary physician funding for hospitals in response to the COVID-19 pandemic has been extended until September 30, 2021. This funding has been extended under the same criteria as previously outlined in the Guidelines for Temporary Hospital Physician Funding (Guidelines) and includes expanding the list of eligible aerosol generating medical procedures (AGMPs) and the option for hospitals to have physicians receive a 30% modifier payment on three Critical Care fee codes in lieu of hourly funding for Protected or Pre-Emptive Code Blue Teams.

Available funding components are as follows:

- a. Revised temporary agreement on Emergency Department Alternative Funding Agreements (EDAFAs);
- b. Hourly rates to replace regular fee-for-service (FFS) payments in Intensive Care Units (ICUs) and Inpatient Wards;

- c. Hourly rates to replace FFS payments for Protected or Pre-Emptive Code Blue Teams. Option for hospitals to have physicians receive a 30% modifier payment on three Critical Care fee codes (G521, G522, G523) in lieu of hourly funding;
- d. Hourly rates for non-clinical assignments. Extended to physicians deployed by hospitals to conduct non-clinical work related to COVID-19 in LTCHs/CCSs;
- e. Increased funding for infectious disease hospital-based specialists; and
- f. 30% Modifier Payment for AGMPs.

Please refer to the Guidelines for complete program eligibility criteria. Hospitals must meet the necessary eligibility criteria outlined in the Guidelines, where applicable.

Please note that where the necessary eligibility criteria have not been met for a hospital to activate any of the above-noted physician funding component(s), physicians may be remunerated as usual on a fee-for-service basis, or through alternative payment plan (APP) models in place for some hospitals.

Should you require any further information, please contact your Local Health Integration Network (LHIN).

Thank you for your ongoing support.

Sincerely,



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- c: Ontario Medical Association
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Helen Angus, Deputy Minister, Ministry of Health
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