1.0 **PURPOSE OF FUNDING**

1.1 Funding is provided under the Physician On-Call Program (the “Program”) to Long-Term Care Homes (“LTCH”) for remuneration of physicians providing after-hours on-call availability and services (which for the purposes of these Guidelines includes the remuneration of a Medicine Professional Corporation for having one or more Designated Physicians provide Physician On Call Services on behalf of the Medicine Professional Corporation in accordance with section 4.3 below). For the purpose of these Guidelines, “after-hours” means the time period from 1700 hrs to 0700 hrs Monday to Friday, and 24 hour coverage on Saturdays, Sundays and holidays as defined in s. 1 of the *Long-Term Care Homes Act, 2007* (the “Act”).

2.0 **PROVISION OF FUNDING**

2.1 Funding provided under the Program shall be deemed to fall within and form part of the Nursing and Personal Care Envelope. The funding to each LTCH under the Program is based on the number of licenced/approved beds in operation at the Home as of January 1 of each funding year. Any in-year changes to bed counts, approved under the Act, may result in prorated funding adjustments as determined by the Ministry of Health and Long-Term Care (the “ministry”).

2.2 Funding for the period April 1, 2016 to March 31, 2017 is calculated with the annual formula set out below:

(i) $12,500 (less $393.75) annually for homes with 29 beds or less,

(ii) $15,000 (less $472.50) annually for homes with more than 29 beds and less than 150 beds, or

(iii) $100 (less $3.15) per bed annually for homes with 150 beds or more.

*Note:* In accordance with the negotiated terms of the *2012 Physician Services Agreement* (2012 PSA) between the Ontario Medical Association and the Ministry of Health and Long-Term Care, a 0.5% discount has been applied to physician payments effective April 1, 2013. As per the 2012 PSA, this discount may be reduced if additional savings are identified in the physician services budget.

As per the “Physicians Services Ten Point Plan for Saving and Improving Service”, POC payments provided on or after June 1, 2015 are discounted by 2.65%. The 2.65% payment reduction is in addition to the 0.5% payment reduction which has been in effect since April 1, 2013.
2.3 The annual allocation will be determined based on the weighted average of the licensed/approved beds in operation for the period reconciled, where the weighted average of licensed/approved beds in operation equals:

(a) The sum of the maximum resident days (as defined in the LTCH Occupancy Targets Policy, July 1, 2010 the “Policy”) starting from later of January 1 or operational start date to earlier of December 31 or end date, divided by the lesser of 365 days (366 days if leap year) or the number of days during which beds were operational during January 1 to December 31,

plus

(b) The sum of the maximum Convalescent Care resident days (as defined in the Policy) starting from later of January 1 or operational start date to earlier of December 31 or end date, divided by the lesser of 365 days (366 days if leap year) or the number of days during which beds were operational during January 1 to December 31,

plus

(c) The sum of the maximum Interim Short-Stay resident days (as defined in the Policy) starting from later of January 1 or operational start date to earlier of December 31 or end date, divided by the lesser of 365 days (366 days if leap year) or the number of days during which beds were operational during January 1 to December 31.

2.4 Where the operations of a Home commence after January 1st, or end before December 31st, the annual allocation will be pro-rated to reflect the period in which the beds are in operation.

2.5 The Home’s actual costs for the remuneration of physicians providing after-hours on-call availability and services to the Home will be reconciled against the Home’s annual allocation under the Program and any unused funding shall be recovered by the ministry. Costs incurred for the remuneration of physicians for providing after-hours on-call availability and services that are in excess of the allocation under these Guidelines must be reported under the Other Accommodation Envelope.

3.0 PAYMENT OF FUNDING

3.1 The ministry shall release the funds due under section 2.0 on or about the twenty-second (22nd) day of the month following which the ministry determines the amount of funding payable.
4.0 USE OF AND ACCOUNTABILITY FOR FUNDING

4.1 The Operator will:

(a) Identify, through its Medical Directors(s), physicians (which for the purposes of this section includes Medicine Professional Corporations as defined in s. 4.3), who are eligible to receive payment under the Program;

(b) Develop and make available an On-Call Schedule (a monthly chart indicating physician names (including Designated Physician names as defined in s. 4.3 where applicable) and times for after-hours on-call service provision) at the Home which is to be retained for seven (7) years and provided to the HOCC Administration or other ministry representative upon request;

(c) Provide an annual statement, signed by its Chief Executive Officer and the Chief Financial Officer, or the equivalent, indicating:

(i) confirmation of the number of beds in operation in the Home as of December 31st of each funding year;
(ii) details of any change in the number of licensed/approved beds in the Home from the previous funding year;
(iii) the total amount of Program funding received from the ministry during the funding year;
(iv) the total number of physicians paid under the Program for the funding year;
(v) the total amount paid to each physician under the Program for the funding year; and
(vi) the total amount of Program funding distributed by the Operator in respect of the Home during the funding year.

(d) Require that each physician who wishes to be eligible to receive payment under the Program complete an Application and Consent in the form appended to these Guidelines.

(e) Establish a review process to enable a physician who is not satisfied with the Home’s assessment of the payment to which the physician is entitled in connection with the Program, to have the assessment reviewed by the Home;

(f) Ensure that the review process includes a mechanism to allow for arbitration by an outside party of any decision made by the Home under the review process;

(g) Ensure that all physicians providing on-call services to the Home are aware of the availability of this review process; and

(h) In collaboration with the Home’s Medical Director, and based on the on-call schedule of duties, distribute the funding by way of payments to physicians who provide on-call services in accordance with these Guidelines which shall be reported as costs under the Nursing and Personal Care envelope.
4.2 Physician Eligibility: Where a physician is a natural person and applies to receive payments under the Program, the Home shall ensure that, for the period of time during which the physician provides on-call services, the physician:

(a) is a member in good standing of the College of Physicians and Surgeons of Ontario (CPSO), holds an acceptable certificate of registration to practice medicine issued by the CPSO under the *Medicine Act*, and is not enrolled in a post-graduate training program; and

(b) provides on-call coverage for to the LTCH after-hours by:

(i) being available by phone during the on-call period;
(ii) being available to attend, in person, to the Home in a timely manner when, in the reasonable professional opinion of the physician, medically necessary; and
(iii) responding, in a timely manner, to the Home when providing coverage to more than one home.

4.3 (a) In section 4.3 the following definitions apply:

“**Designated Physician**” means a physician who meets the requirements in section 4.2 and who is designated by the Medicine Professional Corporation to provide Physician On-Call Services on behalf of the Medicine Professional Corporation.

“**Medicine Professional Corporation**” means a physician corporation as defined in O.Reg 665/05, s. 1, under the *Business Corporations Act*.

(b) Where a Medicine Professional Corporation applies to receive payments under the Program, the Home shall ensure that, for the period of time during which any Designated Physician provides on-call services, the Designated Physician meets all the requirements set out in section 4.2(a) and (b).