

LABORATORY SERVICES FUNDING GUIDELINES

May, 2011

1.0 PURPOSE OF FUNDING

1.1 Laboratory Services Funding is intended to help offset phlebotomy and related service costs incurred by Operators of LTC Homes, to ensure that these costs do not negatively impact service levels.

2.0 PROVISION OF FUNDING

2.1 The MOHLTC shall, subject to these Guidelines and all other applicable agreements, law and policies, provide to the Operator reimbursement for:

- i. The cost of phlebotomy services provided at a prescheduled time;
- ii. The cost of phlebotomy services provided at times other than regularly scheduled visits; and
- iii. Courier services to pick up specimens at times other than regularly scheduled pick up times.

2.2 Reimbursement shall be based on the actual cost of the service, to a maximum of the amount specified in the table below, regardless of whether the service was provided by a private medical laboratory, purchased from another provider or provided by staff hired by the Operator to provide phlebotomy services.

Service	Maximum Eligible Cost¹
i. Phlebotomy services provided at a prescheduled time	\$50 per session plus \$5 for the second and each additional resident
ii. Phlebotomy services provided at times other than regularly scheduled visits	\$75 per session plus \$5 for the second and each additional resident
iii. Courier services to pick up specimens at times other than regularly scheduled pick up times	\$25

3.0 APPLICATION FOR FUNDING

3.1 On a quarterly basis, the Operator shall complete and submit to the MOHLTC, the Reimbursement Form for Phlebotomy Services and

¹ As established in June 15, 2000 memorandum from John King, Assistant Deputy Minister, Health Care Programs, to LTC Facility Administrators.

Urgent/STAT Specimen Collection and attach each invoice (originals only) for which the expenditure applies.

The invoices shall detail:

- (a) The date(s) of service;
- (b) The services provided on that date;
- (c) The number of residents who required the service on that date; and
- (d) The actual cost paid for the service by the Operator.

3.2 The MOHLTC shall reimburse the Operator only following the submission of the Reimbursement Form for Phlebotomy Services and Urgent/STAT Specimen Collection.

3.3 The MOHLTC shall notify the Operator of submission and payment deadlines annually.

4.0 PAYMENT OF FUNDING

4.1 The MOHLTC shall reimburse the funds due under section 2.0 on or about the twenty-second (22nd) day of the month following which MOHLTC determines the amount of funding payable in respect of a quarterly claim.

5.0 USE OF AND ACCOUNTABILITY FOR FUNDING

5.1 The Operator shall apply the funds reimbursed by the MOHLTC under these Guidelines to pay for the services listed for under section 2.0.

5.2 In order to be eligible for reimbursement there must be a written contract between the Operator and the provider(s) of laboratory and phlebotomy services. In negotiating contracts with laboratory services providers, the Operator shall ensure that adequate provision is made for the following:

- (a) The quality management expectation for laboratory services, including but not limited to provision of laboratory supplies, frequency of pick-up of specimens, instructions on collection, storage and transportation of specimens; and
- (b) Providing reports on each resident within a mutually agreed upon time, in accordance with resident needs and accepted laboratory practices.

5.3 For the following services, the details that shall be covered in the agreement with the laboratory service provider include the specified items:

- (a) For routine phlebotomy, STAT phlebotomy, and STAT pick-up of specimen services, the agreement shall include:
 - i. Costs for each service; and,
 - ii. Contacts for resolution of issues and timelines of responses.

- (b) For laboratory testing, the agreement shall include:
 - i. Supplies to be provided at no cost by the laboratory performing the testing;
 - ii. Frequency of routine pick-up of specimens and flexibility of pick-ups depending on the type of specimens to be picked up, e.g. fasting blood glucose and INR;
 - iii. Method of reporting for STAT, abnormal and routine results, e.g. phoned, faxed to ordering physician;
 - iv. Turnaround times for providing test results, both STAT and routine, to ordering physician;
 - v. Consultation on, and interpretation of, test results;
 - vi. Instructions on collection of specimens and patient preparation;
 - vii. Summary report on organisms identified in the Home for infection control; and,
 - viii. Contacts for resolution of issues within an agreeable timeframe.