

Chapter 1

Ministry of Health

Section 1.04

Interprovincial and International Health Services

Follow-Up on VFM Section 3.04, 2018 Annual Report

RECOMMENDATION STATUS OVERVIEW						
	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	1	1				
Recommendation 2	1			1		
Recommendation 3	1	1				
Recommendation 4	1	1				
Recommendation 5	2	2				
Recommendation 6	1	1				
Recommendation 7	3	1		2		
Recommendation 8	1			1		
Recommendation 9	2	1		1		
Recommendation 10	2	0.5	1	0.5		
Recommendation 11	3	3				
Recommendation 12	2		1	1		
Recommendation 13	4	1			3	
Total	24	12.5	2	6.5	3	0
%	100	52	8	27	13	0

Overall Conclusion

As of September 24, 2020, the Ministry of Health (Ministry) had fully implemented 52% of the actions we recommended in our *2018 Annual*

Report. The Ministry also made progress in implementing an additional 8% of the recommendations, but made little or no progress in 27% of the recommendation. The Ministry also will not implement 13% of our recommendations that encouraged the Ministry to collect and monitor statistics on hospital services provided to international patients.

The Ministry has established agreements with foreign health service providers that did not yet have preferred provider agreements; worked with other provinces to update the categories and rates for out-patient services; and extended its quality assurance review initiative to all out-of-country and out-of-province programs.

The Ministry is in the process of arranging with all provinces and territories to allow electronic funds transfers of reciprocal provincial billings, and is collecting data necessary to evaluate performance of its programs.

The Ministry had made little progress on working with Quebec to streamline the reimbursement process for Ontarians acquiring physician services there; analyzing data to detect anomalies in claims submitted by physicians from other parts of Canada; reviewing with other members the level and expertise of staff represented on the Interprovincial Health Insurance Agreements Co-ordinating Committee; publicly reporting on the results of its programs' performance; and working with other provinces to establish more consistent rates for common out-of-province services for Canadians travelling in other parts of the country. Regarding the latter, while the Ministry raised ambulance services as a topic for review, other provinces identified telehealth services and mental health facilities as the top priorities.

On September 23, 2020, the Ontario Divisional Court ruled that the Ontario government does not have the authority to enact a regulation under the *Health Insurance Act* to end the Out-of-Country Travellers Program. The Ontario government was reviewing the court decision and considering next steps at the time we completed our work.

As well, the Ministry decided not to move forward with a provincial framework defining principles, guidelines and reporting expectations for hospitals providing services to international patients or uninsured patients, such as foreign workers and visa students. It therefore will not implement our recommendations to identify information that hospitals need to report, and to obtain

and monitor statistics on prearranged births to non-residents in Ontario. The Ministry noted that it would continue to obtain only limited information regarding hospital services to international patients in the areas of charitable and humanitarian care, as well as care provided to vacationers, students, workers, landed immigrants and refugees. We continue to believe that there is value in collecting and analyzing non-resident use of the Ontario health system for purposes of program evaluation.

The status of actions taken on each of our recommendations is described in this report.

Background

The Ministry of Health (Ministry), formerly part of the Ministry of Health and Long-Term Care, operates Ontario Health Insurance Plan (OHIP) programs to cover Ontarians travelling outside the province. This complies with the portability principle of the *Canada Health Act*, which requires that public health insurance be provided to all Canadians regardless of where they travel, or when they move from one province to another. Also, it used to cover emergency health services for Ontarians travelling outside the country at amounts between \$50 and \$400 per day, depending on the nature of the service. On December 31, 2019, the Ministry wound down the Out-of-Country Travellers Program.

On September 23, 2020, the Ontario Divisional Court ruled that the Ontario government does not have the authority to enact a regulation under the *Health Insurance Act* to end the Out-of-Country Travellers Program. The Ontario government was reviewing the court decision and considering next steps at the time we completed our work.

In 2019/20, the Ministry paid a total of \$237 million (\$204 million in 2017/18) under OHIP's out-of-country and out-of-province programs. We found that Ontario had provided more hospital in-patient services to residents of other

provinces and territories than Ontarians received elsewhere in Canada. Sometimes, Ontario provided more services than what could have been billed back to patients' home provinces and territories due to limitations with the billing process in place at the time. This meant that Ontario and other provider provinces were sometimes subsidizing the health-care costs for out-of-province patients, and these costs were not fully tracked.

We also found that the Ministry had not rejected any claims from out-of-province physicians for services rendered to Ontarians in the last five years, even claims that should have been rejected. In addition, Ontario travellers needed more public education about being financially responsible for cost differences between what OHIP covered and actual costs of health-care services they received while away. The Ministry had recommended on its website that travellers buy additional private medical insurance but had not yet used social media to communicate this message.

Some other significant observations included:

- Ontario patients who required emergency health services in other countries were covered by the Ministry at pre-established rates that represented only a small percentage of actual costs. Between 2013/14 and 2017/18, on average, the Ministry reimbursed just five cents for every dollar that an Ontarian was billed by a foreign physician or hospital.
- Ontario patients in other Canadian provinces and territories sometimes paid higher fees for health services that were not covered, such as ambulance or long-term-care home services, because Ontario covered only medically necessary, insured hospital and physician services. Ontario patients paid up to \$732.95 for an ambulance in some other provinces, while Ontario charged non-residents \$240.
- Ontario patients sometimes received pre-approved funding from the Ministry for health services at facilities outside Canada. However, the Ministry did not follow up with patients about their experiences at those facilities to inform future referrals.
- The Ministry did not monitor the financial and wait-time impacts of foreign patients in Ontario. In 2014, the Ministry directed hospitals to serve international patients only under specific conditions, such as for humanitarian reasons, but did not continue to collect information to monitor hospitals' compliance.
- Claims were primarily paper-based and could take up to six to eight weeks to be processed and paid. Technology could have been used to make claims processing more efficient and accurate.

We made 13 recommendations, consisting of 24 actions, to address our audit findings.

We received commitment from the Ministry that it would take action to address our recommendations.

Status of Actions Taken on Recommendations

We conducted assurance work between April 2020 and July 2020. We obtained written representation from the Ministry of Health that effective October 8, 2020, it has provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Out-of-Country Travellers Program

Recommendation 1

To better educate the public on the limited rates that are publicly funded for emergency health care obtained outside of the country and the need to purchase private health insurance to supplement any residual amounts not reimbursable from the provincial government, we recommend that the Ministry of Health and Long-Term Care improve and expand its public education to Ontarians travelling outside of the country (such as communicating through social media), targeting those groups who are most likely to not purchase travel insurance.

Status: Fully implemented.

Details

In our 2018 audit, we found a significant number of claims to the Ministry that did not go through private health insurance companies. We further noted that while the Ministry informed Ontarians on its main webpage on out-of-country travellers to obtain additional private medical insurance, it had not used other methods such as social media to inform travellers of the need to purchase travel insurance because of the limited rates the Ministry paid and services it covered.

At the time of our follow-up, the Ministry had ended the Out-of-Country Travellers Program as of December 31, 2019, and launched a new program to fund out-of-country dialysis services so that Ontarians living with kidney failure can continue to receive support for the dialysis care they need when they travel outside of Canada. The Ministry has used social media to advise Ontario residents to obtain travel health insurance when travelling outside of Canada. Specific to dialysis, social media posts were released in early 2020 to provide information on the reimbursement process through the Ontario Renal Network. These posts were put on hold as of early March 2020 until further notice due to the COVID-19 pandemic.

On September 23, 2020, the Ontario Divisional Court ruled that the Ontario government does not have the authority to enact a regulation under the *Health Insurance Act* to end the Out-of-Country Travellers Program. The Ontario government was reviewing the court decision and considering next steps at the time we completed our work.

Recommendation 2

To simplify the administration of the out-of-country travellers program, we recommend that the Ministry of Health and Long-Term Care revisit opportunities to reduce administrative costs, for example, through adopting a single reimbursement rate (similar to other provinces) for all emergency in-patient health services obtained out of country.

Status: Little or no progress.

Details

In our 2018 audit, we noted that the Ministry annually processed close to 90,000 traveller claims that were predominantly paper-based. As well, Ministry staff needed to assess these claims to determine the appropriate payment rate, which ranged from \$50 per service to \$400 per day depending on the nature of the care. In comparison, most other provinces and territories have one common rate. The Ministry spent \$2.8 million a year to administer the Out-of-Country Travellers Program, which paid out about \$9 million in claims a year.

At the time of our follow-up, the Ministry had ended the Out-of-Country Travellers Program on December 31, 2019. Claims for services provided after this date for out-of-country emergency physician and hospital services for conditions that were acute, unexpected, arose outside of Canada and required immediate treatment are no longer eligible for payment by the Ontario Health Insurance Plan. Claims for services delivered on or prior to December 31, 2019 can continue to be submitted for assessment and payment up to one year after the date the service was received.

On September 23, 2020, the Ontario Divisional Court ruled that the Ontario government does not have the authority to enact a regulation under the *Health Insurance Act* to end the Out-of-Country Travellers Program. The Ontario government was reviewing the court decision and considering next steps at the time we completed our work.

Prior Approval Programs

Recommendation 3

To help Ontarians better access insured health services within the province and to identify priority areas to build in-province capacity, we recommend that the Ministry of Health and Long-Term Care review on an ongoing basis statistics on requests and approvals for health care outside of Ontario, and where needed, initiate work with the medical community to build or increase capacity for health services routinely funded through the prior approval programs.

Status: Fully implemented.

Details

In our 2018 audit, we noted that the Ministry relies on the medical community to identify areas where capacity could be developed in Ontario to make health care more accessible to Ontarians within the province instead of having to send patients outside its borders. As well, the Ministry used some prior approval information (such as on cancer treatment) to identify trends and potential areas for capacity building. However, it could do more in analyzing prior approval data to limit the need to send significant volumes of patients outside of Ontario, thereby incurring significant expenditures for out-of-province patient services.

At the time of our follow-up, the Ministry had generated data reports on various aspects of the program, such as costs, number of patients, payments processed and type of care services requested for out-of-country approval. The Ministry indicated that it used these reports to monitor the volume of funding requests to identify new trends, pressures and demands for out-of-country health services. In February 2019, it determined that certain services could not be delivered in Ontario; in response, the Ministry implemented new agreements with US providers for those services.

Recommendation 4

To obtain the best value for money for the health services costs it pays to foreign medical facilities that provide pre-approved health services to Ontarians, and to help improve its efficiency in assessing Ontarians' applications through the prior approval programs, we recommend that the Ministry of Health and Long-Term Care establish agreements with foreign providers that do not yet have preferred provider agreements with the Ministry in cases where the benefits of these agreements are shown to outweigh their costs.

Status: Fully implemented.

Details

In our 2018 audit, we noted that the Ministry had agreements with 27 foreign health facilities and hospitals to provide a number of specified treat-

ments and procedures at pre-negotiated rates. It did not, however, have a preferred provider agreement with four other facilities, each treating an average of 10 Ontario patients a year between 2015/16 and 2017/18, which together received about \$35 million in Ministry funding over the same period. We noted that the Ministry could potentially achieve considerable cost savings if it negotiated standard billing rates with these facilities.

At the time of our follow-up, the Ministry had implemented new agreements in 2019 with several US providers for, primarily, proton beam therapy (for cancer patients) that could not be delivered in Ontario.

Recommendation 5

To help it make better informed decisions on applications for pre-approved health services outside of Ontario, we recommend that the Ministry of Health and Long-Term Care:

- *develop a checklist for all documents and information that it needs to provide to external medical experts;*

Status: Fully implemented.

Details

In our 2018 audit, we noted that two external medical expert groups with which the Ministry contracts to help recommend approval or denial of prior approval applications found that the files the Ministry sends them do not always contain all necessary information to help them make expedient recommendations on cases.

At the time of our follow-up, the Ministry, in consultation with medical experts, had developed and implemented new checklists for obsessive compulsive disorders and eating disorders. The Ministry informed us that these checklists were in use as of July 2019.

- *develop a mechanism to collect data on patient experience and other outcomes from patients who have received health services under the*

prior approval programs, and share the results with the external medical expert groups that assist it in making recommendations.

Status: Fully implemented.

Details

In our 2018 audit, we noted that the Ministry does not assess whether patients generally had a positive or negative experience with facilities outside of Ontario that provide pre-approved health services to Ontarians, and outcome information such as post-operation infection rates. Most of the external medical expert groups that assist the Ministry in recommending approval or denial of prior approval program applications informed us that they would like to see the outcomes of patients they assess under the program to improve their assessment process and inform their future decisions on similar cases.

At the time of our follow-up, the Ministry had consulted with Ontario Health, which has a unit that reviews emerging health technologies, treatments and procedures. As part of these reviews, Ontario Health collects quantitative data on patient experience through direct interviewing. The Ministry and Ontario Health had struck a notice of agreement in December 2019 to collaborate with each other, and for the Ministry to make use of Ontario Health reviews of patient experience when those patients had been funded for out-of-country services. Ontario Health publishes its recommendations on its website once it has performed its analysis.

Recommendation 6

To help ensure that Ontarians can equitably access timely health services that the Ministry of Health and Long-Term Care (Ministry) has preapproved to be provided outside of Ontario, we recommend that the Ministry review assistance that other provinces and territories provide with travel costs to the destination jurisdiction that offers health services under their prior approval programs and assess whether similar

assistance is applicable in Ontario, considering eligibility factors such as household income level.

Status: Fully implemented.

Details

In our 2018 audit, we noted that, unlike some other provinces and territories, Ontario does not offer travel subsidy programs for out-of-country and out-of-province prior approval care. As a result, those Ontarians who have obtained approval from the Ministry to access funding for health care outside Ontario but cannot afford to travel may have to choose not to obtain pre-approved health services outside Ontario.

At the time of our follow-up, the Ministry had completed a jurisdictional scan across Canada to identify travel assistance programs for patients who require health services not offered in their home jurisdiction. The Ministry noted that smaller provinces and territories that rely on other provinces to provide health services to their residents generally provide travel assistance to the nearest location inside Canada at which those services may be obtained. The Ministry indicated that it had no intention of expanding travel assistance beyond the existing Northern Health Travel Grant program, which applies to residents in certain northern Ontario locations who may require health services within Ontario or in Manitoba.

Out-of-Province Program

Recommendation 7

To help reduce the financial and administrative impact on Ontarians who may require health services while travelling to other parts of Canada, we recommend that the Ministry of Health and Long-Term Care:

- *work with other provinces to establish more consistent rates for common out-of-province services not required to be covered in the Canada Health Act (such as ambulance services)*

for Canadians while travelling in other parts of the country;

Status: Little or no progress.

Details

In our 2018 audit, we noted that Ontarians were billed more for ambulance services when in other parts of Canada than the amount Ontario billed residents from other provinces and territories. Although an interprovincial committee established a working group in 2016 to review interprovincial gaps in coverage, including ambulance services, no recommendation had been made when we completed our audit in 2018.

At the time of our follow-up, the Ministry had indicated that, although it raised funding for ambulance services in an interprovincial policy review working group in late 2018, other provinces identified telehealth services and mental health facilities as the top priorities. The Ministry also indicated that the interprovincial policy review working group had recently begun reviewing the option of adding specific mental health hospitals to the reciprocal billing list. The Ministry continues to work with other provinces and territories in discussing the shortcomings of the interprovincial coverage.

- *explore options to streamline the reimbursement process for Ontarians acquiring physician services from Quebec in the absence of an interprovincial agreement on physician services with that province;*

Status: Little or no progress.

Details

In our 2018 audit, we noted that Quebec does not participate in the interprovincial billing agreement for physician services. As a result, Ontarians who use physician services in Quebec have to go through extra steps to be reimbursed compared to Ontarians who acquire the same services in other parts of Canada. Furthermore, an agreement between the Ministry and a region in western Quebec established in 1988 benefits only Quebec patients need-

ing emergency services and specialized medical services in the Ottawa region so they do not need to pay out-of-pocket, but does not apply to Ontario patients going to Quebec.

At the time of our follow-up, the Ministry had sent a letter to Quebec in February 2020 to initiate discussion to explore options for streamlining the reimbursement process for physician services provided to Ontario residents. The Ministry noted that Quebec does not participate in reciprocal medical billing with any province or territory. When we completed the follow-up, Quebec still had not responded to the Ministry's request.

- *enhance its public communication to Ontarians on interprovincial health coverage, such as prominently stating that physician services obtained out of province, when billed at point of service, are paid only up to the Ontario rate.*

Status: Fully implemented.

Details

In our 2018 audit, we noted that, unlike Quebec and Yukon, the Ministry does not advise Ontarians on its main webpage on out-of-province health coverage that out-of-province physician services are reimbursable only up to the home province's rate. For example, in accordance with the Ontario Schedule of Benefits, OHIP reimbursed only \$80.30 even though an Ontarian patient was billed \$166 for out-patient psychotherapy in Alberta.

At the time of our follow-up, the Ministry's webpage on OHIP coverage across Canada included the following note: "We assess claims and reimburse you according to Ontario's physician rates." The Ministry indicated that this note was added to its webpage as of November 2019.

Recommendation 8

To help reduce the risk of financial loss to the province's health insurance program, we recommend that the Ministry of Health and Long-Term Care run an application annually to detect anomalies in claims, such as services purportedly rendered to Ontarians

with valid health numbers, submitted by physicians from other parts of Canada.

Status: Little or no progress.

Details

In our 2018 audit, we noted that the Ministry had controls in the billing system to detect certain errors submitted by other provinces and territories for hospital services—but not physician services—rendered to Ontarians. By running an application on health numbers and out-of-province claims, we found that the Ministry paid about \$43,000 in good faith to physicians in other provinces who submitted and received payments for about 750 claims between 2015/16 and 2017/18 where the Ontario health numbers submitted for payment were invalid.

At the time of our follow-up, the Ministry was looking into the cost and feasibility of developing an application to perform this analysis of anomalous results, and expected to complete this work by September 2022.

Recommendation 9

To help support discussions with other provinces and territories regarding matters of interprovincial health coverage and to best represent the interest of all parties involved, we recommend that the Ministry of Health and Long-Term Care:

- *work with other provinces and territories in the Interprovincial Health Insurance Agreements Co-ordinating Committee (Committee) to update the categories and rates for out-patient services;*

Status: Fully implemented.

Details

In our 2018 audit, we noted that Ontario hospitals that provide out-patient services to patients from other provinces and territories were reimbursed for these services at rates that were not always representative of the actual costs they incurred. For example, the interprovincial agreement stipulated that hospitals could only bill for one service per

day even if they provided multiple services to an out-of-province patient. As well, the out-patient services rates are grouped into 13 categories that were developed in the 1980s and have undergone minimal changes since; with advances in medicine and technology, some services would require their own rates in order to be fairly compensated.

At the time of our follow-up, the Ministry had worked with other provinces and territories to develop out-patient services rates for 2020/21. Ontario co-chaired a rate-setting sub-committee with the specific goal of addressing issues with the out-patient rate model. The group identified opportunities for enhancement and work was under way to introduce new categories and rates for out-patient services starting in 2021/22.

- *discuss the mandate of the Committee, including a review of the level and expertise of staff represented at the Committee, with other provincial and territorial members.*

Status: Little or no progress.

Details

In our 2018 audit, we noted that the Committee had been reviewing certain concerns relating to interprovincial health coverage for several years. We further noted that provincial and territorial representatives on the Committee had different areas of expertise (such as health policy versus claims processing) and decision-making authority, with some needing to consult with senior officials before making decisions.

At the time of our follow-up, the Ministry, as a member of the Committee's governance sub-group, which includes representation from several provinces, advised that the sub-group in January 2020 presented to the provincial/territorial Assistant Deputy Minister working group findings on a good governance framework that included the need to have the proper representation with appropriate authority. The governance sub-group expects to present these findings to the provincial/territorial Deputy Minister working group by January 2021.

Claims Not Efficiently Administered

Recommendation 10

To improve the efficiency of claims processing, we recommend that the Ministry of Health and Long-Term Care:

- develop a mechanism to allow patients and other provinces and territories to submit claims electronically;

Status: Fully implemented for provinces and territories; little or no progress for patients.

Details

In our 2018 audit, we noted that most out-of-country and out-of-province claims were submitted to the Ministry in paper format. In contrast, the private health insurance industry accepts electronic submission of certain claims. The Ministry informed us that, by fall 2018, it expected to allow six of the 30 insurance companies with which it contracts to submit electronic out-of-country traveller claims.

At the time of our follow-up, the Ministry had ended the Out-of-Country Travellers Program, which generated the most paper-based submissions. The Ministry estimated that the volume of claims it receives has decreased by about 80%. Therefore, the Ministry did not consider the recommendation feasible for the limited volume of claims now received directly from patients and insurance companies under the remaining programs. With respect to other provinces and territories, while they can all submit claims electronically, only some jurisdictions currently use this method.

On September 23, 2020, the Ontario Divisional Court ruled that the Ontario government does not have the authority to enact a regulation under the *Health Insurance Act* to end the Out-of-Country Travellers Program. The Ontario government was reviewing the court decision and considering next steps at the time we completed our work.

- arrange with all provinces and territories to allow electronic funds transfers of reciprocal provincial billings.

Status: In the process of being implemented by March 2021.

Details

In our 2018 audit, we noted that provinces do not always reciprocally bill each other electronically, and only Newfoundland and Labrador allowed electronic funds transfers.

At the time of our follow-up, the Ministry indicated that, as of February 2020, more provinces and territories use electronic funds transfers to remit and receive payments, both for hospital services and medical services. For example, Ontario can now remit payments for hospital services electronically to Alberta, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nunavut, Prince Edward Island, Quebec and Saskatchewan. Some provinces and territories, such as British Columbia and Nova Scotia, had indicated that they could not accept reciprocal payment via electronic funds transfers.

The Ministry indicated that the Ontario Financing Authority was exploring emerging payment methods that could better address automation and efficiency of business processes, as electronic funds transfers have limitations, such as requiring manual accounting and reconciliation processes. The Ministry indicated it was waiting for this work to be completed before making further arrangements with the remaining provinces and territories. According to the Ministry, further progress on implementing this recommendation is dependent primarily upon the development and implementation of alternatives by the Ontario Financing Authority, Ministry partners and the applicable central agencies of government such as Treasury Board Secretariat and the Ministry of Finance. The Ministry therefore could not provide an estimated implementation target date. Our Office will follow up in 2021.

Recommendation 11

To further improve the processing of claims in the out-of-country travellers, out-of-province and prior approval programs, we recommend that the Ministry of Health and Long-Term Care:

- *monitor that all staff follow the standard checklist for its quality assurance review initiative;*

Status: Fully implemented.

Details

In our 2018 audit, we noted that Ministry staff acting as reviewers in the quality assurance review initiative did not consistently follow a formal checklist when reviewing a file. Doing so would have promoted consistency and completeness of the review.

At the time of our follow-up, the Ministry informed us that team leads for the out-of-country and out-of-province programs periodically review files to ensure staff follow standard checklists. These reviews were suspended due to the COVID-19 pandemic because staff were working virtually and collecting paper claims for review was not logistically feasible.

- *extend the initiative to all out-of-country and out-of-province programs;*

Status: Fully implemented.

Details

In our 2018 audit, we noted that Ministry reviewers of the quality assurance review initiative only assessed claims under the Out-of-Country Travelers Program. The Ministry had not established timelines for this work to be expanded to the out-of-province program.

At the time of our follow-up, the Ministry had developed, in September 2019, guidelines for staff reviewing out-of-province claims, and expanded the quality assurance program to out-of-province paper claims in December 2019.

- *analyze the results of its reviews to identify opportunities to minimize the occurrence of similar identified errors in the future.*

Status: Fully implemented.

Details

In our 2018 audit, we noted that Ministry staff acting as reviewers did not fully assess staff errors identified through the quality assurance review initiative for trends or underlying causes, missing an opportunity to identify ways to reduce the chance that the same errors will occur in the future.

At the time of our follow-up, the Ministry informed us that, for training purposes, it was bringing identified processing deficiencies to its regular staff meetings—conducted by teleconference and internal emails by team leads and managers due to the COVID-19 pandemic.

Lack of Data and Reporting Capabilities Limit Ministry Analysis of Program Performance

Recommendation 12

To improve its oversight of the out-of-country and out-of-province programs, we recommend that the Ministry of Health and Long-Term Care:

- *develop performance measures and explore an approach to enhance its information systems to collect, monitor and analyze data to evaluate the programs;*

Status: In the process of being implemented by January 2021.

Details

In our 2018 audit, we noted that the Ministry could not produce data on processing time or the time needed to pay processed claims or easily identify areas of concerns within the out-of-province program. For example, the Ministry could not easily identify cases where Ontarians were billed for amounts that exceeded reimbursable amounts, the types of claims that were consistently rejected, or the types of services that Ontarians were frequently receiving in other provinces (to determine why they were leaving the province to obtain these services).

At the time of our follow-up, the Ministry had identified data and data sources for its various programs that it intends to collect either each

quarter or each year. Examples include the top 10 out-of-province hospitals, by amount paid, at which Ontario residents received services, and the top 10 physicians in Ontario providing services to patients from outside of Ontario. The Ministry was in the process of collecting this data for monitoring purposes by January 2021.

- *report publicly on the results.*

Status: Little or no progress.

Details

In our 2018 audit, we noted that the Ministry did not publicly report on its actual processing times.

At the time of our follow-up, the Ministry was working to develop options on how findings from its quarterly or annual reporting can be reported publicly.

International Patients' Use of the Ontario Hospital System

Recommendation 13

To help ensure Ontario hospitals meet the 2014 Minister's requirement that they do not use public dollars to provide pre-arranged care for international patients, put any revenue generated from treating international patients into hospital services that benefit Ontarians, and do not displace any Ontarian in favour of international patients, we recommend that the Ministry of Health and Long-Term Care, working with Local Health Integration Networks where appropriate:

- *re-examine the draft framework to define principles, guidelines and reporting expectations for hospitals that provide pre-arranged health services to international patients;*

Status: Fully implemented.

Details

In our 2018 audit, we noted that the Ministry drafted—but never finalized—a framework to support Ontario hospitals' compliance with the principles contained in a Minister statement made

in 2014 that hospitals were not to market to, solicit or treat international patients.

At the time of our follow-up, the Ministry had completed a jurisdictional scan in February 2019 related to the provision of hospital services to international patients in other jurisdictions, including the tracking of and cost recovery associated with providing these services. It had also undertaken additional research and analysis to develop potential options for a framework that would apply to uninsured patients in Ontario, such as international students and foreign workers. This analysis included implementation recommendations such as reporting, monitoring and compliance.

Following internal discussions in March 2020, the Ministry, having re-examined the draft framework, decided not to move forward with a provincial framework for international and uninsured patients. It acknowledged that hospitals will continue to provide services to international patients for charitable and humanitarian care, as well as care provided to vacationers, students, workers, landed immigrants and refugees, and that the Ministry will continue to obtain limited information regarding these services.

- *develop mechanisms to monitor hospitals' compliance with the Minister's requirement around pre-planned health services for international patients;*

Status: Will not be implemented. The Office of the Auditor General continues to support the implementation of this recommendation.

Details

In our 2018 audit, we noted that the Ministry did not collect current information or analyze data to ensure that hospitals were in fact adhering to the Minister's requirements on international patient programs. Similarly, five Local Health Integration Networks (LHINs) that we spoke to also did not confirm whether hospitals in their regions had complied with these requirements. LHINs have a responsibility to monitor hospitals and other health-care organizations that they fund.

At the time of our follow-up, the Ministry decided not to move forward with a provincial framework for international and uninsured patients. It acknowledged that hospitals will continue to provide services to international patients for charitable and humanitarian care, as well as care provided to vacationers, students, workers, landed immigrants and refugees, and that the Ministry will continue to obtain limited information regarding these services.

- *identify information that hospitals need to report on regarding services to international patients and collect this information;*
Status: Will not be implemented. The Office of the Auditor General continues to support the implementation of this recommendation.

Details

In our 2018 audit, we noted that the Ministry did not collect information such as hospital policies on how pre-planned international patient services are triaged in the Ontario system or the revenue generated from the treatment of international patients.

At the time of our follow-up, the Ministry decided not to move forward with a provincial framework for international and uninsured patients. It acknowledged that hospitals will continue to provide services to international patients

for charitable and humanitarian care, as well as care provided to vacationers, students, workers, landed immigrants and refugees, and that the Ministry will continue to obtain limited information regarding these services.

- *obtain and monitor statistics on prearranged births to non-residents in Ontario over time.*
Status: Will not be implemented. The Office of the Auditor General continues to support the implementation of this recommendation.

Details

In our 2018 audit, we identified several local companies offering services to foreign mothers looking to give birth in Ontario. The existence of these companies could encourage more foreign mothers to come to Ontario.

At the time of our follow-up, the Ministry decided not to move forward with a provincial framework for international and uninsured patients. It acknowledged that hospitals will continue to provide services to international patients for charitable and humanitarian care, as well as care provided to vacationers, students, workers, landed immigrants and refugees, and that the Ministry will continue to obtain limited information regarding these services.