



BUNDLED FUNDING PROGRAM – PRIMARY ARTHROPLASTY
PAYER: Quinte Health Care
Information to Post Op Rehabilitation Providers

You are receiving this form along with the referral of a patient in the QHC Bundled Care Program who has under gone:

Primary Unilateral Hip Arthroplasty or Primary Unilateral Knee Arthroplasty

As of April 1, 2018, the Ministry of Health and Long-Term Care (MOHLTC) implemented Bundled Funding (also known as the Integrated Funding Model), whereby a single payment is given to a provider to cover the costs of rehabilitative care *across multiple settings and providers*. Quinte Health Care has been designated as a ‘Bundle Holder’ in the SELHIN and will work with pathway partners to provide post discharge rehab care to people who undergo elective unilateral primary hip or knee replacement at QHC.

QHC as the payer is responsible for transferring funds to publicly funded service providers and those who have a service agreement with us to deliver the in-scope services (i.e. post-op outpatient rehabilitation services for qualifying elective unilateral primary hip or knee replacement Quality Based Procedures at QHC). *Out of scope clients in this program include (but not limited to); patients from out of province; bilateral hip and knee replacements; emergency hip fracture surgery and those having surgery at institutions other than QHC. Out of scope providers include non-publicly funded rehabilitation clinics and Long Term Care. Out of scope services include those provided by subsequent providers after the completion of a rehabilitation pathway and discharge from a provider referred to by QHC.*

A referral has been sent to you with the clinical directives for rehabilitation and treatment and the expected access target for rehab within 7 days for primary knee arthroplasty and 14 days for primary hip arthroplasty.

If you have received a referral from another source other than QHC, you must notify us by email at Bundledarthroplasty@qhc.on.ca

Treatment – Acceptance of this referral requires the receiving facility to provide post-operative rehabilitation services in accordance with *The Rehabilitative Care Best Practice Framework for Patients with Primary Hip and Knee Replacements*, developed by the Rehabilitative Care Alliance, and the *Quality Based Procedures (QBP) Clinical handbook for Primary Hip and Knee Replacement* developed by Health Quality Ontario and MOHLTC. The number, frequency and duration of visits offered for post-operative rehabilitation must be necessary and reasonable for the treatment of the primary joint replacement post-surgical condition as determined by the treating practitioner based on the patient’s individual need and evidence-based best practices.

Quinte Health Care agrees to pay the following amounts for each patient discharged from the receiving facility, and will render payment within 45 days of receipt of the complete invoice submission:

Unilateral Hip Arthroplasty	\$300 /patient
Unilateral Knee Arthroplasty	\$250/patient
<i>* Please note: on the rare occasion a patient does not meet the QBP criteria you will be advised to access alternate OHIP funded services.</i>	

Discharge – Patients will be discharged once the therapeutic objectives identified in the treatment plan have been achieved, or when any reasonably equivalent gains could be achieved through exercise or similar program, or when no further gains are likely to be achieved from continuing the rehabilitation services offered. It is expected that a patient will not exceed a rehab length of stay >120 days.

Funding – QHC agrees to pay for service delivered as per the payment scheduled provided with existing Service Agreements. For Service Providers who do not have a Service Agreement with QHC please contact Bundledarthroplasty@qhc.on.ca for the payment schedule and reporting template.

Invoicing for Partners with Service Agreement

For those service providers who have signed a Service Agreement with QHC, you must enter the mandatory data elements and complete the *Partner Volumes Reporting Template* as noted in your specific Service Agreement.

Invoicing for Non-Partner/Out-of-Network Service Providers

Upon completion of the course of rehabilitation and discharge from your clinic/agency you are to provide the information noted below for purpose of payment. Only secure email or FAX is accepted.

Patient Information:

- Patient Name/Date of Birth
- Gender
- Health Card Number
- Date of first rehab visit
- If surgery was hip or knee arthroplasty
- Copy of the referral form received from a source other than QHC Bundled Care Program
- Number of Sessions provided
- Discharge Date from Rehab services

Clinic / Agency Information:

- Clinic /Agency name
- Contact name
- Ambulatory care facility #
- Contact phone / email

Mandatory Data Collection confirmation:

- Ambulatory rehab clinics - NACRS Clinic Lite
- LHIN Home and Community Care – CHRIS
- Patient instructed/supported in completing the PROM (patient reported outcome measures) online

If transferring or transitioning a patient to another rehab provider for completion of the arthroplasty pathway this additional information must be sent with the invoice:

- Name of agency / facility patient was referred to (indicate if transitioned to a non-publicly funded rehab provider as per patient preference and is doing so while advised that they are eligible for publicly funded rehab.
- Date referral made and reason for referral