Executive Officer Notice: Publicly Funded COVID-19 Testing Services in Ontario Pharmacies

October 6, 2022

This is a further update to the Executive Officer (EO) Notice: Publicly Funded COVID-19 Testing Services in Ontario Pharmacies and the accompanying Questions and Answers for Pharmacists and Patients (Qs & As) dated August 8, 2022. This EO Notice and the accompanying Qs & As replace all previous versions of those documents.

This notice and the accompanying Qs and As documents constitute a Ministry of Health (ministry) policy that pharmacy operators must comply with when submitting claims for payment to the ministry for publicly funded COVID-19 testing services. Compliance with all ministry policies is required under section 3.2 of the Health Network System (HNS) Subscription Agreement for Pharmacy Operators.

Effective November 18, 2021, select pharmacies that have been approved by the ministry are eligible to provide at no cost to eligible individuals the following pharmacy services related to publicly funded COVID-19 testing:

Type of Pharmacy Service	Type of COVID-19 Test
Specimen collection in pharmacy	Laboratory-based polymerase chain reaction (PCR*) test
Handling of specimen self-collected by patient	
Specimen collection and performance of test in pharmacy	In-store point-of-care** polymerase chain reaction (PCR) test

*Also known as lab-based molecular testing in this document.

**Also known as rapid molecular testing in this document

Patient Eligibility

Pharmacy services related to publicly funded COVID-19 testing may be offered to, or arranged for, individuals who fall within the priority groups eligible for molecular tests (including laboratory-based and rapid molecular) [1] in the COVID-19 Provincial Testing Guidance (the "Guidance"), including the groups of persons listed below. In the event of a conflict between this document and the Guidance, the Guidance prevails. [2]

- Symptomatic people who fall into one of the following groups:
    - People aged 70 years and older
    - People aged 60 years and older who have less than three doses of COVID-19 vaccine
    - People who are immunocompromised
    - Adults aged 18 years and older who have had less than three doses of COVID-19 vaccine and have risk conditions:
        - obesity (BMI ≥ 30kg/m^2)
        - diabetes
        - heart disease, hypertension, congestive heart failure
        - chronic respiratory disease, including cystic fibrosis
        - cerebral palsy
        - intellectual disability
        - sickle cell disease
        - moderate or severe kidney disease (eGFR <60mL/min)
        - moderate or severe liver disease (e.g., Child Pugh Class B or C cirrhosis)
    - Other people at higher risk of severe disease who may be eligible for COVID-19 treatment if they tested positive
    - Pregnant people
    - Patient-facing healthcare workers
    - Staff, volunteers, residents/inpatients, essential care providers, and visitors in highest risk settings
        - Highest risk settings include: hospitals (including complex continuing care facilities and paramedic services), and congregate living settings[2] with medically and socially vulnerable individuals, including, but not limited to long-term care homes, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, correctional institutions, and hospital schools.
    - Household members of staff in highest risk settings and patient-facing health care workers

[1] The COVID-19 Provincial Testing Guidance refers to these tests as laboratory-based and rapid molecular tests.
[2] Please review the Ministry's COVID-19 Provincial Testing Guidance for the most up to date eligibility criteria.
[2] See the COVID-19: Congregate Living for Vulnerable Populations Guidance for more information. *People in each of these groups may be eligible for COVID-19 treatment if they test positive, based on clinical criteria including risk factors and vaccination status.

    - Home and community care workers
    - International Agriculture Workers in congregate living settings
    - Patients seeking emergency medical care, at the discretion of the treating clinician
    - Other outpatients for whom a diagnostic test is required for clinical management, at the discretion of the treating clinician
    - People who are underhoused or experiencing homelessness
    - First responders, including fire, police and paramedics

- Symptomatic/asymptomatic people:
    - Individuals who are from a First Nation, Inuit, Métis community, and/or who self-identify as First Nation, Inuit, and Métis, and their household members
    - Individuals travelling into First Nation, Inuit, Métis communities for work
    - On admission/transfer to or from hospital or congregate living setting
    - People in the context of confirmed or suspected outbreaks in highest risk settings as directed by the local public health unit
    - Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, Ontario Health Insurance Plan (OHIP)
    - Any patient with a scheduled surgical procedure requiring a general anaesthetic 24-48 hours prior to procedure date
    - Newborns born to people with confirmed COVID-19 at the time of birth within 24 hours of delivery, with a repeat test at 48 hours after birth if baseline test is negative, or if the parental test results are pending at the time of discharge
    - People 24-48 hours prior to treatment for cancer or prior to hemodialysis, at the discretion of the treating clinician

Pharmacies can only provide one type of pharmacy service for one type of test per individual per day. For example, if an eligible individual is seeking a lab-based PCR test, then the pharmacy may collect the individual's specimen at the pharmacy or receive the specimen collected by the individual at home using a self-collection kit, but not both, and the pharmacy cannot perform a point-of-care PCR test at the pharmacy for the individual on the same day. Similarly, if an eligible individual is seeking a point-of-care PCR test at the pharmacy, then the pharmacy cannot provide that individual with any services relating to a lab-based PCR test on the same day.

However, in the event that a self-collected specimen received from the individual is not viable (i.e., did not pass the in-pharmacy specimen quality control check), a second type of pharmacy service can be provided and billed on the same day.

For clarity, individuals who meet the above criteria are eligible to receive the pharmacy services described in this notice free of charge, including individuals who are recipients of the Ontario Drug Benefit (ODB) Program and non-ODB Program recipients, regardless of whether the individual has an Ontario health card.

Pharmacists collecting specimens for lab-based PCR tests or performing tests are responsible for adhering to the COVID-19 Provincial Testing Guidance and the COVID-19 Guidance Personal Protective Equipment (PPE) (gov.on.ca)This includes satisfying all applicable legislative and regulatory requirements, including those under the *Health Protection and Promotion Act* (HPPA), *Personal Health Information Protection Act, 2004* (PHIPA), *Health Care Consent Act, 1996* (HCCA), and *Regulated Health Professions Act, 1991* (RHPA).

Investigation Numbers for Lab-Based PCR Tests

To successfully monitor COVID-19 rates of infection in long-term care homes, a list of Investigation Numbers associated with long-term care homes has been assigned by the Public Health Ontario Laboratory. It is **mandatory** for pharmacists to include the applicable Investigation Number on the test requisition forms for lab-based PCR testing for the following individuals:

- Workers (including support workers), visitors (including caregivers) and government inspectors of long-term care homes.

Individuals should be reminded to provide the name of their long-term care home when booking and attending their appointment to facilitate this process. Pharmacies must cross-reference the information provided by the individual with the list of long-term care home Investigation Numbers provided by the Ministry of Health to confirm the applicable long-term care home.

This requirement applies where the pharmacy is directly collecting the specimen for the lab-based PCR test, as well as where the pharmacy is handling a specimen that was self-collected by an individual using a self-collection kit.

The list of Investigation Numbers may be subject to change. The ministry will notify pharmacies of any changes via OneMail.

Pharmacy Billing Procedure

- The pharmacist who performs the pharmacy service (i.e., specimen collection, handling of self-collected specimen, or point-of-care testing) must be identified in the prescriber field on the claim submitted for payment through the HNS using the PINs identified below (i.e., a Part A pharmacist ID).
- Only Part A pharmacists are authorized to collect specimens for lab-based PCR testing. Please see the Pharmacy Eligibility Section in the accompanying *Questions and Answers for Pharmacists* document for more information.
- Only Part A pharmacists are authorized as the ordering clinicians in the COVID-19 test requisition forms for lab-based PCR tests.

- Pharmacies are accountable for documentation for all Quality Assurance Fees and Transportation Fees that are submitted via the HNS.
- Pharmacies must ensure that the patient's name, date of birth and Ontario health card number are entered accurately as part of the HNS claims submission.
- For patients without a health card number, pharmacies can use the proxy patient ID: 79999 999 93 (see below for further details).
- The PINs listed in Table 1 below describe the pharmacy services that are eligible for payment. PINs associated with previous COVID-19 testing programs have been discontinued.

Table 1: PINs to support payment of services relating to publicly funded COVID-19 testing services in Ontario pharmacies

PIN	Description	Total Amount Paid
09858124	**Patient Ineligibility Screening Fee** Amount paid for screening the individual to determine if they are eligible for pharmacy services related to publicly funded COVID-19 tests (see Patient Eligibility criteria above). <u>This fee can only be billed after screening and once a pharmacy has determined that an individual is **ineligible** for a publicly funded pharmacy service related to COVID-19 testing.</u> **Restrictions:** • Only one (1) Patient Ineligibility Screening Fee can be billed per person per day. • This PIN can only be used when an individual is screened as **ineligible** for a pharmacy service related to publicly funded COVID-19 testing. If an individual is screened as eligible and receives a pharmacy service related to publicly funded COVID-19 testing, a Screening Fee cannot be billed. • A Patient **Ineligibility** Screening Fee cannot be billed for individuals seeking a COVID-19 test for travel purposes. • Payment for screening an **eligible** person is provided through other service PINs, as applicable (see below).	$20.00
09858144	**In-Store Specimen Collection Fee for Lab-Based PCR COVID-19 Test** Amount paid includes patient eligibility screening, collection of the specimen through a combined nasal and oral swab, completion of the COVID-19 test requisition form (input data into the Mobile	$42.00

PIN	Description	Total Amount Paid
	Order Result Entry (MORE[3]) platform[4]), notification of results to individual and Public Health Unit (PHU), documentation requirements and reimbursement for any privately purchased personal protective equipment (PPE) used by the pharmacy. **Restrictions:** • Only one (1) fee claim per day for an eligible individual. However, in the event that a self-collected specimen received from the individual is not viable (i.e., does not pass the in-pharmacy specimen quality control check), an in-store specimen collection for a lab-based PCR test can be provided and billed on the same day. • A Patient Ineligibility Screening Fee cannot be billed in conjunction with this service. • Claims must be billed using the service date (i.e., the date on which the pharmacy service is provided).	
09858141	**Self-Collected Lab-Based PCR COVID-19 Specimen Handling Fee, including Dispensing of Self-Collection Kit (General)** Amount paid includes the following: • Assembly of self-collection kit and kit dispensing to individual, if applicable. • Patient eligibility screening. • Receiving the self-collected COVID-19 specimen from individual and conducting specimen quality control check of the specimen collected. • Quality assurance of COVID-19 test requisition form and completion of the ordering clinician's section via input data into MORE platform. • Reporting of results (including specimen cancellation/rejections) to individual and PHU, and documentation requirements. • Reimbursement for any privately purchased personal protective equipment (PPE) used to provide this service. **Restrictions:** • Only one (1) fee claim per day for an eligible individual. However, in the event that a self-collected specimen received	$35.00

[3] Refer to the accompanying *Questions and Answers for Pharmacists* document - section on *Mobile Order Result Entry (MORE) platform* for additional information.

[4] Pharmacies providing publicly funded COVID-19 testing services are now required to implement the MORE solution at their pharmacies to continue their participation into the program. Pharmacies must express commitment to enroll in MORE by completing a Client Information Form (CIF).

PIN	Description	Total Amount Paid
	from the individual is not viable (i.e., does not pass the in-pharmacy specimen quality control check check), an In-Store Specimen Collection Fee for Lab-Based PCR COVID-19 Test can be provided and billed using PIN 09858144 on the same day. • The PIN cannot be billed at the time of kit assembly or dispensing to patient. The PIN must only be billed upon the completion of the entire service described above. • A Patient Ineligibility Screening Fee cannot be billed in conjunction with this service. • Should a self-collected specimen received from the individual not be viable (i.e., does not pass the in-pharmacy specimen quality control check check), the PIN may be billed for this service. • The PIN cannot be billed if the ordering clinician's section on the test requisition form is pre-populated by a prescribing physician or nurse practitioner (i.e., not the pharmacist). In such circumstances, use PIN 09858142 to bill. • Claims must be billed using the service date (i.e., the date on which the pharmacy service is provided).	
09858142	**Self-Collected Lab-Based PCR COVID-19 Specimen Handling Fee (Other)** Amount paid includes the following: • Receiving the self-collected COVID-19 specimen from kits distributed by organizations These kits will have the ordering clinician section on the requisition form already completed. • The ordering clinician's section on the test requisition form **must be** pre-populated by a prescribing physician or nurse practitioner (i.e., not the pharmacist) to use this PIN. If completion of the ordering clinician's section is required, use Self-Collected Lab-Based PCR COVID-19 Specimen Handling Fee, including Dispensing of Self-Collection Kit (General) PIN 09858141. • Conducting quality control of the specimen collected. • Quality assurance of COVID-19 test requisition form and input test requisition form data into MORE. • Reimbursement for any privately purchased personal protective equipment (PPE) used to provide this service. ***Restrictions*** • Only one (1) fee claim per day for an eligible individual. However, in the event that a self-collected specimen received	$15.00

PIN	Description	Total Amount Paid
	from the individual is not viable (i.e., does not pass the in-pharmacy specimen quality control check check), an In-Store Specimen Collection Fee for Lab-Based PCR COVID-19 Test can be provided and billed using PIN 09858144 on the same day. • The PIN must only be billed upon the completion of the entire service described above. • A Patient Ineligibility Screening Fee cannot be billed in conjunction with this service. • Should a self-collected specimen received from the individual not be viable (i.e., does not pass the in-pharmacy specimen quality control check), the PIN may be billed for this service. • Claims must be billed using the service date (i.e., the date on which the pharmacy service is provided).	
09858143	**In-Store Point-of-Care PCR Testing, including Specimen Collection Fee (COVID-19)** Amount paid includes the following: • Patient eligibility screening. • Specimen collection and performing test in ID NOW™ instrument. • Reporting of results into MORE and notification of results to individual and Public Health Unit in which the individual resides, as well as related documentation requirements. • Reimbursement for any privately purchased personal protective equipment (PPE) used to provide this service. ***Restrictions:*** • Only one (1) fee claim per day for an eligible person. • A Patient Ineligibility Screening Fee cannot be billed in conjunction with this service. • Claims must be billed using the service date (i.e., the date on which the pharmacy service is provided). • No Transportation Fee may be claimed for conducting the rapid molecular test, as specimen shipping is not required.	$42.00
09858150	**Point-of-Care PCR Testing Device Quality Assurance Fee** Amount paid includes the following: • Completing device quality control check for all point-of-care devices when a new person is training to perform testing, when a new device shipment is received, when there is a	Actual quality control swabs (kit box) costs, up to $732.40

PIN	Description	Total Amount Paid

	change in lot number, after the device is moved, and after the device software is updated.
	• Reimbursement for any quality control swabs used for device quality control checks and verification based on manufacturer recommendations:
	  ○ Positive and Negative Control Swabs from the test kit box (procured from Abbott) - $250.00 per box
	  ○ External positive COVID-19 swab (procured from Microbix) - $49.00 per swab, or $470.40 per 12-pack
	  ○ Universal Printer Labels 59MM: $12.00
	• Investigation of failed device quality control checks and stopping new specimen testing until the cause of the failure is corrected.
	• Documenting when device quality control checks are being done.
	
	Restrictions:
	• Only one (1) fee claim per device quality control check kit box.
	  ○ For sites performing more than 24 tests/day (1 kit box), perform control swabs at the beginning of the day before patient testing begins.
	  ○ For sites performing less than 24 tests/day (1 kit box), perform control swab each time a new kit box is opened or at least weekly, whichever is more frequent.
	• Claims cannot be billed for device quality control swabs sourced for private testing.	

09858126	**Transportation Fee (COVID-19 Specimen) for Lab-Based PCR Tests** Amount paid includes the daily transportation of the specimens (for in-store specimen collection and self-collection for lab-based PCR tests **only**) from the pharmacy to the designated laboratory including the costs of shipping materials, up to a maximum of $140 per store per day. ***Restrictions:*** • The PIN can only be used to bill for the transportation of COVID-19 specimens for lab-based PCR testing (specimens collected in-store or via self-collection) • A maximum of one (1) claim per day per store based on actual daily transportation costs, up to a maximum of $140. • Only actual daily transportation costs (including shipping materials) may be submitted, up to $140 per day per store.	Actual transportation costs, up to $140.00

PIN	Description	Total Amount Paid
	• Claims must be billed using the service date (i.e., the date on which the pharmacy service is provided). • The Transportation PIN cannot be used to bill for shipping specimens for in-store point-of-care PCR tests, as this type of test does not require specimen shipping. **Note**: • Do not submit a claim for the Transportation Fee under a patient's name. Pharmacists must use the Proxy patient ID 79999 999 93 in place of the health card number. • Pharmacies are responsible for arranging their own transportation to the designated laboratory. Pharmacies are encouraged to exercise fiscal responsibility when determining transportation and packaging arrangements.	

Claims must be submitted using the Ministry-assigned PINs associated with the pharmacy service provided (see Table 1). Claims must be billed using the service date (i.e., the date on which the pharmacy service is provided).

In accordance with Table 1, a PIN is required for all claims.

When submitting a claim to the HNS for a person who has ODB Program coverage, the claim submission follows the normal ODB claim process, using their First Name, Last Name and Ontario health number (See Section 5 of the Ontario Drug Program Reference Manual) and pharmacists must also submit the following additional information:

- Intervention code 'PS': (Professional Care Services)
- Valid Pharmacist ID
- Professional Fee: see table above for the "Total Amount Paid"

When submitting a claim for a person who does not have ODB Program coverage, pharmacists must also submit the following information:

- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Patient's Ontario health card number
- Intervention codes:
  - PS: Professional Care Services
  - ML: Established eligibility coverage (i.e., 1 day of the Plan 'S' coverage)
- Carrier ID: 'S'
- Valid Pharmacist ID
- Professional Fee: see table above for the "Total Amount Paid"

When submitting a claim for any eligible person who does not have an Ontario health card number, pharmacists must also submit the following information:

- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Proxy patient ID: 79999 999 93
- Intervention codes:
    - PS: Professional Care Services
    - PB: Name entered is consistent with card
- Valid Pharmacist ID
- Professional Fee: see table above for the "Total Amount Paid"

For the **Point-of-Care PCR Testing Device Quality Assurance Fee** (for all patients)**:**

When submitting a claim for the Point-of-Care PCR Testing Device Quality Assurance fee, pharmacists must submit the following information:

- First Name: Quality Assurance
- Last Name: Fee
- Patient Gender: Leave blank or enter "U" (unknown)
- Patient Date of Birth: Leave blank or enter 20000101
- Proxy patient ID: 79999 999 93
- Intervention codes:
    - PS: Professional Care Services
    - PB: Name entered is consistent with card
- Valid Pharmacist ID
- Enter PIN: 09858150
- Professional Fee: Actual device quality control swabs (kit box) costs – up to $732.40 per quality control kit box for quality control checks of each device for Point-of-Care PCR Testing.

Note: Do not submit a claim for the Point-of-Care PCR Testing Device Quality Assurance Fee using a patient's Health card number. Only the above proxy patient ID can be used.

For the **Transportation Fee** (for all patients)**:**

When submitting a claim for the Transportation Fee, pharmacists must submit the following information:

- First Name: Transport
- Last Name: Fee
- Patient Gender: Leave blank or enter "U" (unknown)
- Patient Date of Birth: Leave blank or enter 20000101
- Proxy patient ID: 79999 999 93

- Intervention codes:
    - PS: Professional Care Services
    - PB: Name entered is consistent with card
- Valid Pharmacist ID
- Enter PIN: 09858126
- Professional Fee: Actual transportation costs (including shipping materials) – up to $140 per day for all specimens transported to the designated laboratory for lab-based PCR testing (both specimens collected in-store and specimens self-collected at home and dropped-off at pharmacy).

Note: Do not submit a claim for the Transportation Fee using a patient's Health card number. Only the above proxy patient ID can be used.

Pharmacy Record Requirements

Pharmacists shall keep records consistent with their obligations under the *Pharmacy Act, 1991*, the *Drug and Pharmacies Regulation Act* and any instructions or guidelines provided by the Ontario College of Pharmacists (OCP) or the ministry.

For purposes of post-payment verification and compliance with applicable legislation, pharmacy records related to claims for pharmacy services related to COVID-19 testing services must be maintained in a readily available format for the purpose of ministry inspection for a minimum of 10 years from the last recorded pharmacy service provided to the patient, or until 10 years after the day on which the patient reached or would have reached the age of 18 years, whichever is longer. Overpayments due to inappropriate claim submissions are subject to recovery.

Under this ministry policy, the records that must be maintained include, at a minimum:

- To support claims for the **Patient Ineligibility Screening Fee** for the COVID-19 test, a copy of the screening form used is acceptable which would include:
    - Documentation of patient consent for the assessment (e.g., patient signature or verbal consent)
    - Documentation of rationale for patient's ineligibility for a pharmacy service related to publicly funded COVID-19 testing (see Patient Eligibility criteria above)
    - Patient identifiers, including patient name, date of birth, address, phone, and Ontario health card # (if applicable).
    - The date and time of the screening.
    - The name of the pharmacist providing the service.
- To support claims for the **In-Store Specimen Collection Fee for Lab-Based PCR Testing,** pharmacists must provide an indication that the specimen collection was

conducted according to the program protocols established by the ministry and in accordance with OCP policy as in the following list:

- Documentation of patient consent (e.g., patient signature or verbal consent)
- Documentation that shows the patient was screened for symptoms and eligibility.
- Test requisition form COVID-19 swab sample completed (including Investigation Number, if applicable).
- Patient identifiers, including patient name, date of birth, address, phone, and Ontario health card # (if applicable).
- The date and time the service was provided.
- The name and signature of the pharmacist who collected the specimen along with a copy of the completed test requisition form and a copy of the results with documentation that they were communicated to the patient if positive and/or if the patient was unable to access the results online. Documentation that shows PPE was donned (e.g., surgical mask (i.e., medical mask), gloves, face shield/goggles, gown) according to guidelines.
- Invoices for specimen collection kit and tracking of specimen collection (if available).

- To support claims for the **Self-Collected COVID-19 Specimen Handling Fee, including Dispensing of Self-Collection Kit (General)**
    - Documentation that shows the patient was screened for symptoms and eligibility.
    - Patient identifiers, including patient name, date of birth, address, phone, and Ontario health card # (if applicable).
    - The date and time the service was completed (i.e., when the specimen was dropped off at the pharmacy by the patient and prepared for transport).
    - The name and signature of the pharmacist who is the ordering clinician with a copy of the completed test requisition form.
    - A copy of the results with documentation that they were communicated to the patient if positive and/or if the patient was unable to access the results online and/or if the patient's specimens were rejected or cancelled. Documentation that the self-collected specimens received at the pharmacy underwent specimen quality control check checks, including documentation that shows reasons for why a specimen did not pass the in-pharmacy specimen quality control check, and confirmation that the individual was asked to have their specimen re-collected (if applicable).
    - Documentation that shows PPE was donned (e.g., surgical mask (i.e., medical mask), gloves, face shield/goggles, gown) according to guidelines.
    - Invoices for specimen collection kit and tracking of specimen collection (if available).
- To support claims for the **Self-Collected COVID-19 Specimen Handling Fee (Other)**
    - Patient identifiers, including patient name, date of birth, address, phone, and Ontario health card # (if applicable).

    - The date and time the service was completed (i.e., when the specimen was dropped off at the pharmacy by the patient and prepared for transport).
    - The name and signature of the pharmacist who is the ordering clinician with a copy of the completed test requisition form.
    - Documentation that the self-collected specimens received at the pharmacy underwent specimen quality control check checks, including documentation that shows reasons for why a specimen did not pass the in-pharmacy specimen quality control check, and confirmation that the individual was asked to have their specimen re-collected (if applicable).
    - Documentation that shows PPE was donned (e.g., surgical mask (i.e., medical mask), gloves, face shield/goggles, gown) according to guidelines.
- To support claims for **the In-Store Point-of-Care Testing Fee (COVID-19):**
    - Documentation of patient consent (e.g., patient signature or verbal consent).
    - Documentation that shows the patient was screened for symptoms and eligibility.
    - Patient identifiers, including patient name, date of birth, address, phone, and Ontario health card # (if applicable).
    - The date and time the service was provided.
    - The name and signature of the pharmacist who administered the test along with a copy of the results with documentation that they reported into MORE and disclosed to the Public Health Unit in which the patient resides (if positive), and communicated to the patient if positive and/or if the patient was unable to access the results online.
    - Documentation that shows PPE was donned (e.g., surgical mask (i.e., medical mask), gloves, face shield/goggles, gown) according to guidelines.
    - Invoices for point-of-care PCR test components.
- To support claims for **Point-of-Care PCR Testing Device Quality Assurance Fee:**
    - The date and time the device quality control checks were performed.
    - The name and signature of the individual who conducted the device quality control check, along with a copy of the quality control device that was checked as well as check results.
    - Invoices for all point-of-care PCR test devices and related quality check materials.
- To support claims for the **Transportation Fee**:
    - Proof of transport of the collected specimens to the designated lab (e.g., shipping invoice with details of date/time shipped, by whom, number of tests collected, etc.) and proof of transportation costs (i.e., costs of shipping and shipping materials). Claim amounts must correspond to amounts on the invoices.

Pharmacies utilizing the MORE[5] system must also keep and maintain the records outlined above.

[5] Refer to the accompanying *Questions and Answers for Pharmacists* document - section on *Mobile Order Result Entry (MORE) platform* for additional information.

Additional Information:

For pharmacies: For billing inquiries, please call ODB Pharmacy Help Desk at: 1-800-668-6641

For all other Health Care Providers and the Public: Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282