

# Northern Ontario Residents Streamlined Training and Reimbursement Program (NORSTAR)

**Resident Electives** 

Update: August 2023

## Program Status:

The Rural and Northern Locum Programs at Ontario Health (Health Force) is in the process of setting up the NORSTAR program. This includes hiring staff, creating operational processes, etc., while we're also managing critical system functions around physician staffing in rural and Northern hospitals across the province. We're hopeful we'll have the program set up and be able to respond to specific inquiries and questions this Fall. Until this occurs, we are not able to engage in fulsome responses regarding individual circumstances or eligibility.

In this context, we do not want residents to feel hindered in their ability to schedule NOSM electives during this interim period and to that end, we are including the expense reimbursement form and parameters below, so residents have as much information as possible about the travel and accommodation arrangements they can book over the summer with reimbursement to follow thereafter.

# Eligibility:

In order to be eligible for travel and expense reimbursement via NORSTAR, resident electives must meet the following criteria:

- Start on or after July 1, 2023
- Booked on the NOSM online portal
- Located in the Northeast or Northwest Ontario Health regions (note: electives in Bracebridge, Gravenhurst and Huntsville do not meet this criteria and therefore are not eligible via NORSTAR)
- Follow all expense criteria and guidelines as outlined on the NORSTAR Expense Claim Form for Resident Electives (included below)

# Process:

 Once an elective has been booked on the NOSM portal, residents can make travel arrangements in accordance with the policies and parameters outlined on the NORSTAR Expense Claim Form. Expenses are eligible up to 1 day before and 1 day after an eligible resident elective. Expenses and receipts that do not meet the policies and parameters outlined on the form will not be reimbursed.



- 2. All payments for travel and accommodations during eligible electives must be made by the resident physician, with all receipts issued in the resident physician's name. Expenses related to family travel are not eligible for reimbursement.
- One NORSTAR Claim Form and copies of all associated electronic receipts can be submitted to norstar@ontariohealth.ca upon completion of the elective and copy <u>electives@nosm.ca</u> on your submission. Expense claims must be submitted within 6 months of the date of service to be eligible for reimbursement.
- 4. Payment timelines for electives taking place over the Summer and Fall of 2023 have yet to be determined. All expense claims received to the NORSTAR account during that time will be logged and responded to in sequential order once the program is fully operational.

Thank you,

### NOR-STAR

Northern Ontario Resident Streamlined Training and Reimbursement Program

Rural & Northern Locum Programs norstar@ontariohealth.ca ontariohealth.ca



# PHYSICIAN EXPENSE CLAIM FORM

#### NORTHERN ONTARIO RESIDENTS STREAMLINED TRAINING AND REIMBURSEMENT (NORSTAR)

Physician Name:						
CPSO Number:		OHIP Billing Number (if applicable):				
Home or Base Practice Address:						
City:	Province:				Postal Code:	
Email Address:		Telephone Number:				
Hospital/Community Name:		Work Type/Specialty:				
		Elective End Date:				
		Elective Eliu Da	ie.			
Mileage in Kilometres (Km)		Km(s)		Amount (\$)	Comments	
(\$0.41/km for personally owned vehicle)						
To assignment			Km			
From assignment			Km			
During assignment			Km			
Car rental (Maximum \$50/day before taxes. Higher rates for SUV between						
October 1 and April 30 only)						
Taxi (Detailed receipt incl. date of service, vendor info, breakdown of charges						
and total amount paid required)						
Parking (Detailed receipt incl. date of service, vendor info, breakdown of						
charges and total amount paid required)						
Gas (Rental car only: detailed receipt incl. date of service, vendor info,						
breakdown of charges and total amount paid required)						
Fare (Economy class only: boarding passes required, details for any flight						
change fees required)						
Accommodations (Maximum \$150/night before taxes. Publicly available,						
registered business info required)						
Other (Please provide description in comments. Baggage fees should be						
included in fare section.)						
TOTAL CLAIM						

Banking Information (for Direct Deposit)

Account Holder Name:

Name of Financial Institution:

Transit Number:

Institution Number:

Account Number:

□ All receipts provided. Physicians are required to photocopy completed expense claim and receipt for their records. Ontario Health (Health Force) reserves the right to follow-up with vendors for clarification if necessary.

By submitting this form to NORSTAR, I hereby certify that the information provided is true, accurate and complete, and that the travel expenses were incurred by me for the above stated period. I have reviewed and understand the program parameters and am aware that expenses claimed outside of program parameters will be my responsibility. While using my personal owned vehicle as shown, the vehicle insurance permitted its use for business purposes. Please submit to <u>norstar@ontariohealth.ca</u>.



#### **GENERAL INSTRUCTIONS**

Prior to completing the Physician Expense Claim, please refer to program guidelines listed on the claim form. Submit one claim per approved assignment. All claims must include a Physician Expense Claim (completed in full, signed and dated and including electronic receipts) in order to be processed. Claims should be submitted within 30 days after the date of service; claims submitted past 6 months of the date of service are not eligible for reimbursement. Please note payments will be processed within 10 to 14 weeks from the date a complete claim (Physician Expense Claim form and receipts) is received. Incomplete claims will result in payment delays. Deposit slips are sent to physicians once payments are complete and should be reviewed upon receipt.

#### SUBMITTING CLAIMS

#### Submit completed claims to: norstar@ontariohealth.ca

Claims submitted later than six months from the date of service will not be eligible for reimbursement. Expenses outside of the below requirements will not be eligible for reimbursement.

#### **EXPENSES**

Electronic receipts must meet the following requirements for reimbursement:

- Issued in the name of the physician (where applicable)
- Include an itemized breakdown of all charges and fees
- Include proof of payment, date of service, and vendor information
- Submitted with a completed Physician Expense Claim Form

**Travel to/from:** Travel is eligible from a physician's home or base practice address only; please ensure home or base practice address you are travelling from is listed on page 1. If travelling from an alternate address, details must be listed and proof of cost equivalent from home or base practice address is required to be submitted with the claim.

**Non-allowable expenses include (but are not limited to):** meals, CMPA insurance, costs to obtain a Certificate of Registration to practise medicine in Ontario, travel insurance, lounge services, telephone calls, relocation costs and any expenses or additional costs related to children or family travel.

Travel expenses will be applicable to the following modes of transportation only: personal vehicle, rental car, bus, train, commercial airlines. Excluded modes of transportation include, but are not limited to: non-commercial, privately owned chartered or leased aircraft and recreational vehicles (snowmobile, boat, bicycle, etc.)

**Mileage:** The kilometre rate for use of personal vehicle is \$0.41/km for travel via the most direct route to/from the assignment. **Car Rental:** Maximum \$50/day before taxes. Drop fees, counter products, and fees with no explanation will not be eligible for reimbursement. Any charges for damages will not be covered by the program.

**Taxi/Parking:** Detailed electronic receipts indicating the date of service, vendor name/contact details, breakdown of charges and the total amount paid are required for reimbursement.

Gas: Fuel purchase is eligible for reimbursement for a car rental only.

**Airfare/Bus/Train:** Economy class airfare from a physician's home/base to the community is eligible for reimbursement. Physicians who choose to fly at a higher-class rate must provide a quote for the same flights detailing the economy cost equivalent. Physicians with a home base outside of Ontario are eligible to claim a maximum of \$1,500 (incl. taxes) for out-of-province economy class return flights. One-way out-of-province flights will be prorated to half the maximum amount (i.e. \$750). Change fees must be associated with work related changes for reimbursement and departure time must be at least 3 hours from original departure time. **Accommodations:** Single occupancy, standard room in publicly available registered business is eligible for reimbursement up to

\$150/night before taxes. Private stays with family, friends or colleagues are encouraged; \$30 per night will be reimbursed and no receipt is required.

**Online booking:** Online travel service providers and third-party travel websites are not always able to provide itemized receipts that meet processing requirements for reimbursement (particularly in the case of online "bundles/packages"). In these cases, additional follow-up with the vendor will be required by the physician to obtain the required documentation. Physicians that are not able to obtain receipts that meet our processing requirements after using these means of booking will not be reimbursed.

**Exchange rates:** Physicians booking expenses in other currencies are eligible for reimbursement of the Canadian dollar equivalent. For reimbursement, documentation (i.e. credit card statement) indicating the amount paid in CAD is required for processing.

Notice of Collection: Ontario Health collects your personal information under the authority of the Connecting Care Act, 2019, Section 6. All information collected on this form may be used as necessary by Ontario Health for the proper administration of the government-funded Recruitment and Retention Programs, including assessing your eligibility to participate in and receive payment from these programs. The information on this form may also be used by Ontario Health and/or the Ministry of Health for the proper financial administration of these programs, and for conducting research and evaluating program parameters. If you require further information about the collection by Ontario Health, please contact norstar@ontariohealth.ca