



Ontario Health
Cancer Care Ontario

Gastrointestinal Endoscopy Funding Frequently Asked Questions

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Background

This document provides Regional Cancer Programs and hospitals with answers to frequently asked questions about gastrointestinal endoscopy (GI endo) funding. Please contact your Regional Cancer Program for more information. If your Regional Cancer Program is not able to answer your questions, please contact CCC_GIEndo@ontariohealth.ca more information.

This document will cover the funding for GI endo procedures and ColonCancerCheck fecal immunochemical test (FIT)-positive and screening colonoscopies for people at increased risk of developing colorectal cancer due to family history^[1]. For GI endo procedure funding, hospitals are categorized as either Quality Based Procedure (QBP) (formerly called Health System Funding Reform) or non-QBP, which is defined by the Ministry of Health as a hospital that performed less than 2,700 acute and day surgery procedures for any two of the previous three years.

GI Endo QBP Funding

GI endo QBP funding encompasses procedures related to GI endo, including FIT-positive and ColonCancerCheck screening colonoscopies for people at increased risk of developing colorectal cancer. It is administered through Ontario Health and is defined by procedure codes required for appropriate funding.

Non-QBP Funding

Ontario Health funds non-QBP hospitals for incremental colonoscopy volumes performed (i.e., volumes above those covered in their global budget) for screening people at increased risk due to a family history of colorectal cancer and for follow-up of abnormal FITs through the ColonCancerCheck program. Funding for non-ColonCancerCheck GI endo procedures in non-QBP hospitals is covered by a hospital's global budget.

^[1] As of July 1, 2026, ColonCancerCheck recommends screening with colonoscopy for people who are at increased risk of developing colorectal cancer due to a family history that includes: One first-degree relative (parent, sibling or child) diagnosed with colorectal cancer before age 60, or Two or more first-degree relatives (parent, sibling or child) diagnosed with colorectal cancer at any age.

Gastrointestinal Endoscopy Quality-Based Procedure (GI endo QBP) Facilities: Funding and related procedures

Which procedures are funded by the GI endo QBP?

- The GI endo QBP funds a variety of procedures, including diagnostic and therapeutic procedures.
- In-scope procedure information can be found in the GI endoscopy QBP Funding Guide and Technical Specifications document. This document is updated each year and sent to hospitals through their Regional Cancer Programs.
- Please contact your Regional Cancer Program for more information.

What is the funding process or cycle for GI endo QBP?

- The GI endo QBP funding process follows the following funding allocation cycles:
 - Initial allocation: Volume allocations are determined by Ontario Health using historical data. Hospital feedback is considered. Hospitals can expect to receive initial allocations from Ontario Health in the spring. Approval of funding allocations are communicated in the spring or summer, pending Ministry of Health budget approval and subsequent communication to Ontario Health.
 - Year-end settlement: Year-end volume data is reviewed and compared against the allocated volume. Funding for allocations that were not actually performed are returned to Ontario Health. Volumes performed over and above the initial allocations are only paid for if funding is available. These payments are not guaranteed.

Will Ontario Health fund GI endo QBP hospitals if they go over their allocated volumes?

- Ontario Health cannot guarantee funding above what is listed in the hospital agreement and initial allocation.
- If a hospital is concerned about their allocated volumes, they can talk to their Regional Cancer Program.

Are there limits to the funding of "other indication" colonoscopies?

- Colonoscopies that are reported as "other indication" in the GI endo data submission portal are assumed to be for average risk screening, which is not recommended by the ColonCancerCheck program. "Other indication" data is used to determine the average volume of average risk colonoscopy screenings for each facility and may be used to cap colonoscopy allocations.

How are polypectomies funded through the GI endo QBP?

- Ontario Health funds hospitals through the GI endo QBP for polyp excision by size and number of polyps. Please refer to the GI Endoscopy QBP Funding Guide and Technical Specifications document for more information. This document is updated each year and sent to hospitals through Regional Cancer Programs.
- Please contact your Regional Cancer Program for more information.

What are the expectations for hospitals in managing their GI endo volumes, including fecal immunochemical test-positive colonoscopy volumes?

- If fiscal year volumes are anticipated to be significantly higher or lower than initial allocation, hospitals should notify their Regional Cancer Program.

What happens if procedure volumes are reported differently by Ontario Health and by the hospital?

- Hospitals will have an opportunity to review the volumes of QBP-funded procedures reported by Ontario Health at time of settlement and may contact Ontario Health (CCC_GIEndo@ontariohealth.ca) if there is a discrepancy.
- The Ontario Health ColonCancerCheck program uses hospital-level and procedure-level information from the Canadian Institute for Health Information to inform the QBP settlement process, which includes data from the Discharge Abstract Database and the National Ambulatory Care Reporting System.
- Hospitals are responsible for ensuring the quality and timeliness of the data that they submit to these databases.

How are the communications about QBP funding changes circulated?

- QBP funding changes are communicated to Regional Cancer Programs, which then share the information with facilities in their region.

Non-Quality-Based Procedure (Non-QBP) Facilities: Funding and related procedures

Which procedures are funded by Ontario Health for non-QBP hospitals?

- Non-QBP hospitals participating in Ontario Health's ColonCancerCheck program receive incremental funding (i.e., for volumes above those covered in their global budget) for:
 - Colonoscopies for people at increased risk due to family history of colorectal cancer^[2].
 - Colonoscopies for follow-up of abnormal fecal immunochemical tests.
- Non-QBP hospitals may contact their Regional Cancer Program for more information.

What is the ColonCancerCheck funding process for colonoscopies at non-QBP hospitals?

- The ColonCancerCheck funding process is made up of the following two funding allocation steps:
 - Initial allocation: Volume allocations are determined using historical data. Regional Cancer Programs are able to request adjustments to allocations based on changes in hospital services.
 - Year-end settlement: Year-end volume data is reviewed and compared against the allocated volume. Funding for allocations that were not actually performed are returned to Ontario Health. Volumes performed over and above the initial allocations are only paid for if funding is available. These payments are not guaranteed.

Will Ontario Health fund non-QBP hospitals if they go over their allocated volumes?

- ColonCancerCheck cannot guarantee funding above what is listed in the hospital's agreement.
- If you have concerns about volume allocations, please contact your Regional Cancer Program.

How are polyp excisions funded in non-QBP hospitals?

- Polyp excision is not funded separately.
- The ColonCancerCheck funding rate for fecal immunochemical test-positive colonoscopies are based on the average complexity and cost of these procedures.

^[2] As of July 1, 2026, ColonCancerCheck recommends screening with colonoscopy for people who are at increased risk of developing colorectal cancer due to family history, which includes people who have: One first-degree relative (parent, sibling or child) diagnosed with colorectal cancer before age 60, or Two or more first-degree relatives (parent, sibling or child) diagnosed with colorectal cancer at any age.

Wait Time Targets

What is the wait time target for fecal immunochemical test (FIT)-positive colonoscopies?

- Hospitals and providers should develop processes to ensure that:
 - Referrals for FIT-positive colonoscopies are made within 14 days of the abnormal FIT result
 - FIT-positive colonoscopies are performed within 56 days of the abnormal FIT result
 - Hospitals should talk to their Regional Cancer Program if they need guidance and help in managing their FIT-positive colonoscopy volumes and meeting wait time targets.

Funding For Other Types of Facilities

Do out-of-hospital premises (OHPs) receive gastrointestinal endoscopy (GI endo) funding from Ontario Health?

- No. Neither the Ministry of Health nor Ontario Health provides funding for GI endo procedures at OHPs.

Do integrated community health services centres (ICHSCs) receive gastrointestinal endoscopy (GI endo) funding from Ontario Health?

- The Ministry of Health funds certain GI endo procedures at ICHSCs in Ontario that have been awarded licences to provide GI endo services.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.

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