

Medical Consultants' Committee

Activity Plan

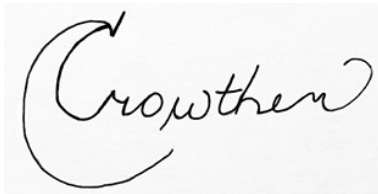
2020-23

Chairperson's Message

I am pleased to provide the three-year Activity Plan for the Medical Consultants' Committee ("the Committee") in accordance with the requirements of the **Transparency and Accountability Act** for a Category 3 Government Entity.

This Activity Plan provides an overview of the Committee and identifies key objectives to be accomplished during the fiscal period covered by the plan. As Chairperson of the Committee, my signature below is indicative of the instruction given to, and the compliance of, the entire Committee for the achievement of the annual objectives contained in this plan.

In the development of this plan, careful consideration was given to the strategic directions of Government, as communicated by the responsible minister (See Appendix A).

A handwritten signature in black ink on a light background. The signature is written in a cursive style and reads "Crowther". The first letter 'C' is large and loops around the rest of the name.

Colleen Crowther MD FRCPC
Chairperson

Table of Contents

1.0	Committee Overview	p. 4
2.0	Mandate and Lines of Business	p. 5
3.0	Objectives	p. 5
	Appendix A: Strategic Direction	p. 6

1.0 Committee Overview

Approximately \$350 million dollars per year is spent on fee-for-service physician billings. These costs increase every year. When significant service pattern deviations occur and substantial numbers of claims cannot be supported by record notations, or where significant discrepancies are detected, cases may be referred by Audit Services for professional review by the Committee. As an additional level of record review that adds further credibility to audit findings, the Committee is a key component in the Department of Health and Community Services' audit function. The Committee advises the Minister of Health and Community Services of its findings. It can recommend recovery of funds billed in error and other corrective actions and serves to deter misbilling by fee-for-service physicians.

The Committee consists of seven members, as follows:

- A salaried family physician, a non-salaried family physician, and a consultant physician appointed by the Minister of Health and Community Services from a list submitted by the Newfoundland and Labrador Medical Association.
- A chartered accountant appointed by the Minister.
- The Department's Director of Medical Services, Assistant Medical Director and Dental Consultant are ex-officio members. The Committee is chaired by the Assistant Medical Director.

The Committee receives its authority from the **Physicians and Fee Regulations** under the **Medical Care and Hospital Insurance Act**. Members whose terms have expired will be replaced in accordance with the Independent Appointments Commission process. Subsection 15(6) of the **Physicians and Fee Regulations** outlines that when a committee member's term expires, he or she continues to be a committee member until replaced.

The Committee meets when one or more medical billing audits have reached the stage where they are ready for review. Historically, it has met one to four times a year. Meetings are held at the MCP Building on Major's Path, St. John's. The Committee does not have its own staff or budget; administrative support and remuneration expenses of the Committee's members are provided by the Audit and Claims Integrity Division of the Department of Health and Community Services.

2.0 Mandate and Lines of Business

The Committee is established pursuant to Sections 14 and 15 of the **Physicians and Fee Regulations** under the **Medical Care and Hospital Insurance Act**. The duties and responsibilities of the Committee include providing advice to the Minister as follows:

- Review the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries;
- Where the Committee concludes that no corrective action is warranted beyond notification to the physician of a finding that a deviant pattern or unacceptable billing practice exists, that notification may be given or authorized by the Committee; and
- Recovery of funds or other disciplinary or investigative action may be recommended by the Committee to the Minister.

3.0 Objectives

Over the course of the three-year period from the beginning of fiscal 2020-21 to the end of fiscal 2022-23, the Committee will meet at least once each year and review cases prepared by the Audit and Claims Integrity Division. In so doing, this Committee further extends Government's ability to ensure the wise and prudent use of public resources. This in turn supports Government's strategic directions, particularly A Better Economy and Healthier People (see Appendix A).

The Committee has developed the following annual objectives to measure its performance in auditing fee-for-service physician billing practices. The defined mandate of this Committee results in the annual objectives remaining the same for each year of this Activity Plan. Progress will be reviewed at the end of each year to determine if changes in the indicators are necessary. In compliance with the **Transparency and Accountability Act**, the Committee also intends to prepare annual activity reports (i.e. 2020-21, 2021-22, 2022-23) on the extent to which the annual objective has been achieved.

By March 31, 2021, 2022 and 2023, the Committee will have reviewed the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries in cases prepared by the Audit and Claims Integrity Division of the Department of Health and Community Services.

Indicators:

- Number of cases forwarded by the Audit and Claims Integrity Division of the Department of Health and Community Services
- Number of completed reviews of billing audits on fee-for-service physicians
- Annual reports produced
- Met a minimum of once annually

Appendix A: Strategic Direction

Strategic Direction #1

Title: A Better Economy

Approximately \$350 million dollars per year is spent on fee-for-service physician billings. These costs have continued to increase year after year. The Committee is an added level of review to HCS' audit process which ensures that physician billings are appropriate. By adding further scrutiny and credibility to the identification and recovery of inappropriate billings, the Committee helps to ensure the sustainability of the overall healthcare system.

Outcome: Identification and recovery of inappropriate billings deters future inappropriate billing and contributes to cost savings, promotes health care sustainability, and leads to higher quality of care.

Strategic Direction #2

Title: Healthier People

Through identification of inappropriate billing practice patterns, the Committee aims to support a more efficient health care system that delivers high quality patient care. Areas of focus include virtual visits, electronic medical records, and the management of mental health and addictions.

Outcome: Identification and recovery of inappropriate billings improves physician practice patterns. Therefore, it can assist in promoting the provision of high quality health care services.