

Medical Consultants' Committee

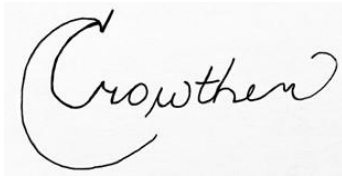
Activity Plan

2023-26

Chairperson's Message

I provide this 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.

A handwritten signature in cursive script that reads "Crowther". The signature is written in black ink on a light-colored background.

Colleen Crowther MD FRCPC
Chairperson

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1.0 Committee Overview

The cost of fee-for-service physician billings in Newfoundland and Labrador increases every year and is now approaching \$400 million dollars per 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 Medical Consultants' 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 Medical Consultants' 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; and
- 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. Generally, it meets 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

The Medical Consultants' 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 Vision

The Medical Consultants' Committee supports the vision of the Department of Health and Community Services. The Committee works to ensure the financial integrity of a key component of the health care system, based on the belief that proper stewardship of public funds, adds strength to the Department's efforts to realize its vision, which is "for individuals, families and communities to achieve optimal health and well-being".

4.0 Objectives

Over the course of the three-year period from the beginning of fiscal 2023-24 to the end of fiscal 2025-26, 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.

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. 2023-24, 2024-25, 2025-26) on the extent to which the annual objective has been achieved.

By March 31, 2024, 2025 and 2026, 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;
- The total dollar amount identified for recovery as a result of any completed reviews by the Committee;
- Annual reports produced; and
- Met a minimum of once annually.