Bulletin

Ontario

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Subject **CHANGES TO MEDICAL REVIEW COMMITTEE PROCESS**

This Bulletin describes a number of changes affecting the Medical Review Committee (MRC) process, including:

1. Where a physician requests an MRC review, the physician is entitled to a review by a single MRC member if the amount in dispute is less than $100,000.

2. Application fees apply when a physician requests a review or a reconsideration by the MRC.

3. Other measures include interest charges, an additional amount for cost, and the publication of names.

The Minister of Health and Long-Term Care is accountable for fees paid to health care providers for services insured under the Ontario Health Insurance Plan. Improper claims are identified and the money is recovered.

Improper claims are identified through:

- pre-payment computer rejections
- routine computer screening of all physicians' paid claims
- ad hoc computer extracts/analysis
- service verification letters to randomly selected patients
- complaints from the public
- reports from other program areas of the Ministry
- detailed analyses of the claims of individual physicians.

Improper and fraudulent claims are controlled post-payment through:

- referral for review by the MRC, with recovery of fees paid inappropriately

- direct recovery by the General Manager of OHIP of fees paid inappropriately when MRC

investigation not required (Note: a physician can request that the MRC review the General Manager's refusal, reduction or recovery of payments)
- referral to the Ministry's Investigation Unit when criminal fraud is suspected.

Physicians who have questions about the appropriate claim for a given service should contact their regional OHIP office for clarification. It is in the best interest of the physician to seek that clarification, or at least have it confirmed, in writing. If the Monitoring and Control Section of the Ministry contacts a physician to discuss questionable claims, that also presents an opportunity to resolve any misunderstandings.

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DETAILS OF RECENT CHANGES TO THE MRC PROCESS

1. Physician Requests an MRC Review

A physician is notified of an adjustment to payment of claims by the General Manager through either a claim item adjustment (with notice in the Remittance Advice) or an accounting transaction (with notice by letter). Within 60 days of being notified of an adjustment, a physician may request an MRC review.

A physician may request that the review be a single-member review if the amount in dispute is less than $100,000. If the amount exceeds $100,000 a physician may request that the General Manager exercise his or her authority to consent to a single-member review.

If a physician disagrees with the direction of a single committee member, he or she may, within 15 days of receiving notice, request that a full panel of the MRC reconsider the matter.

2. Application Fees for Physician-Requested Reviews

A request for an MRC review must include the appropriate application fee. The application fee for a review is 10% of the amount in dispute but not more than $5,000; for a reconsideration, $750. If the review committee finds there have been no inappropriate claims, the application fee is returned to the physician. In other cases, the situation is as follows: if the application fee exceeds the costs of the review or reconsideration, the difference is refunded; if the costs exceed the application fee, the physician pays the difference.

3. Consequences of an MRC Review (Physician-Requested or OHIP-Requested)

A. **Interest**

If the review committee finds there is an amount owing by or to a physician, interest is added to the amount owing.

For example, using an interest rate of 5% and assuming an MRC review were completed two years after the end of the period being reviewed, the interest charge for a typical MRC recovery amount of $70,000, up to the time of the MRC's direction, would be $7,000.

B. **Cost**

If the review committee finds there have been improper claims, the physician is required to pay an additional amount toward the costs of the review or reconsideration. The amount is determined from a formula based upon the duration of the review.

For example, assuming a typical review by a full panel of the MRC and a repayment of $70,000, the estimated additional amount for cost could exceed $20,000. It is anticipated that the time required for a single-member review would be significantly reduced, as would the associated cost. As well, a settlement offer from the physician can reduce the duration of the review and lead to a lower cost amount. Regardless of the duration of the review, the cost amount cannot exceed 0.35 times the recovery amount.

C. Publication

In addition to the above regulatory changes, the *Savings and Restructuring Act, 1996* provided for the publication of information about MRC reviews. Information including the physician's name and the circumstances may be made public following a reconsideration or a panel review. (However, information cannot be made public following a single member review for which there is no reconsideration.)

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