MEDICAL ELIGIBILITY COMMITTEE

Annual Report 2015 - 2016

Ontario

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The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

June 30, 2016

Dear Minister:

RE: Medical Eligibility Committee Annual Report

On behalf of the Medical Eligibility Committee (MEC), it is my pleasure to submit the 2015-2016 Annual Report.

Yours sincerely,

Sara van der Vliet
Senior Manager, Health Boards Secretariat
Registrar, Medical Eligibility Committee

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Mandate

The Medical Eligibility Committee ("MEC" or "committee") is created under the authority of the *Health Insurance Act*, R.S.O. 1990, C.H.6, and is given independence in the determination of all questions of law and fact with respect to matters within its jurisdiction.

When there is a dispute regarding a decision by the General Manager that an insured person is not entitled to an insured service in a hospital or health facility because such services are not medically necessary, the matter may be referred to the MEC.

Mission Statement

The Medical Eligibility Committee will act with integrity to provide fair, ethical and professional review of the cases before it while complying with all applicable laws and being accountable for its decisions and actions.

Achievements

The Medical Eligibility Committee was administratively housed and supported by the Health Services Branch, Negotiations and Accountability Management Division of the Ministry of Health and Long-Term Care (the "Ministry") prior to its transfer to the Health Boards Secretariat (the "Secretariat") on June 1, 2015.

Since its transfer to the Secretariat, a number of new processes have been implemented and ongoing strategies have been explored in order to ensure the activities of the MEC are accountable, transparent and efficient. A number of these recent achievements and policies are outlined below.

Case Management

- Parties to the disputes before the MEC receive service from one primary staff member – a case manager, who supports the file from the time the request is received, until the time that the Committee issues its final decision. This structure ensures consistency in communication and accessible customer service which can best accommodate any special needs (ie. accessibility or language) which may be required.
- Rather than meeting bi-monthly, quarterly meetings are scheduled which can be adjusted as needed depending on the number of matters ready to be reviewed.
- Secretariat staff complete continuing diversity, accessibility and French language services training in order to best assist the Ontario public.
- Over the past fiscal year, the Committee has put in place operational procedures and estimated review processing timeframes which continue to be monitored and reviewed given the limited volume of matters that are referred to the Committee.

Access to Justice

- The MEC will create and make available a public website that includes information regarding the mandate and composition of the Committee, links to relevant legislation and to governance and accountability documents required under the *Adjudicative Tribunals Accountability, Governance and Appointments Act*, 2009 (ATAGAA).
- The MEC website will meet all requirements set out under the *Accessibility for Ontarians with Disabilities Act,* 2005 (AODA) and be written in plain language that can be understood by both the general public as well as those accessing the MEC's services.
- Currently the Committee's contact information is available on the Public Appointments Secretariat website.
- Accountability and Governance documents from prior years are available within the Governance Documents on the Ministry of Health and Long-Term Care's website.

Accessibility

- The MEC is committed to upholding the principles outlined in the AODA by ensuring that people with disabilities have the same opportunity to access and benefit from the Committee's services as others.
- Parties are not required to participate in the Committee's review but should the panel determine that participation from the parties is necessary; parties may participate in person, by phone or in writing.
- The MEC offers services in both English and French.

Accountability

- Accountability and Governance documents from years prior to the Committee's administrative transition to the Secretariat are available within the "Governance Documents" on the Ministry of Health and Long-Term Care's website.
- Those Accountability and Governance documents include operational and financial performance information which has been submitted yearly to Minister of Health and Long-Term Care.
- The Committee is moving towards electronic transfer of review material to panel members in order to reduce costs associated with printing and couriering as well increase efficiencies in the exchange of documentation. This document exchange model will take into account the private nature of the materials involved and be implemented in such a way which ensures electronic security of the information.

Member Recruitment & Development

- Committee member recruitment will continue to be a merit based process, and knowledge sharing between more experienced senior members and new appointees will be a valuable resource during upcoming member recruitment.
- The *Health Insurance Act*, 1990 (the "Act") requires a quorum of three panel members in order to review a dispute. Recruitment over the past fiscal year was paramount as appointments of two of the four Committee members expired, including the appointed Chair. Since March 19, 2016 the MEC has not had an appointed Chair and is currently recruiting to fill the position of Chair and two member positions. The Committee anticipates the appointment of two members and a Chair in the upcoming fiscal year.

Stakeholder Outreach

- The Secretariat has had regular communication over the last fiscal year with the Health Services Branch. These communications have better positioned the Secretariat to support the Committee and understand policies and practices which were already in place and functioning effectively.

Governance

- The governance documentation required by the ATAGAA aims to increase efficiencies and transparency in the Committee's operations while maintaining independence in decision-making. Since transitioning to the Secretariat during the last fiscal year, the Committee has begun reviewing their accountability documentation to ensure the requirements of ATAGAA are met.

Operational Performance

The MEC considers the facts relevant to disputed decisions, and may review medical records and reports related to the insured person. When considered necessary by the MEC, the Committee may interview the insured person and discuss the matter with him/her and/or their physician. After giving consideration to the matter, the MEC shall make recommendations to the General Manager that the sum or sums claimed by the insured person should be paid, or that the General Manager refuse payment. Decisions of the MEC are binding upon the General Manager of OHIP.

MEC Caseload				
Workload Requirements	Apr 1, 2012 – Mar 31, 2013	Apr 1, 2013 – Mar 31, 2014	Apr 1, 2014 – Mar 31, 2015	Apr 1, 2015 – Mar 31, 2016
New Requests Received	*	*	*	6
Matters Considered	4	8	4	8
Decisions Issued	**4**	**8**	**4**	**8**

*MEC administrative and caseload support during the fiscal year was provided by the Health Services Branch and made publically available on the Ministry of Health and Long-Term Care website.

The outcomes (disposition) in those matters previously appealed to the MEC which proceeded through to review are below.

MEC Decision Disposition				
Disposition	Apr 1, 2012 – Mar 31, 2013	Apr 1, 2013 – Mar 31, 2014	Apr 1, 2014 – Mar 31, 2015	Apr 1, 2015 – Mar 31, 2016
Denied	3	7	4	8
Approved	0	0	0	0
Deferred	1	1	0	0
Total Number of Matters Reviewed	**4**	**8**	**4**	**8**

Financial Performance

Funding for the MEC has been directed through the Health Services Branch to the Secretariat from the Consolidated Revenue Fund. Funding will formally be assumed by the Secretariat during fiscal year 2016-2017. The Ministry funds applicable per-diems and approved expenses (such as those for travel), incurred by the members in fulfilling the Committee's mandate.

There are limitations in detailing some specific resource requirements as they relate to the MEC both for past expenditure as well as for those forecasted. Secretariat expenses, such as salaries for staff, as well as costs associated with facilities, are not specified in the below financial performance as it would be arbitrary to determine which portion of cost should be attributed to MEC alone. These costs are incorporated in the fiscal planning cycle of the Secretariat and are reported to the Ministry.

The number of meetings held is directly related to the volume of disputes received by the MEC. On an annual basis, four quarterly meetings are tentatively scheduled. However, as the Committee only meets if it receives a request, the number of meetings held may vary according to the volume of requests sent to it for consideration.

MEC Financial Performance[1]				
Description	Apr 1, 2012 – Mar 31, 2013	Apr 1, 2013 – Mar 31, 2014	Apr 1, 2014 – Mar 31, 2015	Apr 1, 2015 – Mar 31, 2016
Honoraria	$1,992	$3,733	$1,328	$1,328
Travel & Associated Costs[2]	$200	$508	$111	$24
Total[3]	**$2,192**	**$4,241**	**$1,439**	**$1,352**

[1] All figures in Canadian dollars, rounded to the nearest dollar.
[2] Travel and associated costs may include transportation, accommodation and/or meals.
[3] Financial performance totals may not be consistent with previously reported expenditures by the Health Services Branch due to the provision of updated expenditure information received by the Health Boards Secretariat at the time of this report's submission.

Medical Eligibility Committee Membership as of March 31, 2016

The Minister of Health and Long-Term Care can appoint up to fifteen physician members to the Committee, however, as of March 31, 2016 the Committee did not have an appointed Chair and had only two appointed members .

As per the *Health Insurance Act*, 1990 any three members constitute a quorum and are sufficient for the exercise of all functions of the Medical Eligibility Committee. In order to meet legislative requirements and ensure operational efficiency, the MEC is currently recruiting for new member appointments in early 2016 -2017 in line with the competitive and merit based processes outlined in the *Adjudicative Tribunals Accountability, Governance and Appointments Act*, 2009.

All MEC members are part-time appointees.

Medical Eligibility Committee Members as of March 31, 2016				
Last Name, First Name	**City**	**Occupation**	**Start Date**	**Expiry Date**
Huryn, Mark J.	Colborne	Family Physician	25-Jun-01	29-Oct-16
Au, Susan	Toronto	Family Physician	6-Feb-08	5-Feb-18

Health Boards Secretariat[4] Staff as of March 31, 2016

Staff Member	Position
Sara van der Vliet	Registrar
Sandra Evora	Deputy Registrar
Anna Dunscombe	A/ Executive Assistant / Researcher
Kamyla Chutkaë	Scheduler / Administrative Assistant
Natalya Demyanenko	Case Management Coordinator
Alpha Aberra	Bilingual Case Officer
Maureen Baker	Case Officer
Margaret Bolinas	Case Officer
Andrew Clifford	Case Officer
Randi Cull	Case Officer
Natalie Moskowitz	Case Officer
Glenn Sequeira	Case Officer
Shanti Persaud	Administrative Coordinator
Desiree Ashton	Administrative Assistant
Ann Ing	Administrative Assistant
Tiffany Sarfo	A/ Administrative Assistant
Joy Steele	A/ Administrative Assistant
Suketu Bhavsar	A/ Senior Technology / Business Systems Administrator
Ketan Patel	Systems Analyst / Programmer
Aldeen Watin	Senior Systems Analyst / Lead Programmer

[4] The Health Boards Secretariat (Secretariat) provides comprehensive administrative, corporate, fiscal and case management support to the Medical Eligibility Committee. In addition, the Secretariat provides a similar support function to other adjudicative agencies as well as payment processing functions for other health-related services.