Medical Eligibility Committee

Comité d'admissibilité médicale

Annual Report 2016-17

Medical Eligibility Committee

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Ontario

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, 2017

Dear Minister:

RE: Medical Eligibility Committee Annual Report

On behalf of the Medical Eligibility Committee, it is my pleasure to submit the 2016-17 Annual Report.

Yours sincerely,

Dr. David Borenstein
Chair, Medical Eligibility Committee

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Legislative Authority and Mandate

The Medical Eligibility Committee (MEC) 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 of the Ontario Health Insurance Plan (OHIP) 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.

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.

Mission

The MEC 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.

Operational Highlights

Chair and Member Recruitment

The recruitment of a new Chair for the MEC was undertaken in 2016-17 with the new Chair – Dr. David Borenstein – appointed on May 23, 2017.

Recruitment of additional members for the MEC is expected to be completed in 2017-18.

Case Management System

In 2016-17, the Health Boards Secretariat, which provides case management and administrative support for the MEC, as well as the Health Professions Appeal and Review Board (HPARB), Health Services Appeal and Review Board (HSARB), Ontario Hepatitis C Assistance Plan (OHCAP) Review Committee, and Physician Payment Review Board, developed a workflow modification to its electronic case management system to track the progress of appeals to the MEC.

Process Review

A process review of the operations of the Health Boards Secretariat, began in 2016-17. The operational process review is being undertaken by the Business Innovation Office of the Ministry of Health and Long-Term Care and will provide recommendations to update the Health Boards Secretariat's processes, if necessary, to strengthen the protection of personal health information.

Caseload Statistics

Summary of Activity

The MEC received 8 requests for review in 2016-17. During 2016-17, the MEC did not have an appointed Chair and had only two appointed members for the first half of the year and only one appointed member for the second half of the year. As per the *Health Insurance Act*, any three members constitute a quorum and are sufficient for the exercise of all functions of the MEC. Without three members, the MEC was unable to consider any matters in 2016-17.

As noted above, recruitment of additional members for the MEC is expected to be completed in 2017-18. Issuing decisions for outstanding requests for review will be a priority for MEC once it has sufficient members for quorum.

	2012-13	2013-14	2014-15	2015-16	2016-17
Requests Received[1]	-	-	-	6	8
Matters Considered	4	8	4	8	0
Decisions Issued	4	8	4	8	0

Dispositions

As noted above, without three members, the MEC was unable to consider any matters or issue any decisions in 2016-17.

	2012-13	2013-14	2014-15	2015-16	2016-17
Denied	3	7	4	8	0
Approved	0	0	0	0	0
Deferred	1	1	0	0	0
Total	**4**	**8**	**4**	**8**	**0**

[1] Administrative and case management support for the MEC in 2012-13, 2013-14 and 2014-15 was provided by the Health Services Branch of the Ministry of Health and Long-Term Care and made publically available on the ministry's website.

Service Standards

Once the MEC's legislated membership requirements have been met, the MEC's service standard will be to review matters within the committee's mandate within a four month period from receipt of request to decision issuance.

Membership

The Minister of Health and Long-Term Care can appoint up to fifteen physician members to the MEC. However, as of March 31, 2017 the MEC did not have an appointed Chair and had only one appointed member. As per the *Health Insurance Act*, any three members constitute a quorum and are sufficient for the exercise of all functions of the MEC.

In order to meet legislative requirements and ensure operational efficiency, a Chair was appointed to the MEC on May 23, 2017 and the MEC is recruiting for new member appointments.

All MEC members are part-time appointees.

MEC Members (March 31, 2017)

Name	First Appointed	Term Ends
Susan Au	February 2008	February 2018

Staff

The MEC is supported by 21 staff in the Health Boards Secretariat of the Ministry of Health and Long-Term Care. The Health Boards Secretariat is led by a Registrar and includes an executive support team, case management team, administrative support team, and information technology team.

The Health Boards Secretariat's staff also provides support to four other adjudicative bodies – the HPARB, HSARB, OHCAP Review Committee and PPRB. The MEC's office space and Toronto hearing rooms are also shared with these adjudicative bodies. The Health Boards Secretariat also processes per diem and expense claims to public members of the health regulatory colleges.

Financials

The below financial information does not include salary and wages for Health Boards Secretariat staff or facilities. These expenditures are shared between the MEC, HPARB, HSARB, OHCAP Review Committee, and PPRB and also support the Health Boards Secretariat's function of processing per diem and expense claims to public members of the health regulatory colleges.

There have been expenditures realized in 2016-17 although no matters were considered by the MEC during that time period. The expenditures are the result of claims submitted by members of the MEC in 2016-17 for matters considered during 2015-16.

Expenditures are expected to increase in 2017-18 as the MEC completes its recruitment of members and begins reviews for outstanding matters.

Expenditure Category	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**
Part-Time Per Diem Payments	1,992	3,733	1,328	1,328	739
Travel and Other Costs[2]	200	508	111	24	1,495[3]
Total[4]	**2,192**	**4,241**	**1,439**	**1,352**	**2,234**

[2] May include transportation, accommodation and/or meals.
[3] The majority of these costs are related to translation and making public documents (e.g. Business Plan) accessible.
[4] 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 subsequent to the reporting by the Health Services Branch.