

Medical Eligibility Committee
Comité d'admissibilité médicale



Annual Report
2019-20

Medical Eligibility Committee

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The Honourable Christine Elliott
Deputy Premier and Minister of Health
Office of the Deputy Premier and Minister of Health
777 Bay Street, 5th Floor
Toronto ON M7A 1N3

June 30, 2020

Dear Minister:

RE: Medical Eligibility Committee Annual Report

On behalf of the Medical Eligibility Committee, it is my pleasure to submit the 2019-20 Annual Report.

Yours sincerely,

A handwritten signature in cursive script, reading "Sandra Evora".

Sandra Evora,
Registrar, Medical Eligibility Committee

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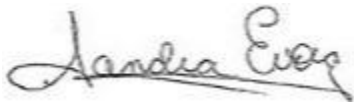
Registrar's Message

On behalf of the Medical Eligibility Committee (MEC), it is my pleasure to submit our Annual Report for the fiscal year of 2019-20.

MEC is mandated to conduct reviews when there is a dispute regarding a decision by the General Manager of the Ontario Health Insurance Plan (OHIP) and an insured person. These disputes are in relation to insured services in a hospital, or health facility that are deemed not medically necessary.

The Committee's activity in 2019-20 focused mainly on reviewing and issuing decisions for outstanding requests that MEC was unable to review when it was not constituted. In 2019-20, MEC reviewed and issued 22 decisions. The total number of requests received by MEC in 2019-20 was 22 requests, slightly below last years total of 28.

On December 10, 2019, as part of Bill 138, *Plan to Build Ontario Together Act, 2019*, legislative changes were passed that required the functions of the MEC to be absorbed by the Health Services Appeal and Review Board (HSARB). While the provisions governing the MEC were repealed, the MEC as it existed immediately before the coming into force of Bill 138, continues to exist to the extent necessary to conclude any matters where a review panel had been constituted before that section came into force.

A handwritten signature in black ink, reading "Sandra Evora". The signature is fluid and cursive, with a horizontal line extending from the end of the name.

Sandra Evora

Registrar, Medical Eligibility Committee

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 MEC.

When considered necessary by MEC, the Committee may interview the insured person and discuss the matter with him/her and/or their physician. After consideration of the matter, 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 continue to refuse payment.

Mission

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.

Legislative Changes

On December 10, 2019, Bill 138: *Plan to Build Ontario Together Act, 2019*, received Royal Assent. Within the Act, amendments were made under the *Health Insurance Act* that the provisions governing the Medical Eligibility Committee be repealed and be redirected to the Health Services Appeal and Review Board (HSARB). The MEC continues to exist to the extent necessary to conclude any matters where a review panel has been constituted. As of December 10, 2019, the MEC no longer accepted requests for review, and was redirecting all new requests to the HSARB.

Operational Highlights

Member Recruitment

The recruitment of a fourth member took place in 2019-20, with the appointment of Dr. Michael Nicolle in November 2019. The appointment of Dr. Nicolle provided the Committee with four members and allowed the Committee to review all outstanding matters expeditiously.

Updated Templates

In 2018-19, MEC began a review of all the correspondence sent to parties that engage the Committee's process, and in 2019-20 new templates were used for parties before the Committee. All of the MEC decision templates, and decision cover letters were revised, using plain language principles, to improve their accessibility and transparency for the parties before the Committee.

Electronic Delivery of Files

In 2018-19, the Health Boards Secretariat (HBS) expanded its electronic delivery of files between the MEC and parties. The expansion to deliver files electronically was a part of the HBS's 'green' and cost savings initiative that has greatly improved efficiencies. In 2019-20, the MEC transitioned to electronic case files which has assisted in shortening the lifecycle of files before the Committee.

Caseload Statistics

Summary of Activity

MEC received 22 requests for review in 2019-20, considered 25 matters, and issued decisions in 22 of those matters. In 2016-17 and 2017-18, MEC was not constituted and therefore unable to consider matters.

	2015-16	2016-17	2017-18	2018-19	2019-20
Requests Received ¹	6	8	14	28	22
Matters Considered	8	0	0	26	25
Decisions Issued	8	0	0	26	22

Dispositions

	2015-16	2016-17	2017-18	2018-19	2019-20
Denied	8	0	0	23	17
Approved	0	0	0	3	5
Deferred	0	0	0	0	0
Total	8	0	0	26	22

¹ Administrative and case management support for MEC in 2014-15 was provided by the Health Services Branch of the Ministry of Health and made publicly available on the ministry's website.

Service Standard

MEC's service standard has been to review matters within the Committee's mandate within a four-month period from receipt of request to decision issuance.

As the Committee only became constituted in 2018, and had to review matters dating back to 2016, the Committee's service standard of reviewing matters and issuing decisions within 4 months was not met. The average length for the Committee to review matters and issue decisions in 2019-20 was just below 6 months.

Membership

As of December 10, 2019, MEC had two appointed members. The appointment of the Chair, Dr. David Borenstein, expires in November 2020.

Name	First Appointed	Term Ends
Susan Au	February 2008	February 2020
Michael Nicolle	November 2019	February 2020

Staff

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

The HBS's staff also provides support to four other adjudicative bodies – the Health Professions Appeal and Review Board, Health Services Appeal and Review Board, Ontario Hepatitis C Assistance Plan Review Committee, and the Physician Payment Review Board. MEC's office space and Toronto hearing rooms are also shared with these adjudicative bodies. The HBS also processes per diem and expense claims to public members of the health regulatory colleges and fee-for-service claims and assessment order invoices related to matters before the Consent and Capacity Board and Ontario Review Board.

The shared resource structure provides financial and operational efficiencies, including the ability to shift resources in line with what can be a variable appeal volume to the adjudicative bodies. This shared resourcing model is consistent with recent trends in the administrative justice sector in Ontario towards clustering of agencies.

Financials

The below financial information does not include salary and wages for HBS staff or facility costs. These expenditures are shared between MEC, HPARB, HSARB, OHCAP Review Committee, and PPRB and also support the HBS's paymaster function.

Expenditures in 2019-20 were lower than in the previous year, although the Part-Time Per Diem payments were higher. This was primarily due to the fact that for the first time since 2016 MEC was constituted and able to review matters and issue decisions. Legal fees were much lower as independent legal counsel was retained in late 2017-18 and assisted the Committee in the training of adjudication as well as working in the development of Committee processes and templates in 2018-19.

The MEC also saw smaller total numbers in 2019-20 because it did not process any new files after December 10, 2019. While no new requests for review can be processed by the MEC, the MEC can conclude any matters before it, and is expected to see a very small financial total in the 2020-21 fiscal year related to the conclusion of all active matters.

Expenditure Category	2015-16	2016-17	2017-18	2018-19	2019-20
Part-Time Per Diem Payments	1,328	739	10,961	25,045	28,171
Travel and Other Costs ²	24	1,495	7,069	3,833	1,129
Legal Services	-	-	-	24,577	8,218
Total³	1,352	2,234	18,030	53,455	37,518

² May include transportation, accommodation, meals, translation and making public documents (e.g. Business Plan) accessible.

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 subsequent to the reporting by the Health Services Branch.