Ontario

Education and Prevention Committee Interpretive Bulletin

Volume 6, No. 3

The Revised Medical Audit Process

Introduction

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the service provided and are in compliance with payment requirements.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They are provided for education and information purposes only, and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the Health Insurance Act (HIA). The Act is the only authority in this regard and should be referred to by physicians. Changes in the statutes, regulations or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the HIA, the HIA prevails.

EPC Bulletins and all other Ministry bulletins are available on the Ministry website (http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/bulletin_mn.html). EPC Bulletins are also posted on the OMA website (www.oma.org — click on "Practice Advisory Services" on the left-hand side of the Home Page, then click on "Interpretive Bulletins").

Purpose

This Bulletin provides information to all physicians on another component of the revised medical audit process. Further to EPC Bulletin Vol. 6 No.1 on the Payment Correction List (PCL), this component of the revised process deals with concerns where the claim(s) submitted may not be the appropriate claim(s) for the service(s) provided.

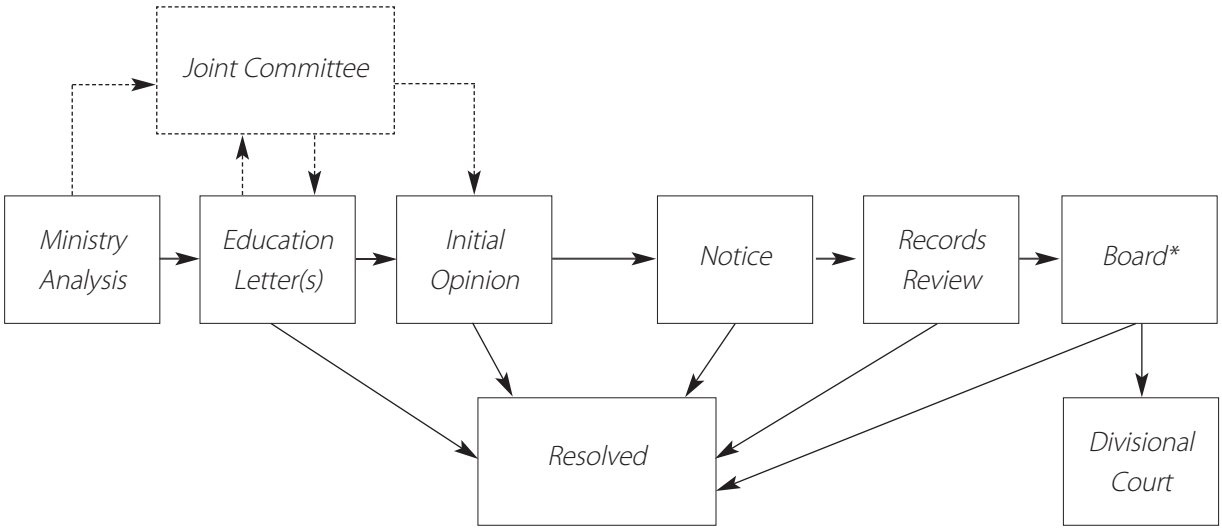
Who will find this information most useful?

All physicians who bill OHIP for insured services should find the information in this Bulletin helpful. It explains the process, or the path, that a billing concern may take once identified by the Ministry of Health and Long-Term Care.

What can physicians expect from the revised medical audit process, particularly with respect to situations not on the Payment Correction List?

The basis of the revised audit process is education. The objective of the revised process is to provide physicians with assistance in understanding the Schedule of Benefits so that they may submit claims in accordance with payment requirements. As such, the Ministry will engage in educational activities by communicating with physicians in an effort to resolve billing concerns and provide the information to meet this objective. Generally, it is only where a concern cannot be resolved through education that more formal action might occur.

The Various Paths That a Billing Concern May Take From Start to Finish



Note: The dotted lines leading into and out of the Joint Committee box represent a request from the Ministry of Health and Long-Term Care, or the physician, for an opinion on an interpretation of the Schedule of Benefits. In most cases, the Ministry will consult with the Joint Committee regarding interpretation of the relevant sections prior to sending an Education Letter or the Initial Opinion to physicians.

** Until the relevant amendments to the Health Insurance Act are proclaimed and the new Board is fully functional, reviews will be conducted by the Transitional Physician Audit Panel (TPAP).*

In the following scenarios, the information in italics refers to the boxes and labels in the above illustration.

Situation: billing concern

The Ministry of Health and Long-Term Care is concerned with some of the claims submitted by Dr. MD. The Ministry prepares a letter (*Education Letter)* to Dr. MD advising him of the payment requirements for the fee code (or codes) billed, and explaining why the claims do not appear to comply with the requirements. The *Education Letter* encourages the physician to respond with an explanation that may assist the Ministry in understanding the billing. A very small number of records may be requested to further assist the Ministry in understanding the billing.

What might occur next?

a) Dr. MD may respond to the Ministry, explaining the billing to the satisfaction of the Ministry. In this case, the Ministry would respond in writing thanking Dr. MD for the information, and the concern would come to an end. (*Resolved*)

b) Dr. MD may be unaware that the billing was incorrect and advise the Ministry as such. In this case, the Ministry would expect Dr. MD to subsequently bill in accordance with the advice provided, and the concern would come to an end. (*Resolved*)

c) Dr. MD may respond to the Ministry explaining the billing, however, if the explanation does not resolve the Ministry's initial concerns, the Ministry would send a letter to Dr. MD advising him of the opinion of the General Manager of OHIP as to the correct billing (*Initial Opinion*).

i) If the Ministry had sought the opinion of the *Joint Committee* in forming the *Initial Opinion*, Dr. MD will also be advised that the Ministry will review future claims for the fee code(s) in question to ensure that the billing is in compliance with the advice provided.

ii) If the Ministry had not sought the opinion of the *Joint Committee* in forming the *Initial Opinion*, Dr. MD may request the opinion of the *Joint Committee* at this time.

- If the *Joint Committee* agrees with the General Manager

of OHIP, Dr. MD will be advised that the Ministry will review future claims for the fee code(s) in question to ensure that the billing is in compliance with the advice provided.

• If the *Joint Committee* does not agree with the General Manager's opinion, Dr. MD may continue to bill in that manner, and the concern would come to an end (*Resolved*).

In situation c, and where the *Joint Committee* is in agreement with the General Manager of OHIP, if there is no change in billing after the *Initial Opinion* is given, the General Manager may notify the physician that future claims may be subject to audit and possible repayment (*Notice*). Receiving *Notice* signifies that, in the Ministry's opinion, the billing education and assistance provided by the Ministry has not resolved the billing concern.

Notice represents the beginning of the formal stage of the audit process. If there is still no change in billing after receipt of *Notice*, the Ministry may request a larger sampling of records, and audit the sample (*Records Review*). In the event that a billing concern persists after *Notice* and *Records Review*, the matter may be referred to the *Board*.

The *Board* is the independent body that will conduct a hearing to determine the matter. The physician and the Ministry are parties to the hearing, and each party will have the responsibility to introduce the evidence it wishes to rely upon. The *Board* will then weigh the evidence, decide the facts, apply the law to those facts, and render its decision.

As shown in the illustration (on page 19), resolution of the matter may occur at any time in the process. The arrow leading to *Divisional Court* indicates the final, potential step in the process. Where a concern is not resolved at the *Board* level, either party may appeal an Order of the *Board* to *Divisional Court*.

Your feedback is welcomed and appreciated!

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing to:

Physician Services Committee Secretariat
525 University Avenue, 4th Floor
Toronto, Ontario, M5G 2K7
Fax: (416) 340-2961
E-mail: secretariat@physician-services-committee.ca
Dr. Jane MacNaughton, Co-Chair
Dr. Larry Patrick, Co-Chair
Education and Prevention Committee

Note: The Physician Services Committee Secretariat will anonymously forward all comments/suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

Provider Services Branch
Physician Schedule Inquiries
370 Select Drive
P.O. Box 168
Kingston, Ontario, K7M 8T4