

MEDICAL CONSULTANTS' COMMITTEE

ACTIVITY REPORT

2024-25

Table of Contents

1.0	Message from the Chairperson	2
2.0	Overview	3
3.0	Vision	4
4.0	Mandate	4
5.0	Highlights and Partnerships	5
6.0	Report on Performance	5

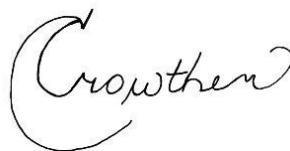
1.0 Message from the Chairperson

In accordance with the **Transparency and Accountability Act**, the Medical Consultants' Committee (the Committee) is a Category 3 government entity and is required to prepare an annual activity report to present information on its activities during the preceding year. This report was prepared under the direction of the Committee, which is accountable for the results contained herein. This report covers the second year of the Committee's 2023 - 2026 Activity Plan. This 2024-25 Annual Report was developed inclusive of supporting the health care needs of all people in Newfoundland and Labrador.

This Activity Report provides an overview of the Committee and the extent to which planned results were met during the fiscal period April 1, 2024 to March 31, 2025. As Chairperson of the Committee, my signature below is indicative of the entire Committee's accountability for the actual results reported herein.

As the Chairperson of the Committee, I am pleased to submit the 2024-25 Activity Report for the Committee.

Yours sincerely,

A handwritten signature in black ink that reads "Crowther". The signature is written in a cursive style with a large, sweeping initial "C" that loops around the first part of the name.

Colleen Crowther MD FRCPC
Chairperson
Medical Consultants' Committee

2.0 Overview

The Committee receives its authority from the **Physicians and Fee Regulations** under the **Medical Care and Hospital Insurance Act**.

The Committee reviews the patterns of practice and billing procedures of physicians who submit claims to the Medical Care Plan (MCP) as well as the utilization of services by beneficiaries. The Committee is a key component in the Department of Health and Community Services' (HCS) audit function. It can recommend recovery of funds billed in error and other corrective actions and serves to deter misbilling by fee-for-service physicians.

The Committee meets when one or more medical billing audits have reached the stage where they are ready for review by the Committee. Historically, it has met one to four times a year. In 2024-25, the committee met three times.

Membership

The Committee consists of seven members, as follows:

- A salaried family physician, a non-salaried family physician and a consultant physician appointed by the minister from a list of physicians submitted by the Newfoundland and Labrador Medical Association (NLMA);
- A chartered professional accountant appointed by the minister; and
- The medical director, the assistant medical director and the dental consultant employed in the department.

Medical Consultants' Committee (as of March 31, 2025)	
Dr. Colleen Crowther, Chairperson	Assistant Medical Director Department of Health and Community Services
Dr. Michelle Zwicker	Dental Consultant Department of Health and Community Services
Mr. Dave Moore	Director of Medical Services Department of Health and Community Services
Vacant	Salaried Family Physician
Dr. Robert Randell	Specialist Physician
Dr. Richard Barter	Non-Salaried Family Physician
Dr. Peggy Coady	Chartered Professional Accountant

Expenditures

The Committee is not required to prepare an audited financial statement. Administrative support and remuneration of the Committee's members' expenses are provided by the Audit and Claims Integrity Division of the Department of Health and Community Services. Total expenses for the meetings held were as follows:

Per Diems	\$9,000.00
Travel	\$294.90
Food/Refreshments	<u>\$526.36</u>
Total	\$9,821.26

3.0 Vision

An environment where the Department of Health and Community Services has access to, and belief in, an established mechanism of review of the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries. The Committee supports the vision of the Department of Health and Community Services. The Committee supports the integrity of the audit function, based on the belief that proper stewardship of public funds adds strength to the Department's efforts to realize its vision, which is "for individuals, families and communities to achieve optimal health and well-being".

4.0 Mandate

The Committee is established pursuant to Sections 14 and 15 of the **Physicians and Fee Regulations** under the **Medical Care and Hospital Insurance Act**. The Committee provides advice to the Minister based on the following duties and responsibilities:

- Review of the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries.
- Where the Committee concludes that no corrective action is warranted beyond notification to the physician of a finding that a deviant pattern or unacceptable billing practice exists, that notification may be given or authorized by the Committee.
- Recovery of funds or other disciplinary or investigative action may be recommended by the Committee to the Minister.

5.0 Highlights and Partnerships

The Committee works with the Audit and Claims Integrity Division to ensure that the requirements of the **Physicians and Fee Regulations** under the **Medical Care and Hospital Insurance Act** are fulfilled.

Both the Committee and the Audit and Claims Integrity Division are mindful of the impact on physicians with regard to the audit process. The Committee recommends recovery of funds billed in error and other corrective actions that serve to deter misbilling by all fee-for-service physicians. These focused reviews will continue to contribute to the prudent use of public resources and increased accountability and stability in the delivery of health and community services.

6.0 Report on Performance 2024-25

Annual Objective 2024-25

Over the course of the three-year period from the beginning of fiscal 2023-24 to the end of fiscal 2025-26, the Committee will meet at least once each year and review cases prepared by the Audit and Claims Integrity Division. In doing so, this Committee further extends Government's ability to ensure the wise and prudent use of public resources.

The Committee has developed the annual objective to measure its performance in auditing fee-for-service physician billing practices. The defined mandate of this Committee results in the annual objectives remaining the same for each year of the Activity Plan. In compliance with the **Transparency and Accountability Act**, the Committee will prepare annual activity reports indicating the extent to which the annual objective has been achieved.

By March 31, 2025, the Committee will have reviewed the patterns of practice and billing procedures of participating physicians and the utilization of services by beneficiaries in cases prepared by the Audit and Claims Integrity Division of the Department of Health and Community Services.

Indicators 2024-25 Planned Activity	Actual Activity in 2024-25
Number of cases forwarded by the Audit and Claims Integrity Division of the Department of Health and Community Services.	By the end of the 2024-25 fiscal year, the Committee received seven new MCP billing audits on seven fee-for-service physicians from the Audit and Claims Integrity Division.
Number of completed reviews of billing audits on fee-for-service physicians.	The Committee completed four reviews of MCP billing audits on four fee-for-service physicians in 2024-25.
The total dollar amount identified for recovery as a result of any completed reviews by the Committee.	A total amount of \$334,089.99 was identified for recovery.
Annual reports produced	In 2024-25, the Committee produced an annual report for the previous fiscal year (2023-24) year.
Met a minimum of once annually.	The Committee met three times in 2024-25.