AUDIT AND INSPECTION COMMITTEE TERMS OF REFERENCE

1. The Audit and Inspection Committee (AIC) is a panel appointed by the Medical Services Commission (MSC) pursuant to Section 6 of the *Medicare Protection Act* and pursuant to the Master Agreement between the Ministry of Health, the Medical Services Commission, and the British Columbia Medical Association ("the Doctors of British Columbia".

2. Objective:

The AIC is responsible for the audit and inspection of the practices of medical practitioners and has been delegated the powers and duties of the MSC under Section 36 (1) to (12).

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96286_01#section36

3. Organization:

3.1 Composition:

The Doctors of British Columbia (DoBC) will nominate one physician member.

The College of Physicians and Surgeons of British Columbia (CPSBC) will nominate one physician member.

The MSC will appoint one member from the general public and one physician member who will serve as Chair.

The AIC will appoint one of its members to serve as Vice-Chair in the absence of the Chair.

3.2 Quorum:

A quorum shall consist of the Chair or Vice Chair and two members. Meetings may be held via telephone conference call on urgent occasions, but only after all members have been provided with all appropriate documentation necessary for decisions to be made.

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3.3 Frequency of Meetings:

Meetings will be at the call of the Chair, as required, but will not be less frequent than every four months.

3.4 Length of Appointment

Each member's appointment should be no longer than four years with one staggered expiration date every one to two years. Members' appointments may be renewed for additional terms.

3.5 Funding and Remuneration:

All AIC approved costs, including travel costs, shall be funded by Billing Integrity Program (BIP). The DoBC, CPSBC and MSC physician members will be paid at current Physician Master Agreement physician sessional rates. The public member will be paid at the prevailing rate for MSC Advisory Committees.

4. Responsibilities:

4.1 Review referrals for physician on-site audits from BIP and determine which audits will proceed or what other action shall be taken. Determine the audit period and any other parameters unique to the proposed audit of the practitioner.

Review any other referrals or concerns from other bodies such as the MSC, CPSBC or the DoBC Pattern of Practice Committee (PoPC) and determine what action should be taken.

4.2 On the basis of such reviews, and on risk and random audit basis, determine those medical practitioner practices which should receive an on-site inspection, and request BIP to arrange the inspections, in accordance with established policies and guidelines.

4.3 The Committee will appoint Medical Inspectors from nominees received from the CPSBC and PoPC.

4.4 Ensure that the PoPC is notified prior to the initiation of an on-site inspection of a medical practitioner's practice.

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4.5 The Committee will ensure that all audit reports provided by BIP meet an acceptable standard.

The Committee will ensure that all Medical Inspectors have received an orientation by BIP and have been briefed on their responsibilities and accountabilities.

4.6 Ensure that the medical practitioner whose practice is to be inspected is notified at least 14 days prior to the inspection, except in extraordinary circumstances (such as suspected fraud or a warrant has been issued).

4.7 Ensure that clear guidelines as to what is expected of the medical practitioner prior to and during the inspection, the activities expected to be engaged in by the inspectors, and the normal follow-up are communicated to the medical practitioners prior to the inspection.

4.8 Review inspection reports and determine whether concerns expressed by the referring body have been evaluated by the on-site inspection.

4.9 As soon as practical and appropriate, provide a copy of the audit report to the PoPC, the CPSBC, the MSC and to the medical practitioner whose practice was inspected.

4.10 Except where fraud is suspected, communicate, in writing, to the medical practitioner any concerns over his/her practice which have arisen from or have been confirmed by the inspection. This communication should state, if pertinent, the AIC's intention to refer the matter to the MSC.

4.11 Make recommendations to the Chair of the MSC for further appropriate action, the CPSBC (for questionable quality of care, misconduct or incompetence), or law enforcement (in cases of suspected fraud).

4.12 As required provide audit report summary, systemic trends analysis and updates to the MSC on status of the audit program.

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Part 1 — Medical Services Commission

Commission and Medical Services Plan

3 (1)The Medical Services Commission is continued consisting of 9 members appointed by the Lieutenant Governor in Council as follows:

(a)3 members appointed from among 3 or more persons nominated by the British Columbia Medical Association;

(b)3 members appointed on the joint recommendation of the minister and the British Columbia Medical Association to represent beneficiaries;

(c)3 members appointed to represent the government.

(2)The commission reports to the minister.

(3)The Medical Services Plan established under the former Act is continued and the function of the commission is to facilitate, in the manner provided for in this Act, reasonable access, throughout British Columbia, to quality medical care, health care and prescribed diagnostic services for residents of British Columbia under the Medical Services Plan.

(4)The Lieutenant Governor in Council must designate a member of the commission appointed under subsection (1) (c) as its chair and may designate another member of the commission as its deputy chair.

(5)The chair of the commission must call a meeting at least once every 2 months and, by giving written notice to the chair, 3 or more members of the commission can require the chair to call a meeting.

(6)In the event that a member of the commission is absent for more than 3 consecutive meetings of the commission, the member ceases to be a member of the commission.

(7)Despite subsection (6) the commission may waive this requirement with the agreement of a majority of the commission.

(8)Each member of the commission has one vote.

(9)Decisions of the commission are on the agreement of the majority of members present at a meeting.

(10)If the commission is not meeting, the chair may exercise a power, duty and function that the commission may exercise unless the commission has directed that the chair is not to exercise the power, duty or function.

(11)The commission may sue or be sued in its own name or in the name of the government in any civil action respecting the commission or a special committee, but any proceeding by or against the commission is binding on the government, and the *Crown Proceeding Act* applies accordingly.
(12)Members of the commission or a special committee who are not public servants are entitled to receive reimbursement for expenses, remuneration and benefits set by the Lieutenant Governor in Council.
(13)The Lieutenant Governor in Council may appoint a public administrator to discharge the powers, duties and functions of the commission under this Act if the Lieutenant Governor in Council considers this necessary in the public interest.
(14)On the appointment of a public administrator under subsection (13), the members of the commission cease to hold office unless otherwise ordered by the Lieutenant Governor in Council.

Special committees respecting health care practitioners

4 (1)After consultation with the appropriate licensing body, the Lieutenant Governor in Council may establish one or more special committees to exercise the powers, duties or functions of the commission under this Act that are specified by the Lieutenant Governor in Council for a body of health care practitioners.

(2)A special committee established under subsection (1) is composed of the persons the Lieutenant Governor in Council specifies and exercises its powers, duties or functions on the terms and conditions the Lieutenant Governor in Council specifies.
(3)A special committee established under subsection (1) may establish a panel and the powers, duties and functions of the special committee may be exercised, subject to the regulations, by the panel.
(4)A power, duty or function given under subsection (1) to a special committee may continue to be exercised by the commission unless the Lieutenant Governor in Council directs that the commission not exercise the power, duty or function.
(5)A power, duty or function given under subsection (1) to one special committee may also be given under subsection (1) to another special committee.
(6)The Lieutenant Governor in Council must designate the chair of each special committee and may designate a deputy chair of each special committee.

Responsibilities and powers of the commission

5 (1)The commission may do one or more of the following:

(a)administer this Act on a non-profit basis;

(b)receive premiums that are payable by beneficiaries;

(c)determine the services rendered by an enrolled medical practitioner, or performed in an approved diagnostic facility, that are not benefits under this Act;

(d)determine the manner by which claims for payment of benefits rendered in or outside British Columbia to beneficiaries are made;

(e)determine the information required to be provided by beneficiaries and practitioners for the purpose of assessing or reassessing claims for payment of benefits rendered to beneficiaries;

(f)investigate and determine whether a person is a resident and, for this purpose, require the person to provide the commission with evidence, satisfactory to the commission, that residency has been established;

(g)determine whether a person is a spouse or a child;

(g.1)determine whether a person is a member of a prescribed class;

(h)determine whether a person is a medical practitioner or a health care practitioner;

(i)determine for the purposes of this Act whether a person meets the requirements established in the regulations for premium assistance;

(j)determine whether a service is a benefit or whether any matter is related to the rendering of a benefit;

(j.1)make payments and recover debts referred to in section 21 (2);

(k)determine before or after a service is rendered outside British Columbia whether the service would be a benefit if it were rendered in British Columbia;

(l)determine whether a diagnostic facility, or a benefit performed in an approved diagnostic facility, meets the requirements of the regulations;

(m)monitor and assess the effectiveness and efficiency of benefits;

(n)enter, with the prior approval of the Lieutenant Governor in Council, into agreements on behalf of the government with Canada, a province, another jurisdiction in or outside Canada or a person in or outside British Columbia for the purposes of this Act;

(o)establish advisory committees, including pattern of practice committees, to advise and assist the commission in exercising its powers, functions and duties under this Act, and may remunerate members of a committee at a rate fixed by the commission and pay reasonable and necessary travelling and living expenses incurred by members of a committee in the performance of their duties;

(p)authorize surveys and research programs to obtain information for purposes related to the provision of benefits;

(q)enter into arrangements and make payment for the costs of rendering benefits that will be provided on a fee for service or other basis;

(q.1)establish, subject to this Act and the regulations, rules to govern its own practices and procedures for the conduct of hearings under section 15 or 37, including the following:

(i)the conduct of negotiations or a pre-hearing conference for possible settlement of the issues before a hearing is commenced;

(ii)the means by which particular facts may be proved or the mode in which evidence may be given at a pre-hearing conference or a hearing;

(iii)the time limits for the exchange of documents, reports and affidavits in preparation for a pre-hearing conference or a hearing;

(iv)the requirements for the attendance of witnesses, the conduct of witnesses or the compelling of witnesses to give evidence under oath or in some other manner;

(q.2)require that a party to a hearing under section 15 or 37 submit a matter at issue in the hearing to non-binding mediation;

(r)provide to a person or body prescribed by the Lieutenant Governor in Council, for the purpose of an audit or investigation of a practitioner's pattern of practice or billing, information concerning claims submitted by that practitioner to the commission;

(s)apply section 26 for supply management and optimum distribution of medical care, health care and prescribed diagnostic services throughout British Columbia;

(t)establish guidelines setting the number of practitioners that a beneficiary may consult respecting the same medical condition within the period specified in the guidelines;

(u)exercise other powers or functions that are authorized by the regulations or the minister.

(2)The commission must not act under subsection (1) in a manner that does not satisfy the criteria described in section 7 of the *Canada Health Act*.

(3)For the purposes of a hearing under this Act, sections 34 (3) and (4), 48 and 49 of the *Administrative Tribunals Act* apply to the commission.

(4)The *Financial Administration Act* applies to the commission as though the commission were a division of the ministry that is administered by the minister.

(5)Without limiting subsection (1) (n), the commission may, with the prior approval of the Lieutenant Governor in Council, enter into an information-sharing agreement with

(a)Canada, a province or another jurisdiction in or outside Canada, or

(b)a public body as defined in the *Freedom of Information and Protection of Privacy Act*.

(6)For the purpose of subsection (5), **"information-sharing agreement"** means a data-matching or other agreement to exchange personal or other information for the purpose of administering medical or health care benefits provided under

(a)this Act,

(b)a prescribed enactment of British Columbia, or

(c)a prescribed enactment of Canada, a province or another jurisdiction in Canada.

(6.1)If the commission enters into an information-sharing agreement under subsection (5), the commission may, in accordance with the agreement, collect and use personal information from, and disclose personal information to, the party with whom the agreement was made.

(7)The commission must prepare and file with the minister as soon as practicable each year a report for the fiscal year ending March 31 in that year respecting the work of the commission and its special committees, and the minister must lay the report before the Legislative Assembly as soon as is practicable.

Investigations by commission

5.01 The commission may investigate for the purposes of this Act, including for the purpose of determining whether there is cause within the meaning of section 11 (1) (a), (a.1), (b), (c) or (c.1).

Guiding principles

5.1 In performing its responsibilities and exercising its powers under section 5 (1) and in performing its responsibilities under section 5 (2), in addition to taking into account any broad policy issues and other matters the commission considers relevant, the commission must have regard to the following principles, as set out in sections 5.2 to 5.7:

(a)the principles established under the *Canada Health Act* as the criteria for a province to qualify for a full cash contribution for a fiscal year, those principles being public administration, comprehensiveness, universality, portability and accessibility;

(b)the principle of sustainability.

Public administration

5.2 The plan is publicly funded and operated on an accountable basis.

Comprehensiveness

5.3 The plan includes as benefits

(a)all medically required services provided by enrolled medical practitioners,

(b)all required services provided by enrolled health care practitioners and prescribed as benefits under section 51,

(c)benefits that are performed in approved diagnostic facilities, and

(d)any benefits that are performed by practitioners in a health facility that has entered into an agreement with one or more regional health boards designated under the *Health Authorities Act* or with the Provincial Health Services Authority, in accordance with the agreement.

Universality

5.4 The plan applies to 100% of beneficiaries on uniform terms and conditions.

Portability

5.5 The plan applies to the following individuals:

(a)beneficiaries who are temporarily absent from British Columbia or moving to another province;

(b)eligible individuals who are moving to British Columbia;

(c)eligible individuals visiting British Columbia from another province that has entered into a reciprocal agreement with British Columbia for medical and health care services, in accordance with that agreement.

Accessibility

5.6 The plan provides benefits on uniform terms and conditions on a basis that does not impede or preclude reasonable access to benefits by beneficiaries.

Sustainability

5.7 The plan is administered in a manner that is sustainable over the long term, providing for the health needs of the residents of British Columbia and assuring that annual health expenditures are within taxpayers' ability to pay without compromising the ability of the government to meet the health needs and other needs of current and future generations.

Power to delegate

6 (1)In this section, **"panel"** means a panel of 3 or more persons who are appointed by the commission and who represent each of the following:

(a)the British Columbia Medical Association;

(b)beneficiaries;

(c)government.

(2)The commission may delegate any of the commission's or the chair's powers or duties, except those under section 11 (2), 15 (2), 24, 25, 26, 33 (4) or 37 (1), to a person or panel.

(3)The commission may delegate powers or duties under section 11 (2), 15 (2), 33 (4) or 37 (1) but only to a panel selected by the commission.

These Terms of Reference are for an external or joint committee not created or solely created by the Doctors of BC. They are reproduced in this format for convenience.

PATTERNS OF PRACTICE COMMITTEE (POPC)

TERMS OF REFERENCE

AUTHORITY

The Patterns of Practice Committee acts in an advisory capacity to the Medical Services Commission (MSC). The committee informs and educates physicians in regards to their practice and billing.

OBJECTIVES AND RESPONSIBILITIES

1) Education:
    i. Provide education that will encourage appropriate patterns of practice and billing in adherence to the requirements of the Payment Schedule/Guide to Fees;
    ii. Identify patterns of billing which are statistically outside the norm and initiate special projects to provide education and increase adherence to the guidelines and protocols;
    iii. Advise physicians who are identified as being at statistical variance from their peer group that they may be subject to an audit;
    iv. Produce the Practice Mini-Profile and ensure accessibility for all physicians;

2) Audit Feedback:
    i. Scrutinize MSP processes of detecting and deterring inappropriate billing (rules, methodology, communication with physicians etc.);
    ii. Provide a forum for physicians who wish to raise their concerns about the audit process (post audit);
    iii. Provide feedback on the audit practices employed by the Billing Integrity Program; (e.g. length of time, communications etc.).

3) Medical Inspector/Audit Hearing Panel Appointments:
    i. Nominates Medical Inspectors and Audit Hearing Panel Members to conduct on-site audits or attend hearings as required in conjunction with the College of Physicians and Surgeons of BC;

4) Communication:
    i. Liaise with and provide updates to the MSC and/or its other committees when issues or trends emerge;
    ii. Identify possible policy issues and potential changes to the Payment Schedule for review by the Compensation Policy and Programs Branch and the Tariff Committee;
    iii. Promote communication and sharing of information between stakeholders.

5) Additional tasks as identified by the Compensation Policy and Programs Branch, MSC and/or the Physician Master Agreement (PMA).

MEMBERSHIP

The Committee will consist of:

- A physician Chair, representative of Doctors of BC;
- Three physician members, who are in active clinical practice, or within three (3) years of active clinical practice; appointed by the Doctors of BC.
- One physician representative of the College of Physicians and Surgeons of BC, who should not be a physician member of the Council of the College;
- One physician representative appointed by the MSC;
- A representative of the Compensation Policy and Programs Branch (non-voting);
- Doctors of BC staff (non-voting).

Ad-Hoc attendees:

- As required, Section Heads and/or other physicians will be requested to attend in response to issues/trends identified in audit.
- The Chair of the Medical Services Commission will attend on an ad-hoc (non-voting) basis.

CHAIR

- The Chair will be a member of the Doctors of BC, in active clinical practice or within three (3) years of active clinical practice, and will be selected from amongst the Doctors of BC voting members of the POPC Committee.
- Preferably, the Chair should have served on the committee for at least two (2) years prior to their initial appointment.
- The Committee will select a Vice-Chair from among the Doctors of BC members of the Committee;
- Although there is a constitutional requirement for the Chair to be renewed annually by the Doctors of BC Board of Directors, the Chair should be prepared to make up to a six (6) year commitment;
- The Chair will be a member of the Audit Working Group.

ATTRIBUTES

- Ability to remain objective and neutral;
- Familiarity with the Billing Integrity Program and audit processes;
- Familiarity with billing processes and the Guide to Fees/Payment Schedule.

EXPECTATIONS

- Members are expected to represent the interests of all physicians in BC.;
- Members are expected to bring their clinical expertise and experience and apply it in an objective fashion.

ALTERNATES

Alternates are not permitted.

TERM OF OFFICE

- Members are appointed for a (3) three year term;
- Members may serve a maximum of two (2) three year terms;
- Members should be prepared to make up to a six (6) year commitment.

MEETINGS

Frequency	Meetings will be held four (4) times per year, Additional meetings and/or teleconferences as required are at the request of the chair.
Location	Meetings will be held at the Doctors of BC Offices in Vancouver.
Minutes	The minutes are prepared by Physician and External Affairs (PEA) staff and posted on SharePoint 2 weeks prior to each meeting.
Quorum	A quorum shall consist of the Chair or Vice-Chair, plus 50% of the Committee members. The Chair may conduct a conference call of voting members on important matters when there is insufficient time to convene a regular meeting.
Voting	All appointed members will have a vote.

REPORTING

The Patterns of Practice Committee will provide regular reports to the MSC.

FUNDING

Budget	All costs of the Committee will be shared 50/50 between the MSC and the Doctors of BC.
Member Expenses	Members will be paid at the current Doctors of BC sessional rates, with accommodation and travel paid in accordance with the sessional policy.

CONFIDENTIALITY

On occasion, Committee members may possess documentation or information of a confidential nature. Such information will not be disclosed to any person(s) other than the members of the committee without consultation with and agreement of the committee.

CONFLICT OF INTEREST

Committee members shall disclose any matters which may constitute as a direct or indirect conflict of interest between personal or professional activities, and responsibility as a Committee member. Committee members must act in a manner that will prevent conflicts of interest from arising.

SECRETARIAT

PEA Staff: Executive Assistant
Responsibilities of the Committee Secretariat include: canvasing for a suitable meeting date, booking the meeting space, preparing the agenda, taking minutes, posting committee materials on SharePoint, ordering meals and room/laptop setup and cleanup.

STAFF SUPPORT

PEA Staff: Audit & Billing Advisor.
Responsible for managing and overseeing Doctors of BC's role in audit issues. This includes liaising with the AIC and Tariff Committee and attending meetings regularly as a guest, drafting correspondence on behalf of the Chair, producing *BCMJ* articles, identifying and engaging medical inspectors, managing the Practice Mini-Profiles, and providing analytical and interpretive support for physicians' practitioner profiles. In addition, the Audit and Billing Advisor will attend meetings of the

Audit Working Group.

APPROVED BY THE BOARD

November 27, 2015

REVISED

July 14, 2015
October 20, 2015
December 10, 2015
May 09, 2016
May 25, 2016