Note: This Bulletin replaces an earlier Bulletin of the same number dated July 12, 2007.

Subject: Random Verification Letters

Occasionally, a patient may bring a random verification letter in to their service provider to discuss it. This bulletin provides information that you can use to discuss the letter with your patients as well as providing an overview of the program.

Background Information

The Ontario Health Insurance Plan (OHIP) pays out approximately $8 billion dollars in a year. In excess of a hundred million individual claims are submitted for payment to OHIP by a variety of health care professionals who provide insured services. The random verification letter program is one accountability measure for these expenditures.

The verification letter program sends randomly generated letters to individual patients. These letters ask the patient to confirm that insured health services were received from a particular health care provider on a specific date. If the patient cannot verify that a service was provided, a letter may be sent requesting clinical records and/or additional information concerning this service. The random letters are generated from all the claims that are submitted, and do not specifically target any provider or patient.

The objectives of the verification letter program include:
- Checking that services were performed for the claims submitted
- Assist providers to submit claims for insured services correctly through follow up and education.
- Deterring the submission of fraudulent and inappropriate claims by providers
Applicable Legislation

The Personal Health Information Protection Act, 2004 (PHIPA) governs the ministry’s collection, use and disclosure of personal health information. The MOHLTC is permitted, under subsection 37(1)(i) of the PHIPA, to use personal health information about an individual for the purpose of monitoring and verifying claims for payment for the provision of health care or related goods and services.

Impact on Patients

The letter requests the patient to reply only when either the patient thinks a service was not provided on the identified date or the patient is unsure. The verification letter includes information that qualifies as “personal health information” as that term is defined in PHIPA. Accordingly, the letter clearly indicates that individuals have the choice to provide their personal health information to the ministry by completing and returning the letter or not.

Historically, in the vast majority of cases the service is verified and no further action is taken. In a small number of cases, further review is warranted and clinical records may be requested. The ministry recognizes that patients return the letter for a number of reasons (e.g., misunderstanding, language barrier, poor recall, etc.); therefore the provider’s clinical record is often helpful in resolving a question regarding the service being verified.

Questions?

If you have any questions regarding the verification letter program, please contact 1-888-855-6679.