

2. MSP INFORMATION FOR NURSE PRACTITIONERS

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2. MSP INFORMATION FOR NURSE PRACTITIONERS

2.1 Introduction to the Medical Services Plan

The Medical Services Plan (MSP) is British Columbia's publicly funded health insurance program. It provides coverage for medically required services provided by physicians and other health care practitioners to eligible beneficiaries in British Columbia.

Health Insurance BC (HIBC) is the agency contracted by the government to handle the administrative operations of the Medical Services Plan and PharmaCare, including Fair PharmaCare, on behalf of the Ministry of Health.

HIBC, on behalf of MSP, is responsible for:

- enrolling beneficiaries;
- administering premium assistance programs for low-income beneficiaries;
- registering medical and health care practitioners; and
- adjudicating and paying medical and health care practitioners' fee-for-service billings.

MSP and Nurse Practitioners

Unlike physicians, nurse practitioners are not paid directly by MSP for services provided to BC residents. However, nurse practitioners will be providing treatment to eligible MSP beneficiaries and submitting a record of these services to MSP with information similar to that submitted with claims billings by medical practitioners. For this reason, nurse practitioners are responsible for familiarizing themselves with MSP policies and procedures relevant to claims submission and beneficiary services and benefits.

Encounter Records

The record of a service that a nurse practitioner provides to a patient/client is called an encounter record. The information included in an encounter record by a nurse practitioner serves the same purposes as a medical claim submitted by a physician or other health care practitioner. Therefore, for administrative purposes, an encounter record is considered by MSP to be equivalent to a medical claim.

Encounter records will:

- (1) provide the necessary patient data;
- (2) provide information for MSP administrative purposes;
- (3) assist the Ministry of Health to evaluate NP patterns of practice and project funding requirements; and
- (4) allow specialists, GPs and diagnostic facilities to be paid for services referred by NPs.

2.2 Legislation Governing the Medical Service Plan

***Medicare Protection Act* and Medical and Health Care Services Regulation**

The Medical Services Plan is administered under the *Medicare Protection Act* (1995) and Regulations.

The *Medicare Protection Act* and The Medical and Health Care Services Regulation establishes the rights and duties of the Medical Services Commission to set policies and conduct audits for the Medical Services Plan, and governs eligibility and enrolment of beneficiaries, establishment of premiums for medical coverage, enrolment and responsibilities of medical and health care practitioners, and approval of diagnostic facilities.

Medical Services Commission

The Medical Services Commission manages the Medical Services Plan on behalf of the Government of British Columbia in accordance with the provisions of the *Medicare Protection Act*. The Commission is responsible for approving policies and programs developed and managed by MSP. The Commission is comprised of nine members – three members of the BCMA, three government representatives and three public members. In June 2005, changes to the *Medicare Protection Act* were approved to enable nurse practitioners to make referrals to diagnostic facilities and medical practitioners.

To view an unofficial version of the *Medicare Protection Act* online:

http://www.qp.gov.bc.ca/statreg/stat/M/96286_01.htm

To view an unofficial version of the Medical and Health Care Services Regulation online:

http://www.qp.gov.bc.ca/statreg/reg/M/MedicareProtection/426_97.htm

2.3 Clinical Records

Personal information provided to MSP is collected under the authority of the *Medicare Protection Act* and is used to determine eligibility for Ministry of Health programs available to residents of British Columbia.

This information is protected and accessible under the *Freedom of Information and Protection of Privacy Act*. It is treated with the utmost confidentiality.

Information submitted by medical and health care practitioners related the clinical care of a MSP beneficiary is likewise collected under the authority of the *Medicare Protection Act* and is protected with the same degree of confidentiality and respect.

Adequacy of Clinical Records

Nurse practitioners are required to maintain adequate clinical records according to the standards of practice set by the College of Registered Nurses of British Columbia (CRNBC).

Additionally, clinical records must support the information submitted to MSP for all encounter records, physician referrals, and requests for diagnostic tests. An adequate medical record, as outlined in the *Medical Services Commission Payment Schedule, Preamble B.2.*, includes:

- a. Date and location of the service.
- b. Identification of the patient and the attending practitioner.
- c. Presenting complaint(s) and presenting symptoms and signs, including their history.
- d. All pertinent previous history including pertinent family history.
- e. The relevant results, both negative and positive, of a systematic enquiry pertinent to the patient's problem(s).
- f. Identification of the extent of the physical examination including pertinent positive and negative findings.
- g. Results of any investigations carried out during the encounter.
- h. Summation of the problem and plan of management.

Records Retention

Under the *Medicare Protection Act*, a practitioner must retain medical/clinical records for a period specified by the appropriate licensing body or, if the appropriate licensing body has not specified a period, for a period the commission specifies.

The record retention requirements of practitioners' professional associations or licensing bodies vary, as indicated below:

Chiropractic financial records.....	3 to 7 years
Chiropractic patient files.....	indefinite retention period
Chiropractic x-rays	7 years
Dental records.....	30 years
Massage Therapy records	7 years
Medical Practitioners' records.....	6 years
Midwifery records.....	21 years
Naturopathic records	7 years
Optometry records	6 years
Physical Therapy records	7 years
Podiatry records	10 years

Nurse practitioners are advised to follow the records retention policy of their employer.

Release of MSP Data

The Medical Services Plan maintains personal data and claims records for a period of seven years.

Individuals may request a copy of their personal data and claims records from MSP under the *Freedom of Information and Protection of Privacy Act*.

MSP will release personal data and medical claims records to a third party only if the following conditions are met:

- the third party submits a written request for the records; and
- MSP is satisfied that the request is appropriate; and
- the release is authorized and accompanied by an authorization or consent form signed by the beneficiary whose records have been requested.

Access to Clinical Records

In June 1992, the Supreme Court of Canada made a judgment regarding office medical records. While recognizing the practitioner's ownership of the clinical records, the case judgment states that the information in those records belongs to the patient and that the patient has a right to access that information upon request.

The ruling means that patients have the right to read and copy the information contained in their medical files, including material in the files from other practitioners but excluding medical legal correspondence and independent medical examinations. In practical terms, it is advisable to provide the requesting patient with photocopies of the contents of the medical record to ensure that the original office medical record remains intact.

The practitioner may refuse the patient access to the office medical record if it is the practitioner's judgement that the information may cause harm to the patient or to an innocent third party.

Nurse practitioners are advised to become familiar with the freedom of information and protection of privacy policies of the health authorities in which they are employed.