Glossary

**Expenditure**
Includes adjudicated fee schedule amount, retroactive payments, rural retention program payments and tray fees.

**Fee-for-Service**
Funding method where payment is made for each service rendered.

**Fee Item**
Code/description used to identify each service provided by a practitioner. Each fee item has an associated "fee" that is paid to the practitioner for providing the service.

**Fiscal Year**
The British Columbia government fiscal year is from April 1 to March 31.

**Interest**
Interest is paid on payments made more than 90 days after the claim is submitted.

**Medical Services**
Medically required services provided by general practitioners and specialists, including laboratory services and diagnostic procedures.

**Out-of-Province Claims**
Out of Province claims include four separate cases:

1. When a Canadian resident from another province (except Quebec) receives medical care in BC, the Medical Services Plan (MSP) will pay the BC physician at the BC fee rates. The Ministry of Health will pay the BC hospital. The patient’s home province/territory will then reimburse BC for insured physician and hospital services under the provincial reciprocal payment agreements.

2. When a BC resident receives physician services in another province/territory (except Quebec), the physician is paid by the appropriate agency in the providing province/territory, at the fee rates in the providing province. The province/territory will then bill BC for the insured medical services that are eligible for payment under reciprocal payment agreements.

3. As in (2), but when a BC patient personally pays for services received in Quebec or in another province, MSP will reimburse the patient for the insured medical services when services are provided by a licensed physician. MSP will pay the out-of-province physician directly or reimburse the BC patient at the BC or Quebec provincial fee rates.
4. When a BC resident receives emergency medical care outside Canada, MSP will reimburse the BC resident or the out-of-country provider for the physician services at BC fee rates. BC will pay the hospital in-patient care up to a maximum $ 75.00 per diem, in Canadian funds.

**Registrant**  
Person enrolled with the Medical Services Plan of British Columbia.

**Retroactive Payment**  
Payment made for services rendered in the past. Usually this refers to payment for retroactive fee increases (from negotiated agreements) on services rendered in previous fiscal years.

**Rural Retention Program (RRP)**  
Premium paid to an approved practitioner who provides services in an isolated area. The RRP varies according to the degree of isolation of the community.

**Tray Fee**  
Fee paid to physicians for costs incurred in the performance of a procedure. A list of eligible procedures is provided in the Medical Services Commission Payment Schedule.