

Preface

The **MSP Fee-for-Service (FFS) Payment Analysis 2006/2007 - 2010/2011** is produced by the Planning and Innovation Division. It is a summary of services and expenditure by fee item for each fiscal year.

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The document is available on the internet at:

<http://www.healthservices.gov.bc.ca/msp/paystats/index.html>

A related publication on Medical Services Plan data is the **Medical Services Plan Information Resource Manual, 2010/2011**.

Introduction

The Medical Services Commission (MSC) under the authority of the *Medicare Protection Act* administers the Medical Services Plan of British Columbia (MSP). The MSP insures registrants for medically required services provided by general practitioners, specialists and other health practitioners. The MSP pays practitioners on a fee-for-service and an alternative payment basis.

The **MSP Fee-for-Service Payment Analysis** summarizes services and expenditure by fee item for each fiscal year. These figures are based on fee-for-service payments made to British Columbia practitioners by the MSP, for services provided to MSP registrants.

Short fee item descriptions are included. Please refer to the **Medical Services Commission Payment Schedule** for a more detailed description of fee items. The current payment schedule can be viewed on the internet at:

<http://www.healthservices.gov.bc.ca/msp/infoprac/physbilling/payschedule/index.html>

The Methodological Notes section contains additional background information. A Glossary containing an explanation of terms used in the publication is included at the end of the manual. Readers are strongly urged to refer to the notes in both sections.

Methodological Notes

The data includes Medical Services Plan fee-for-service payments made to general practitioners, specialists and other health care practitioners, for insured services provided to MSP registrants. Only services performed in a given fiscal year (April 1 to March 31) and paid on or before September 30 of the following year are included.

The MSP Fee-For-Service Payment Analysis 2006/2007 – 2010/2011 includes:

- Expenditures paid for by the Medical Services Plan (includes the adjudicated fee schedule amount, retroactive payments, rural retention program payments and tray fees);
- Expenditures paid to physicians for services referred by registered midwives or nurse practitioners;
- Changes under the 2010 Second Renewed Laboratory Agreement – a revised fee schedule implemented on October 1, 2010 and a continuation of the laboratory volume discounting mechanism implemented April 1, 2007;
- Retroactive fee increases paid up to and including September 30, 2011 for 2006/2007 to 2010/2011 medical expenditures;
- Expenditures for temporary H1N1-specific fee items in 2009/2010;
- Expenditures for General Practice Services Committee (GPSC) and Specialist Services Committee (SSC) Initiatives;
- Services associated with the following service codes (thus, the service counts in this publication will not match those in the *MSP Information Resource Manual 2010/2011*):
 - 9 – General Practice Visit Premiums
 - 19 – No Charge Referral
 - 29 – Specialist Visit Premiums
 - 49 – Procedural Premiums, and
 - 71 – Tray Fees.

The following are excluded from the MSP Fee-For-Service Payment Analysis 2006/2007 – 2010/2011:

- Payments that practitioners receive for services not covered by MSP, such as those by ICBC and WorkSafe BC;
- Interest on late payment of claims;
- Payments for form fees;
- Alternative payments made for contract, salaried, session, etc services;
- Payments for services performed out-of-province.