MSCommuniqué

Communicating the policy and directives of the Medical Services Commission of British Columbia

Volume 2, Number 7

November 14, 1997

CMQ97-023

Protocol for Erythrocyte Sedimentation Rate

Minute of Commission #97-054

Approval of Protocol for Erythrocyte Sedimentation Rate

Pursuant to Section 5(1) (o), Section 24(1) and Section 37(5) of the *Medicare Protection Act*, the following protocol will apply with respect to the Medical Services Commission *Payment Schedule*:

Services relating to the use of erythocyte sedimentation rate will be considered a benefit under the Medical Services Plan only when rendered in conformity with the *Protocol for Erythrocyte* Sedimentation Rate, appended.*

This protocol will be used in the determination of benefits payable under the *Medicare Protection Act*.

Effective October 1, 1997.

* Protocol distributed September 1997

CMQ97-024

Amendments to the Medicare Protection Act - Audit and Inspection Amendments to Sections 36, 37, 43 and 51 of the *Medicare Protection Act* were brought into force through Order-in-Council on September 11, 1997, with the passing of the *Medicare Protection Amendment Act*. Key amendments include:

Authority for inspection by auditors acting on behalf of MSP is expanded to include audits of claims paid by MSP on behalf of a prescribed agency, (ie. WCB and ICBC). These claims or billings need not be under the *Medicare Protection Act* and the authority to audit applies to claims which have arisen since the effective date of the audit provisions (July 24, 1992).

Grounds for making an order of recovery of payment for improper claims extends not only to medical practitioners but also to the owner of a diagnostic facility and the representative of the professional corporation.

An appeal by a practitioner, an owner of a diagnostic facility or a representative of a professional corporation with respect to an order must now be made directly to the BC Supreme Court rather than to the Medical and Health Services Appeal Board.

Members:

Martin S. Serediak (Chair)
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Dr. David Bolton
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CMQ97-025 Amendments to Northern and Isolation Allowance Program

Minute of Commission #97-066

Northern and Isolation Allowance Program

In accordance with Section 4(1)(q) of the *Medicare Protection Act*, the 1997/98 Terms of Reference for the Northern and Isolation Allowance Program are amended as follows:

PART B - POINT ASSESSMENT PROCEDURES

- 1. MEDICAL ISOLATION FACTOR
 - a) Number of General Practitioners in the Community Assessment Procedure:

"General practitioners practising in a community within 35 kilometers (½ hour) of the NIA community by road and meeting the FTE income figure are counted. General practitioners practising in a community within 35 kilometers (½ hour) of the NIA community by ferry are not counted."

is deleted and replaced with:

"General practitioners practising in a community within 25 kilometers of the NIA community by road and meeting FTE income figure are counted. General practitioners practising in a community within 25 kilometers of the NIA community by ferry are not counted."

Dated: October 15, 1997

CMQ97-026

Extension of General Practice Daily Volume Limits Further to CMQ96-023 (Volume 1, No. 7), the effective period for amendments to the Medical Services Commission Payment Schedule - General Practice Daily Volume Limits has been extended until an alternative proposal is developed. The previous expiry date of March 31, 1998, is cancelled as per Minute of Commission 97-0070, dated October 27, 1997.