



MEDICAL SERVICES PLAN (MSP) PAYMENT INFORMATION CHECKLIST

Submit this completed form to the email address: HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY

Table with columns: File Number, Date Received, and a row for ISP Appendix.

PROJECT TITLE

Empty text box for Project Title

APPLIES TO COHORT(S)

Empty text box for Applies to Cohort(s)

DATE RANGE

From (yyyy/mm/dd)

Empty text box for start date

To (yyyy/mm/dd)

Empty text box for end date

OTHER DATE RANGE AND FILTERING CRITERIA

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MEDICAL SERVICES PLAN PAYMENT INFORMATION (January 1, 1990 onwards)

The data includes MSP insured medical fee-for-service and alternate payment services provided by general practitioners and specialists. It also includes MSP insured services provided by other health practitioners such as chiropractors, naturopaths, physical therapy, oral surgeons, podiatrists, optometrists, dental surgeons, oral medicine, orthodontists, massage practitioners, acupuncturists and midwives.

These data do NOT include therapeutic abortion data in accordance with the BC Freedom of Information and Protection of Privacy Act.

The data dictionary for the MSP variables in this checklist is available at: www.gov.bc.ca/health/forms/5430datadictionary.pdf

Normally only medical fee-for-service and alternate payment (encounter) services provided by medical practitioners are included in the extract.

Input box for: Please check the box if you require services by other health practitioners.

Please provide a rationale if you require services by other health practitioners.

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DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Personal Health Number ( <b>Replaced by project-specific Patient Study Identification number</b> )	PHNNUM	
<input type="checkbox"/> Client Gender	CLNTGNDR	
<input type="checkbox"/> Client Age Group	CLNTAGRP	
<input type="checkbox"/> Client HA	CLNTHA	
<input type="checkbox"/> Client HSDA	CLNTHSDA	
<input type="checkbox"/> Client LHA	CLNTLHA	
<input type="checkbox"/> Client FSA	FSA	
<input type="checkbox"/> Service date	SERVDT	
<input type="checkbox"/> Fee Item	FITM	
<input type="checkbox"/> Service code	SERVCD	
<input type="checkbox"/> ICD9 diagnostic code	DIAGCD	
<input type="checkbox"/> Paid service	PAIDSERV	
<input type="checkbox"/> Expenditure	EXPEND	
<input type="checkbox"/> Encounter Claim service	ENCTRSERV	
<input type="checkbox"/> Payee number ( <b>Replaced by project-specific identification number</b> )	PAYENUM	
<input type="checkbox"/> Claim type	CLMTP	
<input type="checkbox"/> Practitioner number ( <b>Replaced by project-specific identification number</b> )	PRACNUM	
<input type="checkbox"/> Claim specialty	CLMSPEC	
<input type="checkbox"/> Referring practitioner number ( <b>Replaced by project-specific identification number</b> )	PRACRFBY	
<input type="checkbox"/> Client Province	CLNTPROV	

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Service place	SERVPLC	
<input type="checkbox"/> Service location	SERVLOC	
<input type="checkbox"/> Additional MSP variables	Please provide a detailed list of variables, description and rationale in a separate document (blank checklist available). The Ministry will assess the availability upon request.	