

MSCommuniqué

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

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CMQ98-001

Enactment of the Medicare Protection Amendment Act

On January 1, 1998, the *Medicare Protection Amendment Act* was enacted, introducing several amendments to the *Medicare Protection Act (1995)*. Effective on this date, the *Medical Service Act Regulations*, B.C. Reg. 144/68 and the *Medical and Health Care Services Regulation*, B.C. Reg. 281/92, were repealed and replaced. Additional information is provided in the enclosed insert - *Amendments to the Medicare Protection Act*.

CMQ98-002

Excluded Medical and Diagnostic Services

Minute of Commission #97-068 is enacted under section 5(1)(c) of the *Medicare Protection Act* (the "Act") and takes effect on January 1, 1998. The Minute specifies excluded medical and diagnostic services under the Act. The full Minute of Commission #97-068 is enclosed.

The Screening Mammography Program of BC (SMPBC) recommends that women aged

CMQ98-003

Protocol for the Use of Diagnostic Facilities for Mammography

Minute of Commission #97-072

Approval of Protocol for the Use of Diagnostic Facilities for Mammography

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 diagnostic mammography testing will be considered a benefit under the Medical Services Plan only when rendered in conformity with the *Protocol for the Use of Diagnostic Facilities for Mammography*, appended.*

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

Effective January 1, 1998

50-79 should have a screening mammogram once every two years. The SMPBC's screening mammography guidelines are enclosed.

To improve recruitment to regular screening, the SMPBC are actively targeting women aged 50-74 who have not been screened by the program or had a diagnosis of breast cancer. Starting in January, the SMPBC is sending a personal letter inviting them to book a screening mammogram.

For further information about the SMPBC, contact Dr. Ivo Olivotto, Medical Leader, SMPBC, or Sheila King, Program Administrator, SMPBC: Tel: **(604) 660-3641** or Fax: **(604) 660-3645**.

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CQ98-004

**Protocol for Viral
Hepatitis Testing**

Minute of Commission #97-077

**Approval of
Protocol for Viral Hepatitis Testing**

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 viral hepatitis testing will be considered a benefit under the Medical Services Plan only when rendered in con-formity with the *Protocol for Viral Hepatitis Testing*, appended.*

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

Effective February 1, 1998.

Note: Protocols can be requested by calling the MSP Professional Support Branch at (250) 952-1770 or Claims Billing Support at (250) 952-2670. Protocols are also posted on the MSP Website at: <http://www.hlth.gov.bc.ca/msp/protoco.html>. Questions or comments can be e-mailed to guidelines.protocols@moh.net.bc.ca

CMQ98-005

**Amendment of MSC
Payment Schedule
Preamble B. 3. a. -
Consultation (General)**

Minute of Commission #97-075

**Amendment of the Medical Services Commission Payment Schedule -
Preamble to the Payment Schedule**

In accordance with Section 26(3) of the *Medicare Protection Act*, the following modification to the Payment Schedule has been approved by the Medical Services Commission, effective immediately.

Amendment:

Preamble B.3.a. is modified as follows:

Consultation

a. General

A consultation applies when a physician, or a registered midwife (for obstetrical or neonatal related consultations), or a non-physician practitioner (chiropractor, for orthopaedic consultations; optometrist, for ophthalmology consultations; oral/dental surgeon, for diseases of mastication), in light of his/her professional knowledge of the patient and because of the complexity, obscurity or serious-ness of the case, requests the opinion of a physician competent to give advice in this field. The service includes the initial services of a consultant necessary to enable him/her to prepare and render a written report, including his/her findings, opinions and recommendations, to the referring physician/practitioner/midwife. A consultation must not be claimed unless it was specifically requested by the attending physician/practitioner/midwife and unless the written report is rendered (refer to Preamble A.15).

Dated: December 11, 1997



Amendments to the *Medicare Protection Act*

Information for Medical Practitioners from the Medical Services Commission

Several amendments to the *Medicare Protection Act* (1995) came into effect as of January 1, 1998. The *Medicare Protection Amendment Act* (Bill 21) strengthens a number of provisions in the 1995 Act, including mandatory registration of BC residents in MSP, clarification regarding the prohibition of extra-billing by medical practitioners, and changes in legislation regarding audit of practitioners and orders made under the Act.

MANDATORY ENROLLMENT & PREMIUM PAYMENT

Enrollment with MSP is now required for all British Columbia residents. Individuals who do not enroll with MSP are responsible for paying the entire cost of all medical, hospital and other health care services they receive while unenrolled.

- Individuals who do not wish to participate in the province's health care plan can file an Election to Opt Out statement with the Ministry and will be issued a Notice of Exemption. This statement cannot be revoked for one full year after filing. All costs for medical and health care during the opted out period are the sole responsibility of the individual.
- Individuals cannot complete an Election to Opt Out statement on behalf of a child who is a resident of BC.
- Beneficiaries are also required to keep MSP informed of their current name and address and to notify MSP of any name or address changes. Failure to notify MSP of a change of name or address could result in cancellation of a beneficiary's enrollment, should the Commission believe the beneficiary is no longer a resident of BC.
- The Commission now has authority to recover unpaid premiums and to charge interest on overdue premiums from beneficiaries.

It is important that all medical and health care practitioners continue to verify their patients' enrollment status with MSP before providing services.

DE-ENROLLMENT OF PRACTITIONERS 75 YEARS OF AGE AND OLDER

Effective January 1, 1998, the Commission has introduced mandatory de-enrollment of all medical practitioners who are 75 years of age or older.

- Medical practitioners who are currently 75 years of age or older will have their enrollment cancelled effective December 31, 1998.
- Medical practitioners who turn 75 years of age during the 1998 calendar year will have their enrollment cancelled as of December 31, 1998.
- Medical practitioners who turn 75 years of age during a calendar year will have their enrollment cancelled as of December 31 of that calendar year.
- The Commission will not enroll a medical practitioner 75 years of age or older.
- The Commission retains the right to make exceptions to the cancellation of enrollment on terms and conditions set by the Commission if it determines that MSP beneficiaries would be denied access to necessary benefits due to the de-enrollment of a medical practitioner 75 years of age or older.

Requests for exemption from de-enrollment should be sent in writing to: Provider Programs, MSP, 3-1, 1515 Blanshard Street, Victoria, BC V8W 3C8, or faxed to: (250) 952-3101.

PROHIBITION OF EXTRA-BILLING

The *Medicare Protection Amendment Act* clarifies the legislation regarding prohibition of extra-billing by medical practitioners. The amendments clarify that prohibition of extra-billing applies not only to medical practitioners but also to any person acting on behalf of a medical practitioner.

- A person, whether an enrolled or opted-out medical practitioner or a person acting on behalf of an enrolled or opted-out medical practitioner, must not charge a patient an amount greater than what is payable under the Act.
- In the case where a payment schedule or regulation permits or requires an additional charge, the total amount charged by the medical practitioner or a person acting on behalf of the medical practitioner must not exceed the amount payable under the Act and the additional charge.
- A medical practitioner who is unenrolled with MSP, or a person acting on behalf of an unenrolled medical practitioner, must not charge a patient an amount greater than what is payable under that Act when:
 - the service is one which is normally insured as a benefit under MSP when rendered by an enrolled medical practitioner; and
 - the service is performed in a hospital or community care facility as defined under the *Hospital Act* or *Community Care Facility Act*.

- A person acting on behalf of a beneficiary must not be charged for any benefit or billed any additional cost in place of the beneficiary in any instance where the beneficiary must not be charged for the benefit or an additional charge is not permitted.
- In all instances where beneficiaries are required to pay all or a portion of the costs, the beneficiary, or the person acting on behalf of the beneficiary, must be notified of the amount that the beneficiary will be billed, if they are required to pay that amount directly, and how much, if anything, they can expect to be reimbursed by MSP.

PENALTIES IMPOSED AGAINST PRACTITIONERS

- Under Bill 21, where a practitioner has contravened the legislation or acted within the meaning of "cause", the Commission is now allowed to reduce payment to a practitioner for a fixed period of time.
- This penalty may be applied in place of cancelling a practitioner's enrollment or in place of ordering the practitioner to make claims as though the practitioner had opted out of MSP.

AUDIT AND INSPECTION

As of September, 1997, amendments were made to the *Medicare Protection Act* with respect to audit and inspection of practitioners and employers of practitioners:

- The Commission is now authorized to audit claims paid by MSP and to make recoveries from a practitioner, an owner of a diagnostic facility, or a representative of a professional corporation, on behalf of a prescribed agency, such as the Insurance Corporation of BC (ICBC). This applies to claims and patterns of practice or billing which may not be under the *Medicare Protection Act*, and which have arisen since July 24, 1992.
- Grounds for making an order of recovery for payment of improper claims extends not only to a practitioner but also to an owner of a diagnostic facility as well as a representative of a professional corporation.

APPEALS

- An appeal by a practitioner, owner of a diagnostic facility, or representative of a professional corporation with respect to an order by the commission must be made directly to the BC Supreme Court within 30 days after the date of the order. Previously, appeals were made to the Medical and Health Care Services Appeal Board.

MINUTE OF THE COMMISSION**97-068**

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Excluded Medical and Diagnostic Services

This Minute is enacted under section 5(1)(c) of the *Medicare Protection Act* ("the Act") and will take effect on the day the *Medical Service Act Regulations*, B.C. Reg. 144/68 and the *Medical and Health Care Services Regulation*, B.C. Reg. 281/92, are repealed and replaced.

Excluded medical services

1. Benefits under the Act do not include services rendered by an enrolled medical practitioner, or performed in an approved diagnostic facility, that a person is entitled to and eligible for under:
 - (a) the *Aeronautics Act* (Canada);
 - (b) the *Civilian War Pensions and Allowances Act* (Canada);
 - (c) the *Government Employees Compensation Act* (Canada);
 - (d) the *Merchant Seaman Compensation Act* (Canada);
 - (e) the *National Defence Act* (Canada);
 - (f) the *Penitentiary Act* (Canada);
 - (g) the *Pension Act* of (Canada);
 - (h) the *Royal Canadian Mounted Police Act* (Canada);
 - (i) the *Royal Canadian Mounted Police Pension Continuation Act* (Canada);
 - (j) the *Royal Canadian Mounted Police Superannuation Act* (Canada);
 - (k) the *Veterans Rehabilitation Act* (Canada);
 - (l) the *Workers Compensation Act*; or
 - (m) the *Hospital Insurance Act*.

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General hospital services

2. General hospital services provided by a medical practitioner under the *Hospital Insurance Act* or its regulations, whether the service is rendered in or outside of the province, are not benefits under the Act.

Diagnostic services

3. (1) Subject to subsection (2), diagnostic services rendered by a medical practitioner in a place other than a diagnostic facility approved under the Act are not benefits for the purpose of the definition of "benefits" in the Act.
- (2) Subsection (1) does not apply to the following diagnostic services where the diagnostic service is rendered by a medical practitioner incidentally to another benefit and is performed in compliance with conditions imposed from time to time by the Diagnostic Accreditation Program of the College of Physicians and Surgeons of British Columbia:
 - (a) hemoglobin;
 - (b) white blood cell (WBC) count and/or differential;
 - (c) sedimentation rate;
 - (d) stained secretion smear for bacteria or eosinophils;
 - (e) examination for pinworm ova;
 - (f) examination for cutaneous fungus, KOH preparation;
 - (g) examination for trichomonas and/or Candida;
 - (h) blood glucose by semi-quantitative method or by glucose monitoring device;
 - (i) occult blood (feces);
 - (j) pregnancy test, immunologic (urine);
 - (k) urinalysis, chemical and/or microscopic;
 - (l) semen examination for presence of sperm.

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Other excluded services

4. The following services are not benefits under the Act:
- (a) medico-legal services;
 - (b) services related to or for employment purposes or solely for insurance purposes;
 - (c) advice or treatment by telephone, except as otherwise permitted by the commission;
 - (d) cosmetic service to a beneficiary over the age of 15 years, except where the commission is satisfied on evidence supplied in advance by the attending physician that such service to a beneficiary is medically required; or
 - (e) service that the commission determines, upon review of the medical evidence, is not a benefit because the service so rendered was not medically required by the beneficiary.
5. (1) Paragraph (a) of the definition of 'benefits' in the Act does not include services rendered by a medical practitioner by means of supervising a person who:
- (a) does not have a practitioner number; and
 - (b) is registered or is eligible to be registered under an enactment to practise in a health care profession.
- (2) Subsection (1) does not apply if the person being supervised is a medical student, intern or doctor being supervised in the course of training, or a nurse.



Martin S. Serediak, PhD
Chair
Medical Services Commission

Dated this

..... 21st

day of

October

A.D. 19

97