

Frequently Asked Questions: Business Cost Premium

ELIGIBILITY: WHO OR WHAT IS ELIGIBLE FOR BCP?

Q – Who is eligible for the BCP?

A – To be eligible for the Business Cost Premium, a physician must be responsible for some or all of the rent, lease or other ownership costs, (either directly or indirectly) of a community- based office where the physician is entitled to receive and retain payment for those services directly from MSP.

Q – What qualifies as ownership costs?

A – Examples of ownership costs include mortgage, utilities, property taxes, etc.

Q – There are multiple physicians working in a group clinic, with some paying towards business expenses and others who are not. How does that work?

A – Only the physicians who pay towards the rent, lease, or ownership costs of an eligible office would qualify for the BCP.

Q – Are walk-in clinics eligible?

A – Yes, if the walk-in clinic is located in an eligible geographical location, and you are an eligible physician paying towards the lease, rent or ownership costs of the clinic.

Q – I am working as a locum, do I qualify?

A – Yes, if you work in a clinic that qualifies and part of your agreement is to cover some of the lease, rent, or ownership costs. The payment will be paid to the Payee number you have assigned on the Assignment of Payment form. The payment should be distributed between the host physician/clinic and locum as per your agreement.

Q – If I receive Rural Retention Premiums (RRP), do I qualify for the BCP?

A – No, eligible locations include the city of Vancouver, Metro Vancouver, the greater Victoria area, and other communities not eligible for the RRP. There are other mechanisms in-place for funding in rural locations.

Q – I work in a clinic but do not own it, do I qualify?

A – Yes, if it is an eligible clinic and you pay towards the lease, rent, or ownership costs.

Q – What fees are eligible?

A – The Business Cost Premium applies to Fees for all services provided by physicians regardless of the location at which the services are delivered, with the following exception: radiology, anesthesiology, pathology and nuclear medicine fees for services delivered in or for Agency facilities.

Q – Are Telehealth fees eligible?

A – Yes, Telehealth fees are eligible for the BCP.

FACILITY NUMBER: OBTAINING A FACILITY NUMBER AND ATTACHING A PHYSICIAN

Q – When working as a locum, can I apply online for the BCP and Assignment of Payment at the same time?

A – No. These are two separate forms. Practitioner attachment for the BCP can be completed online using a new electronic form, while the Assignment of Payment form must be submitted by Canada Post or fax.

Q – What if I practice at more than one office?

A – If you practice at more than one eligible office and pay towards the lease, rent, or ownership costs at both/all places, you can attach to both/all facilities for claiming the BCP. You must complete the Practitioner attachment for each unique eligible office. If you are attached to more than one facility, your BCP claims will be paid at the highest applicable rate among the facilities to which you are attached. (See HOW IS THE BCP PAID? for payment details.)

REGISTRATION: APPLICATION QUESTIONS

Q – I received an error message saying the information on my application does not match MSP records. What does this mean?

A – This most likely means you have entered your Payee number in the MSP Practitioner Number field instead of your personal MSP Practitioner number.

Q – The Application for MSP Facility Number asks for the Facility Effective Date. What is this?

A – This is the date the clinic/ office originally opened at its current location. If you don't know the date, please use April 1, 2023.

Q – Who do I call if I experience technical difficulties with an application form?

A – You can call the HIBC Practitioner number for technical assistance with a form: Vancouver: (604) 456-6950 Elsewhere in B.C.: 1-800-456-6950

PREMIUM: HOW IS THE BCP PAID?

Q – How is the BCP calculated?

A – The BCP is paid according to the following percentage values and daily maximum amounts, based on the eligible fees and location of the eligible community-based office to which the physician is attached:

- City of Vancouver: 5% up to a daily maximum of \$60 per day per physician

- Metro Vancouver (excluding the City of Vancouver) and Greater Victoria: 4% up to a maximum \$48 per day per physician
- Other communities (outside Greater Vancouver and Greater Victoria) not eligible for the Rural Retention Premiums: 3% up to a maximum \$36 per day per physician

The BCP is paid for eligible services regardless of the location at which they are provided. BCP payments are made at the highest rate for all facilities to which a physician is attached as of the date of service. For example, a physician attached to a facility in the City of Vancouver (5%) and a facility in Greater Victoria (4%) will be paid the BCP at 5% up to a daily maximum \$60 per day for eligible services provided at any location.

If the highest daily maximum, based on all facilities to which a physician is attached, is reached, the BCP will not be paid on subsequent claims for services.

Q – Is the daily maximum per physician per location?

A – No, the daily maximum is per physician per day across all locations or facilities.

Q – Where will my payment notification show up?

A – It will show up as a Level 1 adjustment on your remittance statement.

Q – How are payments funded in a fiscal year?

A – BCP payments are disbursed up to the total amount provided in the funding envelope for a fiscal year. When BCP funding is fully utilized, payments are no longer disbursed for that fiscal year. Subsequent payments for all eligible services are set to 0%. If BCP expenditures are less than the annual amount set out for a fiscal year, a proportional retroactive payment is made to eligible physicians to bring the expenditures to the annual amount set out for that Fiscal Year. If the expenditures are more than the revised annual amount set out for that Fiscal Year, the percentage values or daily maximums will be adjusted downward for the next Fiscal Year to allow for the recovery of the revised annual amount paid in excess.

For more information about BCP funding, see the 2022 Physicians Master Agreement.

Q – Can facility owners retain all of the BCP?

A – The BCP is an MSP payment and the sharing between physicians and clinic owners should be based on your current agreement regarding overhead costs, unless you agree to an alternative arrangement. The PMA clearly states that the BCP is for physicians, and therefore clinic owners cannot automatically retain all of the BCP.

OTHER QUESTIONS: EMR? CLAIMS SUBMISSION?

Q – How do I know if my EMR has the capability or functionality to process the BCP?

A – Please follow up with your billing software company/EMR vendor for information regarding the capability of their software to process the BCP.

Q – Can an existing Teleplan field (e.g. data centre, service location code, MSP billing #) be used for BCP identification purposes, rather than having to register for a Facility Number?

A – No. Existing fields do not identify the physical location of the community-based office. After registration an office will be assigned a unique Facility Number. The new Facility Number is the best field for administering the BCP given the technical parameters of the Teleplan system. It is a “mandatory field” which means that every software provider is already required to have that field built into their product, although you may not see it right now.

Q – What if I submit a procedure fee with the BCP Facility Number on my billing claim in error? Or, what if I submit all my claims which are a mix of eligible and non-eligible fees with a BCP Facility Number?

A – The claims system will apply the BCP only to eligible fee items submitted by eligible physicians. If you submit a non-BCP fee item, the system will process your claims in the usual manner and will not apply the premium.

Q – What happens if I submit a claim with a Facility Number and I have not registered my practitioner attachment to the facility?

A – The claim will be refused with an explanation that the practitioner has not been attached to the Facility Number.

Q – How do I resubmit my BCP claims submission?

A – If required to resubmit a BCP claim due to a reporting error (e.g., correct/update the Facility Number associated with the claim), ALL FIELDS in the resubmission must be the same as the initial submission. If rebilling, the resubmitted claim must be exactly the same as the previous claim (including the start and end times) except for the Facility number.

Q – What Facility Number do I use when submitting a claim for the BCP?

A – Use the valid MSP Facility Number of where the service took place. If the fee item is a restricted diagnostic modality (diagnostic radiology, diagnostic ultrasound, EEG, etc) the valid Diagnostic Facility Number must be entered instead of the MSP office Facility Number.

If the service took place in a non-office setting with no valid MSP Facility Number, use your valid office-based MSP Facility Number.