

Medical Services Plan

MSP

Fee-For-Service Payment Analysis

2013/2014 - 2017/2018

**Health Sector Information,
Analysis and Reporting Division**



Ministry of
Health

If you have any questions about the information presented, please contact the Business Services & Transformation (BST) branch of the Health Sector Information, Analysis and Reporting (HSIAR) Division Ministry of Health

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How to Cite This Document

B.C. Ministry of Health, Health Sector Information, Analysis & Reporting Division. MSP Fee-For-Service Payment Analysis 2013/2014 - 2017/2018. October 2018.

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Preface

The *Medical Services Plan (MSP) Fee-for-Service Payment Analysis 2013/2014- 2017/2018* is produced by the Health Sector Information, Analysis and Reporting Division. It is a summary of services and expenditure by fee item for each fiscal year.

Related publications on MSP data are the *MSP Information Resource Manual 2017/2018* and the *MSP Physician Resource Report 2008/2009 - 2017/2018*.

All three reports can be found online, at this address under *Fee-for-Service Payment Statistics*:
<http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/publications>.

Questions, comments or suggestions regarding this report may be directed to MOHanalytics@gov.bc.ca.

Introduction

Under the authority of the *Medicare Protection Act*, the Medical Services Commission administers MSP. MSP insures registrants for medically required services provided by general practitioners, specialists and other health practitioners. MSP pays practitioners on a fee-for-service and on 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 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 online at:

<http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/payment-schedules/msc-payment-schedule>

The Methodology section outlines general data inclusions and exclusions that apply throughout the manual. A glossary has been provided at the end of the manual to explain terms used in the publication. Readers are encouraged to refer to the glossary to ensure accurate interpretation of the statistics presented.

Methodology

The data used to generate statistics in this manual include MSP fee-for-service payments made to general practitioners, specialists and other health practitioners for insured services provided to MSP registrants. Only services performed in a given fiscal year (April 1st to March 31st) and paid on or before September 30th of the following fiscal year are included.

General Data Inclusions

- Expenditures paid by MSP, including 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 three Renewed Laboratory Agreements dated in 2014 and a continuation of Laboratory Volume Discounting
- With the implementation of the Laboratory Services Act on October 1, 2015, fee item values are based on the new Fee-For-Service Outpatient Laboratory Services Payment Schedule, and are subject to change by the Minister of Health
- Fee increases paid up to and including September 30, 2018 for 2013/2014 – 2017/2018 medical services
- Expenditures for General Practice Services Committee and Specialist Services Committee Initiatives
- Services associated with the following service codes (i.e., the service counts in this publication will not match those in the *MSP Information Resource Manual 2017/2018*):
 - 09 - General Practice Visit Premiums
 - 19 - No Charge Referral
 - 49 - Procedural Premiums
 - 71 - Tray Fees

General Data Exclusions

- Interest on late payment of claims
- Alternative payments made for contract, salaried, session and other services
- Payments for services performed out of province