

Glossary

Alternative Payments

Funding of physician services by non fee-for-service modes, e.g. salary, session and service contracts.

Expenditure

Includes adjudicated fee schedule amount, retroactive payments, rural retention program payments and tray fees.

Fee-for-Service

Funding method where payment is made for each service rendered.

Fee Item

Code/description used to identify services provided by a practitioner. Each fee item has an associated "fee" that is paid to the practitioner for providing the service.

Fiscal Year

The B.C. government fiscal year is from April 1 to March 31.

Health Authorities

There are five regional health authorities, one provincial health authority, and one First Nations health authority. Each regional health authority covers several Health Service Delivery Areas (HSDAs).

Health Service Delivery Areas

Each Health Service Delivery Area consists of several Local Health Areas (LHAs).

Interest

Interest is paid on payments made more than 90 days after the claim is submitted.

Local Health Area (LHA)

Geographic grouping that aggregates to the HSDA level. Each LHA resides in one HSDA and one HA.

Medical Practitioners

Practitioners registered with the B.C. College of Physicians and Surgeons to practice in B.C.

Medical Services

Medically required services provided by general practitioners and specialists, including laboratory services and diagnostic procedures.

Most Recent Specialty

A practitioner's most recent specialty is the specialty with the latest date of MSP registration. If the registration dates match, then the specialty with the highest numeric value is used.

Other Health Practitioners

Practitioners who provide services insured through MSP Supplementary Benefits program or the Midwifery program and who are approved for licensure by their respective Colleges/Associations.

Out-of-Province Claims

Out-of-Province claims include four separate cases:

1. When a Canadian resident from another province (except Quebec) receives medical care in B.C., MSP will pay the B.C. physician at the B.C. fee rates. The Ministry of Health will pay the B.C. hospital. The patient's home province/ territory will then reimburse B.C. for insured physician and hospital services under the provincial reciprocal payment agreements.
2. When a B.C. resident receives physician services in another province/territory (except Quebec), the physician is paid by the appropriate agency in the providing province/territory, at the fee rates in the providing province. The province/territory will then bill B.C. for the insured medical services that are eligible for payment under reciprocal payment agreements.
3. As in (2), but when a B.C. patient personally pays for services received in Quebec or in another province, MSP will reimburse the patient for the insured medical services when services are provided by a licensed physician. MSP will pay the out-of-province physician directly or reimburse the B.C. patient at the B.C. or Quebec provincial fee rates.
4. When a B.C. resident receives emergency medical care outside Canada, MSP will reimburse the B.C. resident or the out-of-country provider for the physician services at B.C. fee rates. B.C. will pay the hospital in-patient care up to a maximum CAD\$75.00 per diem.

PEOPLE 2017 (PEOPLE 42) Estimates and Projections

Measures of the historical and current populations and a forecast of future population growth in B.C. These statistics are prepared by BC Stats.

Population

Number of persons residing in a geographic region. Population estimates used in this report are sourced by BC Stats.

Practitioners

Clinical health providers, including general practice physicians, specialist physicians, and other health practitioners such as naturopaths, orthodontists and midwives. See *Specialty, Medicine* and *Specialty, Other Health Practitioners* below for a list of practitioner categories.

Registrant

Person registered with MSP.

Retroactive Payment

Payment made for services rendered in the past. Usually this refers to payment for retroactive fee increases (from negotiated agreements) on services rendered in previous fiscal years.

Rural Retention Program (RRP)

Premium paid to an approved practitioner who provides services in an isolated area. The RRP varies according to the degree of isolation of the community.

Service Code

Grouping of services provided by practitioners. Each service code is associated with one or more fee item. Each fee item is associated with only one service code.

Specialty, Medical

Categories of physician care, including general practice and specializations, and their codes.

Code	Description	Code	Description
0	General Practice	23	Occupational Medicine
1	Dermatology	24	Geriatric Medicine
2	Neurology	26	Cardiology
3	Psychiatry	28	Emergency Medicine
5	Obstetrics & Gynaecology	29	Medical Microbiology
6	Ophthalmology	33	Nuclear Medicine
7	Otolaryngology	44	Rheumatology
8	General Surgery	45	Clinical Immunology & Allergy
9	Neurosurgery	46	Medical Genetics
10	Orthopaedic Surgery	47	Vascular Surgery
11	Plastic Surgery	48	Thoracic Surgery
12	Cardiac Surgery	49	Respirology
13	Urology	51	Endocrinology
14	Paediatrics	53	Critical Care Medicine
15	Internal Medicine	54	Pain Medicine*
16	Radiology	55	Radiation Oncology**
17	Laboratory Medicine	56	Gastroenterology
18	Anaesthesia	59	Nephrology
19	Paediatric Cardiology	67	Infectious Disease
20	Physical Medicine & Rehabilitation	74	Hematology Oncology
21	Public Health		

* Effective January 1, 2017.

** Effective June 30, 2016.

Specialty, Other Health Practitioners

Categories of other health practitioners and their codes.

Code	Description	Code	Description
30	Chiropractors	39	Optometrists
31	Naturopaths	40	Dental Surgeons
32	Physical Therapy	41	Oral Medicine
34	Osteopathy	42	Orthodontists
36	Paediatric Dentist*	43	Massage Practitioners
37	Oral Surgeons	68	Acupuncture
38	Podiatrists	80	Midwives

*Effective October 1, 2012.

Specialists

Medical practitioners with specialties other than General Practice. For analytical purposes, Public Health physicians and Occupational Medicine physicians are grouped with General Practice in this report.

Tray Fee

Tray fees are paid in addition to the fee paid for the service and are only applicable when the costs are actually incurred by the physician; it is not applicable when the service is performed in a funded facility. A list of eligible procedures for which tray fees are covered is provided in the Medical Services Commission Payment Schedule:

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