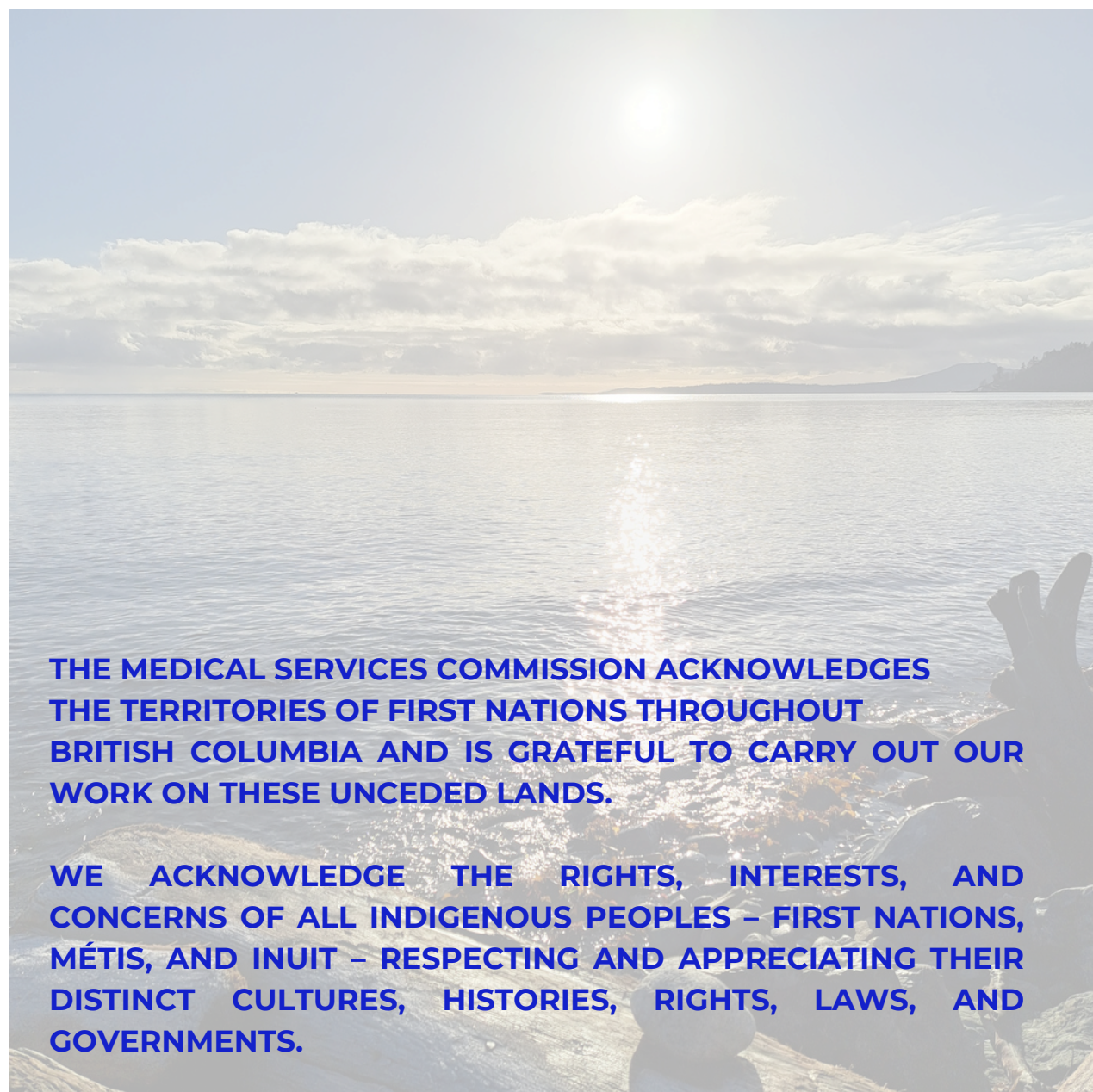

Medical Services Commission

2023/24
Annual
Report

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PUBLISHED IN ACCORDANCE WITH THE
MEDICARE PROTECTION ACT, [RSBC 1996]
CHAPTER 286, PART 1, SECTION 5 (7).



**THE MEDICAL SERVICES COMMISSION ACKNOWLEDGES
THE TERRITORIES OF FIRST NATIONS THROUGHOUT
BRITISH COLUMBIA AND IS GRATEFUL TO CARRY OUT OUR
WORK ON THESE UNCEDED LANDS.**

**WE ACKNOWLEDGE THE RIGHTS, INTERESTS, AND
CONCERNS OF ALL INDIGENOUS PEOPLES – FIRST NATIONS,
MÉTIS, AND INUIT – RESPECTING AND APPRECIATING THEIR
DISTINCT CULTURES, HISTORIES, RIGHTS, LAWS, AND
GOVERNMENTS.**

FUNCTION

To facilitate reasonable access throughout British Columbia to quality medical care, health care, and prescribed diagnostic services for residents of B.C. under the Medical Services Plan (MSP) in the manner provided in the *Medicare Protection Act* (MPA).

The MPA allows the Medical Services Commission (the Commission) to delegate some powers and duties to special committees, advisory committees, and hearing panels in order to effectively carry out its function.

THE COMMISSION

Established in 1967 under the *Medical Services Act*, the Commission continues under the current MPA.

Through the MSP and on behalf of the Government of B.C., the Commission oversees the provision, verification, and payment of medical and health services in an efficient and cost-effective manner.

The Commission must have regard to the principles outlined in the *Canada Health Act* and the principle of sustainability.

Consistent with these principles is the fundamental belief that access to necessary medical care be solely based on need and not on an individual's ability to pay.

ORGANIZATIONAL STRUCTURE

The Commission reports to the Minister of Health.
(see Appendix 2).

Under appointment by the Lieutenant Governor in Council, the Commission consists of nine members, (see Appendix 1):

- three individuals nominated by the Doctors of BC (DoBC),
- three individuals designated on the joint recommendation of the Minister of Health and the DoBC to represent MSP beneficiaries, and
- three individuals representing the government.

This unique tri-partite partnership among physicians, beneficiaries, and government ensures the involvement of individuals with various roles in the provision of medical services in B.C.

RESPONSIBILITIES

- monitoring the Available Amount, a fund set annually by government to pay practitioners on a fee-for-service basis for medical services provided to MSP beneficiaries.
- establishing payment schedules for practitioners;
- administering the MPA;
- investigating reports of extra billing;
- investigating unjustifiable departure from billing patterns of practice;
- hearing appeals brought by beneficiaries, diagnostic facilities, and physicians as required by the MPA; and
- arbitrating disputes that may arise between the DoBC and the Government of B.C. under the Physician Master Agreement.

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Guidelines and Protocols Advisory Committee

The Guidelines and Protocols Advisory Committee (GPAC) is a joint committee of the DoBC and the Ministry of Health (MOH).

GPAC is mandated to provide recommendations to primary care practitioners in B.C., with a focus on the delivery of high quality, appropriate care to patients while making optimal use of medical resources. These recommendations are published online as concise, evidence-based clinical practice guidelines under the brand name BC Guidelines, at www.BCGuidelines.ca.

Guidelines Approved by the Commission in 2023/24:**New Guidelines:**

- Venous Thromboembolism
- Extended Learning Document: Primary Care Approaches to Addressing the Impacts of Trauma and Adverse Childhood Experiences

Updated Guidelines:

- Asthma - Diagnosis, Education and Management
- Atrial Fibrillation - Diagnosis and Management
- Heart Failure - Diagnosis and Management
- Chronic Obstructive Pulmonary Disease
- High Risk Drinking and Alcohol Use Disorder

Guidelines Under Development in 2023/24:**New Guidelines:**

- Concussion/Mild Traumatic Brain Injury
- Tobacco Use Disorder

Updated Guidelines:

- Overweight and Obese Adults: Diagnosis and Management
- Antinuclear Antibody Testing
- Cervical Cancer Prevention and Screening
- Chronic Kidney Disease
- Primary Care Management of Depression in Adults
- Stroke and Transient Ischemic Attack

Guidelines retired in 2023/24

- None

New Partner Guidelines

In collaboration with the British Columbia Centre on Substance Use, GPAC developed the guideline for the *Clinical Management of Opioid Use Disorder* (2023).

Promotion and Education

To further the strategic goals of the GPAC, increase the exposure of BC Guidelines, and support evidence-informed high-quality patient-centered care, the following list outlines the promotional activities undertaken by the GPAC during 2023/24.

BC Guidelines Website:

BC Guidelines are available for review and download at BCGuidelines.ca. Website traffic is analyzed annually, including ranking of guideline popularity.

In 2023/24, the BC Guidelines website received nearly 530,000 visits from more than 420,000 unique users. This represented an increase, of 24%, in total website visits compared to the previous year. Historically, most users accessed BCGuidelines.ca from the B.C. Lower Mainland geographic region, however, in recent years, there has been a significant increase in users from the B.C. Interior and B.C. Northern Regions.

BC Guidelines eBulletin:

The e-newsletter promotes new BC Guidelines publications and external review opportunities. New clinical practice tips from recently published guidelines are embedded in the e-newsletter as “key updates”.

In 2023/24, four e-newsletter editions were published, reaching approximately 1,278 subscribers. This represents an increase, of nearly 40%, in total subscribers compared to the previous year. Subscribers represent a community of primary care practitioners, regional health authority representatives, academics, and other health system partners.

The GPAC promotes the e-newsletter at conferences and other events to increase awareness.

Medical/Research Conferences and Promotional Presentations:

Conference participation enables GPAC to connect with a broader range of primary care practitioners while increasing awareness of BC Guidelines.

BC Guidelines participated in seven promotional events during 2023/24:

- Canadian Geriatrics Society 42nd Annual Scientific Meeting
- Health Quality BC Conference
- BC Rural Health Conference
- Nurse and Nurse Practitioners of BC Annual Conference
- St. Paul's Continuing Medical Education Conference for Primary Care Physicians
- University of BC (UBC) Continuing Professional Development Annual Family Practice Review
- WorkSafe BC Conference

Key 2023/24 GPAC Accomplishments

- The GPAC's Patient Partner was confirmed for a 3-year term to ensure that patient perspectives are included in the guideline development process.
- The number of subscribers to the BC Guidelines e-bulletin increased by nearly 40%, up to 1,278. Visits to the website increased 24% since the last fiscal year; doubling the number of visits from 2020 to over 528,000.
- The BC Guidelines development process was updated to incorporate environmental and climate considerations. This work highlights the ways in which events such as wildfires can impact health and how, in turn, healthcare can impact the environment. As an example, the updated guidelines for *Asthma Diagnosis* and *Chronic Obstructive Pulmonary Disorder* now encourage the use of dry powder inhalers over Pressurized Meter Dose Inhalers, which disproportionately contribute to climate change. The medication tables included in these guidelines have been updated to provide visual cues which indicate the climate impacts of various medications to inform clinician decision making.
- As part of the 2023 UBC Continuing Professional Development, the "This Changed My Practice" series, an article was reviewed which was authored by GPAC members, "*Changing the Game for Acute Infectious Diarrhea*". This article was identified within the top five publications where practitioners indicated intention to change their pattern of practice.

Advisory Committee on Diagnostic Facilities

The Advisory Committee on Diagnostic Facilities (ACDF) provides advice, assistance, and recommendations to the Commission in the exercise of the Commission's duties, powers, and functions under s.33 of the MPA.

The ACDF reviews applications from existing and proposed diagnostic facilities seeking approval to perform and bill the MSP for specific services. Based on Commission-approved policy, the ACDF may approve applications or recommend the Commission deny the request.

Between April 1, 2023, and March 31, 2024, the ACDF considered 84 applications related to:

- electromyography,
- Level 1, overnight, attended polysomnography,
- pulmonary function, radiology, and
- ultrasound.

Of the total applications reviewed by the ACDF, 73 requests were approved and 10 were recommended to the Commission for denial. The Commission upheld the denial recommendation of all 10 applications.

Additionally, the Commission held one application in abeyance, while specifying a time period for existing facilities which provide the same service in the catchment area as the applicant facility to achieve reasonable utilization of approved capacity. When those time periods expire, the application held in abeyance will be assessed.

Project Highlights for 2023/24**Moratorium on Applications for Diagnostic Ultrasound Facilities - Extended**

On October 25, 2023, the Commission approved an MOH recommendation to extend the current moratorium on applications for diagnostic outpatient ultrasound facilities, with modifications, until December 1, 2025. This extension was determined to be necessary due to the continued shortage of ultrasound sonographers in the province.

The moratorium includes applications for new, relocation or expansion of diagnostic outpatient ultrasound facilities, except for those fee items currently restricted to public hospitals, i.e., Echocardiography and (cardiac) Doppler Studies.

Exceptions to the moratorium may be made for demonstrated urgent health or safety needs. However, except in rare or exceptional circumstances, the Commission will only accept a moratorium request for exception from applicants with at least one facility that holds a current ultrasound or radiology Certificate of Approval from the Commission or the ACDF.

The modifications to the moratorium include:

- Allowing the ACDF to accept an ultrasound application from facilities with a current radiology-only approval without requiring a request for exception (standard assessment criteria will apply); and,
- Requiring all Community Imaging Clinics (CIC) to submit new outpatient diagnostic ultrasound applications and/or exception requests to demonstrate a “verifiable commitment to clinical placement of sonography students.” This requirement is on a go-forward basis and has not been applied retroactively at this time.

Ultrasound Working Group

In response to a recommendation from the Commission, a Provincial Ultrasound Working Group (UWG) was established in January 2024 to address issues including:

- financial sustainability of CICs,
- disparity for breast imaging services, and
- health human resource constraints.

Representation on the UWG includes provincial health authorities, the MOH, the British Columbia Radiological Society, radiologists directly affiliated with CICs, and the Provincial Medical Imaging Office. Work is on-going to address the issues before the UWG.

Implementation of Policies Stemming from Diagnostic Sleep Medicine Review

From February 2019 to December 2023, the MOH, on behalf of the Commission, engaged in a detailed review of the service delivery environment for provision of diagnostic sleep studies in B.C. A moratorium on applications for new, expanded or relocated outpatient polysomnography facilities was established until the review was complete.

On September 30, 2022, the moratorium on polysomnography applications was lifted. Over the 15 months following the lifting of the moratorium, the ACDF assessed 32 new polysomnography applications, in seven Health Service Delivery Areas (HSDA).

Most of the applications were from highly qualified applicants; thus, the decision process required a comprehensive analysis of each region and each applicant.

The assessment process included:

- Ensuring applications meet the regulatory requirements for medical need and reasonable utilization.
- Development and use of a set of guiding principles to rank applications based on such criteria as balancing geographic proximity of approvals, transportation options, and maintaining a competitive environment.
- Applying the ACDF *Concurrent Like Applications* policy to rank applications based on various elements (such as degree of readiness, impact on health human resources, etc.).

Additionally, the MOH developed several assessment tools to ensure a comprehensive analysis of applications, including:

- Maps showing the geographic location of all applicants in an HSDA.
- HSDA Summaries showing current and future population projections and estimated number of beds required for this population.
- A Checklist of value-added elements (such as the provision of bariatric and pediatric services, culturally sensitive services in multiple languages, availability of mobility shuttles, etc.).
- A Comparative Table listing attributes and MOH considerations regarding applications.
- Population Data Tables.

In total, facilities in nine locations were approved for a total of 42 beds. Of those, 18 beds have opened, and 24 beds have yet to be implemented.

Prior to the moratorium there were 76 Level I polysomnography beds in B.C.

The addition of 42 beds following the lifting of the moratorium brings the total number of polysomnography Level I beds in B.C. to 118.

Moratorium on Applications for Home Sleep Apnea Testing Facilities - Continued

On January 1, 2022, the Commission established a temporary moratorium on applications for stand-alone HSAT facilities across the province. The moratorium was intended to allow time to generate sufficient MSP billing data to aid the ACDF and its support staff to better understand the impact of allowing HSAT facilities to bill MSP for the professional fees related to this diagnostic test.

The moratorium on applications for stand-alone HSAT facilities is scheduled to remain in effect until December 31, 2026.

Data Measures Review

Following the September 20, 2023, meeting, at the request of the ACDF, the MOH conducted an in-depth review to determine the most appropriate wait time metric for use by the ACDF when assessing polysomnography facility applications. The review consisted of an extensive literature review and consultation with subject matter experts from the Health Sector Information, Analysis and Reporting Division of the MOH.

As a result of the review, the ACDF recommended, and the Commission approved, utilization of the Median (50th), 75th and 90th percentiles, as the key metrics for determining medical need for polysomnography applications.

If clarity cannot be provided after reviewing the 50th, 75th and 90th percentiles, the Commission agreed decisions would be based on 75th percentile.

Patterns of Practice Committee

The Patterns of Practice Committee (POPC) acts in an advisory capacity to the Commission. On behalf of the Commission, the POPC provides review, information, and education to physicians in regard to their patterns of practice. This learning may be in relation to a specific physician's billings or may be general education based on findings from anonymized audit reports.

In 2023/24, the POPC continued to meet three times per year.

Education

In 2023, POPC sent 435 virtual care educational letters to practitioners across various specialties identifying them as outliers in their pattern of practice for virtual care billings when compared to their peers. These letters were sent out in two phases.

In March and June 2024, POPC reviewed virtual care billing data for a 3-month period prior and a 3-month period after the letters were sent. Of the total dollars billed for the analysis date range above, there was approximately a 20% reduction in the proportion of virtual care billing for practitioners in Phase 1 and a 14% reduction in Phase 2.

POPC continues to collaborate with Business Pathways Team at the DoBC where POPC has two Continuing Medical Education Accredited Audit and Billing sessions:

- An Introduction to Understanding Mini Practice Profile
- Why a Billing Audit, the Process Explained, and Avoiding the Common Billing Errors

Attendance and feedback have been excellent; therefore, POPC will continue to provide these sessions annually. In addition, POPC presented eight Audit and Billing education sessions to various stakeholder groups, as requested.

Mini Practice Profiles

The POPC established a Mini Practice Profile Working Group (MPPWG) in early 2023 to modernize the static, twenty-year-old MPP currently presented in a PDF format. In March 2024, the MPPWG began Phase 2 of the MPP re-design with a clear vision of a new and improved MPP for both Specialists and Family Physicians.

The goal in this modernization project is to provide an interactive, user-friendly MPP that is an understandable tool for physicians to review that can help identify billing patterns that differ from their peers.

The POPC will continue their education reach with their limited resources to help educate physicians on recurrent billing patterns of practice that arise and/or when recurrent themes are revealed in audit findings.

The POPC will continue to invite sections or guests to POPC meetings and/or discuss various educational opportunities, where appropriate.

Reference Committee

The Reference Committee acts in an advisory capacity to the Commission in circumstances where a physician disputes the adjudication of a billing claim. The Reference Committee does, on occasion, perform a similar billing adjudicative services for patients billed directly by a physician, or when physicians provide services to third parties, such as insurance companies.

Membership on the Reference Committee is limited to representatives of the DoBC.

In 2023/24, MSP received one new case from the DoBC; two remained outstanding at the close of fiscal year and are scheduled for referral to the Reference Committee in 2023/24.

During 2023/24, the Reference Committee closed five cases.

Requisition Committee

The Requisition Committee, established in 1997, is a joint committee of the DoBC and the MOH. This committee remains on hold, pending further review.

Commission Audit Functions

Audit and Inspection Committee

The Audit and Inspection Committee (AIC) is a four-member panel comprised of:

- one member who represents the public, and
- three physicians:
 - one nominated by the DoBC
 - one nominated by the College of Physicians and Surgeons of BC
 - one appointed by the Commission

The AIC has responsibility for overseeing two types of audits.

Audits for patterns of practice are done to ensure that services billed to the MSP have been delivered and billed accurately. Audits for extra billing focus on whether beneficiaries are being charged for services in contravention of the MPA.

The AIC decides whether on-site audits are appropriate and outlines the nature and extent of the audits.

The AIC also reviews the audit results and makes recommendations to the Commission for further appropriate action.

Billing Integrity Program

The Billing Integrity Program (BIP) provides audit services to the MSP and the Commission. The Commission is authorized to monitor the billing and payment of claims in order to manage medical and health care expenditures on behalf of MSP beneficiaries.

BIP monitors and investigates billing patterns and practices of medical and health care practitioners to detect and deter inappropriate and incorrect billing of MSP claims.

In cooperation with the professions, BIP develops and applies monitoring, case finding and audit criteria, and assists the Commission in the recovery of any funds billed inappropriately. It carries out the audit and inspection function on behalf of the AIC.

Billing Integrity Program	
Approved Projects (all)	7
On-sites Conducted	13
Audit Reports Completed and Approved	11
Referred for Recovery	10
Settled	6
De-enrollments	1
Estimated Overbilling	\$ 15,543,313
Settled for Recovery	\$ 1,548,000
Settlements Collected	\$ 3,782,505
** 2023/24 fiscal year stats at March 2024	

Service Verification Audits

Each year, survey letters are sent to patients to confirm they received practitioner services which have been billed to the MSP on their behalf. A minimum of 1,200 practitioners (100 per month) are chosen annually (at random) and letters are sent to approximately 50 of their patients who have received MSP billed services in the preceding four months.

A “select” service verification audit (SVA) may be initiated due to findings from a random service verification audit, follow-up of a previous audit, complaints received from the public/other doctors/referrals by licensing bodies and professional associations, or by atypical practitioner billing profiles.

Letters may be sent to some of the selected practitioner’s patients to confirm they received the specific services that have been billed to MSP on their behalf.

Service Verification Audits	
Number of service verification audits of practitioners	1,045
Number of letters sent to patients to verify services	53,339
Response rate from patients	45.1%
<i>*Note: Numbers as of March 2024. SVA projects remain open for 3 months.</i>	

Delegated Commission Bodies**MSP Coverage Wait Period Review Committee**

New and returning residents to B.C. are required to complete a wait period before provincial publicly funded health benefits begin. There are, however, exceptional cases based on individual circumstances where the Commission may waive this requirement and enroll new residents before the MSP coverage wait period has expired.

The Commission has delegated the power to investigate and decide these cases to the Coverage Wait Period Review Committee (the Waiver Committee). The Terms of Reference for the Waiver Committee are established in a Minute of the Commission, 15-074.

The MOH received 640 waiver inquiries from April 1, 2023 to March 31, 2024, with 186 complete waiver request applications reviewed by the Waiver Committee, including eight appeals.

A total of 37 waiver requests met the criteria of the Waiver Committee for approval as established in the Terms of Reference.

From April 1, 2023 to March 31, 2024, the Waiver Committee denied 149 waiver requests:

- 53 denials were related to conditions that were not diagnosed in the wait period and/or were not a financial hardship.
- 96 denials were related to pregnancy that were not diagnosed in the wait period and/or were not a financial hardship.

Commission Hearing Panels

Commission members, or delegates of the Commission, may conduct hearings related to the exercise of the Commission's statutory decision-making powers.

Some hearings are required by the MPA. Some have been implemented by the Commission as an opportunity for individuals who are affected by its decisions to be heard. Hearings are governed by the duty to act fairly.

Depending on the type of decision, Commission panel decisions may be judicially reviewed or appealed by the Supreme Court of BC.

Eligibility (Residency) Beneficiary Hearings

Eligibility (residency) hearings are one type of MSP beneficiary hearings conducted by the Commission. To be eligible for provincial health care benefits, a person must meet the definition of a B.C. resident as outlined in s.1 of the MPA.

Section 7.4 of the MPA outlines that the Commission may cancel the MSP enrolment of individuals whom it determines are not residents of B.C., however, prior to making an order, the Commission must notify the beneficiary of their right to a hearing.

The Commission delegates the decision-making responsibility for residency hearings to select representatives. These individuals are appointed by the Commission Chair through a Minute of the Commission.

The Eligibility, Compliance and Enforcement Unit (ECEU) of the MOH investigated 400 residency cases between April 1, 2023 and March 31, 2024. B.C. residency was verified for 124 of these cases and there were 275 non-resident accounts identified, resulting in MSP account cancellations totaling \$1,005,320.27 in hospital, MSP, and PharmaCare recoveries.

For the same period noted above, the Commission received 27 new hearing requests, with seven hearing requests withdrawn by the beneficiary or abandoned by the Commission.

Between April 1, 2023 and March 31, 2024, the Commission conducted nine hearings, including six written and three which were in-person. The Commission representative review upheld the ECEU investigator recommendations for five files.

Residency hearings for 11 incoming requests were pending at the end of the 2023/24 fiscal year.

Out-of-Country Administrative Review Beneficiary Hearings

Panel reviews of claims for elective (non-emergency) out-of-country medical care funding are one type of MSP beneficiary hearings conducted by the Commission.

Provincial coverage may be requested for treatment outside Canada, when medically necessary services are not available for a B.C. resident anywhere in Canada. As the MPA does not impose a duty on the Commission to hear requests for Administrative Review in these cases, the Commission has established a hearing process wherein a review can be requested.

The Beneficiary and Diagnostic Services Branch (BDSB) of the MOH reviews applications for elective medical services on behalf of the Commission. The Commission publishes the *Medical Services Commission Out-of-Province and Out-of-Country Medical Care Guidelines* (the Guidelines) (January 19, 2011) to outline the provincial coverage for funding approval, including processes for review of BDSB decisions.

While applications for treatment of medically necessary services outside of Canada decreased during and after the COVID-19 pandemic, BDSB has begun to see applications increase since June 2021.

From April 1, 2023, to March 31, 2024, BDSB received a total of 137 applications for out-of-country, elective medical treatment.

BDSB approved provincial coverage for 38 applications and denied provincial coverage for 32. The remaining 67 cases were considered abandoned or incomplete by the BDSB, as per the Guidelines, Appendix 2, Section D.

In 2023/24, there were two hearings held by the Commission to review provincial coverage for out-of-province medical treatment.

Commission Audit Hearings

Audit hearings are held before the Commission for medical practitioners and health care practitioners in relation to the MPA s.37 for matters of repayment and/or s.15 for de-enrolment from the MSP for “cause”.

Under s.37 of the MPA, the Commission may make orders requiring medical practitioners or owners of diagnostic facilities to make payments to the Commission. These orders are made following a hearing, in circumstances where the Commission determines an amount due to:

- a) an unjustified departure from the patterns of practice or billing of physicians in a category;
- b) a claim for payment for a benefit that was not rendered; or
- c) a misrepresentation about the nature or extent of benefits rendered.

In 2023/24, there was one audit hearing relating to a medical practitioner.

Under s.15, the Commission may determine that a practitioner should be de-enrolled from the MSP after providing them an opportunity to be heard. These formal administrative hearings may last one to three weeks and practitioners are often represented by legal counsel.

In 2023/24, there were zero medical practitioners de-enrolled from the MSP for “cause”.

Diagnostic Facility Hearings

Under s.33 of the MPA, the Commission may add new conditions or amend existing ones to an approval of a diagnostic facility in the province. Before taking action, and as per the MPA s.33(4), the Commission is required to provide the owner of a facility an opportunity to be heard.

Diagnostic facility hearings are conducted before either a single-person or a three-person Commission panel, depending on the type of appeal. A hearing before the Commission may be requested based on an ACDF recommendation to the Commission that:

- an application to amend or add new conditions to an existing approval be denied; or
- an approval be suspended, amended, or cancelled because the facility owner is alleged to have contravened the MPA, the regulations, or a condition of the approval.

No diagnostic facility appeals were filed in 2023/24.

Additional Commission Responsibilities**Medical Services Plan**

The Commission delegates day-to-day functions such as the processing and payment of MSP claims to Health Insurance BC (HIBC).

Pacific Blue Cross, doing business as PBC Solutions (PBCS) provides HIBC Services on behalf of the MOH. The MOH works closely with PBCS on the delivery of HIBC Services, resources, and technology.

The Commission receives regular updates regarding HIBC's service level requirements and program performance. Policy direction and leadership authority remains within the responsibility of the MOH – and under the Commission in relation to the MSP.

In 2023/24, MSP paid approximately 22,140 medical and health care providers \$4.68 billion relating to more than 135.1 million services rendered on a fee-for-service basis.

Medical practitioners in the province can also be paid for services using alternative payment methods including salaries, sessional contracts, and service contracts.

The *Medical Services Commission Financial Statement* (the “Blue Book”) contains an alphabetical listing of payments made by the Commission to practitioners, groups, clinics, hospitals, and diagnostic facilities for each fiscal year.

Copies of the Blue Book are available online at: www.gov.bc.ca/msp/publications.

Medical Services Commission Payment Schedule

The *MSC Payment Schedule* is the list of fees approved by the Commission which are payable to MSP enrolled physicians for insured medical services provided to MSP enrolled beneficiaries.

Additions, deletions, fee changes, or other modifications to the *MSC Payment Schedule* are implemented in the form of Minutes of the Commission (MOC) signed by the Chair of the Commission.

In 2023/24, 71 MOCs related to the MSC Payment Schedule were approved.

These included:

- introduction of 51 net new fees to reflect current practice standards, including:
 - 8 for Cardiac Surgery,
 - 2 for surgical assistance,
 - 2 for digital breast tomosynthesis,
 - 3 fees related to consultations, and
 - 3 fees for Medical Assistance in Dying (MAiD).
- amendments to 57 fee items, and
- changes made to the preamble of the MSC Payment Schedule which:
 - provided clarity in relation to re-referrals,
 - established the statutory holiday for Truth and Reconciliation, and
 - changed the title of the Specialist Services Committee Initiated Listings to Consultant Specialists of BC Fee Listings.

As part of the MSP monitoring program, eight reviews resulted in the provisional (P) status for the fees being removed, and 6 reviews resulted in the P status being extended to allow for further monitoring.

Medical Services Commission Longitudinal Family Physician Payment Schedule

On February 1, 2023, the *Medical Services Commission Longitudinal Family Physician (LFP) Payment Schedule* (LFP Payment Model) was implemented in B.C.

Developed by the MOH, in consultation with BC Family Doctors and DoBC, the LFP Payment Model is an alternative to fee-for-service to support physicians in family practice who provide longitudinal family medicine care. As a blended model of practice, the LFP Payment Model compensates family physicians for their time, patient interactions, as well as the number and complexity of care for patients on their panel.

Since its introduction, physician eligibility for the LFP Payment Model has changed to include the requirement for a physician to participate in the BC Provincial Attachment System (PAS).

Language within the LFP Payment Model was also updated to reflect that physicians must work at least one day a week in their LFP clinic and that clinic non-panel services (services performed on patients that are not included in the physician's panel) may be no more than 30% of the total of LFP clinic services provided.

Further LFP Payment Model changes for Locums include the provision that clinic non-panel services (services performed on patients that are not included in the host physician's panel) are no more than 30% of the total LFP clinic locum services provided.

The following is established for physicians working under the LFP Payment Model:

- services that are excluded from the LFP Payment Model
- eligibility criteria for enrollment in the LFP Payment Model
- required services
- enrolment and withdrawal processes
- terms of payment, and
- the 3 payment compensation methods, including:
 - LFP time codes,
 - LFP physician-patient interaction codes, and
 - a quarterly panel payment

An interim process is currently in place for calculating panel payments for physicians. Locums are not eligible for a panel payment as they do not have their own distinct patient panels.

Additions, deletions, fee changes, or other modifications to the LFP Payment Model are implemented in the form of MOC signed by the Chair of the Commission.

In 2023/2024, 13 MOCs related to the LFP Payment Model were approved, resulting in 3 net new fees reflecting program changes and providing clarification within the LFP Payment Model:

- a temporary fee for respiratory immunization by an Allied Care Provider
- new fee codes for PAS incentives
- implementation of the quarterly Panel Payments
- clarification around terminology and overhead costs for 'Host Physicians'
- clarification of the 30% limit on non-panel services and extensions of the Transition code to accommodate new physicians
- inclusion of Maternity Care and Complex Contraception Services in clinic-based settings
- clarification of LFP Payment Model withdrawal policies
- a change to the process for physician re-enrollment in the LFP Payment Model within a 12-month period, in limited circumstances

Physician Master Agreement and Subsidiary Agreements

The Physician Master Agreement (PMA) covers the relationship and economic arrangements between the Government of B.C. and the DoBC. The Commission is a signatory to the PMA and its subsidiary agreements.

The three-year term of the PMA runs from April 1, 2022, to March 31, 2025, with the next round of negotiations beginning in June 2024. Copies of the negotiated agreements are available online at: [Health/MSP/DoBC negotiated-agreements](#)

The Physician Services Committee (PSC) is the senior body that oversees the relationship between the government and the DoBC, and the implementation and administration of the PMA and subsidiary agreements.

The Chair of the Commission attends PSC meetings as a non-voting member.

BC Services Card

The BC Services Card (BCSC) program is a partnership involving the MOH, the Ministry of Citizens' Services (Citizens' Services) and the Insurance Corporation of BC (ICBC).

As of March 31, 2024, 97% of MSP beneficiaries had been issued a BCSC.

The BCSC partnership participates as a member of various cross-government working groups. These groups focus on the priority activities required to update government systems and services.

Over the past year, the major focuses of activity included the Gender Strategy Project and working towards the ability to display Indigenous names on the BCSC.

The Gender Strategy Project, a partnership between Citizens' Services, ICBC, and the MOH, is reviewing the gender/sex information that BCSC partners collect and use, disclose, and display, as part of the application process for government issued identification cards in the province. (e.g.: BCDL, BCSC, BCID).

There are several cross-government initiatives underway to implement a phased approach to display Indigenous names on the BCSC, ranging from a near term interim solution to a full-scale system integration.

Commission Related Legal Cases

As part of its oversight of the MSP under the MPA, the Commission monitors legal issues that arise in relation to the provision of services in the delivery of health care in B.C. From time to time, it is also actively involved in litigation as a named party.

Extra Billing Issues and Investigations

The purpose of the MPA is to preserve a publicly managed and fiscally sustainable health care system for B.C. in which access to necessary medical care is based on need and not an individual's ability to pay for services. As such, there are prohibitions within the MPA for "extra billing", which is charging B.C. residents who are enrolled in the MSP, known as beneficiaries, to access MSP covered medical services, known as benefits.

Processes are established by the Commission for responding to cases that come to its attention when concerns or complaints about extra billing arise.

In 2023/24, the Commission completed zero audits of private clinics to determine compliance with the extra billing provisions of the MPA.

Extra Billing Litigation

TELUS Health

On December 1, 2022, the Commission filed a petition in the BC Supreme Court to seek an injunction against TELUS Health, alleging that it was charging for the TELUS Health LifePlus program contrary to the MPA.

In April 2023, TELUS Health demonstrated to the satisfaction of the Commission that it would make the necessary changes to the LifePlus program to come into compliance with the MPA.

Harrison Healthcare

On February 1, 2023, the Commission filed a petition in the BC Supreme Court to seek an injunction against Harrison Healthcare Inc. and Harrison Healthcare (BC) Inc., alleging that it was charging for services contrary to the MPA.

As of March 31, 2024, the litigation remained ongoing.

COMMISSION HIGHLIGHTS AND ISSUES FOR 2023/24

- 10 regular meetings were held from March 31, 2023 to April 1, 2024.

March 2023 Strategic Planning

- Continue to bring bundled service providers into compliance with the MPA.
- Enable monitoring and oversight of the MSC Longitudinal Family Practice Payment Model.
- Update the virtual care payment model for B.C.
- Clarify the desired role for Nurse Practitioners in B.C.
- Clarify the oversight of the PMA commitments.
- Assess Diagnostic Imaging services in response to federal policy requirements.
- Report on the Available Amount spending.
- Update the audit program to enhance efficiency and accountability.

COMMISSION HIGHLIGHTS AND ISSUES FOR 2023/24

Presentations to the Commission in 2023

- An overview of the *Health Professions and Occupations Act*, which which received Royal Ascent in November 2022 under Bill 36.
- A review of the Practitioner Profile Visualization data platform by the Audit and Intelligence Operations office of the MOH.
- An update on the transition from Maximus to PBC by the Health Benefits Digital office of the MOH.
- An overview of the work of the Institute for Health System Transformation and Sustainability.
- A review of the BC Services Card Saturation Compliance review project by the BDSB.
- A review of the proposed updates to the MSP Waiver of the Wait Period Terms of Reference by the BDSB.
- An update on work related to MSP cancellation processes for beneficiaries, as carried out by the BDSB and the ECEU on behalf of the Commission.
- Review by the BDSB of options regarding timelines for retroactive applications for funding for elective out-of-country medical care.
- Review of the Physician Re-Referral Process, implemented on July 1, 2023, by the Tariff Committee Chair.
- Updates to and a review of the LFP Payment Model, launched on February 1, 2023.

APPENDIX 1: COMMISSION MEMBERS AS OF MARCH 31, 2024

Government of B.C. Representatives:

Dr. Robert Halpenny (Chair)

Dr. Maureen O'Donnell (Deputy Chair)

Colin Kinsley

Government Alternates:

Stephanie Power

Ian Rongve

Marie Ty

DoBC Representatives:

Dr. Sam Bugis

Dr. Alan Ruddiman

Dr. Nancy Humber

DoBC Alternates:

Dr. Joshua Greggain

Dr. Charlene Lui

Mr. Anthony Knight

Public (Beneficiary) Representatives:

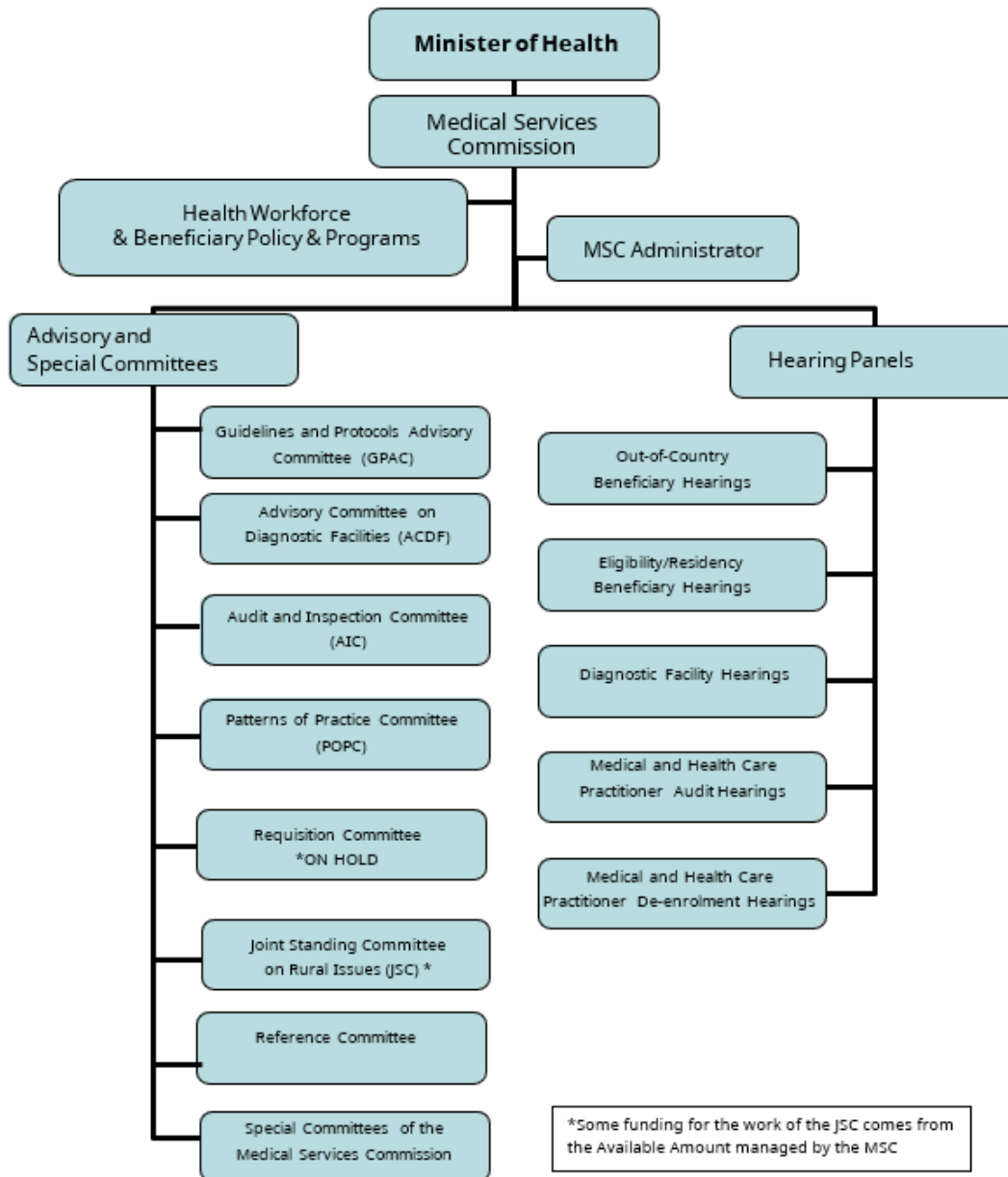
Allan Wong

Jillianne Code

Vacant

Information regarding Commission appointments is available on the B.C. government Central Agencies website:
[Crown Agencies and Board Resourcing and Office.](#)

APPENDIX 2: COMMISSION ORGANIZATION CHART



Information regarding Commission appointments is available on the B.C. government Central Agencies website: [Crown Agencies and Board Resourcing and Office.](#)

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