

MOCAP Update  
Data Collection – Instructions  
(Electronic Submission)

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February 2016

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## **Background**

- As part of the 2012 Physician Master Agreement, government and Doctors of BC agreed to collaborate in identifying and exploring potential changes to MOCAP to improve transparency, accountability, and funding effectiveness.
- A provincial MOCAP Committee, with membership from both government and Doctors of BC, is overseeing the review and update of the program.
- The first activity of the update process is data collection and analysis to:
  - determine the burden of being available for MOCAP calls (i.e. when, where, how often, what time, and for what type of service groups most often get called). Factors contributing to burden of call availability are defined by the MOCAP Redesign Report (see report pg. 38).
  - develop a provincial tool that will allow call groups to be consistently placed at the appropriate payment level, based on their burden of calls.
- For one month, call groups will report their MOCAP calls using a specially designed reporting process, which uses zero-dollar fee codes entered into the MSP billing system.

## **Contact Information**

Your main point of contact for any questions about the data collection is your Health Authority. They will direct you to the appropriate contact for specific questions you may have.

## Data Collection Instructions

The following instructions will guide you through the collection of the MOCAP call data over the collection period.

### 1. Data Collection Period

- The data collection period is for 4 weeks.
- This will commence at 0001 hours, February 1, 2016 and will end at 2400 hours February 28, 2016.
- A submission is not required for those days where there were no MOCAP related calls or attendances.

### 2. Eligible Call Events

- Include calls in which a call/page was received for **new or unattached patients** requiring emergency care.
- Do not include those calls/pages or direct patient attendance for your own patient and/or existing patients being covered for colleagues. Recorded calls are subject to data verification audits.

### 3. Fee Items

- To collect information about burden related to MOCAP calls, two MOCAP specific fee codes were developed:
  - i **96601 – for when a call is received for new/unattached patients**
    - The type of calls can include but are not limited to phone and page.
    - There may be multiple calls for the same patient. A separate 96601 should be submitted for each call.
  - ii **96602 – if you attend the patient in person.**
    - This includes attendance at the hospital/facility or if you have made arrangements for the patient to be seen at your clinic/practice.
    - All 96602 codes should have a least one initial corresponding 96601 code for each patient.
    - There may be multiple attendances for the same patient resulting from the same call episode. If you leave the facility in between, each attendance should be recorded and submitted using a new 96602.
- **Both are \$0 fee items; you should also submit the fee items as you normally do for any other billable services provided for the patient.**

### 4. Date and Time

- The date of the service event for 96601 and 96602 are recorded as usual – the date when the physician responds to the phone/page/other contact and/or attends the patient.
- Record the time of each service event for both 96601 and 96602 using the 4 digit 24-hour clock.
  - i For 96601, enter the time that the physician responds to the call in the “Service Time Start” field. Leave the “Service Time End” field blank.
  - ii For 96602, enter the time that the physician attends the patient in the “Service Time Start” field. Enter the time when you conclude patient attendance or leave the facility in the “Service Time End” field.

## 5. Patient Information

- Patient information fields (e.g., PHN, age, gender) are mandatory in teleplan and should be recorded as usual.
- This information may not be available for MOCAP calls (96601). If not, use the following dummy numbers:

**Dummy PHN#: 9742361288**

**Patient first name: Call**

**Last name: Mocap**

**Date of birth: 12/02/1990**

**Sex: female**

## 6. MOCAP Call Group Number

- Each MOCAP call group has been assigned a unique number for the data collection period. This number will be provided to you either by your Health Authority or the call group lead physician.
- The format for this process is a 5 digit alpha-numeric letter followed by 4 numbers e.g., Z#####.
- This code is critical as it will enable capture of all the call episodes from your call group participants to be attributed to the call group.
- The call group number is to be recorded for each fee item using the NOTES field. **Please do not use spaces, and do not include anything other than the Call Group Number in the Notes field.**

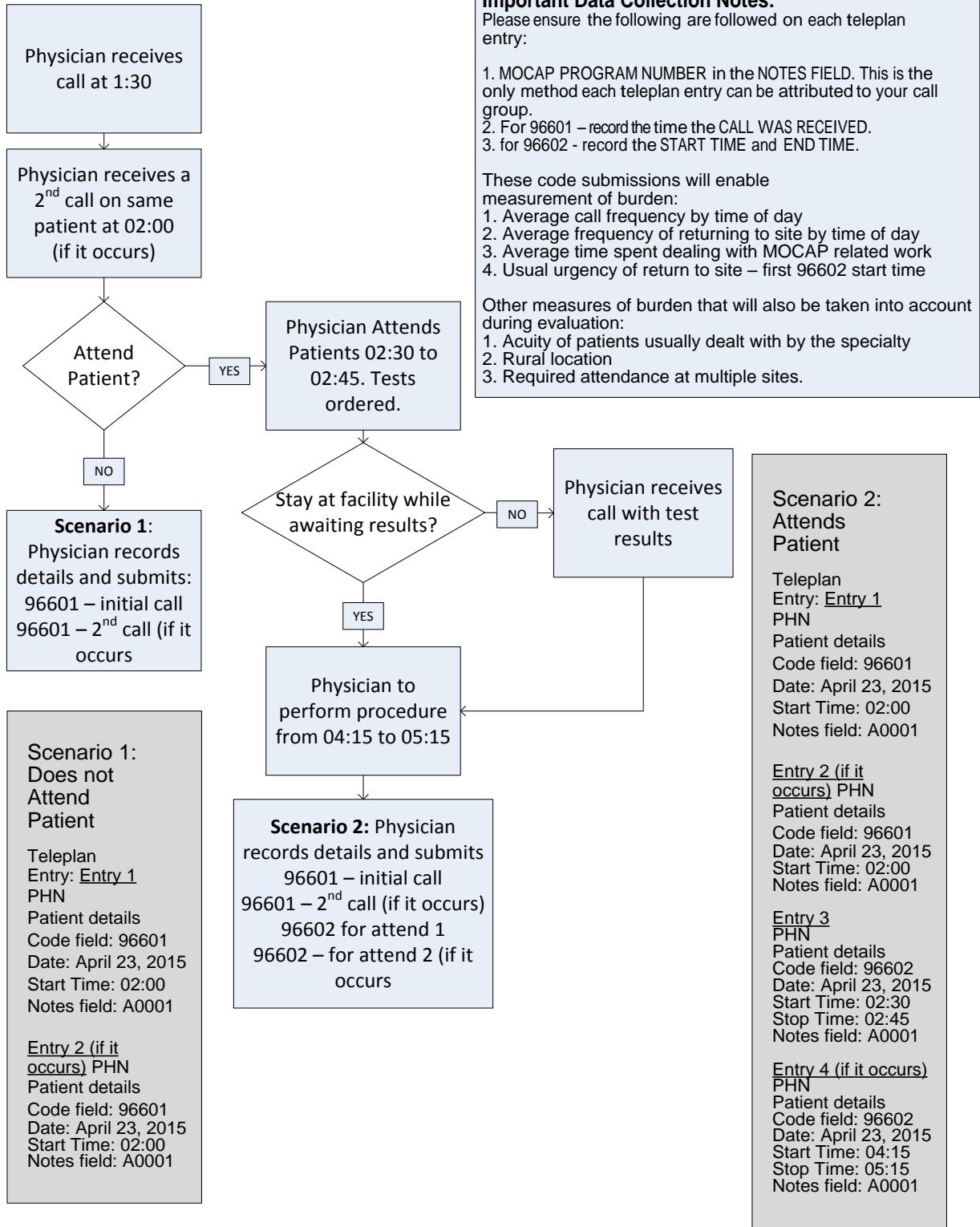
## 7. Other Mandatory Fields

- This data collection requires three additional mandatory fields to allow for complete data collection, as follows:
  - i Practitioner Number - Each practitioner enrolled with MSP is assigned a billing number consisting of two numbers:
    - a practitioner number, which identifies the practitioner rendering the service; and
    - a payment number, which identifies the person or group (e.g. clinic, hospital) to which payment is to be made.
    - The practitioner and payment numbers are usually the same. However, they differ in cases where a practitioner designates another practitioner or a group, such as a clinic or hospital, to receive that practitioner's MSP fee-for-service payments. **Please ensure you enter your correct practitioner number.**
  - ii MSP Diagnosis
  - iii Referring Practitioner Number (if unavailable, use the dummy code: 99993)

## 8. Data Submission

- Submit these fee items using the same billing process as with your other MSP fee-for-service fee items.
- If you encounter technical issues, contact HIBC at 1-604-456-6950 (Vancouver) or 1-866-456-6950 (elsewhere)
- If you do not receive calls during the data collection period, please inform your health authority.
- **DEADLINE FOR SUBMISSION TO TELEPLAN (OR BILLING COMPANY): 15/MAR/2016**

# Example MOCAP Scenario Flow



**Important Data Collection Notes:**  
 Please ensure the following are followed on each teleplan entry:

1. MOCAP PROGRAM NUMBER in the NOTES FIELD. This is the only method each teleplan entry can be attributed to your call group.
2. For 96601 – record the time the CALL WAS RECEIVED.
3. for 96602 - record the START TIME and END TIME.

These code submissions will enable measurement of burden:

1. Average call frequency by time of day
2. Average frequency of returning to site by time of day
3. Average time spent dealing with MOCAP related work
4. Usual urgency of return to site – first 96602 start time

Other measures of burden that will also be taken into account during evaluation:

1. Acuity of patients usually dealt with by the specialty
2. Rural location
3. Required attendance at multiple sites.

**Scenario 1:**  
 Physician records details and submits:  
 96601 – initial call  
 96601 – 2<sup>nd</sup> call (if it occurs)

**Scenario 1: Does not Attend Patient**  
 Teleplan Entry: Entry 1 PHN  
 Patient details  
 Code field: 96601  
 Date: April 23, 2015  
 Start Time: 02:00  
 Notes field: A0001

Entry 2 (if it occurs) PHN  
 Patient details  
 Code field: 96601  
 Date: April 23, 2015  
 Start Time: 02:00  
 Notes field: A0001

**Scenario 2: Physician Attends Patient**  
 Teleplan Entry: Entry 1 PHN  
 Patient details  
 Code field: 96601  
 Date: April 23, 2015  
 Start Time: 02:00  
 Notes field: A0001

Entry 2 (if it occurs) PHN  
 Patient details  
 Code field: 96601  
 Date: April 23, 2015  
 Start Time: 02:00  
 Notes field: A0001

Entry 3 PHN  
 Patient details  
 Code field: 96602  
 Date: April 23, 2015  
 Start Time: 02:30  
 Stop Time: 02:45  
 Notes field: A0001

Entry 4 (if it occurs) PHN  
 Patient details  
 Code field: 96602  
 Date: April 23, 2015  
 Start Time: 04:15  
 Stop Time: 05:15  
 Notes field: A0001

**Scenario 2: Physician records details and submits**  
 96601 – initial call  
 96601 – 2<sup>nd</sup> call (if it occurs)  
 96602 for attend 1  
 96602 – for attend 2 (if it occurs)

## Example MOCAP Data Entry Scenarios

The following scenarios have been developed to provide guidance on submitting the data into the billing software:

### Scenario 1: Physician receives a call & does not attend

|                    |                                      |
|--------------------|--------------------------------------|
| # of MSP Entries   | 1                                    |
| Entry 1:           |                                      |
| Fee Code           | 96601                                |
| Patient Data       | PHN, Name, Sex                       |
| Service Date       | Date of call                         |
| Bill Amount        | \$0.00                               |
| ICD Code           | relevant code                        |
| Service Start Time | (00:00) - time the call was received |
| Notes Field        | Call group Identifier. No spaces.    |

### Scenario 2: Physician receives a call & attends the patient

|                    |   |
|--------------------|---|
| # of MSP Entries   | 2   |
| Entry 1:           |   |
| Fee Code           | 96601   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the call was received                        |
| Notes Field        | Call group Identifier. No spaces.                           |
| Entry 2:           |   |
| Fee Code           | 96602   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the physician started attending the patient  |
| Service End Time   | (00:00) - time the physician finished attending the patient |
| Notes Field        | Call group Identifier. No spaces.                           |



**Scenario 3: Physician receives 2 calls for one patient, and attends the patient**

|                    |   |
|--------------------|---|
| # of MSP Entries   | 3   |
| Entry 1:           |   |
| Fee Code           | 96601   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the call was received                        |
| Notes Field        | Call group Identifier. No spaces.                           |
| Entry 2:           |   |
| Fee Code           | 96601   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the call was received                        |
| Notes Field        | Call group Identifier. No spaces.                           |
| Entry 3:           |   |
| Fee Code           | 96602   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the physician started attending the patient  |
| Service End Time   | (00:00) - time the physician finished attending the patient |
| Notes Field        | Call group Identifier. No spaces.                           |

**Scenario 4: Physician receives one call & attends the patient two times.**

|                    |   |
|--------------------|---|
| # of MSP Entries   | 3   |
| Entry 1:           |   |
| Fee Code           | 96601   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the call was received                        |
| Notes Field        | Call group Identifier. No spaces.                           |
| Entry 2:           |   |
| Fee Code           | 96602   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the physician started attending the patient  |
| Service End Time   | (00:00) - time the physician finished attending the patient |
| Notes Field        | Call group Identifier. No spaces.                           |
| Entry 3:           |   |
| Fee Code           | 96602   |
| Patient Data       | PHN, Name, Sex  |
| Service Date       | Date of call  |
| Bill Amount        | \$0.00  |
| ICD Code           | relevant code   |
| Service Start Time | (00:00) - time the physician started attending the patient  |
| Service End Time   | (00:00) - time the physician finished attending the patient |
| Notes Field        | Call group Identifier. No spaces.                           |

## Questions & Answers

### What is the MOCAP Update?

- The Ministry of Health and Doctors of BC are updating the Medical On-Call Availability Program (MOCAP) to ensure physician call groups are compensated appropriately and consistently among health regions based on their level of call burden.
- Currently, compensation levels are based on the expected urgency of response to calls, but health authorities have found this criterion too subjective. The update aims to develop an objective and consistent method for determining compensation levels for call groups based on a variety of factors contributing to burden, including urgency, call frequency, impact of on-call duty on non-emergency work, and location.

### Why is it necessary to gather this information?

- The panel heard a number of concerns and among other issues their report identifies a need for a more objective process for allocation of MOCAP and for assessing disputes.

### How will the data be used?

- Once the data are collected, a system will be developed to assess call groups based on their level of call burden.

### What is the duration for the data collection; will this be a permanent requirement?

- While this will not be a permanent requirement, data collection may be used periodically moving forward.

### What service information will I be required to capture/record?

- You are required to collect data for services provided to MOCAP patients while on call. MOCAP patients are those who are not the physician's own patient (or the patient of a colleague for whom you are covering). They are new patients for whom the physician has been contacted while on call.

### How should I respond to calls?

- i MOCAP response times should be based on patient need, not on the timeframes outlined for each call group level.

### Will I receive payment for collecting the data?

- There will not be a special payment for the collection and submission of the information.

### **Do all MOCAP programs have to collect data?**

- MOCAP groups that are currently designated as on-site will not have to collect data.
- All other MOCAP groups will participate in the data collection activity (Levels 1, 2, and 3).

### **What happens if my MOCAP group does not participate?**

- If your group declines to provide statistics for this data collection period, this may result in reclassification or removal from the program.

### **What happens if my data are incomplete or inaccurate?**

- It is important that all mandatory data points are entered accurately for every code. Inaccurate or incomplete data will not be included in the analysis and may impact MOCAP level.

### **What if my call group does not receive any calls?**

- Please inform your health authority contact if you do not receive any MOCAP calls during the data collection period.

### **How will the data collection activity impact rural programs?**

- While the rural call groups are expected to participate in data collection in the same manner as the other groups, there is recognition that the burden on rural groups may be somewhat different. There is a rural measurement factor identified in the Proposed Points Allocation matrix.

### **How will this impact my MOCAP program?**

- The Committee will review and analyse the data in the months following the data collection period.
- The data that are collected and the provincial tool generated may influence or contribute to a change in the status or level of your MOCAP program.
- Once there is a final assessment tool, it will be implemented provincially. Changes to current MOCAP levels made at the request of either the health authority or physician groups will be assessed from the utilization of the tool and other criteria as determined by the Health Authority.