Medical Services Plan Payment Information File

Date range: April 1, 1985 onward

Fiscal year files of services provided to MSP-covered individuals by fee-for-service practitioners, billed to MSP, and paid by MSP. Practitioners billing MSP are separated into three groups: physicians, supplementary benefit practitioners (physiotherapists, massage practitioners, naturopathic physicians, etc.), and out-of-province practitioners. These data do NOT include therapeutic abortion data in accordance with the BC Freedom of Information and Protection of Privacy Act. Note: Data is available April 1, 1985 onward unless specified. Several additional fields detail retroactive and rollback payments are available from 1994/95 onward. These are usually only necessary for projects involving these specific topics. Please contact Population Data BC for more information.

IMPORTANT!

Implementation of the Longitudinal Family Physician (LFP) Payment Model on February 1st, 2023 will have a broad impact on the MSP data available to researchers from this date onward.

The LFP Payment Model is a compensation option for family physicians who provide longitudinal, relationship-based, family medicine care to a known panel of patients. It is a blended payment model that compensates physicians for time, patient interactions, and their overall patient panel. Physicians who meet the eligibility criteria for the LFP Payment Model can enroll and be compensated in accordance with this LFP Payment Schedule. Those who do will use a completely different set of fee items for their patients than those practitioners operating within the traditional "fee for service" model - the source for MSP data from April 1st, 1985.

Further information on the LFP Payment Model is available in the BC Ministry of Health, Medical Services Commission Longitudinal Family Physician Payment Schedule document at: https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/longitudinal-family-physician/longitudinal_family_physician_payment_schedule.pdf

Core vs. Non-Core Data

Core Data: Some BC Ministry of Health data sets available through PopData and HDPBC are called 'Core Data'. A Core Data set is a standardized 'bundle' of commonly requested variables. A Core Data set may not include ALL the variables available in the data set. For example, some Core Data variables, such as geography or organisational codes, are suppressed to meet privacy legislation requirements.

Non-Core Data: Non-Core Data are variables that are **NOT** included in the standardized Core Data set. Non-Core Data is available for request **as an addition** to the Core Data set.

For the majority of DARs, requesting access to Core Data ONLY may make the data access approval process quicker and may expedite data provision. Data requests that include Non-Core Data will be subject to regular rather than expedited processes, both for application review and data provisioning.

ALL AVAILABLE VARIABLES

Name	Core vs Non-Core	Description
DEPNUM	Core	Number identifying an individual within the context of an MSP Contract (family unit).
CLNTBRDT	Core	Client's Birth Date as stamped on the claim record (Year and Month only).
CLNTAGRP	Core	Client Age Group from the Event Data
CLNTGNDR	Core	Client Gender on Event
CLNTTP	Non-Core	Client Type from event. Indicates the type of client the claim is for, e.g. jail inmate, institution, critical care, organ donor, newborn, etc.
CLNTGRP	Non-Core	Client Group is a two-character code indicating the type of group coverage
SBDYCD	Core	Subsidy Code is a code to indicate the actual rate of premium subsidy when the service was rendered by a practitioner.
SERVDT	Core	Service Date is the date on which the service was rendered by a practitioner.
SERVDTTM	Core	Service Start Date Time
TOSERVDT	Core	Service End Date Time
PRACNUM	Core	Practitioner Number is a number, assigned to a practitioner, that is used on a claim to identify the practitioner who rendered the service to an insured person. PRACTITIONER NUMBERS IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS ASSIGNED BY POPDATA.
PRACSTAT	Core	Claim Practitioner Status
CLMSPEC	Core	Claim Specialty Code describes a practitioner's specialty associated with a claim.
PAYENUM	Core	Payee Number is the practitioner, hospital, office, institution, etc. to which payment of a claim is made. PAYEE NUMBERS IN THIS FIELD HAVE BEEN REPLACED BY A PROJECT-SPECIFIC ID NUMBER.
PAYESTAT	Core	Payee Status from Claim. Indicates the status of a payee or the type of organization at the date of service. Introduced in 1996. Examples are C for Clinic, H for Hospital, M for Active Payee, etc.

PRACRFBY	Core	Practitioner number referred by 2
PRACRFBY_2	Core	Practitioner number referred by 2
PRACRFTO	Core	Practitioner number referred to 2
PRACRFTO_2	Core	Practitioner number referred to 2
SERVCD	Core	Service Code is a two-digit code to indicate the type of services rendered by a practitioner.
BLDSERV	Core	The number of service (fee item) units billed by the practitioner on the claim. If more than one, this indicates the same service (fee item) was provided more than once to the same patient in the same visit.
PAIDSERV	Core	Paid Service Units indicates the number of service units paid by the Medical Services Plan (MSP) to the practitioner in the fee-for-service claim.
FITM	Core	Paid for Item (Fee Item) is a numeric code used to identify each service provided by a practitioner. Each fee item has an associated fee that is paid to the payee for the service provided.
PMEPDAMT	Core	The consolidated paid amount of the claim. This value includes the base amount for the fee item as well as certain level 1 adjustments.
PMENIAMT	Core	The Consolidated Rural Amount combines payment adjustments made under various rural retention programs, specifically the Rural Retention Program and the Northern and Isolation Allowance.
PMERLAMT	Core	The Consolidated Rollback Amount totals all rollback amounts that have been applied to a claim. "Rollback" is a proration adjustment by specialty to ensure that the payments to BCMA are consistent with the negotiated budget or a compromise thereon.
EXPDAMT	Core	Amount paid to the practitioner for services rendered according to the payment schedule published by MSC (Medical Services Commission).
INTAMT	Core	Interest Amount is the interest paid on claims which were paid more than 60 days after submission. It is one of several Level 1 adjustment fields.
BCPAMT	Core	Business Cost Premium Amount is a percentage premium paid on a basket of eligible fees to compensate physicians practicing in community-based offices where they are responsible for the lease, rental or other overhead costs of the office. The percentage value is based on the geographic location of the office.
FIRSTPAIDDT	Core	First Paid Date of all claims collapsed into this record.
LASTPAIDDT	Core	Last Paid Date of all claims collapsed into this record.
SERVPLC	Core	The Service Where Code is the geographical place where the service was provided (e.g., the province, United States, outside US and Canada).
CLNTPCD	Core	Client's Postal Code as stamped on the Claim record. First 3 digits only.
CLNTLHA	Core	Local Health Area (LHA).
CLNTPROV	Core	Client Province is a code which is intended to indicate where the client is resident. The field contains a two letter code identifying the province in which the patient is covered.
PRACPCD	Core	Practitioner Postal Code. First 3 digits only.
PRACLHA	Core	Local Health Area within British Columbia in which the practitioner who provided the service practices. Derived from the practitioner's mailing address, not necessarily office address.
SERVLOC	Core	Location of the Service is used to indicate the type of facility in which a procedure was performed (i.e., hospital or office).
DIAGCD	Core	ICD-9 Diagnostic Codes are intended to indicate the condition for which the patient is treated.
DIAGCD2	Core	ICD-9 Diagnostic Codes are intended to indicate the condition for which the patient is treated.
DIAGCD3	Core	ICD-9 Diagnostic Codes are intended to indicate the condition for which the patient is treated.
CLMTP	Core	Claim Type is a two-character field which classifies the type of practitioner (medical/non-medical) and the responsibility for paying the claim (e.g., MSP/ICBC).
FCLTY_ID	Core	Code that indicates the MSP facility type, e.g. diagnostic or primary care facility
RFRL_FCLTY_ID	Core	Identifies the second facility involved in the service delivery. For diagnostic facilities this column may link to the site that did the specimen collection.
FCLTY_TYP	Core	Code that indicates the MSP facility type, e.g. diagnostic or primary care facility
PD_SERVCLFN	Core	A two-digit alphanumeric code used to clarify the LHA where a service has occurred.
ENCTR_CLM_MSPD	Core	MSP Claim Payment Category

last updated: April10th 2024