

FREQUENTLY ASKED QUESTIONS (FAQ's)

Q: What is “# of Personal Patients”?

A: This is the total number of distinct patients seen in your practice. Each of these patients received at least one service from you in 2014.

Q: What is “Personal Services”?

A: This is the total number of services provided by you to all of your patients.

Q: What is “Cost of Services Paid for by ICBC”?

A: This is the cost for services billed to MSP that were identified on the claims as MVA-related, and for which payment responsibility was accepted by ICBC.

Q: What is “Cost Referred Out”?

A: This is the cost for services provided by other physicians to patients who, according to the claim record, were referred by you.

Q: What is “Case-mix Adjustment”?

A: Case-mix adjustment is used to estimate expected costs based on the severity, number and complexity of diagnoses faced by the patients who comprise your practice population. Case-mix adjusted profiles provide a more realistic picture of a physician’s practice (i.e., compared to using age and gender, which have been shown to be relatively poor predictors of individual need for health care services), and allow physicians to more fairly compare their resource-use to that of their peers.

Q: What is the difference between the 2-digit and 5-digit codes used in Figure 3 and Figure 4?

A: The 2-digit codes are SERVICE CODES comprising a group of related fee items (e.g., 22 is the service code for consultations). The 5-digit codes are for the specific FEE ITEMS that fall under a given service code. The sum of the values at the fee item level may not add up to the service code total and similarly, the sum of values at the service code level may not add up to the practice total, as measures with very small values are not included in the summary statistics.

Q: What is a “No Charge Referral”?

A: When you refer a patient to a specialist for a consultation or have mutually agreed with the specialist that the specialist would assume ongoing continuing care of the patient, you should submit a fee item 03333 ‘no charge referral’ to independently confirm for the benefit of MSP that the consultation or continuing care were explicitly requested by you. For statistical purposes, 03333 are counted as a service but, since it’s billed at no charge, it doesn’t impact on your cost per patient indices. Your billing profile is not prejudiced by use of 03333 since referred services are attributed to your practice based on claim information submitted to MSP by the consultant or laboratory, and not by your use of 03333.