

Audit tip: Locum agreements

Thinking of hiring a locum? Here's how to comply with the Medicare Protection Act and avoid problems later.

The practitioner number belonging to the physician who personally provided the insured service should be used when submitting a claim to MSP for payment. Payment for the service can then be assigned to another physician (the host physician) or corporate body who owns the practice. To assign payment to the host physician, complete an Assignment of Payment form and submit it to the Ministry of Health. The form can be obtained from the Ministry of Health website at www.health.gov.bc.ca/msp/infoprac/ffsclaim.html.

If an Assignment of Payment form is not in place, billing statistics for the physician who owns the practice are distorted. In addition, non-compliance may impact the level of benefits that both the host physician and the locum are entitled to.

Comply with the Medicare Protection Act and avoid problems later.

If you are the subject of an audit as a host physician and it is discovered that services provided by a locum were billed under your practitioner number, you could be responsible for paying back funds received in error. There are also medical-legal implications if a physician bills for services that he or she did not provide under another physician's practitioner number.

Requirements pertaining to assignment of payment are provided in the Preamble (C. 7, C. 8, and C. 9) to the *Doctors of BC Guide to Fees*, which summarizes the requirements set out in the Medicare Protection Act.

It is worth taking the time to complete the Assignment of Payment form to protect both the host physician and the locum.

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This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ Editorial Board. For further information contact Juanita Grant, audit and billing advisor, Physician and External Affairs, at 604 638-2829 or jgrant@doctorsofbc.ca.

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ed to be at 17.2% in 2012.² MRSA has fluctuated between 16% and 30% of *S. aureus* isolates between 2007 and 2012. However, the overall trend from all data sources shows that the proportion of MRSA has decreased slightly.²

Although antibiotic resistance is a natural phenomenon, the selective pressure posed by the inappropriate use of antibiotics has exacerbated the situation. Not only does the misuse of antibiotics contribute to the emergence, persistence, and spread of multiresistant bacteria, it may also result in side effects and drug interactions.¹ BC physicians are adopting better prescribing practices using aids such as the *Bugs & Drugs* guide.³ By continuing to move toward sounder practice in antibiotic therapy, we will go a long way to preserving the benefits of antibiotic therapy for British Columbians.

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