

Alberta Ministry of Health and Wellness  
.....  
**Alberta Health Care Insurance Plan  
Statistical Supplement  
2004/2005**



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**Alberta**

## **For further information**

*For additional copies of the Statistical Supplement, or further information about Alberta Health and Wellness, contact:*

Alberta Health and Wellness  
Communications  
22 Floor, 10025 Jasper Avenue  
Edmonton, Alberta T5J 2N3  
Phone: (780) 427-7164  
Fax: (780) 427-1171  
E-mail: [ahinform@health.gov.ab.ca](mailto:ahinform@health.gov.ab.ca)

*You can find this document on Alberta Health and Wellness' Internet website –  
<http://www.health.gov.ab.ca>*

Further information on performance measures and financial statements is provided in the **Alberta Ministry of Health and Wellness Annual Report 2004/2005**. Copies are available from the communications branch or the ministry website.

*For comments or inquiries concerning the material in this publication, contact:*

Alberta Health and Wellness  
Innovation and Policy Branch  
Correspondence and Document Design  
14 Floor, 10025 Jasper Avenue  
Edmonton, Alberta T5J 2N3  
Phone: (780) 415-1628  
Fax: (780) 427-1093

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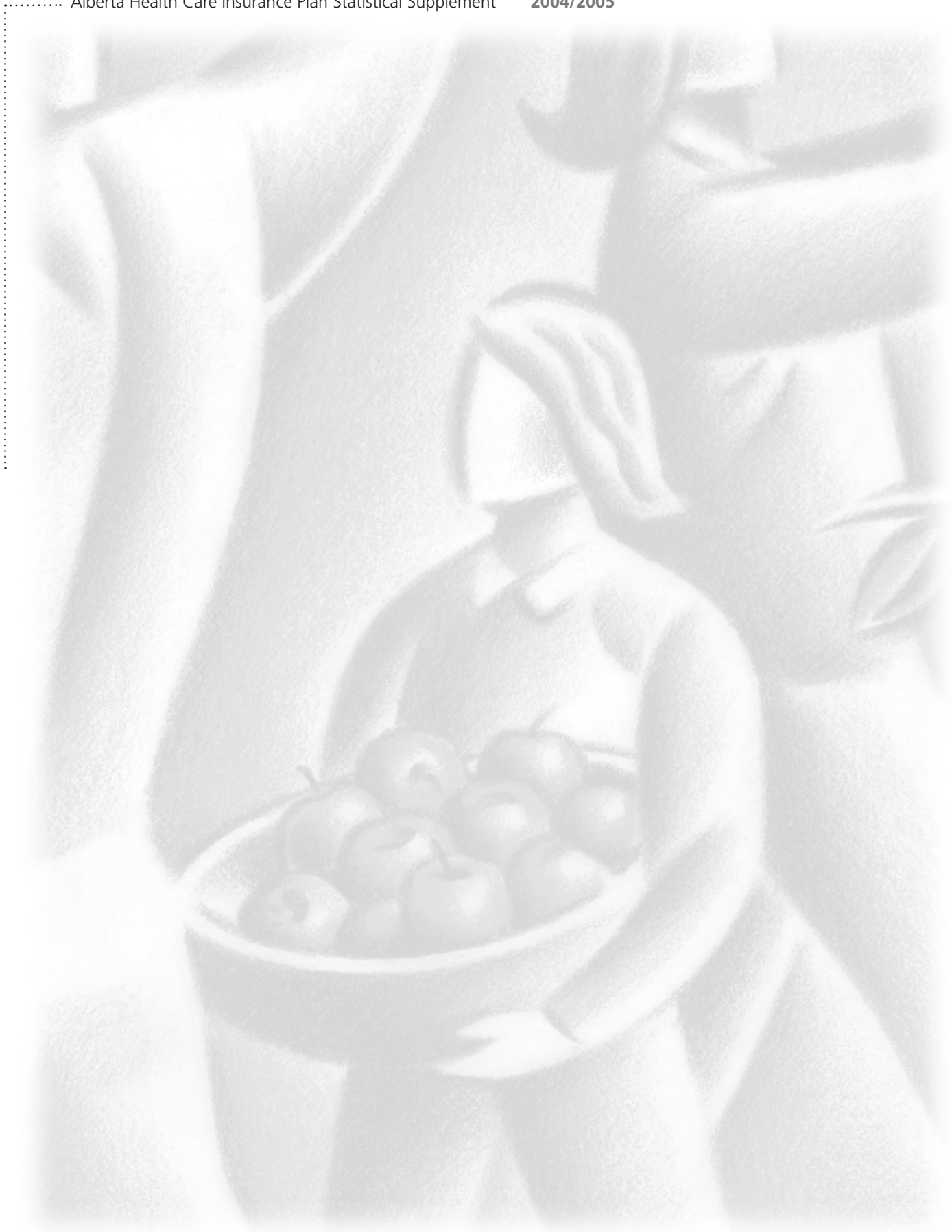
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## I N T R O D U C T I O N

## What is the Alberta Health Care Insurance Plan?

The Alberta Health Care Insurance Plan (AHCIP) is a publicly-funded health care plan, established in accordance with the *Canada Health Act*. Its purpose is to follow the principles of the *Canada Health Act* in that it is publicly administered, comprehensive, universal, portable and accessible.

The AHCIP provides two types of coverage to Albertans. They are:

- basic health coverage for insured services provided by physicians, dentists/oral surgeons and hospitals. In addition to these services required by the *Canada Health Act*, the AHCIP also provides limited coverage for services provided by allied practitioners, such as chiropractors, optometrists (for residents under 19 and 65 and over) and podiatrists. All residents of Alberta are required to register for AHCIP coverage, but have the option to opt out. There is a monthly premium for this coverage, except for those individuals and their dependants enrolled in special coverage categories (such as Seniors, Alberta Widows' Pension or Income Support) or individuals entitled to full premium assistance.
- supplemental health insurance coverage through Alberta Blue Cross Non-Group Coverage plans, which provides coverage for pharmaceuticals and selected health services. These supplemental plans, which also cover services beyond those required by the *Canada Health Act*, are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Coverage is available to

all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. Premium-free coverage is provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage is provided to people who have been diagnosed as needing palliative care and who receive their health care at home.

## What can I find in the Statistical Supplement?

Alberta Health and Wellness publishes the *Statistical Supplement* as an extension of the *Alberta Ministry of Health and Wellness Annual Report*. Data are provided on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) for services provided to Albertans and some payments for services provided to Albertans out of the country. The *Supplement* also reports data on the Alberta Blue Cross Non-Group Plans.



## How is data reported in the *Statistical Supplement*?

This edition of the *Statistical Supplement* reports data for the period April 1, 2004 to March 31, 2005. Where feasible, data are provided for a five-year period to assist in longer-term comparisons. Regional health authority data are provided only for the current year, since regional boundaries are subject to change, making data for previous years incomparable. Boundaries were last adjusted on December 1, 2003.

The majority of data are reported on a date-of-service basis, with the exception of Section 4 – Alberta Blue Cross Non-Group Coverage, which reports data on a date-of-payment basis.

**Note:** Some totals in the *Statistical Supplement* differ from those in the *Annual Report*. The *Statistical Supplement* uses claims payment data from the Claims Assessment System (CLASS), based on date-of-service, while the *Annual Report* uses financial statement data, based on date-of-payment, from the Alberta Government Integrated Management Information System (IMAGIS).

## What information is not included in the *Statistical Supplement*?

The following information is not included in the *Statistical Supplement*:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories;
- regional health authority services and costs (e.g. hospital and home care services and costs);
- Alberta Cancer Board services and costs; and
- other program expenditures which are not directly paid by the AHCIP.

The 2004/2005 Annual Report contains information on these costs. A copy of the Annual Report can be found in the Publications Section on the Alberta Health and Wellness website at <http://www.health.gov.ab.ca>. A printed copy can be obtained by dialing 427-7164 if calling from the Edmonton area, or toll-free by dialing 310-0000, then (780) 427-7164 when prompted, if calling from elsewhere in the province.



## SECTION 1: REGISTRATION

## Summary

This section provides statistics on the number of Albertans covered under the AHCIP for basic health services. The tables show registration data broken down by premium status and subsidy level, and by age and gender as at March 31, 2005.

### HIGHLIGHTS

- A total of 3,210,035 Albertans were entitled to basic health coverage. This is an increase of 1.4 per cent compared to 2003/2004. Included in this total are 19,628 individuals who have temporary Canada entry documents (e.g. Minister's Permits, Work Permits, Study Permits) and are registered with the AHCIP.
- Overall, 22.9 per cent of the total population covered by the AHCIP paid reduced premiums or were fully exempt from paying premiums in 2004/2005.
- On average, during 2004/2005, approximately 9,500 Albertans (5,800 registrations) per month were on the Waiver of Premiums Program.
- The number of seniors receiving premium-free coverage increased dramatically during 2004/2005. Effective October 1, 2004, seniors and their dependants no longer pay AHCIP premiums, regardless of their income.
- The number of Alberta Human Resources and Employment (AHRE) Income Support recipients who received premium-free coverage was 90,208: an increase of 10.7 per cent compared to the 2003/2004 year.
- The number of AHRE Alberta Widows' Pension recipients, who also received premium-free coverage, decreased by 15.3 per cent (to 1,778) compared to those covered in 2003/2004. The numbers continue to decline because the program has not accepted applications since April 2004.
- In 2004/2005, the number of Albertans who chose to opt out of the AHCIP increased to 300 compared to 293 in 2003/2004.

### Did You Know?

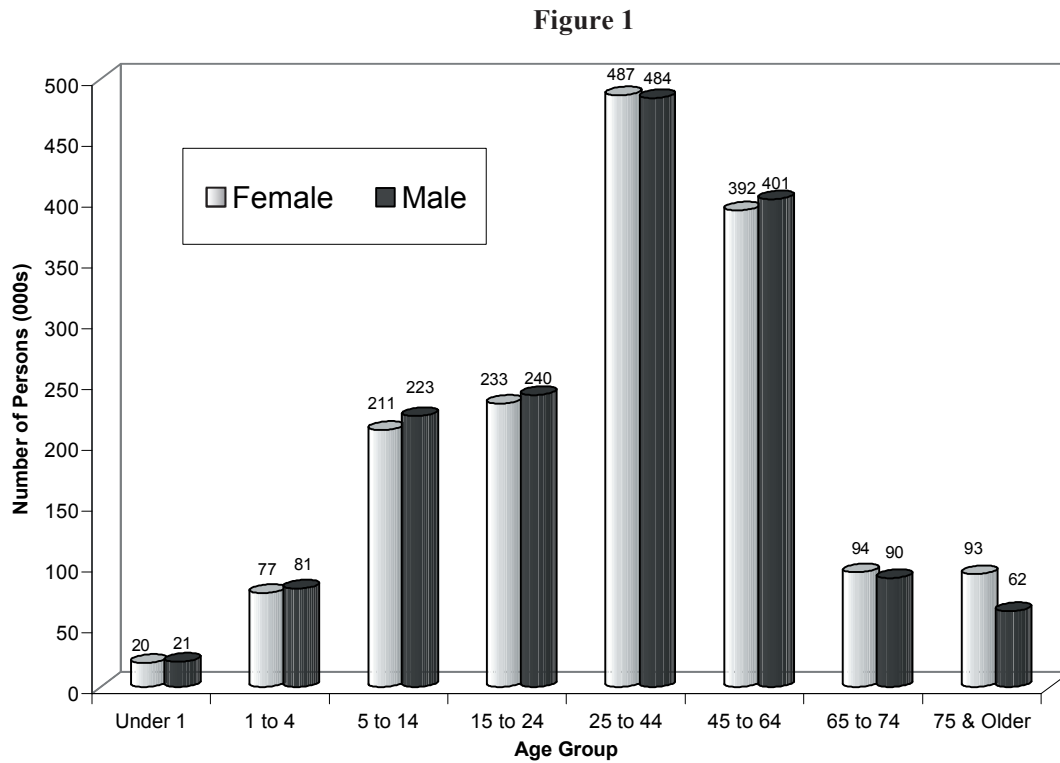
In 2004/2005, premiums collected covered 11 cents of every dollar needed to fund our health care system. The balance was made up of:

- 19 cents from federal transfer payments,
- 66 cents from Alberta's general revenues, and
- 4 cents from lottery and other revenues.



## FIGURES AND CHARTS

Figure 1 identifies the population covered for basic health benefits, broken down by age and gender as at March 31, 2005.



# Explanatory Notes

## BRACKETED DATA

Bracketed data ( ) indicate negative figures.

## INCOME SUPPORT CATEGORY

This category includes Albertans who do not have the resources to meet their basic needs and who receive financial benefits through the Alberta Human Resources and Employment (AHRE) Income Support Program. Income Support recipients receive premium-free AHCIP coverage.

## INDIVIDUAL AND GROUP CATEGORY

This category includes Albertans who make AHCIP premium payments either directly to Alberta Health and Wellness or through group plans (e.g. employers who submit premiums on behalf of their employees).

## OPTING OUT

Every year, Albertans who object in principle to the AHCIP may opt out. These individuals and their dependants are responsible for paying all of their health care expenses. People who opt out must do so for a full benefit year, which is July 1 of one year to June 30 of the following year.

## PREMIUM ASSISTANCE PROGRAMS

Premium rates for AHCIP coverage are \$88 per month (\$1,056 per year) for family coverage (two or more people) and \$44 per month (\$528 per year) for single coverage. To assist lower-income Albertans with the cost of premiums, Alberta Health and Wellness has two premium assistance programs which residents can apply for: the Premium Subsidy Program and the Waiver of Premiums Program.

Eligibility for the Premium Subsidy Program is based on the family category the applicant falls into and the taxable income of the applicant and his/her spouse/adult interdependent partner (if applicable) for the year preceding the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether there are children and/or a spouse or an adult interdependent partner on the registration account.

2004/2005 Premium Subsidy Thresholds		
Family Category	Full Subsidy*	Full Premiums*
Single	under \$12,450	over \$15,970
Family — no children	under \$21,200	over \$28,240
Family — with children	under \$27,210	over \$34,250

\*If the combined incomes of the applicant and his/her spouse/partner fall in between the thresholds for full subsidy and full premiums, a partial subsidy is provided.



The Waiver of Premiums Program is designed to assist Albertans experiencing short-term financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date that the application is submitted. If there is a spouse or adult interdependent partner on the account, both individuals are required to provide their income. If the total income is under the qualifying threshold (shown below), premiums are waived for a six-month period.

2004/2005 Waiver of Premium Thresholds	
Family Category	Income Level
Single	\$1,020
Family — no children	\$1,860
Family — with children	\$2,260

### REGISTRATIONS

Registration data are based on the number of active registrations on the AHCIP files as of the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. There is usually one registration per family household. The number of people covered under one registration can range from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are in Table 1.1 and Table 1.2 on pages 8 and 9 respectively.

The population data reported in the *Statistical Supplement* differ from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates the AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain coverage for a period

of three months (up to March 31), are included in the data.

- Members of the Armed Forces and RCMP, and inmates of federal penitentiaries are covered by the federal government. They are not entitled to AHCIP coverage so they are not included in the data. However, their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

### SENIORS CATEGORY

As of October 1, 2004, seniors and their dependants are not required to pay AHCIP premiums. Prior to October 1, 2004, seniors were required to pay AHCIP premiums unless they were entitled to a partial or full exemption under the income-tested Alberta Seniors Benefit Program. As the *Statistical Supplement* data is reported as at March 31, 2005, the number of individuals in the seniors category who paid partial or full premiums for the period April 1, 2004 to September 30, 2004, are not included.

Alberta Health and Wellness also provides premium-free Alberta Blue Cross supplemental health coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4 – Alberta Blue Cross Non-Group Coverage for more details.



## WIDOWS' PENSION CATEGORY

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through Alberta Human Resources and Employment's (AHRE) Alberta Widows' Pension (AWP) plan. As of April 1, 2004, no new applications are being accepted and AHRE staff direct people inquiring about the AWP to appropriate income support programs. With no new applicants, the number of AWP recipients continues to decline.

Currently, recipients of AWP and their eligible dependants receive both premium-free AHCIP coverage and department-sponsored Alberta Blue Cross supplemental health coverage. Refer to Section 4 – Alberta Blue Cross Non-Group Coverage for more details about Alberta Blue Cross coverage.



**Table 1.1**  
**Number of Registrations and Population Covered**  
**as at March 31, 2001, 2002, 2003, 2004, and 2005<sup>(1)</sup>**

Population Categories	Number of Registrations					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	1,441,060	1,484,218	1,520,004	1,553,838	1,587,419	2.99%	2.41%	2.23%	2.16%
Individual and Group	1,158,095	1,195,302	1,223,618	1,250,087	1,272,089	3.21	2.37	2.16	1.76
Seniors	232,089	237,772	242,564	248,345	256,894	2.45	2.02	2.38	3.44
Widows' Pension	2,285	2,158	2,035	1,921	1,636	(5.56)	(5.70)	(5.60)	(14.84)
Income Support Recipients	48,591	48,986	51,787	53,485	56,800	0.81	5.72	3.28	6.20

Population Categories	Population Covered					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	3,007,582	3,072,384	3,124,487	3,165,157	3,210,035	2.15%	1.70%	1.30%	1.42%
Individual and Group	2,589,156	2,646,957	2,688,693	2,718,333	2,741,056	2.23	1.58	1.10	0.84
Seniors	339,065	347,497	354,589	363,201	376,993	2.49	2.04	2.43	3.80
Widows' Pension	2,480	2,390	2,239	2,098	1,778	(3.63)	(6.32)	(6.30)	(15.25)
Income Support Recipients	76,881	75,540	78,966	81,525	90,208	(1.74)	4.54	3.24	10.65

(1) The population figures are as at March 31, calculated in July.





**Table 1.2**  
**Number of Registrations and Population Covered by Method**  
**of Premium Collection and Subsidy Level**  
**as at March 31, 2005<sup>(1)</sup>**

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
<b>Total</b>	1,587,419	3,210,035	778,909	778,909	808,510	2,431,126
Non-Subsidized						
Individual and Group	1,143,477	2,476,505	529,673	529,673	613,804	1,946,832
Partial Reduction						
Individual and Group						
0.1% to 25.0% Reduced	4,219	7,839	2,539	2,539	1,680	5,300
25.1% to 50.0% Reduced	5,086	9,760	2,930	2,930	2,156	6,830
50.1% to 75.0% Reduced	5,707	11,333	3,192	3,192	2,515	8,141
75.1% to 99.9% Reduced	4,614	9,565	2,339	2,339	2,275	7,226
Subtotal	19,626	38,497	11,000	11,000	8,626	27,497
Full Reduction						
Individual and Group	108,986	226,054	54,987	54,987	53,999	171,067
Seniors	256,894	376,993	140,978	140,978	115,916	236,015
Widows' Pension	1,636	1,778	1,537	1,537	99	241
Income Support Recipients	56,800	90,208	40,734	40,734	16,066	49,474
Subtotal	424,316	695,033	238,236	238,236	186,080	456,797

(1) The population figures are as at March 31, calculated in July.



**Table 1.3**  
**Distribution of Population by Age and Gender**  
**as at March 31, 2001, 2002, 2003, 2004 and 2005 <sup>(1)</sup>**

Age Group \ Gender	Total					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	3,007,582	3,072,384	3,124,487	3,165,157	3,210,035	2.15%	1.70%	1.30%	1.42%
Under 1	37,048	37,371	38,810	40,155	40,517	0.87	3.85	3.47	0.90
1 - 4	156,144	156,315	156,101	155,949	158,354	0.11	(0.14)	(0.10)	1.54
5 - 9	213,867	212,496	210,261	208,723	206,883	(0.64)	(1.05)	(0.73)	(0.88)
10 - 14	226,961	229,304	230,458	229,393	227,377	1.03	0.50	(0.46)	(0.88)
15 - 19	226,075	231,005	232,542	233,259	236,176	2.18	0.67	0.31	1.25
20 - 24	213,618	221,083	227,934	233,727	237,132	3.49	3.10	2.54	1.46
25 - 29	213,669	219,043	223,438	227,029	231,404	2.52	2.01	1.61	1.93
30 - 34	223,017	226,843	229,209	229,807	230,953	1.72	1.04	0.26	0.50
35 - 39	257,866	252,445	245,416	238,698	234,910	(2.10)	(2.78)	(2.74)	(1.59)
40 - 44	268,639	273,266	275,925	275,902	273,916	1.72	0.97	(0.01)	(0.72)
45 - 49	233,060	245,421	255,436	262,678	268,455	5.30	4.08	2.84	2.20
50 - 54	189,084	195,263	201,872	211,392	221,753	3.27	3.38	4.72	4.90
55 - 59	135,268	146,978	158,544	167,091	176,968	8.66	7.87	5.39	5.91
60 - 64	105,722	110,136	115,230	120,634	126,021	4.18	4.63	4.69	4.47
65 - 69	93,029	93,638	94,903	96,580	98,603	0.65	1.35	1.77	2.09
70 - 74	80,076	82,248	83,662	84,554	85,401	2.71	1.72	1.07	1.00
75 - 79	61,320	62,317	64,072	65,960	68,194	1.63	2.82	2.95	3.39
80 - 84	39,930	42,551	44,811	46,616	47,789	6.56	5.31	4.03	2.52
85 and Older	33,189	34,661	35,863	37,010	39,229	4.44	3.47	3.20	6.00

(1) The population figures are as at March 31, calculated in July.

...Continued



**Table 1.3**  
**Distribution of Population by Age and Gender**  
**as at March 31, 2001, 2002, 2003, 2004 and 2005 <sup>(1)</sup>**

Age Group \ Gender	Male					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	1,502,264	1,534,786	1,561,027	1,581,262	1,602,370	2.16%	1.71%	1.30%	1.33%
Under 1	18,912	19,043	19,799	20,597	20,741	0.69	3.97	4.03	0.70
1 - 4	80,004	79,775	79,746	79,605	81,007	(0.29)	(0.04)	(0.18)	1.76
5 - 9	109,575	109,200	108,144	107,270	106,202	(0.34)	(0.97)	(0.81)	(1.00)
10 - 14	116,292	117,490	117,933	117,703	116,636	1.03	0.38	(0.20)	(0.91)
15 - 19	115,691	118,287	119,167	119,350	120,870	2.24	0.74	0.15	1.27
20 - 24	108,022	111,610	114,873	117,667	119,289	3.32	2.92	2.43	1.38
25 - 29	107,222	109,885	112,174	113,981	115,598	2.48	2.08	1.61	1.42
30 - 34	111,129	113,562	114,957	115,502	115,972	2.19	1.23	0.47	0.41
35 - 39	127,829	125,135	121,982	118,848	117,042	(2.11)	(2.52)	(2.57)	(1.52)
40 - 44	135,277	137,112	137,807	137,440	135,808	1.36	0.51	(0.27)	(1.19)
45 - 49	118,571	124,801	129,738	133,278	135,787	5.25	3.96	2.73	1.88
50 - 54	95,881	99,165	102,723	107,482	112,824	3.43	3.59	4.63	4.97
55 - 59	68,394	74,237	80,121	84,284	89,352	8.54	7.93	5.20	6.01
60 - 64	52,793	55,034	57,702	60,458	63,213	4.24	4.85	4.78	4.56
65 - 69	46,028	46,257	46,704	47,409	48,495	0.50	0.97	1.51	2.29
70 - 74	38,120	39,356	40,145	40,746	41,166	3.24	2.00	1.50	1.03
75 - 79	26,375	27,161	28,313	29,533	30,893	2.98	4.24	4.31	4.61
80 - 84	15,377	16,519	17,461	18,292	18,920	7.43	5.70	4.76	3.43
85 and Older	10,772	11,157	11,538	11,817	12,555	3.57	3.41	2.42	6.25

(1) The population figures are as at March 31, calculated in July.

...Continued



**Table 1.3**  
**Distribution of Population by Age and Gender**  
**as at March 31, 2001, 2002, 2003, 2004 and 2005 <sup>(1)</sup>**

Age Group \ Gender	Female					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	1,505,318	1,537,598	1,563,460	1,583,895	1,607,665	2.14%	1.68%	1.31%	1.50%
Under 1	18,136	18,328	19,011	19,558	19,776	1.06	3.73	2.88	1.11
1 - 4	76,140	76,540	76,355	76,344	77,347	0.53	(0.24)	(0.01)	1.31
5 - 9	104,292	103,296	102,117	101,453	100,681	(0.96)	(1.14)	(0.65)	(0.76)
10 - 14	110,669	111,814	112,525	111,690	110,741	1.03	0.64	(0.74)	(0.85)
15 - 19	110,384	112,718	113,375	113,909	115,306	2.11	0.58	0.47	1.23
20 - 24	105,596	109,473	113,061	116,060	117,843	3.67	3.28	2.65	1.54
25 - 29	106,447	109,158	111,264	113,048	115,806	2.55	1.93	1.60	2.44
30 - 34	111,888	113,281	114,252	114,305	114,981	1.24	0.86	0.05	0.59
35 - 39	130,037	127,310	123,434	119,850	117,868	(2.10)	(3.04)	(2.90)	(1.65)
40 - 44	133,362	136,154	138,118	138,462	138,108	2.09	1.44	0.25	(0.26)
45 - 49	114,489	120,620	125,698	129,400	132,668	5.36	4.21	2.95	2.53
50 - 54	93,203	96,098	99,149	103,910	108,929	3.11	3.17	4.80	4.83
55 - 59	66,874	72,741	78,423	82,807	87,616	8.77	7.81	5.59	5.81
60 - 64	52,929	55,102	57,528	60,176	62,808	4.11	4.40	4.60	4.37
65 - 69	47,001	47,381	48,199	49,171	50,108	0.81	1.73	2.02	1.91
70 - 74	41,956	42,892	43,517	43,808	44,235	2.23	1.46	0.67	0.97
75 - 79	34,945	35,156	35,759	36,427	37,301	0.60	1.72	1.87	2.40
80 - 84	24,553	26,032	27,350	28,324	28,869	6.02	5.06	3.56	1.92
85 and Older	22,417	23,504	24,325	25,193	26,674	4.85	3.49	3.57	5.88

(1) The population figures are as at March 31, calculated in July.



## SECTION 2: BASIC HEALTH SERVICES (PHYSICIANS AND ALLIED HEALTH PRACTITIONERS)

### Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dentists/oral surgeons, as well as some services provided by podiatrists, optometrists and chiropractors. Alberta practitioners receive fee-for-service payments and/or are remunerated through Alternate Relationship Plans (ARPs) (see page 18 and the glossary for information about ARPs).

In this section, data are primarily for fee-for-service payments, organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. ARP data are reported separately in Table 2.17.

#### Did You Know?

Statistics show that, for the first time since 1969 (when data became available), more physicians have returned to Canada than have moved abroad.

### HIGHLIGHTS

- In Alberta, there were 5,501 physicians and 1,478 allied practitioners who received fee-for-service payments from the AHCIP during 2004/2005.
- The number of physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.7 per 1,000 patients (a 1.2 per cent increase from 2003/2004).
- Of the 3,210,035 Albertans entitled to basic health services coverage in 2004/2005, eighty-five (85) per cent or 2,728,340 people received at least one fee-for-service physician service during 2004/2005.
  - A total of 74.2 per cent of these patients received services valued at \$500 or less.
  - 11.9 per cent of patients received physician services valued at more than \$1,000. Payments for these patients accounted for 53.7 per cent of all fee-for-service physician expenditures.
- About 26 per cent of Alberta's population, 820,959 Albertans, used allied health services in 2004/2005.
- Office visits (assessments) and consultations accounted for 45.9 per cent of the fee-for-service payments made to Alberta physicians in 2004/2005. These services accounted for 69.8 per cent of the fee-for-service payments made to general/family physicians.
- Alberta Health and Wellness spent \$65,554,605 for optometry, podiatry and chiropractic services in 2004/2005. Coverage for these services is not required by the *Canada Health Act*.



- A total of \$11,427,267 was spent on optometry care for Alberta's children in 2004/2005.
- The AHCIP paid fees-for-service totaling \$1,417,122,426 to Alberta physicians and allied health practitioners in 2004/2005. This figure represents a 5.9 per cent increase compared to 2003/2004.
- In 2004/2005, the average total fee-for-service payment per Alberta physician was \$245,178 (3.3 per cent higher than it was in 2003/2004). This brought the median payment to \$206,290 (a 3.7 per cent increase compared to 2003/2004).
- Sixty-two (62) general/family physicians received more than \$500,000 each in fee-for-service payments in 2004/2005; an increase of 21 physicians compared to the 2003/2004 year.
- A total of 383 specialists (15.6 per cent) received more than \$500,000 each in fee-for-service payments in 2004/2005. Eighty-one (81) received more than \$1 million each; an increase of 13 physicians compared to 2003/2004.
- A minimum of 543 discrete physicians participated in ARPs. A total of 357 of these physicians also received fee-for-service payments.

### **Did You Know?**

Between 2000 and 2004 Alberta had the highest increase in physicians (19 per cent) compared to the rest of Canada.



## CHARTS AND FIGURES

The following chart highlights fee-for-service payments made to Alberta practitioners in 2004/2005, and the percentage of change as compared to 2003/2004.

Practitioner	Overall Fee-for-Service Payments	Percentage change from 2003/2004 to 2005/2005
Physicians	\$1,348,724,184	5.97
Dental/Oral Surgeons	\$2,843,638	18.29
Chiropractors	\$39,966,107	2.38
Optometrists	\$18,362,362	10.09
Podiatrists	\$7,226,135	1.08
Allied Practitioner Sub-total	\$68,398,242	4.79
<b>Total*</b>	<b>\$1,417,122,426</b>	<b>5.91</b>

\*\$4.9 million of the overall payments made by the AHCIP to physicians was for pathology services (see Explanatory Notes, page 18).

The following chart highlights the number of Alberta practitioners who submitted fee-for-service claims to the AHCIP in 2004/2005, and the percentage of change as compared to 2003/2004.

Practitioner	Number	Percentage change from 2003/2004 to 2004/2005
Physicians	5,501	2.57
Dentists/Oral Surgeons	216	0.00
Chiropractors	844	3.43
Optometrists	367	2.51
Podiatrists	51	(3.77)
<b>Total</b>	<b>6,979</b>	<b>2.54</b>

### Did You Know?

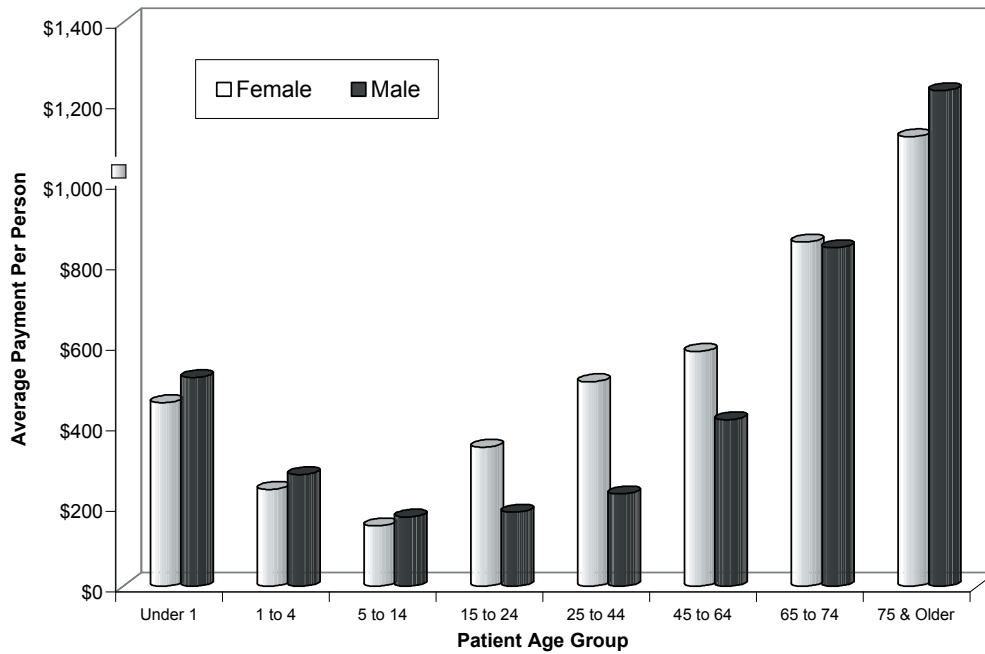
During 2004/2005, eighteen (18) cents of each dollar spent on health care in Alberta were for physician services.



Figures 2 and 3 identify the average fee-for-service payments per Albertan made to Alberta physicians and allied health practitioners for 2004/2005, sorted by patient age group and gender.

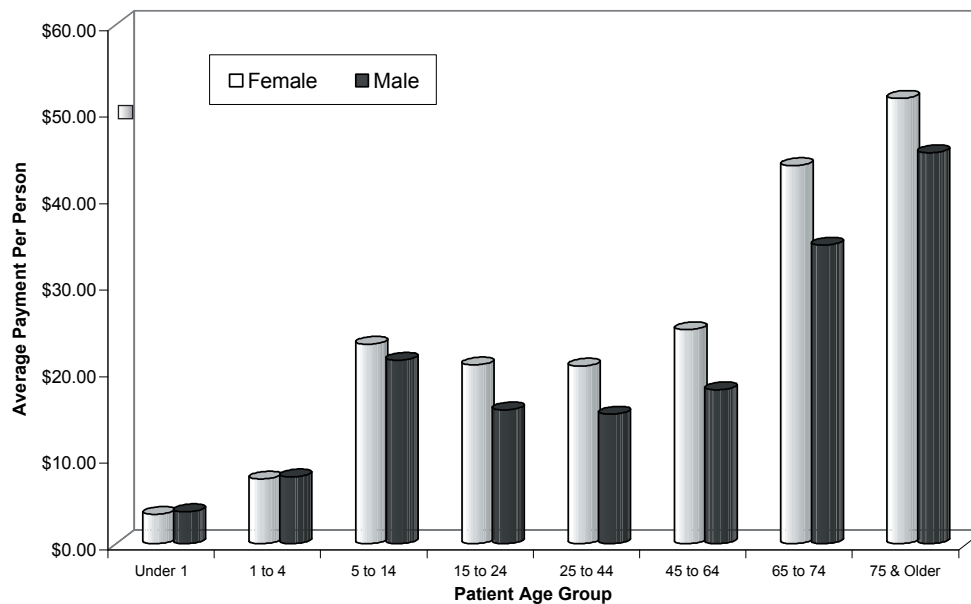
**Figure 2**

**Physicians**



**Figure 3**

**Allied Health Practitioners**



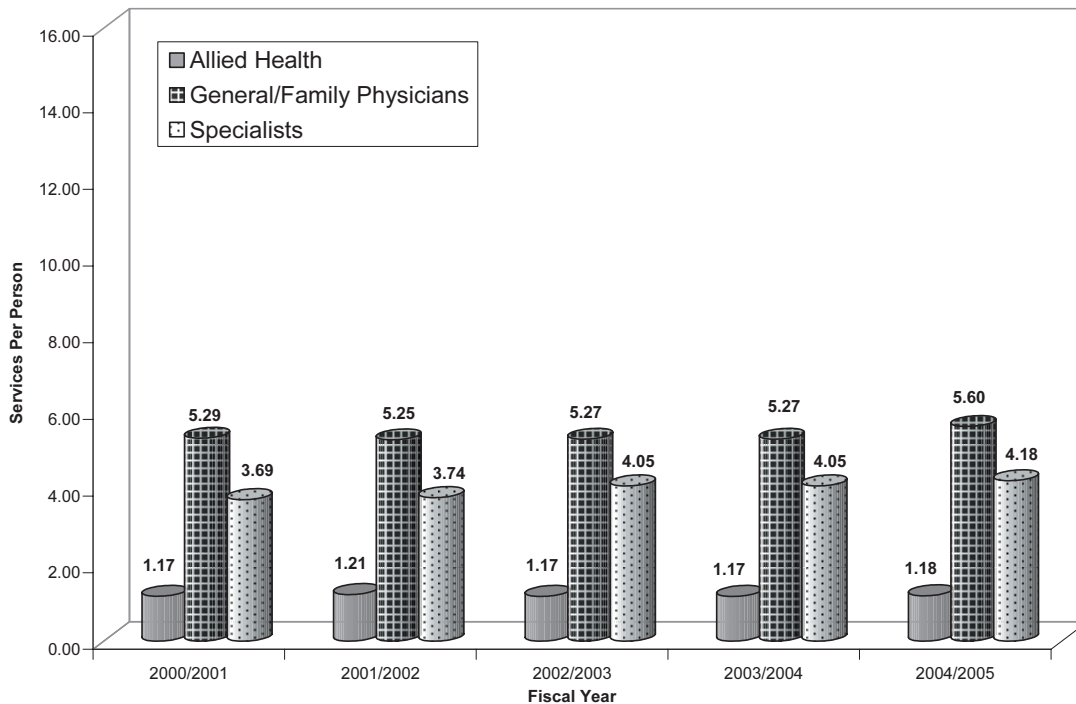


The following chart highlights the average fee-for-service cost per patient, sorted by practitioner type. The total average cost per patient in 2004/2005 increased by 4.4 per cent over the previous year's cost.

Practitioner	Average Fee-for-Service Cost/Patient	Percentage change from 2003/2004 to 2004/2005
Physicians	\$494.34	4.46
Dentists/Oral Surgeons	\$260.88	19.07
Chiropractors	\$90.27	0.86
Optometrists	\$52.48	7.41
Podiatrists	\$78.17	1.09
<b>Total</b>	<b>\$502.61</b>	<b>4.41</b>

Figure 4 highlights a five-year comparison of the average number of basic health services (fee-for-services only) per person, sorted by practitioner type. The data excludes pathologists. See Explanatory Notes on page 18 for more details.

Figure 4



## Explanatory Notes

### 2004/2005 ANNUAL MEDICAL SERVICES BUDGET

For the 2004/2005 fiscal year, \$1,521,600,000 was budgeted for fee-for-service payments, Alternate Relationship Plan (ARP) payments for physician services (excluding academic ARPs), on-call programs, primary care, the physician office system program and other types of benefits.

### ALTERNATE RELATIONSHIP PLANS (ARPs)

In early 2003, Alberta Health and Wellness, the Alberta Medical Association and the regional health authorities of Alberta entered into a trilateral relationship and budget management process for strategic physician agreements via a Master Agreement that remains in effect until 2011. ARPs are an important part of this overall agenda.

The purpose of ARPs is to promote innovation in clinical service delivery, and is intended to enhance the following five dimensions:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

Several full- and part-time non-academic ARP models are available to physicians and regional health authorities, including the contractual, sessional (hourly) and capitation (population-based) models.

Several academic ARPs also exist. These plans assist physicians in achieving their

clinical service delivery and innovation, education, research, and administration/leadership mandates.

Academic ARPs receive funding for delivery of clinical services, and conditional grant funding.

An operational governance structure comprised of the academic agreement stakeholders is accountable for managing the business and ongoing operations of an academic ARP, as well as for reporting on expenditure of funds.

There are multiple stakeholders in academic ARPs. These include:

- Alberta Health and Wellness,
- regional health authorities,
- Universities of Calgary and/or Alberta (Central Administration, Faculties of Medicine, Academic Departments),
- participating physicians,
- Alberta Medical Association,
- other funding bodies (e.g. research),
- other ministries (e.g. Advanced Education, Human Resources and Employment, Innovation and Science).

### BRACKETED DATA

Bracketed data ( ) indicate negative figures.

### EXPENDITURE LOCATION

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this *Supplement*, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.



## PATHOLOGY SERVICES

Most laboratory services are paid for by the regional health authorities. A few select pathology health services, such as minor consultations, electrocardiograms (technical) and skin tests, are still paid for by the AHCIP.

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to that about other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

## PAYMENTS DO NOT REFLECT INCOME

These statistics cannot be used as an accurate measure of a practitioner's personal income because:

- some practitioners receive income from other sources (e.g. Workers' Compensation Board, balance billing, third party medicals, and for services not covered by the AHCIP);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included; and
- the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Under special circumstances, physicians can claim and are paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

## PHYSICIAN DATA

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2004/2005. In the *Statistical Supplement*, when physicians have multiple specialties, they are counted in the specialty where they received the highest fee-for-service payments.

ARP data are reported separately from fee-for-service data (Table 2.17).

Manual payments totalling \$17,461,049 made to Alberta physicians for the period October 1, 2003 to March 31, 2004, are not included in these statistics. These payments were made to address the 2.7 per cent fee increase negotiated through the Master Agreement and implemented retroactive to October 1, 2003.

## PRACTITIONER

Practitioner refers to physicians and allied health practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) who received fee-for-service payments from the AHCIP for basic health services.

## REPORTING DATES

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date-of-service to submit claims to the AHCIP for payment. The majority submit their claims well within that time limit, and 99.9 per cent of claims are paid within 30 days of the actual date-of-service.

## TYPES OF SERVICE

The types of services reported in the fee-for-service payment tables are based on the health service codes found in the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.



**Table 2.1**  
**Medical and Allied Practitioners: Selected Indicators**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Indicators	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
<b>REGISTRATIONS</b>					
Population Covered	3,007,582	3,072,384	3,124,487	3,165,157	3,210,035
Number of Discrete Physician Patients <sup>(1)</sup>	2,572,066	2,601,914	2,642,193	2,689,453	2,728,340
Number of Discrete Patients Per Physician	530	512	508	501	496
<b>OVERALL PHYSICIAN SUMMARY</b>					
Number of Physician Services Provided	27,233,744	27,842,671	29,328,923	30,044,400	31,683,660
Number of Physicians	4,856	5,079	5,206	5,363	5,501
Number of Physicians Per 1,000 Persons	1.61	1.65	1.67	1.69	1.71
Number of Services Per Physician	5,608	5,482	5,634	5,602	5,760
Number of Services Per 1,000 Persons	9,055	9,062	9,387	9,492	9,870
Total Physician Payments	\$959,073,855	\$1,061,169,693	\$1,225,626,637	\$1,272,779,982	\$1,348,724,184
Physician Payment Per 1,000 Persons	\$318,885	\$345,390	\$392,265	\$402,122	\$420,159
Average Payment Per Physician	\$197,503	\$208,933	\$235,426	\$237,326	\$245,178
<b>PHYSICIAN SUMMARY EXCLUDING PATHOLOGY</b>					
Number of Physician Services Provided	27,008,559	27,633,998	29,096,188	29,790,613	31,404,205
Number of Physicians	4,835	5,057	5,187	5,343	5,481
Number of Physicians Per 1,000 Persons	1.61	1.65	1.66	1.69	1.71
Number of Services Per Physician	5,586	5,465	5,609	5,576	5,730
Number of Services Per 1,000 Persons	8,980	8,994	9,312	9,412	9,783
Total Physician Payments	\$956,420,889	\$1,058,282,619	\$1,221,557,525	\$1,268,402,472	\$1,343,843,049
Physician Payment Per 1,000 Persons	\$318,003	\$344,450	\$390,963	\$400,739	\$418,638
Average Payment Per Physician	\$197,812	\$209,271	\$235,504	\$237,395	\$245,182
<b>ALLIED PRACTITIONER SUMMARY</b>					
Number of Allied Services Provided	3,518,304	3,731,537	3,640,251	3,777,986	3,796,562
Number of Allied Practitioners	1,276	1,369	1,425	1,443	1,478
Number of Allied Practitioners Per 1,000 Persons	0.42	0.45	0.46	0.46	0.46
Number of Services Per Allied Practitioner	2,757	2,726	2,555	2,618	2,569
Number of Discrete Allied Patients <sup>(2)</sup>	745,461	787,743	787,371	807,961	820,959
Number of Discrete Patients Per Allied Practitioner	584	575	553	560	555
Total Payments to Allied Practitioners	\$57,804,028	\$61,885,776	\$61,714,534	\$65,271,664	\$68,398,242
Allied Practitioner Payment Per 1,000 Persons	\$19,219	\$20,143	\$19,752	\$20,622	\$21,308
Average Payment Per Allied Practitioner	\$45,301	\$45,205	\$43,308	\$45,233	\$46,278

Note: This table reflects fee-for-service data only.

Continued...

(1) "Number of Discrete Physician Patients" represents the actual count of patients receiving at least one service from a physician.

(2) "Number of Discrete Allied Patients" represents the actual count of patients receiving at least one service from an Allied Practitioner.



**Table 2.1**  
**Medical and Allied Practitioners: Selected Indicators**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Indicators	Percentage Change			
	2002/2001	2003/2002	2004/2003	2005/2004
<b>REGISTRATIONS</b>				
Population Covered	2.15%	1.70%	1.30%	1.42%
Number of Discrete Physician Patients <sup>(1)</sup>	1.16	1.55	1.79	1.45
Number of Discrete Patients Per Physician	(3.40)	(0.78)	(1.38)	(1.00)
<b>OVERALL PHYSICIAN SUMMARY</b>				
Number of Physician Services Provided	2.24	5.34	2.44	5.46
Number of Physicians	4.59	2.50	3.02	2.57
Number of Physicians Per 1,000 Persons	2.48	1.21	1.20	1.18
Number of Services Per Physician	(2.25)	2.77	(0.56)	2.81
Number of Services Per 1,000 Persons	0.08	3.58	1.12	3.98
Total Physician Payments	10.65	15.50	3.85	5.97
Physician Payment Per 1,000 Persons	8.31	13.57	2.51	4.49
Average Payment Per Physician	5.79	12.68	0.81	3.31
<b>PHYSICIAN SUMMARY EXCLUDING PATHOLOGY</b>				
Number of Physician Services Provided	2.32	5.29	2.39	5.42
Number of Physicians	4.59	2.57	3.01	2.58
Number of Physicians Per 1,000 Persons	2.48	0.61	1.81	1.18
Number of Services Per Physician	(2.18)	2.65	(0.60)	2.76
Number of Services Per 1,000 Persons	0.16	3.54	1.07	3.94
Total Physician Payments	10.65	15.43	3.83	5.95
Physician Payment Per 1,000 Persons	8.32	13.50	2.50	4.47
Average Payment Per Physician	5.79	12.54	0.80	3.28
<b>ALLIED PRACTITIONER SUMMARY</b>				
Number of Allied Services Provided	6.06	(2.45)	3.78	0.49
Number of Allied Practitioners	7.29	4.09	1.26	2.43
Number of Allied Practitioners Per 1,000 Persons	7.14	2.22	0.00	0.00
Number of Services Per Allied Practitioner	(1.14)	(6.28)	2.49	(1.89)
Number of Discrete Allied Patients <sup>(2)</sup>	5.67	(0.05)	2.62	1.61
Number of Discrete Patients Per Allied Practitioner	(1.51)	(3.98)	1.34	(0.80)
Total Payments to Allied Practitioners	7.06	(0.28)	5.76	4.79
Allied Practitioner Payment Per 1,000 Persons	4.80	(1.94)	4.40	3.33
Average Payment Per Allied Practitioner	(0.21)	(4.20)	4.44	2.31

Note: This table reflects fee-for-service data only.

- (1) "Number of Discrete Physician Patients" represents the actual count of patients receiving at least one service from a physician.
- (2) "Number of Discrete Allied Patients" represents the actual count of patients receiving at least one service from an Allied Practitioner.



**Table 2.1A**  
**Number of Services and Total Payments**  
**to Allied Practitioners by Service Category Code**  
**for the Service Year April 1, 2004 to March 31, 2005**

Practitioner Type	Service Category Code	Number of Services	Total Payments
<b>Total</b>		3,796,562	\$68,398,242
Chiropractors	Visit	3,028,265	39,432,356
	Test (x-ray)	24,468	533,751
Dentists/Oral Surgeons	Procedures	8,733	2,424,005
	Visit	5,925	419,632
Optometrists	Visit	440,891	18,362,362
Podiatrists	Procedures	84,648	1,988,162
	Test (x-ray)	13,840	199,115
	Visit	189,792	5,038,858

Note: This table reflects fee-for-service data only.

### CHIROPRACTIC SERVICES

During the 2004/2005 year, the maximum benefit paid by the AHCIP was \$13.23 for a chiropractic visit and \$21.90 for an x-ray, with an annual patient limit of \$200.

### PODIATRY SERVICES

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the *Schedule of Podiatry Benefits*), with a maximum annual benefit per patient of \$250.

### OPTOMETRY SERVICES

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete and one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Optometry services for Albertans aged 19 to 64 years of age are not covered by the AHCIP.



**Table 2.2**  
**Number of Physicians and Average Payments to Physicians within their Age Group**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Physician Age Group	Number of Physicians					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	4,856	5,079	5,206	5,363	5,501	4.59%	2.50%	3.02%	2.57%
Under 30	104	104	115	104	108	0.00	10.58	(9.57)	3.85
30 - 34	591	628	649	631	635	6.26	3.34	(2.77)	0.63
35 - 39	718	759	747	808	813	5.71	(1.58)	8.17	0.62
40 - 44	883	866	818	824	816	(1.93)	(5.54)	0.73	(0.97)
45 - 49	883	926	977	964	954	4.87	5.51	(1.33)	(1.04)
50 - 54	664	714	744	794	830	7.53	4.20	6.72	4.53
55 - 59	402	443	478	518	595	10.20	7.90	8.37	14.86
60 - 64	271	281	298	314	335	3.69	6.05	5.37	6.69
65 & Over	340	358	380	406	415	5.29	6.15	6.84	2.22

Physician Age Group	Average Payments					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	\$197,503	\$208,933	\$235,426	\$237,326	\$245,178	5.79%	12.68%	0.81%	3.31%
Under 30	114,515	97,942	100,734	114,401	132,000	(14.47)	2.85	13.57	15.38
30 - 34	161,202	168,171	187,875	176,936	181,204	4.32	11.72	(5.82)	2.41
35 - 39	178,358	190,534	219,670	224,836	237,156	6.83	15.29	2.35	5.48
40 - 44	212,992	215,259	237,551	239,150	242,651	1.06	10.36	0.67	1.46
45 - 49	227,703	246,589	271,981	262,462	265,143	8.29	10.30	(3.50)	1.02
50 - 54	223,468	243,484	278,446	289,336	300,445	8.96	14.36	3.91	3.84
55 - 59	221,848	230,657	262,729	274,110	283,807	3.97	13.90	4.33	3.54
60 - 64	208,483	215,081	255,815	255,467	263,155	3.16	18.94	(0.14)	3.01
65 & Over	119,515	138,365	155,245	161,471	166,881	15.77	12.20	4.01	3.35

Note: This table reflects fee-for-service data only.



**Table 2.2A**  
**Number of Chiropractors and Average Payments to Chiropractors within their Age Group**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Chiropractor Age Group	Number of Chiropractors					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	689	745	801	816	844	8.13%	7.52%	1.87%	3.43%
Under 30	120	123	115	94	93	2.50	(6.50)	(18.26)	(1.06)
30 - 34	177	203	227	229	241	14.69	11.82	0.88	5.24
35 - 39	111	128	152	168	163	15.32	18.75	10.53	(2.98)
40 - 44	79	82	84	91	102	3.80	2.44	8.33	12.09
45 - 49	74	74	73	81	87	0.00	(1.35)	10.96	7.41
50 - 54	65	63	67	73	65	(3.08)	6.35	8.96	(10.96)
55 - 59	34	41	47	45	52	20.59	14.63	(4.26)	15.56
60 - 64	13	15	18	21	28	15.38	20.00	16.67	33.33
65 & Over	16	16	18	14	13	0.00	12.50	(22.22)	(7.14)

Chiropractor Age Group	Average Payments					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	\$52,830	\$51,725	\$46,082	\$47,841	\$47,353	-2.09%	-10.91%	3.82%	-1.02%
Under 30	30,356	27,210	22,848	24,323	20,202	(10.36)	(16.03)	6.45	(16.94)
30 - 34	44,105	45,078	38,397	37,890	39,005	2.21	(14.82)	(1.32)	2.94
35 - 39	55,995	52,142	47,903	51,311	50,384	(6.88)	(8.13)	7.11	(1.81)
40 - 44	72,200	70,991	60,056	52,171	48,566	(1.67)	(15.40)	(13.13)	(6.91)
45 - 49	67,107	69,267	67,237	69,103	68,348	3.22	(2.93)	2.78	(1.09)
50 - 54	65,171	65,630	56,684	60,154	60,024	0.70	(13.63)	6.12	(0.22)
55 - 59	61,125	59,692	59,791	59,960	61,627	(2.35)	0.17	0.28	2.78
60 - 64	89,682	90,899	71,178	49,934	52,438	1.36	(21.70)	(29.85)	5.01
65 & Over	36,565	29,419	24,718	69,440	76,936	(19.54)	(15.98)	180.93	10.79

Note: This table reflects fee-for-service data only.





**Table 2.2B**  
**Number of Dentists/Oral Surgeons and Average Payments to Dentists/Oral Surgeons**  
**within their Age Group for the Service Years Ended March 31, 2001 to March 31, 2005**

Dentist/Oral Surgeon Age Group	Number of Dentists/Oral Surgeons					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	232	250	234	216	216	7.76%	-6.40%	-7.69%	0.00%
Under 30	10	17	10	7	11	70.00	(41.18)	(30.00)	57.14
30 - 34	35	30	26	18	16	(14.29)	(13.33)	(30.77)	(11.11)
35 - 39	41	41	46	45	38	0.00	12.20	(2.17)	(15.56)
40 - 44	44	49	39	36	34	11.36	(20.41)	(7.69)	(5.56)
45 - 49	40	45	42	39	40	12.50	(6.67)	(7.14)	2.56
50 - 54	33	28	35	32	33	(15.15)	25.00	(8.57)	3.13
55 - 59	14	20	22	20	23	42.86	10.00	(9.09)	15.00
60 - 64	8	11	7	12	12	37.50	(36.36)	71.43	0.00
65 & Over	7	9	7	7	9	28.57	(22.22)	0.00	28.57

Dentist/Oral Surgeon Age Group	Average Payments					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	\$9,122	\$8,672	\$10,233	\$11,130	\$13,165	-4.94%	18.00%	8.77%	18.28%
Under 30	448	119	199	649	894	(73.44)	66.97	226.80	37.83
30 - 34	3,200	2,136	4,909	7,002	6,523	(33.25)	129.85	42.63	(6.85)
35 - 39	8,109	7,966	2,332	3,556	8,241	(1.76)	(70.73)	52.51	131.74
40 - 44	7,029	6,571	13,657	13,233	17,870	(6.51)	107.82	(3.10)	35.04
45 - 49	13,794	12,067	13,065	12,592	13,403	(12.52)	8.27	(3.62)	6.44
50 - 54	17,492	24,840	18,221	21,126	19,442	42.01	(26.65)	15.94	(7.97)
55 - 59	7,850	7,927	17,119	19,883	21,445	0.99	115.95	16.15	7.86
60 - 64	8,708	4,148	6,340	2,564	8,070	(52.37)	52.85	(59.56)	214.74
65 & Over	7,093	1,167	2,498	5,934	4,547	(83.55)	114.06	137.59	(23.38)

Note: This table reflects fee-for-service data only.



**Table 2.2C**  
**Number of Optometrists and Average Payments to Optometrists within their Age Group**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	311	326	340	358	367	4.82%	4.29%	5.29%	2.51%
Under 30	53	52	48	47	53	(1.89)	(7.69)	(2.08)	12.77
30 - 34	66	71	86	86	84	7.58	21.13	0.00	(2.33)
35 - 39	28	36	40	48	55	28.57	11.11	20.00	14.58
40 - 44	36	36	32	31	32	0.00	(11.11)	(3.13)	3.23
45 - 49	43	45	44	45	39	4.65	(2.22)	2.27	(13.33)
50 - 54	36	32	31	39	38	(11.11)	(3.13)	25.81	(2.56)
55 - 59	25	31	34	37	33	24.00	9.68	8.82	(10.81)
60 - 64	14	16	16	14	21	14.29	0.00	(12.50)	50.00
65 & Over	10	7	9	11	12	(30.00)	28.57	22.22	9.09

Optometrist Age Group	Average Payments					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	\$42,551	\$44,944	\$45,713	\$46,592	\$50,034	5.62%	1.71%	1.92%	7.39%
Under 30	35,730	36,879	38,632	41,668	42,820	3.22	4.75	7.86	2.76
30 - 34	40,963	45,326	46,702	49,791	53,587	10.65	3.04	6.62	7.62
35 - 39	45,941	43,026	41,370	40,707	48,626	(6.34)	(3.85)	(1.60)	19.45
40 - 44	48,492	47,112	47,531	48,266	52,114	(2.84)	0.89	1.55	7.97
45 - 49	46,503	54,326	54,047	53,726	59,031	16.82	(0.51)	(0.59)	9.87
50 - 54	48,329	46,212	45,682	48,510	54,248	(4.38)	(1.15)	6.19	11.83
55 - 59	55,282	56,137	55,539	49,964	50,339	1.55	(1.07)	(10.04)	0.75
60 - 64	22,116	26,224	36,224	39,342	48,318	18.57	38.13	8.61	22.82
65 & Over	17,282	26,799	25,967	25,429	17,506	55.06	(3.10)	(2.07)	(31.16)

Note: This table reflects fee-for-service data only.



**Table 2.2D**  
**Number of Podiatrists and Average Payments to Podiatrists within their Age Group**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	44	48	50	53	51	9.09%	4.17%	6.00%	-3.77%
Under 35	13	15	12	10	5	15.38	(20.00)	(16.67)	(50.00)
35 - 39	14	12	14	16	19	(14.29)	16.67	14.29	18.75
40 - 44	6	7	7	9	10	16.67	0.00	28.57	11.11
45 - 49	2	5	6	5	7	150.00	20.00	(16.67)	40.00
50 - 54	5	4	5	7	4	(20.00)	25.00	40.00	(42.86)
55 & Over	4	5	6	6	6	25.00	20.00	0.00	0.00

Podiatrist Age Group	Average Payments					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	\$137,607	\$136,066	\$137,316	\$134,890	\$141,689	-1.12%	0.92%	-1.77%	5.04%
Under 35	150,516	140,868	154,447	113,058	123,458	(6.41)	9.64	(26.80)	9.20
35 - 39	135,072	146,647	143,923	163,618	144,684	8.57	(1.86)	13.68	(11.57)
40 - 44	136,107	142,352	154,388	158,694	167,149	4.59	8.46	2.79	5.33
45 - 49	103,064	101,144	101,436	115,237	125,412	(1.86)	0.29	13.61	8.83
50 - 54	120,199	133,588	120,581	99,483	131,127	11.14	(9.74)	(17.50)	31.81
55 & Over	145,808	124,366	117,549	116,652	130,995	(14.71)	(5.48)	(0.76)	12.30

Note: This table reflects fee-for-service data only.



**Table 2.3**  
**Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Practitioner Type	Total Payments	Number of Services	Average Cost Per Service	Number of Discrete Patients <sup>(2)</sup>	Average Cost Per Discrete Patient	Services Per Discrete Patient
<b>Total</b>	\$1,417,122,426	35,480,222	\$39.94	2,819,541	\$502.61	13
Physicians	1,348,724,184	31,683,660	42.57	2,728,340	494.34	12
Dentists/Oral Surgeons	2,843,638	14,658	194.00	10,900	260.88	1
Chiropractors	39,966,107	3,052,733	13.09	442,746	90.27	7
Optometrists	18,362,362	440,891	41.65	349,865	52.48	1
Podiatrists	7,226,135	288,280	25.07	92,440	78.17	3

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

(2) "Number of Discrete Patients" contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

**Table 2.4**  
**Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2001 to March 31, 2005**

Practitioner Type	Number of Services						Percentage Change		
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	30,752,048	31,574,208	32,969,174	33,822,386	35,480,222	2.67%	4.42%	2.59%	4.90%
Physicians	27,233,744	27,842,671	29,328,923	30,044,400	31,683,660	2.24	5.34	2.44	5.46
Dentists/Oral Surgeons	14,708	14,585	16,759	14,802	14,658	(0.84)	14.91	(11.68)	(0.97)
Chiropractors	2,873,971	3,043,585	2,916,471	3,040,001	3,052,733	5.90	(4.18)	4.24	0.42
Optometrists	372,318	398,550	420,149	431,148	440,891	7.05	5.42	2.62	2.26
Podiatrists	257,307	274,817	286,872	292,035	288,280	6.81	4.39	1.80	(1.29)

Note: This table reflects fee-for-service data only.



**Table 2.5A**  
**Distribution of Optometry Payments and Services per Patient for Recipients**  
**0 to 18 Years of Age for the Service Years Ended March 31, 2001 to March 31, 2005**

Year	Total Optometry Payments	Number of Optometry Services	Average Cost Per Service	Number of Discrete Patients <sup>(1)</sup>	Average Cost Per Discrete Patient	Number of Services Per Patient	Population Covered
2000/2001	\$8,741,515	240,972	\$36.28	210,033	\$41.62	1.15	815,505
2001/2002	\$9,098,288	251,481	\$36.18	218,622	\$41.62	1.15	819,846
2002/2003	\$10,010,029	274,109	\$36.52	233,597	\$42.85	1.17	820,551
2003/2004	\$10,439,408	275,355	\$37.91	236,503	\$44.14	1.16	820,336
2004/2005	\$11,427,267	280,094	\$40.80	240,976	\$47.42	1.16	821,643

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.

**Table 2.5B**  
**Distribution of Optometry Payments and Services per Patient for Recipients**  
**65 Years of Age and Older for the Service Years Ended March 31, 2001 to March 31, 2005**

Year	Total Optometry Payments	Number of Optometry Services	Average Cost Per Service	Number of Discrete Patients <sup>(1)</sup>	Average Cost Per Discrete Patient	Number of Services Per Patient	Population Covered
2000/2001	\$4,491,726	131,346	\$34.20	89,416	\$50.23	1.47	307,544
2001/2002	\$5,553,419	147,069	\$37.76	97,492	\$56.96	1.51	315,415
2002/2003	\$5,532,274	146,040	\$37.88	96,426	\$57.37	1.51	323,311
2003/2004	\$6,240,498	155,793	\$40.06	104,866	\$59.51	1.49	330,720
2004/2005	\$6,935,096	160,797	\$43.13	108,889	\$63.69	1.48	339,216

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.



**Table 2.6**  
**Total and Average Gross Payments to Physicians and Allied Practitioners**  
**by Practitioner Type for the Service Years**  
**Ended March 31, 2001 to March 31, 2005<sup>(1)</sup>**

Practitioner Type	Number of Practitioners					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	6,132	6,448	6,631	6,806	6,979	5.15%	2.84%	2.64%	2.54%
Physicians	4,856	5,079	5,206	5,363	5,501	4.59	2.50	3.02	2.57
Dentists/Oral Surgeons	232	250	234	216	216	7.76	(6.40)	(7.69)	0.00
Chiropractors	689	745	801	816	844	8.13	7.52	1.87	3.43
Optometrists	311	326	340	358	367	4.82	4.29	5.29	2.51
Podiatrists	44	48	50	53	51	9.09	4.17	6.00	(3.77)

Practitioner Type	Total Payments					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	\$1,016,877,883	\$1,123,055,469	\$1,287,341,171	\$1,338,051,646	\$1,417,122,426	10.44%	14.63%	3.94%	5.91%
Physicians	959,073,855	1,061,169,693	1,225,626,637	1,272,779,982	1,348,724,184	10.65	15.50	3.85	5.97
Dentists/Oral Surgeons	2,116,386	2,167,898	2,394,458	2,404,042	2,843,638	2.43	10.45	0.40	18.29
Chiropractors	36,399,695	38,535,026	36,911,951	39,038,527	39,966,107	5.87	(4.21)	5.76	2.38
Optometrists	13,233,240	14,651,707	15,542,303	16,679,907	18,362,362	10.72	6.08	7.32	10.09
Podiatrists	6,054,707	6,531,145	6,865,822	7,149,189	7,226,135	7.87	5.12	4.13	1.08

Practitioner Type	Average Payment					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total</b>	\$165,831	\$174,171	\$194,140	\$196,599	\$203,055	5.03%	11.46%	1.27%	3.28%
Physicians	197,503	208,933	235,426	237,326	245,178	5.79	12.68	0.81	3.31
Dentists/Oral Surgeons	9,122	8,672	10,233	11,130	13,165	(4.94)	18.00	8.77	18.29
Chiropractors	52,830	51,725	46,082	47,841	47,353	(2.09)	(10.91)	3.82	(1.02)
Optometrists	42,551	44,944	45,713	46,592	50,034	5.62	1.71	1.92	7.39
Podiatrists	137,607	136,066	137,316	134,890	141,689	(1.12)	0.92	(1.77)	5.04

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.



**Table 2.7**  
**Distribution of Physicians and Allied Practitioners by Gross Payment Range**  
**for the Service Years Ended March 31, 2001 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Total										Physicians										Dentists/Oral Surgeons					
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	
	6,132	6,448	6,631	6,806	6,979	4,856	5,079	5,206	5,363	5,501	204	210	220	252	271	232	219	234	198	216	201	250	234	182	216	
Less than \$10,000	510	540	551	561	568	204	210	220	252	271	204	210	220	252	271	201	219	198	182	201	219	234	198	182	216	
10,000- 19,999	252	238	277	295	310	136	122	142	159	163	136	122	142	159	163	6	10	13	9	6	10	13	9	9	12	
20,000- 39,999	463	524	523	559	554	224	257	241	262	255	224	257	241	262	255	7	4	4	7	7	4	4	4	7	5	
40,000- 59,999	494	489	526	508	514	271	251	210	209	221	271	251	210	209	221	5	2	7	3	5	2	7	3	3	3	
60,000- 79,999	435	466	421	454	458	262	277	243	260	246	262	277	243	260	246	7	7	5	8	7	7	5	8	5	5	
80,000- 99,999	397	399	326	339	335	295	291	255	247	231	295	291	255	247	231	2	4	1	2	2	4	1	1	2	6	
100,000-119,999	356	329	299	297	309	303	284	253	252	255	303	284	253	252	255	1	1	1	1	1	1	1	1	1	3	
120,000-139,999	334	335	271	283	296	311	302	243	252	268	311	302	243	252	268	1	1	1	1	1	1	1	1	1	1	
140,000-159,999	304	320	296	293	281	282	298	282	277	260	282	298	282	277	260											
160,000-179,999	327	307	283	269	248	320	299	274	264	243	320	299	274	264	243											
180,000-199,999	287	288	270	269	247	282	284	265	263	242	282	284	265	263	242	2	1	1	3	2	1	2	2	3	2	
200,000-299,999	1,145	1,175	1,224	1,243	1,309	1,139	1,167	1,216	1,232	1,299	1,139	1,167	1,216	1,232	1,299	1	2	2	1	1	1	2	2	3	2	
300,000-399,999	453	574	697	697	748	453	574	696	696	746	453	574	696	696	746										1	
400,000-499,999	153	194	301	332	354	153	194	301	332	354	153	194	301	332	354											
500,000-599,999	80	87	113	132	150	80	87	112	132	150	80	87	112	132	150											
600,000-699,999	57	80	80	78	81	56	79	80	77	80	56	79	80	77	80											
700,000-799,999	19	28	58	70	54	19	28	58	70	54	19	28	58	70	54											
800,000-899,999	14	19	36	34	43	14	19	36	34	43	14	19	36	34	43											
900,000-999,999	13	7	18	22	36	13	7	18	22	36	13	7	18	22	36											
1,000,000 & Over	39	49	61	71	84	39	49	61	71	84	39	49	61	71	84											

Continued...

Note: This table reflects fee-for-service data only.  
 (1) A blank cell represents a zero value.



**Table 2.7**  
**Distribution of Physicians and Allied Practitioners by Gross Payment Range**  
**for the Service Years Ended March 31, 2001 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Chiropractors					Optometrists					Podiatrists				
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
<b>Total</b>	689	745	801	816	844	311	326	340	358	367	44	48	50	53	51
Less than \$10,000	73	93	101	88	90	32	16	30	36	28			2	3	1
10,000- 19,999	79	71	99	98	99	31	35	23	29	34					2
20,000- 39,999	138	161	185	198	208	92	100	91	90	86	2	2	2	2	
40,000- 59,999	142	147	193	194	194	75	87	115	98	92	1	2	1	4	4
60,000- 79,999	109	126	116	116	131	55	55	53	68	75	2	1	4	2	1
80,000- 99,999	74	75	48	64	64	21	27	18	21	28	5	2	4	5	6
100,000-119,999	47	33	34	30	36	3	5	8	11	13	3	7	3	3	2
120,000-139,999	13	23	17	20	13	1	1	1	4	7	8	8	9	6	7
140,000-159,999	9	10	4	3	5	1		1	1	4	12	12	9	12	12
160,000-179,999	3	4	2	1	0						4	4	6	4	5
180,000-199,999		1	1	2	2						3	2	4	4	3
200,000-299,999	1			1	1						4	6	6	7	7
300,000-399,999														1	1
400,000-499,999															
500,000-599,999			1												
600,000-699,999	1	1		1	1										
700,000-799,999															
800,000-899,999															
900,000-999,999															
1,000,000 & Over															

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.





**Table 2.8**  
**Distribution of Physician Payments and Services per Patient**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Year	Total Physician Payments	Number of Services	Average Cost Per Service	Number of Discrete Patients <sup>(1)</sup>	Average Cost Per Discrete Patient	Number of Services Per Patient	Population Covered
2000/2001	\$959,073,855	27,233,744	\$35.22	2,572,066	\$372.88	10.59	3,007,582
2001/2002	\$1,061,169,693	27,842,671	\$38.11	2,601,914	\$407.84	10.70	3,072,384
2002/2003	\$1,225,626,637	29,328,923	\$41.79	2,642,193	\$463.87	11.10	3,124,487
2003/2004	\$1,272,779,982	30,044,400	\$42.36	2,689,453	\$473.25	11.17	3,165,157
2004/2005	\$1,348,724,184	31,683,660	\$42.57	2,728,340	\$494.34	11.61	3,210,035
Percentage Change 2005/2004	5.97	5.46	0.48	1.45	4.46	3.95	1.42
Annual Average % Change for Last 5 Years	8.90	3.86	4.85	1.49	7.30	2.34	1.64

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients receiving at least one service.



**Table 2.9**  
**Distribution of Discrete Patients by Payment Range**  
**for Services Provided by Physicians**  
**for the Service Year April 1, 2004 to March 31, 2005**

Dollar Range	Distribution Of		
	Discrete Patients <sup>(1)</sup>	Payments	Services
<b>Total</b>	2,728,340	\$1,348,724,184	31,683,660
\$ 0.01 - 50.00	291,616	8,781,200	305,297
50.01 - 100.00	449,048	32,435,244	984,600
100.01 - 200.00	534,585	78,175,776	2,252,406
200.01 - 300.00	348,534	85,776,270	2,371,953
300.01 - 400.00	235,095	81,631,180	2,183,699
400.01 - 500.00	166,602	74,501,789	1,934,440
500.01 - 600.00	120,725	66,108,174	1,669,815
600.01 - 700.00	89,805	58,166,303	1,440,240
700.01 - 800.00	68,814	51,453,093	1,239,744
800.01 - 900.00	54,390	46,138,881	1,091,165
900.01 - 1,000.00	44,207	41,929,053	973,425
1,000.01 - 2,000.00	208,347	289,254,149	6,270,072
2,000.01 - 3,000.00	63,382	153,166,244	3,179,159
3,000.01 - 4,000.00	24,444	83,795,195	1,766,415
4,000.01 - 5,000.00	10,714	47,585,098	1,026,766
5,000.01 and Over	18,032	149,826,537	2,994,464

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the actual count of patients who received at least one medical service during the fiscal year.



**Table 2.9A**  
**Percentage Distribution of Discrete Patients by Payment Range**  
**for Services Provided by Physicians**  
**for the Service Year April 1, 2004 to March 31, 2005**

Dollar Range	Percentage Distribution		
	Discrete Patients <sup>(1)</sup>	Payments	Services
<b>Total</b>	100.00%	100.00%	100.00%
\$ 0.01 - 50.00	10.69	0.65	0.96
50.01 - 100.00	16.46	2.40	3.11
100.01 - 200.00	19.59	5.80	7.11
200.01 - 300.00	12.77	6.36	7.49
300.01 - 400.00	8.62	6.05	6.89
400.01 - 500.00	6.11	5.52	6.11
500.01 - 600.00	4.42	4.90	5.27
600.01 - 700.00	3.29	4.31	4.55
700.01 - 800.00	2.52	3.81	3.91
800.01 - 900.00	1.99	3.42	3.44
900.01 - 1,000.00	1.62	3.11	3.07
1,000.01 - 2,000.00	7.64	21.45	19.79
2,000.01 - 3,000.00	2.32	11.36	10.03
3,000.01 - 4,000.00	0.90	6.21	5.58
4,000.01 - 5,000.00	0.39	3.53	3.24
5,000.01 and Over	0.66	11.11	9.45

Note: This table reflects fee-for-service data only.

(1) "Number of Discrete Patients" contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.



**Table 2.10**  
**Distribution of Physicians by Specialty**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Physicians by Specialty	Number of Practitioners				
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
<b>Total: All Physicians</b>	4,856	5,079	5,206	5,363	5,501
<b>Subtotal:</b>					
All Physicians (except Pathology)	4,835	5,057	5,187	5,343	5,481
All Specialists (except GP/FPs & Pathology)	2,176	2,311	2,346	2,406	2,455
<b>Physicians by Specialty</b>					
Anaesthesiology	237	245	262	260	281
Cardiovascular and Thoracic Surgery	18	21	22	22	22
Dermatology	35	36	34	34	40
Emergency Medicine	57	61	62	65	68
General/Family Physicians (GP/FPs)	2,659	2,746	2,841	2,937	3,026
- General/Family Physicians	2,633	2,594	2,669	2,760	2,845
- Full Time Emergency Room Physicians <sup>(1)</sup>	n.a.	128	143	150	157
- Mental Health Generalists	18	16	19	19	18
- Other General Practice Physicians	8	8	10	8	6
General Surgery	146	142	144	150	155
- General Surgery designated specialty	135	129	131	137	139
- Other General Surgery	11	13	13	13	16
Internal Medicine	456	510	483	515	507
- Internal Medicine designated specialty	313	323	256	263	246
- Cardiology	54	57	63	66	61
- Endocrinology/Metabolism	7	7	7	7	7
- Gastroenterology	22	31	40	44	45
- Infectious Diseases	12	11	10	10	15
- Other Internal Medicine	48	81	107	125	133
Neurology	59	64	58	63	62
Neurosurgery	20	21	23	11	6
Obstetrics-Gynaecology	122	124	130	138	143
Ophthalmology	85	85	87	87	90
Orthopaedic Surgery	100	106	113	115	117
Otolaryngology	32	33	35	40	41
Paediatrics	231	227	236	229	223
Physical Medicine & Rehabilitation	23	26	28	29	30
Plastic Surgery	36	38	42	44	44
Psychiatry	299	317	320	329	342
- Psychiatry designated specialty	278	299	306	318	342
- Mental Health specialty	21	18	14	11	N/A
Urology	36	36	35	36	43
Laboratory Specialists	205	241	251	259	261
- Pathology	21	22	19	20	20
- Radiology	184	219	232	239	241

Note: This table reflects fee-for-service data only.

(1) New specialty effective January 1, 2001.



**Table 2.10A**  
**Distribution of Average Gross Payments**  
**for the Service Years Ended March 31, 2001 to March 31, 2005<sup>(1)</sup>**

Physicians by Specialty	Average Payment					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total: All Physicians</b>	\$197,503	\$208,933	\$235,426	\$237,326	\$245,178	5.79%	12.68%	0.81%	3.31%
<b>Subtotal:</b>									
All Physicians (except Pathology)	197,812	209,271	235,504	237,395	245,182	5.79	12.54	0.80	3.28
All Specialists (except GP/FPs & Pathology)	241,608	252,793	288,969	292,380	304,239	4.63	14.31	1.18	4.06
<b>Physicians by Specialty</b>									
Anaesthesiology	199,312	215,243	235,856	250,858	250,467	7.99	9.58	6.36	(0.16)
Cardiovascular and Thoracic Surgery	523,341	482,665	533,865	548,864	526,835	(7.77)	10.61	2.81	(4.01)
Dermatology	356,581	396,739	480,242	493,553	487,498	11.26	21.05	2.77	(1.23)
Emergency Medicine	143,422	147,411	178,498	164,810	171,518	2.78	21.09	(7.67)	4.07
General/Family Physicians (GP/FPs)	161,971	172,643	191,354	192,352	197,269	6.59	10.84	0.52	2.56
- General/Family Physicians	162,288	173,515	192,361	193,346	197,521	6.92	10.86	0.51	2.16
- Full Time Emergency Room Physicians <sup>(2)</sup>	n.a.	165,081	185,968	179,229	196,961	n.a.	n.a.	n.a.	9.89
- Mental Health Generalists	155,982	139,951	146,280	189,103	201,927	(10.28)	4.52	29.27	6.78
- Other General Practice Physicians	71,066	76,233	85,231	103,109	71,755	7.27	11.80	20.98	(30.41)
General Surgery	257,268	274,810	317,109	315,223	322,037	6.82	15.39	(0.59)	2.16
- General Surgery designated specialty	258,432	275,892	314,859	313,119	326,086	6.76	14.12	(0.55)	4.14
- Other General Surgery	242,978	264,074	339,777	337,398	286,859	8.68	28.67	(0.70)	(14.98)
Internal Medicine	211,980	217,531	246,196	245,007	244,325	2.62	13.18	(0.48)	(0.28)
- Internal Medicine designated specialty	186,392	187,563	213,110	218,624	210,232	0.63	13.62	2.59	(3.84)
- Cardiology	407,983	422,672	465,895	464,413	519,419	3.60	10.23	(0.32)	11.84
- Endocrinology/Metabolism	82,369	81,283	121,532	123,705	N/A	(1.32)	49.52	1.79	N/A
- Gastroenterology	268,325	275,359	288,611	273,610	251,750	2.62	4.81	(5.20)	(7.99)
- Infectious Diseases	81,508	93,202	77,036	71,814	53,617	14.35	(17.35)	(6.78)	(25.34)
- Other Internal Medicine	184,023	199,204	204,109	195,251	210,851	8.25	2.46	(4.34)	7.99
Neurology	134,731	138,092	169,147	158,331	181,869	2.49	22.49	(6.39)	14.87
Neurosurgery	234,566	230,187	226,522	20,001	N/A	(1.87)	(1.59)	(91.17)	N/A
Obstetrics-Gynaecology	288,779	303,457	349,249	349,992	363,105	5.08	15.09	0.21	3.75
Ophthalmology	455,009	508,304	566,680	592,035	599,613	11.71	11.48	4.47	1.28
Orthopaedic Surgery	239,291	255,405	270,387	282,137	305,382	6.73	5.87	4.35	8.24
Otolaryngology	397,989	441,012	498,151	461,734	490,010	10.81	12.96	(7.31)	6.12
Paediatrics	125,727	139,214	149,438	140,337	145,548	10.73	7.34	(6.09)	3.71
Physical Medicine & Rehabilitation	102,649	94,196	110,263	111,880	124,001	(8.24)	17.06	1.47	10.83
Plastic Surgery	277,029	288,808	321,137	335,632	339,758	4.25	11.19	4.51	1.23
Psychiatry	159,515	167,590	199,280	200,098	207,799	5.06	18.91	0.41	3.85
- Psychiatry designated specialty	161,711	168,914	199,608	200,062	207,799	4.45	18.17	0.23	3.87
- Mental Health specialty	130,438	145,591	192,111	201,113	N/A	11.62	31.95	4.69	N/A
Urology	293,492	315,435	376,983	376,828	349,112	7.48	19.51	(0.04)	(7.36)
Laboratory Specialists	458,567	437,112	517,771	537,165	592,154	(4.68)	18.45	3.75	10.24
- Pathology	126,332	131,230	214,164	218,876	244,057	3.88	63.20	2.20	11.50
- Radiology	496,486	467,839	542,635	563,800	621,042	(5.77)	15.99	3.90	10.15

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) New specialty effective January 1, 2001.



**Table 2.10B**  
**Distribution of Median Gross Payments**  
**for the Service Years Ended March 31, 2001 to March 31, 2005<sup>(1)</sup>**

Physicians by Specialty	Median Payment					Percentage Change			
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2002/2001	2003/2002	2004/2003	2005/2004
<b>Total: All Physicians</b>	\$169,086	\$175,783	\$198,493	\$198,980	\$206,290	3.96%	12.92%	0.25%	3.67%
<b>Subtotal:</b>									
All Physicians (except Pathology)	167,471	176,336	198,931	199,520	206,903	5.29	12.81	0.30	3.70
All Specialists (except GP/FPs & Pathology)	187,803	202,150	235,256	237,148	244,664	7.64	16.38	0.80	3.17
<b>Physicians by Specialty</b>									
Anaesthesiology	218,317	230,781	254,766	265,629	259,428	5.71	10.39	4.26	(2.33)
Cardiovascular and Thoracic Surgery	513,802	516,373	574,274	581,377	524,139	0.50	11.21	1.24	(9.85)
Dermatology	310,463	359,685	413,839	449,449	438,569	15.85	15.06	8.60	(2.42)
Emergency Medicine	129,842	137,042	169,125	156,243	161,205	5.55	23.41	(7.62)	3.18
General/Family Physicians (GP/FPs)	157,228	164,939	181,436	182,226	188,092	4.90	10.00	0.44	3.22
- General/Family Physicians	157,411	165,116	181,598	182,597	187,290	4.89	9.98	0.55	2.57
- Full Time Emergency Room Physicians <sup>(2)</sup>	n.a.	170,658	193,172	177,809	202,451	n.a.	n.a.	(7.95)	13.86
- Mental Health Generalists	164,987	162,645	152,953	193,058	228,259	(1.42)	(5.96)	26.22	18.23
- Other General Practice Physicians	12,224	8,241	2,610	66,896	59,645	(32.58)	(68.33)	2463.17	(10.84)
General Surgery	279,211	313,357	333,661	327,550	337,241	12.23	6.48	(1.83)	2.96
- General Surgery designated specialty	278,956	321,593	332,580	322,339	339,697	15.28	3.42	(3.08)	5.39
- Other General Surgery	280,436	275,351	334,741	333,538	308,489	(1.81)	21.57	(0.36)	(7.51)
Internal Medicine	157,376	152,032	181,545	173,216	144,555	(3.40)	19.41	(4.59)	(16.55)
- Internal Medicine designated specialty	148,365	135,979	167,766	164,429	136,501	(8.35)	23.38	(1.99)	(16.99)
- Cardiology	386,820	391,169	367,863	410,715	553,138	1.12	(5.96)	11.65	34.68
- Endocrinology/Metabolism	68,951	68,619	125,102	128,825	N/A	(0.48)	82.32	2.98	N/A
- Gastroenterology	255,773	269,451	309,456	273,574	154,561	5.35	14.85	(11.60)	(43.50)
- Infectious Diseases	69,233	72,588	55,149	59,318	49,543	4.85	(24.02)	7.56	(16.48)
- Other Internal Medicine	144,945	142,293	156,874	132,205	120,358	(1.83)	10.25	(15.73)	(8.96)
Neurology	105,090	112,291	147,262	154,900	183,059	6.85	31.14	5.19	18.18
Neurosurgery	245,009	246,880	240,971	20,001	N/A	0.76	(2.39)	(91.70)	N/A
Obstetrics-Gynaecology	261,429	270,979	323,753	309,387	344,093	3.65	19.48	(4.44)	11.22
Ophthalmology	388,330	449,006	474,143	507,175	498,291	15.62	5.60	6.97	(1.75)
Orthopaedic Surgery	267,151	290,831	298,866	307,811	321,064	8.86	2.76	2.99	4.31
Otolaryngology	396,680	423,991	460,972	467,438	471,779	6.88	8.72	1.40	0.93
Paediatrics	90,852	102,887	108,222	85,858	103,909	13.25	5.18	(20.66)	21.02
Physical Medicine & Rehabilitation	104,489	81,064	102,701	102,221	112,857	(22.42)	26.69	(0.47)	10.40
Plastic Surgery	280,033	295,454	335,401	358,181	356,038	5.51	13.52	6.79	(0.60)
Psychiatry	152,378	160,307	196,330	200,048	205,354	5.20	22.47	1.89	2.65
- Psychiatry designated specialty	153,125	161,230	195,242	199,784	205,354	5.29	21.09	2.33	2.79
- Mental Health specialty	134,004	133,647	198,228	208,056	N/A	(0.27)	48.32	4.96	N/A
Urology	285,928	326,676	385,064	389,516	361,810	14.25	17.87	1.16	(7.11)
Laboratory Specialists	375,164	312,376	406,216	430,466	467,977	(16.74)	30.04	5.97	8.71
- Pathology	1,846	1,850	1,704	2,253	2,028	0.24	(7.93)	32.27	(9.98)
- Radiology	432,283	392,726	460,931	462,177	486,886	(9.15)	17.37	0.27	5.35

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) New specialty effective January 1, 2001.



**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	\$1,348,724,184	5,501	\$1,343,843,049	5,481	\$746,907,019	2,455
Less than \$10,000	958,224	271	928,857	257	459,892	148
10,000- 19,999	2,492,784	163	2,476,809	162	1,083,554	70
20,000- 39,999	7,674,711	255	7,651,397	254	3,661,460	120
40,000- 59,999	10,957,388	221	10,957,388	221	5,211,850	106
60,000- 79,999	17,267,989	246	17,194,882	245	6,490,941	93
80,000- 99,999	20,608,588	231	20,608,588	231	7,517,672	84
100,000-119,999	28,200,176	255	28,200,176	255	9,627,261	87
120,000-139,999	34,929,261	268	34,929,261	268	10,840,407	83
140,000-159,999	38,930,256	260	38,930,256	260	10,878,253	73
160,000-179,999	41,414,096	243	41,414,096	243	15,262,450	90
180,000-199,999	45,842,129	242	45,842,129	242	14,979,475	79
200,000-299,999	321,137,689	1,299	320,902,832	1,298	113,306,690	453
300,000-399,999	256,521,644	746	256,521,644	746	124,923,001	362
400,000-499,999	156,849,712	354	156,849,712	354	99,718,811	224
500,000-599,999	81,326,957	150	81,326,957	150	59,059,627	109
600,000-699,999	51,286,591	80	51,286,591	80	45,031,005	70
700,000-799,999	40,344,871	54	40,344,871	54	35,138,835	47
800,000-899,999	36,290,801	43	36,290,801	43	34,564,928	41
900,000-999,999	34,119,938	36	34,119,938	36	33,214,852	35
1,000,000 and Over	121,570,381	84	117,065,866	82	115,936,058	81

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.



**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	<b>\$70,381,322</b>	<b>281</b>	<b>\$11,590,380</b>	<b>22</b>	<b>\$19,499,939</b>	<b>40</b>
Less than \$10,000	12,735	2	3,188	1	74	2
10,000- 19,999	92,509	6				
20,000- 39,999	252,930	8			56,408	2
40,000- 59,999	167,971	3			91,882	2
60,000- 79,999	562,820	8				
80,000- 99,999	618,830	7			90,513	1
100,000-119,999	794,192	7				
120,000-139,999	1,020,297	8				
140,000-159,999	1,629,096	11	158,692	1	153,194	1
160,000-179,999	2,536,037	15	160,591	1	161,031	1
180,000-199,999	1,912,434	10				
200,000-299,999	28,799,350	113	492,829	2	589,774	2
300,000-399,999	19,662,810	58	700,477	2	2,030,371	6
400,000-499,999	8,283,489	19	1,256,691	3	2,684,370	6
500,000-599,999	1,163,219	2	3,293,425	6	1,087,692	2
600,000-699,999	1,246,319	2	646,902	1	3,925,936	6
700,000-799,999	770,179	1	1,455,461	2	2,245,544	3
800,000-899,999	856,106	1			1,691,898	2
900,000-999,999			932,102	1	2,885,176	3
1,000,000 and Over			2,490,022	2	1,806,078	1

Note: This table reflects fee-for-service data only.

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(1) A blank cell represents a zero value.





**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	\$11,663,205	68	\$596,936,029	3,026	\$49,915,766	155
Less than \$10,000	3,911	2	468,965	109	22,090	4
10,000- 19,999	13,821	1	1,393,255	92	35,670	3
20,000- 39,999	103,827	3	3,989,937	134	159,111	5
40,000- 59,999	171,251	3	5,745,538	115	153,849	3
60,000- 79,999	224,858	3	10,703,941	152	276,174	4
80,000- 99,999	352,554	4	13,090,916	147	649,391	7
100,000-119,999	218,573	2	18,572,915	168	432,561	4
120,000-139,999	798,002	6	24,088,853	185	383,306	3
140,000-159,999	1,217,847	8	28,052,003	187	154,595	1
160,000-179,999	992,227	6	26,151,647	153	519,431	3
180,000-199,999	1,317,776	7	30,862,654	163	939,963	5
200,000-299,999	4,355,223	18	207,596,143	845	5,169,566	21
300,000-399,999	1,403,933	4	131,598,643	384	13,133,263	38
400,000-499,999	489,402	1	57,130,901	130	14,763,796	33
500,000-599,999			22,267,330	41	6,015,226	11
600,000-699,999			6,255,586	10	3,191,959	5
700,000-799,999			5,206,035	7	2,185,221	3
800,000-899,999			1,725,872	2	1,730,593	2
900,000-999,999			905,087	1		
1,000,000 and Over			1,129,808	1		

Note: This table reflects fee-for-service data only.

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(1) A blank cell represents a zero value.



**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	\$123,872,941	507	\$11,275,887	62	\$121,706	6
Less than \$10,000	101,299	39	19,671	6	7,367	4
10,000- 19,999	485,158	30	11,048	1		
20,000- 39,999	1,500,187	48	78,299	3		
40,000- 59,999	2,427,470	50	246,286	5	49,098	1
60,000- 79,999	2,385,453	35	278,583	4	65,240	1
80,000- 99,999	1,234,634	14	86,019	1		
100,000-119,999	2,436,540	22	222,047	2		
120,000-139,999	1,855,011	14	537,293	4		
140,000-159,999	1,799,886	12	305,514	2		
160,000-179,999	1,541,466	9	337,798	2		
180,000-199,999	2,441,135	13	962,303	5		
200,000-299,999	12,832,380	52	4,091,420	17		
300,000-399,999	18,800,268	54	1,684,339	5		
400,000-499,999	17,028,981	38	1,296,693	3		
500,000-599,999	12,880,341	24	507,190	1		
600,000-699,999	13,635,377	21	611,383	1		
700,000-799,999	8,196,958	11				
800,000-899,999	6,723,429	8				
900,000-999,999	4,795,808	5				
1,000,000 and Over	10,771,160	8				

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.



**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	\$51,924,018	143	\$53,965,185	90	\$35,729,651	117
Less than \$10,000	10,382	4	2,898	1	23,790	5
10,000- 19,999	108,899	7				
20,000- 39,999	98,937	3	24,866	1	114,563	3
40,000- 59,999	260,095	5	47,066	1	158,516	3
60,000- 79,999	359,091	5	220,459	3	201,479	3
80,000- 99,999	453,111	5	182,991	2	251,147	3
100,000-119,999	204,332	2			224,028	2
120,000-139,999	127,557	1	123,145	1	124,460	1
140,000-159,999	140,853	1			294,025	2
160,000-179,999	841,392	5	872,860	5	519,138	3
180,000-199,999	562,806	3	195,521	1	386,821	2
200,000-299,999	6,537,536	25	2,492,997	10	5,907,428	23
300,000-399,999	7,624,437	21	2,490,656	7	12,148,809	35
400,000-499,999	8,334,195	19	5,766,349	13	10,758,427	24
500,000-599,999	9,178,440	17	4,467,098	8	2,607,393	5
600,000-699,999	2,570,160	4	4,988,451	8	1,252,829	2
700,000-799,999	3,853,685	5	3,043,126	4	756,800	1
800,000-899,999	4,136,818	5	3,317,659	4		
900,000-999,999	3,833,450	4	4,689,966	5		
1,000,000 and Over	2,687,843	2	21,039,079	16		

Note: This table reflects fee-for-service data only.

Continued.....

(1) A blank cell represents a zero value.



**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	\$20,090,392	41	\$32,457,263	223	\$3,720,031	30
Less than \$10,000	4,612	2	144,941	54		
10,000- 19,999			161,261	10	50,047	3
20,000- 39,999			540,972	19	31,151	1
40,000- 59,999	57,483	1	285,773	6	129,469	3
60,000- 79,999			653,740	9		
80,000- 99,999			976,920	11	466,850	5
100,000-119,999	108,321	1	1,111,529	10	668,537	6
120,000-139,999	129,385	1	1,702,147	13	514,668	4
140,000-159,999			1,931,182	13		
160,000-179,999	176,032	1	1,166,176	7	335,711	2
180,000-199,999			1,322,651	7	390,903	2
200,000-299,999	1,902,918	7	5,921,699	24	778,449	3
300,000-399,999	1,401,347	4	8,654,476	25	354,247	1
400,000-499,999	3,149,597	7	4,059,178	9		
500,000-599,999	2,754,414	5	1,522,100	3		
600,000-699,999	1,347,501	2	643,702	1		
700,000-799,999	1,470,976	2	705,225	1		
800,000-899,999	2,545,373	3				
900,000-999,999	1,934,458	2	953,592	1		
1,000,000 and Over	3,107,974	3				

Note: This table reflects fee-for-service data only.

Continued.....

(1) A blank cell represents a zero value.



**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	\$14,949,358	44	\$71,067,097	342	\$15,011,798	43
Less than \$10,000			48,259	7		
10,000- 19,999	12,076	1	45,075	3		
20,000- 39,999			397,748	13		
40,000- 59,999			826,665	17		
60,000- 79,999	69,788	1	847,619	12		
80,000- 99,999	263,886	3	1,174,779	13	85,054	1
100,000-119,999	103,293	1	2,342,072	21		
120,000-139,999			2,607,256	20	137,864	1
140,000-159,999	158,182	1	2,648,678	18	143,469	1
160,000-179,999	161,792	1	3,767,311	22	330,962	2
180,000-199,999	383,799	2	3,018,724	16	184,324	1
200,000-299,999	1,027,094	4	26,554,517	108	1,987,459	8
300,000-399,999	5,383,935	15	17,657,643	53	4,530,754	13
400,000-499,999	4,888,598	11	5,704,629	13	4,804,055	11
500,000-599,999	502,685	1	2,743,126	5	2,807,856	5
600,000-699,999	1,289,191	2	682,998	1		
700,000-799,999	705,040	1				
800,000-899,999						
900,000-999,999						
1,000,000 and Over						

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) A blank cell represents a zero value.



**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
<b>Total</b>	\$4,881,135	20	\$149,671,080	241
Less than \$10,000	29,367	14	54,675	15
10,000- 19,999	15,975	1	67,989	5
20,000- 39,999	23,315	1	302,461	11
40,000- 59,999			138,976	3
60,000- 79,999	73,107	1	345,636	5
80,000- 99,999			630,992	7
100,000-119,999			761,237	7
120,000-139,999			780,015	6
140,000-159,999			143,041	1
160,000-179,999			842,495	5
180,000-199,999			960,315	5
200,000-299,999	234,857	1	3,866,050	16
300,000-399,999			7,261,238	21
400,000-499,999			6,450,363	14
500,000-599,999			7,529,422	14
600,000-699,999			8,998,298	14
700,000-799,999			9,750,621	13
800,000-899,999			13,563,053	16
900,000-999,999			13,190,300	14
1,000,000 and Over	4,504,515	2	74,033,902	49

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.



**Table 2.12**  
**Number of Full-Time Equivalent Physicians by Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians <sup>(2)</sup>	Proportion of Full-Time Equivalent Physicians		Average Payment Per Full Time Equivalent Physician	Number of Registered Persons Per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All physicians (except Laboratory) <sup>(3)</sup>	5,240	4,585.1	33.9	48.9	\$260,447	700
All specialists (except GP/FPs & Laboratory)	2,214	1,873.9	32.4	50.9	318,713	1,713
<b>Physicians by Specialty</b>						
Anaesthesiology	281	253.1	35.6	45.9	278,069	12,682
Cardiovascular and Thoracic Surgery	22	20.2	36.4	45.5	574,064	158,991
Dermatology	40	32.8	32.5	52.5	594,560	97,867
Emergency Medicine	68	61.9	33.8	48.5	188,313	51,825
General/Family Physicians (GP/FPs)	3,026	2,644.6	34.6	47.8	225,718	1,214
- General/Family Physicians	2,845	2,478.4	34.6	47.9	226,737	1,295
- Full Time Emergency Room Physicians	157	143.6	36.3	45.2	215,307	22,351
- Mental Health Generalists	18	16.2	44.4	38.9	224,568	198,273
- Other General Practice Physicians	6	3.7	33.3	50.0	117,381	874,669
General Surgery	155	129.4	33.6	49.7	385,632	24,799
- General Surgery designated specialty	139	116.7	33.8	48.9	388,542	27,516
- Other General Surgery	16	13.6	31.3	50.0	337,259	235,859
Internal Medicine	507	362.5	26.8	59.6	341,752	8,856
- Internal Medicine designated specialty	246	181.1	26.8	58.5	285,596	17,726
- Cardiology	61	47.6	32.8	50.8	666,215	67,494
- Endocrinology/Metabolism	7	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	45	26.1	22.2	66.7	433,312	122,802
- Infectious Diseases	15	12.2	26.7	53.3	65,815	262,687
- Other Internal Medicine	133	88.9	27.1	59.4	315,557	36,121
Neurology	62	51.7	33.9	46.8	218,087	62,090
Neurosurgery	6	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	143	124.2	34.3	49.0	418,227	25,856
Ophthalmology	90	88.6	37.8	44.4	608,946	36,222
Orthopaedic Surgery	117	100.4	35.0	47.9	356,024	31,985
Otolaryngology	41	38.8	36.6	46.3	517,691	82,712
Paediatrics	223	166.0	28.7	56.1	195,539	19,339
Physical Medicine and Rehabilitation	30	28.7	36.7	46.7	129,673	111,887
Plastic Surgery	44	39.3	38.6	40.9	380,329	81,660
Psychiatry	342	308.2	36.6	44.4	230,568	10,414
Urology	43	38.6	34.9	46.5	388,858	83,162

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) FTE methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition is based on the methodology developed in 1984 by Health Canada

Step 1: - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those practitioners with claims in all four quarters of the fiscal year.

Step 2: - Count all physicians with payments within the lower and upper benchmark as one FTE.

- Count all physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.

- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one FTE plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.

- Since the benchmarks for the calculations of FTEs in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the FTEs in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (Pathology and Radiology) are excluded.

**Table 2.13**  
**Distribution of Physician Payments by Type of Service and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days	Special Calls	Psychotherapy/Counselling
			Major	Other			
<b>Total: All Physicians</b>	\$1,348,724,184	\$135,743,743	\$99,382,170	\$383,862,939	\$36,821,607	\$36,915,950	\$85,121,925
<b>Subtotal</b>							
All Physicians (except Pathology)	1,343,843,048	135,557,967	99,381,826	383,850,854	36,821,607	36,915,950	85,121,925
All Specialists (except GP/FPs & Pathology)	746,907,019	126,719,465	29,166,211	46,339,488	14,682,667	1,745,582	52,595,607
<b>Physicians by Specialty</b>							
Anaesthesiology	70,381,322	2,674,014	50,563	355,215	27,293	10,956	377,628
Cardiovascular and Thoracic Surgery	11,590,380	609,491	8,089	73,142	42,882	2,649	1,748
Dermatology	19,499,939	5,467,774	1,003,969	2,927,986		4,504	179
Emergency Medicine	11,663,205	830,187	189,054	5,143,534	427	66,878	341,372
General/Family Physicians (GP/FPs)	596,936,029	8,838,503	70,215,615	337,511,365	22,138,940	35,170,368	32,526,319
- General/Family Physicians	561,947,878	7,798,651	69,708,740	319,793,247	22,123,387	35,042,600	29,207,266
- Full Time Emergency Room Physicians	30,922,932	883,320	325,504	17,298,662	15,331	119,016	666,066
- Mental Health Generalists	3,634,686	3,243	169,905	164,321	222	8,752	2,652,986
- Other General Practice Physicians	430,533	153,288	11,466	255,135			
General Surgery	49,915,766	11,782,373	286,734	2,717,870	762,997	62,257	39,424
- General Surgery designated specialty	45,326,023	10,665,519	259,689	2,600,370	723,037	61,850	39,424
- Other General Surgery	4,589,744	1,116,854	27,044	117,500	39,961	407	
Internal Medicine	123,872,941	42,703,828	1,771,033	8,028,527	10,335,931	324,262	188,614
- Internal Medicine designated specialty	51,717,142	23,488,437	1,165,443	5,701,749	7,757,751	271,933	122,104
- Cardiology	31,684,569	6,516,034	96,982	501,350	1,165,726	31,327	
- Critical Care Medicine	14,340,689	1,462,934	18,700	168,376	160,569	11,239	40,126
- Endocrinology/Metabolism	295,046	200,269	14,030	57,145	12,563		
- Gastroenterology	11,328,730	5,451,567	65,066	376,690	229,587	3,498	2,150
- Infectious Diseases	804,256	612,668	2,761	119,886	62,305	1,935	
- Other Internal Medicine	13,702,509	4,971,917	408,052	1,103,330	947,429	4,331	24,233
Neurology	11,275,887	8,423,137	79,886	1,189,456	513,675	10,849	8,516
Neurosurgery	121,706		122		51		
Obstetrics-Gynaecology	51,924,018	9,999,452	2,052,126	6,821,018	361,816	1,020,208	19,200
Ophthalmology	53,965,185	5,055,626	13,352,741	3,584,889	2,723	58,529	148
Orthopaedic Surgery	35,729,651	7,613,858	318,037	2,744,143	175,218	17,690	11,990
Otolaryngology	20,090,392	4,360,937	332,982	997,917	22,901	17,327	592
Paediatrics	32,457,263	9,308,334	7,700,233	8,955,200	1,953,824	112,822	1,061,323
Physical Medicine & Rehabilitation	3,720,031	1,691,953	32,021	494,322	394,254	2,984	447,017
Plastic Surgery	14,949,358	2,046,830	408,064	826,354	12,143	10,523	60
Psychiatry designated specialty	71,067,097	10,093,497	1,340,195	142,823	11,724	7,105	50,082,767
Urology	15,011,798	3,997,236	201,296	1,248,574	64,808	16,039	14,029
Laboratory Specialists	154,552,216	246,714	39,411	100,604			999
- Pathology	4,881,135	185,776	343	12,086			
- Radiology	149,671,080	60,939	39,068	88,519			999

Note: This table reflects fee-for-service data only  
 (1) The payment totals by specialty have been rounded.  
 (2) A blank cell represents a zero value.

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**Table 2.13**  
**Distribution of Physician Payments by Type of Service and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Physicians by Specialty	Major Surgery	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
<b>Total: All Physicians</b>	\$188,996,689	\$20,894,281	\$25,035	\$14,698,060	\$29,293,049	\$122,519,261
<b>Subtotal</b>						
All Physicians (except Pathology)	188,996,689	20,894,281	25,035	14,698,060	29,293,049	122,519,261
All Specialists (except GP/FPs & Pathology)	171,224,060	7,376,993		12,499,486	17,914,535	121,965,880
<b>Physicians by Specialty</b>						
Anaesthesiology	43,633,335	1,334,219		11,834,417	2,533,464	89,213
Cardiovascular and Thoracic Surgery	10,544,215	1,394				
Dermatology	3,606,712	1,794,570		85,205		
Emergency Medicine	560,926	731,222		8,652	2,489	
General/Family Physicians (GP/FPs)	17,772,629	13,517,288	25,035	2,198,573	11,378,514	553,381
- General/Family Physicians	16,577,442	11,123,327	25,035	2,164,292	11,369,509	553,381
- Full Time Emergency Room Physicians	1,194,766	2,385,041		34,281	9,005	
- Mental Health Generalists	420	4,104				
- Other General Practice Physicians		4,815				
General Surgery	27,258,151	799,072		3,989	56,410	328,399
- General Surgery designated specialty	24,362,432	773,750		3,989	56,410	6,139
- Other General Surgery	2,895,719	25,323				322,261
Internal Medicine	4,909,004	269,413		27,014	20,855	5,021,440
- Internal Medicine designated specialty	140,399	231,742		852	4,047	200,450
- Cardiology	4,051,518	31				4,811,421
- Critical Care Medicine	685,009	14,801		23,185	2,603	
- Endocrinology/Metabolism						7,680
- Gastroenterology	14,148	20,345		449		
- Infectious Diseases						
- Other Internal Medicine	17,931	2,495		2,528	14,205	1,889
Neurology		18,404		747		147
Neurosurgery	121,441	92				
Obstetrics-Gynaecology	8,145,186	41,710		5,651	15,256,537	3,118,123
Ophthalmology	21,773,604	128,064		10		2,328,560
Orthopaedic Surgery	24,430,057	91,541		60,405	1,708	
Otolaryngology	6,817,912	1,541,947				
Paediatrics	204,154	133,571		21	41,689	2,833
Physical Medicine & Rehabilitation	2,027	862		151,879		
Plastic Surgery	10,893,257	448,744		2,859	163	
Psychiatry designated specialty	231					
Urology	6,199,978	32,665		94	1,137	
Laboratory Specialists	2,123,869	9,502		318,543	83	111,077,165
- Pathology						
- Radiology	2,123,869	9,502		318,543	83	111,077,165

Note: This table reflects fee-for-service data only

Continued.....

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.



**Table 2.13**  
**Distribution of Physician Payments by Type of Service and Specialty**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
<b>Total: All Physicians</b>	\$35,150,663	\$124,358,299	\$9,200,323	\$25,740,192
<b>Subtotal</b>				
All Physicians (except Pathology)	35,150,663	119,679,523	9,196,167	25,740,192
All Specialists (except GP/FPs & Pathology)	35,148,788	98,031,333	1,029,586	10,467,338
<b>Physicians by Specialty</b>				
Anaesthesiology		6,580,551	6,480	873,974
Cardiovascular and Thoracic Surgery		306,683		86
Dermatology		4,609,009	31	
Emergency Medicine		3,788,318		146
General/Family Physicians (GP/FPs)	1,874	21,648,190	8,166,581	15,272,854
- General/Family Physicians	1,874	13,655,695	8,163,091	14,640,339
- Full Time Emergency Room Physicians		7,988,489	1,133	2,317
- Mental Health Generalists		488	984	629,259
- Other General Practice Physicians		3,517	1,372	939
General Surgery		5,812,356	5,592	142
- General Surgery designated specialty		5,767,680	5,592	142
- Other General Surgery		44,676		
Internal Medicine	3,135,914	46,545,088	30,222	561,798
- Internal Medicine designated specialty	395	12,476,633	29,752	125,457
- Cardiology	3,135,519	11,372,969	19	1,672
- Critical Care Medicine		11,666,655		86,491
- Endocrinology/Metabolism		3,358		
- Gastroenterology		5,165,053	90	86
- Infectious Diseases		4,549	67	86
- Other Internal Medicine		5,855,871	294	348,006
Neurology		999,159	31,784	129
Neurosurgery				
Obstetrics-Gynaecology		4,192,825	888,673	1,493
Ophthalmology		7,680,222	69	
Orthopaedic Surgery		227,650	15,999	21,354
Otolaryngology		5,990,686	4,204	2,988
Paediatrics		2,868,104	19,662	95,494
Physical Medicine & Rehabilitation		477,957	24,756	
Plastic Surgery		295,756	17	4,588
Psychiatry designated specialty		483,327	280	8,905,148
Urology		3,234,545	1,396	
Laboratory Specialists	32,012,874	8,617,873	4,577	
- Pathology		4,678,776	4,155	
- Radiology	32,012,874	3,939,098	422	

Note: This table reflects fee-for-service data only  
 (1) The payment totals by specialty have been rounded.  
 (2) A blank cell represents a zero value.



**Table 2.14**  
**Physician Services and Payments per 1,000 Insured Persons by Type of Service,**  
**and Age and Gender of Recipient,**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Service Type	Age & Gender	All Age Groups		Under 1		1 - 4		5 - 14		15 - 24	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
<b>Total</b>	F	11,761	\$498,846	9,068	\$453,456	6,139	\$240,452	4,209	\$150,490	8,698	\$345,554
	M	7,973	341,211	10,155	515,669	7,025	277,186	4,790	171,941	4,559	184,200
Consultations	F	492	46,651	640	80,222	249	22,829	192	15,168	318	27,481
	M	393	37,909	764	93,867	321	28,897	272	20,461	197	16,771
Major Assessment	F	620	36,970	1,625	107,626	618	38,514	303	18,556	448	26,071
	M	405	24,930	1,632	108,175	649	41,036	321	19,935	192	11,499
Other Assessment	F	4,759	142,129	4,433	143,030	3,827	121,671	2,139	66,013	4,131	126,217
	M	3,200	96,961	4,812	156,320	4,132	132,078	2,090	65,234	1,958	60,733
Hospital Care Days	F	442	12,131	941	32,264	110	3,579	33	1,005	88	2,423
	M	376	10,808	1,074	36,642	132	4,269	36	1,136	64	1,822
Special Calls	F	114	13,258	93	12,226	107	14,071	58	7,252	113	14,749
	M	82	9,736	115	14,754	121	16,060	63	7,838	67	8,953
Psychotherapy/ Counselling	F	1,028	31,274	8	327	30	1,166	234	7,339	773	23,696
	M	698	21,745	11	375	49	1,712	443	14,421	623	20,088
Major Surgery	F	858	59,695	352	25,270	229	15,004	200	13,230	362	23,968
	M	791	58,056	491	39,215	333	21,942	246	15,956	432	26,971
Minor Surgery	F	111	5,323	26	1,306	82	5,612	111	5,334	116	5,341
	M	136	7,699	38	2,042	122	8,731	131	7,460	154	9,701
Surgical Assistance	F	--	10			--	2	--	1	1	38
	M	--	6							1	29
Anaesthesiology	F	334	7,833	50	1,153	234	4,315	100	1,863	473	10,482
	M	48	1,313	72	1,583	282	5,210	118	2,178	16	382
Obstetrical Services	F	122	18,221					--	460	192	28,891
	M										
Therapeutic Services, Radiology	F	761	56,733	47	2,850	80	3,279	127	5,311	397	28,651
	M	345	19,541	67	4,235	98	3,698	139	5,060	208	8,730
Laboratory Services	F	81	15,954			--	11	2	366	8	1,900
	M	23	5,930			--	4	1	292	5	1,309
Other Diagnostic & Therapeutic Services	F	1,355	38,816	848	47,092	543	9,994	631	6,593	770	16,223
	M	1,172	38,664	1,075	58,375	751	12,966	794	7,940	478	11,889
Special Services	F	417	5,186	3	18	23	179	28	221	387	5,117
	M	84	538	--	31	25	230	29	238	22	150
Miscellaneous Services	F	266	8,662	2	71	6	227	48	1,777	120	4,307
	M	219	7,373	1	47	9	353	105	3,793	139	5,174

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown



**Table 2.14**  
**Physician Services and Payments per 1,000 Insured Persons by Type of Service,**  
**and Age and Gender of Recipient,**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Age & Gender		25 - 44		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
<b>Total</b>	F	12,123	\$508,393	13,459	\$585,554	18,458	\$858,948	26,031	\$1,119,917
	M	5,711	229,890	9,441	416,091	17,792	844,915	27,017	1,234,597
Consultations	F	492	44,398	583	55,823	855	87,525	1,034	110,731
	M	262	23,945	472	47,169	950	98,615	1,265	136,366
Major Assessment	F	602	34,324	680	39,052	898	55,491	1,127	76,201
	M	234	13,830	442	26,309	810	51,014	1,314	85,732
Other Assessment	F	4,973	149,875	5,107	152,466	7,218	212,340	8,057	216,655
	M	2,450	74,830	3,759	113,066	6,745	198,808	7,335	206,360
Hospital Care Days	F	137	3,761	300	8,561	1,059	30,080	4,012	105,404
	M	100	2,891	331	9,706	1,285	37,325	4,010	110,340
Special Calls	F	106	13,086	69	8,070	118	12,629	490	46,186
	M	53	6,734	64	7,426	136	14,621	405	40,807
Psychotherapy/ Counselling	F	1,250	37,322	1,581	47,995	1,012	32,323	1,045	33,100
	M	783	24,177	907	27,641	694	21,890	965	30,412
Major Surgery	F	736	46,164	1,202	80,549	1,961	152,867	2,300	187,998
	M	511	34,365	1,065	78,554	2,429	191,198	2,880	242,094
Minor Surgery	F	98	4,766	116	5,485	137	6,164	156	7,248
	M	122	7,225	129	6,765	181	8,431	232	10,027
Surgical Assistance	F	--	10	--	3			--	5
	M	--	4	--	2				
Anaesthesiology	F	753	17,144	31	1,508	43	2,555	38	2,393
	M	14	477	23	1,168	40	2,329	47	2,629
Obstetrical Services	F	307	46,033	1	128	--	11	--	13
	M								
Diagnostic & Therapeutic Services, Radiology	F	808	64,813	1,178	87,547	1,405	101,912	1,183	81,975
	M	286	14,667	479	28,585	811	54,941	958	67,372
Laboratory Services	F	25	5,277	178	34,348	287	56,453	202	40,576
	M	11	2,795	39	10,204	93	23,775	98	24,741
Other Diagnostic & Therapeutic Services	F	1,178	30,026	1,793	53,484	2,770	98,638	2,898	114,548
	M	732	19,603	1,523	55,201	3,209	135,961	4,005	180,172
Special Services	F	557	7,737	524	6,363	570	5,429	451	3,354
	M	43	272	114	718	303	1,911	420	2,606
Miscellaneous Services	F	102	3,657	117	4,172	123	4,531	3,039	93,529
	M	110	4,075	96	3,576	106	4,096	3,083	94,940

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown



**Table 2.15**  
**Percentage Changes to Rates in the Schedule of**  
**Medical Benefits by Specialty for October 1, 2003 to March 31, 2005**

Effective Date Specialty	October 1, 2003	October 1, 2004
All Physicians	2.7%	3.1%
Anaesthesia	2.4	2.0
Cardiology	1.3	1.6
Cardiovascular & Thoracic Surgery	1.1	1.2
Critical Care Medicine	1.7	1.4
Dermatology	1.8	2.7
Radiology	1.4	2.2
Emergency Medicine	3.2	2.6
Endocrinology/Metabolism	6.4	5.0
Gastroenterology	2.1	3.0
General Practice	3.3	3.9
General Surgery	1.9	2.1
Mental Health Generalists	3.5	2.8
Infectious Diseases	7.7	5.0
Internal Medicine	3.1	3.9
Nephrology	2.2	2.5
Neurology	4.0	4.7
Neurosurgery	2.0	2.3
Obstetrics-Gynaecology	2.0	2.2
Ophthalmology	1.5	2.2
Orthopaedic Surgery	2.2	2.3
Otolaryngology	1.6	2.1
Paediatrics	4.2	4.9
Pathology	0.9	2.9
Physical Medicine & Rehabilitation	4.9	5.0
Plastic Surgery	2.1	2.3
Psychiatry	3.2	2.8
Respiratory Medicine	5.3	5.0
Rheumatology	4.3	5.0
Urology	2.0	2.1
Vascular Surgery	2.0	2.3



**Table 2.16**  
**Basic Health Services:**  
**Percentage Changes to Rates in the Schedules of Benefits**  
**for April 1, 2001 to March 31, 2005**

Type of Practitioner Effective Date	Medical	Dentists/Oral Surgeons	Chiropractors	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)	(%)
April 1, 2001	6.3	Nil	Nil	1.9	Nil
August 1, 2001	Nil	8.1	Nil	Nil	Nil
November 1, 2001	3.4	Nil	Nil	Nil	Nil
April 1, 2002	10.9	Nil	Nil	2.0	Nil
October 1, 2002	2.0	Nil	Nil	Nil	Nil
April 1, 2003	Nil	3.9	2.0	3.9	2.9
October 1, 2003	2.7	Nil	Nil	Nil	Nil
April 1, 2004	Nil	3.9	2.5	2.9	2.9
October 1, 2004	3.1	Nil	Nil	Nil	Nil

**Table 2.17**  
**Alternate Relationship Plans Summary**

Model Type	Number	GPs*	Specialists*	Physician Subtotal
Academic ARP	5	1	278	279
Capitation ARP	2	14	0	14
Contract ARP	7	37	155	192
Sessional ARP	11	37	25	62
<b>Total Expenditures<sup>(1)</sup></b>	<b>Model Total</b>	<b>GP Total</b>	<b>SP Total</b>	<b>Physician Total<sup>(2)</sup></b>
\$74,602,063	25	89	458	543

Note: This table only includes physicians participating in ARPs who submitted data detailing the services they provided.

\*The general practitioner and specialist counts include physicians who may bill fee-for-service in addition to receiving payments from the ARP program in which they are participating. The number of ARPs and the number of physicians are as at March 31, 2005.

(1) Total expenditures are for the fiscal year April 1, 2004 to March 31, 2005, as of August 2005.

(2) The physician total can fluctuate from month to month, and should be considered approximate. It is a discrete overall physician count and not a sum.

**Model Type Definitions:**

**Academic ARP** - Model which merges funding for medical education, clinical services and research into one main funding grant based on an agreement between the academic department of an Academic Health Centre, the Alberta Government, and any other major funder(s).

**Capitation ARP** - This model is used for the provision of family medicine or primary health care, with a predetermined annual amount for each of its patients within a defined population and basket of services.

**Contract ARP** - Contractual funding is based on a pre-negotiated amount, for a pre-determined level of services, over a specified period of time (e.g. one year).

**Sessional ARP** - Under this model, the physician is paid an hourly rate for work during a set period of time for the provision of insured medical services within an organized program.



**Table 2.18**  
**Out-of-Country Basic Health Services:**  
**Distribution of Payments, Number of Services and Discrete Patients**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments
<b>Total</b>	26,017	9,511	\$1,208,422	687	136	\$58,056	25,330	9,485	\$1,150,366
Physicians <sup>(2)</sup>	24,253	9,105	1,178,065	632	116	55,048	23,621	9,092	1,123,017
Dentists/Oral Surgeons	25	9	5,082	18	6	2,470	7	3	2,612
Chiropractors	1,604	368	20,811	35	13	472	1,569	355	20,339
Optometrists	71	67	2,939	1	1	47	70	66	2,892
Podiatrists	64	39	1,526	1	1	20	63	39	1,506

Note: This table reflects fee-for-service data only.

(1) The total discrete patients is a discrete overall patient count and not a sum.

(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

## OUT-OF-COUNTRY HEALTH COVERAGE

Out-of-country practitioner and hospital services received by Albertans are paid at Alberta rates as approved by the Minister of Alberta Health and Wellness.

Many out-of-country medical services cost more than the amount paid by the AHCIP and any additional cost is the responsibility of the patient. Alberta Health and Wellness strongly encourages Albertans traveling outside Canada to purchase supplementary health insurance.

Under certain circumstances, the Out-of-Country Health Services Committee and, when applicable, the Appeal Panel, considers funding (in addition to the benefits paid by the AHCIP) for insured physician, dentist/oral surgeon and hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.



**Table 2.19**  
**Out-of-Country Health Services Program**  
**Applications Reviewed**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Type of Service	Status of Applications														
	Received						Approved						Refused		
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
Required services not available in Alberta	192	132	101	95	100	107	50	45	44	34	85	82	56	51	66

Note: This table reflects fee-for-service data only.

**Table 2.20**  
**Out-of-Country Health Services Program**  
**Fee-For-Service Payments Made for Approved Applications**  
**for the Service Years Ended March 31, 2001 to March 31, 2005**

Type of Service	Amount Paid														
	Total						Medical Services						Hospital Services		
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
Required services not available in Alberta	\$3,229,383	\$2,642,037	\$4,281,647	\$2,599,326	\$2,920,577	\$1,404,426	\$888,746	\$916,495	\$628,958	\$505,307	\$1,824,957	\$1,753,291	\$3,365,152	\$1,970,368	\$2,415,269

Note: This table reflects fee-for-service data only.





## SECTION 3: REGIONAL DATA

### Summary

Nine regional health authorities are responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. They work with communities to deliver health services, including mental health services, to local residents. All practitioner data in this section is based on fee-for-service payments.

#### HIGHLIGHTS

- A total of 37.6 per cent of practitioner fee-for-service expenditures were for services received in the Calgary Health Region.
- A total of 37.7 per cent of practitioner fee-for-service expenditures were for services received in the Capital Health Region.
- The balance, 24.8 per cent of practitioner fee-for-service expenditures, were for services received in the other seven health regions.
- An average of 77.2 per cent of services received by patients were provided in the health region where they reside.

### Explanatory Notes

#### NUMBER OF PRACTITIONERS

Statistics shown for the number of practitioners in a region are based on the number of practitioners who received fee-for-service payments for services provided in that particular region. A practitioner may work in several regions and will have been counted in each region where he/she provided services.

#### NUMBER OF SERVICES

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

#### REGIONAL BOUNDARY CHANGES

Regional boundaries are subject to change; therefore, year-over-year comparisons by region need to be interpreted with caution. Figure 5 shows the current boundaries which were put in place on December 1, 2003.

#### SERVICE LOCATION AND RECIPIENT LOCATION

Data in this section is provided on a service location basis. Patients from rural and remote regions often travel to larger urban centers in other regions to receive services. This affects statistics shown for health services and payments for both regions involved. This point is illustrated in Table 3.2, which shows a breakdown of medical payments to physicians based on both service location and recipient location. Recipient location data is for the health region where the patient lived on the date of service.



FIGURES AND CHARTS

**Figure 5**  
**Map of Health Regions**



**Table 3.1**  
**Distribution of Population Covered by Health Region Service Location**  
**as at March 31, 2005 <sup>(1)</sup>**

Health Region Service Location	Registered Population		
	Total	Male	Female
<b>Total</b>	3,210,035	1,602,370	1,607,665
Chinook Regional Health Authority	154,773	76,547	78,226
Palliser Health Region	100,629	50,696	49,933
Calgary Health Region	1,164,588	580,346	584,242
David Thompson Regional Health Authority	293,653	146,777	146,876
East Central Health	110,618	55,075	55,543
Capital Health	1,000,900	495,906	504,994
Aspen Regional Health Authority	176,490	89,632	86,858
Peace Country Health	134,806	68,997	65,809
Northern Lights Health Region	73,398	38,299	35,099
Unknown	180	95	85

(1) The population figures are as at March 31, 2005, calculated in July 2005.



**Table 3.2**  
**Distribution of Payments to Physicians by Health Region**  
**Service Location and Recipient Location**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Health Region Service Location	Health Region Recipient Location					
	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
<b>Total</b>	\$1,348,724,184	\$63,550,023	\$43,633,170	\$490,388,361	\$119,847,955	\$46,056,004
Chinook Regional Health Authority	59,860,123	<b>55,109,129</b>	1,039,034	2,721,525	260,282	71,799
Palliser Health Region	37,788,615	418,714	<b>36,010,965</b>	646,473	240,347	56,436
Calgary Health Region	506,598,990	6,855,988	5,514,600	<b>474,892,791</b>	12,802,640	625,334
David Thompson Regional Health Authority	101,561,460	255,165	388,273	3,928,881	<b>90,583,202</b>	1,593,373
East Central Health	28,946,358	40,609	46,350	224,820	1,289,108	<b>24,397,868</b>
Capital Health	507,895,692	656,319	500,806	4,337,701	13,878,838	15,923,986
Aspen Regional Health Authority	41,173,887	60,045	37,917	306,547	311,315	374,051
Peace Country Health	41,337,461	65,469	49,727	2,182,128	226,392	70,076
Northern Lights Health Region	18,791,273	30,452	15,808	237,657	141,488	51,876
Unknown	4,770,326	58,134	29,689	909,839	114,344	2,891,206

Note: This table reflects fee-for-service data only.

*Continued.....*

(1) The sums of the payments may not match the totals due to rounding.



**Table 3.2**  
**Distribution of Payments to Physicians by Health Region**  
**Service Location and Recipient Location**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Health Region Service Location	Health Region Recipient Location				
	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
<b>Total</b>	\$443,088,222	\$69,805,302	\$46,812,032	\$23,794,356	\$1,748,759
Chinook Regional Health Authority	386,959	83,848	75,362	45,808	66,376
Palliser Health Region	237,211	62,897	44,344	24,501	46,729
Calgary Health Region	3,507,726	701,895	604,682	444,135	649,200
David Thompson Regional Health Authority	3,398,052	746,759	377,537	160,442	129,776
East Central Health	1,684,284	1,062,443	70,782	68,748	61,347
Capital Health	<b>430,046,286</b>	29,474,709	7,687,316	4,796,958	592,773
Aspen Regional Health Authority	2,020,781	<b>36,713,033</b>	1,011,300	280,111	58,787
Peace Country Health	704,120	413,421	<b>36,783,559</b>	776,252	66,317
Northern Lights Health Region	741,712	257,362	116,323	<b>17,175,444</b>	23,149
Unknown	361,091	288,935	40,826	21,956	<b>54,306</b>

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.



**Table 3.3**  
**Distribution of Payments by International Classification**  
**of Diseases and Health Region Service Location**  
**for the Service Year April 1, 2004 to March 31, 2005**

Health Region Service Location  International Classification of Diseases	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
<b>Total</b>	\$1,348,724,184	\$59,860,123	\$37,788,615	\$506,598,990	\$101,561,460	\$28,946,358
Infectious and Parasitic Diseases	22,438,747	980,957	760,047	8,409,880	2,037,876	582,110
Neoplasms	44,087,820	2,240,405	1,179,799	17,569,722	2,504,721	822,720
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	35,370,400	1,796,140	1,409,189	11,399,347	2,644,642	1,019,877
Diseases of Blood and Blood Forming Organs	5,497,930	233,003	291,606	2,186,539	440,839	201,501
Mental Disorders	134,550,663	5,549,277	3,142,871	48,672,757	12,455,868	2,767,789
Diseases of the Nervous System and Sense Organs	96,108,708	3,949,584	2,871,008	39,001,499	5,753,945	2,018,916
Diseases of the Circulatory System	101,616,153	3,671,443	2,624,596	38,051,556	6,348,120	2,318,659
Diseases of the Respiratory System	96,336,895	4,255,758	2,822,839	33,809,262	8,830,508	2,528,732
Diseases of the Digestive System	52,710,232	3,044,441	1,748,580	17,488,765	4,843,362	1,742,143
Diseases of the Genitourinary System	67,145,597	3,633,485	2,191,410	26,143,491	5,505,347	1,652,496
Complications of Pregnancy, Childbirth and the Puerperium	39,205,131	1,944,753	931,558	16,646,282	3,011,359	625,866
Diseases of the Skin and Subcutaneous Tissue	41,016,504	1,734,842	1,158,535	15,261,454	3,663,479	1,024,611
Diseases of the Musculoskeletal System and Connective Tissue	70,259,985	4,207,058	2,332,128	23,801,331	5,642,023	2,186,174
Congenital Anomalies	4,264,142	96,864	48,400	1,677,777	91,301	20,906
Certain Conditions Originating in the Perinatal Period	6,084,919	294,305	235,942	2,191,962	506,999	51,862
Symptoms, Signs and Ill-Defined Conditions	132,113,601	5,834,421	3,956,488	50,075,214	11,605,182	3,144,519
Injury and Poisoning	76,996,131	3,650,321	1,938,352	25,778,372	7,230,834	2,074,467
Non-Standard Diagnostic Codes	102,245,599	3,910,834	3,129,597	38,813,201	8,271,131	2,506,902
Unknown Diagnostic Chapter	220,675,026	8,832,232	5,015,672	89,620,578	10,173,925	1,656,108

Note: This table reflects fee-for-service data only.

Continued.....



**Table 3.3**  
**Distribution of Payments by International Classification**  
**of Diseases and Health Region Service Location**  
**for the Service Year April 1, 2004 to March 31, 2005**

Health Region Service Location					
International Classification of Diseases	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
<b>Total</b>	\$507,895,692	\$41,173,887	\$41,337,461	\$18,791,273	\$4,770,326
Infectious and Parasitic Diseases	7,130,658	1,112,649	914,332	403,361	106,878
Neoplasms	17,221,912	801,612	1,064,270	316,926	365,734
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	13,560,712	1,519,638	1,233,024	673,198	114,632
Diseases of Blood and Blood Forming Organs	1,664,003	226,767	164,146	68,266	21,259
Mental Disorders	54,206,044	2,412,578	2,999,824	1,613,034	730,624
Diseases of the Nervous System and Sense Organs	36,210,040	2,400,207	2,929,663	646,751	327,097
Diseases of the Circulatory System	42,536,076	2,922,293	2,078,093	836,196	229,121
Diseases of the Respiratory System	33,200,548	5,079,183	3,609,360	1,789,748	410,958
Diseases of the Digestive System	17,846,450	2,213,725	2,476,376	1,069,098	237,291
Diseases of the Genitourinary System	22,667,105	2,255,455	1,934,259	926,698	235,851
Complications of Pregnancy, Childbirth and the Puerperium	11,484,894	1,434,009	1,458,759	1,395,182	272,470
Diseases of the Skin and Subcutaneous Tissue	14,536,450	1,696,550	1,189,043	620,188	131,353
Diseases of the Musculoskeletal System and Connective Tissue	24,685,354	3,412,692	2,849,117	1,010,237	133,869
Congenital Anomalies	2,199,850	26,953	76,635	15,587	9,869
Certain Conditions Originating in the Perinatal Period	2,020,192	98,444	462,098	135,171	87,943
Symptoms, Signs and Ill-Defined Conditions	45,158,987	4,428,735	4,733,631	2,788,370	388,054
Injury and Poisoning	27,557,743	3,962,903	3,180,971	1,301,904	320,264
Non-Standard Diagnostic Codes	34,416,129	4,305,698	4,084,607	2,412,860	394,639
Unknown Diagnostic Chapter	99,592,545	863,797	3,899,254	768,497	252,420

Note: This table reflects fee-for-service data only.



**Table 3.4**  
**Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments**  
**by Health Region Service Location**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Health Region Service Location	Total			General/Family Physicians			Specialists <sup>(3)</sup>		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
<b>Total</b>	5,385	\$1,190,797,083	\$221,132	3,141	\$594,848,586	\$189,382	2,244	\$595,948,497	\$265,574
<i>By Health Region</i>									
Chinook Regional Health Authority	230	53,818,353	233,993	148	28,646,736	193,559	82	25,171,617	306,971
Palliser Health Region	131	34,238,058	261,359	75	19,820,647	264,275	56	14,417,410	257,454
Calgary Health Region	2,073	444,780,269	214,559	1,116	199,546,645	178,805	957	245,233,624	256,252
David Thompson Regional Health Authority	426	94,320,798	221,410	296	64,573,862	218,155	130	29,746,937	228,823
East Central Health	155	27,476,060	177,265	116	21,725,216	187,286	39	5,750,844	147,458
Capital Health	1,795	435,090,330	242,390	958	178,792,751	186,631	837	256,297,580	306,210
Aspen Regional Health Authority	230	40,821,261	177,484	190	37,585,908	197,821	40	3,235,352	80,884
Peace Country Health	191	37,306,337	195,321	136	27,495,087	202,170	55	9,811,250	178,386
Northern Lights Health Region	83	18,626,396	224,414	63	13,693,630	217,359	20	4,932,766	246,638
Unknown	71	4,319,220	60,834	43	2,968,105	69,026	28	1,351,115	48,254

Note: This table reflects fee-for-service data only.

(1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within each region.

(2) The total amount paid may not match the sum of amounts paid to health regions due to rounding.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.





**Table 3.5**  
**Number of General/Family Physicians by Payment Range and Health Region Service Location**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Health Region Service Location Payment Range	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
<b>Total</b>	4,437	226	144	1316	446	231	1151	301	214	94	314
Less than \$10,000	1,296	78	69	200	150	115	193	111	78	31	271
10,000- 19,999	192	15	6	46	22	19	42	11	15	6	10
20,000- 39,999	208	13	4	63	17	14	61	14	8	5	9
40,000- 59,999	151	5	1	59	8	4	43	10	10	7	4
60,000- 79,999	180	7	3	77	12	8	49	9	5	3	7
80,000- 99,999	154	6	2	67	6	2	49	10	5	3	4
100,000-119,999	170	5	2	72	8	4	60	13	1	4	1
120,000-139,999	195	4	2	83	13	4	68	8	8	2	3
140,000-159,999	191	4	5	82	14	1	70	10	4		1
160,000-179,999	156	4	1	65	11	4	61	7	2	1	
180,000-199,999	162	9	2	61	12	4	54	6	11	1	2
200,000-299,999	821	48	16	287	95	12	264	53	35	9	2
300,000-399,999	372	18	12	106	62	32	87	24	20	11	
400,000-499,999	127	6	15	32	11	8	29	11	7	8	
500,000-599,999	41	3	4	12	3		11	3	4	1	
600,000-699,999	11	1		2			7			1	
700,000-799,999	6			2			1	1	1	1	
800,000-899,999	2				1		1				
900,000-999,999	1				1						
1,000,000 and over	1						1				

Note: This table reflects fee-for-service data only.

- (1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within each region, where the physician payment was greater than 0 within the health region.
- (2) A blank cell represents a zero value.



**Table 3.6**  
**Number of Physicians by Specialty Within Each Health Region**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Physicians by Specialty	Number of Physicians <sup>(3)</sup>			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
<b>Total: All Physicians</b>	7,296	2,085	2,375	2,836
<b>All Specialists (except GP/FPs &amp; laboratory specialists)</b>	2,859	934	1,059	866
<b>Physicians by Specialty</b>				
Anaesthesiology	337	122	136	79
Cardiovascular and Thoracic Surgery	23	11	11	1
Dermatology	51	16	22	13
Emergency Medicine	90	26	40	24
General/Family Physicians (GP/FPs)	4,437	1,151	1,316	1,970
General Surgery	202	59	62	81
Internal Medicine	628	212	259	157
Neurology	79	19	42	18
Neurosurgery	6	3	3	
Obstetrics-Gynaecology	183	59	63	61
Ophthalmology	117	41	41	35
Orthopaedic Surgery	159	40	58	61
Otolaryngology	58	17	18	23
Paediatrics	332	85	114	133
Physical Medicine & Rehabilitation	35	17	10	8
Plastic Surgery	50	16	22	12
Psychiatry	435	167	142	126
Urology	74	24	16	34

Note: This table reflects fee-for-service data only.

- (1) Physicians providing services in multiple health regions are counted multiple times. This report reflects discrete physician counts within each region, where the physician payment was greater than 0 within the health region.
- (2) A blank cell represents a zero value.
- (3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.



**Table 3.7**  
**Allied Health Services**  
**Distribution of Services and Payments by Health Region Service Location**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)</sup>**

Health Region Service Location	Total		Chiropractors		Optometrists	
	Services	Payments	Services	Payments	Services	Payments
<b>Total</b>	3,796,562	\$68,398,242	3,052,733	\$39,966,107	440,891	\$18,362,362
Chinook Regional Health Authority	240,941	4,241,839	192,402	2,521,833	27,900	1,158,576
Palliser Health Region	121,176	2,086,072	97,260	1,275,320	13,927	581,334
Calgary Health Region	1,499,352	26,109,495	1,233,346	16,066,005	143,998	5,860,804
David Thompson Regional Health Authority	438,833	7,363,792	377,166	5,008,444	45,407	1,913,262
East Central Health	121,216	2,186,736	99,021	1,305,302	20,550	843,248
Capital Health	1,084,563	21,077,975	825,802	10,795,616	145,431	6,147,496
Aspen Regional Health Authority	149,402	2,631,994	125,474	1,648,260	21,669	918,130
Peace Country Health	86,699	1,669,879	68,338	900,413	16,735	715,626
Northern Lights Health Region	39,530	686,839	33,276	436,498	5,168	219,550
Unknown	14,850	343,621	648	8,417	106	4,338

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

**Table 3.7**  
**Allied Health Services**  
**Distribution of Services and Payments by Health Region Service Location**  
**for the Service Year April 1, 2004 to March 31, 2005<sup>(1)(2)</sup>**

Health Region Service Location	Dentists/Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments
<b>Total</b>	14,658	\$2,843,638	288,280	\$7,226,135
Chinook Regional Health Authority	263	31,013	20,376	530,418
Palliser Health Region	112	22,795	9,877	206,624
Calgary Health Region	6,187	1,272,131	115,821	2,910,555
David Thompson Regional Health Authority	524	53,204	15,736	388,883
East Central Health	9	693	1,636	37,493
Capital Health	7,488	1,455,309	105,842	2,679,554
Aspen Regional Health Authority	47	5,487	2,212	60,118
Peace Country Health	24	2,756	1,602	51,084
Northern Lights Health Region			1,086	30,791
Unknown	4	250	14,092	330,616

Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

(2) A blank cell represents a zero value.





## SECTION 4: ALBERTA BLUE CROSS NON-GROUP COVERAGE

### Summary

Alberta Blue Cross Non-Group Coverage plans are supplemental health insurance plans that provide coverage for pharmaceuticals and selected health services. These supplemental plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Albertans under the age of 65 can purchase Alberta Blue Cross Non-Group Coverage. Reduced Alberta Blue Cross premium rates are available to those who apply and qualify for AHCIP premium subsidy. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as needing palliative care and who receive their health care at home.

The government-sponsored Alberta Blue Cross supplemental health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or private employer-sponsored supplemental benefit plans available from Alberta Blue Cross.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by type of services (ambulance, drugs, hospital, or other). Information is also provided about the number, types and costs of drug prescriptions, and the 10 highest prescription drug expenditures.

### HIGHLIGHTS

- In 2004/2005, the number of Albertans who were covered under Alberta Blue Cross Non-Group Coverage plans increased to 515,853. This is an increase of 3.4 per cent compared to 2003/2004.
- The number of persons who paid full premium rates was 99,025 (19.2 per cent of the total non-group membership). This is an increase of about 3.2 per cent compared to the 2003/2004 year.
- A total of 38,057 people (7.4 per cent of the total non-group membership) received non-group coverage at reduced premium rates. This is approximately a 0.7 per cent increase compared to the 2003/2004 year.
- A total of 378,771 (73.4 per cent of the total non-group membership) received their coverage premium-free. This is an increase of 3.7 per cent compared to 2003/2004.
- Total benefits paid under Alberta Blue Cross Non-Group Coverage plans were more than \$521 million in 2004/2005. This is an increase of more than 7.4 per cent compared to the 2003/2004 year.
- Total benefits paid for seniors or their spouses/partners/dependants were more than \$403 million and accounted for 77.4 per cent of the total amount spent on the Alberta Blue Cross Non-Group Plans. This is an increase of more than 6.9 per cent compared to the 2003/2004 year.
- Drugs accounted for \$498,184,543 or 95.6 per cent of total non-group benefit expenditures. Ambulance services accounted for \$17,094,297 or 3.3 per cent of the total.



- In 2004/2005, nine of the ten top-selling prescription drugs were used to treat common chronic diseases.
  - Gastro-intestinal ulcers and stomach acid-related diseases were treated using Losec, Pantoloc, and Prevacid.
  - High cholesterol conditions were treated using Lipitor (in two strengths).
  - Arthritis was treated with Celebrex.
  - High blood pressure was treated using Norvasc (in two strengths) and Altace.
- Based on net payments for the non-group plans, Losec (20 mg), an ulcer treatment, ranked number one with a total of 173,864 prescriptions and a net payment benefit of \$24,986,906.
- Based on information for all coverage categories, Copaxone, used to treat Multiple Sclerosis, had the ninth highest expenditures for the non-group plans.

## Explanatory Notes

### DATA

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Data in this section are provided directly by Alberta Blue Cross with the exception of Table 4.6, which is provided by the Alberta College of Pharmacists. The tables report, on a daily basis, the payments made to people covered on the non-group plans; on a bi-weekly basis (every two weeks), the payments made to pharmacy providers (pharmacists); and on a weekly basis, the payments made to other providers, such as ambulance service providers, psychologists, etc.

### NON-GROUP COVERAGE PARAMETERS

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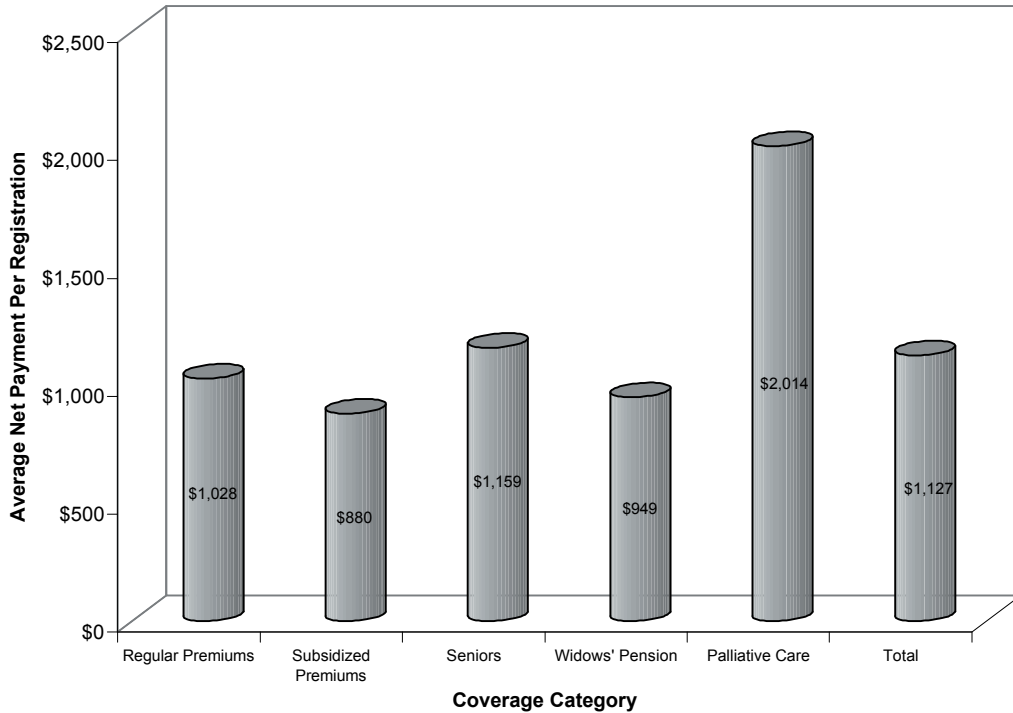
Non-group coverage includes prescription drugs, ambulance services, clinical psychological services, home nursing care, prosthetic and orthotic benefits and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is only included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List and Palliative Care Drug Benefit Supplement define the drugs that are covered by the Alberta Blue Cross Non-Group Coverage plans.



## CHARTS AND FIGURES

Figure 6 illustrates average, net drug payments per registration<sup>(1)</sup>, sorted according to the coverage category of Alberta Blue Cross benefit recipients for the service year April 1, 2004 to March 31, 2005.

**Figure 6**



(1) A registration may be for a single person or can include a spouse/partner and/or dependants.

### Did You Know?

During 2004/2005, six (6) cents of each dollar spent on health care in Alberta went toward government-sponsored Alberta Blue Cross Non-Group benefits.



**Table 4.1**  
**Alberta Blue Cross Non-Group Coverage:**  
**Number of Registrations and Persons Covered by Level of Premium Payment**  
**as at March 31, 2001, 2002, 2003, 2004 and 2005<sup>(1)</sup>**

Registration Status	Number of Registrations & Persons Covered					Percentage Change				
	2001	2002	2003	2004	2005	2002/2001	2003/2002	2004/2003	2005/2004	
Total Number of Registrations	291,870	299,965	306,745	315,215	325,548	2.77%	2.26%	2.76%	3.28%	
Total Number of Persons Covered	462,919	474,675	485,803	499,078	515,853	2.54	2.34	2.73	3.36	
Number of Registrations Paying Regular Premiums	38,391	41,347	43,507	45,948	47,577	7.70	5.22	5.61	3.55	
Number of Persons Covered	82,760	87,756	92,027	96,003	99,025	6.04	4.87	4.32	3.15	
Number of Registrations Paying Reduced Premiums	19,103	18,686	18,635	18,999	19,441	(2.18)	(0.27)	1.95	2.33	
Number of Persons Covered	38,614	37,032	36,948	37,776	38,057	(4.10)	(0.23)	2.24	0.74	
Number of Registrations Paying No Premiums <sup>(2)</sup>	234,376	239,932	244,603	250,268	258,530	2.37	1.95	2.32	3.30	
Number of Persons Covered	341,545	349,887	356,828	365,299	378,771	2.44	1.98	2.37	3.69	

(1) The population figures are as at March 31, calculated in July.

(2) Persons covered under the Seniors, Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.





**Table 4.2**  
**Alberta Blue Cross Non-Group Coverage:**  
**Number of Registrations and Persons Covered by Coverage Category and**  
**Level of Premium Payment as at March 31, 2001, 2002, 2003, 2004 and 2005<sup>(1)(2)</sup>**

Registration Status		Total					Regular Premium				
		2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
<b>Total</b>	Registrations	291,870	299,965	306,745	315,215	325,548	38,391	41,347	43,507	45,948	47,577
	Persons	462,919	474,675	485,803	499,078	515,853	82,760	87,756	92,027	96,003	99,025
One Person	Registrations	155,344	159,763	162,975	167,467	172,034	14,622	16,091	17,114	18,425	19,289
	Persons	155,344	159,763	162,975	167,467	172,034	14,622	16,091	17,114	18,425	19,289
Two Persons	Registrations	118,685	122,109	125,150	128,520	133,729	13,469	14,514	15,208	15,971	16,318
	Persons	237,370	244,218	250,300	257,040	267,458	26,938	29,028	30,416	31,942	32,636
Three or More	Registrations	17,841	18,093	18,620	19,228	19,785	10,300	10,742	11,185	11,552	11,970
	Persons	70,205	70,694	72,528	74,571	76,361	41,200	42,637	44,497	45,636	47,100

Registration Status		Subsidized Premium <sup>(3)</sup>					Seniors <sup>(4)</sup>				
		2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
<b>Total</b>	Registrations	19,103	18,686	18,635	18,999	19,441	232,091	237,774	242,568	248,347	256,894
	Persons	38,614	37,032	36,948	37,776	38,057	339,065	347,497	354,589	363,201	376,993
One Person	Registrations	9,655	9,794	9,631	9,844	10,226	128,926	131,880	134,338	137,402	140,982
	Persons	9,655	9,794	9,631	9,844	10,226	128,926	131,880	134,338	137,402	140,982
Two Persons	Registrations	4,851	4,522	4,523	4,513	4,649	100,254	102,961	105,318	107,946	112,692
	Persons	9,702	9,044	9,046	9,026	9,298	200,508	205,922	210,636	215,892	225,384
Three or More	Registrations	4,597	4,370	4,481	4,642	4,566	2,911	2,933	2,912	2,999	3,220
	Persons	19,257	18,194	18,271	18,906	18,533	9,631	9,695	9,615	9,907	10,627

Registration Status		Widows' Pension <sup>(4)</sup>				
		2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
<b>Total</b>	Registrations	2,285	2,158	2,035	1,921	1,636
	Persons	2,480	2,390	2,239	2,098	1,778
One Person	Registrations	2,141	1,998	1,892	1,796	1,537
	Persons	2,141	1,998	1,892	1,796	1,537
Two Persons	Registrations	111	112	101	90	70
	Persons	222	224	202	180	140
Three or More	Registrations	33	48	42	35	29
	Persons	117	168	145	122	101

(1) The population figures are as at March 31, calculated in July.

(2) In order to be reported in the above chart, people on the Palliative Care Drug Program must also have had non-group coverage, either because they were a senior, received the Alberta Widows' Pension or purchased it. As at March 31, 2005, 357 people were covered only by the Palliative Care Drug Program and are not included on this table.

(3) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(4) Individuals covered under the Seniors, Widows' Pension, or Palliative Care categories receive premium-free coverage.



**Table 4.3**  
**Alberta Blue Cross Non-Group Coverage:**  
**Persons Covered by Age and Gender**  
**as at March 31, 2001, 2002, 2003, 2004 and 2005<sup>(1)(2)</sup>**

Age Group	Total					Male					Female					
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	
<b>Total</b>	462,919	474,675	485,803	499,078	515,853	197,411	202,698	207,670	213,951	221,927	265,508	271,977	278,133	285,127	293,926	
<i>By Age Group</i>																
Under 1	794	786	806	883	905	406	372	399	430	453	388	414	407	453	452	
1 - 4	3,658	3,617	3,782	3,936	3,871	1,873	1,811	1,867	1,935	1,935	1,785	1,806	1,915	2,001	1,936	
5 - 14	15,690	15,591	15,895	16,089	16,363	8,053	8,064	8,284	8,393	8,416	7,637	7,527	7,611	7,696	7,947	
15 - 24	20,729	21,428	22,109	23,085	24,115	10,166	10,434	10,655	11,158	11,646	10,563	10,994	11,454	11,927	12,469	
25 - 44	25,187	25,556	26,076	26,497	26,701	10,968	11,128	11,276	11,375	11,360	14,219	14,428	14,800	15,122	15,341	
45 - 64	93,181	96,157	98,669	102,205	106,996	32,045	33,195	34,482	35,966	37,709	61,136	62,962	64,187	66,239	69,287	
65 - 74	170,005	172,707	174,327	177,299	182,088	81,940	83,363	83,839	85,422	88,351	88,065	89,344	90,488	91,877	93,737	
75 & Older	133,675	138,833	144,139	149,084	154,814	51,960	54,331	56,868	59,272	62,057	81,715	84,502	87,271	89,812	92,757	

Age Group	Percentage Change Total					Percentage Change Male					Percentage Change Female					
	2002/2001	2003/2002	2004/2003	2005/2004	2006/2005	2002/2001	2003/2002	2004/2003	2005/2004	2006/2005	2002/2001	2003/2002	2004/2003	2005/2004	2006/2005	
<b>Total</b>	2.54%	2.34%	2.73%	3.36%	2.68%	2.45%	3.02%	3.73%	2.44%	2.26%	2.51%	2.51%	3.09%			
<i>By Age Group</i>																
Under 1	(1.01)	2.54	9.55	2.49	(8.37)	7.26	7.77	5.35	6.70	(1.69)	11.30	11.30	(0.22)			
1 - 4	(1.12)	4.56	4.07	(1.65)	(3.31)	3.09	3.64	0.00	1.18	6.04	4.49	4.49	(3.25)			
5 - 14	(0.63)	1.95	1.22	1.70	0.14	2.73	1.32	0.27	(1.44)	1.12	1.12	1.12	3.26			
15 - 24	3.37	3.18	4.41	4.46	2.64	2.12	4.72	4.37	4.08	4.18	4.13	4.13	4.54			
25 - 44	1.47	2.03	1.61	0.77	1.46	1.33	0.88	(0.13)	1.47	2.58	2.18	2.18	1.45			
45 - 64	3.19	2.61	3.58	4.69	3.59	3.88	4.30	4.85	2.99	1.95	3.20	3.20	4.60			
65 - 74	1.59	0.94	1.70	2.70	1.74	0.57	1.89	3.43	1.45	1.28	1.54	1.54	2.02			
75 & Older	3.86	3.82	3.43	3.84	4.56	4.67	4.23	4.70	3.41	3.28	2.91	2.91	3.28			

(1) "Persons Covered" includes all persons covered by Alberta Blue Cross as at March 31 each year.

(2) The population figures are as at March 31, calculated in July each year.



**Table 4.4**  
**Alberta Blue Cross Non-Group Coverage:**  
**Number of Discrete Recipients and Amounts Paid by Coverage Category, Level of**  
**Premium Payment and Type of Service for the Year Ending March 31, 2005<sup>(1)</sup>**

Subsidy Level and Type of Service	Discrete Recipients	Net Payment <sup>(2)</sup>	Net Payment Per Recipient
<b>All Groups</b>			
Ambulance	45,614	17,094,297	375
Drugs	442,090	498,184,543	1,127
Hospital	1,695	295,450	174
Other <sup>(3)</sup>	6,460	5,481,080	848
<b>Total</b>	<b>446,390</b>	<b>\$521,055,370</b>	<b>\$1,167</b>
<b>Regular Premium</b>			
Ambulance	2,478	607,562	245
Drugs	82,055	84,391,976	1,028
Hospital	1,233	220,011	178
Other	777	129,421	167
Subtotal	82,497	\$85,348,971	\$1,035
<b>Subsidized Premium<sup>(4)</sup></b>			
Ambulance	1,272	335,862	264
Drugs	32,580	28,676,452	880
Hospital	461	75,439	164
Other	184	29,323	159
Subtotal	32,740	\$29,117,077	\$889
<b>Seniors<sup>(5)(6)</sup></b>			
Ambulance	41,762	16,106,267	386
Drugs	329,498	381,954,451	1,159
Hospital			
Other	5,488	5,312,610	968
Subtotal	333,190	\$403,373,328	\$1,211
<b>Widows' Pension<sup>(6)</sup></b>			
Ambulance	120	44,605	372
Drugs	1,733	1,645,086	949
Hospital			
Other	16	9,726	608
Subtotal	1,754	\$1,699,417	\$969
<b>Palliative Care<sup>(6)</sup></b>			
Ambulance			
Drugs	753	1,516,578	2,014
Hospital			
Other			
Subtotal	753	\$1,516,578	\$2,014

(1) A blank cell represents a zero value.

(2) The sums of the net payments may not match the sub-totals or totals due to rounding.

(3) The type of "other" service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

(4) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(5) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/Partner Age 65 or Older and their dependants."

(6) Coverage for Seniors, Widows' Pension and Palliative Care is provided premium-free.



**Table 4.5**  
**Alberta Blue Cross Non-Group Coverage:**  
**Number of Drug Prescriptions and Cost of Benefits**  
**For Over-the-Counter Products and Prescription Drugs**  
**for the Year Ending March 31, 2005<sup>(1)</sup>**

Prescription Type and Membership Category	Number of Prescriptions	Net Payment <sup>(2)</sup>
<b>Total</b>	10,258,722	\$498,184,544
<u>All Prescriptions</u>		
Regular Premium	1,267,474	84,391,977
Subsidized Premium <sup>(3)</sup>	530,370	28,676,452
Seniors <sup>(4)(5)</sup>	8,402,360	381,954,451
Widows' Pension <sup>(5)</sup>	34,644	1,645,086
Palliative Care <sup>(5)</sup>	23,874	1,516,578
<u>By Prescription Type</u>		
<u>Prescription Drugs<sup>(6)</sup></u>		
Regular Premium	1,221,020	83,135,619
Subsidized Premium	511,086	28,153,691
Seniors	8,090,472	376,068,961
Widows' Pension	33,564	1,618,282
Palliative Care	20,904	1,480,906
<b>Subtotal</b>	9,877,046	\$490,457,458
<u>Over-The-Counter<sup>(7)</sup></u>		
Regular Premium	46,413	1,280,609
Subsidized Premium	19,284	522,761
Seniors	311,874	5,911,072
Widows' Pension	1,079	27,029
Palliative Care	2,969	35,710
<b>Subtotal</b>	381,619	\$7,777,181
<u>Adjustments<sup>(8)</sup></u>		
Regular Premium	41	(24,251)
Subsidized Premium		
Seniors	14	(25,582)
Widows' Pension	1	(225)
Palliative Care	1	(37)
<b>Subtotal</b>	57	(\$50,095)

- (1) A blank cell represents a zero value.
- (2) The sums of the net payments may not match the sub-totals or totals due to rounding.
- (3) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.
- (4) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/ Partner Age 65 or Older and their dependants."
- (5) Coverage for these groups is provided premium-free.
- (6) Refers to a drug type not available without a prescription.
- (7) Refers to an otherwise "over-the-counter" drug type which has been prescribed for these members.
- (8) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations), refunds, etc.



**Table 4.6**  
**Number and Percentage Change of**  
**Licensed Community Pharmacies in Alberta**  
**as at March 31, 2001, 2002, 2003, 2004 and 2005**

Year	Number of Pharmacies	Percentage Change from the Prior Year
2000/2001	791	n.a.
2001/2002	801	1.26
2002/2003	832	3.87
2003/2004	865	3.97
2004/2005	865	0.00
Annual Average Percentage Change for Last 5 Years		2.26



**Table 4.7**  
**Alberta Blue Cross Non-Group Coverage:**  
**Ten Highest Prescription Drug Expenditures**  
**by Net Payment and Coverage Category**  
**for the Year Ending March 31, 2005<sup>(1)</sup>**

Group by Coverage				Number of	Number of	Net
Category	Drug Name	Strength	Major Uses	Prescriptions	Persons	Payment
<b>All Groups</b>						
	Losec	20 mg	Ulcer Treatment	173,864	41,699	\$24,986,906
	Lipitor	10 mg	Cholesterol Lowering Agent	140,575	38,176	16,815,865
	Pantoloc	40mg	Ulcer Treatment	125,949	30,029	13,606,861
	Lipitor	20 mg	Cholesterol Lowering Agent	90,501	24,433	13,337,468
	Prevacid	30 mg	Ulcer Treatment	87,453	24,436	10,944,646
	Celebrex	200 mg	Arthritis	101,545	37,369	10,061,712
	Norvasc	5 mg	High Blood Pressure/Angina	124,153	28,979	9,949,536
	Norvasc	10 mg	High Blood Pressure/Angina	64,516	14,967	8,121,827
	Copaxone	20 mg/syringe	Multiple Sclerosis	5,406	673	7,202,568
	Altace	10 mg	High Blood Pressure	103,065	23,487	6,640,643
<b>Regular and Subsidized Premium<sup>(2)</sup></b>						
	Copaxone	20 mg/syringe	Multiple Sclerosis	5,350	664	7,070,899
	Losec	20 mg	Ulcer Treatment	23,322	6,688	3,577,802
	Rebif	12 million IU/syringe	Multiple Sclerosis	2,281	260	3,486,365
	Remicade	100 mg/vial	Rheumatoid Arthritis/Crohn's Disease	1,362	236	2,632,185
	Lipitor	10 mg	Cholesterol Lowering Agent	21,472	6,400	2,494,234
	Lipitor	20 mg	Cholesterol Lowering Agent	15,557	4,730	2,357,681
	Enbrel	25 mg/vial	Rheumatoid Arthritis	2,672	228	2,177,714
	Pantoloc	40 mg	Ulcer Treatment	16,963	4,998	2,052,376
	Prevacid	30 mg	Ulcer Treatment	15,914	4,898	2,021,585
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,455	162	1,919,635
<b>Seniors<sup>(3)</sup></b>						
	Losec	20 mg	Ulcer Treatment	149,520	34,710	21,292,990
	Lipitor	10 mg	Cholesterol Lowering Agent	118,535	31,591	14,252,956
	Pantoloc	40 mg	Ulcer Treatment	108,386	24,795	11,490,070
	Lipitor	20 mg	Cholesterol Lowering Agent	74,611	19,584	10,927,187
	Norvasc	5 mg	High Blood Pressure/Angina	113,731	26,025	9,045,207
	Prevacid	30 mg	Ulcer Treatment	71,135	19,396	8,868,535
	Celebrex	200 mg	Arthritis	84,644	30,679	8,414,872
	Norvasc	10 mg	High Blood Pressure/Angina	56,192	12,738	6,993,474
	Plavix	75 mg tablet	Prevention Heart Attack & Stroke	51,208	9,977	6,103,596
	Fosamax	70 mg	Osteoporosis Treatment	77,863	17,358	5,641,205
<b>Widows' Pension</b>						
	Losec	20 mg	Ulcer Treatment	550	166	84,461
	Lipitor	10 mg	Cholesterol Lowering Agent	556	180	67,844
	Lipitor	20 mg	Cholesterol Lowering Agent	331	117	52,164
	Prevacid	30 mg	Ulcer Treatment	334	114	49,166
	Celebrex	200 mg	Arthritis	485	194	47,507
	Pantoloc	40 mg	Ulcer Treatment	345	126	44,603
	Norvasc	10 mg	High Blood Pressure/Angina	187	53	26,506
	Avandia	4 mg	Diabetes	144	46	25,613
	Norvasc	5 mg	High Blood Pressure/Angina	264	93	25,002
	Remicade	100 mg/vial	Rheumatoid Arthritis/Crohn's Disease	8	1	23,010
<b>Palliative Care</b>						
	Zofran	8 mg	Severe Nausea/Vomiting	433	139	104,051
	Eprex	10,000 units/ml	Hematopoietic Agent	70	25	100,383
	Sandostatin LAR	20 mg/vial	Rare Endocrine Tumor	77	9	92,661
	Bonefos	60 mg/ml inject'n	High Calcium Blood Level	225	38	61,782
	Fentanyl Citrate	50 mcg/ml	Pain Management	193	54	56,455
	Eprex	20,000 units/ml	Hematopoietic Agent	52	5	54,020
	Duragesic	100 mcg/hr patch	Pain Management	191	59	52,165
	Sandostatin LAR	30 mg/vial	Severe Nausea/Vomiting	37	6	47,887
	Innohep	20,000 IU/ml	Anticoagulant/Antithrombotic	81	26	32,274
	Losec	20 mg	Ulcer Treatment	472	135	31,653

(1) The sums of the net payments may not match the totals due to rounding.

(2) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(3) Seniors refers to the Alberta Blue Cross membership category of "Account Holder or Spouse/Partner Age 65 or Older and their dependants."



**Table 4.8**  
**Alberta Blue Cross Non-Group Coverage:**  
**Average Gross Cost Per Prescription by Broad Drug Category**  
**(Direct Bill and Reimbursement Claims)**  
**for Recipients in All Groups**  
**for the Year Ending March 31, 2005<sup>(1)</sup>**

Broad Drug Category	Number of Prescriptions	Net Payment	Co-Insurance Amount	Coordination of Benefits <sup>(2)</sup>	Average Gross Cost Per Prescription <sup>(3)</sup>
<b>Total<sup>(4)</sup></b>	10,258,718	\$498,184,443	\$113,815,903	\$9,417,580	\$60.57
<i>By Drug Category</i>					
Antihistamines	426	11,235	2,760	167	33.24
Antineoplastic Agents	21,326	758,520	248,497	22,810	48.29
Antitussives, Expectorants, Mucolytics	1,465	52,765	14,121	796	46.20
Anti-Infective Agents	560,433	14,702,682	4,976,315	320,343	35.69
Autonomic Drugs	419,816	27,939,771	5,457,976	259,270	80.17
Blood Formation and Coagulation	251,810	16,452,045	1,854,427	383,602	74.22
Cardiovascular Drugs	2,597,913	165,899,441	40,325,799	1,305,609	79.88
Central Nervous System Drugs	2,243,410	84,764,573	21,486,605	1,554,609	48.05
Compound Drugs	2,984	117,885	27,698	2,042	49.47
Devices	5,753	98,323	41,874	1,235	24.58
Diagnostic Agents	4	677	50	0	181.63
Electrolytic, Caloric, Water Balance	794,360	7,731,337	3,274,618	68,432	13.94
Enzymes	493	1,627,959	2,700	615	3,308.87
Eye, Ear, Nose & Throat Preparations	334,289	7,690,769	2,857,718	69,633	31.76
Gastrointestinal Drugs	639,269	61,233,031	10,367,004	750,446	113.18
Gold Compounds	1,510	78,750	22,453	1,145	67.78
Heavy Metal Antagonists	944	190,931	18,588	14,827	237.65
Hormones & Synthetic Substitutes	1,285,197	36,884,578	10,765,618	496,307	37.46
Local Anaesthetics	2	1,999	50	0	1,024.44
Serums, Toxoids, and Vaccines	1,526	107,259	24,652	1,159	87.20
Skin & Mucous Membrane Preparations	276,992	4,810,511	1,906,000	72,550	24.51
Smooth Muscle Relaxants	68,956	2,548,087	688,503	23,319	47.28
Unclassified Therapeutic Agents	683,328	63,844,498	9,205,332	4,054,392	112.84
Undetermined	50	(53,770)	(39)	(191)	(1,080.01)
Vitamins	66,462	690,589	246,584	14,464	14.32

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy. A reimbursement claim is submitted for reimbursement to Alberta Blue Cross by the person covered.

(2) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(3) Gross Cost = Net Payment + Co-Insurance Amount + Coordination of Benefits.

(4) The sums of the columns may not match the totals due to rounding.



**Table 4.9**  
**Alberta Blue Cross Non-Group Coverage:**  
**Number of Prescriptions and Gross Payments**  
**by Drug Cost Components (Direct Bill Claims Only)**  
**for the Year Ending March 31, 2005<sup>(1)</sup>**

Recipient Group	Number of Prescriptions	Drug Material Cost [A]	Dispensing Fee <sup>(2)</sup> [B]	Additional Inventory Allowance <sup>(3)</sup> [C]	Adjustment [D]	Gross Payment <sup>(4)</sup> [E]	Co-Payment [F]	Coordination of Benefit <sup>(5)</sup> [G]	Net Payment <sup>(6)</sup> [H]
<b>Total<sup>(7)</sup></b>	10,192,270	\$509,444,693	\$96,972,782	\$10,856,946	-\$49,742	\$617,224,680	\$113,017,805	\$8,668,719	\$495,538,157
Average Cost Per Prescription		49.98	9.51	1.07		60.56	11.09	0.85	48.62
<i>By Groups</i>									
Regular and Subsidized Premium	1,760,012	119,493,917	16,860,919	1,854,964	(23,676)	138,186,123	20,016,158	6,686,650	111,483,315
Seniors	8,374,832	386,780,464	79,511,597	8,947,250	(25,809)	475,213,502	92,442,026	1,834,051	380,937,426
Widows' Pension	34,365	1,680,707	322,571	37,558	(225)	2,040,610	385,742	17,108	1,637,760
Palliative Care	23,061	1,489,606	277,695	17,174	(31)	1,784,444	173,879	130,909	1,479,656

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.  
 (2) Dispensing fee is based on all eligible drug claims, including claims for oral contraceptives, insulin and injectables.  
 (3) Additional Inventory Allowance may include upcharge (mark-up) amounts for prescriptions for Albertans submitted by pharmacies in the Northwest Territories.  
 (4) Gross Payment [E] = [A] + [B] + [C] + [D]  
 (5) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.  
 (6) Net Payment [H] = [E] - [F] - [G]  
 (7) The sums of the columns may not match the totals due to rounding.





## G L O S S A R Y

**Additional Inventory Allowance** — The dispensing fee is the portion of the overall prescription charge that covers pharmacists' professional services and all other business costs. The additional inventory allowance is a portion of the dispensing fee. The total price of a prescription is made up of the actual acquisition cost of the drug and the dispensing fee.

**Alberta Blue Cross Group Plan** — Non-government-subsidized health insurance coverage Alberta Blue Cross provides to Albertans through groups, such as employers. Data for this coverage is not included in the *Statistical Supplement*.

**Alberta Blue Cross Non-Group Coverage Plans** — Government subsidized supplemental health insurance coverage for pharmaceuticals and other selected health services administered by Alberta Blue Cross on behalf of Alberta Health and Wellness. Albertans under the age of 65 and their dependants can purchase non-group coverage through Alberta Health and Wellness. Subsidized premium rates are available to those who apply and qualify. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage is provided to people who have been diagnosed as needing palliative care and who receive their health care at home.

**Alberta Health Care Insurance Plan (AHCIP)** — A non-profit, publicly funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician, dental/oral surgical

and hospitalization services as required under the *Canada Health Act*, and a number of allied health services provided to eligible residents of Alberta.

**Alternate Relationship Plans (ARP)** — Plans that provide physicians with an alternative to the traditional fee-for-service billing payment method, and provide physicians with flexibility in the way they provide care. ARPs enable a team-based approach and promote improved access to care, patient satisfaction and the recruitment/retention of physicians.

**Allied Health Services** — Basic health services (other than insured services) provided by chiropractors, optometrists, and podiatrists.

**Balance Billing** — The amount charged to a patient above the current rate listed in the applicable AHCIP schedule of benefits. Podiatrists and chiropractors are allowed to balance bill. However, opted-in physicians and dentists/oral surgeons (by law) and optometrists (by agreement) are not allowed to balance bill for basic health services covered under the AHCIP.

**Basic Health Services** — Insured services provided by physicians and dentists/oral surgeons as well as some services provided by optometrists, chiropractors, and podiatrists covered by the AHCIP.

**Blank Cell** — Represents a zero value.

**Discrete Patients** — The number of individuals registered with the AHCIP who received a basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not



receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the *Statistical Supplement* are based on the number of discrete patients.

**Discrete Service Providers** — The number of practitioners who provide a service payable under the AHCIP. Discrete service providers are only counted once.

**Fee-for-Service** — A payment system used for the provision of health services.

**Fiscal Year** — April 1 of one year to March 31 of the following year.

**Health Regions** — A geographic area within Alberta that has been identified and defined for the purpose of assigning responsibility for and authority over the delivery of health care services within its boundaries. There are currently nine health regions in Alberta.

**Insured Services** — Physician and dental/oral surgical services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

**Medical Assessments** — Primarily office visits and consultations.

**Medical Services** — Services provided by a physician.

**N/A** — Not available.

**n.a.** — Not applicable.

-- — Non-zero value; actual value was too small to be shown.

**Net Payment** — The amount of the total prescription drug cost that is paid by Alberta Health and Wellness through the Alberta Blue Cross Non-Group Coverage plans.

**Nil** — No change.

**Number of Services** — Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

**Practitioner** — Licensed health care provider who is registered with the AHCIP and provides basic health services.

**Practitioner Payments** — Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data is reported on a date-of-service basis and includes only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

**Recipient Location** — The health region where the person receiving the health service lives at the time of service (according to the AHCIP registration data).

**Registrations** — The number of accounts registered with the AHCIP. A registration may include one person (as in single coverage) or two or more people (as in family coverage).

**Registered/Insured Persons** — Alberta residents insured under a program and therefore entitled to receive benefits.

**Schedule of Benefits** — List of practitioner services and rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions and price list. The *Statistical Supplement* includes data for five distinct benefit schedules (medical, oral and maxillofacial surgery, chiropractic, optometry and podiatry).

**Service Location** — The health region where a health service was provided.

