

Community Longitudinal Family Physician (CLFP) Payment 2026

Frequently Asked Questions

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General

What changes have been made to the 2026 CLFP payment?

Claims for CLFP payment installments covering Fee-for-Service (FFS) work provided **more than six months prior to the last day of the most recent payment period** are now subject to additional review and approval.

The maximum allowable retroactive period payable for any CLFP payment is 18 months from the last day of the most recent payment period.

For more information, please see "[Can I claim the CLFP payment retroactively?](#)".

What is the FPSC Community Longitudinal Family Physician (CLFP) payment?

The CLFP payment is intended to value “relational continuity” by compensating for the size and complexity of the physician’s patient panel. Relational continuity is defined as “the ongoing, trusting therapeutic relationship between a patient and a primary care physician and their team, where the patient sees this primary care physician the majority of the time and results in improved health outcomes, decreased mortality, better quality of care, reduced healthcare costs, increased patient and provider satisfaction, fewer ER visits and hospital admissions.”*

The CLFP payment is available to family physicians providing longitudinal family physician services under Fee-for-Service (FFS) or General Practice Full-Scope Service Contract who meet all the requirements of the CLFP payment.

Are physicians enrolled in the LFP Payment Model eligible for the FPSC CLFP payment?

In general, physicians enrolled in the LFP Payment Model are not eligible for the FPSC CLFP payment. The FPSC CLFP payment is available to physicians providing longitudinal family physician services under fee-for-service or General Practice Full-Scope Service Contract. Physicians who enrol in the LFP Payment Model during the year are eligible for the FPSC CLFP payment prorated by the number of days they were a community longitudinal family physician under fee-for-service or a General Practice Full-Scope Service Contract during the year.

For example, if a fee-for-service physician enrolled in the LFP Payment Model on February 1, 2026, then they would have been on fee-for-service from January 1 to January 31, 2026 for a total of 31 days. If the annual FPSC CLFP payment is \$8,000, then the payment would be prorated to \$679.45 for 2026.

For more details about the LFP Payment Model, please visit the [BC Family Doctors](#) website (login required).

* Toward Optimized Practice. Relational Continuity - Clinical Practice Guidelines. June 2019.
<https://actt.albertadoctors.org/CPGs/Lists/CPGDocumentList/Relational-Continuity-CPG.pdf>

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What is the definition of empanelled patient?

An empanelled patient means an individual for whom a family doctor has accepted responsibility to provide and coordinate longitudinal, relationship-based, comprehensive, family medicine care.

This generally refers to a patient for whom the physician has overall responsibility for directing and coordinating their care and management across a broad range of health needs. This therefore excludes patients receiving only time-limited or condition-specific care, such as prenatal care, substance use care, episodic care, or consultative services.

Should my patients in long-term care facilities be included in my list of empanelled patients?

If you are a longitudinal family physician with a clinic-based practice AND have accepted responsibility to provide longitudinal, relationship-based, comprehensive, family medicine care for one or more patients in a long-term care facility, they should be included on the list of empanelled patients that you submit.

Is my CLFP payment based on the list of empanelled patients I submit?

CLFP payments for 2026 will continue to be calculated based on an interim methodology that uses past MSP billing records to identify the family physician providing the majority of care to each patient.

Work is ongoing to transition the CLFP payment from the interim methodology to the number of empanelled patients in the Provincial Attachment System. In the future, CLFP payments will be based on the number and complexity of empanelled patients for each individual physician.

More information about the transition from interim to future methodology for the CLFP payment will be shared as soon as it is available.

Are physicians providing longitudinal family physician services under other payment models (other than fee-for-service or General Practice Full Scope Service Contract), eligible for the CLFP payment?

The CLFP payment is only payable to physicians providing longitudinal family physician services under fee-for-service or a General Practice Full Scope Service Contract. This means the CLFP payment is not payable to physicians providing longitudinal family physician services the LFP payment model, New-to-Practice (NTP) contract, or blended capitation. If you are providing longitudinal family physician services under fee-for-service or a General Practice Full Scope Service Contract and another payment model at the same time, please contact fp.billing@doctorsofbc.ca.

The FPSC Physician Payments team will help determine your eligibility and appropriate payment amount based on your situation.

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Eligibility

Who is eligible for the CLFP payment?

a) Family physicians who bill Fee-for-Service (FFS)

Fee-for-service, community-based family physicians are eligible for the 2026 CLFP payment if they:

- Have submitted and meet the requirements of the Community Longitudinal Family Physician (CLFP) Portal Code (14070) in 2026. The submission of 14070 signifies that in 2026, the physician is:
 - A community longitudinal family physician (as defined in the [FPSC Preamble](#)), with an office from which they provide in-person medical services to a known panel of patients.
 - The MRP for the majority of the patient's longitudinal primary medical care, providing continuous comprehensive coordinated family practice services to patients, and will continue to do so for the duration of that calendar year.
 - Confirming doctor-patient relationship with existing patients through a standardized conversation or "[family physician-patient compact](#)".
 - Able to produce a list of active patients for whom they are the MRP.
- Have at least 250 empanelled patients within four months of beginning practice as a community longitudinal family physician in 2026.
- Contribute to "overhead costs", such as rent, lease, or ownership, as well as other operating costs (e.g. staffing, equipment, and supplies) of the clinics that are my CLFP clinic under Fee-for-Service.
- Participate in the Provincial Attachment System (PAS), including:
 - Have developed and uploaded their list of empanelled patients.
 - Commit to maintaining an accurate and current list of empanelled patients and updating their panel data as needed.
 - Commit to attaching suitable patients in their communities through the PAS and other means, if they have capacity to do so.
 - Commit to actively updating their availability for accepting new patients.
 - Commit to working with their clinic medical directors/staff delegates to update information on the Clinic and Provider Registry.

b) Family physicians who work under a General Practice Full Scope Service Contract

To be eligible for the 2026 CLFP payment, family physicians who work under a General Practice Full Scope Service Contract must meet all the following requirements:

- Practice as a community longitudinal family physician (as defined in the [FPSC Preamble](#)), with an office from which they provide in-person medical services to a known panel of patients.
- Have at least 250 empanelled patients within four months of beginning practice as a community longitudinal family physician in 2026.
- Contribute to "overhead costs", such as rent, lease, or ownership, as well as other operating costs (e.g. staffing, equipment, and supplies) of the clinics that are my CLFP clinic under a General Practice Full Scope Contract.

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- Be working under a General Practice Full Scope Contract.
- Not receive an equivalent payment as part of their current contract; and,
- Participate in the Provincial Attachment System (PAS), including:
 - Have developed and uploaded their list of empanelled patients.
 - Commit to maintaining an accurate and current list of empanelled patients and updating their panel data as needed.
 - Commit to attaching suitable patients in their communities through the PAS and other means, if they have capacity to do so.
 - Commit to actively updating their availability for accepting new patients.
 - Commit to working with their clinic medical directors/staff delegates to update information on the Clinic and Provider Registry.

Are locums eligible for the CLFP payment?

No, locums are not eligible to receive a CLFP payment directly from the Medical Services Commission.

A locum physician and host physician may choose to enter a private business arrangement to share the CLFP payment; however, there is no requirement for the CLFP payment to be shared.

When locum physicians are covering for a longer period of time, such as parental leave, we recommend that locums and host physicians discuss adjusting compensation to recognize the longer-term commitment to the patient panel.

Locums and host physicians are advised to develop formal cost sharing (overhead) agreements and/or locum agreements to clearly define and document how practice income and costs will be shared.

For information about cost sharing arrangements, please see [Doctors of BC Business Support](#) for more resources on the business elements of medical practice, including a [Guide to Cost Sharing Agreements](#) and a [Cost Sharing Agreement template](#).

Are family physicians working in facilities (e.g., long-term care, hospitals) eligible for the CLFP payment?

All family physicians who meet the CLFP eligibility criteria are eligible for the CLFP payment (with the exception of locums). This includes family physicians who provide facility-based care in addition to their longitudinal practice.

The interim methodology uses past MSP billing records to identify the family physician providing the majority of care to each patient. However, the interim methodology currently does not consider services provided in facilities such as hospitals and long-term care. In the future, the CLFP payment methodology will reflect empanelled patients.

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Are physicians who are new to family practice eligible for the CLFP payment?

Yes. Physicians who are newly working as a community longitudinal family physicians under fee-for-service or General Practice Full-Scope Service Contract are eligible for the CLFP payment.

Under current interim methodology, physicians who are new to family practice will receive a minimum CLFP payment of \$8000 unless their payment amount exceeds the minimum amount.

The current interim methodology uses 12 months of billing data to identify the family physician providing the majority of care to each patient. Physicians new to family practice may need to practice for up to 15 months before their CLFP payment amount is based on a full 12 months of billing data.

Are family physicians on temporary absence eligible for the CLFP payment?

Physicians who take a temporary absence from their family practice can claim the CLFP payment during their absence. To do so, the physician must make best efforts to arrange for another care provider to provide the same scope of practice and similar days/hours of service to their patient panel at their clinic.

For the purpose of the CLFP payment, a temporary absence is defined as a continuous absence or non-continuous reduction in working days that is not expected to occur regularly. This would most commonly include absences related to illness, parental leave, caregiving or military deployment. Absences related to vacation, occasional sick days, or personal days off are not included in this definition as they are expected to occur throughout the year. A temporary absence does not include indefinite absences such as retirement or departure from longitudinal family medicine in BC.

When submitting a claim form for the CLFP payment, you will be asked to submit the start and end dates of any temporary absences that occurred during the time period being used to calculate your payment amount.

If you are unsure whether an absence should be considered as a temporary absence, please contact fp.billing@doctorsofbc.ca.

Are family physicians who provide focused practice/episodic care eligible for the CLFP payment?

All family physicians who meet the CLFP eligibility criteria are eligible for the CLFP payment (with the exception of locums). This includes family physicians who provide focused practice/episodic care services to patients who are not attached to their practice or part of their panel.

The interim methodology uses past MSP billing records to identify the family physician providing the majority of care to each patient. While the interim methodology may account for some focused practice/episodic care services, the longer-term CLFP payment methodology will only reflect empanelled patients.

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I permanently left (or will leave) community longitudinal family practice (e.g. retirement) in BC in 2026. Do I still need to participate in PAS to be eligible for the 2026 CLFP payment?

Physicians who have permanently left (or will leave) community longitudinal family practice in BC in 2026 are not required to participate in the PAS to be eligible for the 2026 CLFP payment. Such physicians may be eligible for a CLFP payment amount prorated by the number of days they were a community longitudinal family physician under fee-for-service or applicable alternative payment/funding model in 2026.

Payment Logistics

How often is the CLFP payment paid?

The 2026 CLFP payment is designed be paid out to eligible physicians who bill **fee-for-service** on a quarterly installment schedule. Payment details, including payment dates, will be communicated to individual physicians prior to payment.

Payment period	Claim form deadline	Payment to be made no later than
January 1 - March 31, 2026	April 10, 2026	May 31, 2026
April 1 - June 30, 2026	July 10, 2026	August 31, 2026
July 1 - September 30, 2026	October 9, 2026	November 30, 2026
October 1 - December 31, 2026	January 8, 2027	February 28, 2027

Physicians working under a **General Practice Full Scope Service Contract** can expect to receive a single lump-sum payment in early 2027.

If you work concurrently under fee-for-service and a General Practice Full Scope Service Contract, the fee-for-service portion of your 2026 CLFP payment will be remitted to you quarterly, in alignment with the payment instalment schedule found above.

How do I claim the 2026 CLFP payment as a physician who bills fee-for-service?

Eligible physicians who bill fee-for-service must submit an online CLFP payment Claim Form **once** per calendar year to claim the CLFP payment installments for the calendar year. **Instructions on how to claim the 2026 CLFP payment will be sent to individual, fee-for-service physicians via email on a rolling quarterly basis, beginning January 2026.**

To access the online claim form, you will need to log in to the Doctors of BC website. If you don't have log in access, please contact benefits@doctorsofbc.ca.

If you have questions regarding the submission process of the CLFP payment claim form, or you want the invitation email to be resent to you, please contact fp.billing@doctorsofbc.ca.

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How do I claim the 2026 CLFP payment as a physician who works under a General Practice Full Scope Service Contract?

Eligible physicians working under a General Practice Full Scope Service Contract must submit an online CLFP payment Claim Form **once** per calendar year. Physicians working under a General Practice Full-Scope Service Contract can expect to receive a single lump-sum payment in early 2027. Claim form invitations and remittance timeline will be communicated in January 2027.

If you work concurrently under fee-for-service and a General Practice Full Scope Service Contract, please expect to receive your invitation to claim the fee-for-service portion of the 2026 CLFP payment on a rolling quarterly basis, beginning January 2026.

To access the online claim form, you will need to log in to the Doctors of BC website. If you don't have log in access, please contact benefits@doctorsofbc.ca.

If you have questions regarding the submission process of the CLFP payment claim form, or you want the invitation email to be resent to you, please contact fp.billing@doctorsofbc.ca.

How are CLFP payments distributed to my MSP payee number?

The CLFP payment associated with your MSP Practitioner Number is paid to the MSP Payee Number associated with your primary longitudinal family practice clinic location.

When submitting your online claim form for the CLFP payment, you will need to confirm the MSP Payee Number associated with your longitudinal family practice clinic location. By default, the CLFP payment will be directed to the MSP Payee Number where you bill the majority of chronic disease management and complex care services (14050-53, 14033, 14075) in 2026. If the physician has not provided these services in 2026, the FPSC will identify the MSP Payee Number based on where the physician provided the majority of family physician services in 2025.

Eligible family physicians on General Practice Full Scope Service Contracts who typically receive payment via a Clinic MSP Payee Number, should confirm the Clinic MSP Payee Number on the claim form.

Physicians providing community longitudinal family physician services at more than one clinic should discuss the CLFP payment with the clinic owners/operators at all their clinics as the CLFP payment will be directed to a single MSP Payee Number, regardless of where care is provided.

Do family physicians have to provide a portion of the CLFP payment to clinic owners for overhead?

There are no specific requirements for how physicians and clinics are expected to distribute the CLFP payment amongst themselves. Physicians and clinic owners are advised to develop formal cost sharing agreements to clearly define and document physicians' financial obligations to their clinics. Physicians and clinic owners should discuss how their cost sharing agreements apply to all physician payments.

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Please see [Doctors of BC Business Support](#) for more resources on the business elements of medical practice, including a [Guide to Cost Sharing Agreements](#) and a [Cost Sharing Agreement template](#).

How do I request changes to my MSP payee number?

If you have already submitted the CLFP payment claim form and wish to change the MSP Payee Number linked to your longitudinal family practice clinic location, you must submit the [Practice Change Declaration Form](#).

My MSP Payee Number is not listed on the CLFP payment claim form or the Practice Change Declaration Form. Who do I contact?

If the MSP Payee Number that is linked to your longitudinal family practice clinic location is not listed on the CLFP payment claim form or the Practice Change Declaration Form, please contact fp.billing@doctorsofbc.ca.

In what circumstances would I complete the Practice Change Declaration Form?

You should complete and submit a [Practice Change Declaration Form](#) if you are a family physician who has submitted your CLFP payment claim form in 2026 and your practice has undergone any of the following changes:

- You would like to direct the CLFP payment to a different MSP Payee Number associated with your longitudinal family practice location.
- You have transitioned to exclusively providing locum services.
- You have transitioned from exclusively providing locum services to providing longitudinal family physician services.
- You have taken an unexpected temporary leave in 2026 (e.g., illness, parental leave, caregiving, or military deployment).
- You have transitioned (or plan to transition) to providing longitudinal family physician services (or a combination of longitudinal family physician services and locum services) under a different payment model.
- You have taken (or plan to take) an indefinite or permanent absence (e.g., retirement, moving provinces/countries, no longer providing longitudinal family physician services in BC).
- You have transitioned from one longitudinal family practice clinic to another, resulting in a temporary gap in your longitudinal family practice time in 2026.

Can I claim the CLFP payment retroactively?

Eligible physicians are required to submit an online claim form once per calendar year to request CLFP payment installments for that specific calendar year.

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Eligible physicians are advised to submit the CLFP payment claim form as soon as possible. Delaying your claim may subject subsequent CLFP payment installments to additional review and delay.

Claims for CLFP payment installments covering **Fee-for-Service (FFS)** work provided more than six months prior to the last day of the most recent payment period are subject to additional review and approval. This means that a physician typically has two opportunities (once every 3 months) to claim the CLFP payment before additional over-age review is applicable. Physicians for which additional over-age review is applicable will receive instructions on how to submit an over-age review request in conjunction with the CLFP payment claim form.

The maximum allowable retroactive period payable for **any** CLFP payment is 18 months from the last day of the most recent payment period. CLFP payment installments covering work more than 18 months prior to the last day of the most recent payment period are not payable.

See table below for the applicable dates for over-age review/approval and maximum payable period for each CLFP payment period.

Most recent payment period	CLFP payment installments requiring additional review & approval	CLFP payment installments no longer payable
January 1 – March 31, 2026	Prior to October 1, 2025	Prior to October 1, 2024
April 1 to June 30, 2026	Prior to January 1, 2026	Prior to January, 2025
July 1 to September 30, 2026	Prior to April 1, 2026	Prior to April 1, 2025
October 1 to December 31, 2026	Prior to July 1, 2026	Prior to July 1, 2025

How can I know if I have completed the current calendar year CLFP Payment claim form?

You can check if you have completed the current calendar year's CLFP Payment claim form by accessing the detailed "Your Webform Submissions" table through your Doctors of BC account. After logging in, click on the "My Account" icon on the top left corner. The table will be located at the bottom of the main account page. If the table indicates that your CLFP Payment claim form is saved as a draft, you must edit and then submit the form before the current quarter deadline.

If you experience any difficulties accessing your webform submission table, please contact fp.billing@doctorsofbc.ca for assistance.

Payment Amount and Calculation

How much is the CLFP payment?

In 2026, the CLFP payment is based on an interim methodology that uses past MSP billing records to identify the family physician providing the majority of care to each patient. CLFP payment amount for

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each physician is based on the number and complexity of patients receiving the majority of their care from each physician.

CLFP payment amounts range from \$8,000 to \$20,000.

A physician providing the majority of care to an average number of patients of average complexity would receive an annual amount of approximately \$11,625. This correlates with a panel of 1250 empanelled patients of average complexity.

How are payment amounts for the CLFP payment calculated?

a) Family physicians who bill fee-for-service (FFS)

In 2026, CLFP payment amounts are based on an interim methodology that uses past MSP billing records to identify the family physician providing the majority of care to each patient. After each patient is assigned to the family physician providing the majority of their care, the complexity of each of these patients is measured using the [Adjusted Clinical Group \(ACG\)](#) system.

Work is ongoing to transition the CLFP payment from the interim methodology to the number of empanelled patients in the [Provincial Attachment System](#). In the future, CLFP payments will be based on the number and complexity of empanelled patients for each individual physician.

The calculation of the payment amount has been adapted to ensure total CLFP payment compensation (in aggregate at provincial level) is similar under interim methodology and future methodology based on empanelled patients. However, individual physicians may see differences in payment amount between the interim and future methodologies due to how their practice patterns are considered by each methodology.

More information about the transition from interim to future methodology for the CLFP payment will be shared as soon as it is available.

b) Family physicians who work under a General Practice Full Scope Service Contract

The payment amount for each eligible family physician will vary according to the current terms of their contract. The FPSC will calculate and determine the respective amounts based on data received through from the Ministry of Health.

What time period of MSP billing data is used to calculate the CLFP payment for physicians working under Fee-for-Service?

In 2026, the CLFP payment is based on an interim methodology that uses MSP billing records from a previous 12-month period to identify the FP providing the majority of care to each patient. After each patient is assigned to the FP providing the majority of their care, the complexity of each of these patients is measured using the Adjusted Clinical Group (ACG) system.

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For each fee-for-service CLFP payment installment, payment amounts for each physician are based on the number and complexity of patients receiving the majority of their care from each physician in a specified previous 12-month period (see below).

Payment installment	Specified 12-month period for MSOC/ACG calculations	Payment to be made no later than
March 31, 2026	December 1, 2024 to November 30, 2025	May 31, 2026
June 30, 2026	March 1, 2025 to February 28, 2026	August 31, 2026
September 30, 2026	June 1, 2025 to May 31, 2026	November 30, 2026
December 31, 2026	September 1, 2025 to August 31, 2026	February 28, 2027

How is the CLFP payment amount calculated if I have a temporary absence?

In 2026, the CLFP payment is based on an interim methodology that uses MSP billing records from a previous 12-month period to identify the family physician providing the majority of care to each patient. If you have a temporary absence during this time period, the payment amount will be calculated based on a 12-month period prior to the start of the temporary absence to capture data that reflects the physician's typical practice.

When submitting a claim form for the CLFP payment, you will be asked to submit the start and end dates of any temporary absences that occurred during the time period being used to calculate your payment amount.

How is the CLFP payment prorated for physicians who switch to a different payment model or leave community longitudinal family practice?

For each CLFP payment installment, an annual amount is calculated and prorated by the number of days a physician is working on fee-for-service or General Practice Full Scope Contract in applicable payment period.

For example, if a physician enrolled in the LFP Payment Model and billed their first LFP direct patient care time code (98010) on March 1, 2026, then they would be considered to have been on fee-for-service (or applicable payment model) for a total of 59 days from January 1 to February 28, 2026. If their total 2026 CLFP payment is \$10,000 (based on 365 days), then their actual 2026 CLFP payment would be prorated to \$1616 (for 59 days).

In another example, if a fee-for-service physician retires from community longitudinal family practice on June 15, 2026, they would be considered to have been eligible for the 2026 CLFP payment for 165 days from January 1 to June 14, 2026. If their total 2026 CLFP payment is \$10,000 (based on 365 days), then their actual 2026 CLFP payment would be prorated to \$4,520 (for 165 days).

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How is the CLFP payment amount determined when a physician takes over an existing patient panel from another physician?

It depends on the number of physicians taking over the existing patient panel.

1. One outgoing → one incoming physician:
 - Use the [Panel Transfer Declaration Form, Doctors of BC](#)
2. One outgoing → more than one incoming physician:
 - Each incoming physician is eligible for a minimum annual panel payment amount, until their calculated amount exceeds the minimum. Do not use the Panel Transfer Declaration Form, Doctors of BC.

How is the CLFP payment amount determined if more than one physician takes over an existing panel from another physician?

Each incoming physician is eligible for the minimum annual panel payment amount, until their calculated amount exceeds the minimum.

The Doctors of BC Panel Transfer Declaration Form, which applies to one-to-one panel transfers, should not be used in this situation.

How is the CLFP payment amount determined for the outgoing physician if they move/start a CLFP practice?

After submitting the [Practice Change Declaration Form](#), if the outgoing physician continues to practice as a community longitudinal family physician (as defined in the [FPSC Preamble](#)) and meets all the requirements of the 2026 CLFP payment, they will be eligible for the minimum 2026 CLFP payment, in a manner similar to a new-to-practice physician. This would be most commonly seen in circumstances where the physician changes clinics or moves to a new community.

Work is ongoing to transition the CLFP payment from the interim methodology to the number of empanelled patients in the [Provincial Attachment System](#). In the future, CLFP payments will be based on the number and complexity of empanelled patients for each individual physician.

How is the CLFP payment amount calculated for physicians who have transitioned from providing longitudinal family physician services to exclusively providing locum services and then back to providing longitudinal family physician services?

For each CLFP payment installment, an annual amount will be calculated and prorated by the number of days a physician has provided longitudinal family physician services. If a physician transitions from providing longitudinal family physician services to exclusively providing locum services and then back to providing longitudinal family physician services, they will be eligible for a prorated CLFP payment before transitioning to exclusively providing locum services, as well as a prorated CLFP payment amount after the transition back to providing longitudinal physician services. The calculation for the latter situation will begin from transition date indicated by the family physician.

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If you are a family physician who has submitted your CLFP payment claim form in 2026 and has undergone this situation, please complete and submit a [Practice Change Declaration Form](#).

If you have questions regarding the Practice Change Declaration Form, please contact fp.billing@doctorsofbc.ca.

How does the Rural Retention Program fee premium apply to the CLFP payment?

Rural Retention Program (RRP) fee premium applied to the CLFP payment is equivalent to the average RRP fee premium applied to all in-office visit claims in the calendar year.

This approach ensures that the RRP rate for the CLFP payment reflects the varying amounts of time that physicians provide in different communities with different RRP fee premium rates.

- For example, if you spend more time in a more isolated community compared to a less isolated one, your average RRP fee premium would increase, resulting in a higher RRP fee premium applied to your CLFP payment.

To ensure that your CLFP payment is accurate:

- Review the remittance statements issued by MSP carefully.
- Use the correct Service Classification Code (SCC).

If you have questions about the Rural Retention Program, please contact HLTH.RuralPrograms@gov.bc.ca.

Majority Source of Care (MSOC) (Interim Methodology)

Does my CLFP payment include patients that are located at a long-term care facility?

Discussions are underway between BC Family Doctors, Doctors of BC, and Ministry of Health about how future CLFP payments will consider empanelled patients living in long-term care facilities. As a result, we have asked longitudinal physicians who provide both clinic-based care and long-term care to add their long-term care patients to their panel lists in the Provincial Attachment System.

Currently, the interim CLFP payment methodology does not consider patients located in long-term care facilities.

How does the interim methodology determine which family physician is providing the majority of care to each patient?

The CLFP payment is based on an interim methodology that uses past MSP billing records to identify the family physician providing the majority of care to each patient.

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During a 12-month period, patients who received three or more family physician services and received more than 50% of those services from one family physician is assigned to that family physician. A patient can only be assigned to one family physician. Patients who received fewer than three family physician services during the 12-month period are not assigned to any family physician.

To determine which family physician is providing the majority of care to each patient, the interim methodology considers most clinic-based primary care services billed under fee-for-service, alternate payment models (e.g. encounter billing), and the LFP Payment Model (e.g. patient interaction codes). It does not consider consultative services or services provided in facilities such as hospitals and long-term care.

How does my number of patients in interim methodology compare to my number of empanelled patients in the Provincial Attachment System?

Over a 12-month period, the interim methodology only considers patients who received three or more family physician services and received more than 50% of those services from one family physician. A patient can only be assigned to one family physician. Patients who received fewer than three family physician services during the 12-month period are not assigned to any family physician.

There will be patients on a physician's patient panel who will not be considered by the interim methodology for the purpose of calculating the CLFP payment. Examples include patients who had less than three family physician services in the 12-month period and patients who saw other family physicians more than their longitudinal family physician.

As a result, the number of patients considered in interim methodology is generally less than the number of empanelled patients in the Provincial Attachment System.

Will my CLFP payment be reduced since the interim methodology considers fewer patients than my number of empanelled patients in Provincial Attachment System?

As the interim methodology generally considers fewer patients than the number of empanelled patients, the monetary value per patient (under interim methodology) has been increased to ensure total CLFP payment compensation (in aggregate at provincial level) is similar under interim methodology and future methodology based on empanelled patients.

However, individual physicians may see differences in payment amount between the interim and future methodologies due to how their practice patterns are considered by each methodology.

BC Family Doctors, Doctors of BC, and the provincial government are working to develop a longer-term methodology to determine CLFP payments. This new methodology will be based on the number of empanelled patients and the complexity of those patients.

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More details about the transition to a new methodology will be shared as soon as it is available.

Why does the CLFP payment use interim methodology based on MSP billing records and not my list of empanelled patients to calculate the payment amount?

Waiting for the Provincial Attachment System (PAS) to be fully operational before distributing the CLFP payment would have delayed the CLFP payment considerably. Therefore, the CLFP payment is currently based on a methodology that uses past MSP billing records to identify the family physician providing the majority of care to each patient.

Work is ongoing to transition the CLFP payment from the interim methodology to the number of empanelled patients in the Provincial Attachment System. In the future, CLFP payments will be based on the number and complexity of empanelled patients for each individual physician.

More information about this transition will be shared as it is available. While this work is ongoing, the CLFP payments in 2026 will continue to be based on interim methodology.

I bill MSP using more than one MSP Payee Number. Does this impact my number of MSOC patient and my CLFP payment?

While the interim methodology uses past MSP records, it does not consider MSP Payee Numbers when identifying the family physician providing the majority of care to each patient. All MSP claims are linked to the individual physician who provided the service via an MSP Practitioner Number.

As a result, the use of multiple MSP Payee Numbers does not impact your number of MSOC patients or your CLFP payment amount.

Can I find out which patients have been assigned to me by the interim methodology to calculate the CLFP payment?

Identifiable information about individual patients, such as which family physician they have been assigned to, or their complexity score (based on ACG system), is not available to physicians due to privacy constraints.

Detailed summary documents are available to eligible physicians through their [Doctors of BC account](#) (login required). These documents provide each physician with the total number of patients assigned to them and the average patient complexity score, as determined by the ACG system. In addition, they provide a breakdown of how the CLFP payments were calculated, the payment dates for each quarterly installment, and the MSP Payee number to which the payments were remitted.

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Can a patient be assigned to more than one family physician under the interim methodology to calculate the CLFP payment?

The CLFP payment is based on an interim methodology that uses past MSP billing records from a previous 12-month period to identify the family physician providing the majority of care to each patient.

During a 12-month period, patients who received three or more family physician services and received more than 50% of those services from one family physician is assigned to that family physician. While a patient may visit multiple family physicians in a given 12-month period, a patient can only be assigned to one family physician for the purpose of calculating the CLFP payment.

Patients who received fewer than three family physician services during the 12-month period are not assigned to any family physician.

How does interim methodology apply to physicians who work together in a group practice to provide care to patients?

The CLFP payment is based on an interim methodology that uses past MSP billing records from a previous 12-month period to identify the family physician providing the majority of care to each patient.

During a 12-month period, patients who received three or more family physician services and received more than 50% of those services from one family physician is assigned to that family physician. While a patient may visit multiple family physicians in a given 12-month period, a patient can only be assigned to one family physician for the purpose of calculating the CLFP payment. Patients who received fewer than three family physician services during the 12-month period are not assigned to any family physician.

The interim methodology does not consider family physicians working together in a group practice any differently than family physicians in other settings. For a patient to be assigned to a family physician, the patient must have received the majority of their visits (more than 50%) from that family physician.

In many circumstances, this will happen when patients see their identified family physician for planned visits but see other physicians in the practice for urgent visits, as long as the planned visits constitute more than 50% of the visits. On the other hand, some clinics may find that the interim methodology does not reflect how they provide care to their patients as a group of physicians.

A group of physicians sharing the longitudinal care of patients may choose to enter into a private arrangement on how their CLFP payments are shared or distributed amongst themselves and/or locums.

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Physicians are advised to develop formal cost sharing agreements to clearly define and document their financial obligations to their clinics. Physicians (and non-physician clinic owners) should discuss how their cost sharing agreements apply to all physician payments.

Please see [Doctors of BC Business Support](#) for more resources on the business elements of medical practice, including a [Guide to Cost Sharing Agreements](#) and a [Cost Sharing Agreement template](#).

Will my CLFP payment amount decrease if I see fewer patients?

The CLFP payment is currently based on an interim methodology that uses past MSP billing records to identify the family physician providing the majority of care to each patient.

In general, a physician who is seeing fewer patients (e.g. due to working fewer hours and/or providing longer patient visits) is likely to have fewer patients who receive the majority of their care from this physician. Therefore, under the interim methodology, this physician may see their CLFP payment amount decrease.

Work is ongoing to transition the CLFP payment from the interim methodology to the number of empanelled patients in the Provincial Attachment System (PAS). In the future, CLFP payments will be based on the number and complexity of empanelled patients for each individual physician.

More information about this transition will be shared as it is available. While this work is ongoing, the CLFP payments in 2026 will continue to be based on interim methodology.

Adjusted Clinical Group (ACG)

How does the CLFP payment measure patient complexity?

CLFP payment amounts are based on an interim methodology that uses past MSP billing records to identify the family physician providing the majority of care to each patient. In this interim methodology, patient complexity is measured using the Adjusted Clinical Group (ACG) system.

What is the Adjusted Clinical Group (ACG) System?

The [ACG system](#) is a population/patient case-mix adjustment system developed by researchers at Johns Hopkins University in Baltimore, Maryland. The ACG system has been used by the BC Ministry of Health to estimate patient complexity since 2000.

Under the ACG system, ICD-9 diagnostic codes are mapped to Aggregated Diagnosis Groups (ADGs). Each ADG is a grouping of ICD-9 codes that are similar in terms of severity and likelihood of persistence of the health condition. A patient's ADGs are combined with the patient's age and gender to assign the patient to an Adjusted Clinical Group (ACG) category. All patients in BC are assigned to an ACG category.

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The CLFP payment uses the ACG methodology to estimate the complexity of each MSOC patient by categorizing each patient into complexity categories relevant to family medicine. The ACG methodology enables patient complexity to reflect a wide range of diagnoses and health conditions that can be expected to influence health care utilization.

Once patients are assigned to an ACG category, how is it determined “by how much” a patient in one category is more or less complex from patient in another category?

Each patient is assigned to a ACG category based on their health conditions. Each ACG category is given a standardized “complexity index score” based on the average annual MSP payments (for family physicians) for patients in each ACG category relative to that of the highest cost ACG category.

For example, if average annual MSP payments for ACG 0400 (acute major) is \$66 and the highest cost ACG category is \$1780, then the standardized complexity index score for a patient in ACG 0400 is 3.7 ($66/1780 \times 100 = 3.7$). A patient in the highest cost ACG category will have a score of 100.

Please see this [document](#) for a listing of ACG categories relevant to family medicine.

Do fee-for-service and LFP patient interaction codes impact the ACG assignments of patients?

The ACG assignments of patients are not impacted by the specific fee codes and patient interaction codes billed by physicians. This includes FPSC fees, such as complex care fees, chronic disease management fees, mental health planning fees, etc.

Instead, ACG assignments are informed by the ICD-9 diagnostic codes that are submitted when physicians submit their MSP billings.

Which ICD-9 diagnostic codes are considered by the ACG system?

All ICD-9 diagnostic codes submitted to Teleplan are considered by the ACG system to estimate patient complexity. In addition to the ICD-9 codes that you submit at your clinic, ICD-9 codes submitted by other physicians are also used. This includes ICD-9 codes submitted by family physicians and other specialists providing care in clinics and facility-based settings (e.g., ER, long-term care, hospital, maternity, etc.) around the province.

How many ICD-9 codes can I submit per MSP claim?

In BC, each MSP claim can accommodate up to three ICD-9 codes. You can submit one, two, or three ICD-9 codes on each MSP claim as is appropriate for the patient interaction.

All ICD-9 codes on an MSP claim are considered by the ACG (Adjusted Clinical Group) system to estimate patient complexity.

If you are unsure about how to submit more than one ICD-9 code, please contact your EMR vendor. EMR orientation guides have been developed by the [Doctors Technology Office](#) and are available [here](#).

How can I submit ICD-9 diagnostic codes to accurately reflect my patients' complexity?

As best practice, physicians are advised to be as specific as possible when submitting ICD-9 codes. The ICD-9 codes submitted should reflect the care provided during the patient visit, identifying the patients concerns and physician services. Where possible, use ICD-codes with 4 or 5 digits.

BC Family Doctors has created a [two-page summary](#) of common family medicine 3-digit ICD-9 codes for physicians getting started with more accurate diagnostic coding. MSP has a [Guide to 3-Digit and 4-Digit Diagnostic Code Descriptions](#).

Can I find out the ACG assignments for my patients?

Identifiable information about individual patients, such as which family physician they have been assigned to, or their ACG assignment, is not available to physicians due to privacy constraints.

Detailed summary documents are available to eligible physicians through their Doctors of BC account (login required). These documents provide each physician with the total number of patients assigned to them and the average patient complexity score, as determined by the ACG system. In addition, they provide a breakdown of how the CLFP payments were calculated, the payment dates for each quarterly installment, and the MSP Payee number to which the payments were remitted.

Are ICD-9 codes submitted by family physicians providing care in facility-based settings considered when estimating patient complexity for CLFP payments?

Yes, the ICD-9 codes submitted by FPs for inpatient care are considered in patient complexity calculations.

- The CLFP payment uses the Adjusted Clinical Group (ACG) methodology to estimate the complexity of each patient by categorizing each patient.
- All ICD-9 diagnostic codes submitted to Teleplan are considered by the ACG system to estimate the complexity of patients.
- In addition to the ICD-9 codes that you submit at your clinic, ICD-9 codes submitted by other physicians are also used. This includes ICD-9 codes submitted by family physicians and other specialists providing care in clinics and facility-based settings (e.g. ER, LTC, inpatient, pregnancy & newborn care, etc.) around the province.

Contact

Who do I contact if I have more questions?

Please contact fp.billing@doctorsofbc.ca if you have further questions about the CLFP payment.