Family Practice Services Committee

Community Longitudinal Family Physician (CLFP) Payment 2024
Frequently Asked Questions

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BRITISH COLUMBIA

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General

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 working under Fee-for-Service (FFS) or Alternative Payments Subsidiary Agreement Service Contracts (APSA) who meet all of the requirements of the CLFP Payment.

If I enrolled in the LFP Payment Model, am I eligible for the CLFP Payment?

Physicians who enrolled in the LFP Payment Model in 2024 are eligible for the 2024 CLFP Payment prorated by the number of days worked under fee-for-service or APSA contracts in 2024, provided they meet all the eligible requirements of the 2024 CLFP Payment.

Eligibility

Who is eligible for the 2024 CLFP Payment?

a) Family physicians who bill fee-for-service

Fee-for-service, community-based family physicians are eligible for the 2024 CLFP Payment if they:

- Have submitted and met the requirements of the Community Longitudinal Family Physician (CLFP) Portal Code (14070) in 2024. The submission of 14070 signifies that in 2024, 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"; and,
    - 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 2024;
- Be **responsible for contributing to overhead costs** (e.g., lease, Medical Office Assistant and EMR);
- Participate in the Provincial Attachment System (PAS), including:
    - Have (or will) develop and upload their list of empanelled patients by March 31, 2025;
    - Commit to maintaining an accurate and current list of empanelled patients and updating their panel data as needed;

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

- 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; and,
- 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 applicable Alternative Payments Subsidiary Agreement Service Contracts (APSA)

To be eligible for the 2024 CLFP Payment, family physicians who work under an Alternative Payments Subsidiary Agreement Service Contracts (APSA) 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 2024;
- Be **responsible for contributing to overhead costs** (e.g., lease, Medical Office Assistant and EMR) under an alternative payment model and not receive payment specifically for overhead (e.g., New to Practice Incentives Program overhead payment);
- Be **working under an Alternative Payments Subsidiary Agreement Service Contract (APSA) consistent with the Alternative Payment Subsidiary Agreement (e.g. GP Full-scope practice category)**
- Not receive an equivalent payment as part of their current contract; and,
- Participate in the Provincial Attachment System (PAS), including:
  - Have (or will) develop and upload their list of empanelled patients by March 31, 2025;
  - 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; and,
  - Commit to working with their clinic medical directors/staff delegates to update information on the Clinic and Provider Registry.

How have the eligibility requirements for the 2024 CLFP Payment changed from previous years?

Family physicians providing longitudinal family physician services under blended capitation, Group Contracts, 200 GP contracts are no longer eligible to receive the CLFP payment. Please contact fp.billing@doctorsofbc.ca for more information.

I permanently left (or will leave) community longitudinal family practice (e.g. retirement) in BC in 2024. Do I still need to participate in PAS to be eligible for the 2024 CLFP Payment?

Physicians who have permanently left (or will leave) community longitudinal family practice in BC in 2024 are not required to participate in the PAS to be eligible for the 2024 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 2024.

Are physicians who are new to family practice in 2024 eligible for the CLFP Payment?

Yes. Physicians who are newly working as a community longitudinal family physicians under fee-for-service or APSA service contracts are eligible for the CLFP Payment. In 2024, physicians who are new to family practice will receive a minimum CLFP payment of $8000 unless their payment amount exceeds the minimum amount. Please note that physicians practicing under the New-to-Practice (NTP) contract **are not** eligible for the CLFP Payment.

As the CLFP Payment methodology (using MSOC and ACG) is based on a specific 12-month period of time, new-to-practice physicians 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 physicians practicing under a New-to-Practice contract eligible for the CLFP Payment?

No. Physicians practicing under a New-to-Practice (NTP) contract in 2024 are not eligible to receive the CLFP Payment as the NTP contract offers a comparable payment to the CLFP Payment (under Quality Improvement) along with a $75,000 per year per FTE in overhead contributions from the NTP Incentives Program.

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. In order 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.

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.

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

Family physicians who solely provide focused practice or episodic care do not meet the definition of a community longitudinal family physician (as defined in the FPSC Preamble) and therefore, are not eligible to receive the CLFP Payment. A family physician who provides focus practice/episodic care services in addition to community longitudinal family physician services may receive payment if they meet all the eligibility requirements of the CLFP Payment.

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

Family physicians who solely provide services in facilities (e.g., long-term care, hospitals) are not eligible for the CLFP Payment. A family physician who provides services in facilities in addition to office-based community longitudinal family physician services may receive payment if they meet all the eligibility requirements of the CLFP Payment.

Are locums eligible for the CLFP Payment?

Locums are not eligible to directly receive the CLFP Payment. A locum physician and host physician may choose to enter into a private business arrangement to share the CLFP Payment; however, there is no requirement for the CLFP Payment to be shared between a locum and a host physician. 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 Pathways for more resources on the business elements of medical practice, including a Guide to Cost Sharing Agreements and a Cost Sharing Agreement template.

Payment logistics

How do I claim the CLFP Payment?

Physicians who meet the eligibility requirements above must submit an online claim form to confirm they meet the requirements of the 2024 CLFP Payment. A link to the online claim form will be sent (via email) to eligible physicians by FPSC in January 2025.

When is the deadline to claim the 2024 CLFP Payment?

The deadline for claiming the 2024 CLFP Payment is February 12, 2025.

When is the 2024 CLFP Payment paid?

The 2024 CLFP Payment is expected to be paid to eligible family physicians in a single payment installment in March 2025.

Note: There will be changes to the remittance for the 2025 CLFP payment. Please click this link to learn more about the 2025 CLFP payment changes.

How will CLFP Payment be distributed to my MSP Payee Number(s)?

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 2024. If the physician has not provided these services in 2024, the FPSC will identify the MSP Payee Number based on where the physician provided the majority of family physician services in 2024.

Eligible family physicians on alternative payment/funding models 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.

My MSP Payee Number is not listed on the CLFP Payment claim 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, please contact fp.billing@doctorsofbc.ca.

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.

Please see Doctors of BC Business Pathways for more resources on the business elements of medical practice, including a Guide to Cost Sharing Agreements and a Cost Sharing Agreement template.

Payment amount and calculation

How much is the CLFP Payment?

In 2024, the CLFP Payment amounts vary based on the number and complexity of MSOC patients associated with each physician. 2024 CLFP Payment amounts range from $8,000 to $20,000. A physician with an average number of MSOC patients of average complexity is expected to receive an amount of approximately $11,625.

How are payment amounts for the CLFP Payment calculated?

a) Family physicians who bill fee-for-service

2024 CLFP Payment amounts are calculated based on methodology to estimate the size and complexity of a longitudinal family physician's patient panel. In this methodology, the number of patients is estimated using the Majority Source of Care (MSOC) methodology and complexity is measured using the Adjusted Clinical Group (ACG) system.

b) Family physicians who are under an APSA contract

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

Does the Rural Retention Program (RRP) fee premium apply to the CLFP Payment?

Yes, the RRP fee premium will apply to the CLFP Payment.

What time period of MSP billing data is used to calculate the CLFP Payment?

In 2024, the CLFP Payment will be based on a modified Majority Source of Care (MSOC) methodology to estimate patient attachment to physicians and on the Adjusted Clinical Group (ACG) methodology to estimate the complexity of each MSOC patient.

For the 2024 CLFP Payment, a payment amount is calculated based on the number and complexity of MSOC patients in the specified previous 12-month period of **September 1, 2023, to August 31, 2024**.

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

In 2024, the CLFP Payment amounts are calculated using MSOC and ACG methodology based on MSP billing data from a previous 12-month period. 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, in order 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 the 2024 CLFP Payment, an annual amount is calculated and prorated by the number of days a physician is working on fee-for-service or applicable APSA contract in 2024.

For example, if a physician switched to the LFP Payment Model and billed their first LFP direct patient care time code (98010) on March 1, 2024, they would be considered to have been on fee-for-service (or applicable payment model) for a total of 60 days from January 1 to February 29, 2024. If their total 2024 CLFP Payment is $10,000 (based on 366 days), then their actual 2024 CLFP Payment would be prorated to $1639 (for 60 days).

In another example, if a fee-for-service physician retires from community longitudinal family practice on June 15, 2024, they would be considered to have been eligible for the 2024 CLFP Payment for 166 days from January 1 to June 14, 2024. If their total 2024 CLFP Payment is $10,000 (based on 366 days), then their actual 2024 CLFP Payment would be prorated to $4,535 (for 166 days).

How is the CLFP Payment determined if a physician takes over an existing patient panel from another physician?

The outgoing and incoming physician can submit an online panel transfer declaration form confirming that the incoming physician has taken over the patient panel of the outgoing physician. Once this declaration is submitted and approved, the 2024 CLFP Payment for the incoming physician will be calculated based on the MSOC/ACG data of the outgoing physician over the specified 12-month period. If the payment amount for the incoming physician based on their own MSOC/ACG data exceeds the payment amount based on outgoing physician's MSOC/ACG data, the incoming physician will receive the higher payment amount.

Once the panel transfer declaration form has been submitted and approved, the arrangement is valid only for the 2024 CLFP Payment.

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

The declaration process for a physician taking over an existing panel only applies when there is **one** outgoing physician and **one** incoming physician. The declaration process is not available if more than one physician has taken over an existing patient panel. In this circumstance, each incoming physician will be eligible for a minimum 2024 CLFP Payment amount, until their calculated amount exceeds the minimum.

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

After the declaration, 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 2024 CLFP Payment, they will be eligible for the minimum 2024 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.

Majority Source of Care (MSOC)

What are Majority Source of Care (MSOC) patients?

MSOC patients are those who, during a 12-month period, had three or more family physician services and more than 50% of those services were provided by one family physician. A patient can be MSOC for only one family physician in a given 12-month period.

Services include 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). The modified MSOC calculation does not consider consultative services or services provided in facilities such as hospitals and long-term care.

How does my number of MSOC patients compared to the number of patients on my patient panel?

MSOC patients are only those who, during a 12-month period, had three or more family physician services and more than 50% of those services were provided by one family physician. A patient can be MSOC for only one family physician.

There will be patients on a physician's patient panel who will not be considered as MSOC patients 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 MSOC patients is generally less than the number of patients on a physician's patient panel.

Will my CLFP Payment be reduced since I have fewer MSOC patients than the number of patients on my panel?

The calculation of the payment amount under the MSOC methodology has been adapted with the aim of maintaining similar payment rates for individual physicians if the CLFP Payment transitions from MSOC methodology to the actual number of empanelled patients in the future.

When will the CLFP Payment transition from using MSOC methodology to using my list of empanelled patients?

The 2024 CLFP Payment will be based on MSOC methodology. Work in ongoing to transition future CLFP Payment from MSOC methodology to a new methodology based on empanelled patients in the Provincial Attachment System (PAS). There is currently no specific timeline for this transition to be fully implemented. More information will be shared as soon as it becomes available.

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

The MSOC methodology does not consider MSP Payee Numbers when allocating MSOC patients for family physicians. 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 of my patients are considered to be MSOC patients?

Identifiable information about individual patients, such as their MSOC or ACG assignments, is not available to physicians or the public due to privacy constraints.

Can a patient be considered a MSOC patient for more than once family physician?

MSOC patients are only those who, during a 12-month period, had three or more family physician services and more than 50% of such services were provided by one family physician. While a patient may visit multiple family physicians, a patient can be MSOC for only one family physician in a given 12-month period.

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

MSOC patients are those who, during a 12-month period, had three or more family physician services and more than 50% of those services were provided by one family physician.

The MSOC methodology does not consider family physicians working together in a group practice any differently than family physicians in other settings. To be considered an MSOC patient, the longitudinal family physician must see the patient for the majority (more than 50%) of their visits.

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 MSOC 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.

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 Pathways for more resources on the business elements of medical practice, including a Guide to Cost Sharing Agreements and a Cost Sharing Agreement template.

Adjusted Clinical Group (ACG)

How does the CLFP Payment measure patient complexity?

The CLFP Payment uses the Adjusted Clinical Group (ACG) methodology to estimate the complexity of each MSOC patient.

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.

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 X 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 are being developed by the Doctors Technology Office and will be 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 find out the ACG assignments for my patients?

Identifiable information about individual patients, such as their MSOC or ACG assignments, is not available to physicians or the public due to privacy constraints.

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.