

Clinic and Provider Registry (CPR) and Panel Registry (PR) Payments Frequently Asked Questions

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Clinic and Provider Registry (CPR) Payment

1. What is the Clinic and Provider Registry (CPR) Payment?

The CPR Payment is payment to medical directors (on behalf of clinics) for adding and validating clinic information in the Clinic and Provider Registry for the first time by March 31, 2025, provided they have not previously received this payment through billing 14012 or 98112.

2. Who is eligible for the CPR Payment?

Clinics that provide longitudinal family physician services are eligible for the CPR Payment if they meet all the following PAS participation requirements:

- Validated or updated their clinic information in the CPR by March 31, 2025.
 - Medical Director to add themselves as a director to the relevant clinics
 - Add all clinicians and staff members who should have access to the PAS for your clinic
 - Verify that the clinic information is correct in the “Clinic Details” tab
 - If applicable, assign director level permissions to another member(s) of your team using the Manage Facility checkbox.
- Commit to maintaining up-to-date clinic information after March 31, 2025.

3. What is the CPR Payment amount?

The CPR Payment is a one-time, \$2,000 payment per eligible clinic.

4. To be eligible for the CPR Payment, when is the deadline for clinics to update their clinic information on the CPR?

To be eligible for the CPR payment, clinics must provide or update incorrect clinic information on the CPR by March 31, 2025.

If you have not completed these actions, please do so as soon as possible. If you have been attempting to complete the work but encounter challenges, please contact FP.billing@doctorsofbc.ca.

5. How do clinics claim the CPR Payment?

Each clinic will need to identify a medical director or delegated physician to claim the payment on its behalf to confirm that the clinic has completed the requirements. The payment is claimed by submitting an FPSC claim form available to invited physicians through the Doctors of BC website.

6. Is the medical director expected to share CPR Payment with their clinic?

The medical director or delegated physician receives this payment on behalf of the clinic and may distribute it among other clinic staff/physicians based on internal arrangements. The CPR Payment is intended to support clinics to validate or update their clinic information on the CPR. In many cases, this work may be undertaken by clinic staff with guidance from physicians or other providers.

7. Can a clinic claim the CPR Payment more than once?

No, each eligible clinic can only claim the CPR Payment once. There may be instances where a physician is the medical director or delegated physician for more than one family physician clinic. In this case, the medical director or delegated physician may claim a CPR Payment for each clinic.

8. Will there be additional compensation for clinics to update their CPR information in the future?

Future compensation for updating clinic information in the CPR has not yet been confirmed. More details will be shared if available.

9. Do physicians need to be on the LFP Payment Model for their clinic to be eligible for the CPR Payment? What if physicians at a clinic work under Fee-for-Service, Blended Capitation, and Alternative Payments models including New-to-Practice physicians on contract, Population Based Funding, or Northern Model?

All clinics that provide longitudinal family practice services are eligible for the CPR Payment given they provide or update incorrect clinic information in the CPR. The family physicians at the clinic may be working under different payment models, such as Fee-for-Service, Blended Capitation, and Alternative Payments models including New-to-Practice physicians on contract, Population Based Funding, Northern Model, or the LFP Payment Model.

10. Are family physician clinics that provide episodic care or focused practice eligible for the CPR Payment?

Clinics that provide longitudinal family practice services are eligible for the CPR Payment. These clinics may provide episodic or focused practice services *in addition* to longitudinal family practice services. Clinics that provide episodic or focused practice services **exclusively** are not currently eligible for the CPR Payment.

11. When is the deadline for claiming the Clinic and Provider Registry Payment?

The medical director or delegated physician who completed the CPR Payment requirements by the March 31, 2025 deadline must submit a claim form for the payment by **April 27, 2025** to receive payment.

12. What resources are available to support medical directors in completing the CPR Payment requirements?

Here is a [step-by-step guide](#) on how to register and participate in the Clinic and Provider Registry. Here are some user guides available in the PAS (log in required):

- [Update-Clinic-Details](#)
- [Add-and-Remove-Staff-for-a-Clinic](#)
- [Add-and-Update-Other-Clinical-Admin-Staff](#)

If you have questions or have technical challenges in completing the CPR requirements, please contact healthbcsupport@phsa.ca.

13. I have more questions about the CPR Payment, who do I contact?

If you have questions about the CPR Payment, please contact fp.billing@doctorsofbc.ca.

Panel Registry (PR) Payment

14. What is the Panel Registry Payment?

The Panel Registry payment is available to FPs who submit their list of Empanelled Patients to the PAS and indicate their panel capacity (i.e. Desired Panel Size field and Monthly Capacity Rate field in the PAS) by March 31, 2025 and have **not** previously received this payment through billing 14011 or 98111. Please be aware that panel lists will appear on the PAS Panel Registry a few days after submission.

15. Who is eligible for the Panel Registry Payment?

Family physicians who provide longitudinal family medicine services to a patient panel are eligible for the Panel Registry Payment if they meet all the following requirements:

- Access the PAS Panel Registry to indicate panel capacity (i.e. enter a number in the Desired Panel Size field and the Monthly Capacity Rate field) and provide/update other clinic information.

Note: Physicians who are not accepting new patients still need to indicate their panel capacity in the PAS by entering zero in the Monthly Capacity Rate field and entering a number in the Desired Panel Size field.

- Develop and submit their list(s) of Empanelled Patients to the Ministry of Health via MSP/Teleplan through their EMR or through the third-party billing service provider, Dr.Bill, by March 31, 2025 (please click [here](#) for instructions and resources on how to do this).
- Commit to maintaining an accurate and current list of Empanelled Patients and update their patient panel as needed.
- Commit to attaching suitable patients in their communities through the PAS Health Connect Registry (HCR) and other means, if they have capacity to do so.
- Commit to actively updating their panel capacity (i.e. Monthly Capacity Rate field in the PAS Panel Registry).
- Commit to working with their clinic medical director/staff delegate to update information on the Clinic and Provider Registry (CPR).

There is an expectation that panel information will be updated as patients are added to or leave your practice. You can learn more in the “Ongoing panel updates following your initial panel submission” section [here](#).

Please see question (“[When is deadline...](#)”) for deadlines for submitting list of Empanelled Patients to the PAS Panel Registry and to complete Panel Registry information.

16. To be eligible for the Panel Registry Payment, when is the deadline for physicians to submit their list of Empanelled Patients to MSP/Teleplan and to log-in and update their Panel Registry information?

To be eligible for the Panel Registry Payment, longitudinal family physicians with patient panels must:

- i. submit their list of Empanelled Patients to MSP/Teleplan
- ii. log-in to the PAS to ensure they are added to all relevant clinics
- iii. update their Panel Registry information including panel capacity fields (i.e. Desired Panel Size and Monthly Capacity Rate) by March 31, 2025

The deadline of March 31, 2025 applies to physicians paid under all payment models, including the LFP Payment Model, Fee-for-Service, Blended Capitation, Alternative Payments models including New-to-Practice physicians on contract, Population Based Funding, and Northern Model. If you have not completed these actions, please do so as soon as possible. If you have been trying to complete the work but have encountered challenges, please contact FP.billing@doctorsofbc.ca.

17. What resources are available to support physicians in completing the payment requirements?

The following resources are available to physicians to help them complete their Panel Registry payment requirements:

For accessing the PAS Panel Registry:

- Information on creating your [OneHealthID](#) and accessing the PAS Panel Registry can found at [this link](#).

For developing and submitting your panel list to the PAS Panel Registry:

- Information on submitting your panel list is available on the [Doctors of BC website](#).
- If you require assistance with your panel list submission, please submit a [service request](#).

For indicating your panel capacity in the PAS Panel Registry:

- Information on updating your panel capacity is available through [this video](#) and at [this link](#) (login required).
- If you have questions or have technical challenges in completing this requirement, please contact healthbcsupport@phsa.ca.

18. Do physicians need to be on the LFP Payment Model to be eligible for the Panel Registry Payment? What about physicians on Fee-for-Service, alternative payment contracts, or blended capitation?

All family physicians who provide longitudinal family medicine services to a patient panel are eligible for the Panel Registry Payment if they meet all the requirements (see question 14 for [eligibility requirements](#)). Family physicians may be working under different payment models such as Fee-for-Service, Blended Capitation, Alternative Payments models including New-to-Practice physicians on contract, Population Based Funding, Northern Model or the LFP Payment Model.

19. Do physicians working under Population Based Funding (PBF) and Northern Model have to participate in the PAS to be eligible for the Panel Registry Payment?

While PBF and Northern Model clinics already submit registered patients to the Ministry of Health (MOH) as part of their payment model, individual physicians are still required to meet all the PAS participation requirements (see question 14 for [eligibility requirements](#)) to be eligible for the Panel Registry Payment. Please note that PBF/Northern Model physicians may have empanelled patients who are not registered to a PBF/Northern Model clinic. **PBF and Northern Model clinics will be provided further direction from MOH on the PAS process.**

20. Do physicians working under New-to-Practice (NTP) contracts have to participate in the PAS to be eligible for the Panel Registry Payment?

To be eligible for the Panel Registry Payment, NTP contract physicians must meet all the PAS participation requirements by March 31, 2025 (see question 14 for [eligibility requirements](#)).

Please note that the previous PCN attachment codes were retired on February 1, 2024. Instead, the \$0 attachment code (98990) is a provincial code that is used across all payment models. Physicians, including those on an NTP Contract, use this code to identify attachment as per their contract requirements.

21. Do physicians need to have a minimum number of empanelled patients to be eligible for the Panel Registry Payment?

All family physicians who provide longitudinal family medicine services to a patient panel are eligible for the Panel Registry Payment if they meet all the PAS participation requirements (see earlier question on eligibility). There is **no** requirement to have a minimum number of empanelled patients to be eligible for the Panel Registry Payment.

22. What is the Panel Registry Payment amount?

Family physicians who meet the requirements of the Panel Registry Payment are eligible for a one-time payment amount of \$6,500.

23. Are physicians expected to share the Panel Registry Payment with their clinic?

The Panel Registry Payment is intended for the physician. There are no specific requirements for how physicians and clinics are expected to distribute the payment.

24. How do physicians claim the Panel Registry Payment?

Family physicians who have met the requirements of the Panel Registry Payment can claim their payment by submitting an FPSC claim form. Eligible physicians will receive an email with the claim form link in March 2025. If you did not receive an invitation to claim but meet the requirements of the Panel Registry payment, please contact fp.billing@doctorsofbc.ca so we can review your eligibility.

25. When is the deadline for claiming the Panel Registry Payment?

Family physicians who have completed the Panel Registry Payment requirements by the March 31, 2025 deadline must submit the claim form by **April 27, 2025** to receive payment.

26. Can a physician claim the Panel Registry Payment more than once?

No. While physicians may provide longitudinal family physician services at more than one clinic location and submit more than one list of Empanelled Patients, each family physician can only claim the Panel Registry Payment **once**.

27. Will there be additional compensation for physicians to update their patient panel data in the future?

Future compensation for updating patient panel data has not yet been confirmed. More details will be shared if available. Learn more about updating your panel in the “Ongoing panel updates following your initial panel submission” section [here](#).

28. Are family physicians who solely provide episodic care or focused practice eligible for the Panel Registry Payment?

Family physicians who provide longitudinal family medicine services to a patient panel in a clinic are eligible for the Panel Registry Payment. Physicians who **solely** provide episodic or focused practice services are not eligible for the Panel Registry Payment.

29. Are family physicians who provide solely long-term care eligible for the Panel Registry Payment?

Family physicians who provide longitudinal family medicine services to a patient panel in a clinic are eligible for the Panel Registry Payment, including those who provide both clinic-based and long-term care. Physicians who provide care to patients in facilities (e.g., hospital, long-term care) are not currently eligible for the Panel Registry Payment.

30. I have more questions about the Panel Registry Payment, who do I contact?

If you have questions about the Panel Registry Payment, please contact fp.billing@doctorsofbc.ca.