

Inpatient Care Incentives

The fees listed in this guide cannot be appropriately interpreted without the [FPSC Preamble](#).

The FPSC Inpatient Initiative was developed to recognize and better support the continuous relationship with a family physician (FP) that can improve patient health outcomes and ease the burden on hospitals by reducing repeat hospitalizations and emergency room visits. An important aspect of such continuous care is the coordination of care through the inpatient journey as well as in transitions between hospital and community FP offices. The initiative includes funding aimed at better supporting and compensating FPs who provide this important aspect of care. This initiative will support family physicians who provide Most Responsible Provider (MRP) care to their own patients when they are admitted to the identified acute care hospital in their community (Assigned Inpatients). The FP Unassigned Inpatient Care Fee (H14088) is for family physicians who are a part of a network, provide care for patients admitted to hospital without an FP, whose FP does not have hospital privileges, or who are from out-of-town (Unassigned Inpatients).

To participate in the FPSC Inpatient Initiative, it is expected that these FPs agree to the following expectations:

- A. They are members of the active or equivalent medical staff category and have hospital privileges in the identified acute care hospital.
- B. That their on-call colleagues (Network) are also members of the active or equivalent medical staff category and have hospital privileges.
- C. That they will:
 - Coordinate and manage the care of hospitalized patients (assigned and/or unassigned), admitted under them as the MRP.
 - Provide supportive care when their hospitalized patient is admitted under a specialist as MRP.
 - See all acute patients under their MRP care on a daily basis and document a progress note in the medical record.
 - Work with the interdisciplinary team, as appropriate, to develop a care plan and a plan for discharge.
 - When care is transferred to another physician, ensure that this is documented in the medical record and ensure there is a verbal or written handover plan provided to the accepting physician.
 - Ensure availability through their network to expedite discharges of patients daily during the normal working day which includes early morning, daytime, and early evening.
 - On weekends ensure the covering physician is made aware of those discharges that could occur over the weekend.
 - Provide a discharge note to an unassigned inpatient for their FP or communicate directly with the FP on discharge.
 - Respond to requests from members of the interdisciplinary inpatient care team by phone as per hospital bylaws.
 - The Network Call Group will accept responsibility for their newly admitted inpatients on a 24/7/365 basis. The MRP shall assess and examine the patient, document findings and issue applicable orders as soon as warranted by the patient's needs, but in any case no longer than 24 hours after accepting the transfer. Utilization needs within the facility may dictate that the patient must be seen sooner.

D. The non-clinical services include the already existing expectations of FPs as outlined in the Health Authority Medical Staff bylaws, rules and regulations, and policies. The health authority, the Department of Family Practice, the Division of Family Practice (where it exists) and the Inpatient Care Networks could reasonably expect that all parties would participate in discussions which could include:

- The orderly transitions of MRP status between specialists and generalists.
- Participating in the orderly discharge planning of generally more complicated patients.
- Patient safety concerns that come up in local hospitals.
- Identifying and providing input into “local hassle factors” that would need to be examined and resolved at a local level between the local division of family practice and health authorities.
- Participate in utilization management within the hospital.
- Patient care improvement discussions that would reasonably be covered under the improved FP hospital care incentives.

Any inquiries/concerns regarding FPSC Assigned and Unassigned Networks should be sent to fp.billing@doctorsofbc.ca

FP Assigned Inpatient Network

The Assigned Inpatient Care Network Payment is payable to family physicians (FPs) who provide inpatient care services for their own and colleagues' patients (assigned) in hospital facilities. Eligible FPs who meet the eligibility criteria can receive up to **\$8,400 per year**. Payments will be remitted to eligible physicians on a quarterly basis (\$2,100 per quarter).

Previously, physicians claimed this network payment every quarter by submitting the MSP fee code 14086. Beginning April 2025, physicians participating in the Assigned Inpatient Care Network will claim the payment by submitting an FPSC claim form **once annually**. The payment amount remains the same and will continue to be remitted directly to physicians via their preferred MSP payee number on a quarterly basis.

For more information about the Assigned Inpatient Care Network Payment, please click [here](#) or contact fp.billing@doctorsofbc.ca for more information.

FP Unassigned Inpatient Care Fee (H14088)

The term "Unassigned Inpatient" is used in this context to denote those patients whose family physician does not have admitting privileges in the acute care facility in which the patient has been admitted.

The FP Unassigned Inpatient Care Fee is designed to provide an incentive for family physicians to accept Most Responsible Physician (MRP) status for an unassigned patient's hospital stay. It is intended to compensate the Family Physician for the extra time and intensity required to evaluate an unfamiliar patient's clinical status and care needs when the patient is admitted and is only billable once per hospital admission.

This fee is restricted to family physicians actively participating in an FP Unassigned Inpatient Care Network or an FP Maternity Network. This fee is billable through the MSP Teleplan system and is payable in addition to the hospital visit (00109, 13109, 13008, 13011, 00127) or delivery fee.

Fee Code	Description	Total Fee \$
H14088	FP Unassigned Inpatient Care Fee	\$150.00
	<p>Notes:</p> <ul style="list-style-type: none"> <i>i)</i> Payable only to Family Physicians who are actively participating in an FP Assigned Inpatient Network, an FP Unassigned Inpatient Care Network and/or an FP Maternity Network. <i>ii)</i> Payable only to the Family Physician who is the Most Responsible Physician (MRP) for the patient during the in-hospital admission. <i>iii)</i> Payable once per unassigned patient per in-hospital admission in addition to the hospital visit (00109, 13109, 13008, 13011, 00127) or delivery fee. <i>iv)</i> Not payable to physicians remunerated under the LFP Payment Model or an Alternative Payment model that includes payment for this service. 	

Frequently Asked Questions

FP Unassigned Inpatient Care Fee (14088)

1. Do maternity inpatients qualify for 14088?

Maternity patients admitted to a hospital where they do not have a maternity provider are considered unassigned. Members of a maternity network who admit these patients under their MRP care can bill 14088. The fee is billable in addition to any delivery fee (14104, 14109 as long as FP is MRP) or admission fee (13109). FPs remunerated under the LFP Payment Model or an Alternative Payment model are not eligible to bill the 14088 Unassigned Inpatient Care Fee.

Maternity patients who have been referred to an FP for prenatal care and delivery are not considered unassigned. Accepting patients referred for prenatal care and delivery is a requirement of the Maternity Care Network Initiative. This is considered a sharing of care with the referring FP, and these patients are therefore not unassigned.

See the [Maternity Billing Guide](#) for more information.

2. Do newborns qualify as an Unassigned Inpatient for billing 14088?

The baby and the mother are considered a dyad: one unit. If the mother is an Unassigned Inpatient then the newborn is also considered Unassigned. Together they are considered a unit for one Unassigned Inpatient Care Fee. If the mother is assigned, then the newborn is also considered assigned.

However, if an unassigned newborn is discharged and later re-admitted as an unassigned Inpatient under a Maternity Network FP as MRP (e.g. jaundice requiring phototherapy) then 14088 is billable for that second admission. If a pediatrician is the MRP, then 14088 is not billable.

3. Can hospitalists bill 14088?

No.

4. Can physicians who are remunerated under the LFP Payment Model bill 14088?

No.

5. Can physicians who are remunerated under an Alternative Payment model bill 14088?

No.

6. If an FP shares the MRP role with a specialist for an unassigned patient, can the FP bill 14088?

In the circumstance that an unassigned patient is admitted under the MRP care of a specialist, but concurrent care is provided by an FP for a significant medical issue that is not within the scope of practice of the specialist, and is unrelated to the purpose of admission, the FP may bill 14088.

Concurrent care is defined by the General Preamble to fees as: "For those medical cases where the medical indications are of such complexity that the concurrent services of more than one medical practitioner are required for the adequate care of patient, subsequent visits should be claimed by each medical practitioner as required for that care. To facilitate payment, claims

should be accompanied by an electronic note record, and independent consideration will be given. For patients in ICU or CCU this information in itself is sufficient.”

7. Are patients admitted to a free standing hospice where their community FP does not practice considered Unassigned and eligible for 14088?

No. Patients in freestanding hospices which are not attached to or part of an acute care hospital are not eligible for the FP Unassigned Inpatient care fee.

Unassigned patients admitted to a hospice that is attached to or part of an acute care hospital, qualify for 14088 when MRP care is provided by members of an Unassigned Inpatient Network.

8. Are locums eligible to bill 14088?

Yes, if they are participating in an Unassigned Inpatient Care Network or Maternity Care Network.

9. Can FPs bill the \$250 MOCAP call back fee in addition to receiving the Unassigned Inpatient Care Incentives?

No.

10. Do out of Province unassigned inpatients qualify for 14088 in addition to the hospital visit fee?

Yes, reciprocal billing applies except for patients from Quebec.

11. Can an FP who does not have a community practice (e.g. Retired FP or FP who works in some other focused capacity) be a member of an Unassigned Inpatient Network?

FPSC will review requests for exemptions if the significant majority of Inpatient care (80%+) is provided by FPs with community practices.

12. Some hospitals have a hospitalist model for the majority of unassigned inpatients, but the hospitalists do not cover specific services, such as rehab ward care or palliative care. Are FPs covering these wards/patients eligible for 14088?

Hospitals with a hospitalist model for unassigned inpatient coverage are not eligible to have an Unassigned Inpatient Network. As a result, hospital-based palliative, sub-acute and rehab patients who are cared for by community FPs at these hospitals are not eligible 14088.

13. If I participate in an Unassigned Inpatient Care Network, what fees behind the CLFP Portal can I bill?

Community FPs who have submitted 14070 may bill all CLFP Portal fees, provided they meet the fee's eligibility requirements.

FPs without a community practice but who are registered in an Unassigned Inpatient Care Network and/or Maternity Care Network and have been approved by FPSC may bill the following CLFP Portal fees:

- 14077 FP Conference with Allied Care Provider and/or Physician, for conferencing with other providers about a patient under your care in the hospital. Note that 14077 can be used when the patient is located in the community, acute care, sub-acute care, assisted living, long-term or intermediate care facilities, detox units, mental health units, etc. 14077 can also be provided/requested at any stage of admission to a facility from ER through stay to discharge)
- 14067 FP Brief Clinical Conference with Allied Care Provider and/or Physician. Note that 14067 should not be billed for conferencing activities that can be billed as 13005 or 14077.

- 14076 FP Patient Telephone Management Fee, for providing telephone “visits” with your maternity patient
- 14078 FP Email/Text/Telephone Medical Advice Relay, for relaying medical advice via text