Family Practice Services Committee

In-patient Care Incentives

The fees listed in this guide cannot be appropriately interpreted without the FPSC Preamble.

The FPSC In-patient 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 in-patient journey as well as in transitions between hospital and community FP offices. There are two separate levels of incentives aimed at better supporting and compensating FPs who provide this important aspect of care. This initiative will support family physicians who:

a. Provide Most Responsible Provider (MRP) care to their own patients when they are admitted to the identified acute care hospital in their community (Assigned In-patients); and may also

b. As 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 In-patients).

To participate in the FPSC In-patient 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 in-patient for their FP or communicate directly with the FP on discharge.
- Respond to requests from members of the interdisciplinary in-patient care team by phone as per hospital bylaws.
- The Network Call Group will accept responsibility for their newly admitted in-patients 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 In-patient 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

Important notice: The FP Assigned In-patient Care Network (H14086) payments will end on June 30, 2024. The final billing date for H14086 is April 1, 2024 and is paid for the subsequent quarter (April 1 – June 30, 2024). From July 2024, physician on-call time will be compensated via a new FPSC In-patient Care On-Call Availability Funding program administered by divisions of family practice. While a physician is on-call, all patient services they provide will be compensated by the LFP Payment Model or any other payment model (e.g. fee-for-service or AP contract) that the physician is compensated by.

FP Assigned In-patient Network (H14086)

The FP Assigned In-patient Care Network initiative was designed to support community Family Physicians who continue to accept Most Responsible Physician (MRP) status to provide care to their own patients who have been admitted to hospital. The Assigned In-patient Network payment is for FPs who provide in-patient care services for their own and colleagues' patients (assigned). Maternity patients are not included under the Assigned In-patient Network if the FP is also participating in a FPSC Maternity Care Network because those patients are counted as part of that incentive.

Fee Code	Description	Total Fee $
H14086	**FP Assigned In-patient Care Network Initiative**	**2,100.00**
	Eligibility: To be eligible to be a member of a FP Assigned In-patient Care Network, you must meet the following criteria: ○ Be a Family Physician in active practice in B.C. ○ Have active hospital privileges. ○ Be associated and registered with a minimum of three other network members (special consideration will be given in those hospital communities with fewer than four doctors providing In-patient care – see below). ○ Submit a completed Assigned In-patient Care Network Registration Form. ○ Co-operate with other members of the network so that one member is always available to care for patients of the assigned In-patient network. ○ Each doctor must provide MRP care to at least 24 admitted patients over the course of a year; networks may average out this number across the number of members. This network incentive is payable in addition to visit fees, but is inclusive of time spent in associated Quality Improvement activities necessary to maintain privileges such as M and M rounds as well as time spent on network administration, etc. Exemptions for communities where it may be difficult to achieve the minimum volume of MRP In-patient cases will be considered by the FPSC In-patient Care Working Group. The FP Assigned In-patient Care Network Incentive is payable for participation in the network activities for the majority of the following calendar quarter (50% plus 1 day). Once your registration in the network has	

been confirmed, submit fee item H14086 FP Assigned in-patient care network fee using the following billing specifics:

Billing Schedule: First day of the month, per calendar quarter (i.e. January 1, April 1, July1, October 1) and is paid for the subsequent quarter ICD9 code: 780

Your location will determine which PHN# to use:

Fraser Health Authority PHN# 9752 590 548 Patient Surname: Assigned First Name: FHA Date of birth: January 1, 2013	Interior Health Authority PHN# 9752 590 587 Patient Surname: Assigned First Name: IHA Date of birth: January 1, 2013
Northern Health Authority PHN# 9752 590 509 Patient Surname: Assigned First Name: NHA Date of birth: January 1, 2013	Vancouver Coastal Health Authority PHN# 9752 590 523 Patient Surname: Assigned First Name: CVHA Date of birth: January 1, 2013
Vancouver Island Health Authority PHN# 9752 590 516 Patient Surname: Assigned First Name: VIHA Date of birth: January 1, 2013	

Important Notice: The FP Unassigned In-patient Care Network Incentive ("GU") will end in July 2024. The final GU payment will be paid to divisions of family practice or self-organizing groups in July 2024. From July 2024, physician on-call time will be compensated via a new FPSC In-patient Care On-Call Availability Funding program administered by divisions of family practice. While a physician is on-call, all patient services they provide will be compensated by the LFP Payment Model or any other payment model (e.g. fee-for-service or AP contract) that the physician is compensated by.

FP Unassigned In-patient Care Network Incentive (adjustment code 'GU')

The FPSC Unassigned In-patient Care Network payment is a quarterly lump sum incentive based on the annual volume of unassigned in-patients and is available for each hospital with a community FP run unassigned in-patient care model. Funding levels for the Unassigned In-patient Care Network Incentive are calculated for each hospital based on the previous fiscal year data. Updated calculations will be provided in the fall of each year.

This incentive for Unassigned In-patient Care is not available for hospitals which have a Hospitalist model. This payment will be made to participating Divisions of Family Practice (DoFP), or where there is no Division or the local Division decides not to provide the oversight, to the Network group (either directly through a common payment mechanism or through the Regional Health Authority as determined by the Network Group) on behalf of eligible general practitioners on a quarterly basis for each quarter beginning April 1, July 1, October 1, and January 1. It is paid under adjustment code 'GU', and is intended to support the following functions:

1) Recognition of delivering the service.
2) On-call services.
3) Non-clinical services as outlined in the Assigned In-patient Care Network Initiative.

Physician eligibility

To be eligible to be a member of the Unassigned In-patient Care Network, you must meet the following criteria:

- Be a Family Physician in active practice in B.C.
- Have active hospital privileges.
- Submit a completed Unassigned In-patient Care Network Registration Form found under the In-patient Care tab on this FPSC webpage.
- Also be a member of the Assigned In-patient Care Network unless an exemption is granted.
- Cooperate with other members of the network so that one member is always available to care for patients of the unassigned In-patient network.

This network incentive is inclusive of services for direct patient care as well as time spent in associated Quality improvement activities such as M and M rounds, network organization, etc.

FP Unassigned In-patient Care Fee (H14088)

The term "Unassigned In-patient" 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 In-patient 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 In-patient 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 In-patient Care Fee**	**$150.00**
	Notes: *i)* Payable only to Family Physicians who have submitted a completed FP Unassigned In-patient Care Network Registration Form and/or an FP Maternity Network Registration Form. *ii)* Payable only to the Family Physician who is the Most Responsible Physician (MRP) for the patient during the in-hospital admission. *iii)* Payable once per unassigned patient per in-hospital admission in addition to the hospital visit (00109, 13109, 13008, 13011, 00127) or delivery fee. *iv)* Not payable to physicians who are employed or under contract to a facility or working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.	

Frequently Asked Questions

FP Assigned In-patient Care Initiative (PG14086)

1. **How do I register as a member of an FP Assigned In-patient Care Network?**
Registration forms for the assigned in-patient network are available under the In-patient tab on the FPSC billing page. Physicians should consult their local Division of Family practice to support the completion of the registration form. Alternatively, where no Division of Family Practice exists, physicians may join local self-organized groups and can register without the assistance of their local Division.

2. **What if a community has less than four FPs to create an Assigned In-patient Network?**
The intention of setting the minimum number of FPs at four is to encourage FPs to collaborate in the delivery of in-patient care services. In communities with less than four FPs delivering In-patient care, exemptions can be requested by emailing the FPSC billing mailbox: fp.billing@doctorsofbc.ca

3. **What if an FP cannot meet the minimum number of 24 In-patients in a year?**
The minimum number of 24 in-patient cases per physician is calculated by network admissions divided by number of FP members. Exemptions for smaller communities or due to other extenuating circumstances will be considered by the FPSC. Please email fp.billing@doctorsofbc.ca.

4. **Do maternity patients count towards the minimum number of in-patient cases?**
Admitted maternity patients are not included under either the FP Assigned or Unassigned In-patient Network numbers when the admitting FP is also registered in a FPSC Maternity Care Network.

5. **Am I eligible to participate in both a Maternity Network and Assigned and Unassigned In-patient Networks?**
Yes. However, in order to participate in both a Maternity Network and an In-patient Network, you must be providing in-patient care for both maternity and non-maternity patients.

   The Maternity Network quarterly payment goes to FPs providing obstetric services for both assigned and unassigned maternity patients. The Assigned In-patient Network payment is for FPs who provide in-patient care services for their own and colleagues' non-maternity patients (assigned) while the Unassigned In-patient Network payment is for FPs who provide in-patient care services for unassigned non-maternity patients. Maternity patients are not included under either the Assigned or Unassigned In-patient Network when the FP is also participating in a FPSC Maternity Care Network because those pregnant patients are counted as part of the Maternity Care Initiative.

6. **Can hospitalists claim the quarterly Assigned In-patient Care Network Incentive 14086?**
Full-time hospitalists without a current community practice are not eligible to claim the Assigned In-patient Care Network Incentive. A part-time hospitalist who maintains a community practice which is the majority of their work *and* who meet the incentive's criteria as outlined can claim the incentive.

7. Does participating in the Assigned In-patient Care Network mean being on call for the entire hospital?

No. Participating members of an Assigned In-patient network are only responsible for the admitted patients of members of the network.

8. Are locums eligible for the PG14086 Assigned In-patient Care Network Incentive?

Yes, locums may be registered in an Assigned In-patient Care Network if they meet eligibility criteria. However, locums can only bill PG14086 for the quarters in which their network participation is for 50% plus 1 day of that quarter.

Locums should register with a "home" network, where they provide the majority of their in-patient care. Locums should maintain a record of practices worked and qualifying days, as the information will be required for future audits. Note: Only one physician (either host or locum) may bill the network incentive for the same quarter.

9. Can FPs bill the $250 MOCAP call back fee in addition to receiving the Assigned In-patient Care Network Incentive?

No.

FP Unassigned In-patient Care Network (Adjustment code 'GU' and 14088)

1. How is the payment for the FP Unassigned In-patient Care Network Incentive calculated?

The payment is calculated based on the annual volume of unassigned patients admitted to the hospital. The payment is made to the Network, not the individual members.

2. What is the relationship between these FPSC In-patient Care incentives and MOCAP Doctor of the Day (DOD), MoH Service Agreements and other Health Authority funded agreements for in-patient care?

The FPSC In-patient Care incentives replace older In-patient Care Programs, with the exception of hospitalist programs.

3. Can a community choose a mix of new and old In-patient Care incentives?

No.

4. Do maternity in-patients qualify for the H14088 FP Unassigned In-patient Care Fee?

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 the H14088 Unassigned In-patient Care fee. The fee is billable in addition to any delivery fee (14104, 14109 as long as FP is MRP) or admission fee (13109).

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.

5. Do newborns qualify as an Unassigned In-patient for billing H14088?

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

However, if a unassigned newborn is discharged and later re-admitted as an unassigned In-patient under a Maternity Network FP as MRP (e.g. jaundice requiring phototherapy) then H14088 is billable for that second admission. If a pediatrician is the MRP, then the H14088 is not billable.

6. Can hospitalists bill the H14088?

No.

7. If an FP shares the MRP role with a specialist for an unassigned patient, can the FP bill the H14088 Unassigned In-patient Fee?

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 the 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."

8. Are patients admitted to a free standing hospice where their community FP does not practice considered Unassigned and eligible for the 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 In-patient care fee.

Unassigned patients admitted to a hospice that is attached to or part of an acute care hospital, qualify for the 14088 FP Unassigned In-patient Care Fee when MRP care is provided by members of an Unassigned In-patient Network.

9. Are locums eligible to bill the 14088 Unassigned In-patient Care Fee?
Yes, if they are registered in an Unassigned In-patient Care Network or Maternity Care Network.

10. Can FPs bill the $250 MOCAP call back fee in addition to receiving the Unassigned In-patient Care Incentives?
No.

11. Do out of Province unassigned in-patients qualify for the 14088 FP Unassigned In-patient Care Fee in addition to the hospital visit fee?
Yes, reciprocal billing applies except for patients from Quebec.

12. Can a Family Physician 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 In-patient Network?
FPSC will review requests for exemptions if the significant majority of In-patient care (80%+) is provided by FPs with community practices.

13. Some hospitals have a hospitalist model for the majority of unassigned in-patients, but the hospitalists do not cover specific services, such as rehab ward care or palliative care. Are family physicians covering these wards/patients eligible for the unassigned in-patient fee H14088?
Hospitals with a hospitalist model for unassigned in-patient coverage are not eligible to have an Unassigned In-patient 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 for the H14088.

14. If I have received an exemption to register in an Unassigned In-patient 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, who have been approved as a member of an Unassigned In-patient Care Network 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 PG14077 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