FPSC Network Payments

Frequently Asked Questions (FAQs)

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Assigned Inpatient Care Network Payment

1. What is the Assigned Inpatient Care Network payment?

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 ($2,100/quarter) per year. Payments will be remitted to eligible physicians on a quarterly basis.

Payment period	Claim form received on or before	Payment to be made no later than
April 1 - June 30, 2025	May 4, 2025	June 13, 2025
July 1 - September 30, 2025	August 1, 2025	September 15, 2025
October 1 - December 31, 2025	November 1, 2025	December 15, 2025
Jan 1 – March 31, 2026	February 1, 2026	March 15, 2026

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 annual FPSC claim form.

2. What are the eligibility criteria for the Assigned Inpatient Care Network payment?

To be eligible to be a member of an Assigned Inpatient Care Network, FPs must meet the following eligibility 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 Inpatient care – please contact fp.billing@doctorsofbc.ca to request an exemption.
- Co-operate with other members of the network so that one member is always available to care for patients of the assigned inpatient 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.
- The assigned inpatient care network payment is payable for participation in the network activities for the majority of the following calendar quarter (50% plus 1 day).

  Please note that 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 (M and M rounds, time spent on network administration, etc.).

3. How do I claim for the Assigned Inpatient Care Network?

Eligible physicians can claim the Assigned Inpatient Care Network payment by submitting an FPSC claim form once annually. Please note that accessing the claim form requires a Doctors of BC login.

4. How do I update / change my MSP Payee Number?

The network payments will be remitted to the MSP Payee Number selected in the claim form. If you would like to redirect payments to another payee number after submission, please contact fp.billing@doctorsofbc.ca

FPSC Network Payments

Frequently Asked Questions (FAQs)

5. How do I remove myself from the network/stop the network payments if I no longer meet the eligibility criteria?

FPs who no longer meet the requirements of the network payments should contact fp.billing@doctorsofbc.ca to be removed from the network. FPs will also be sent a reminder email prior to each quarter to confirm that they still meet the eligibility criteria for the payment.

6. What if a community has less than four FPs to create an Assigned Inpatient Care Network?

The intention of setting the minimum number of FPs at four is to encourage FPs to collaborate in the delivery of inpatient care services. In communities with less than four FPs delivering Inpatient care, exemptions can be requested by emailing fp.billing@doctorsofbc.ca

7. What if an FP cannot meet the minimum number of 24 inpatients in a year?

The minimum number of 24 inpatient cases per physician is calculated by network admissions divided by the number of FP members. The FPSC will consider exemptions for smaller communities or due to other extenuating circumstances. To request an exemption, please email fp.billing@doctorsofbc.ca.

8. Do maternity patients count towards the minimum number of inpatient cases?

No. Admitted maternity patients are not included under either the Assigned or Unassigned Inpatient Care Network numbers when the admitting FP is also registered in a FPSC Maternity Care Network.

9. Am I eligible to participate in both a Maternity Care Network and Assigned and Unassigned Inpatient Care Networks?

Yes. However, to participate in both a Maternity Care Network and an Inpatient Care Network, you must be providing inpatient care for both maternity and non-maternity patients. The Maternity Care Network quarterly payment is available to FPs providing obstetric services for both assigned and unassigned maternity patients.

The Assigned Inpatient Care Network Payment is available to FPs who provide inpatient care services for their own and colleagues' non-maternity patients (assigned). The Unassigned Inpatient Care fee (14088) is for fee-for-service FPs who provide inpatient care services for unassigned non-maternity patients.

Please be aware that maternity patients are not included under either the Assigned or Unassigned Inpatient Care Network when the FP also participates in an FPSC Maternity Care Network because those pregnant patients are counted as part of the Maternity Care Initiative.

10. Can hospitalists claim the quarterly Assigned Inpatient Care Network payment?

Full-time hospitalists without a current community practice are not eligible to claim the Assigned Inpatient Care Network payment. A part-time hospitalist who maintains a community practice, which is the majority of their work, *and* who meets the network payment's criteria as outlined can claim the payment.

11. Does participating in the Assigned Inpatient Care Network mean being on call for the entire hospital?

No. Participating members of an Assigned Inpatient Care Network are only responsible for the admitted patients of members of the network.

FPSC Network Payments

Frequently Asked Questions (FAQs)

12. Are locums eligible for the Assigned Inpatient Care Network payment?

Physicians who are substituting on a temporary basis for another physician who is away from practice (e.g. vacation, illness, parental leave, military deployment, or other absence from practice) may not claim the network payment directly. In these situations, host physicians can claim the payment directly and distribute it to their locum physicians based on internal arrangements.

Physicians who are providing services on a long term or indefinite basis as a "long term locum" or "practice associate" at the same time as host physicians are providing care or while host physicians are away may claim the network payment directly, provided they meet all the requirements of the network payment.

13. Can FPs bill the $250 MOCAP call back fee in addition to receiving the Assigned Inpatient Care Network payment?

No.

14. Can FPs receive the FPSC Transition Funding in addition to the Assigned Inpatient Care Network payment?

Yes. FPs can reach out to their local division of family practice for more information regarding FPSC Transition Funding.

15. How do I retroactively claim for the Assigned Inpatient Care Network fee 14086 prior to April 1, 2025?

Claims that are older than 90 days after the service date require approval from MSP via the form HLTH 2943 which can be faxed to 250-405-3593. The farthest back a practitioner can bill MSP for services is within 545 days or 18 months. Please contact HIBC (1-866-456-6950, option 1, and option 1 again) for any questions about over-age claims.

Physicians who have not previously registered for the Assigned Inpatient Care Network in their hospital but wish to retroactively claim a network payment prior to April 1, 2025, must contact fp.billing@doctorsofbc.ca for further instructions.

16. As a member of the Assigned Inpatient Care Network, can I bill the Unassigned Inpatient Care Network fee (14088)?

FPs on fee-for-service who are a part of an Assigned and Unassigned Inpatient Care network can bill the Unassigned Inpatient Care Network fee (14088). Claiming the Assigned Inpatient Care Network payment will provide access to the Unassigned Inpatient Care Network fee. Please review the eligibility criteria for 14088 in the billing guide here.

17. Can physicians remunerated under the LFP Payment model and/or an Alternative Payment model claim the Assigned Inpatient Care Network Payment?

Yes, provided they meet the eligibility criteria.

FPSC Network Payments

Frequently Asked Questions (FAQs)

Maternity Care Network Payment

18. What is the Maternity Care Network payment?

The FPSC Maternity Care Network Payment (previously 14010) supports family physicians providing full-scope maternity care to patients in their community to work together. Eligible FPs who meet the eligibility criteria can receive up to $8,400 ($2,100/quarter) per year. Payments will be remitted on a quarterly basis.

Payment period	Claim form received on or before	Payment to be made no later than
April 1 - June 30, 2025	May 4, 2025	June 13, 2025
July 1 - September 30, 2025	August 1, 2025	September 15, 2025
October 1 - December 31, 2025	November 1, 2025	December 15, 2025
Jan 1 – March 31, 2026	February 1, 2026	March 15, 2026

Previously, physicians claimed this network payment every quarter by submitting the MSP fee code 14010. Beginning April 2025, physicians participating in the Maternity Care Network will claim the payment by submitting an annual FPSC claim form.

19. What are the eligibility criteria for the Maternity Care Network payment?

To be eligible to be a member of the network, you must meet the following eligibility criteria for the duration of each payment period:

- Be a family physician in active practice in BC.
- Have hospital privileges to provide obstetrical care.
- 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 maternity care. Please contact fp.billing@doctorsofbc.ca to request special consideration).
- Cooperate with other members of the network to ensure that one member is always available for deliveries.
- Make patients aware of the members of the network and the support specialists available for complicated cases.
- Accept a reasonable number of referrals of pregnant patients from doctors who do not have hospital privileges to deliver babies
    - Please note that the preferred first visit to the doctor planning to deliver the baby is no later than 12 weeks of pregnancy and the referring doctor may, with the agreement of the delivering doctor, provide a portion of the prenatal care);
- Share prenatal records (real or virtual) with other members of the network as practical, with the expectation to work toward utilizing an electronic prenatal record.
- Schedule at least four deliveries in each six-month period of time (April to September, October to March)

  Note: The Maternity Care Network is payable for participation in the network activity for the majority of the calendar quarter (50% plus 1 day).

20. How do I claim the Maternity Care Network payment?

Eligible physicians can claim the Maternity Care Network payment by submitting an annual FPSC claim form. Please note that accessing the claim form requires a Doctors of BC login.

FPSC Network Payments

Frequently Asked Questions (FAQs)

21. How do I retroactively claim for the Maternity Care Network fee 14010 prior to April 1, 2025?

Physicians claiming the Maternity Care Network fee (14010) for the January 1 to March 31, 2025 payment period have until June 29, 2025 to submit the fee code to MSP.

Claims submitted after this date require approval from MSP via the form HLTH 2943 which can be faxed to 250-405-3593. The farthest back a practitioner can bill MSP for services is within 545 days or 18 months. Please contact HIBC (1-866-456-6950, option 1, and option 1 again) for any questions about over-age claims.

Physicians who have not previously registered for the Maternity Care Network in their hospital but wish to retroactively claim a network payment prior to April 1, 2025 must contact fp.billing@doctorsofbc.ca for further instructions.

22. How do I update / change my MSP Payee Number?

The network payments will be remitted to the MSP Payee Number selected in the claim form. If you would like to redirect payments to another payee number after submission, please contact fp.billing@doctorsofbc.ca

23. How do I remove myself from the network/stop the network payments if I no longer meet the eligibility criteria?

FPs who no longer meet the requirements of the network payments should contact fp.billing@doctorsofbc.ca to be removed from the network. FPs will also be sent a reminder email prior to each quarter to confirm that they still meet the eligibility criteria for the payment.

24. What if I cannot find three other doctors to form a network?

If fewer than four FPs deliver babies at your hospital, or in other extenuating circumstances, request an exemption by submitting a written request along with submission of the FPSC Maternity Care Network claim form to fp.billing@doctorsofbc.ca. Exemptions may be granted for up to one year at which point if the circumstances have not changed, a subsequent request is required.

25. Does participating in this program mean the network members are on call for obstetrics for the community?

No. This is not an on-call program. Although one eligibility criterion requires cooperation within the network to ensure that one member is always available for deliveries, participating in this program does not require you to be on call for patients of FPs who are not members of your Maternity Care Network.

26. Is the payment per physician or per group?

The quarterly payment is per physician.

27. Do we have to advertise that we accept referrals?

No, word of mouth is sufficient.

28. What if a physician delivers five babies in one month, then none in the next seven months?

The requirement to schedule at least four deliveries in every six-month period is an attempt to ensure the FP is in active obstetrical practice. If this requirement cannot be met, let the FPSC know by emailing fp.billing@doctorsofbc.ca, and the Committee will review the situation.

FPSC Network Payments

Frequently Asked Questions (FAQs)

29. Does scheduling at least 4 deliveries also mean attending to those deliveries?

No. Physicians are not expected to attend the deliveries of all the patients that they may have due in their practice in any 6 month period given the nature of obstetrics not being predictable. However, FPs will need to work with other members each with a minimum of 4 pregnant patients due in any 6 month period to ensure that there is always a doctor available for all the deliveries expected within that group. In some years, some of the FPs may attend more deliveries than others but overall, the group averages 4 pregnancies due in each 6 month period.

30. Is there a minimum number of deliveries I need to attend to in order to qualify for the quarterly payment?

While there is no minimum number of deliveries that each member of the network needs to attend, FPs will need to work with other members each with a minimum of 4 pregnant patients due in any 6 month period to ensure that there is always a doctor available for all the deliveries expected within that group. In some years, some of the FPs may attend more deliveries than others but overall, the group averages 4 pregnancies due in each 6 month period. Each FP is responsible for ensuring they are attending enough deliveries that they are confident in their competency to provide intrapartum obstetrics.

31. I am providing only prenatal and postnatal care but do not do any deliveries. Am I eligible for the quarterly payment?

The intent of the maternity network payment is to support physicians who provide full-scope maternity service (prenatal, intrapartum, and postpartum care). Physicians who do not provide intrapartum obstetrics and attend deliveries are not eligible for the network payment.

32. Are FPs remunerated under LFP Payment Model and/or Alternate Payment/Funding models eligible to receive the Maternity Care Network payments?

Yes.

33. Are locums eligible for the Maternity Care Network payment?

Physicians who are substituting on a temporary basis for another physician who is away from practice (e.g. vacation, illness, parental leave, military deployment, or other absence from practice) may not claim the network payment directly. In these situations, host physicians can claim the payment directly and distribute it to their locum physicians based on internal arrangements.

Physicians who are providing services on a long term or indefinite basis as a “long term locum” or “practice associate” at the same time as host physicians are providing care or while host physicians are away may claim the network payment directly, provided they meet all the requirements of the network payment.

34. As a member of a Maternity Care Network, which CLFP Portal fees am I eligible to bill?

FPs on fee-for-service who have submitted 14070 may bill all of the CLFP Portal codes. FPs who are registered in a Maternity Care Network and have been approved by FPSC, but do not have a community practice and therefore are not eligible to submit 14070 have access to:

- 14002 Maternity Care Risk Assessment, for providing the review of gestationally appropriate screening interventions, pregnancy risks, and patient comorbidities
- 14076 FP Patient Telephone Management Fee, for providing telephone “visits” with your maternity patient

FPSC Network Payments

Frequently Asked Questions (FAQs)

- 14077 FP Conference with Allied Care Provider and/or Physician, for conferencing with other providers about your maternity patient
- 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.
- 14078 FP Email/Text/Telephone Medical Advice Relay, for relaying medical advice via text.
- 14088 FP Unassigned Inpatient Care Network fee

Registration in a Maternity Network provides access to the Obstetrical Delivery Incentives for Family Physicians (G14004, G14005, G14008, and G14009).

For physicians enrolled in the LFP Payment Model who have chosen to bill facility-based pregnancy & newborn care under the LFP Payment Model:
• Submitting a setting registration code for LFP Pregnancy & Newborn Services (98006) indicates that you will only claim for payment in accordance with the LFP Payment Schedule. It also indicates that you will not be claiming under fee-for-service or alternative payment models for services in that setting, except for Excluded Services.
• This means that you cannot bill fee-for-service codes related to pregnancy & newborn care in hospital. This includes communication and conferencing codes (G14077, PH14067, G14078), the Unassigned Inpatient Care fee (H14088), as well as the Obstetrical Delivery Incentives for Family Physicians (G14004, G14005, G14008, and G14009).