

Community Longitudinal Family Physician (CLFP) Payment 2020 Frequently Asked Questions

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What is the Community Longitudinal Family Physician (CLFP) Payment?

The CLFP Payment is intended to value “relational continuity” between family physicians and patients. [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 intended to provide additional financial support to fee-for-service family physicians who maintain relational continuity with a panel of patients within community settings such as physician offices or health care clinics. For 2020, eligible family physicians will receive an annual amount of no less than \$3000 and up to \$12,000. The majority of eligible family physicians will receive between \$4000-\$8000. Exact payment amount per individual family physician is based on the number and complexity of Majority Source of Care (MSOC) patients associated with the family physician in the Medical Services Plan (MSP) database.

Who is eligible for the CLFP Payment?

Fee-for-service, community-based family physicians are eligible for the 2020 CLFP Payment if they:

- Have submitted and met the requirements of the GPSC Portal Code (14070) in 2020, **by the MSP cut-off date of July 3, 2020**, to signify that the physician was and continued to be providing full-service family practice services to patients and confirming physician-patient relationship with existing patients through a standardized conversation or “[family physician-patient compact](#)” in 2020.
- Were the [Majority Source of Care \(MSOC\)](#) family physician provider for 50 or more patients based on fee-for-service family physician visits in 2019.

Do family physicians have to take additional action to claim the CLFP Payment?

Beginning with the winter installment of the 2020 CLFP Payment, physicians who meet the eligibility requirements above must submit an online claim form to confirm they meet the requirements of the CLFP Payment. A link to the online claim form is sent (via email) to eligible physicians by GPSC.

How are payment amounts determined for eligible family physicians?

Eligible family physicians will receive an annual payment amount of no less than \$3000 and up to \$12,000, with the majority of eligible family physicians receiving \$4000-\$8000. Within the \$3000-\$12,000 range, payment amount for each eligible family physician will vary according to the number and the complexity of MSOC (Majority Source of Care) patients associated with each eligible family physician. The CLFP Payment uses a [modified MSOC methodology](#) to measure patient attachment to family physicians and uses the [Adjusted Clinical Group \(ACG\)](#) methodology to estimate the complexity of each MSOC patient. 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. For each eligible FP, the number of MSOC patients and the complexity of each MSOC patient is combined to create an overall score. This overall score is used to determine the payment amount for each eligible family physician.

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

When will eligible family physicians receive payment?

The 2020 CLFP Payment is paid to eligible family physicians in two payment instalments in 2020:

- The **first** payment installment is paid to eligible family physicians in Summer 2020. Each eligible family physician will receive \$3000.
- The **second** payment installment is paid to eligible family physicians in Winter 2020. Each eligible family physician will receive a variable amount based on the complexity of MSOC (Majority Source of Care) patients associated with each family physician in the MSP (Medical Services Plan) database.

The total annual payment amount per eligible family physician in 2020 cannot exceed \$12,000.

How will payments be made to eligible family physicians and can physicians redirect payments to a different MSP Payee Number?

Beginning with the winter installment of the 2020 CLFP Payment, the payment is paid via MSP Teleplan under an eligible physician's MSP Practitioner Number, to the MSP Payee Number associated with their primary community longitudinal family practice location. By default, the GPSC identifies the MSP Payee Number that is associated with the primary community longitudinal family practice location based on where the physician has provided the majority of chronic disease management and complex care services (14050-53, 14033, 14075) in 2020. If the physician has not provided these services in 2020, the GPSC identifies the MSP Payee Number based on where they provided the majority of family physician services in 2020.

Prior to payment, the GPSC sends eligible physicians an additional email containing instructions on how to request a change to MSP Payee Number if the MSP Payee Number selected by GPSC is not associated with their primary community longitudinal family practice location.

If applicable, do family physicians have to provide a portion of the CLFP Payment to clinic owners?

The 2020 CLFP Payment is paid to the payee number where the family physician provided the majority of family physician services in 2020. There may be clinic-specific business arrangements between a family physician and the clinic owner relating to the distribution of MSP (Medical Service Plan) payments made to particular payee numbers. In these cases, family physicians and clinic owners are advised to come to a mutual agreement on how existing business arrangements apply to the CLFP Payment.

Are family physicians who took parental leave eligible for the CLFP Payment?

Family physicians who took parental leave in 2019 but still met the requirements of the 2020 CLFP Payment are eligible for the 2020 CLFP Payment. In some situations, family physicians may meet the requirements for and submitted the GPSC Portal Code (14070) in 2020 but may not have been the MSOC provider for 50 or more patients in 2019 due to the taking of parental leave in 2019. In these cases, family physicians who submit GPSC Portal Code (14070) in 2020, took parental leave in 2019, and was the MSOC provider for 50 or more patients in the calendar year preceding the start of parental leave will be eligible for a modified 2020 CLFP Payment of \$3000. Eligible physicians will receive an email from GPSC in January 2021 with instructions on how to claim the payment.

Are family physicians who provide episodic care (e.g. walk-in clinic) eligible?

Family physicians who solely provide episodic care are not eligible to submit the GPSC Portal Code (14070) and therefore, are not eligible to receive the CLFP Payment. A family physician who provides episodic care in addition to longitudinal care may receive payment if they meet the eligibility criteria of the CLFP Payment.

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

The CLFP Payment is intended to provide additional financial support to fee-for-service family physicians who provide longitudinal care to a panel of patients within community settings such as physician offices or health care clinics. Family physicians who work solely in facility settings such as, but not limited to, long-term care, hospitals, hospices, assisted living, or group homes are not eligible for the CLFP Payment. Please see GPSC's [In-Patient Care Initiative](#) and [Long-Term Care Initiative](#) for resources and incentives supporting in-hospital and long-term care in BC.

Are family physicians working under alternative payment/funding models eligible?

Recognizing that additional, non-clinical responsibilities required for providing longitudinal care are generally undervalued in fee-for-service, the CLFP Payment is designed to support community-based family physicians working under fee-for-service. Therefore, only family physician services provided under fee-for-service are considered when determining eligibility and payment amounts for the CLFP Payment. A family physician who provides services under fee-for-service and an alternative payment/funding model may receive payment if they meet the eligibility criteria of the CLFP Payment on the basis of their fee-for-services patients.

Are family physicians who are new to practice eligible?

To qualify for the 2020 CLFP Payment, a family physician must have submitted and met the requirements of GPSC Portal Code (14070) and have 50 or more MSOC (Majority Source of Care) patients based on family physician visits provided under fee-for-service in 2019. In cases where new to practice family physicians did not accumulate 50 or more MSOC patients in 2019, they would not be eligible for the 2020 CLFP Payment. These family physicians may be eligible for payment in future years if they accumulate 50 or more MSOC patients over a calendar year.

However, new to practice family physicians who meet the requirements below are eligible for a modified 2020 CLFP Payment of \$3000. To be eligible, family physicians must:

- Have started medical practice in BC on or after April 1, 2016.
- Meet the requirements for and submit the GPSC Portal Code (14070) in 2020.
- Not have qualified for regular CLFP Payments in previous years (2019 and 2020).
- Began practicing as a community longitudinal family physician in BC prior to August 1, 2020.

Eligible family physicians will receive an email in January 2021 from GPSC containing instructions on how to claim their payment. Each physician can only receive the new to practice CLFP Payment once and will no longer be eligible for future new to practice CLFP Payments in subsequent years (but may be eligible for regular CLFP Payments).

Are locum physicians (who billed 14071) eligible for the CLFP Payment?

To qualify for the CLFP Payment, a family physician must have billed the GPSC Portal Code (14070) and have 50 or more MSOC (Majority Source of Care) patients based on family physician visits provided under fee-for-service in previous calendar year. Physicians who practice solely as a locum do not meet the billing requirements of 14070 and therefore, are not eligible for the 2020 CLFP Payment, even if they have submitted the GPSC Locum Portal Code (14071). A locum physician may discuss with host physician (if host physician is eligible for CLFP Payment) to come to an arrangement on how the CLFP Payment may be shared.

I did not receive the 2020 CLFP Payment. Why?

Fee-for-service, community-based family physicians are eligible for the 2020 CLFP Payment if they:

- Have submitted and met the requirements of the GPSC Portal Code (14070) in 2020, **by the MSP cut-off date of July 3, 2020**, to signify that the physician was and continued to be providing full-service family practice services to patients and confirming physician-patient relationship with existing patients through a standardized conversation or “[family physician-patient compact](#)” in 2020.
- Were the [Majority Source of Care \(MSOC\)](#) family physician provider for 50 or more patients based on fee-for-service family physician visits in 2019.

A family physician must meet all of the eligibility criteria listed above to be eligible for the 2020 CLFP Payment.

Can family physicians submit GPSC Portal Code (14070) retroactively to become eligible for the 2020 CLFP Payment?

For family physicians who did not meet the eligibility criteria for the 2020 CLFP Payment, their retroactive submission of 14070 would **not** automatically make them eligible. Family physicians who would like GPSC to reconsider their eligibility for the 2020 CLFP Payment can send their request to gpsc.billing@doctorsofbc.ca.

How can family physicians be eligible for the CLFP Payment in the future?

The exact eligibility criteria for future CLFP Payments has not yet be finalized. If eligible, family physicians should continue to submit GPSC Portal Code (14070) on an annual basis to signify they are continuing to provide full service family practice services to patients and confirming doctor-patient relationship with existing patients through a standardized conversation or “[family physician-patient compact](#)”. More details about the 2021 CLFP Payment will be available in 2021.

What are Majority Source of Care (MSOC) patients?

The MSOC methodology is used to measure patient attachment to health care practitioners, including family physicians. MSOC patients are those who, during a 12-month period, visited a family physician three or more times and more than 50% of those visits to one family physician. A patient can be MSOC for only one family physician. One or more family physician services provided by a single family physician (including telephone visits) to a single patient on a single day is considered as one patient visit to a family physician.

Is GPSC using the same MSOC methodology for CLFP Payment?

The CLFP Payment is designed to support family physicians who work under fee-for-service and who provide longitudinal care to a panel of patients within community settings such as physician offices or health care clinics. As such, the GPSC uses a modified version of the MSOC methodology to determine eligibility and payment amounts of the CLFP Payment. For the CLFP Payment, only family physician visits provided under fee-for-service are considered. In addition, consultative and surgical assistance visits as well as visits provided in facilities such as hospitals and long term care facilities are not considered.

How does the CLFP Payment consider family physicians who work together in a group practice setting to share the longitudinal care of patients?

Generally, the CLFP Payment is intended to value relational continuity which 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." Please see [here](#) for suggested approaches for enhancing relational continuity between family physicians (and their teams) and patients.

Individual physicians must meet the below requirements to be eligible for the 2020 CLFP Payment:

- Have submitted and met the requirements of the GPSC Portal Code (14070) in 2020, **by the MSP cut-off date of July 3, 2020.**
- Were the [Majority Source of Care \(MSOC\)](#) family physician provider for 50 or more patients based on fee-for-service family physician visits in 2019.

A group of physicians sharing the longitudinal care of patients may come to a private arrangement on how their individual CLFP Payments may be shared.

For family physicians in a shared practice setting, the MSOC methodology allows for patients to be seen by other family physicians as long as the patient saw the designated family physician for the majority (more than 50%) of their visits in 2019. For example, if a patient saw their designated family physician for their planned visits but saw other family physicians for their urgent visits, this patient would be considered MSOC of designated family physician as long as the planned visits constituted more than 50% of their visits in 2019.

[Is the CLFP Payment a one-time or ongoing annual payment?](#)

The CLFP Payment is designed to be an ongoing annual payment. Details for future CLFP Payments are currently being finalized. More information on the 2021 CLFP Payment will be available in 2021.

[I have more questions about the CLFP Payment. Who do I contact?](#)

If you have questions about the CLFP Payment, please contact gpsc.billing@doctorsofbc.ca.

Appendix A - Description of Adjusted Clinical Group system

Adjusted Clinical Group (ACG)	
What is the ACG system?	Under the Johns Hopkins ACG System, ICD-9 diagnostic codes are mapped to 32 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 is combined with the patient's age and gender to assign patient to one of 82 ACG categories relevant to general practice. All patients in BC are assigned to an ACG category.
What are ACGs already used for in BC?	In BC, the ACG system has been used to measure patient complexity since 2000. In 2000, the ACG system was implemented in the Mini-Profile to enable individual physicians to compare their costs and use of services with their peers. In 2001, the ACG system was implemented to measure patient complexity to administer Population Based Funding .
What are the complexity categories?	Please see Appendix B to see the 82 ACG categories relevant to general practice.
What ICD-9 codes are considered by ACG system?	All ICD-9 diagnostic codes are considered by ACG system. As best practice, physicians are advised to be as specific as possible when submitting ICD-9 diagnostic codes and to use 5 th and 6 th digits where possible. In BC, each MSP claim can accommodate up to three ICD-9 diagnostic codes. While MSP only considers the first of the three ICD-9 diagnostic codes for the purpose of claims processing, all ICD-9 diagnostic codes on a MSP claim (up to three) are considered by ACG system to estimate patient complexity.
Is ACG information for each patient available to physician or patient?	ACG assignment information for each patient is confidential and is not available to physicians or to the public.

Appendix B – ACG Categories for General Practice

ACG Category Code	ACG Category Description
0100	Acute minor, age 1
0200	Acute minor, age 2-5
0300	Acute minor, age 6+
0400	Acute major
0500	Likely to recur, without allergies
0600	Likely to recur, with allergies
0700	Asthma
0800	Chronic medical, unstable
0900	Chronic medical, stable
1000	Chronic specialty
1100	Ophthalmological/dental
1200	Chronic specialty, unstable
1300	Psychosocial, without psychosocial unstable
1400	Psychosocial, with psychosocial unstable, without psychosocial stable
1500	Psychosocial, with psychosocial unstable, with psychosocial stable
1600	Preventive/administrative
1710	Pregnancy 0-1 ADGs [†]
1720	Pregnancy 2-3 ADGs, no major ADGs
1730	Pregnancy 2-3 ADGs, 1+ major ADGs
1740	Pregnancy 4-5 ADGs, no major ADGs
1750	Pregnancy 4-5 ADGs, 1+ major ADGs
1760	Pregnancy 6+ ADGs, no major ADGs
1770	Pregnancy 6+ ADGs, 1+ major ADGs
1800	Acute minor and acute major
1900	Acute minor and likely to recur, age1
2000	Acute minor and likely to recur, age 2-5
2100	Acute minor and likely to recur, age 6+, without allergy
2200	Acute minor and likely to recur, age 6+, with allergy
2300	Acute minor and chronic medical: stable
2400	Acute minor and eye/dental
2500	Acute minor and psychosocial without psychosocial unstable
2600	2600- Acute minor/psychosocial, w/psychosocial unstable, w/o psychosocial stable
2700	Acute minor and psychosocial with psychosocial unstable& stable
2800	Acute major and likely to recur
2900	Acute minor/acute major/likely to recur, age 1
3000	Acute minor/acute major/likely to recur, age 2-5
3100	Acute minor/acute major/likely to recur, age 6-11
3200	Acute minor/acute major/likely to recur, age 12+, no allergy
3300	Acute minor/acute major/likely to recur, age 12+, allergy
3400	Acute minor/likely to recur/eye & dental

[†] ADGs stands for Aggregated Diagnosis Groups. 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 patient to one of 82 ACG categories relevant to general practice.

ACG Category Code	ACG Category Description
3500	Acute minor/likely to recur/psychosocial
3600	Acute Minor/Acute Major/Likely to Recur/Chronic Medical: Stable
3700	Acute Minor/Acute Major/Likely to Recur/Psychosocial
3800	2-3 Other ADG Combinations, Age 1 to 17
3900	2-3 Other ADG Combinations, Males Age 18-34
4000	2-3 Other ADG Combinations, Females Age 18-34
4100	2-3 Other ADG Combinations, Age 35+
4210	4-5 Other ADG Combinations, Age 1 to 17, no major ADGs
4220	4-5 Other ADG Combinations, Age 1 to 17, 1+ major ADGs
4310	4-5 Other ADG Combinations, Age 18-44, no major ADGs
4320	4-5 Other ADG Combinations, Age 18-44, 1 major ADG
4330	4-5 Other ADG Combinations, Age 18-44, 2+ major ADGs
4410	4-5 Other ADG Combinations, Age 45+, no major ADGs
4420	4-5 Other ADG Combinations, Age 45+, 1 major ADG
4430	4-5 Other ADG Combinations, Age 45+, 2+ major ADGs
4510	6-9 Other ADG Combinations, Age 1 to 5, no major ADGs
4520	6-9 Other ADG Combinations, Age 1 to 5, 1+ major ADGs
4610	6-9 Other ADG Combinations, Age 6 to 17, no major ADGs
4620	6-9 Other ADG Combinations, Age 6 to 17, 1+ major ADGs
4710	6-9 Other ADG Combinations, Males Age 18-34, no major ADGs
4720	6-9 Other ADG Combinations, Males Age 18-34, 1 major ADG
4730	6-9 Other ADG Combinations, Males Age 18-34, 2+ major ADGs
4810	6-9 Other ADG Combinations, Females Age 18-34, no major ADGs
4820	6-9 Other ADG Combinations, Females Age 18-34, 1 major ADG
4830	6-9 Other ADG Combinations, Females Age 18-34, 2+ major ADGs
4910	6-9 Other ADG Combinations, Age 35+, 0-1 major ADGs
4920	6-9 Other ADG Combinations, Age 35+, 2 major ADGs
4930	6-9 Other ADG Combinations, Age 35+, 3 major ADGs
4940	6-9 Other ADG Combinations, Age 35+, 4+ major ADGs
5010	10+ Other ADG Combinations, Age 1 to 17, no major ADGs
5020	10+ Other ADG Combinations, Age 1 to 17, 1 major ADG
5030	10+ Other ADG Combinations, Age 1 to 17, 2+ major ADGs
5040	10+ Other ADG Combinations, Age 18+, 0-1 major ADGs
5050	10+ Other ADG Combinations, Age 18+, 2 major ADGs
5060	10+ Other ADG Combinations, Age 18+, 3 major ADGs
5070	10+ Other ADG Combinations, Age 18+, 4+ major ADGs
N/A	No Diagnosis or Only Unclassified Diagnosis (2 input files)
5200	Non-Users
5310	Infants: 0-5 ADGs, no major ADGs
5320	Infants: 0-5 ADGs, 1+ major ADGs
5330	Infants: 6+ ADGs, no major ADGs
5340	Infants: 6+ ADGs, 1+ major ADGs