GPSC
General Practice Services Committee

Community Longitudinal Family Physician (CLFP) Payment 2022
Frequently Asked Questions

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BRITISH COLUMBIA
doctors of bc

Last updated on July 6, 2022

1. 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 2022, eligible family physicians will receive an annual amount of no less than $4000 and up to $12,000. The majority of eligible family physicians will receive between $5000-$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.

2. Who is eligible for the CLFP Payment?

Fee-for-service, community-based family physicians are eligible for the 2022 CLFP Payment if they:

- Have submitted and met the requirements of the Community Longitudinal Family Physician (CLFP) Portal Code (14070) in 2022, **by the MSP cut-off date of July 5, 2022**. The submission of 14070 signifies that in 2022, the physician is:
    - A community longitudinal family physician (as defined in the GPSC Preamble), with an office from which they provide in-person medical services to a known panel of patients;
    - The MRP for the majority of the patient's longitudinal primary medical care, providing continuous comprehensive coordinated family practice services to patients, and will continue to do so for the duration of that calendar year;
    - Confirming doctor-patient relationship with existing patients through a standardized conversation or "family physician-patient compact"; and,
    - Able to produce a list of active patients for whom they are the MRP.
- Were the Majority Source of Care (MSOC) family physician provider for 50 or more patients based on fee-for-service family physician visits in 2021.

3. Do family physicians have to take additional action to claim the 2022 CLFP Payment?

Physicians who meet the eligibility requirements above must submit an online claim form to confirm they meet the requirements of the 2022 CLFP Payment. A link to the online claim form will be sent (via email) to eligible physicians by GPSC in September 2022.

4. How are payment amounts determined for eligible family physicians?

Eligible family physicians will receive an annual payment amount of no less than $4000 and up to $12,000, with the majority of eligible family physicians receiving $5000-$8000. Within the $4000-$12,000 range, payment amount for each eligible family physician will vary according to the number and the complexity of MSOC

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

(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 by categorizing each patient into complexity categories relevant to general practice. 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.

Please see this more detailed FAQ document to learn more about how the GPSC uses the MSOC and ACG methodologies to determine eligibility and payment amounts for the CLFP Payment.

5. Do ICD-9 codes submitted to MSP by physicians impact their CLFP Payment amounts?

The CLFP Payment uses the Adjusted Clinical Group (ACG) methodology to categorize patients into complexity categories relevant to general practice. 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.

All ICD-9 diagnostic codes are considered by the ACG system to categorize patients into complexity categories. As best practice, physicians are advised to be as specific as possible when submitting ICD-9 diagnostic codes and to use 4th and 5th 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 categorize patients into complexity categories.

Please see this more detailed FAQ document to learn more about how the GPSC uses the MSOC and ACG methodologies to determine eligibility and payment amounts for the CLFP Payment.

6. When will eligible family physicians receive payment?

The 2022 CLFP Payment is expected to be paid to eligible family physicians in a single payment installment in January/February 2023.

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

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 will identify 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 2022. If the physician has not provided these services in 2022, the GPSC will identify the MSP Payee Number based on where the physician provided the majority of family physician services in 2022.

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

8. Do family physicians have to provide a portion of the CLFP Payment to clinic owners for overhead?

The CLFP Payment is primarily intended to be a payment to individual family physicians, although physicians and clinic owners may agree to allocate a portion of the CLFP Payment to cover overhead costs. Physicians and clinic owners are advised to come to a mutual agreement on how existing business arrangements apply to the CLFP Payment.

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

Family physicians who took parental leave in 2021 but still met the requirements of the 2022 CLFP Payment are eligible for the 2022 CLFP Payment. In some situations, family physicians may have met the requirements for and submitted the CLFP Portal Code (14070) in 2022 but may not have been the MSOC provider for 50 or more patients in 2021 due to the taking of parental leave in 2021. In these cases, family physicians who submitted the CLFP Portal Code (14070) in 2022 took parental leave in 2021, and were the MSOC provider for 50 or more patients in the calendar year preceding the start of parental leave will be eligible for a modified 2022 CLFP Payment of $4000. Eligible physicians will receive an email from GPSC in January 2023 with instructions on how to claim the payment.

10. 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 CLFP 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.

11. 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.

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

Physicians who primarily provide community longitudinal family physician (CLFP) services under an alternative payment/funding model are not eligible to claim the 2021 CLFP Payment. Family physicians who transitioned from fee-for-service to an alternative payment/funding model in 2022 may be eligible for a 2022 CLFP Payment amount prorated by the number of days for which the family physician provided CLFP services under fee-for-service in 2022.

In some cases, physicians may provide CLFP services under a blended payment model that includes both fee-for-service and an alternative payment/funding model and may be eligible for the CLFP Payment based on the fee-for-service portion of their practice.

If you are unsure about whether you are eligible for the 2022 CLFP Payment, please contact gpsc.billing@doctorsofbc.ca.

13. Are family physicians who are new to practice eligible?

To qualify for the 2022 CLFP Payment, a family physician must have submitted and met the requirements of CLFP 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 2021. In cases where new to practice family physicians did not accumulate 50 or more MSOC patients in 2021, they would not be eligible for the 2022 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 2022 CLFP Payment of $4000. To be eligible, family physicians must:

- Meet the requirements for and submit the CLFP Portal Code (14070) in 2022.
- Not have qualified for any CLFP Payments in previous years (2019, 2020, 2021, 2022).
- Began practicing as a community longitudinal family physician in BC prior to August 1, 2022.

Eligible family physicians will receive an email in January 2023 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).

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

To qualify for the CLFP Payment, a family physician must have billed the CLFP 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 2022 CLFP Payment, even if they have submitted the CLFP 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.

15. I was not considered eligible for the 2022 CLFP Payment. Why?

Fee-for-service, community-based family physicians are eligible for the 2022 CLFP Payment if they:

- Have submitted and met the requirements of the Community Longitudinal Family Physician (CLFP) Portal Code (14070) in 2022, **by the MSP cut-off date of July 5, 2022**. The submission of 14070 signifies that in 2022, the physician is:
    - A community longitudinal family physician (as defined in the GPSC Preamble), with an office from which they provide in-person medical services to a known panel of patients;
    - The MRP for the majority of the patient's longitudinal primary medical care, providing continuous comprehensive coordinated family practice services to patients, and will continue to do so for the duration of that calendar year;
    - Confirming doctor-patient relationship with existing patients through a standardized conversation or "family physician-patient compact"; and,
    - Able to produce a list of active patients for whom they are the MRP.
- Were the Majority Source of Care (MSOC) family physician provider for 50 or more patients based on fee-for-service family physician visits in 2021.

A family physician must meet all of the eligibility criteria listed above to be eligible for the 2022 CLFP Payment.

16. Can family physicians submit the CLFP Portal Code (14070) retroactively to become eligible for the 2022 CLFP Payment?

For family physicians who did not meet the eligibility criteria for the 2022 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 2022 CLFP Payment can send their request to gpsc.billing@doctorsofbc.ca.

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

The exact eligibility criteria for future CLFP Payments has not yet been finalized. Eligible family physicians should continue to submit the CLFP Portal Code (14070) on an annual basis. More details about the 2023 CLFP Payment will be available in 2023.

18. What are Majority Source of Care (MSOC) patients?

The CLFP Payment uses the Majority Source of Care (MSOC) methodology to estimate the number of patients attached to each family physician. MSOC patients are those who, during a 12-month period, had three or more family physician services and more than 50% of those services were provided by one family physician. A patient can be MSOC for only one family physician in a given 12 month period. Services include most office based primary care fees billed, including office visits, telehealth visits, conferencing, and minor office procedures etc.

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 services 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.

Please see this more detailed FAQ document to learn more about how the GPSC uses the MSOC and ACG methodologies to determine eligibility and payment amounts for the CLFP Payment.

19. 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 2022 CLFP Payment:

- Have submitted and met the requirements of the CLFP Portal Code (14070) in 2022, **by the MSP cut-off date of July 5, 2022**.
- Were the Majority Source of Care (MSOC) family physician provider for 50 or more patients based on fee-for-service family physician visits in 2021.

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 2021. 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 2021.

20. 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 not yet finalized. More information on the 2023 CLFP Payment will be available in 2023.

21. 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.

Please see this more detailed FAQ document to learn more about how the GPSC uses the MSOC and ACG methodologies to determine eligibility and payment amounts for the CLFP Payment.

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 4th and 5th 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