

# BC Care Bundle one-time payment Frequently Asked Questions

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## What is the BC Care Bundle one-time payment?

The one-time payment is intended to recognize the additional work undertaken by family physicians to manage the longitudinal care of high risk patients during the current COVID-19 and Influenza season. This one-time payment coincides with the release of guidance from the BC Centre of Disease Control and Ministry of Health titled [BC Care Bundle for Supporting High Risk Patients During COVID-19 Pandemic and Influenza Season](#) (BC Care Bundle).

Eligible family physicians are eligible for a one-time payment amount of no less than \$1000. Exact payment amount per individual physician is based on the number and complexity of Majority Source of Care (MSOC) patients associated with the family physician based on MSP data from the 12 month period of July 1, 2019 to June 30, 2020. The majority of eligible family physicians are expected to receive a payment amount of \$1000 to \$1500

## Who is eligible?

To be eligible for the one-time payment, a physician must:

- Have met the requirements for and submitted [14070 \(CLFP Portal Code\)](#) in 2020 or 2021 to signify that they are working as a [community longitudinal family physician](#) under fee-for-service **or** be working as a [community longitudinal family physician](#) under Population-Based Funding, Northern Model, or service/salary contract.
- Complete and submit an online claim form confirming the following:
  - They are currently working as a [community longitudinal family physician](#)
  - They have reviewed and understood the [BC Care Bundle](#)
  - Informed by the BC Care Bundle, they are actively providing or managing the longitudinal care of high risk patients during the current COVID-19 and Influenza season.

## Do family physicians have to take additional action to claim this payment?

To claim this one-time payment, eligible physicians must complete and submit an online claim form confirming the following:

- They are currently working as a [community longitudinal family physician](#)
- They have reviewed and understood the [BC Care Bundle](#)
- Informed by the BC Care Bundle, they are actively providing or managing the longitudinal care of high risk patients during the current COVID-19 and Influenza season.

A link to the online claim form will be sent (via email) to eligible physicians by GPSC in early 2021.

## How are payment amounts determined for eligible family physicians?

Eligible family physicians will receive a one-time payment amount of no less than \$1000. The majority of eligible family physicians are expected to receive a payment amount of \$1000 to \$1500 with exact payment amount varying according to the number and the complexity of MSOC (Majority Source of Care) patients associated with each eligible family physician based on MSP data from the 12 month period of July 1, 2019 to June 30, 2020.

Eligible family physicians with less than 50 MSOC patients in the specified 12 month period would receive a one-time payment amount of \$1000. Eligible FPs with more than 50 MSOC patients in the specified 12 month period would receive a one-time payment greater than \$1000.

The 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 physician, 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 physician.

#### When will eligible family physicians receive payment?

Eligible physicians will receive more information about the one-time payment, including a link to the claim form (sent by email to eligible physicians) in early 2021.

#### Will the payment be paid by MSP Teleplan or by Doctors of BC?

Eligible physicians will receive the one-time payment directly from Doctors of BC.

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

While the one-time payment is paid directly to eligible physicians, the provision of longitudinal care to high risk patients (informed by the [BC Care Bundle](#)) is likely to require clinic resources or other clinic supports. Physicians and clinic owners are advised to come to a mutual agreement on how existing business arrangements (pertaining to clinic overhead) apply to this 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 receive the one-time payment. A family physician who provides episodic care in addition to longitudinal care may be eligible for payment on the basis of their longitudinal family practice.

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

Family physicians who provide longitudinal care solely in long term care facilities are eligible for the one-time payment as long as they have met the requirements for and submitted [14070 \(CLFP Portal Code\)](#) in 2020 or 2021 (or 14072 in 2021). However, family physicians who solely provide patient care in hospitals are not eligible for the one-time payment. Please see GPSC's [In-Patient Care Initiative](#) and [Long-Term Care Initiative](#) for additional resources and incentives supporting in-hospital and long-term care in BC.

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

Family physicians working as a [community longitudinal family physician](#) under Population-Based Funding, Northern Model, or service/salary contract are eligible for the one-time payment.

#### Are locum physicians eligible?

Family physicians who work solely as a locum are not eligible to receive the one-time payment. A locum physician may discuss with host physician (if host physician is eligible) to come to an arrangement on how the payment may be shared.

### 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 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 this one-time payment?

The GPSC uses a modified version of the MSOC methodology to determine payment amounts for the one-time payment. Consultative and surgical assistance visits as well as visits provided in hospitals are not considered. As 2020 MSP data is not yet complete, the GPSC uses MSP data from the 12 month period of July 1, 2019 to June 30, 2020 to determine payment amount for the one-time payment.

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

A group of physicians sharing the longitudinal care of patients may come to a private arrangement on how their individual 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 the 12 month period of July 1, 2019 to June 30, 2020. 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.

### Is this a one-time or ongoing payment?

This is a one-time payment intended to recognize the additional work undertaken by family physicians to manage the longitudinal care of high risk patients during the current COVID-19 and Influenza season.

### I have more questions about the payment. Who do I contact?

If you have questions about the one-time payment, please contact [gpsc.billing@doctorsofbc.ca](mailto:gpsc.billing@doctorsofbc.ca).

## Appendix A - Description of Adjusted Clinical Group system

<b>Adjusted Clinical Group (ACG)</b>	
<b>What is the ACG system?</b>	Under the Johns Hopkins ACG System, <a href="#">ICD-9 diagnostic codes</a> 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.
<b>What are ACGs already used for in BC?</b>	In BC, the ACG system has been used to measure patient complexity since 2000. In 2000, the <a href="#">ACG system was implemented in the Mini-Profile</a> to enable individual physicians to compare their costs and use of services with their peers. In 2001, the <a href="#">ACG system was implemented to measure patient complexity to administer Population Based Funding</a> .
<b>What are the complexity categories?</b>	Please see <a href="#">Appendix B</a> to see the 82 ACG categories relevant to general practice.
<b>What ICD-9 codes are considered by ACG system?</b>	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 <sup>th</sup> and 6 <sup>th</sup> 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.
<b>Is ACG information for each patient available to physician or patient?</b>	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 <sup>1</sup>
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

<sup>1</sup> 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.

<b>ACG Category Code</b>	<b>ACG Category Description</b>
3400	Acute minor/likely to recur/eye & dental
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