

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

---

*Click on a chapter title to jump to section*

## **Table of Contents**

What is the Community Longitudinal Family Physician Payment (CLFP Payment)? .....	2
Who is eligible for the CLFP Payment? .....	2
Are FPs providing episodic care (e.g. walk-in clinic, hospitalists) eligible? .....	2
Are FPs working under alternative payment/funding models eligible? .....	2
Are FPs who are new-in-practice eligible? .....	2
Are locum physicians (who billed G14071) eligible for the CLFP Payment?.....	3
How are payment amounts for eligible FPs determined? .....	3
When will eligible FPs receive payment? .....	3
How will payments be made to eligible FPs? .....	3
Do I have to request payment (e.g. bill a new fee code) or maintain additional documentation to be eligible the CLFP Payment? .....	3
If applicable, do FPs have to provide a portion of the CLFP Payment to clinic owners?.....	3
I didn't receive the 2019 CLFP Payment. Why? .....	3
How can I be eligible for the CLFP Payment in the future? .....	4
What are Majority Source of Care (MSOC) patients? .....	4
Is GPSC using the same MSOC methodology for CLFP Payment?.....	4
Is the CLFP Payment a one-time or ongoing annual payment? .....	4
I have more questions about the CLFP Payment. Who do I contact? .....	4
Appendix A - Description of Adjusted Clinical Group system .....	5
Appendix B – ACG Categories for General Practice .....	6

*Last updated on January 3, 2020*

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

The CLFP Payment is intended to provide additional financial support to family physicians (working under fee-for-service) who provide longitudinal care to a panel of patients. For 2019, eligible family physicians (FPs) will receive an annual payment of no less than \$3000 and up to \$12,000. The majority of eligible FPs will receive between \$4000-\$8000. Exact payment amount per individual FP is based on the number and complexity of Majority Source of Care (MSOC) patients associated with the FP in the MSP database.

### Who is eligible for the CLFP Payment?

To be eligible for the 2019 CLFP Payment, a physician must:

- Have billed the GPSC Portal Code (G14070) in previous calendar year (2018) and current calendar year (2019), prior to June 19, 2019, 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 “[compact](#)”.
- Have 50 or more [Majority Source of Care \(MSOC\)](#) patients\* in previous calendar year (2018) based on FP visits provided under fee-for-service.

### Are FPs providing episodic care (e.g. walk-in clinic, hospitalists) eligible?

FPs who solely provide episodic care are not eligible to bill the GPSC Portal Code (G14070) and therefore, are not eligible to receive the CLFP Payment. A FP who provides episodic care in addition to longitudinal care may receive payment if they meet the eligibility criteria of the CLFP Payment.

### Are FPs 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 FP services provided under fee-for-service are considered when determining eligibility and payment amounts for the CLFP Payment. A FP 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.

### Are FPs who are new-in-practice eligible?

To qualify for the CLFP Payment, a FP must have billed the GPSC Portal Code (G14070) and have 50 or more MSOC patients based on FP visits provided under fee-for-service in previous calendar year. In cases where new-in-practice FPs did not accumulate 50 or more MSOC patients in previous calendar year, they would not be eligible for payment. These FPs may be eligible for payment in future years if they accumulate 50 or more MSOC patients over a calendar year.

---

\*MSOC patients are those who, during a 12 month period, visited a FP three or more times and more than 50% of those visits to one FP. A patient can be MSOC for only one FP. One or more FP services (including telephone visits) provided by a single FP to a single patient on a single day is considered as one patient visit to a FP. For the CLFP Payment, only FP services provided under fee-for-service are considered. FP services not intended for longitudinal care (e.g. consultation, hospitalist, surgical assistance fees, focused practice) are also excluded.

### Are locum physicians (who billed G14071) eligible for the CLFP Payment?

To qualify for the CLFP Payment, a FP must have billed the GPSC Portal Code (G14070) and have 50 or more MSOC patients based on FP visits provided under fee-for-service in previous calendar year. Physicians who do not meet these requirements, even if they have billed the GPSC Locum Portal Code (G14071), are not eligible for the CLFP Payment. 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.

### How are payment amounts for eligible FPs determined?

Eligible FPs will receive an annual payment of no less than \$3000 and up to \$12,000, with the majority of eligible FPs receiving \$4000-\$8000. Within the \$3000-\$12,000 range, payment amount for each eligible FP will vary according to the number and the complexity of MSOC patients associated with each eligible FP. The CLFP Payment uses a [modified MSOC methodology](#) commonly used by the Ministry of Health to measure patient attachment to FPs 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 FP.

### When will eligible FPs receive payment?

Eligible FPs will receive the 2019 CLFP Payment in January 2020. The pay period for future CLFP Payments has not yet been determined.

### How will payments be made to eligible FPs?

Eligible FPs will receive CLFP Payment from MSP Teleplan. For eligible FPs who use multiple MSP payee numbers, the CLFP Payment will be paid to the payee number where GPSC Portal Code (G14070) was first submitted in 2019. The CLFP payment is identified by Adjustment Code “CP” in eligible FPs’ remittance statements.

### Do I have to request payment (e.g. bill a new fee code) or maintain additional documentation to be eligible the CLFP Payment?

Other than the continued submission of the GPSC Portal Code (G14070), FPs do **not** have to submit additional fee codes or maintain additional documentation. An FP’s eligibility for CLFP Payment is determined from MSP data, based on the eligibility criteria of the CLFP Payment. Eligible FPs will receive CLFP Payment automatically from MSP Teleplan.

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

The 2019 CLFP Payment is paid to the payee number where GPSC Portal Code (G14070) was first submitted in 2019. There may be clinic-specific business arrangements between a FP and the clinic owner relating to the distribution of MSP payments made to particular payee numbers. In these cases, FPs and clinic owners are advised to come to a mutual agreement on how existing business arrangements apply to the CLFP Payment.

### I didn’t receive the 2019 CLFP Payment. Why?

The CLFP Payment is designed to support community-based longitudinal family doctors working under fee-for-service. To be eligible for the 2019 CLFP Payment, a FP must:

- Have billed the GPSC Portal Code (G14070) in previous calendar year (2018) and current calendar year (2019), prior to June 19, 2019, to signify that the FP was and continued to be providing full-service family practice services to patients and confirming doctor-patient relationship with existing patients through a standardized conversation or “compact”.
- Have 50 or more Majority Source of Care (MSOC) patients in previous calendar year (2018) based on FP visits provided under fee-for-service.

A FP must meet all of the eligibility criteria listed above to be eligible for the 2019 CLFP Payment.

### How can I be eligible for the CLFP Payment in the future?

The exact eligibility criteria for future CLFP Payments is currently being finalized. If eligible, FPs should continue to submit GPSC Portal Code (G14070) 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. More details about the 2020 CLFP Payment will be available later in 2020.

### What are Majority Source of Care (MSOC) patients?

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

### Is GPSC using the same MSOC methodology for CLFP Payment?

The CLFP Payment is designed to support community-based FPs working under fee-for-service. 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 FP services provided under fee-for-service are considered. In addition, FP services not intended for longitudinal care (e.g. consultation, hospitalist, surgical assistance fees, focused practice) are also excluded.

### Is the CLFP Payment a one-time or ongoing annual payment?

The CLFP Payment is designed to be an ongoing annual payment. The 2019 CLFP Payment will be paid to eligible FPs in January 2020. Details for future CLFP Payments is currently being finalized. More information on the 2020 CLFP Payment will be available later in 2020.

### 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](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, 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.
<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>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>†</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
3400	Acute minor/likely to recur/eye & dental

<sup>†</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.

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