

Clinic and Provider Registry (CPR) and Panel Registry (PR) Payments  
Frequently Asked Questions

*Click on a chapter title to jump to section*

*Table of Contents*

**Clinic and Provider Registry (CPR) Payment .....3**

1. What is the CPR Payment? .....3

2. Who is eligible for the CPR Payment? .....3

3. What is the CPR Payment amount? .....3

4. When is the deadline for clinics to update their clinic information on the CPR and to claim the CPR Payment?.....3

5. How do clinics claim the CPR Payment?.....3

6. How do I bill the LFP Clinical Administration: Clinic and Provider Registry (98112)? .....4

7. How do I bill the FPSC Clinical Administration: Clinic and Provider Registry Payment (14012) for non-LFP enrolled physicians?.....5

8. Is the medical director expected to share CPR Payment with their clinic?.....5

9. Can a clinic claim the CPR Payment more than once? .....5

10. Will there be additional compensation for clinics to update their CPR information in the future?.....6

11. Do physicians need to be on the LFP Payment Model for their clinic to be eligible for CPR Payment? What if physicians at a clinic work under Fee-for-Service, alternative payment contract, or blended capitation? .....6

12. Are family physician clinics that provide episodic care or focused practice eligible for the CPR Payment? .....6

13. I have more questions about the CPR Payment, who do I contact? .....6

14. When is the deadline for claiming the Clinic and Provider Registry Payment? .....6

**Panel Registry (PR) Payment .....7**

15. What is the Panel Registry Payment? .....7

16. Who is eligible for the Panel Registry Payment? .....7

17. When is the deadline for physicians to submit their list of empanelled patients to MSP/Teleplan and to log-in and update their Panel Registry information? .....7

18. Do physicians need to be on the LFP Payment Model to be eligible for the Panel Registry Payment? What about physicians on Fee-for-Service, alternative payment contracts, or blended capitation? .....8

19. Do physicians working under Population Based Funding (PBF) and Northern Model have to participate in PAS to be eligible for the Panel Registry Payment? .....8

20. Do physicians working under New-to-Practice (NTP) contracts have to participate in PAS to be eligible for the Panel Registry Payment? .....8

21. Do physicians need to have a minimum number of empanelled patients to be eligible for the Panel Registry Payment?.....	8
22. What is the Panel Registry Payment amount?.....	8
23. Are physicians expected to share the Panel Registry Payment with their clinic?.....	8
24. I am under an AP contract, how will I receive my Panel Registry Payment if my billings are directed to the health authority’s MSP Payee Number? .....	8
25. How do physicians claim the Panel Registry Payment? .....	9
26. When is the deadline for claiming the Panel Registry Payment? .....	9
27. Can a physician claim the Panel Registry Payment more than once? .....	9
28. Will there be additional compensation for physicians to update their patient panel data in the future? .....	9
29. Are family physicians who solely provide episodic care or focused practice eligible for the Panel Registry Payment?.....	9
30. Are family physicians who provide solely long-term care eligible for the Panel Registry Payment? .....	10
31. I have more questions about the Panel Registry Payment, who do I contact? .....	10
32. How do I bill the LFP Clinical Administration: Panel Submission and Panel Registry Payment (98111)? .....	10

## Clinic and Provider Registry (CPR) Payment

### 1. What is the CPR Payment?

The CPR Payment is funding to support family physician clinics to provide or update incorrect clinic information on the Clinic and Provider Registry (CPR) within the Provincial Attachment System (PAS).

### 2. Who is eligible for the CPR Payment?

Clinics that provide longitudinal family physician services are eligible for the CPR Payment if they meet all the following PAS participation requirements:

- Validated or updated their clinic information on the CPR by March 31, 2024.
- Commit to maintaining up-to-date information after March 31, 2024.

### 3. What is the CPR Payment amount?

The CPR Payment is a one-time \$2,000 payment per eligible clinic.

### 4. When is the deadline for clinics to update their clinic information on the CPR and to claim the CPR Payment?

The deadline for clinics to provide or update incorrect clinic information on the CPR is March 31, 2024.

If you have not completed these actions, please do so as soon as possible. If you have been trying to complete the work but are running into challenges please contact [FP.billing@doctorsofbc.ca](mailto:FP.billing@doctorsofbc.ca).

Discussions are underway to determine a process for clinics who are delayed in completing the work. More details will be shared once available.

### 5. How do clinics claim the CPR Payment?

Each clinic will need to identify a medical director or delegated physician to claim the payment on behalf of the clinic to confirm that the clinic has met the requirements of the CPR Payment appropriate fee code. The payment is claimed by submitting the appropriate new temporary fee code.

See FAQs:

- How do I bill the LFP Clinical Administration: Clinic and Provider Registry (98112)?
- How do I bill the FPSC Clinical Administration: Clinic and Provider Registry Payment (14012) for non-LFP enrolled physicians?

**6. How do I bill the LFP Clinical Administration: Clinic and Provider Registry (98112)?**

Medical directors or delegated physicians who have billed the 98000 Registration Code and are claiming the CPR Payment on behalf of the clinic would submit 98112 with the following billing information.

Fee item 98112 is a temporary fee and will be monitored.

<b>98112</b>	<b>LFP Clinical Administration: Clinic and Provider Registry Payment</b>	<b>\$2,000</b>
	<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>a) Payable only to medical directors or delegated physicians who have billed 98000 Registration Code.</li> <li>b) Payable for completion of the following clinical administration activity by a clinic medical director, physician, or delegated staff member: <ul style="list-style-type: none"> <li>• Accessing the Provincial Attachment System’s (PAS) Clinic and Provider Registry to provide/update information for their clinic.</li> </ul> </li> <li>c) Payable only to medical directors or delegated physicians who commit to maintaining accurate information for their clinic.</li> <li>d) Payable only if the activity in note (b) is completed by March 31, 2024, or within three months of the physician’s enrolment in the LFP Payment Model, whichever is later.</li> <li>e) Payable only once per clinic.</li> <li>f) Not payable in addition to FPSC Clinical Administration: Clinic and Provider Registry Payment 14012.</li> <li>g) LFP Clinical Administration Time Code 98012 is not payable to the same physician for the panel submission and Panel Registry activities in note (b) after August 9, 2023.</li> </ul> <p><u>Billing Information for LFP Clinic and Provider Registry Payment:</u></p> <p style="text-align: right;">PHN: 9649914569  Patient Last Name: Clinic Registry  Patient First Name/Initial: PAS  Date of Birth: January 1, 2005  Diagnostic Code: V68  Date of Service: February 1, 2024</p>	

**7. How do I bill the FPSC Clinical Administration: Clinic and Provider Registry Payment (14012) for non-LFP enrolled physicians?**

Medical directors or delegated physicians of longitudinal family medicine clinics who have not billed the LFP Registration Code 98000 and are claiming the CPR Payment on behalf of the clinic would submit 14012 with the following billing information.

Fee item 14012 is a temporary fee and will be monitored.

14012	FPSC Clinical Administration: Clinic and Provider Registry Payment	\$2,000
	<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>i) Payable only to medical directors or delegated physicians of longitudinal family medicine clinics who have not billed 98000 LFP Payment Model Registration Code. The clinic must provide longitudinal family medicine services to a known panel of patients via a community-based clinic where patients are seen in person. Virtual care may also be provided.</li> <li>ii) Payable for completion of the following clinical administration activity by a clinic medical director, physician, or delegated staff member of a clinic that provides longitudinal family physician services:                             <ul style="list-style-type: none"> <li>a. Accessing the Provincial Attachment System’s (PAS) Clinic and Provider Registry to provide/update information for their clinic.</li> </ul> </li> <li>iii) Payable only to medical directors or delegated physicians who commit to maintaining accurate information for their clinic.</li> <li>iv) Payable only if the activity in note (ii) is completed by March 31, 2024.</li> <li>v) Payable only once per clinic.</li> <li>vi) Not payable in addition to LFP Clinical Administration: Clinic and Provider Registry Payment 98112.</li> </ul> <p><u>Billing Information for non-LFP Clinic and Provider Registry Payment:</u></p> <p style="text-align: right;">PHN: 9649914569</p> <p style="text-align: right;">Patient Last Name: Clinic Registry</p> <p style="text-align: right;">Patient First Name/Initial: PAS</p> <p style="text-align: right;">Date of Birth: January 1, 2005</p> <p style="text-align: right;">Diagnostic Code: V68</p> <p style="text-align: right;">Date of Service: February 1, 2024</p>	

**8. Is the medical director expected to share CPR Payment with their clinic?**

The medical director or delegated physician receives this payment on behalf of the clinic and may distribute it among other clinic staff/physicians based on internal arrangements. The CPR Payment is intended to support clinics to validate or update their clinic information on the CPR. In many cases, this work may be undertaken by clinic staff with guidance from physicians or other clinicians.

**9. Can a clinic claim the CPR Payment more than once?**

No, each eligible clinic can only claim the CPR Payment once. There may be instances where a physician may be the medical director or delegated physician for more than one family physician clinic. In this case, the medical director or delegated physician may claim a CPR Payment for each clinic.

**10. Will there be additional compensation for clinics to update their CPR information in the future?**

The process for clinics to update their CPR information has not yet been confirmed. More details will be shared once they are available.

**11. Do physicians need to be on the LFP Payment Model for their clinic to be eligible for CPR Payment? What if physicians at a clinic work under Fee-for-Service, alternative payment contract, or blended capitation?**

All clinics that provide longitudinal family practice services are eligible for the CPR Payment given they provide or update incorrect clinic information on the CPR. The family physicians at the clinic may be working under different payment models, such as fee-for-service, alternative payment contract, blended capitation (e.g. Population Based Funding, Northern Model), or the LFP Payment Model.

**12. Are family physician clinics that provide episodic care or focused practice eligible for the CPR Payment?**

Clinics that provide longitudinal family practice services are eligible for the CPR Payment. These clinics may provide episodic or focused practice services *in addition* to longitudinal family practice services. Clinics that provide episodic or focused practice services exclusively are not currently eligible for the CPR Payment.

**13. I have more questions about the CPR Payment, who do I contact?**

If you have questions about the CPR Payment, please contact [fp.billing@doctorsofbc.ca](mailto:fp.billing@doctorsofbc.ca).

**14. When is the deadline for claiming the Clinic and Provider Registry Payment?**

The medical director or delegated physician who completed the CPR Payment requirements by the March 31, 2024 deadline need to submit the appropriate fee code by **June 30, 2024** to receive payment.

Physicians have until the end of June to submit their claim, but to ensure that claims are not rejected, Submission Code A must be included on all claims submitted between May 1 – June 30, 2024.

Why do I have to submit Submission Code A with my claim between May 1-June 30?

- Submission Code A needs to be inserted in the submission code field of your claim when fee codes are submitted over 90 days old.
- Since the original deadline for this work was January 31, the deadline for the fee code submission was programmed into the system for the end of April.
- With the revised deadline of March 31, you can bill up until the end of June, but claims submitted between May 1-June 30 will appear out of date (outside of the 90-day claim window) in the system.
- To ensure these claims can go through, the decision was made to use Submission Code A but without the usual need for a written request.

## Panel Registry (PR) Payment

### 15. What is the Panel Registry Payment?

The Panel Registry Payment is funding to support family physicians to develop and submit a list of their empanelled patients to MSP/Teleplan via their EMR (if this option is available) or Dr. Bill, and to enter and update related information into PAS. The lists will appear on the Panel Registry (part of the Provincial Attachment System) in a few days after submission.

Guides and resources on the [Health Technology Resources webpage](#) can help you with panel clean up and submission. You can also submit a [service request](#) for assistance or email [psp@doctorsofbc.ca](mailto:psp@doctorsofbc.ca).

### 16. Who is eligible for the Panel Registry Payment?

Family physicians who provide longitudinal family medicine services to a patient panel are eligible for the Panel Registry Payment if they meet all the following PAS participation requirements:

- Log into the Panel Registry and identify if they are able to take on new patients and provide or update/correct other clinic information;
- Have developed and submitted their list of empanelled patients to MSP/Teleplan via their EMR or Dr. Bill (please click [here](#) for instructions and resources on how to do this);
- Commit to maintaining an accurate and current list of empanelled patients and update their patient panel data as needed;
- Commit to attaching suitable patients in their communities through the PAS and other means, if they have capacity to do so;
- Commit to actively updating their availability for accepting new patients; and,
- Commit to working with their clinic medical director/staff delegate to update information on the Clinic and Provider Registry (CPR).

There is an expectation that panel information will be updated as patients are added to or leave your practice. Learn more in the “Ongoing panel updates following your initial panel submission” section [here](#).

Please see question (“When is deadline...”) for deadlines for submitting list of empanelled patients to MSP/Teleplan and to log-in and update Panel Registry information.

### 17. When is the deadline for physicians to submit their list of empanelled patients to MSP/Teleplan and to log-in and update their Panel Registry information?

Longitudinal family physicians with patient panels must submit their list of empanelled patients to MSP/Teleplan and log-in and update their Panel Registry information by March 31, 2024. This deadline applies to physicians paid under all payment models, including the LFP Payment Model, fee-for-service, blended capitation (e.g. Population Based Funding, Northern Model), and alternative payment contracts.

If you have not completed these actions, please do so as soon as possible. If you have been trying to complete the work but are running into challenges please contact [FP.billing@doctorsofbc.ca](mailto:FP.billing@doctorsofbc.ca).

Discussions are underway to determine a process for clinics who are delayed in completing the work. More details will be shared once available.

**18. Do physicians need to be on the LFP Payment Model to be eligible for the Panel Registry Payment? What about physicians on Fee-for-Service, alternative payment contracts, or blended capitation?**

All family physicians who provide longitudinal family medicine services to a patient panel are eligible for the Panel Registry Payment if they meet all the PAS participation requirements (see earlier question on eligibility). Family physicians may be working under different payment models such as fee-for-service, alternative payment contracts, blended capitation (e.g. Population Based Funding, Northern Model) or the LFP Payment Model.

**19. Do physicians working under Population Based Funding (PBF) and Northern Model have to participate in PAS to be eligible for the Panel Registry Payment?**

While PBF and Northern Model clinics already submit registered patients to MOH as part of their payment model, individual physicians are still required to meet all the PAS participation requirements (see earlier question on eligibility) to be eligible for the Panel Registry Payment. Please note that PBF/Northern Model physicians may have empanelled patients who are not registered to PBF/Northern Model clinic. **PBF and Northern Model clinics will be provided further direction from MOH on the PAS process.**

**20. Do physicians working under New-to-Practice (NTP) contracts have to participate in PAS to be eligible for the Panel Registry Payment?**

While NTP contract physicians may already be submitting attachment codes for their empanelled patients as part of their payment model, NTP contract physicians are still required to develop and submit their list of empanelled patients to MSP/Teleplan via their EMR or Dr. Bill (see [here](#) for instructions) and meet all PAS participation requirements (see earlier question on eligibility) to be eligible for the Panel Registry Payment. The deadline for NTP contract physicians to meet all the PAS participation requirements is March 31, 2024.

As of February 1, 2024, physicians under contracts should no longer be using the PCN attachment codes, which were retired. Instead, physicians should use a new \$0 attachment code (98990) to attach patients.

**21. Do physicians need to have a minimum number of empanelled patients to be eligible for the Panel Registry Payment?**

All family physicians who provide longitudinal family medicine services to a patient panel are eligible for the Panel Registry Payment if they meet all the PAS participation requirements (see earlier question on eligibility). There is no requirement to have a minimum number of empanelled patients to be eligible for the Panel Registry Payment.

**22. What is the Panel Registry Payment amount?**

Family physicians who meet the requirements of the Panel Registry Payment are eligible for a payment amount of \$6,500.

**23. Are physicians expected to share the Panel Registry Payment with their clinic?**

The Panel Registry Payment is intended for the physician. There are not specific requirements for how physicians and clinics are expected to distribute the payment.

**24. I am under an AP contract, how will I receive my Panel Registry Payment if my billings are directed to the health authority's MSP Payee Number?**

When possible, AP contracted physicians can bill the Panel Registry Payment to their personal MSP Payee/Billing Number, if their clinic EMR allows this. If this is not possible, physicians can complete a manual submission to claim the payment - [click here](#) to complete and submit Form #1915. Enter the appropriate generic patient information found in the PAS Panel Registry Payment fee notes - [click here](#) to review. Note that payments to your personal MSP Payee/Billing Number will be remitted as a direct bank deposit (electronic funds transfer) or



payment by cheque. If you haven't used your personal MSP Payee/Billing Number in some time, we encourage you to reach out to MSP/Health Insurance BC (HIBC) Practitioner Account Services at 1-866-456-6950 to determine what bank account is linked or address they have on file.

Should a physician have an assignment of payment agreement tied to their personal MSP Payee/Billing Number they will need to discuss with their health authority how the payment can be redirected to them.

### 25. How do physicians claim the Panel Registry Payment?

Family physicians who have met the requirements of the Panel Registry Payment can claim their payment by submitting the appropriate new temporary fee code.

See FAQs

- How do I bill the LFP Clinical Administration: Panel Submission and Panel Registry Payment (98111)?
- How do I bill the FPSC Clinical Administration: Panel Submission and Panel Registry Payment (14011)?

### 26. When is the deadline for claiming the Panel Registry Payment?

Physician who completed the Panel Registry Payment requirements by the March 31, 2024 deadline need to submit the appropriate fee code by **June 30, 2024** to receive payment.

Physicians have until the end of June to submit their claim, but to ensure that claims are not rejected, Submission Code A must be included on all claims submitted between May 1 – June 30, 2024.

Why do I have to submit Submission Code A with my claim between May 1-June 30?

- Submission Code A needs to be inserted in the submission code field of your claim when fee codes are submitted over 90 days old.
- Since the original deadline for this work was January 31, the deadline for the fee code submission was programmed into the system for the end of April.
- With the revised deadline of March 31, you can bill up until the end of June, but claims submitted between May 1-June 30 will appear out of date (outside of the 90-day claim window) in the system.
- To ensure these claims can go through, the decision was made to use Submission Code A but without the usual need for a written request.

### 27. Can a physician claim the Panel Registry Payment more than once?

No. While physicians may provide longitudinal family physician services at more than one clinic location and submit more than one list of empanelled patients, each family physician can only claim the Panel Registry Payment once.

### 28. Will there be additional compensation for physicians to update their patient panel data in the future?

Future compensation for updating patient panel data has not yet been confirmed. More details will be shared once available. Learn more about updating your panel in the "Ongoing panel updates following your initial panel submission" section [here](#).

### 29. Are family physicians who solely provide episodic care or focused practice eligible for the Panel Registry Payment?

Family physicians who provide longitudinal family medicine services to a patient panel in a clinic are eligible for the Panel Registry Payment. Physicians who solely provide episodic or focused practice services are not eligible for the Panel Registry Payment.

**30. Are family physicians who provide solely long-term care eligible for the Panel Registry Payment?**

Family physicians who provide longitudinal family medicine services to a patient panel in a clinic are eligible for the Panel Registry Payment, including those who provide both clinic-based and long-term care. Physicians who solely provide care to patients in facilities (e.g., hospital, long-term care) are not currently eligible for the Panel Registry Payment.

**31. I have more questions about the Panel Registry Payment, who do I contact?**

If you have questions about the Panel Registry Payment, please contact [fp.billing@doctorsofbc.ca](mailto:fp.billing@doctorsofbc.ca).

**32. How do I bill the LFP Clinical Administration: Panel Submission and Panel Registry Payment (98111)?**

Physicians who have billed the LFP Registration Code 98000 will claim 98111 with the following information.

Fee item 98111 is a temporary fee and will be monitored.

98111	LFP Clinical Administration: Panel Submission and Panel Registry Payment	\$6,500
	<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>a) Payable only to physicians who have billed 98000 Registration Code.</li> <li>b) Payable for completion of the following clinical administration activities by a physician or delegated staff member:                             <ul style="list-style-type: none"> <li>• Developing and submitting their list(s) of empaneled patients to the Ministry of Health via Teleplan or an approved third party;</li> <li>• Accessing the Provincial Attachment System’s (PAS) Panel Registry to indicate their availability for accepting new patients and provide/update other clinic information; and</li> <li>• Working with clinic medical directors to update information in the Clinic and Provider Registry.</li> </ul> </li> <li>c) Payable only to physicians who commit to:                             <ul style="list-style-type: none"> <li>• Attaching suitable patients in their communities through the PAS and other means, if they have capacity to do so;</li> <li>• Actively updating their availability for accepting new patients; and</li> <li>• Maintaining an accurate and current list of empanelled patients.</li> </ul> </li> <li>d) Payable only if the activities in note (b) are completed by March 31, 2024, or within three months of the physician’s enrolment in the LFP Payment Model, whichever is later.</li> <li>e) Payable only once per physician.</li> <li>f) Not payable in addition to FPSC Clinical Administration: Panel Submission and Panel Registry Payment 14011.</li> <li>g) LFP Clinical Administration Time Code 98012 is not payable to the same physician for the panel submission and Panel Registry activities in note (b) after August 9, 2023.</li> </ul> <p><u>Billing Information for LFP: Panel Submission and Panel Registry Payment:</u></p> <p style="text-align: center;">PHN: 9649942654                      Patient Last Name: Panel Registry                      Patient First Name/Initial: LFP                      Date of Birth: January 1, 2005                      Diagnostic Code: V68                      Date of Service: February 1, 2024</p>	

**33. How do I bill the FPSC Clinical Administration: Panel Submission and Panel Registry Payment (14011)?**

Physicians who bill under other payment models, see fee note ii) in the table below, will claim 14011 with the following information.

Fee item 14011 is a temporary fee and will be monitored.

14011	FPSC Clinical Administration: Panel Submission and Panel Registry Payment	\$6,500
	<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>i) Payable only to longitudinal family physicians who have not billed 98000LFP Payment Model Registration Code and are remunerated under:               <ul style="list-style-type: none"> <li>a. Fee-for-Service and have submitted and met the requirements of the Community Longitudinal Family Physician (CLFP) Portal Code 14070 in the same calendar year;</li> <li>b. Individual Contract for New-to-Practice Family Physicians;</li> <li>c. GP Full Scope practice categories under the Alternative Payments Subsidiary Agreement (APSA);</li> <li>d. Population-Based Funding (PBF); and</li> <li>e. Northern Model (NM).</li> </ul> </li> <li>i) Payable for completion of the following clinical administration activities by a physician or delegated staff member:               <ul style="list-style-type: none"> <li>a. Developing and submitting their list(s) of empaneled patients to the Ministry of Health via Teleplan or an approved third party;</li> <li>b. Accessing the Provincial Attachment System’s (PAS) Panel Registry to indicate their availability for accepting new patients and provide/update other clinic information; and</li> <li>c. Working with clinic medical directors to update information in the Clinic and Provider Registry.</li> </ul> </li> <li>ii) Payable only to physicians who commit to:               <ul style="list-style-type: none"> <li>a. Providing longitudinal family medicine services to a known panel of patients via a community-based clinic where patients are seen in person. Virtual care may also be provided;</li> <li>b. Attaching suitable patients in their communities through the PAS and other means, if they have capacity to do so;</li> <li>c. Actively updating their availability for accepting new patients; and</li> <li>d. Maintaining an accurate and current list of empanelled patients.</li> </ul> </li> <li>iii) Payable only if the activities in note (ii) are completed by March 31,2024.</li> <li>iv) Payable only once per physician.</li> <li>v) Not payable in addition to LFP Clinical Administration: Panel Submission and Panel Registry Payment 98111.</li> </ul> <p><u>Billing Information for FPSC: Panel Submission and Panel Registry Payment:</u></p> <p style="text-align: center;">PHN: 9649914576            Patient Last Name: Panel Registry            Patient First Name/Initial: PAS            Date of Birth: January 1, 2005            Diagnostic Code: V68            Date of Service: February 1, 2024</p>	