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Clinic and Provider Registry (CPR) Payment

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).

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:

- Have validated or updated their clinic information on the CPR by January 31, 2024.
- Commit to maintaining up-to-date clinic information on the CPR by January 31, 2024.

What is the CPR Payment amount?
The CPR Payment is a one-time $2,000 payment per eligible clinic.

When is the deadline for clinics to update their clinic information on the CPR and to apply for the CPR Payment?
The deadline for clinics to provide or update incorrect clinic information on the CPR is January 31, 2024. Information on how to do this was shared in the October 19 newsletter. A step-by-step guide on how to register and participate in the Clinic and Provider Registry can be found here.

An application deadline has not yet been confirmed for the CPR Payment.

How do clinics apply for the CPR Payment?
Each clinic will need to identify a medical director to complete an online application form on behalf of the clinic to confirm that the clinic has met the requirements of the CPR Payment. The form will require the names and the MSP Practitioner number of all physicians in the clinic and a confirmation email will be sent to every physician listed.

While the clinic information can be entered in the CPR by a medical director or designated clinic staff on behalf of medical directors, the claim for the payment must be made by the medical director who is a physician.

Where can I find the application form?
Appointed medical directors can access the online application form through their Doctors of BC account (login required) once the application form is available in January 2024. A direct link to the application form will be publicly communicated as soon as it is available.

When can I apply for the CPR Payment?
The online application form for the CPR Payment will be available in January 2024. A direct link to the application form will be publicly communicated as soon as it is available.

How will the CPR Payment be paid?
After the application form is submitted, and your PAS participation is confirmed, it will be reviewed by Doctors of BC. Once the application is approved, Doctors of BC will send all the physicians listed in the application form an email confirming the application and payment details. Doctors of BC will remit the payment to the appointed medical director’s bank account in the following weeks. The payment will be remitted to the same bank account that was linked to receive sessional payments from Doctors of BC. Appointed lead physicians may login to their
Doctors of BC account (My Account > My Details > Bank Accounts) to verify that their bank account is linked or to set up a link to their bank account.

The payment will not generate a tax slip. All physicians will receive a payment confirmation from Doctors of BC. Please keep the payment confirmation for your reference.

Is the CPR Payment subject to GST?
Physicians who are subject to paying GST on services through their corporations must charge GST on their received payments. To have GST added, a completed GST Registration Designation Form is required. To obtain the form, please email accountspayable@doctorsofbc.ca, subject line “ATTN: Sessional GST.” If your GST number is already on file with Doctors of BC, then GST will automatically be applied to your CPR Payment. Note that as every situation is different, it is encouraged that physicians discuss these payments with their accountant.

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

Can a clinic apply for the CPR Payment more than once?
No, each eligible clinic can only apply for the CPR Payment once. There may be instances where a physician may be the medical director for more than one family physician clinic. In this case, the medical director must submit a separate payment application form for each clinic.

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.

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.

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.

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.
Panel Registry Payment

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. Once a physician has submitted their patient panel to MSP/Teleplan, it typically takes 4-6 weeks for patient panel information to appear on the Panel Registry within the PAS.

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@doctorsofbca.ca.

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. The process and supports for updating panel information on an ongoing basis are being discussed and we will provide more information as soon as it is available.

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.

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 January 31, 2024. This deadline applies to physicians paid under all payment models, including the LFP Payment Model, Fee-for-Service, Blended Capitation, and AP models.

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.
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 of 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.** The deadline for PBF and Northern Model physicians to meet all of the PAS participation requirements is January 31, 2024.

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 of the PAS participation requirements is January 31, 2024.

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.

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 $6500.

How do physicians apply for the Panel Registry Payment?
Eligible family physicians must submit an online application form through their Doctors of BC account (login required) to claim the Panel Registry Payment. Physicians who have successfully uploaded their patient panel to MSP/Teleplan will receive instructions via email on how to claim the Panel Registry Payment.

When can I apply for the Panel Registry Payment?
The online application form for the Panel Registry Payment is expected to be available in January 2024.

When is the deadline for applying for Panel Registry Payment?
Eligible physicians should apply for payment as soon as they receive instructions via email on how to claim the Panel Registry Payment. An application deadline for the Panel Registry Payment has not yet been determined.

How will the Panel Registry Payment be paid?
After the application form is submitted, it will be reviewed by Doctors of BC, including validating PAS participation with the Ministry of Health. Once the application is approved, Doctors of BC will remit the payment to the physician’s bank account in the following weeks. The payment will be remitted to the same bank account that has been linked to receive sessional payments from Doctors of BC. Physicians may login to their Doctors of BC account (My Account > My Details > Bank Accounts) to verify that their bank account is linked or to set up a link to their bank account.
The payment will not generate a tax slip. All physicians will receive a payment confirmation from Doctors of BC. Please keep the payment confirmation for your reference.

**Is the Panel Registry Payment subject to GST?**

Physicians who are subject to paying GST on services through their corporations must charge GST on their received payment. To have GST added, a completed GST Registration Designation Form is required. To obtain the form, please email accounts payable@doctorsofbc.ca, subject line “ATTN: Sessional GST.” If your GST number is already on file with Doctors of BC, then GST will automatically be applied to your Panel Registry payment. Note that as every situation is different, it is encouraged that physicians discuss these payments with their accountant.

**Do physicians have to provide a portion of the Panel Registry Payment to clinic owners/operators for overhead?**

There are no specific requirements for how physicians and clinics are expected to distribute the Panel Registry Payment amongst themselves. Physicians and clinic owners are advised to develop formal cost sharing agreements to clearly define and document physicians’ financial obligations to their clinics. Physicians and clinic owners should discuss how their cost sharing agreements apply to all physician payments, including the Panel Registry Payment.

Please see Doctors of BC Business Pathways for more resources on the business elements of medical practice, including a Guide to Cost Sharing Agreements and a Cost Sharing Agreement template.

**Can a physician apply for 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 apply for the Panel Registry Payment once.

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

The process for individual physicians to update their patient panel data has not yet been confirmed. More details will be shared once available. Please do not update your panel data independently until more information is provided.

**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.

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

Family physicians who provide longitudinal family medicine services to patients in facilities (e.g., hospital, long-term care) are not currently eligible for the Panel Registry Payment.

**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.