LONGITUDINAL FAMILY PHYSICIAN (LFP) PAYMENT MODEL

EMR ORIENTATION GUIDE

BRIGHT HEALTH – MOIS

Contents

Overview

DTO, PSP and Doctors of BC Billing Support Team in collaboration with Bright Health MOIS have developed this EMR orientation guide that outlines how to enter the LFP payment codes using a step-by-step approach into your EMR application. Screenshots have been included to demonstrate how to use the EMR to complete each step.

Key Steps / Key Tips

- **LFP Payment Schedule** can be found here: LFP Payment Schedule

- For detailed **billing** information, including the Simplified LFP Guide and a Billing Question Library, go to the BC Family Doctors website (login required). You can also send an email to: FP.Billing@doctorsofbc.ca

- **For assistance or inquiries** about the Facility Number, contact HIBC support: Practitioner Account Service at **604-456-6950** (Vancouver) or **1-866-456-6950** (elsewhere in BC) **option 3** then **option 2**.

- For your **first-time submitting** records to MSP/Teleplan, it is recommended to only submit a few records to check that they are accepted and not rejected.

- **Rejection codes** and explanations can be found here. For further questions regarding rejections contact HIBC support (on the number above).

Section 1 – LFP Payment Model and Billing

How to enable the LFP module?

NOTE: MOIS has a new module for the LFP, which facilitates the following:

- LFP Registration for FPs and Locums.
- Three options for creating daily time codes and tracking time.

To enable the LFP module in your clinic:

NOTE: Your clinic will need to be on MOIS version 20.30.11 or later.

1. Navigate to Billing, by selecting [Billing].

2. Under LFP Management, select LFP Setup.

3. Click on the checkbox Activate Longitudinal Family Physician Model and click on the checkbox Enable Claim Time Wizard.

4. Click on the Save button [Save].

How to submit your LFP Registration Code?

To enroll in the LFP Payment Model, submit the Registration Code (98000), then submit annually between January 1st and March 31st to confirm your eligibility within the LFP payment plan. This Registration Code is submitted to Health Insurance BC via Teleplan.
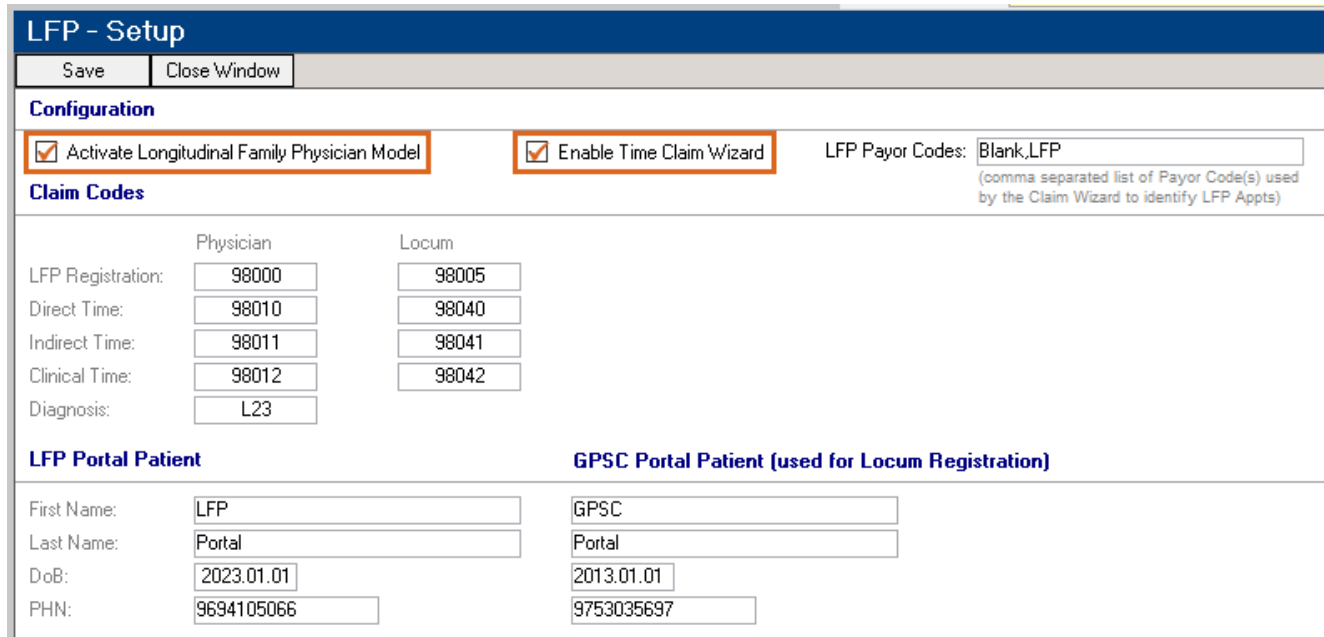
NOTE: MOIS has created the LFP Portal patient, which is utilized from the LFP Setup folder within the Billing module.

- PHN: 9694105066
- Patient Surname: Portal
- First name: LFP
- Date of Birth: January 1, 2023

To submit your annual LFP Registration Code:

1. Navigate to Billing, by selecting .
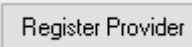
2. Under LFP Management, select Provider Registration.

3. Select the provider from the list.
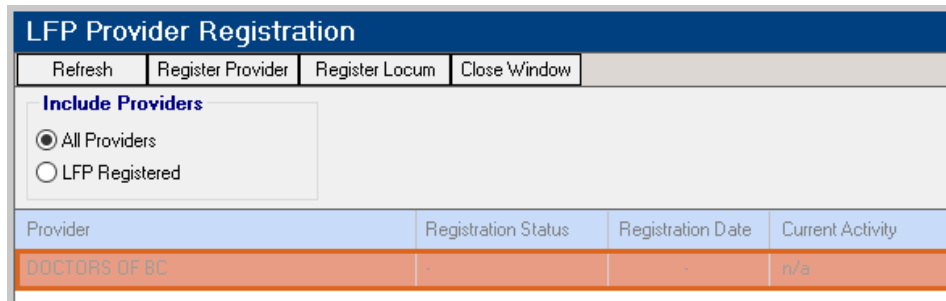
4. Click on the Register Provider button to open the Provider Profile – LFP Registration Information window.

5. For the Payment Mode, select 'Longitudinal Family Physician [LFP]'.

6. Update any relevant missing information E.g. MSP Location, Facility.

7. Click on Register Provider button [Register Provider].

8. The Register Provider window opens.

9. Select the Start Date.

10. Click the Continue button [Continue].

11. In the LFP Provider Registration window, the Registration Status will show 'Pending Submission', and the Current Activity will show 'New Registration [Date] Prepared not sent to MSP'.

NOTE: The claim will be 'Pending' until the bill is prepared and submitted.

NOTE: Once the claim has been approved/declined the Registration Status will display the updated information.

How to submit your LFP Transition Code?

NOTE: A community longitudinal family physician submits this code **after** the Registration Code to indicate that they do not yet meet required services – "ensure that Non-panel Services are no more than 30% of the total LFP Practice Services and Non-Panel Services".

By submitting this code, the physician confirms that they are actively transitioning their practice to meet the requirements as per the LFP Payment Schedule by March 31, 2024.

A physician submits the Transition Code (98001) with the patient below.

If not already created, create a patient with the following information:

- PHN: 9753035697
- Patient Surname: Portal
- First name: GPSC
- Date of Birth: January 1, 2013

Unsent MSP

| New Claim | Delete Claim | Save | Prompt - Patient | Prompt - Doctor | Close Window |

1 Doctor: **Doe, Jane** ... Claim Status: ○ **Complete** ● **Incomplete** ... Chart: ... Refresh Patient Data
☐ Hold Claim

2

PATIENT: First Name: **GPSC** ... Middle Initial: **2** Last Name: **Portal** ...

INSURER Insured By: BC ▾ **3** Insurance #: **9753 035 697** Dep. No.: 00 DoB: (read-only)

SERVICE: **4** Service Date: **2023.06.14** **5** Location: L ▾ Service To Date:

No. Service: 1.0000 **7** Diag Code(s) 1: **L23** ... Time(s) Received: :
6 Fee Item: - **98001** ... 2: ... Start: :
Unit Amount: 0.00 3: ... Finish: :

Pay Mode: ● Normal After-Hour Ind.: ● Normal ○ Night Anatomic Area: 00
○ Alternate ○ Even ○ W/end NPI: 00

REFER: Ref To/By: ● N/A ○ To ○ By Pract. No.: ...
Ref To/By: ● N/A ○ To ○ By Pract. No.: ...

OPTIONS: MVA: ○ Yes ● No Letter: ○ Yes ● No Correspondence Code: 0
ICBC No.: ... Memo:
Sub Code: 0 ▾ Claim Note:
Ext. Sub Cd: ▾ (future use) MSP Note:

DoB: Sex: ▾
Address 1: 3:
2: 4:
Postal Code:

WCB: WCB No.: ... Date of Injury: WCB Form:
Area of Inj.: ... Anatomic Position: ▾
Nature of Inj.: ...

OTHER: **1** Pract. No.: 55555 Facility No.: 00000 PBF Class.: Prev. Seq. No.:
Payee No.: 55555 Sub Facility: 00000 FFS Payor:

To submit a Transition Code, you populate the bill window as follows:

1. Doctor – If not automatically populated, search for the doctor by clicking on the ellipsis [...] , and selecting the doctor from the list by double clicking on the doctor's name.

   NOTE: The provider's MSP number is stored in the Provider Profile in the Practitioner No field.
   NOTE: The provider's Payee number is stored in the Provider Profile in the Payee No field.

2. Patient – If not automatically populated, search for the patient (**Portal, GPSC**) by clicking on the ellipsis [...] , use the Last Name and First Name fields to find the patient, and then double click on the patient's name.

3. Insurance # (Patient's PHN) – will automatically populate with the patient's PHN number.

4. Service Date - will automatically populate. You can adjust the date by typing the date in the format YYYY.MM.DD.

5. Location – ensure the location is selected, which is likely to be **L** (Longitudinal Primary Care Practice).
   NOTE: If you need to set up the location code, see the section: How to set up the Location Code?

6. Fee Item (Service code) – enter the Transition Code **98001**. Or click on the ellipsis […] , enter the code or part of the code in the Search For field Search For: [   ] , and hit enter. Select the code by double clicking the code.

7. Diag Code(s) (ICD-9 code) - enter **L23** in the diagnosis ICD-9 code in the 1 field. Or click on the ellipsis […] , enter the code or part of the code in the Search For field Search For: [   ] , and hit enter. Select the code by double clicking the code.

To save the bill click [Save] .

How to submit your LFP Locum Registration Codes?

NOTE: A physician who meets the LFP Locum Eligibility Criteria may enroll in the LFP Payment Model as an LFP Locum by submitting the LFP Locum Registration Code (98005) to Health Insurance BC (HIBC) via Teleplan. Then submit annually between January 1st and March 31st to confirm your eligibility within the LFP payment plan. Please see LFP Payment Schedule for details on submission.

NOTE: MOIS has created the LFP Portal patient, which is utilized from the LFP Setup folder within the Billing module.

- PHN: 9694105066
- Patient Surname: Portal
- First name: LFP
- Date of Birth: January 1, 2023

To submit your annual LFP Locum Registration Code:

1. Follow the same steps as above for the LFP Registration Code, except click on the Register Locum button [Register Locum] to open the Provider Profile – LFP Registration Information window.

2. Ensure on the Register Provider form the Register Physician as a Locum is checked.

How to submit LFP Time Codes?

NOTE: If you need to set up the facility number, see the section: How to set up the Facility Number?

NOTE: MOIS has created three options for capturing time codes.
- Option 1 - Time Logger
- Option 2 - Time Entry
- Option 3 - Daily Time Entry

For reference the time codes for FPs:
- **98010** for LFP Direct Patient Care Time
- **98011** for LFP Indirect Patient Care Time
- **98012** for LFP Clinical Administration Time

Option 1 - To create an LFP Time code using the Time Logger:

1. Select the appropriate Daybook.

2. Navigate to Utilities then select Time Logger or (Ctrl+Shift+L).
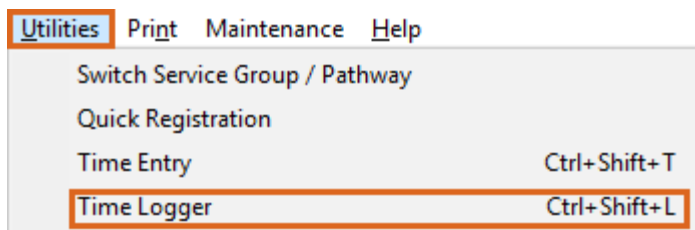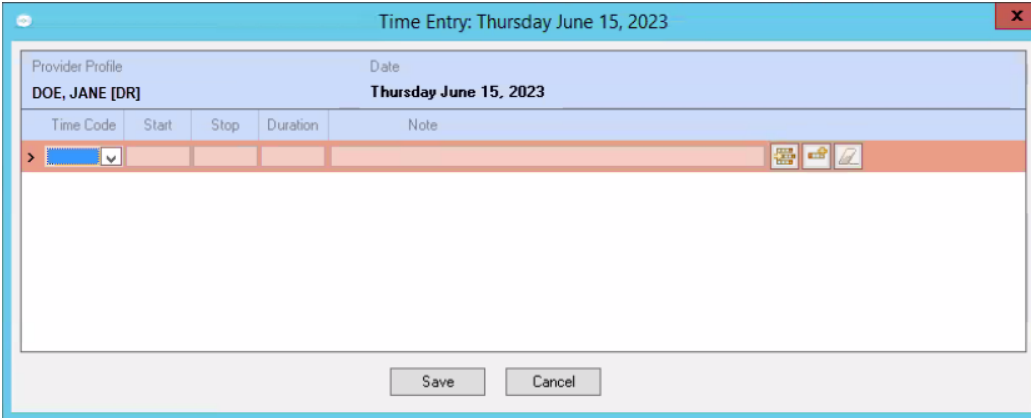
3. The Time Logger window opens.
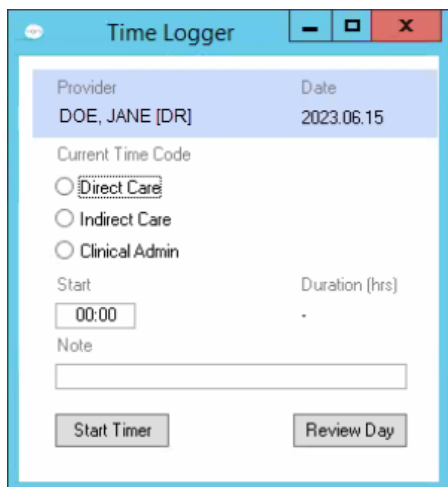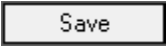
4. Select the Current Time Code.

5. Enter the Start time.

6. Enter an optional Note.

7. Click Start Timer **Start Timer** .

8. To stop the timer, reopen the Time Logger by using (Ctrl+Shift+L) or navigate to Utilities then select Time Logger, and click Stop Timer **Stop Timer** .

9. To enter another time code, open the Time Logger and repeat steps 4 to 8 above.

10. To review the time codes for the day, click on the Review Day button **Review Day** , this will open the Time Management window.

11. To edit time entries, click on the Edit Entries button **Edit Entries** , this opens the Time Entry window.

12. Make the desired edits to the time entries.

- To insert a row above this row, click this button [icon] .
- To add a row to the bottom of the list, click this button [icon] .
- To delete the row, click this button [icon] .

13. Click the Save button **Save** , which returns to the Time Management window.

14. To create the claims, click on the Bill MSP button **Bill MSP** .

15. This opens the MSP Time Claim Creation Options window.

16. Make the desired selections and click the Continue button [Continue] .

17. The Time Claim Review window opens.

18. At this point you can select a different patient if required (e.g. for a time code on a Saturday).

19. To create the claims, click the [Create Claims] button.

Option 2 - To create an LFP Time code using the Time Entry:

1. Select the appropriate Daybook.

2. Navigate to Utilities then select Time Entry or (Ctrl+Shift+T).
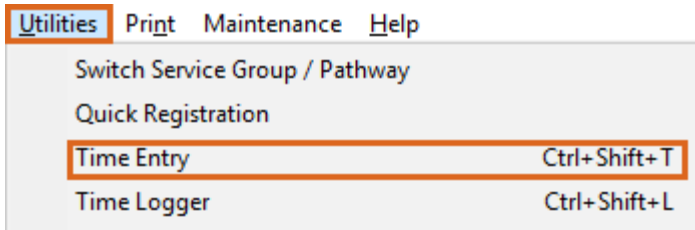
3. The Time Management window opens.
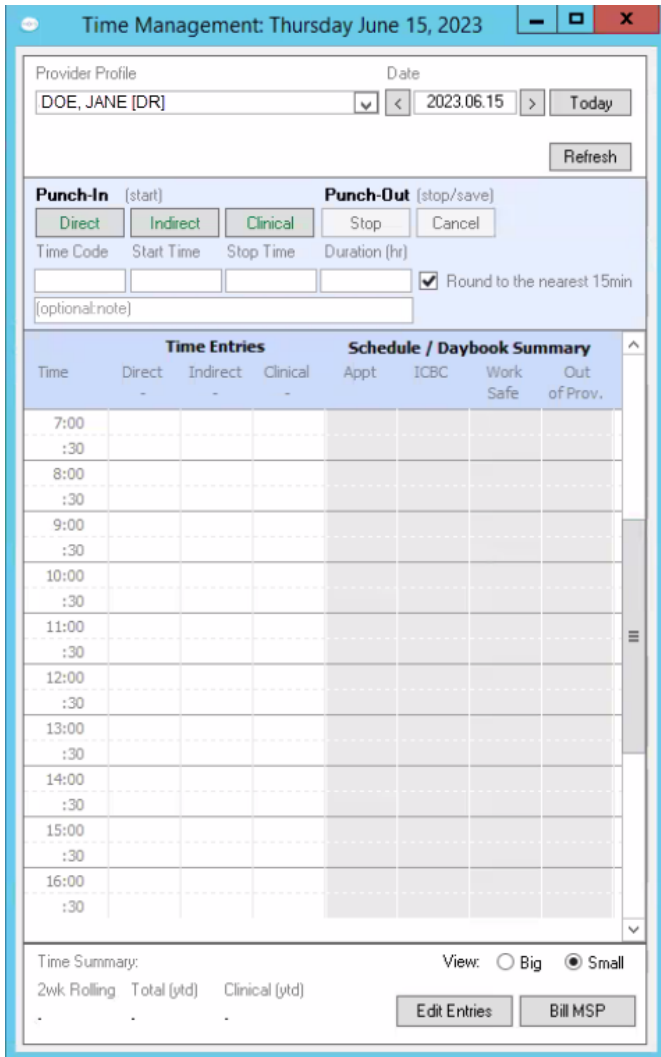
4. Click on the relevant Punch-In time code (e.g. [Direct]) to start the time.

5. Click on Punch-Out Stop [Stop] to save the time entry.

6. To enter another time code, reopen the Time Management window and repeat steps 4 to 5 above.

7. The Time Management window provides a visual of the time entries created.

8. To edit time entries, see steps 11 to 19 above (in Option 1).

Option 3 - To create an LFP Time code using the Daily Time Entry:

1. Select the appropriate Daybook.

2. Navigate to Utilities then select Time Entry or (Ctrl+Shift+T).

Utilities	Print	Maintenance	Help	
Switch Service Group / Pathway				
Quick Registration				
Time Entry				Ctrl+Shift+T
Time Logger				Ctrl+Shift+L

3. The Time Management window opens.

4. To enter time entries, click on the Edit Entries button Edit Entries , this opens the Time Entry window.
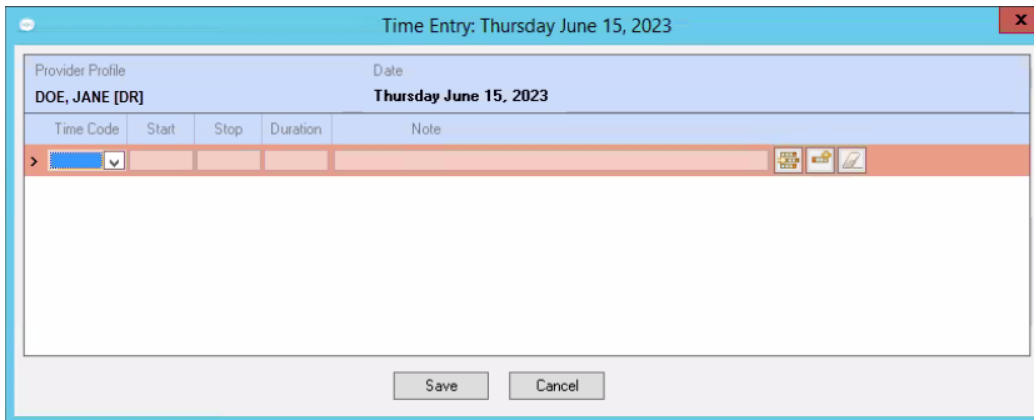
5. In the Time Code column select the relevant time code.

Direct	LFP Direct Patient Care Time	98010
Indirect	LFP Indirect Patient Care Time	98011
Clinical	LFP Clinical Administration Time	98012

6. Enter the start time in the Start column.

7. Enter the end time in the Stop column.

8. Enter any notes in the Note column.

9. To insert rows or delete a row:

   - To insert a row above this row, click this button .

   - To add a row to the bottom of the list, click this button .

   - To delete the row, click this button .

10. Click the Save button ![Save], which opens the Time Management window.

11. To create the claims, click on the Bill MSP button ![Bill MSP].
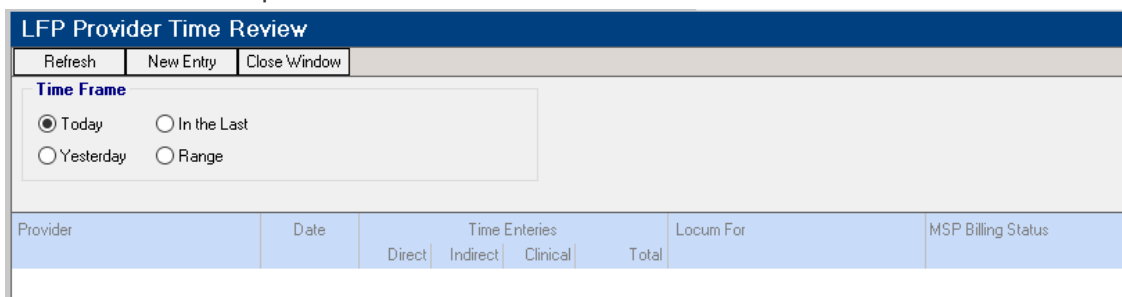
12. See steps 15 to 19 above (in Option 1).

To view the Provider Time Summary:

1. Navigate to Billing, by selecting ![Billing].

2. Under LFP Management, select Provider Time Summary.

   LFP Management
   └── LFP Setup
   └── Provider Registration
   └── Provider Time Summary

3. This opens the LFP Provider Time Review window. Adjust the Time Frame as desired to filter the time entries for a specific time frame.

How to submit LFP Locum Time Codes?

Locums submit their time codes in the same way as host physicians, except for the following differences:

1. The Locum time codes:
   - **98040** for LFP Locum Direct Patient Care Time
   - **98041** for LFP Locum Indirect Patient Care Time
   - **98042** for LFP Locum Clinical Administration Time

2. The MSP Practitioner number of the LFP Host Physician is required on all Locum Time Codes when a physician is providing LFP Locum Services.

3. The host physician clinic's Facility Number is required on all Locum Time Codes when a physician is providing LFP Locum Services.

To submit a Locum Time Code:

1. Select the appropriate Daybook.

2. Navigate to Utilities then select Time Entry or (Ctrl+Shift+T).
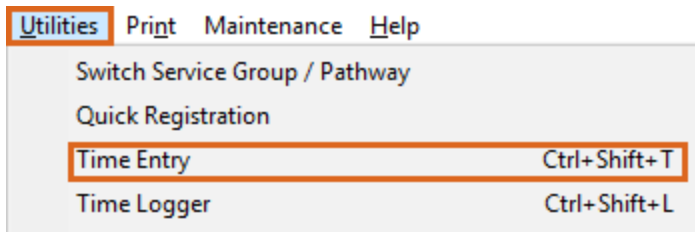
3. The Time Management window opens.
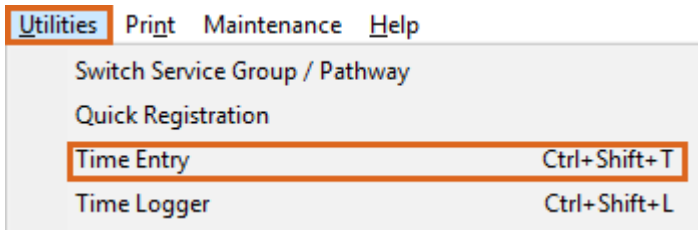
4. Locum For – select the physician the locum is covering for.
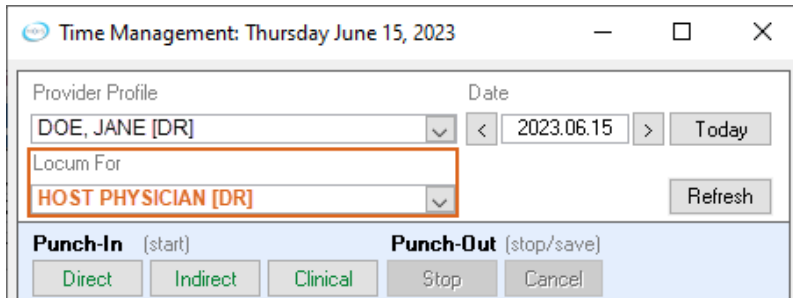
5. Complete the Time Management window in the same way as an LFP physician (see here).

How to submit LFP Physician-Patient Interaction Codes?

In addition to billing LFP Time Codes or LFP Locum Time Codes, a physician also bills for physician-patient interactions using a Patient Interaction Code or Locum Patient Interaction Code. Please refer to the LFP Payment Schedule for a list of available codes.

Unsent MSP

| New Claim | Delete Claim | Save | Prompt - Patient | Prompt - Doctor | Close Window |

1 Doctor: `Doe, Jane` ... Claim Status: ○ **Complete** ● **Incomplete** ... Chart: ... Refresh Patient Data
☐ Hold Claim **2**

2 **PATIENT:** First Name: `Jemima` ... Middle Initial: Last Name: `Test` ...

INSURER Insured By: `BC` ▾ **3** Insurance #: `9999 999 999` Dep. No.: `00` DoB: (read-only)

4 **SERVICE:** Service Date: `2023.06.14` **5** Location: `L` ▾ Service To Date:

No. Service: `1.0000` **7** Diag Code(s) 1: `250` ... Time(s) Received: :
6 Fee Item: - `98031` ... 2: ... Start: :
Unit Amount: `0.00` 3: ... Finish: :

Pay Mode: ● Normal After-Hour Ind.: ● Normal ○ Night Anatomic Area: `00`
○ Alternate ○ Even ○ W/end NPI: `00`

REFER: Ref To/By: ● N/A ○ To ○ By Pract. No.: ...
Ref To/By: ● N/A ○ To ○ By Pract. No.: ...

OPTIONS: MVA: ○ Yes ● No Letter: ○ Yes ● No Correspondence Code: `0`
ICBC No.: ... Memo:
Sub Code: `0` ▾ Claim Note:
Ext. Sub Cd: ▾ (future use) MSP Note:

DoB: Sex: ▾
Address 1: 3:
2: 4:
Postal Code:

WCB: WCB No. ... Date of Injury: WCB Form:
Area of Inj.: ... Anatomic Position: ▾
Nature of Inj.: ...

OTHER:1 Pract. No.: `55555` **8** Facility No.: `AB123` PBF Class: Prev. Seq. No.:
Payee No.: `55555` Sub Facility: `00000` `FFS` Payor:

To submit a Patient Interaction Code, you populate the bill window as follows:

1. Doctor – If not automatically populated, search for the doctor by clicking on the ellipsis ⊡ , and selecting the doctor from the list by double clicking on the doctor's name.

   NOTE: The provider's MSP number is stored in the Provider Profile in the Practitioner No field.
   NOTE: The provider's Payee number is stored in the Provider Profile in the Payee No field.

2. Patient – If not automatically populated, search for the patient by clicking on the ellipsis ⊡ , use the Last Name and First Name fields to find the patient, and then double click on the patient's name.

3. Insurance # (Patient's PHN) – will automatically populate with the patient's PHN number.

4. Service Date - will automatically populate. You can adjust the date by typing the date in the format YYYY.MM.DD.

5. Location – ensure the location is selected, which is likely to be L (Longitudinal Primary Care Practice).
   NOTE: If you need to set up the location code, see the section: How to set up the Location Code?

6. Fee Item (Service code) – enter the Patient Interaction Code. Or click on the ellipsis [...] , enter the code or part of the code in the Search For field `Search For:` , and hit enter. Select the code by double clicking the code.

   NOTE: To add additional Patient Interaction Codes, you need to complete and save the current claim and then create a new claim for that patient, by clicking on the `New Claim` button.

7. Diag Code(s) (ICD-9 code) - enter the diagnosis ICD-9 code in the 1 field. Or click on the ellipsis [...] , enter the code or part of the code in the Search For field `Search For:` , and hit enter. Select the code by double clicking the code.

   To add additional diagnosis codes, enter them in fields 2 and 3.

   Diag Code(s) 1: 250 ...
                 2: 401 ...
                 3: 300 ...

   One ICD-9 code is mandatory, up to three ICD-9 codes can be included.

   ICD-9 code listing can be found here: Comprehensive ICD-9 Code Listing

8. Facility No – ensure the facility number is populated in this field.

   NOTE: A Facility Number is required to submit claims under the LFP Payment Model. A physician can obtain the Facility Number from the physician responsible for administration of the clinic.
   NOTE: If you need to set up the facility number, see the section: How to set up the Facility Number?

To save the bill click `Save` .

How to submit LFP Locum Patient Interaction Codes?

Locums submit their Patient Interaction Codes in the same way as host physicians, except for the following differences:

1. Fee Item (Service code) – locums use a different set of Patient Interaction codes, see the LFP Payment Schedule.

2. Facility No – use the same Facility Number as the host physician's clinic.

   Facility No.: AB123

Any Special Situations?

What to enter if seeing a patient twice in one day?

Occasionally, a patient will visit a physician more than once on the same day.

When this occurs:

1. Direct Patient Care Time (98010) or Locum Direct Patient Care Time (98040) is billable; and a second Patient Interaction Code or Locum Patient Interaction Code is not billable, unless the second visit is:

    (i) for a new condition; or

    (ii) because the condition has worsened significantly and requires a new assessment.

2. On the bill, enter your Patient Interaction Code or Locum Patient Interaction Code information and select the Sub Code of D – Duplicate Claim and as per:

    Sub Code: D

How to submit the bills to Teleplan?

1. Navigate to Data Exchange, by clicking on ⚙ Data Exchange .

2. Under MSP, select Prepare Bills.

    MSP
    — Prepare Bills
    — Launch Teleplan
    — Reconcile Remittance
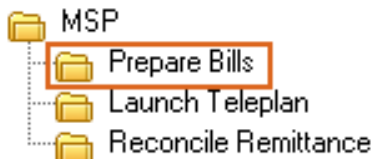
3. Click on Run to prepare all the bills.

    Prepare Bills for MSP TELEPLAN VERSION 3.0 FORMAT
    Run   Close Window

4. Under MSP, select Launch Teleplan.

    MSP
    — Prepare Bills
    — Launch Teleplan
    — Reconcile Remittance
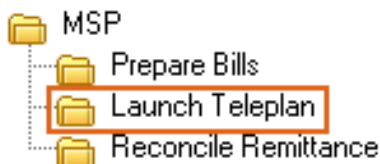
5. Login to Teleplan.

6. Click on Send and Receive and click Go!

    ◉ Send and Receive

    Go!
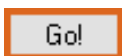
Section 2 – Adjusting & Resubmitting Bills

How to adjust and resubmit a rejected bill?

NOTE: Rejection codes and explanations can be found here.

1. Navigate to Data Exchange, by clicking on ![Data Exchange] .

2. Under MSP, select Reconcile Remittance.

   📁 MSP
   ├─ 📁 Prepare Bills
   ├─ 📁 Launch Teleplan
   └─ 📁 Reconcile Remittance

3. Click on Run.

   Reconcile Claim Remittance Data
   | Run | Close Window |
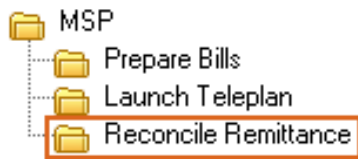
4. Navigate to Billing, by selecting ![Billing] .

5. Under MSP Claims, select Sent Claims.

   📁 MSP Claims
   ├─ 📁 Unsent Claims
   └─ 📁 Sent Claims
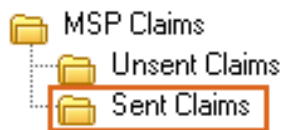
6. Navigate to Action, and select Prompt Sent by Recon Code (Alt+F2).

   | Action | Utilities | Print | Maintenance | Help |

   | Prompt Sent by Recon Code | Alt+F2 |
   | Prompt Sent for Chart | Alt+F1 |
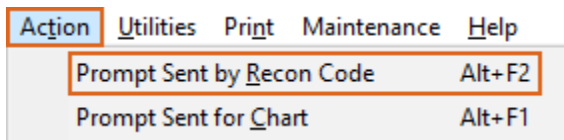
7. This opens the MSP Sent Claim List window.

R1	R2	WO	Service	Diag	Fee	Ins	Billed	Paid	Last Name	First Name	M	Doctor	E1	E2	E3
D	X	N	2003.04.29	889	04023		164.89	-	SIMPSON	MARGE			DR	FK	F9
D	X	N	2003.09.18	0781	00044	BC	4.45	5.01	PAIN	PETER			HK	FC	
D	X	N	2005.01.08	648	13200	BC	27.90	31.42	MIKKELSEN	FERDINAND			HK	FE	
D	X	N	2005.02.03	648	01200	BC	47.84	-	MITCHELL	HENRY			DR	NJ	
D	X	N	2008.02.12	436	00128		26.51	29.85	MACDONALD	MIKE			HK	FA	
D	X	N	2008.02.14	436	00128		26.51	29.85	MACDONALD	MIKE			HK		
D	X	N	2008.02.22	426	00128		26.51	29.85	MACDONALD	MIKE			HK	FA	
R	A	N	2003.01.03	629	14560		27.90	15.71	MOUSE	MICKEY	BOB		KB		
R	A	N	2003.01.10	781	00196	BC	162.97	240.29	MITCHELL	HENRY			HK		
R	A	N	2003.02.19	30B	14090		74.44	31.42	GIRL	CHILD			NI		
R	A	N	2003.08.21	709	00100		27.90	15.71	GIRL	CHILD			HK	KB	
R	A	N	2003.09.18	311	00120	BC	48.57	31.42	PAIN	PETER			KF		
R	A	N	2004.05.04	7890	00100	BC	27.90	15.71	PARKER	PETER			HK	KB	
R	A	N	2004.09.24	7039	13631		27.60	15.54	GIRL	CHILD			HK	QM	
R	A	N	2005.01.05	2869	00043		2.87	3.83	TERRY	VIOLET			BG		
R	A	N	2005.05.19	2863	00043	BC	2.87	3.83	MORRISON	ASHLEE			BG		
R	A	N	2005.05.25	2869	00043	BC	2.87	3.83	MORRISON	ASHLEE			BG		
R	A	N	2010.04.07	32A	00010		10.10	11.43	DOE	JANE			BG		
R	A	N	2010.04.14	32A	00010		10.10	11.43	DOE	JANE			BG		
R	A	N	2010.04.30	V654	15320	BC	56.47	-	MITCHELL	DENNIS			DR	F3	
R	A	N	2010.05.13	311	00100	BC	29.49	-	PARKER	PETER			DR	KA	

List by reconcilation code(s), sent date and internal id.
NOTE: The Check Box in the FILTER section is used to include (if checked) or exclude (not checked) the RECON CODE 1 from the filter. Since a 'BLANK' value is a valid entry, MOIS needs to know when the user wants to search for ALL RECON CODE 1 values. By unchecking this box, MOIS will search for ALL values of the RECON CODE 1.

8. The claims can be filtered using the white fields at the top.

9. Select the claim to edit by double clicking on the row.

10. The claim will open, edit the claim as required and click Resubmit Claim.

How to submit records over 90 days old?

Step 1 – approval from HIBC is required first before any over age time/patient interaction codes are submitted. The form required to be completed can be found here.

1. HIBC are likely to provide you with the Sub Code to use.

Step 2 – Once you have approval to submit these over age claims, you can prepare the Bills as follows.

2. Prepare the time code bills and patient interaction bills as detailed earlier in this guide. However, there is one difference in the Sub Code.

3. For the majority of your over age claims, it is likely that you will use Sub Code = 'A Requested Pre-approval claim in writing to MSP'.

Sub Code: A

Code	Description
0	Normal Submission
A	Requested Pre-approval claim in writing to MSP.
C	Subscriber Coverage Problem
D	Duplicate Claim
E	Debit Requests
I	ICBC Claim, include ICBC Claim number if known and set MVA field indicator to 'Y'
R	Re-Submitted Claim
W	Claim not accepted by Worker's Compensation Board
X	Resubmitting of refused previous or partially paid claim.

4. MSP Note – If needed, notes can be provided with the claim. Enter the note in the MSP Note field.

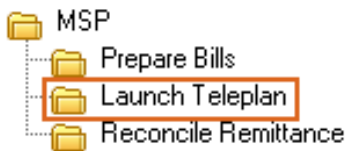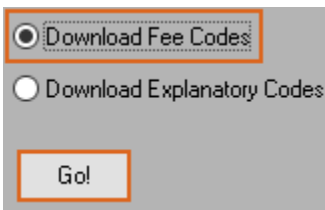MSP Note:

Section 3 – EMR Setup

How to add missing service codes?

1. Navigate to the Data Exchange, by clicking on **Data Exchange**.

2. Under MSP, select Launch Teleplan.

   MSP
   - Prepare Bills
   - Launch Teleplan
   - Reconcile Remittance

3. Login to Teleplan.

4. Click on Download Fee Codes and click Go!

   ⦿ Download Fee Codes
   ○ Download Explanatory Codes

   Go!

How to set up the Facility Number?

NOTE: A Facility Number is required to submit claims under the LFP Payment Model. A physician can obtain the Facility Number from the physician responsible for administration of the clinic.

For any questions on the Facility Number, you can contact Teleplan support at 1-866-456-6950.

If your clinic does not have a facility number - apply for one here.

How to set up the Facility Number for the whole clinic?

1. Navigate to Administration, by clicking on **Administration** .

2. Under Configuration, select System Settings.

   Configuration
      System Settings
      Chart Summaries
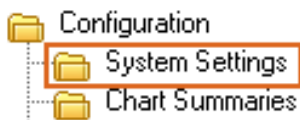
3. Expand the Global section ⊞ **GLOBAL** .

4. Click on Facility Number and enter the facility number for the clinic.
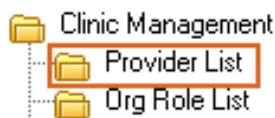
   Facility Number   **AB123**

5. Click Save .

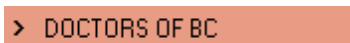**How to set up the Facility Number for a provider?**
NOTE: This can also be done when the 'Provider Profile – LFP Registration Information' form is completed.

1. Navigate to Administration, by clicking on **Administration** .
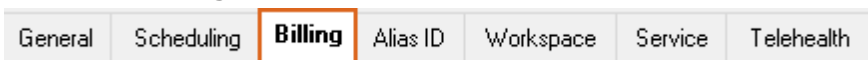
2. Under Clinic Management, select Provider List.

   Clinic Management
      Provider List
      Org Role List

3. Select the provider by double clicking the name.
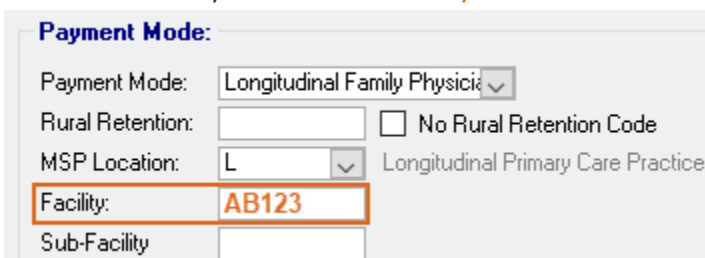
   > DOCTORS OF BC

4. Select the Billing tab.

   | General | Scheduling | **Billing** | Alias ID | Workspace | Service | Telehealth |

5. Enter the facility number in Facility.

   Payment Mode:

Payment Mode:	Longitudinal Family Physici ⌄	
Rural Retention:		☐ No Rural Retention Code
MSP Location:	L ⌄	Longitudinal Primary Care Practice
Facility:	**AB123**	
Sub-Facility		

6. Click Save .

How to set the default Location Code?

How to set up the Location Code for the whole clinic?

1. Follow the same instructions for the facility number (above).

2. Click on Default Location and enter the Location code for the clinic.

Default Location	L

3. Click [Save].

How to set up the location code for a provider?

NOTE: This can also be done when the 'Provider Profile – LFP Registration Information' form is completed.

1. Follow the same instructions for the facility number (above).

2. Enter the Location code in the MSP Location.

Payment Mode:

Payment Mode:	Longitudinal Family Physicia ∨	
Rural Retention:		☐ No Rural Retention Code
MSP Location:	L ∨	Longitudinal Primary Care Practice
Facility:	AB123	
Sub-Facility		

3. Click [Save].

Where To Access Extra Support

- Specific billing questions about the LFP Payment Model – FP.billing@doctorsofbc.ca
- EMR vendor support – BRIGHT HEALTH MOIS Support 1-833-255-2447
- Technical troubleshooting or Workflow support - Practice Support Program PSP@doctorsofbc.ca

View additional information online

- Doctors of BC: doctorsofbc.ca/new-payment-model (login required)
- BC Family Doctors: https://bcfamilydocs.ca/lfp-payment-model/ (login required)
- BC Government website: LFP Payment Model (login not required)
- BC Government ICD-9 Descriptions: Comprehensive ICD-9 Code Listing (login not required)