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

*Click on a chapter title to jump to section*

## *Table of Contents*

*Last updated on January 23, 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 submitted and met the requirements of the GPSC Portal Code (G14070) in 2018 and 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 "family physician-patient 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 submitted and met the requirements of 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 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 received the 2019 CLFP Payment on January 15, 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 2019 CLFP Payment was 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 submitted and met the requirements of the GPSC Portal Code (G14070) in 2018 and 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 "family physician-patient 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 or "family physician-patient compact". 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 used 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.

---

[†]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.

## Appendix A - Description of Adjusted Clinical Group system

| Adjusted Clinical Group (ACG) | |
|---|---|
| **What is the ACG system?** | 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. |
| **What are ACGs already used for in BC?** | In BC, the ACG system has been used to measure patient complexity since 2000. In 2000, the ACG system was implemented in the Mini-Profile to enable individual physicians to compare their costs and use of services with their peers. In 2001, the ACG system was implemented to measure patient complexity to administer Population Based Funding. |
| **What are the complexity categories?** | Please see Appendix B to see the 82 ACG categories relevant to general practice. |
| **Is ACG information for each patient available to physician or patient?** | 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[‡] |
| 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 |

[‡] 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 |