

[NEW FAQ's FROM OCTOBER 7TH WEBINAR](#)

NEW FP CONTRACTS

Q: What can a Physician bill and retain on a FFS basis while working under the new FP Contracts?

A: Physicians can bill and retain FFS payments for certain services, including the following:

- services provided outside of the clinic setting, excluding virtually delivered community primary care services
- Third party insured services provided in the clinic (e.g. WorkSafeBC and ICBC). See appendix 3 of the new FP contracts for a comprehensive list of Third Party services.
- Non-insured services such as sick notes provided in the clinic
- Medical/legal services
- Specialized Services (e.g. inpatient maternity care) provided to referred patients from practitioners outside of the practice.
- Services to patients who are not beneficiaries under the Medicare Protection Act (e.g. patients from other provinces or countries)
- GPSC Network Fees and Long Term Care Initiative Fees

Time spent providing such services cannot be attributed to fulfilling the FTE obligations under the contract.

Where a Physician bills FFS on the same day as the Physician is billing time under the contract, the Physician, whether or not required by MSP or other paying agency, must enter start and stop times of the patient encounter on their FFS claims for any services provided outside the scope of this Contract.

Q: Are physicians able to bill FFS for services provided to unattached walk-in patients seen in the physicians' clinic?

A: No. Services provided to unattached walk-in patients within the group's clinic are covered within the scope of the FP Contracts. The Panel Size Expectation may be lowered by the parties to account for the workload associated with the delivery of services to non-attached patients.

Q: How does the contract account for specialized services provided by Family Physicians?

A: Specialized services provided to patients who are attached to physicians from within the practice are within the scope of the contract and cannot be billed on a FFS basis. Physicians can bill and retain FFS for specialized services (e.g., prenatal obstetrics visits) provided to patients who are referred from providers outside of the practice. Specialized services provided outside of the clinic (e.g. obstetrical delivery services) can also be billed and retained on a FFS basis.

Where a Physician bills FFS on the same day as the Physician is billing time under the contract, the Physician, whether or not required by MSP or other paying agency, must enter start and stop times of the patient encounter on their FFS claims for any services provided outside the scope of this Contract.

Q: Can a physician work on a FP Contract and still take FFS shifts at a walk-in clinic or ER?

A: Yes, however prior to committing the physician should consider their ability to adequately meet their obligations under this contract and to their patients. Where a Physician bills FFS on the same day as the Physician is billing time under the contract, the Physician, whether or not required by MSP or other paying agency, will enter start and stop times of the patient encounter on their FFS claims for any services provided outside the scope of this Contract.

Q: Can I switch to a COVID contract without having experienced a significant reduction in FFS volume?

A: No. The COVID contract is specially designed to address the needs of physicians who are experiencing significant decreases in FFS volume due to the pandemic.

Q: What happens when a contracted physician goes on maternity leave?

A: Physicians who are absent from practice due to maternity leave or for any other reasons (e.g. parental leave, sick leave) are required to arrange coverage for their patients. This may occur through cross coverage by other Physicians within the practice or through the use of locums.

Q: How are locums paid under the FP Contracts?

A: Contracted physicians have two options for securing the services of locums:

Option 1: The locum can bill and retain FFS for all services provided. If this option is selected, the locum does not bill for time to fulfil the host physician's FTE obligations under the FP contract. If the host physician does not fulfill their FTE obligation under the contract, the host physician will need to pay back part of their earnings to the Health Authority.

Option 2: The locum can bill for time under the contract and receive payment from the physician group. In this option, the locum's time is counted towards fulfilling the host physician's FTE obligations under the contract.

Q: Does everyone in the group contract need the same EMR?

A: Yes.

Q: Are physicians working under the FP Contracts eligible for MOCAP and Rural Retention Program incentives?

A: Physicians are eligible for Rural Retention Program incentives under the contract. Physicians are not eligible for MOCAP under the contract; however, physicians may be part of a MOCAP group outside the scope of the contract.

Q: How are home visits, and long term care facility visits billed?

A: Long Term Care Facility visits are not a Service within the scope of the FP contracts and can be billed on a FFS basis. Time spent responding to LTC facility calls from the FP's office should not be billed under the FP Contracts.

Home visits may be included within the scope of the FP Contracts. If the parties agree to the inclusion of Home Visits as a Services, the time spent delivering the Service is billable under the FP Contract. Of note, travel time associated with Home Visits is not a Service under the FP contracts and may not be billed under the FP Contracts.

If the parties to the contract do not agree to include Home Visits as a Service, the Physicians may bill and retain FFS for Home Visits.

Q: If a physician already has an extensive patient panel that have been seen for years, does the physician need to have the attachment conversation with each of them or can the physician automatically submit attachment codes for each of their attached patients?

A: Physicians are required to have attachment conversations with all patients.

The attachment code may be submitted prior to an attachment conversation with an existing patient; however, that attachment conversation must occur during the patient's first visit with the clinic subsequent to the Physician signing the contract.

The attachment code should be submitted on an annual basis for patients when attachment is agreed to by the physician and the patient upon completion of an attachment conversation. An attachment code should not be submitted when attachment is not established.

Q: What are the steps to transition from the old NTP contract onto this new one?

A: Health Authorities will be contacting physicians who are on the old contract regarding their interest in transitioning to the new contract.

Q: Are new graduates with provisional licenses eligible for the NTP contract?

A: Yes. However, new graduates with provisional licenses will still be required to abide by the conditions of the College of Physicians and Surgeons relating to their practice.

Q: What can and cannot be billed to RN's under the FP Contracts?

A: RNs employed by the group practice are defined as Practice Personnel under the contract. Physicians are not permitted to bill FFS for Services within the scope of the Contract that are provided by Practice Personnel. Nor can Practice Personnel's time providing services be billed under the contract. Physicians are to ensure that the services provided by Practice Personnel are encounter reported under the contract. However, Practice Personnel can be used by Physicians to support a higher panel size which can contribute to a higher payment under the In Practice Group Contract.

Q: How will the practice panel's complexity weighting be calculated and how can a physician group get a firmer estimate for expected compensation under the In Practice Group Contract?

A: The calculation of each group practice panel complexity weight is based on the volume of patient attachments, and the complexity of attached patients. The combined data set required to calculate each practice's panel complexity weight, the \$0 attachment fee code and ICD-9 diagnosis, are only collected beginning in the first contract year, and so future year estimates of compensation will only be available as the first contract year progresses. To support group practices on the contract, the Ministry will be providing quarterly reporting including estimates of future contract earnings, and suggested physician income disbursements.

To support each group practice to make an informed decision about the contract, and to provide security to each practice in their first contract year, the Ministry will be offering a one year income guarantee, calculated as part of the Expression of Interest process, and an estimate of first year contract earnings, based on the practice's historical Fee for Service billings.

Q: Are physicians still required to report ICD 9 codes?

A: Yes. The submission of ICD 9 codes is required for the determination of the payments under the contract. Patients' ICD-9 codes, age and gender contribute to their categorization into Adjusted Clinical Groups (ACG's) which are used in the calculation of the practice panel's complexity weighting.

Q: Do all physicians within a group practice need to transition to the contract or can some members of the group remain on FFS?

A: The Ministry of Health will entertain contracts of such split practices. However, the Ministry of Health will insist on additional conditions relating to the delivery of services in such practices to ensure that each practice is comprehensive and independent. Given the significant interest among physicians regarding the new FP contract, such split practices will likely not be among the first groups to transition onto the new contracts.

Q: Do physicians working under the In Practice Group Contract need to maintain a panel size of 1,250?

A: No. The In Practice Group Contract contains a reference to a panel size expectation (PSE) of 1,250 patients per FTE under the contract. The PSE is a standard upon which the practices' actual panel size is compared for the purposes of determining payment rates. Under the In Practice Group Contract, the physicians maintain sole authority over their patient panel's size and composition. However, income is affected by the size and complexity of the patient panel and careful attention should be paid by physicians towards maintaining a panel consistent with payment expectations.

The panel size expectation is proportionate to the FTE worked by the physicians (e.g. the panel size expectation for 0.5 FTE is 625 patients). The panel size expectation may also be adjusted for some community circumstances where there is an expectation that the clinic will be providing services to a significant number of unattached patients (e.g., resort communities)

Q: What is the definition of 3rd available appointment?

A: The contract uses 3rd available appointment as a measure of Physician access. The 3rd available appointment definition used in this contract is drawn from the Institute for Healthcare Improvement:

<http://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>

The IHI defines the 3rd next available appointment as:

Average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam.