

LFP Payment Model

Quick Reference Guide

This guide will help you understand the **Longitudinal Family Physician (LFP) Payment Model** that came in effect February 1, 2023.

Challenge

DoctorCare Best Practices and Recommendations

What is the basis of this payment model?

The LFP Payment Model has been created to compensate family physicians for their time, physician-patient interactions, and patient panel (roster).

What are the initial eligibility requirements?

To be eligible for the LFP payment model, physicians must satisfy the following **four** requirements:

1. Provide all required longitudinal family physician services.
2. Contribute to operating costs associated with the physician's LFP clinic.
3. Not have withdrawn from the LFP Payment Model within the past 12 months.
4. Be in good standing with the Medical Services Commission.

How do you enrol into this payment model?

A physician who is eligible for the LFP Payment model can enrol by submitting the Registration Code to Health Insurance BC via Teleplan.

| Code | Description | Value |
|-------|-------------------------------------|-------|
| 98000 | LFP Payment Model Registration Code | \$0 |

Submit the registration code using your MSP Practitioner Number and the following patient information:

- PHN: 9694105066
- Patient Surname: Portal
- First name: LFP
- Date of Birth: January 1, 2023
- ICD-9 code: L23

Note: Registration code must be submitted 5 business days before submitting claims under the LFP Payment model.

Challenge

DoctorCare Best Practices and Recommendations

What are the payments involved in this payment model?

Panel Payments: Physicians will receive payments based on the number of active patients on their panel, and the complexity of those patients.

Time Payments: Physicians will be paid for their time spent on direct patient care, indirect patient care, and clinical administrative work. Billed in 15-minute increments and totaled throughout the day, time codes are submitted using the health number and demographic information of the first patient that was provided direct or indirect patient care for that day.

Note: Times can not overlap. Start and end times must be included on each claim as well as the number of units of time (15 minutes) billed.

| Code | Description | Value |
|-------|---|---------|
| 98010 | LFP Direct Patient Care Time – per 15 minutes | \$32.50 |
| 98011 | LFP Indirect Patient Care Time – per 15 minutes | \$32.50 |
| 98012 | LFP Clinical Administration Time – per 15 minutes | \$32.50 |

Maximum amount of time payable in a single calendar day: 14 hours

Maximum amount of time payable in a 14-day period: 120 hours

Maximum amount of time payable as clinical administrative time: 10% of total time payments

Visit Payments: Physicians will be paid for physician-patient interactions for services. To bill patient interaction codes, physician and patient identification information are to be submitted to Health Insurance BC via Teleplan.

| Code | Description | Value |
|-------|--|---------|
| 98031 | LFP In-person Interaction in a Clinic | \$25 |
| 98032 | LFP Virtual Interaction by Phone or Video | \$25 |
| 98022 | LFP Minor Procedure/Diagnostic Test Provided with In-person Interaction (Add-on) | \$10 |
| 98021 | LFP In-person Interaction with a Standard Procedure | \$60 |
| 98020 | LFP In-Person Interaction with an Advanced Procedure | \$110 |
| 98033 | LFP In-person Interaction in the Patient's Home | \$100 |
| 98030 | LFP Consultation | \$60 |
| 98034 | LFP In-person or Video Group Interaction | \$25/pt |

Maximum number of patient interactions paid daily: 50

Maximum payment for non-panel services per calendar year: 30% of total services

Challenge

DoctorCare Best Practices and Recommendations

How do you maintain eligibility?

To maintain eligibility in the LFP Payment model, physicians must fulfill the following **three** requirements:

1. Continue meeting the initial eligibility criteria.
2. Submit the Registration Code (98000) to Health Insurance BC through Teleplan between January 1st and March 31st annually.
3. Confirm panel of active patients annually.

Example

Today, Dr. Smith began work at 9am. He saw 10 patients from 9AM to 12PM. At 12PM he took a 30-minute lunch break, then he completed 30 minutes of administrative work. At 1PM he did indirect patient care by completing patient documentations, charting, and reviewing patient results, for an hour. Then, from 2PM to 4PM he saw 7 patients before finishing work for the day.

Dr. Smith's time payments breakdown for the day can be such as the following:

| Time | Units | Values | Total Value | Time | Codes Billed |
|---------------|-------|------------|---------------|-------------------------|------------------------------|
| 9AM – 12PM | 12 | x \$32.50 | = \$390 | Direct Patient Care | 12 x (98010) |
| | 10 | x Variable | = \$250 | Visit Payments | 8 x (98031), 2 x (98032) |
| 12:30PM – 1PM | 2 | x \$32.50 | = \$65 | Clinical Administrative | 2 x (98012) |
| 1PM – 2PM | 4 | x \$32.50 | = \$130 | Indirect Patient Care | 4 x (98011) |
| 2PM – 4PM | 8 | x \$32.50 | = \$260 | Direct Patient Care | 8 x (98010) |
| | 7 | x variable | = \$245 | Visit Payments | 5 x (98031), 98030, 98021 |
| Total | | | \$1340 | | |

QUESTIONS?

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