

Appendix A – Definitions

In this Payment Schedule, unless the context otherwise requires:

- (a) **“Adequate Medical Record”** has the meaning given to it in Section 30 [*Adequate Medical Records*].
- (b) **“Clinic-based Services”** means LFP Practice Services, Non-panel Services, Maternity Services, and Complex Contraception Services.
- (c) **“Clinical Administration”** means Clinical Administration as described in Time Code 98012 LFP Clinical Administration – per 15 minutes at Section 18 [*Time Codes*], including item (b) of that Time Code and excluding time described in item (c).
- (d) **“Complex Contraception Service”** means contraceptive care related to procedures and surgeries (e.g. intrauterine devices, contraceptive implants, vasectomies, tubal ligations), medically and socially complex patients, patients referred to by a physician or allied care provider, and gender-affirming care.
- (e) **“CPSBC”** means the College of Physicians and Surgeons of BC.
- (f) **“Deemed Ineligible”** has the meaning given to it in Section 8(d) [*Withdrawal and Removal from the LFP Payment Model*].
- (g) **“Direct Patient Care”** means direct patient care as described in Time Code 98010 LFP Direct Patient Care Time– per 15 minutes at Section 18 [*Time Codes*], including item (b) of that Time Code.
- (h) **“Eligibility Criteria”** means, for a physician not currently enrolled in the LFP Payment Model, the Initial Eligibility Criteria; for a physician enrolled in the LFP Payment Model, the Ongoing Eligibility Criteria.
- (i) **“Empanelled Patient”** means an individual for whom a family physician has accepted responsibility to provide and coordinate longitudinal, relationship-based, comprehensive, family medicine care.
- (j) **“Excluded Services”** means all of the services and circumstances described in Section 14 [*Excluded Services*] as being excluded from the LFP Payment Model.
- (k) **“Facility”** means an acute care, palliative care, or long-term care facility, including but not limited to hospitals, hospice, nursing homes, intermediate care facilities, extended care units, rehabilitation facilities, chronic care facilities, convalescent care facilities, and personal care facilities.
- (l) **“Fee-for-Service”** means a Payment Schedule titled the “Medical Services Commission Payment Schedule” that contains a “General Preamble” and separate schedules for different sections of physicians, as amended from time-to-time, which is sometimes referred to as “fee-for-service”. For clarity, it is a Payment Schedule that is not this LFP Payment Schedule.
- (m) **“Home Setting”** means a setting where a patient lives – including a home, assisted living or another setting where a person lives – but excluding a Facility.

- (n) **“Host Physician”** means a physician who provides Longitudinal Family Physician Services, is having an LFP Locum provide services on their behalf, and is:
- i) enrolled in the LFP Payment Model;
 - ii) remunerated under Fee-for-Service and has submitted 14070 in the same calendar year;
 - iii) remunerated under the Group Contract for Practicing Full-Service Family Physicians or the Individual Contract for New-to-Practice Family Physicians; or
 - iv) Remunerated under Alternative Payments Subsidiary Agreement (APSA) contracts under the following practice categories until October 31, 2024:
 - General Practice – Full Scope (Rural) – Area A, B, C
 - General Practice – Full Scope (Non-JSC Community)
 - General Practice – Defined Scope B (Student Health Centres)
- (o) **“Indirect Patient Care”** means indirect patient care as described in Time Code 98011 LFP Indirect Patient Care Time– per 15 minutes at Section 18 [*Time Codes*], including item (b) of that Time Code.
- (p) **“Initial Eligibility Criteria”** means the initial eligibility criteria for the LFP Payment Model defined in Section 4 [*Initial Eligibility for the LFP Payment Model*].
- (q) **“LFP Clinic”** means a medical clinic in which a physician enrolled in the LFP Payment Model provides Longitudinal Family Physician Services.
- (r) **“LFP Locum”** means a physician who meets the Locum Eligibility Criteria and provides LFP Locum Services on behalf of a Host Physician.
- (s) **“Locum Patient Interaction Codes”** has the meaning given to it in Section 24 [*Locum Patient Interaction Codes*].
- (t) **“LFP Locum Services”** means LFP Practice Services, Non-panel Services, Maternity Services, and Complex Contraception Services provided by an LFP Locum on behalf of a Host Physician.
- (u) **“Locum Time Code”** or **“Locum Time Codes”** means, as context requires, one or more of: LFP Locum Direct Patient Care Time (98040), LFP Locum Indirect Patient Care Time (98041), and LFP Locum Clinical Administration Time (98042).
- (v) **“LFP Payment Schedule”** means this Payment Schedule.
- (w) **“LFP Practice Service”** means Direct Patient Care and Indirect Patient Care that a physician provides to a patient on: (i) the physician’s panel; or (ii) the panel of another longitudinal physician/nurse practitioner who works at the same LFP Clinic as the physician, if the service is provided:
- i) at the physician’s LFP Clinic;
 - ii) at a Maternity Clinic;
 - iii) as a virtual care service associated with the physician’s LFP Clinic, except if the physician provides successive services to patients located in a Facility; or

- iv) to a patient in their Home Setting (but not in a Facility).
- (x) **“Locum Eligibility Criteria”** means the eligibility criteria for the LFP Payment Model defined in Section 10 [*Locum Eligibility*].
- (y) **“Locum Registration Code”** means 98005 Longitudinal Family Physician Payment Model Locum Registration Code, as defined in Section 12 [*Locum Enrolment and Annual Registration*].
- (z) **“Longitudinal Family Physician Payment Model”** or **“LFP Payment Model”** means the compensation model set out in this LFP Payment Schedule.
- (aa) **“Longitudinal Family Physician Services”** means the types of services typically provided by a family physician who provides longitudinal, relationship-based, comprehensive, family medicine care in a community-based setting (including medically required services to beneficiaries), aligned with the attributes of a Patient Medical Home.
- (bb) **“Maternity Clinic”** means a medical clinic in which a physician enrolled in the LFP Payment Model provides Maternity Services.
- (cc) **“Maternity Service”** means prenatal care, postnatal care, lactation support, care of newborns up to six weeks of age, and medical abortion care. ~~provided by a physician to a patient who is not on: (i) the physician’s panel; or (ii) the panel of another longitudinal physician/nurse practitioner who works at the same LFP Clinic as the physician, if the service is provided:~~
- ~~i) at the physician’s LFP Clinic;~~
 - ~~ii) at a Maternity Clinic;~~
 - ~~iii) as a virtual care service associated with the physician’s LFP Clinic or Maternity Clinic, except if the physician provides successive services to patients located in a Facility; or~~
 - ~~iv) to a patient in their Home Setting (but not in a Facility).~~
- (dd) **“MSP”** means the Medical Services Plan, which is continued under the Medicare Protection Act.
- (ee) **“Non-panel Service”** means Direct Patient Care and Indirect Patient Care that a physician provides to a patient who is not: (i) on the physician’s panel; or (ii) on the panel of another longitudinal physician/nurse practitioner who works at the same LFP Clinic as the physician; ~~or (iii) receiving Maternity Services, if the service is provided:~~
- i) at the physician’s LFP Clinic;
 - ii) at a Maternity Clinic;
 - iii) as a virtual care service associated with the LFP Clinic, except if the physician provides successive services to patients located in a Facility; or
 - iv) to a patient in their Home Setting (but not in a Facility).
- (ff) **“Ongoing Eligibility Criteria”** has the meaning given to it in Section 5 [*Ongoing Eligibility in the LFP Payment Model*].

- (gg) “**Patient**” means an individual who is a beneficiary under the Medical Services Plan.
- (hh) “**Patient Interaction Code**” has the meaning given to it in Section 23 [*Patient Interaction Codes*].
- (ii) “**Patient Medical Home**” or “**PMH**” means the description of Patient Medical Home specified in Appendix B.
- (jj) “**Payment Schedule**” means a payment schedule established by the Medical Services Commission under Section 26 of the Medicare Protection Act.
- (kk) “**Provincial Attachment System**” means British Columbia’s IT-enabled attachment system that connects patients who do not have a family doctor with physicians who are able to take on new patients. The system also provides data to measure system progress and capacity.
- (ll) “**Registration Code**” means 98000 Longitudinal Family Physician Payment Model Registration Code, as defined in Section 7(d) [*Registration Code*].
- (mm) “**Required Locum Services**” means the services specified in Section 11 [*Required Locum Services*].
- (nn) “**Required Services**” means the services specified in Section 6 [*Required Services*].
- (oo) “**Time Code**” or “**Time Codes**” means, as context requires, one or more of: LFP Direct Patient Care Time (98010), LFP Indirect Patient Care Time (98011), and LFP Clinical Administration Time (98012).
- (pp) “**Transition Code**” means 98001 Longitudinal Family Physician Payment Model Transition Code, as defined in Section 7(f) [*Transition Code*].