

## BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-03-15      TARGET TYPE: SP  
CANCEL DATE (CCYYMMDD): 2025-03-31      TARGET KEY: 00  
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Delete 14086 & Amend 14088

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective April 1, 2025, Family Practice Services Committee (FPSC) fee item 14086 FP Assigned Inpatient Care Network Initiative will be deleted from the MSC Payment Schedule. The last quarterly service date of billing is January 1, 2025. This payment covers networking activities from January 1 to March 31, 2025.

Beginning April 2025, eligible physicians participating in the Assigned Inpatient Network will claim the payment by submitting a FPSC payment claim form. More details on how to claim the network payment will be shared by FPSC as soon as possible.

Additionally, FPSC fee item 14088 (FP Unassigned Inpatient Care Fee) is amended to remove the submission requirement of the network registration forms for the Unassigned Inpatient Care Network and Maternity Care Network due to the deletion of 14086 and 14010 Maternity Care Network Initiative Payment. Instead, eligible family physicians must be actively participating in an FP Assigned Inpatient Network, an FP Unassigned Inpatient Care Network and/or an FP Maternity Network. The amendments to the preamble for the FPSC Incentives for Inpatient Care fees and fee item 14088 are as follows:

### 15. FPSC Incentives for Inpatient Care (H14088)

The FPSC Inpatient Initiative was developed to recognize and better support the continuous relationship with a family physician (FP) that can improve patient health outcomes and ease the burden on hospitals by reducing repeat hospitalizations and emergency room visits. An important aspect of such continuous care is the coordination of care through the inpatient journey as well as in transitions between hospital and community FP offices. The initiative includes funding aimed at better supporting and compensating FPs who provide this important aspect of care.

This initiative will support family physicians who provide Most Responsible Provider (MRP) care to their own patients when they are admitted to the identified acute care hospital in their community (Assigned Inpatients). The FP Unassigned Inpatient Care Fee (H14088) is for family physicians who are a part of a network, provide care for patients admitted to hospital without an FP, whose FP does not have hospital privileges, or who are from out-of-town (Unassigned Inpatients):

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#### FP Unassigned Inpatient Care Fee (H14088)

The term “Unassigned Inpatient” is used in this context to denote those patients whose Family Physician does not have admitting privileges in the acute care facility in which the patient has been admitted.

The FP Unassigned Inpatient Care Fee is designed to provide an incentive for Family Physicians to accept Most Responsible Physician (MRP) status for an unassigned patient’s hospital stay. It is intended to compensate the Family Physician for the extra time and intensity required to evaluate an unfamiliar patient’s clinical status and care needs when the patient is admitted and is only billable once per hospital admission.

This fee is restricted to Family Physicians actively participating in an FP Unassigned Inpatient Care Network or an FP Maternity Network. This fee is billable through the MSP Teleplan system and is payable in addition to the hospital visit (00109, 13109, 13008, 13011, 00127) or delivery fee.

#### H14088 FP Unassigned Inpatient Care Fee

##### Notes:

- i) Payable only to Family Physicians who are actively participating in an FP Assigned Inpatient Network, an FP Unassigned Inpatient Care Network and/or an FP Maternity Network.
- ii) Payable only to the Family Physician who is the Most Responsible Physician (MRP) for the patient during the in-hospital admission.

- iii) Payable once per unassigned patient per in-hospital admission in addition to the hospital visit (00109, 13109, 13008, 13011, 00127) or delivery fee.
- iv) Not payable to physicians remunerated under the LFP Payment Model or an Alternative Payment model that includes payment for this service.

**Copy to DoBC:**     **Yes**

**INITIATED BY:**     **MoH**

**AUTHORIZED BY:**   **David Mills**

**IF TARGET TYPE IS**

**THEN TARGET KEY IS**

<b>PY-PAYEES</b> -----	<b>PAYEE NO.</b>
<b>PR- PRACTITIONER</b> -----	<b>PRACTITIONER NO.</b>
<b>SP-SPECIALTY</b> -----	<b>SPECIALTY CODE</b>
<b>AI-ASSOCIATION IDENTIFIER</b> -----	<b>MD – BC MEDICAL ASSOCIATION</b>
<b>A -ALL</b> -----	<b>LEAVE TARGET KEY BLANK</b>
<b>PS-PAYEE STATUS</b> -----	<b>C - VESTED INTEREST LAB</b>
	<b>F - PRIMARY CARE</b>
	<b>H - HOSPITAL</b>
	<b>I - INACTIVE PAYEE</b>
	<b>L - LABORATORY</b>
	<b>M - ACTIVE PAYEE</b>
	<b>V - 3<sup>RD</sup> PARTY- OUT OF PROVINCE</b>
	<b>Y – ALTERNATIVE PAYMENTS PROGRAM</b>