BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2020-03-15
CANCEL DATE (CCYYMMDD): 2020-03-31
COPY MESSAGE FROM

TARGET TYPE: AI
TARGET KEY: MD

BROADCAST TITLE (50 char): New COVID-19 Diagnostic Code
BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective immediately, Diagnostic Code C19 should be utilized for all medical services rendered relating to the COVID-19 virus.

Copy to BCMA: Yes

INITIATED BY: MoH

AUTHORIZED BY: Evan Stafford

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

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2020-03-15 **TARGET TYPE:** AI
CANCEL DATE (CCYYMMDD): 2020-03-31 **TARGET KEY:** MD
COPY MESSAGE FROM

BROADCAST TITLE (50 char): COVID-19 COVERAGE FOR MSP NON-ELIGIBLE PATIENTS
BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

In response to the COVID-19 pandemic, individuals present in BC who would otherwise not be eligible for coverage under MSP will be provided provincially insured health care coverage for services related to suspected or confirmed cases of infection with COVID-19. Services for unrelated conditions that are performed on MSP non-eligible patients will remain uninsured.

You as the provider will be responsible for determining whether your patient meets the criteria for this coverage for all services performed. Services related to COVID-19 for non-MSP eligible patients may be billed using the following generic Personal Health Number (PHN):

PHN:	9703740703
First Name:	A
Surname:	Coronavirus
Date of Birth:	08/01/1988

This generic PHN should not be used for beneficiaries who are eligible for MSP coverage for the date of service but who either do not yet have a PHN or whose coverage is not currently active. Those eligible patients should first establish their MSP coverage so that services can be billed under their own PHN.

Please note that an MSP beneficiary can access provincially insured health care benefits using the PHN that is printed on an expired BC Services Card with another form of identification. Providers may also notice an increase of patients presenting to them with confirmation of coverage letters. These letters have been issued in response to access to care during the COVID-19 pandemic.

Questions regarding billing using this generic PHN can be directed to Claims Billing Support at Health Insurance BC at:

Vancouver:	(604) 456-6950
Elsewhere in BC:	1-866-456-6950

Copy to BCMA: **Yes**

INITIATED BY: **MoH**

AUTHORIZED BY: **Duncan Gavin**

IF TARGET TYPE IS	**THEN TARGET KEY IS**
PY-PAYEES	PAYEE NO.
PR- PRACTITIONER	PRACTITIONER NO.
SP-SPECIALTY	SPECIALTY CODE
AI-ASSOCIATION IDENTIFIER	MD – BC MEDICAL ASSOCIATION
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PS-PAYEE STATUS	**C** - VESTED INTEREST LAB
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	M - ACTIVE PAYEE
	V - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2020/04/01 **TARGET TYPE:** SP
CANCEL DATE (CCYYMMDD): 2020/04/15 **TARGET KEY:** 00
COPY MESSAGE FROM

BROADCAST TITLE (50 char): New COVID-19 Fees for GPs
BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Doctors of BC and the BC government have agreed to three additional temporary fees to enable physicians to better utilize virtual care during COVID-19. The temporary changes are based on similar General Practice Services Committee fees but removes limits and billing restrictions associated with the existing fees.

The fees listed below are effective March 27, 2020 with an end date to be determined by the Provincial Health Officer:

		$
T13706	FP Delegated Patient Telehealth Management Fee.....	20.00

Notes:

i) For verbal, real-time telephone or video technology communication discussion between the patient or the patient's medical representative and a College-certified allied care provider (e.g.: Nurse, Nurse Practitioner) employed within a physician's practice. Not payable when the delegated representative is paid or funded by alternate means by a health authority or the Ministry of Health.

ii) Chart entry must record the name of the person who communicated with the patient or patient's medical representative, as well as capture the elements of care discussed.

iii) Not payable for prescription renewals, anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.

iv) Only one service payable per patient per day.

v) Not payable on the same calendar day as a visit or service fee by same physician for same patient.

vi) Not payable to physicians working under salary, service contract or sessional arrangements whose duties would otherwise include provision of this care.

T13707 FP Email/Text/Telephone Medical Advice Relay or ReRX Fee.....7.00

Notes:

i) Email/Text/Telephone Relay Medical Advice requires two-way relay/communication of medical advice from the physician to eligible patients, or the patient's medical representative, via email/text or telephone. The task of relaying the physician advice may be delegated to any Allied Care Provider or MOA working within the physician practice.

ii) Chart entry must record the name of the person who communicated with the patient or patient's medical representative, as well as the advice provided, modality of communication and confirmation the advice has been received.

iii) Payable for prescription renewals without patient interaction.

iv) Not payable for anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.

v) Only one service payable per patient per day.

vi) Not payable on the same calendar day as a visit or service fee by same physician for same patient.

vii) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.

T13708 FP COVID-19 communication with specialist and/or allied care provider.....40.00

Notes:

i) Payable to the Family Physician who participates in a 2 way telephone or videoconference communication with a specialist and/or allied care provider about a patient regarding COVID-19.

ii) T13708 FP COVID-19 communication with specialist and/or allied care provider can not be delegated. No claim may be made where communication is with a proxy for either provider.

iii) Payable in addition to any visit fee on the same day.

iv) Not payable for communications which occur as a part of the performance of routine rounds on the patient if located in a facility, or communications which occur as part of regular work flow within a physician's community practice.

v) Not payable in addition to PG14018 or PG14077 on the same day for the same patient.

vi) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.

Additional information and FAQ can be found at:

BC Family Doctors: https://bcfamilydocs.ca/covid19/

Copy to BCMA: **Yes**

INITIATED BY: **MoH**

AUTHORIZED BY: **Evan Stafford**

IF TARGET TYPE IS	**THEN TARGET KEY IS**
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PR- PRACTITIONER	PRACTITIONER NO.
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BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2020-03-15 **TARGET TYPE:** AI
CANCEL DATE (CCYYMMDD): 2020-03-31 **TARGET KEY:** MD
COPY MESSAGE FROM

BROADCAST TITLE (50 char): New COVID-19 Fee Items
BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective March 17, 2020, the following new fee items have been created for office visits related to the COVID-19 situation. Please utilize Diagnostic Code C19 when submitting these fee items:

		$
T13701	Office Visit for COVID-19 with test	50.00

Notes:

i) Payable for patients with suspected or active COVID-19 symptoms only.
ii) COVID-19 testing must be performed.
iii) Not intended for providing general information on a viral infection, including COVID-19.
iv) Not payable in addition to any other office visits to the same physician for same patient, same day.

T13702	Office Visit for COVID-19 without test	40.00

Notes:

i) Payable for patients with suspected or active COVID-19 symptoms only.
ii) Not intended for providing general information on a viral infection, including COVID-19.
iii) Not payable in addition to any other office visits to the same physician for same patient, same day.

Copy to BCMA: Yes

INITIATED BY: MoH

AUTHORIZED BY: Evan Stafford

IF TARGET TYPE IS	THEN TARGET KEY IS
PY-PAYEES	PAYEE NO.
PR- PRACTITIONER	PRACTITIONER NO.
SP-SPECIALTY	SPECIALTY CODE
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	I - INACTIVE PAYEE
	L - LABORATORY
	M - ACTIVE PAYEE
	V - 3RD PARTY- OUT OF PROVINCE
	Y – ALTERNATIVE PAYMENTS PROGRAM

Leonard, Jessica HLTH:EX

From: Homer, Geoffrey HLTH:EX
Sent: March 25, 2020 10:00 AM
To: Malcolm
Cc: Johansen, Nadeen C HLTH:EX; Martin, Beth HLTH:EX; Atkinson, Mike HLTH:EX
Subject: RE: Updated on Spectrum and Covid-19

Ultimately we would like to consider UPCC visits an outflow, but presently it depends on the way the UPCC is being staffed. If the physicians working in your local UPCC are being paid on contract they will not be billings FFS, and no outflows will occur. I'm not entirely sure of the UPCC landscape with respect to physician compensation, but I believe Nanaimo is the only UPCC staffed by physicians working FFS.

From: Malcolm <s.22 >
Sent: March 25, 2020 9:55 AM
To: Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca>
Cc: Johansen, Nadeen C HLTH:EX <Nadeen.Johansen@gov.bc.ca>; Martin, Beth HLTH:EX <Beth.Martin@gov.bc.ca>; Atkinson, Mike HLTH:EX <Mike.Atkinson@gov.bc.ca>
Subject: Re: Updated on Spectrum and Covid-19

Thanks Geoff. Much appreciated. As always patient care comes first - even if it means there will be outflows. We accept that. But some security would be nice.

As it stands we are running a full clinic remotely. All of our doctors and nurses are online and "seeing" more than the usual number of patients/callbacks. Very few are being directed to a family practice clinic that has agreed to see those patients who absolutely require a physical examination. Also, we expect to be back in the clinic again late next week once we are out of quarantine.

Out of curiosity, can you tell me if Urgent Care visits are considered an outflow? We have received conflicting information.

Thanks again
Malcolm

On Wed, Mar 25, 2020 at 9:28 AM Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca> wrote:

Hi Dr. Hedgcock,

As discussed yesterday, I'm providing and update on the topics we discussed yesterday.

I've circulated a briefing note to my bosses outlining the situation at Spectrum, and recommending a temporary cap on outflows at historical levels. I hope to receive feedback on that soon. Although I'll endeavour to give you and your staff peace of mind as soon as possible, from a financial perspective your next quarterly advance will use a historical outflow percentage, so there is a *de facto* cap until reconciliation at the end of July.

I've also reached out to Doctors of BC to inquire about their Physician Disability Insurance/Quarantine Income Replacement as a last resort.

Thanks

Geoff

Leonard, Jessica HLTH:EX

From: Population Based Funding Program HLTH:EX
Sent: March 31, 2020 9:25 AM
Cc: Homer, Geoffrey HLTH:EX; Johansen, Nadeen C HLTH:EX; Atkinson, Mike HLTH:EX; Martin, Beth HLTH:EX
Subject: COVID-19 -- PBF Clinics

Good Morning PBF Clinics,

In recognition of the changing circumstances regarding COVID-19 and the associated impacts to the MSP payment schedule, the following fee items have been added to the PBF Core Basket to reflect the Ministry's position that they represent longitudinal, primary care services for registered patients.

Telehealth Billing Codes:
- 13037 (Telehealth In-Office Visit)
- 13038 (Telehealth in-Office Individual Counselling)

COVID-19 In-Office Codes (new temporary) - submit with newly established C19 ICD-9 code:
- 13701 (Office Visit for COVID-19 with Test)
- 13702 (Office Visit for COVID-19 without Test)

The changes to the PBF Core Basket are effective March 19, 2020. As they may not be implemented in your EMRs, to limit rejections we would ask that you to ensure the above fee items are submitted as $0 encounters.

The Ministry is aware that PBF physicians may be required to provide surge capacity to help manage and combat COVID-19; and, that providing care to COVID-19, or suspected COVID-19 patients may require additional equipment, and heightened safety and cleaning protocols. The Ministry is committed to tracking the utilization of the above fees in order to identify instances of surge capacity, and assess workload impacts to PBF sites; and, may consider making future adjustments to physician compensation to reflect these potentialities.

Your continued efforts on behalf of your patients in these difficult times are recognized and truly appreciated. The Ministry's objective throughout the COVID-19 pandemic is to make decisions related to physician compensation that are supported by data, and that maintain equity across compensation options.

Kind Regards,
Compensation Initiatives Team, Ministry of Health

Beth Martin
Senior Policy Analyst | Compensation Initiatives | Compensation Policy and Programs
Health Sector Workforce and Beneficiary Services Division
B.C. Ministry of Health | tel: 778-698-7392

Leonard, Jessica HLTH:EX

From:	Mail, John [CWBC] s.22
Sent:	March 31, 2020 10:52 PM
To:	Martin, Beth HLTH:EX; Homer, Geoffrey HLTH:EX; Johansen, Nadeen C HLTH:EX; Mike.Atinson@gov.bc.ca
Cc:	Brenda Hardie; Tasha Lamb, MD [EXT]; Dr. Anita Holtham; Jillian Brooke Lusina, MD, CCFP [EXT]; Kuljit Sajjan; Wilson Marhin; Sheliza Amirali Amarsi, MD [EXT]; James Rawson
Subject:	Decision to include 13701 and 13702 in the basket

Dear Ms Beth Martin and others;

I am writing about your letter today in which the decision in include COVID-19 In-Office Codes 13701 and 13702 "in the basket" was explained.

I am deeply disappointed and feel that this was not the correct decision.

I have been a family doctor in a PBF setting since July 1, 1999, and have long been an enthusiastic proponent of this mechanism of paying doctors as I feel it promotes much better medicine than the antiquated fee-for-service model.

I have always understood that most services are "in the basket" with a few noticeable exceptions such as obstetrical care which requires somewhat different skills.

Visits for "COVID-19 with Test" (13701) pose particular problems with us putting ourselves at considerable risk. A visit for suspected COVID-19 requires a mask, eye protection, a gown and double gloves which represent an additional expense for the office. Inserting a nasal swab deep into the pharynx produces a forceful sneeze reaction resulting in us possibly being sprayed by potentially lethal viral particles. If we then get a positive result several days later on the patient, there are sleepless nights and mortal fear until we've had our own swabs done, and then waited for the results which are hopefully negative.

$50 is perhaps not even enough for putting oneself at such a risk, but then to be told that it should just be lumped into all the other tasks we do feels like our work is undervalued by the PBF program.

Your position is that these fees "represent longitudinal primary care services for registered patients." I certainly hope that these fees are exceptional and unusual associated with this unprecedented pandemic, and not longitudinal at all.

I feel the optics of leaving these fee items in the basket are terrible.

It conveys the message that riskier unusual fee items are worth just the same as the other all the other visits.

We have witnessed an erosion of PBF funding recently in terms of many additional incentives being offered to fee-for-service practitioners that are not offered to us.

These decisions will make PBF programs less attractive to younger physicians, and put those of us considering retirement in the future in a position where it will be very difficult to persuade younger physicians to take over a practice where high-risk procedures are lumped into the basket. It is beginning to appear that fee-for-service has many more inducements and may be more attractive to some people.

I would ask the ministry to reconsider this decision.

Sincerely,

W. John Mail, M.D., C.C.F.P., F.C.F.P

Leonard, Jessica HLTH:EX

From: Homer, Geoffrey HLTH:EX
Sent: April 29, 2020 6:30 AM
To: Johansen, Nadeen C HLTH:EX; Martin, Beth HLTH:EX
Subject: FW: Business Cost Premium expands to include telehealth fees during COVID-19 | Doctors of BC

FYI

-----Original Message-----
From: Brenda Hardie <s.22
Sent: April 28, 2020 8:00 PM
To: Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca>
Subject: Business Cost Premium expands to include telehealth fees during COVID-19 | Doctors of BC

Hello Geoff

Thanks for meeting with me last week.

I see this dramatic turn of events. Clearly this BCP needs to apply to PBF using the same logic.

Thanks for considering

Brenda Hardie
https://www.doctorsofbc.ca/news/business-cost-premium-expands-include-telehealth-fees-during-covid-19

Sent from my iPhone

Leonard, Jessica HLTH:EX

From: Population Based Funding Program HLTH:EX
Sent: March 27, 2020 11:08 AM
To: Homer, Geoffrey HLTH:EX; Martin, Beth HLTH:EX
Subject: FW: Covid 19

From: brenda hardie <s.22 >
Sent: March 25, 2020 10:39 AM
To: Population Based Funding Program HLTH:EX <PopulationBased.FundingProgram@gov.bc.ca>
Cc: Anita Holtham s.22
Subject: Covid 19

I am looking for clarification that the new codes T13071 and T13072 are not core, and therefore billable as Fee For Service codes for both rostered and non rostered patients.

We are also seeking clarity regarding negation during this pandemic. Many screening clinics have been created and people are encouraged to attend near to home to reduce exposure to Covid-19. We are asking if all outflows can be suspended as of the declaration of a pandemic in Canada.

We are looking for clarity on billing for video appointments. Are we to use the PBF telephone codes or the FFS telehealth codes, or is there some other alternative?

Thanks
Brenda Hardie – Co-Director
Vancouver Family Practice

Leonard, Jessica HLTH:EX

From: Population Based Funding Program HLTH:EX
Sent: April 20, 2020 11:56 AM
To: Ty, Marie HLTH:EX
Cc: Homer, Geoffrey HLTH:EX; Johansen, Nadeen C HLTH:EX; Martin, Beth HLTH:EX
Subject: FW: Decision to include 13701 and 13702 in the basket

Hi Marie,

See below message from Dr. Hardie. We have heard from a total of four of the physicians from Vancouver Family Practice Centre over the past few weeks.

Beth

From: brenda hardie <s.22 >
Sent: April 15, 2020 4:43 PM
To: Population Based Funding Program HLTH:EX <PopulationBased.FundingProgram@gov.bc.ca>; 'Dr. K. Sajjan ' <s.22 >; Mail, John [CWBC] s.22 ; Tasha Lamb, MD [EXT] <s.22 >
Cc: Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca>; Johansen, Nadeen C HLTH:EX <Nadeen.Johansen@gov.bc.ca>; Atkinson, Mike HLTH:EX <Mike.Atkinson@gov.bc.ca>
Subject: Re: Decision to include 13701 and 13702 in the basket

Hello all

I am wondering if there has been further discussions on this. I see that in our region there are now more specific respiratory clinics set up, and we are encouraged to send patients to UPCC's and other formal COVID testing sites in order to preserve PPE. If we do these in our clinics we will use much more PPE due to the lower volume and intermittent nature of testing in primary care.

Clearly the current public health initiative is to send patients for testing to specified sites. While I understand that often these clinics are funded by sessional fees and may not create negations for us, the principle remains steadfast – that this is not a core billing code and thus should be outside the basket. We respectfully request that this be changed, retroactive to the start of the use of these codes.

Sincerely,

Brenda Hardie

From: "Population Based Funding Program HLTH:EX" <PopulationBased.FundingProgram@gov.bc.ca>
Date: Friday, April 3, 2020 at 7:56 AM
To: Kuljit Sajjan <s.22 >, John Mail <s.22 >, Tasha Lamb <s.22 >
Cc: "Homer, Geoffrey HLTH:EX" <Geoffrey.Homer@gov.bc.ca>, "Johansen, Nadeen C HLTH:EX" <Nadeen.Johansen@gov.bc.ca>, "Atkinson, Mike HLTH:EX" <Mike.Atkinson@gov.bc.ca>, brenda hardie <s.22
Subject: RE: Decision to include 13701 and 13702 in the basket

Dear Dr. Mail, Dr. Sajjan and Dr. Lamb,

We have received each of your e-mails regarding the COVID-19 Pandemic and the current MOH billing decisions communicated to PBF clinics on March 31, 2020 . Thank you for reaching out, we wanted to let you know that our team has reviewed the e-mails and we are taking your concerns very seriously. For that reason, we have elevated your messages to more senior levels. We hope to be able to communicate back with a more specific response soon.

Kind Regards,

Compensation Initiatives Team, Ministry of Health

Beth Martin
Senior Policy Analyst | Compensation Initiatives | Compensation Policy and Programs
Health Sector Workforce and Beneficiary Services Division
B.C. Ministry of Health | tel: 778-698-7392

Leonard, Jessica HLTH:EX

From: Population Based Funding Program HLTH:EX
Sent: March 27, 2020 1:29 PM
To: 'brenda hardie'; Population Based Funding Program HLTH:EX
Cc: Anita Holtham; Atkinson, Mike HLTH:EX; Homer, Geoffrey HLTH:EX; Johansen, Nadeen C HLTH:EX; Martin, Beth HLTH:EX
Subject: RE: Covid 19

Hello Dr. Hardie,

Thank you for your email outlining issues and concerns for your PBF clinic.

On the topic of outflows or negations, the Ministry can provide some assurance by letting you know that your clinic will receive quarterly advances for April – June 2020 shortly, and those advances will include an outflow holdback consistent with your clinic's historical outflow rates. Until the quarterly review where the advance is reconciled in July there will be no financial impact to your clinic based on actual outflows, and the Ministry has until then to consider your request for a suspension of outflows.

Broadly speaking, the Ministry is considering the impact of COVID-19 on all physician payment modalities, but is not currently in a position to respond to your request. Any Ministry response related to COVID-19's impact on physician compensation will consider equity across compensation modalities, and appropriateness within the context of the province's broader response to COVID-19.

With regard to the fee codes and core basket we are hoping to have messaging out to PBF clinics very soon with guidance for billing during this period.

We hope you and everyone at the clinic are doing well and staying healthy.

Best regards,
Nadeen

From: brenda hardie <s.22 >
Sent: March 25, 2020 10:39 AM
To: Population Based Funding Program HLTH:EX <PopulationBased.FundingProgram@gov.bc.ca>
Cc: Anita Holtham <s.22 >
Subject: Covid 19

I am looking for clarification that the new codes T13071 and T13072 are not core, and therefore billable as Fee For Service codes for both rostered and non rostered patients.

We are also seeking clarity regarding negation during this pandemic. Many screening clinics have been created and people are encouraged to attend near to home to reduce exposure to Covid-19. We are asking if all outflows can be suspended as of the declaration of a pandemic in Canada.

We are looking for clarity on billing for video appointments. Are we to use the PBF telephone codes or the FFS telehealth codes, or is there some other alternative?

Thanks
Brenda Hardie – Co-Director
Vancouver Family Practice

Leonard, Jessica HLTH:EX

From:	Population Based Funding Program HLTH:EX
Sent:	March 31, 2020 2:24 PM
To:	Andre van Wyk
Cc:	Homer, Geoffrey HLTH:EX; Johansen, Nadeen C HLTH:EX; Atkinson, Mike HLTH:EX; Martin, Beth HLTH:EX
Subject:	RE: COVID-19 -- PBF Clinics

Hello Dr. van Wyk,

Thank you for your email.

We propose to track COVID-19 related care using the recently established ICD9 code 'C19'.

Because we feel there is limited precedent of a pandemic on this scale, we haven't been able to effectively model or predict impacts to PBF sites using existing or historical data. It is for that reason that we have not committed to any financial or other remedies at this time, but will consider options when data become available and impacts become known. We are, however, committed to integrating the new ICD9 code 'C19' within the ACG software, which will impact payment rates for patients with suspected or confirmed COVID-19 diagnosis.

We would like to stress that although we are unable to commit to any remedies at this time, the PBF advance and reconciliation schedule offers time to analyze data and assess impact, during which sites will be protected financially. Reconciliation of April 2020 advances will not be undertaken until the end of July, 2020, at which point we will have the opportunity to implement any equitable, evidence informed remedies that may be relevant.

On outflows, the Ministry is also committed to making reasoned decisions supported by data. It should be noted that it is our understanding that the vast majority of providers offering COVID-19 advice through the 811 line, or supporting Health Authority testing efforts are not being paid FFS, and will not generate outflows.

We plan to identify surge capacity or increased workload resulting from COVID-19 by comparing a series of workload metrics across time. Workload and capacity will be measured using a series of service and patient volume metrics, calculated at the practice level. Metrics will be calculated for all in basket services, and for COVID-19 related services. Any increase in capacity metrics above prior year values for the COVID-19 period will be considered evidence of surge capacity, and will trigger a review of compensation provided to PBF sites during this time.

Kind Regards,

Compensation Initiatives Team, Ministry of Health

From: Andre van Wyk <s.22 >
Sent: March 31, 2020 9:53 AM
To: Population Based Funding Program HLTH:EX <PopulationBased.FundingProgram@gov.bc.ca>
Cc: Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca>; Johansen, Nadeen C HLTH:EX

<Nadeen.Johansen@gov.bc.ca>; Atkinson, Mike HLTH:EX <Mike.Atkinson@gov.bc.ca>; Martin, Beth HLTH:EX <Beth.Martin@gov.bc.ca>
Subject: Re: COVID-19 -- PBF Clinics

Thank you for your note.

I am concerned by this blanket approach given that we are not operating in normal circumstances with a decreased ability to serve our patients by typical means while actively transitioning to novel ways of providing service.

Usual care and COVID19 care cannot be rolled into one fee. How would you track COVID related care using Telehealth code for all care?

There also appears to be a significant increased risk of outflows that we do not control and may well be financially damaging to us at a time of increased practice expenses in fighting a common threat.

May I ask that you provide the financial model outlining how you expect this to affect PBF practices. Please also be clear as to how you plan to use future data to judge the effectiveness of this approach and any apply adjustments.

Reassurance is greatly appreciated in these trying times.

Respectfully

Andre van Wyk
Fort FamilyPractice

On Mar 31, 2020, at 9:25 AM, Population Based Funding Program HLTH:EX <PopulationBased.FundingProgram@gov.bc.ca> wrote:

Good Morning PBF Clinics,

In recognition of the changing circumstances regarding COVID-19 and the associated impacts to the MSP payment schedule, the following fee items have been added to the PBF Core Basket to reflect the Ministry's position that they represent longitudinal, primary care services for registered patients.

Telehealth Billing Codes:
. 13037 (Telehealth In-Office Visit)
. 13038 (Telehealth in-Office Individual Counselling)
COVID-19 In-Office Codes (new temporary) - submit with newly established C19 ICD-9 code:
. 13701 (Office Visit for COVID-19 with Test)

. 13702 (Office Visit for COVID-19 without Test)

The changes to the PBF Core Basket are effective March 19, 2020. As they may not be implemented in your EMRs, to limit rejections we would ask that you to ensure the above fee items are submitted as $0 encounters.

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Your continued efforts on behalf of your patients in these difficult times are recognized and truly appreciated. The Ministry's objective throughout the COVID-19 pandemic is to make decisions related to physician compensation that are supported by data, and that maintain equity across compensation options.

Kind Regards,

Compensation Initiatives Team, Ministry of Health

Beth Martin

Senior Policy Analyst | Compensation Initiatives | Compensation Policy and Programs

Health Sector Workforce and Beneficiary Services Division

B.C. Ministry of Health | tel: 778-698-7392

Andre van Wyk

Leonard, Jessica HLTH:EX

From: Dr. K. Sajjan <s.22 >
Sent: April 1, 2020 12:20 PM
To: Mail, John [CWBC]
Cc: Martin, Beth HLTH:EX; Homer, Geoffrey HLTH:EX; Johansen, Nadeen C HLTH:EX; Mike.Atinson@gov.bc.ca; Brenda Hardie; Tasha Lamb, MD [EXT]; Dr. Anita Holtham; Jillian Brooke Lusina, MD, CCFP [EXT]; Wilson Marhin; Sheliza Amirali Amarsi, MD [EXT]
Subject: Re: Decision to include 13701 and 13702 in the basket

Dear Ms. Beth Martin and all,

I would like to echo the comments made by my colleague Dr. John Mail.

I have been working in the PBF model for the past 10 years, after having done Locum work all over the province in all kinds of funding models. I was a recurring Locum in my current PBF clinic since 2002 before joining in 2010. I saw the value of this model, compared to all others, and that is why I chose to keep my medical career in PBF.

I am frankly quite confused as to how you reached the conclusion that the COVID-19 fee items are considered a part of longitudinal care. This is a pandemic, the likes of which have not been seen for a century. One would hope that this will not become routine longitudinal care! This is a novel situation with novel fee items created to address the novel demands on a primary care office. This situation makes us no different than our fee-for-service colleagues.

To somehow suggest that these items should be "in the basket" assumes that the PBF amounts for each patient assessed for COVID-19 will somehow be adjusted to reflect this type of "longitudinal care". Thus far, you have not advised us that that will happen. Until that is the case, I do not see how your argument is justified.

We are deeply committed to caring for our patients. We are deeply committed to doing our part in this pandemic. For the health and well-being of our patients, we have continued to provide the COVID-19 testing and continued to do the assessments, whether by telephone or in-person, when many of our fee-for-service colleagues have closed their doors. Despite doing our best to provide good medical care, to keep our patients attached and to reduce their risk of becoming deregistered in this novel pandemic situation, I do not feel that our own personal risk and our commitment to good patient care is being equally recognized by the ministry.

Sadly,

Kuljit K. Sajjan, M.D., C.C.F.P.

Sent from my iPhone

> On Mar 31, 2020, at 10:51 PM, Mail, John [CWBC] <s.22 > wrote:
>
> Dear Ms Beth Martin and others;
>
> I am writing about your letter today in which the decision in include COVID-19 In-Office Codes 13701 and 13702 "in the basket" was explained.
>
> I am deeply disappointed and feel that this was not the correct decision.
>

> I have been a family doctor in a PBF setting since July 1, 1999, and have long been an enthusiastic proponent of this mechanism of paying doctors as I feel it promotes much better medicine than the antiquated fee-for-service model.
>
> I have always understood that most services are "in the basket" with a few noticeable exceptions such as obstetrical care which requires somewhat different skills.
>
> Visits for "COVID-19 with Test" (13701) pose particular problems with us putting ourselves at considerable risk. A visit for suspected COVID-19 requires a mask, eye protection, a gown and double gloves which represent an additional expense for the office. Inserting a nasal swab deep into the pharynx produces a forceful sneeze reaction resulting in us possibly being sprayed by potentially lethal viral particles. If we then get a positive result several days later on the patient, there are sleepless nights and mortal fear until we've had our own swabs done, and then waited for the results which are hopefully negative.
>
> $50 is perhaps not even enough for putting oneself at such a risk, but then to be told that it should just be lumped into all the other tasks we do feels like our work is undervalued by the PBF program.
>
> Your position is that these fees "represent longitudinal primary care services for registered patients." I certainly hope that these fees are exceptional and unusual associated with this unprecedented pandemic, and not longitudinal at all.
>
> I feel the optics of leaving these fee items in the basket are terrible.
>
> It conveys the message that riskier unusual fee items are worth just the same as the other all the other visits.
>
> We have witnessed an erosion of PBF funding recently in terms of many additional incentives being offered to fee-for-service practitioners that are not offered to us.
>
> These decisions will make PBF programs less attractive to younger physicians, and put those of us considering retirement in the future in a position where it will be very difficult to persuade younger physicians to take over a practice where high-risk procedures are lumped into the basket. It is beginning to appear that fee-for-service has many more inducements and may be more attractive to some people.
>
> I would ask the ministry to reconsider this decision.
>
> Sincerely,
>
>
> W. John Mail, M.D., C.C.F.P., F.C.F.P
>

Leonard, Jessica HLTH:EX

From: Homer, Geoffrey HLTH:EX
Sent: April 22, 2020 11:57 AM
To: brenda hardie
Cc: Johansen, Nadeen C HLTH:EX; Atkinson, Mike HLTH:EX; Cook, Christina HLTH:EX; Population Based Funding Program HLTH:EX
Subject: RE: Decision to include 13701 and 13702 in the basket

Hello Dr. Hardie,

My apologies for the delay in responding to your email.

As you can appreciate, the Ministry's immediate efforts and single-minded focus are on ensuring the that the province is as best prepared and positioned to respond to the COVID-19. However, please be assured that the Ministry will be exploring the issue of income stability for physicians, broadly and for PBF clinics, when we are in a position to do so.

We recognize there are outflow implications of adding fee items to the core basket, and that there is a significant degree of uncertainty around outflows, partially owing to the emerging and novel service delivery models being established to combat and manage the COVID-19 pandemic. Where delivery models for COVID-19 care create outflows for PBF sites, and efforts by PBF providers to avoid outflows contradict advice being provided to the broader population, the Ministry will be carefully analyzing outflow data and carefully considering equity in our approach to outflows for PBF sites during this period. While we understand this cautious approach for outflows may be disappointing, you may take comfort in knowing that quarterly advances effectively protect your clinic from any outflow impact until the end of July, 2020.

We might also add that we have effectively mapped the new COVID-19 ICD code 'C19' to the existing ICD-9 code 079.82 (SARS-associated coronavirus) for the purpose of reassigning registered patients with suspected or confirmed COVID-19 diagnosis to ACG categories more reflective of their anticipated burden of care. Reassignment will have a significant impact on PBF payment rates; and, will continue to rely on diagnosis information entered system-wide, not simply on diagnosis information entered by PBF providers.

In advance of any potential Ministry remedies related to COVID-19, we are suggesting all physicians connect with Doctors of BC to best understand the various federal and provincial programs able to provide relief during this difficult time.

Your continued efforts on behalf of your patients in these difficult times are recognized and truly appreciated.

Geoff

Geoffrey Homer | Director
Compensation Initiatives
Compensation Policy and Programs Branch | Ministry of Health
phone 250-952-2672 (o) : 250-893-1237 (c) | email: Geoffrey.Homer@gov.bc.ca

From: brenda hardie <s.22 >
Sent: April 15, 2020 4:43 PM

To: Population Based Funding Program HLTH:EX <PopulationBased.FundingProgram@gov.bc.ca>; 'Dr. K. Sajjan' <s.22 >; Mail, John [CWBC] <s.22 >; Tasha Lamb, MD [EXT] <s.22 >
Cc: Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca>; Johansen, Nadeen C HLTH:EX <Nadeen.Johansen@gov.bc.ca>; Atkinson, Mike HLTH:EX <Mike.Atkinson@gov.bc.ca>
Subject: Re: Decision to include 13701 and 13702 in the basket

Hello all

I am wondering if there has been further discussions on this. I see that in our region there are now more specific respiratory clinics set up, and we are encouraged to send patients to UPCC's and other formal COVID testing sites in order to preserve PPE. If we do these in our clinics we will use much more PPE due to the lower volume and intermittent nature of testing in primary care.

Clearly the current public health initiative is to send patients for testing to specified sites. While I understand that often these clinics are funded by sessional fees and may not create negations for us, the principle remains steadfast – that this is not a core billing code and thus should be outside the basket. We respectfully request that this be changed, retroactive to the start of the use of these codes.

Sincerely,

Brenda Hardie

From: "Population Based Funding Program HLTH:EX" <PopulationBased.FundingProgram@gov.bc.ca>
Date: Friday, April 3, 2020 at 7:56 AM
To: Kuljit Sajjan <s.22 >, John Mail <s.22 >, Tasha Lamb <s.22 >
Cc: "Homer, Geoffrey HLTH:EX" <Geoffrey.Homer@gov.bc.ca>, "Johansen, Nadeen C HLTH:EX" <Nadeen.Johansen@gov.bc.ca>, "Atkinson, Mike HLTH:EX" <Mike.Atkinson@gov.bc.ca>, brenda hardie <s.22 >
Subject: RE: Decision to include 13701 and 13702 in the basket

Dear Dr. Mail, Dr. Sajjan and Dr. Lamb,

We have received each of your e-mails regarding the COVID-19 Pandemic and the current MOH billing decisions communicated to PBF clinics on March 31, 2020 . Thank you for reaching out, we wanted to let you know that our team has reviewed the e-mails and we are taking your concerns very seriously. For that reason, we have elevated your messages to more senior levels. We hope to be able to communicate back with a more specific response soon.

Kind Regards,

Compensation Initiatives Team, Ministry of Health

Beth Martin
Senior Policy Analyst | Compensation Initiatives | Compensation Policy and Programs
Health Sector Workforce and Beneficiary Services Division
B.C. Ministry of Health | tel: 778-698-7392

Leonard, Jessica HLTH:EX

From: Tasha Lamb <s.22 >
Sent: April 2, 2020 9:43 PM
Cc: Martin, Beth HLTH:EX; Homer, Geoffrey HLTH:EX; Johansen, Nadeen C HLTH:EX; Mike.Atinson@gov.bc.ca; Brenda Hardie; Dr. Anita Holtham; Jillian Brooke Lusina, MD, CCFP [EXT]; Wilson Marhin; Sheliza Amirali Amarsi, MD [EXT]; Mail John [CWBC]; Kuljit Sajjan
Subject: Re: Decision to include 13701 and 13702 in the basket

Dear Ms Beth Martin and all,

I am a physician working in the PBF model for the past 12 years alongside my colleagues Dr. Brenda Hardie, Dr John Mail and Dr. Kuljit Sajjan. I chose to work in this practice as it was clear to me that the quality of care provided in this model was exceptional. I had worked as a locum using multiple other payment models, and I made the decision to work in a setting that allowed me to focus on excellant care, with logical renumeration.

I am dismayed at the conclusion that COVID-19 fee items would be part of longitudinal care. It is obvious that the pandemic is not part of routine longitudinal care, necessitating the creation of new codes to account for the work and risk involved in assessing these patients. PBF physicians are no different from our FFS colleagues, and should have access to these new codes in order to account for the work and risk of the pandemic. Aside from assuming that our work in the pandemic for assessing COVID19 is somehow different from that of our FFS colleagues, it is clear that any payment that would come from this work if it remains "in the basket" would be dramatically delayed, which is extremely unhelpful during a time when all primary care physicians are struggling with the business costs of reducing in person visits and providing our own PPE and office sanitation. In addition, we have continued to assess moderately to severely ill patients, and continued to provide testing according to guidelines when many primary care offices were no longer willing. As such, FFS use of these codes may not be reflective of our work in this area, and therefore any adjustment may not be accurate.

I request that this decision be revisited, and that PBF primary care physicians be afforded the same pandemic billing codes as other primary care physicians.

Sincerely,
Dr. Tasha Lamb

Leonard, Jessica HLTH:EX

From: Homer, Geoffrey HLTH:EX
Sent: March 24, 2020 12:59 PM
To: Atkinson, Mike HLTH:EX
Cc: Johansen, Nadeen C HLTH:EX; Martin, Beth HLTH:EX; Major, Tiana L HLTH:EX
Subject: RE: Outflows

Hi all

I just spoke with Dr. s.22 on the phone, and got some details. One of the physicians that has been working in the clinic has tested positive for COVID-19, and as a result many of the other clinic staff have been significantly exposed. Dr. s.22 mentioned that they are operating remotely, and able to provide for the majority of their patients; however, there are certain patients that require same-day, in-person attention. Dr. s.22 s concerned about assuaging the fears of some of the other physicians in the clinic, and has asked for us to consider some options for limiting or adjusting clinic outflows.

The clinic was given conflicting information from the Health Authority – who initially advised them to wear masks, then advised them to limit staffing, and then advised them to wear masks – and so they sought advice from infectious disease specialists. On this advice, they closed the clinic for in-patient visits.

I suggested that I would be advocating for an outflow cap at historical levels, but gave him no guarantees.

I also took the opportunity to ask Dr. s.22 about how workload has been impacted by COVID-19. He said that more than 50 per cent of his day is spent dealing with COVID-19 concerns, and it has significantly impacted their after hours work. Just a thought for the 13037 BN.

Cheers

Geoff

From: Atkinson, Mike HLTH:EX <Mike.Atkinson@gov.bc.ca>
Sent: March 24, 2020 12:11 PM
To: Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca>
Cc: Johansen, Nadeen C HLTH:EX <Nadeen.Johansen@gov.bc.ca>
Subject: FW: Outflows

Hi Geoff

Unfortunately, I hadn't read this yesterday...

Mike

From: s.22 >
Sent: March 23, 2020 11:38 AM
To: Atkinson, Mike HLTH:EX <Mike.Atkinson@gov.bc.ca>
Subject: Outflows

Hi Mike,

It's s.22 I'm not sure if you're the right person to talk to about this so if not, can you direct me where I should go?
The issue is one of our visiting doctors has tested positive for COVID-19. Nearly all of our doctors were significantly exposed over several days. We have almost completely transitioned to telemedicine and will continue to provide comprehensive care to all of our patients. However, inevitably some of our patients will be required to see another physician. In order to take pressure off of emergency rooms and urgent care, family MDs who are not under isolation have agreed to see our patients who require a physical examination. This may result in significant outflows (we'll have to see) and so I'm wondering if any consideration has been made to discontinue outflows during this pandemic. We will be able to return to the office 7-14 days after our last exposure but even that is unclear.

Any assistance would be greatly appreciated.

Thanks

s.22

Leonard, Jessica HLTH:EX

From: Homer, Geoffrey HLTH:EX
Sent: March 26, 2020 2:33 PM
To: s.22
Cc: Johansen, Nadeen C HLTH:EX; Martin, Beth HLTH:EX; Atkinson, Mike HLTH:EX
Subject: RE: Updated on s.22 and Covid-19

Hi s.22

As a follow up to our conversations earlier in the week, I can provide some security by letting you know that your clinic will receive their quarterly advances for April – June 2020 shortly, and those advances will include an outflow holdback consistent with your clinic's historical outflow rates. Until that advance is reconciled in July there will be no financial impact to your clinic based on actual outflows, and we have until then to respond to your request. Broadly speaking, the Ministry is considering the impact of COVID-19 on all physician payment modalities, but is not currently in a position to respond to your request. I'd mention that any Ministry response related to COVID-19's impact on physician compensation will consider equity across compensation modalities, and appropriateness within the context of the province's broader response to COVID-19.

Thanks

Geoff

From: s.22
Sent: March 25, 2020 9:55 AM
To: Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca>
Cc: Johansen, Nadeen C HLTH:EX <Nadeen.Johansen@gov.bc.ca>; Martin, Beth HLTH:EX <Beth.Martin@gov.bc.ca>; Atkinson, Mike HLTH:EX <Mike.Atkinson@gov.bc.ca>
Subject: Re: Updated on Spectrum and Covid-19

Thanks Geoff. Much appreciated. As always patient care comes first - even if it means there will be outflows. We accept that. But some security would be nice.

As it stands we are running a full clinic remotely. All of our doctors and nurses are online and "seeing" more than the usual number of patients/callbacks. Very few are being directed to a family practice clinic that has agreed to see those patients who absolutely require a physical examination. Also, we expect to be back in the clinic again late next week once we are out of quarantine.

Out of curiosity, can you tell me if Urgent Care visits are considered an outflow? We have received conflicting information.

Thanks again
s.22

On Wed, Mar 25, 2020 at 9:28 AM Homer, Geoffrey HLTH:EX <Geoffrey.Homer@gov.bc.ca> wrote:

Hi Dr. s.22

As discussed yesterday, I'm providing and update on the topics we discussed yesterday.

I've circulated a briefing note to my bosses outlining the situation at[s.22] and recommending a temporary cap on outflows at historical levels. I hope to receive feedback on that soon. Although I'll endeavour to give you and your staff peace of mind as soon as possible, from a financial perspective your next quarterly advance will use a historical outflow percentage, so there is a *de facto* cap until reconciliation at the end of July.

I've also reached out to Doctors of BC to inquire about their Physician Disability Insurance/Quarantine Income Replacement as a last resort.

Thanks

Geoff