
Frequently Answered Questions for Attachment and Attraction

ELIGIBILITY CRITERIA FAQs:

Do I meet the overall eligibility criteria as physician (APPLICABLE TO ALL PHYSICIANS)?

- a) Must be a member of the Yukon Medical Association.
- b) Only resident physicians who have an office-based practice and are paying overhead are eligible for funding through this program.
- c) Overhead in the context of this fund is defined as the cost of the rental or lease and other expenses in operating office space for use of clinical encounters with patients.
- d) Resident physicians who have access to overhead funds or other overhead reimbursement through another program (i.e. YG contract or YG funded clinic) are not eligible to apply through this fund.
- e) Days or weeks worked by a locum physician on behalf of a resident physician can count towards reimbursement but not towards the eligibility criteria.
- f) Resident physicians may apply under (1) as an individual or as a practice share or they may apply under (2) as a participant in a service. Physicians may not apply under both (1) and (2).
- g) No physician may apply for or receive funds under both this fund and any previous Recruitment and Retention program or agreement.

What are the Qualifying weeks and start dates?

Qualifying weeks, as described in s.12.3(1)(a) of the MOU will be calculated as Monday through Sunday; start dates are adjusted as below to accommodate Monday starts and 52-week years.

Year 1 – Starts October 31, 2022, or January 2, 2023

Year 2 – Starts April 3, 2023

Year 3 – Starts April 1, 2024

Year 4 – Starts March 31, 2025

Year 5 – Starts March 30, 2026

Year 6 – Starts March 29, 2027 (53-week year)

Year 7 – Starts April 4, 2028

I am a new resident Physician joining mid-year, can I apply to A&A?

Yes, new physicians recruited to the Yukon who are eligible may apply for the Attachment and Attraction Program and can claim qualified clinic days on their first day of work, but the pro-rated calculation of minimum qualifying weeks will start on the first Monday following the start date. For example, if a physician starts on June 14, 2023 (a Wednesday), the following Monday (June 19, 2023) will be used to calculate the number of weeks required to meet a pro-rated minimum number of weeks for eligibility. This also means that if they work in a clinic on June 14-16, those days will be counted for payment, but not impact the eligibility criteria.

I am applying to A&A for Year 1. Will I have to re-apply for subsequent years or will it just roll over?

Frequently Answered Questions for Attachment and Attraction

You will need to reapply annually as well as submit a reporting form at years end for compensation. The deadline to apply is the last business day in May. Annual reporting will need to be submitted before April 15 of any given year, providing information on locums, if any, and attesting to the availability of unscheduled appointments on each qualified day.

I pay overhead on a monthly basis. When will we receive reimbursement under this Program?

Payment of this fund is made on an annual basis once the reporting period has closed and is verified by Health and Social Services. YMA anticipates payment will be made to applicants by the end of May each calendar year.

If I receive funds under the A&A program, will I still be eligible for the New Graduates of CCFP or RCPSC programs?

Yes, Physicians who receive benefits under the A&A remain eligible for the New Graduates of RCPSC or CCFP program.

Do I qualify as an individual physician?

To qualify as an individual physician, you meet the eligibility criteria and are:

- a) providing longitudinal patient care, and/or
- b) a Family Physician with Specialty Training providing specialty care, or
- c) a Royal College Specialist

What are the ELIGIBILITY CRITERIA for Individual Physicians (Family Physician, Family Physician with Specialty Training, or Royal College Specialist)?

- a) Must work a minimum of two (2) unique calendar half days per week in clinic for 42 weeks per year (not including locum coverage).
- b) A minimum of eight (8) scheduled and two (2) unscheduled patient visits per half day for Family Physicians providing longitudinal patient care; a minimum of six (6) scheduled and two (2) unscheduled patients per half day for family physicians with specialty training (as defined in MOU) providing specialty care; or a minimum of three (3) scheduled patients per half day for Royal College Specialists.
- c) A commitment of two (2) unscheduled same day appointments per half day worked may be confirmed by attestation of the physician.
- d) Must provide continuous coverage for their practice (this may include the use of locums or a share practice).
- e) Family Physicians who also provide a clinic-based service in which overhead is incurred in addition to their longitudinal practice, may use both practices towards their eligibility criteria and reimbursement.
- f) Family physicians with specialty training and a specialty practice may apply for fund access if they meet the overall eligibility as well as the individual eligibility criteria as above.
- g) Must meet a minimum annual billing or shadow billing based on fee code location (office or home visits) of \$80,000/year.

Frequently Answered Questions for Attachment and Attraction

What are the ELIGIBILITY CRITERIA for a Practice Share (Family Physicians, Family Physicians with Specialty Training, Royal College Specialist)?

Practice shares may share a practice and meet the above qualifications to apply for access to the fund; each physician could use the shared time to qualify but must only submit reimbursement for the half days they (or their locum) worked.

A share of more than two physicians will need approval through JAC, unless these physicians meet eligibility criteria as a “service”.

I am applying as an Individual Physician (Family Physician, Family Physician with Specialty Training, Royal College Specialist) and I meet eligibility criteria - how is the reimbursement amount determined?

Once you meet eligibility criteria, Physicians are eligible for \$300 per qualified half clinic day, to a maximum of \$6,000 per physician per month. Payment is made on an annual basis.

I am applying as a part of a Practice Share (Family Physician, Family Physician with Specialty Training, Royal College Specialist) and we meet eligibility criteria, how is the reimbursement amount determined?

Each Physician within the share (once the share meets eligibility criteria as above) applies for reimbursement based on days worked by the individual physician (ie you apply for eligibility as a share and for reimbursement as an individual). Physicians are eligible for \$300 per qualified half clinic day worked to a maximum of \$6000 per physician per month.

What is a practice share and what is a service?

The MOU defines these terms. A practice share for Family Physicians is a commitment amongst more than one Family Physician to provide continuous care to a group of patients. A practice share for Royal College Specialists means a commitment amongst more than one Specialist, who do not meet the criteria of a “service”, to provide continuous and specialty care to a group of patients, while appropriate.

A service means a group of similarly trained Royal College Specialists who commit to working together to provide seamless care in their respective specialty, which includes both urgent and outpatient consultations, in-patient care when appropriate, level 1 or level 2 call, operative procedures as applicable, and education to the physician community. The Service commits to providing care using local specialists or locum specialists as required. The current local Services include General Surgery, Gynaecology, Orthopaedics, Paediatrics, and Psychiatry.

What are the Eligibility Criteria for Royal College Specialists as a part of a Service?

- a) The service must provide continuous coverage for their service, including on call coverage as stipulated by Level 1 or 2 call in the fee schedule (this may include the use of locums).
- b) The service must commit to a wait time of less than one month for urgent referrals.
- c) The service must keep track of their wait times and make a meaningful effort to reduce wait times for non-urgent referrals to less than six months.
- d) The resident Specialist agrees that this fund would support the overhead for themselves and their locums providing coverage for temporary leaves.

Frequently Answered Questions for Attachment and Attraction

e) Should the service not be fully staffed with resident Specialists and be unable to provide continuous coverage due to a shortage of locums, the service may apply to JAC for an exemption for additional allotments of the fund.

How is the reimbursement amount determined for Royal College Specialists as a part of a Service?

- a) Specialists are eligible to a maximum of \$6,000 per month per individual specialist, to a maximum of \$288,000 per year for a service.
- b) Specialists applying as a service must ensure that the names of the other Specialists within their group are listed on their application form and are identical on all application forms.
- c) If there is change in the Specialists providing a service, the names of the physicians providing a service can be changed on the application for this fund with the condition that the total number of physicians providing the service has not increased.
- d) If an additional resident Specialist joins the service thereby increasing the total number of physicians providing the service, the service may apply to JAC for an additional allotment; as the intention of the fund is overhead support, should the addition of a physician result in an overall decrease to the other provider's 'overhead' this may be reflected in each provider's allotment.
- e) Payment under the fund is made on an annual basis.

I am a Royal College Specialist and do not qualify as a part of a Service, am I still eligible under the fund?

You can apply as an Individual or Practice Share if you meet the eligibility criteria as written above for an Individual or a Practice Share (from section 12.3 of the MOU).

What happens if I am in a practice share and my share partner leaves the territory?

Physicians will be eligible for the fund based on their application. If changes occur during the year, the physician(s) will be assessed on the type of application they submitted and whether they meet the eligibility requirements. Physicians can alter their type of application at the next intake date.

Can I recruit a physician for a practice share mid-way through a fiscal year?

This Program operates on an annual basis, contact the YMA CEO for guidance.

What happens if I am applying as an Individual Family Physician, or a Practice Share and I work a full day of clinic but only have 12 scheduled appointments and 2 unscheduled patient visits?

A half day as defined by this Program stipulates Family Physicians must have 8 scheduled visits and 2 unscheduled appointments available per half day. You would be able to apply for one half day.

Can I use 2 scheduled visits to account for 1 long counselling appointment?

This program is structured around individual appointments, not length of visit. If this negatively impacts your
Version April 5, 2023

Frequently Answered Questions for Attachment and Attraction

practice, please give feedback to the YMA. The MOU states that there will be an annual evaluation of the program to ensure it is meeting its targets and taking into consideration changes in practice environment and adjust accordingly.

I don't understand the 2 separate calendar half days. I work 3 full days a week in clinic. Should I start working half days?

Once you meet eligibility criteria, additional half days can count toward reimbursement. Assuming you meet the overall criteria, you would be reimbursed for the half days you worked in clinic.

Why does the A&A program specify half days?

A&A Program eligibility is structured around half days to meet the patient access and attachment goals of the program while preserving and ensuring flexibility for physician scheduling outside of their clinic hours.

I am a Family Physician and applying as an Individual or Practice Share but also serve a rural community under contract. How do I apply for those days to be covered for eligibility and/or reimbursement? Do I need to fill out the zero value fee codes?

For family physicians who have a Whitehorse practice but who also hold contracts in rural communities, their general practice contracts for communities will be considered a version of clinical practice. Physicians working in communities will be eligible to claim the days working in communities as longitudinal primary care for the purposes of the Attachment and Attraction Program eligibility (but not for reimbursement). Clinic days held in rural communities will be confirmed through the invoices submitted by physicians instead of using zero value fee codes for rural community clinic days.

I am a part of a Service that qualifies under the A&A and I don't understand what to do about half days or weeks worked or the new fee codes. How do these impact me?

The zero value fee codes are specific to physicians applying under either an individual physician or practice share and don't apply to a Service.

I am a Family Physician with a longitudinal practice. I am concerned that office visits for drivers' medicals, pilots' medicals, etc. would not count toward one of the 8 scheduled visits per half day that qualifies me for this fund. What can I do?

The intent of the program is to increase access and attachment for insured health care plan beneficiaries and does not include employment or recertification medical examinations. You can provide feedback to the YMA. Under the A&A program, both YMA and YG will undertake an annual evaluation of the program to ensure it is meeting its targets and take into consideration changes in practice environment and adjust accordingly.

Frequently Answered Questions for Attachment and Attraction

UNSCHEDULED APPOINTMENTS FAQs

What is considered “unscheduled same day appointments per half day”?

This means you have made available two appointment slots to see patients who were not scheduled to be seen that half day. To meet the eligibility criteria, you must do this on at least two separate calendar half days in the week.

If I work a full day in clinic and meet the criteria that both half days can be reimbursed, can I have all 4 of my unscheduled appointments at the end of the day rather than two in the morning and two in the afternoon?

Yes.

What happens if the 2 unscheduled same day appointments per half day are not used?

There is no penalty if the 2 unscheduled same day appointments are not used. The expectation is that you had these 2 appointments available and offered to your attached patients to be seen “same-day” instead of them having to use a hospital ER or a walk-in.

REPORTING FAQs:

What is the deadline to submit my “Annual Reporting Form”?

Physicians will need to complete the Annual Reporting Form before April 15 of each year, ie for the fiscal year ending March 31 2023 the Annual Reporting Form is due before April 15 2023.

LOCUM FAQs:

I was sick and did not get to claim half days worked, is this taken into consideration as I was still paying overhead?

The Attachment and Attraction Program currently provides for long term leave only as part of its provisions. The program does not make exceptions for short term illness or absences, whether planned or unplanned. If you have met your eligibility criteria and you are able to secure a locum for an unexpected absence, you may apply for reimbursement for these days. If you are unable to secure a locum, you do not qualify for reimbursement for these days.

I was sick and did not get to claim half days worked for 1 week and this is preventing me from meeting my eligibility criteria, what can I do?

Very unique and extenuating circumstances may be submitted to JAC for consideration.

Will my locum’s days or weeks worked count towards my reimbursement?

Yes, half days worked by a locum on behalf of a resident physician can count towards reimbursement but not towards the eligibility criteria. This means you need to meet eligibility criteria as an individual or in a share, and once that criteria is met, you may submit locum days for reimbursement

Frequently Answered Questions for Attachment and Attraction

How do I report my locums, so their days are included for my reimbursement for A&A?

On your Annual Reporting Form, you will need to provide the dates you had a locum, their name, billing number, a list of the calendar days that the locum worked and how many half days they worked on those calendar days that are being claimed for A&A. Please ensure that these half days met criteria as outlined.

Who needs to bill the zero-dollar value fee codes for each qualified half day worked by a locum?

You will need to ensure that your locum bills the zero value fee codes below as applicable. Please advise your locum to bill T0088 for qualifying half days.

For the fiscal year ending March 31, 2023, I did not instruct my locum to bill T0088. How does that impact me?

For the fiscal year ending March 31, 2023, there may be locums who worked and did not know to bill the T0088. Given these instances, YG will accept by attestation of the physician submitting their reporting form that the locum met the qualifying criteria on the specific half days worked by the locum which are being submitted for reimbursement.

I am going to take long-term leave for parental leave, bereavement, or sick leave, what is my eligibility criteria?

- a) Must qualify through the YMA internal policy for long term leave (refer to LSF fund)
- b) Maximum period of 12 months and must submit a calendar of covered days.
- c) Application must be completed by the resident physician (not the locum(s)).
- d) Resident physician must agree to apply the fund in its entirety towards the locum's overhead.
- e) May qualify for coverage if their practice is covered based on minimum requirements as outlined in section 12.3 or 12.4 of the MOU.
- f) If the entire leave cannot be covered, the resident physician may apply for an exemption through the JAC.

I am taking long term leave; can I use the dates my locum worked to meet my eligibility?

Physicians on long-term leave apply to the program on behalf of themselves and their locums working during their leave. Physicians on YMA approved long term leave who have long term locum coverage need to provide their locum information and the dates they worked on the application and reporting form.

**** Please note though that if you have pre or post parental leave in any fiscal year you are applying (i.e., your parental leave is not the entire fiscal year), you will have a prorated requirement for # weeks worked by your yourself (not your locum). Please contact the YMA CEO to determine that.*

I am on long term leave, how much can I be reimbursed?

Refer to fund details in the MOU for those with an individual practice/ practice share and those with a service practice; for those in an individual or share your reimbursement is based on half days worked as described as

Frequently Answered Questions for Attachment and Attraction

above.

Payment will be made to the resident Physician (and not the locum physician).

I am in a Practice Share with a Physician who is on Long Term Leave, how will this impact me?

Your Practice Share continues with the locum(s) of the physician on long-term leave counting with you to meet Eligibility Criteria. Once Eligibility Criteria is met, reimbursement is based on your half days worked as an individual.

BILLING FAQs

What are “zero value” fee codes?

These fee codes were created for verification purposes to confirm that both the eligibility and qualified half day criteria have been met. It is important you submit claims for these fee codes for each half day you are claiming under the program to ensure you meet the criteria and are eligible for reimbursement.

What are the 3 “zero value” fee codes?

Details of the new zero value fee codes can be found under the General Services section of the Payment Schedule for Yukon and are as follows:

T0088 - Half Day clinic that includes the required number of scheduled visits and two (2) unscheduled appointments.

T0090 - Patient visits pursuant to the Workers Safety and Compensation Act.

T0091 - Scheduled appointments that the patient did not attend. Physicians will follow up with individual patients in accordance with their professional standards of practice.

These fee codes are set to be automatically assessed. Please note the general rules apply around the patient having a valid health care number and provider eligibility. Please also note that the T should not need to be entered into the Plexia billing line, just simply enter 0088.

Why do I bill fee code T0088?

You must submit a claim for this zero-value fee code under **PHN 003-131-182** for every half day worked that you are claiming for eligibility or reimbursement under A&A. The use of this code confirms a physician has met the criteria of the minimum number of required patient visits and unscheduled appointment per half day (as described in section 12.3(1)(b) and 12.3(1)(c) of the MOU, as well as in the eligibility FAQ questions above).

What ICD Code do I use for fee code T0088?

Code V68- encounters for administrative purposes

How do I bill the T0088 for a calendar day when I have 2 qualifying half days?

Version April 5, 2023

Frequently Answered Questions for Attachment and Attraction

Starting April 3, 2023, physicians are to submit fee code T0088 twice on the same calendar day when they work a full day (ie. two qualifying half days in a unique calendar day). For the fiscal year ending March 31, 2023, YG will accept both circumstances where a physician billed fee code T0088 twice on the same calendar day or when a physician billed 2 units of T0088 on a unique calendar day.

I am a Royal College Specialist or Family Physician with specialty training applying as an individual or share and the fee guide states T0088 means I'm attesting to 8 scheduled visits and 2 urgent fit ins, those aren't my criteria as per the MOU. What do I do?

Please still use the T0088 to attest to your half days. YG acknowledges that your use of the T0088 would mean attestation to 3 scheduled visits per half day (for Royal College Specialist) or 6 scheduled and 2 urgent (Family Physician with specialty training).

Why do I bill - T0090 - WCB patient visits?

Relative to the A and A program, WCB visits are essential health care services as part of both comprehensive primary care and specialist care. If you see a patient for a WCB visit in your eligible half day, please bill this zero-value fee code in your EMR under the patient's PHN in addition to your regular process for billing to WCB.

Why do I bill T0091 - Patient did not attend their scheduled appointment (i.e., "No Show")?

Please claim this code for every "No Show" that occurs for the half day you are claiming in your EMR under the patient's PHN. Physicians will follow up with individual patients in accordance with their professional standards of practice.

I have a LOCUM, do they need to bill these codes to claim my half days for my eligibility?

Yes, both short term and locums supporting YMA approved long term leaves are expected to be informed of the A&A fund and bill these fee codes. It is the responsibility of the Resident Physician applying to A&A to inform their locum of the A&A billing expectations.

Long term locums must bill these zero value fee codes for A&A applicants to meet eligibility criteria, as well as reimbursement. Short term locums' zero value fee codes for A&A applicants will be used to count towards reimbursement but not eligibility.

Your locum must submit the zero value fee codes. You cannot do so on their behalf. You need to communicate to your locum the importance of billing the zero value fee codes as though they were fee for service claims for remuneration. Please also submit any half days locums worked for you (with their name, billing number and date) on your Annual Reporting Form.

MISCELLANEOUS FAQs

What happens if you leave the territory mid-year?

Please contact the YMA CEO for guidance.

Can you start or switch practice shares mid-year?

Please contact the YMA CEO for guidance.

Frequently Answered Questions for Attachment and Attraction

Can I charge my locum overhead?

Individual physicians or those in Practice Shares: Recognizing that locums operate under mutually acceptable agreements, some physicians might consider a contingency that overhead will be covered only if the resident physician meets A&A eligibility criteria and receives funds. Locum agreements might be made such that locums may be responsible for their own overhead if the resident physician does not meet eligibility requirements and does not receive funding. This would be dependent on the structure of the agreement with the locum.

Physicians on Long Term Leave: A&A is reimbursed to you directly even though your locum is completing the billings. The reimbursement issued to you must be used to cover your locums overhead in your absence.

For Services: A&A funds paid to members of Services are meant to cover overhead of locums.

I am a Family Physician/Specialist qualifying as an Individual/Practice Share. I had a locum who did NOT meet the minimum billing requirements for their half days. Do I have any recourse?

There is no recourse if your locum did not meet the criteria.

I have a unique situation and do not see an answer to my question, what do I do?

Please contact the YMA CEO for guidance.

Frequently Answered Questions for Attachment and Attraction
