

Attachment and Attraction program Frequently Asked Questions

New for 2024-25 Some elements of the Frequently Asked Questions (FAQs) have been revised based on mutual agreement to waive application and enforcement of select A&A provisions in the MOU by Health and Social Services (HSS) and the Yukon Medical Association (YMA) after undertaking an evaluation of the program's first year of operation. The agreement to waive application and enforcement of select provisions for the 2024-25 program year is not retroactive and only effective as of April 1, 2024.

General program FAQs

What is the Attachment and Attraction program?

Health and Social Services (HSS) and the Yukon Medical Association (YMA) worked in partnership to develop and implement the Attachment and Attraction (A&A) program, which was established through the 2022 MOU negotiations to provide physicians with financial contributions towards clinic overhead costs by incentivizing patient access.

What are the objectives of the A&A program?

Two key objectives of the program are to increase the satisfaction and retention of resident physicians by providing funding for clinic overhead costs, while increasing the level of access and attachment for Yukoners to primary care.

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

Please contact the YMA CEO for guidance.

Eligibility criteria FAQs

What are the overall eligibility criteria?

The following is applicable to all physicians participating in the program regardless of practice type:

- a) Must be a member of the Yukon Medical Association.
- b) Only resident physicians who have a Whitehorse 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.

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- e) Days or weeks worked by a locum physician on behalf of a resident physician count towards reimbursement.
- f) Resident physicians may apply either (1) as an individual or as a practice share, or they may apply (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 about the qualifying weeks and start dates?

For the 2024-25 program year (starting April 1, 2024), HSS and YMA are waiving the application and enforcement of the provision that physicians are required to meet the minimum of 42 qualifying weeks to participate in the program (as described in s. 12.3(1)(a) of the MOU). Two unique calendar half days per week are still required and weeks are 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

Do I qualify as an individual physician?

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

- a) provide longitudinal patient care, and/or
- b) a family physician with specialty training providing specialty care, or
- c) a Royal College certified specialist.

What are the eligibility criteria for individual physicians (family physician, family physician with specialty training, or Royal College specialists)?

- a) Must work a minimum of two (2) unique calendar half days per week in clinic.
- b) Provide a minimum of eight (8) scheduled and two (2) unscheduled patient visits per half clinic day for family physicians providing longitudinal patient care; a minimum of six (6) scheduled and two (2) unscheduled patients per clinic 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) Confirm the availability of two (2) unscheduled same day appointments per half day worked by submitting the 0088 zero-value fee code billing.
- d) Must provide continuous coverage for their practice (this may include the use of locums

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or a practice share).

- 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 per year.

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 on-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 a practice share (family physicians, family physicians with specialty training, Royal College specialists)?

Practice shares may share a practice and meet the same 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 clinic days they (or their locum) worked.

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

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.

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- d) The resident specialist agrees that this fund would support the overhead for themselves and their locums providing coverage for temporary leaves.
- 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.

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 program remain eligible for the New Graduates of the Royal College of Physicians and Surgeons of Canada (RCPSC) or New Graduates of the Certificate in the College of Family Practitioners (CCFP) program.

If I am a Royal College specialist and do not qualify as a part of a service, will I still be 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?

Due to the waiving of application and enforcement of the 42 qualifying weeks provision for the 2024-25 program year, many physicians will still be able to qualify for the fund without a practice share provided they meet the other eligibility criteria. If changes occur during the year, the physician(s) will be assessed whether they meet the eligibility requirements. Physicians can alter their practice share details at the next program intake date.

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

Please contact the YMA CEO for guidance.

What happens if I leave the territory mid-year?

As of the 2024-25 program year, you would still receive payment for any eligible clinic half days up until your departure. Please contact the YMA CEO for guidance if you are part of a practice share.

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 two unscheduled patient visits?

A half day as defined by this program stipulates family physicians must have eight (8) scheduled visits and two (2) unscheduled appointments available per half day. You would be able to apply for one half day.

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Can I use two scheduled visits to account for one long appointment?

This program is structured around individual appointments, not length of visit. If this negatively impacts your 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 two separate calendar half days. I work three full days a week in clinic. Should I start working half days?

Once you meet weekly 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 the 2023-24 program year, for a family physician who has a Whitehorse practice but who also holds 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 those weeks working in communities as longitudinal primary care for the purposes of the A&A program. 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, but use of 0088 during rural clinic days is also acceptable for the 2023-24 program year .

Note: Due to the waiving of application and enforcement of the 42 qualifying weeks provision, this exemption will no longer apply for the 2024-25 program year.

What other physician contracts have been determined by JAC to count towards eligibility requirements in the 2023-24 program year?

For the 2023-24 program year, family physicians applying as individuals or practice shares who also hold contracts for long-term care, KDFN, Constellation Clinic, and hospitalists can count days worked for those contracts towards their overall eligibility, but not for reimbursement. Physicians working these contracts do not need to bill 0088 for days worked on contract and instead these days will be confirmed for eligibility through invoices and/or schedules submitted, however the use of 0088 during these contract clinic days is also acceptable for the 2023-24 program year.

Note: Due to the waiving of application and enforcement of the 42 qualifying weeks provision,

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this exemption will no longer apply or be necessary for the 2024-25 program year.

I am a part of a service that qualifies under the A&A program 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 eight 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 HSS will continue to undertake annual evaluations of the program to ensure it is meeting its targets and take into consideration changes in practice environment and adjust accordingly.

Unscheduled appointments FAQs

What is considered an "unscheduled same day appointment 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 four 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 two unscheduled same day appointments per half day are not used?

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

Application FAQs

Can I apply to the program if I am a new resident physician joining mid-year?

Yes. New physicians recruited to the Yukon who are eligible may apply for the A&A program and can claim qualified clinic days on their first day of work. Due to the waiver of application and enforcement of the 42-week qualifying criteria provision as of the 2024-25 program year,

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it is no longer necessary to determine a pro-rated calculation of weeks for eligibility for physicians who start practicing mid-way through the year.

I am applying to A&A again after already participating last year. Will I have to re-apply for subsequent years or will my enrollment just roll over?

Starting in the 2024-25 program year, individual physicians already enrolled in the A&A program will be automatically re-enrolled without the need to reapply. Physicians in a practice share or service will need to reapply to confirm their practice partner(s) remain the same. This is now being done through a simplified online form.

When is the deadline to apply?

The deadline to apply is the last business day in May; however, throughout the year if circumstances change and a physician becomes eligible for the program, they can apply at any time but only the eligible clinic half days after their application has been received will count towards reimbursement.

How do I apply to the program as part of a specialist service?

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. 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.

Payment FAQs

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

Payment of this fund will now be made on a quarterly basis for the 2024-25 program year. This will require physicians to submit locum information on a quarterly basis to ensure accurate verification of eligible days.

The annual payment for the 2023-24 year will be made to participants in May 2024 once the reporting period has closed and all data is verified.

How is the reimbursement amount determined for those who apply and meet the eligibility criteria as an individual physician (family physician, family physician with specialty training, Royal College specialist)?

Physicians are eligible for \$300 per qualified half clinic day, to a maximum of \$6,000 per physician per month. In the 2024-25 program year, payment will be made on a quarterly basis once locum information is submitted and verified.

How is the reimbursement amount determined for those who apply and meet the eligibility

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criteria as part of a practice share (family physician, family physician with specialty training, Royal College specialist)?

Each physician within the share (once the share meets eligibility criteria as above) applies for reimbursement based on days worked by the individual physician (i.e. 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 \$6,000 per physician per month.

How is the reimbursement amount determined for Royal College specialists as part of a service?

Specialists are eligible up to a maximum of \$6,000 per month per individual specialist, to a maximum of \$288,000 per year for a service. Payment under the fund will be made on a quarterly basis for the 2024-25 program year (and on an annual basis in previous years).

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, if the addition of a physician to the service will result in an overall decrease to the other provider's overhead costs, this may be reflected in each provider's allotment.

Reporting FAQs

What is the deadline to submit my "Annual Reporting Form" for the 2023-24 program year?

Physicians will need to complete the Annual Reporting Excel template for their locum coverage in the 2023-24 program year before April 15. The reporting template will be sent out to all physicians by the YMA. The use of the hard copy annual reporting form in the MOU is being waived.

What about reporting in the 2024-25 program year with the new quarterly payments?

For the 2024-25 program year where the payments will shift to quarterly, physicians will need to report any locum coverage through the form/template provided each quarter: July 15, 2024; October 15, 2024; January 15, 2025 and April 15, 2025 (reminders will be sent out by the YMA). If physicians miss a reporting deadline, they can submit at the next deadline and submit multiple quarterly reports for locum coverage at a time.

Locum FAQs

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

The A&A program currently only provides for long term leave 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

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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.

What can I do if I was sick and did not get to claim a half day worked for part of a week and this is preventing me from meeting my weekly eligibility criteria?

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 if the overall eligibility criteria were met.

How do I report my locum coverage so it is included for my reimbursement for A&A?

On your Locum Reporting Form, you will need to provide the dates you had a locum, their name, and billing number. Please ensure that these half days met criteria as outlined (including the locum using the 0088 fee code as required).

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.

I did not instruct my locum to bill T0088. How does that impact me?

The T0088 fee code is an attestation from the physician of meeting the eligibility criteria for a clinic half day and is the primary factor to calculate A&A payments. Locums must enter these codes when applicable for the resident physician.

How can I meet eligibility criteria if I am going to take long-term leave for parental leave, bereavement, or sick leave?

- a) Must qualify through the YMA internal policy for long term leave (refer to the Locum Support fund)
- b) Maximum leave 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.

If I am taking long term leave, how can I use the dates my locum worked to meet my

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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 forms.

How much can I be reimbursed if I am on long-term leave?

Refer to fund details in the MOU for those with an individual practice or practice share and those with a service practice; for individuals or those in a practice share, your reimbursement is based on half days worked as described as above. Payment will be made to the resident physician (and not the locum physician).

How will it impact me if I am in a practice share with a physician who is on long-term leave?

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 are 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 three “zero value” fee codes?

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

Fee code	Description
T0088	Half day clinic that includes the required number of scheduled visits and two (2) unscheduled appointments. 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 ICD-9 code is V68 (encounters for administrative purposes).
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 automatically assessed. Please note the general rules apply around the

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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?

You can use code V68, which is for encounters for administrative purposes.

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

Starting April 3, 2023, physicians are to submit fee code T0088 twice on the same calendar day when they work a full day (i.e. two qualifying half days in a unique calendar day).

The fee guide states T0088 means I am attesting to eight scheduled visits and two unscheduled visits, but this is my eligibility criteria since I am a Royal College specialist or family physician with specialty training applying as an individual or share. Should I still use it?

Please still use the T0088 to attest to your half days. HSS acknowledges that your use of the T0088 would mean attestation to three scheduled visits per half day (for Royal College specialists) or six scheduled and two urgent visits (for family physicians with specialty training).

Why do I need to bill T0090 for WCB visits?

Relative to the A&A program, Worker's Compensation Board (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 Electronic Medical Record (EMR) under the patient's health card (PHN), in addition to your regular process for billing to WCB.

Why do I need to bill T0091 for patients who did not attend their scheduled appointment (i.e., "no shows")?

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.

Does my locum 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

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physician applying to A&A to inform their locum of the A&A billing expectations. Locums must bill these zero value fee codes for A&A applicants to meet eligibility criteria, as well as reimbursement.

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 locum names, billing numbers and dates) on your Locum Reporting Form before each payment period.

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 locum correctly uses the 0088 fee code to attest to days where eligibility criteria were met.

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.

Do I have any recourse if I had a locum who did not meet the minimum billing requirements for their half days?

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