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Physician & MOA Operational Checklist 2026

Alberta PCPCM Payment Model

1 Physician Eligibility Checklist

Physician must:

☐ Practice in a community medical clinic providing in-person, longitudinal family physician services

☐ Provide the majority of community-based services to a known, relationship-based patient panel

☐ Meet the minimum 400 hours of direct & indirect care over 40+ weeks per fiscal year (April–March)

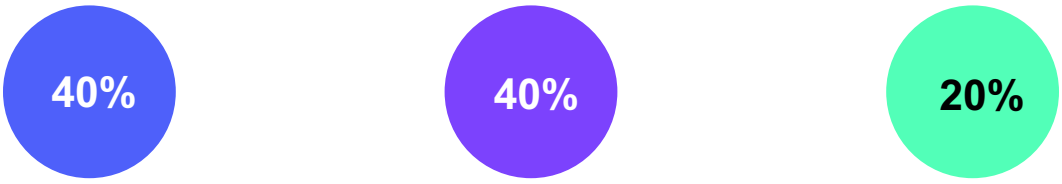
☐ Create panels using a CII/CPAR-conformed EMR

☐ Maintain a minimum PCPCM panel size of 500 patients (waived 6 months for new-to-practice physicians)

☐ Commit to panel management processes addressing conflicts and demographic mismatches

☐ Review the PCPCM Ministerial Order (MO 510/2025)

PCPCM Payment Structure at a Glance



Avg. panel payment: $70.25 / patient / year ($32.87–$136.73 range)

**Based on the PCPCM Operations Manual v5.0 (Oct 9, 2026), Alberta Medical Association (AMA) / Primary & Preventative Health Services (PPHS).*

2 Clinic Setup Checklist

Before first PCPCM billing — Clinic Administration / MOA must confirm:

- ☐ PCPCM Business Arrangement (BA) Number obtained and on file
- ☐ Facility number confirmed — same number used for FFS and PCPCM claims
- ☐ EMR configured to submit claims under the GP skill (the only eligible skill code)
- ☐ EMR configured with the non-patient-specific ULI 10814-7612 for time claims
- ☐ ICD-9 diagnostic code 780 available for time-code submission
- ☐ FFS BA retained and active for non-paneled, out-of-basket & facility-based services

3 CPAR Panel Setup Checklist

- ☐ EMR is CII/CPAR-conformed and live
- ☐ Panel Administrator assigned to access the CPAR Online Portal
- ☐ Monthly EMR upload to CPAR completed between the 1st–21st
- ☐ Panel Submission Metrics Report reviewed monthly

TIP: Moving clinics within 3 months of applying? Wait until your panel is established at the new clinic before applying for a PCPCM BA.

4 PCPCM Enrolment Checklist

Physician / AMA Member Dashboard

1. Explore AMA resources — Financial Calculator, webinars, Operations Manual
2. Confirm eligibility on the AMA Member Dashboard (CPAR PCPCM Panel ≥ 500 patients)
3. Submit Expression of Interest — checkbox form; confirmation email from AMA
4. Complete the PCPCM Application Form; email to pphs.pcpcmform@gov.ab.ca
5. Receive PCPCM BA by mail — billing begins and MO rules take effect immediately

TIP: Applications are processed on an ongoing basis with rolling monthly deadlines and start dates.

Rate reminder

Avg. annual increase for full-time longitudinal family physicians is estimated at ~25% vs. Fee-for-Service.

5 Patient Panel Management Checklist

Physician / Panel Administrator responsibilities:

- ☐ Maintain ≥ 500 active PCPCM panel patients
- ☐ If panel drops below 500, restore it within the 12-week grace period
- ☐ Include only patients where the physician is the primary care provider in the CPAR upload
- ☐ Update CPAR promptly upon patient death or a patient's move out of Alberta
- ☐ Avoid “off-loading” paneled patients onto FFS colleagues or locums
- ☐ Monitor panel conflicts — unresolved conflicts may reduce panel payments in the future
- ☐ Request an updated HQA Primary Healthcare Panel Report as needed

6 Monthly CPAR Reports to Review

CPAR Conflict Report

Flags patients paneled to more than one primary provider

Demographic Mismatch Report

Flags EMR vs. Provincial Client Registry mismatches & deceased patients

Panel Submission Metrics Report

Last 6 months of uploads, mismatches, errors & conflicts

Panel payment timing: EMR uploads to CPAR the 1st–21st of each month; panel payment follows on the last Friday of the next month.

7 Daily Encounter Billing Checklist

MOA / Billing — for each patient encounter, use the correct BA and rate:

Service Type	BA	Rate
In-basket codes (~94% of visits)	PCPCM	68.5% FFS
Out-of-basket codes (in clinic)	PCPCM	100% FFS
AHS, LTC/DAL, hospital, MAID	FFS	100% FFS
Occasional non-paneled patients	PCPCM	Code + time
Walk-in / consult (majority non-paneled)	FFS	100% FFS

Additional billing rules:

☐ Claims submitted using the GP skill code (other skills are rejected — explanatory code 99A)

☐ Complexity modifiers CMGP01–CMGP10 and CMXC30 are not billed on in-basket claims

☐ Tray fees (MAJT / MINT / NBTR) billed at 100% value — not discounted with the visit

8 Explanatory Codes

Code	Meaning
99C	Discounted in-basket rate (68.5% of FFS)
99A	Wrong skill used (must be GP)
99B	Time code submitted on FFS BA
99D	Wrong ULI used on time claim

**Rejected claims (99B/99D) may be resubmitted within 90 days of appearing on the Statement of Assessment.*

9 Time-Based Billing Checklist

Physician responsibilities — track direct, indirect, and after-hours care:

Code	Care Type	Usage	Rate (per 15 min)	Daily Maximum
PC001	Direct	Monday-Friday, 7:00 a.m.-5:00p.m. (excludes holidays)	$26.25	40 calls per day
PC002	Indirect	Unrestricted	$26.25	44 calls per day
PC003	After-Hours Direct Care	Monday–Friday, 5:00 p.m.–11:00 p.m. (excludes holidays)	$48.18	24 calls per day
PC004	Weekend & Holiday Direct Care	Weekends & holidays, 7:00 a.m.–11:00 p.m.	$48.18	64 calls per day

Billing rules to follow every day:

- ☐ All time codes billed under the non-patient-specific ULI 10814-7612
- ☐ Diagnostic code 780 used where required by the EMR
- ☐ Time claimed cumulatively per day, in 15-minute increments
- ☐ No more than 20% of total annual hours (April–March) billed at the after-hours premium
- ☐ Clinic Practice Management: automatic 10% top-up on direct/indirect hours, paid at $105/hour

10 Rate Reference

Direct & indirect care: $105 / hour

After-hours premium: +$87.72 / hour ($192.72 / hour total)

After-hours window: 5–11 p.m. weekdays; 7 a.m.–11 p.m. weekends & stat holidays

Practice management top-up: 10% of direct + indirect hours × $105/hr, paid automatically & weekly

11 Annual & Ongoing Compliance Checklist

- ☐ Monitor PCPCM panel size monthly via the Panel Submission Metrics Report
- ☐ Track after-hours premium hours to stay under 20% for the fiscal year (April–March)
- ☐ Review the CPAR Conflict and Demographic Mismatch Reports monthly
- ☐ Notify the Minister ≥ 30 days before moving facilities or withdrawing from PCPCM
- ☐ Retain adequate medical records supporting all time and encounter claims
- ☐ Confirm claims processed with correct explanatory codes on each Statement of Assessment

12 Locum Quick Reference

Option	Claims BA	Panel Payment	Time Claims
Option 1 (any duration)	Host's PCPCM BA	Continues to Host	Paid to Host
Option 2 (< 28 days)	Locum's FFS BA	Continues to Host	N/A
Option 2 (≥ 28 days)	Locum's FFS BA	Paused (“in transition”)	N/A

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Need a hand with PCPCM billing?

info@clinicaid.ca — speak with our team to learn more how we can help improve your PCPCM billing for your Alberta practice.