

Alberta's Physician Compensation Comparison Table

This resource provides a high-level overview of Alberta's physician compensation models for family physicians and rural generalists.

Disclaimer: This chart is for informational purposes only and does not include all cARP models. Physicians and teams who are interested in exploring physician payment models should refer to more comprehensive resources from the Alberta Medical Association or Alberta Health.

		clinical Alternative Relationship Plans (cARP) These plans empower physicians to tailor their compensation models to align with their individual practice styles, community priorities and patient care goals, beyond the traditional Fee-for-Service (FFS) model		
Fee-For-Service (FFS)		Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
PRE-REQUISITES	None - default compensation model for physicians	500-person PCPCM panel (min) 400 hours of direct/indirect care over at least 40 weeks per year Clinic-based practice for longitudinal care On CII/CPAR	Clinic-based practice for longitudinal care	Clinic-based practice 80% of clinic physicians must participate On CII/CPAR Strong administrative capabilities
	Fee-For-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
MODEL ENTRY REQUIREMENTS	None - default compensation model	Expression of Interest Review Ministerial Order PCPCM Application	Expression of Interest cARP Application Physician may join an already established ARP	Panel validation Clinic Baseline Assessment Intake Form Financial modeling for clinic BCM Application
	Fee-for-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
MODEL EXIT REQUIREMENTS	N/A	30 days written notice	30 days written notice	30 days written notice
PAYMENT LEVEL	Fee-for-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
	Physician	Physician	Physician (sole practitioner ARP) or at the program level	Clinic
PAYMENT FOR PATIENT ENCOUNTERS & SERVICES	100% FFS value Complexity modifiers Weekly payments	68.5% of FFS value for in-basket services Complexity modifiers ineligible 100% FFS value for out-of-basket services Weekly payments	N/A	Affiliated Patients: 15% FFS (up to 100% of capitation rate) for in-basket services and 100% FFS for out-of-basket services Unaffiliated Patients: 100% of FFS value for first two visits every two years and 100% for out-of-basket services Weekly payments
	Fee-for-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
PAYMENT FOR TIME	Time Modifiers for extended patient care visits (e.g. CMGP at \$19.19 per 10 mins) Indirect Care Time on same day as visit (e.g. CMGP at \$19.19 per 10 mins) Weekly payments	Direct and Indirect Patient Care: \$105 per hour After-hours Premium for Direct Patient Care: \$105 per hour + \$87.72 per hour = \$192.72 per hour Indirect care can be remunerated on a separate day of patient visit Weekly payments	1,928 Program Service hours equates to \$444,645 in compensation (\$230.63 per hour) Paid monthly in 12 equal payments with reconciliation based on FTE reporting Eligible programs can claim 03.01AA for after-hours care.	N/A
	Fee-for-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
PANEL PAYMENT	N/A	1/12 of annual panel payment paid monthly	N/A	Upfront capitation payment (85% of capitation rate) based on clinic roster Paid in in 24 equal payments per fiscal year [April-March]
	Fee-for-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
PRACTICE MANAGEMENT	N/A	Additional 10% of total hours billed for direct and indirect care multiplied by a rate of \$105 per hour.	N/A	N/A
BUSINESS COST PROGRAM (BCP)	Fee-for-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
	Eligible	Ineligible	Eligible Overhead component included in rates	Eligible
RRNP	For eligible communities	Paid on encounter claims for eligible communities	For eligible communities	For eligible communities
INSURED OUT-OF-BASKET SERVICES	N/A	100% FFS	100% FFS	100% FFS billed outside ARP
FINANCIAL COMPARATOR TOOLS	Fee-for-Service (FFS)	Primary Care Physician Compensation Model (PCPCM)	Annualized ARP	Blended Capitation Model (BCM)
	N/A	Financial Calculator Tool: daily and weekly estimates	Direct calculation from Provincial Base Payment Rate (PBPR)	Financial modeling via BCM Implementation Team, by request
CONSIDERATIONS	Least flexible as compensation is tied strictly to quantity of services provided Does not incentivize proactive, team-based or relationship-centred comprehensive care Payments have not kept up with inflation	Incentive for increasing panel size could lead to overly large panels that impact access for patients Transitioning from a familiar funding model to PCPCM requires effective change management Conflicts must be addressed by April 2026	Physician group is responsible to distribute program funding to its participating physicians Change management associated with shift from FFS to cARP Less appealing in areas (e.g. urban centres) where volume-based services drive compensation	Physician group is responsible to distribute program funding to its participating physicians Financial incentive to increase roster size could impede patient access Patients seeking in-basket services from non-BCM clinic provider may impact clinic finances via negotiation Change management associated with shift from FFS to cARP