



Family Medicine Plus Tariffs - Frequently Asked Questions

This document provides fee-for-service family physicians and Home Clinics with information on Family Medicine Plus (FM+) tariffs. Like Comprehensive Care Management (CCM) tariffs, FM+ tariffs are tightly linked with being a **Home Clinic** and **the appropriate enrolling of patients**.

FM+ tariffs support **continuous, comprehensive whole-patient care**, distinct from episodic or specialized care. They are reserved for the family physician who is the one **Most Responsible Provider (MRP)** for a patient, and not intended for episodic care provided by a clinic or a provider.

For further information on Home Clinic and patient enrolment, please visit the [Shared Health Home Clinic website](#).

The [Manitoba Health, Seniors and Long-Term Care](#) and [Shared Health](#) websites provide complimentary information to help guide clinics on how to become eligible to claim FM+ tariffs, such as by registering as a Home Clinic and enrolling patients (e.g., [Home Clinic Guidance: Enrolment Best Practices](#)).

1. Why did Manitoba Health Seniors and Long-term Care (MHS LTC) introduce the FM+ tariffs?

FM+ tariffs recognize the skill, expertise, and continuity of care provided by family medicine physicians who deliver ongoing care to their patients. Family physicians working within teams and within a patient's Home Clinic ensures the provision of high quality primary care for Manitobans.

As one component of the larger Manitoba Home Clinic framework, the FM+ tariffs demonstrate yet another step towards alignment with The [College of Family Physicians of Canada's vision of the Patient's Medical Home](#). Other components include requiring an **Electronic Medical Record (EMR)** to support planning, evaluation, and continuous quality improvements, the sharing of **Home Clinic / Enrolled Patient / MRP relationship** and **Primary Care Quality Indicator (PCQI)** completeness with the health system, and encouraging the use of interprofessional teams to support this care and promote preventative care to help patients stay well.

2. What are FM+ tariffs?

FM+ tariffs are a new longitudinal family practice remuneration model that will replace Comprehensive Care Management tariffs. As of April 1, 2024, FM+ tariffs are available to eligible physicians for the management of ongoing primary care for enrolled patients and are composed of the following four elements:

- a) **Primary Care Enrolled Panel Management** provides support to physicians who manage a panel of enrolled patients, for whom the physician is responsible for their ongoing primary care.



- b) **Comprehensive Chronic Disease Care (CCDC)** provides ongoing support to physicians who care for enrolled patients with specified Chronic Diseases.
- c) **Newborn and Infant Enrolment** provides support and incentive for physicians to bring young Manitobans into their enrolled panel to provide primary care.
- d) **Indirect Clinical Services** provides support for physicians who support the delivery of care to their enrolled panel of patients outside of conventional fee for service visits.

For more information about the FM+ tariffs, visit MHS LTC's website:

- [Claims Home Page](#)
 - [Physician's Manual](#) – General Practice section
- [Important Billing Information for Providers](#)
- [Important Information for Vendors and Service Bureaus](#)

3. How are FM+ tariffs different from CCM tariffs?

FM+ is an expansion and evolution of CCM tariffs beyond patients with chronic disease or more complex care needs. FM+ tariffs acknowledge the responsibility and management of an MRP's entire enrolled panel of patients, the indirect care provided outside of conventional fee-for-service visits, and support MRPs when bringing newborn and infants into their enrolled panel.

Similar to CCM tariffs, Manitoba recognizes that coordinating care for more complex patients with multiple chronic conditions takes additional effort with the Comprehensive Chronic Disease Care (CCDC) tariff group.

See [#15](#) for more detail on the FM+ CCDC tariff group.

4. What are the eligibility requirements to be able to claim FM+ tariffs?

Fee-for-service family physicians wanting to claim FM+ must be part of a registered Home Clinic in Manitoba, enroll patients to the provincial enrolment system appropriately, and be associated to those enrolled patients as their Most Responsible Provider. They must also align to the requirements outlined in Manitoba's Home Clinic Criteria including use of an EMR* (with the standard being a Manitoba Certified EMR) and a commitment to provide continuous, comprehensive care for enrolled patients consistent with the most recent version of the Manitoba Primary Care Quality Indicators Guide.

FM+ tariffs are not intended for episodic or specialized care provided by a clinic or a primary care provider and is therefore reserved for the family physician who is the designated MRP for a patient.

FM+ tariff requirements are further outlined in Manitoba's [Physician's Manual](#) in the Family Medicine Plus section.

**Eligibility to register as a Home Clinic may be extended to clinics using a Manitoba Certified EMR or Clinics not using a Manitoba Certified EMR (provided they can pass the testing process*



and successfully submit a PCDE directly to Manitoba). For more information on the EMR Certification Process, please contact the Home Clinic Team at 204-926-6010, toll-free at 1-866-926-6010 or email homeclinic@sharedhealthmb.ca

5. Why must physicians belong to a “registered Home Clinic” to claim FM+?

Manitoba’s Home Clinic model aligns with [The College of Family Physicians of Canada’s Patient’s Medical Home](#) and the goals and recommendations have been a key factor in setting the strategic direction for Manitoba’s Primary Health Care policies and planning around My Health Teams and Home Clinic Implementation.

A Home Clinic is defined as a patient-centred primary care clinic, registered with MHS LTC, that serves as a patient’s home base within the health-care system. Home Clinics are primary care clinics that provide patients with timely access to care, coordinate their health care within the broader health-care system, and manage their health-care records. Having a medical “home base” helps support comprehensive and continuous care throughout a patients’ life.

Through Home Clinic registration, physicians report to MHS LTC the location of the clinic (address and contact information), and number and type of practitioners providing services at that location. Eligible physicians who choose to claim FM+ tariffs are required to ensure the contact and provider information for their Home Clinic is kept up to date.

To support FM+ claims, participating in the Home Clinic model enables the submission of patient enrolment, the associated MRP data, and patient care information to the provincial system. A clinic must record and submit EMR data that aligns with Manitoba’s Primary Care Quality Indicators.

6. What is involved in “registering” a Home Clinic?

Clinics must agree to the [Home Clinic Criteria](#) outlined by MHS LTC. This criteria is outlined at the point of registration, and then again in the FM+ tariffs. If agreeable, the clinic can follow [instructions](#) outlined on the Shared Health website, which include submission of a registration form via email.

New Home Clinic registrants can expect to be contacted by the regional health authority where their clinic is located, or Shared Health Primary Care staff, as a final check to ensure the Home Clinic is registered appropriately. Once approved, your Home Clinic will be assigned a Home Clinic Liaison who will be your main point of contact for support and guidance related to Home Clinic responsibilities and activities.



Family Medicine Plus and Enrolment

7. Why can FM+ tariffs only be claimed for patients who are “enrolled”?

Enrolment is the process by which a **patient agrees to be registered to the Home Clinic** as their main provider of primary health care, and the **Home Clinic agrees to provide comprehensive, continuous primary care and to coordinate with other providers.**

When enrolled with a Home Clinic, the MRP can be linked to the enrolled patient. The MRP is the primary care provider who has the **lead role and medico-legal responsibility for overseeing the patient’s care needs throughout their lifespan.** The MRP provides ongoing, comprehensive primary care, including coordination with other health care providers, management and monitoring of patient condition(s), patient care plan(s), and maintaining ongoing communication with the patient. **An enrolled patient may only have one MRP at any point in time.**

MRPs support the whole patient, not just a particular condition, and they focus on wellness, not just treatment. MRPs emphasize health promotion, chronic disease prevention and risk reduction, early detection of health problems, self-care, and evidence-informed chronic disease management, including mental health. The MRP will develop patient-centred strategies to ensure patients can make informed choices and are partners in care planning and the management of their health.

To learn more about patient enrolment, review the [Home Clinic Toolkit](#) on the Shared Health website and MHSLTC’s [Home Clinic Guidance: Enrolment Best Practices.](#)

8. Are walk-in patients or patients receiving specialized care eligible for enrolment and claiming FM+?

No. The focus of FM+ tariffs is for primary care clinics and their providers that deliver comprehensive, continuous, coordinated patient-centred care, **not episodic care or specialized care.** Ensuring Manitobans have a Home Clinic, which serves as the home base for most of their primary care needs, is a key step towards achieving a the long term vision of a robust, equitable and accessible primary care system.

Patients who are only receiving episodic care at a Home Clinic are not eligible for enrolment and therefore not eligible for inclusion in FM+ tariff claims. **Clinics that exclusively provide walk-in episodic care are not eligible to become Home Clinics.**

If you have a blended practice of both walk-in or specialized care and full-scope primary care, please check for an enrolment relationship that may already exist elsewhere, carefully assess if enrolment is appropriate, and confirm your care role with the patient **prior to enrolling.**

When a patient is enrolled and a physician is associated to that enrolment, they are taking on the role of the patient’s MRP, as outlined above in [#7.](#)



NOTE: THE PRACTICE OF REQUIRING NEW PATIENTS TO AGREE TO ENROLMENT PRIOR TO WALK-IN VISITS IS INAPPROPRIATE. Care provision should not be dependent on enrolment, particularly in a walk-in environment. If your clinic accepts patient visits from the public, or books appointment with new patients, the provider can confirm with the patient during that visit and Actively enroll the patient following that confirmation.

9. To support claiming the Primary Care Enrolled Panel Management tariffs, where can I access the provincially confirmed list of enrolled patients for our Home Clinic?

Registered Home Clinics have access to the Home Clinic Portal application, which contains several reports that can provide detailed information, such as counts, enrolment method, dates, patient information, and the associated MRP. More information can be found in the [Quick References Guide section](#) of the Home Clinic Toolkit on the Shared Health website. Enrolment information is also available in your Primary Care Report for Home Clinics, distributed quarterly to your Home Clinic from MHS LTC.

10. What do I need to know about enrolling newborns?

Newborns should only be enrolled once they receive their own unique PHIN from MHS LTC. If you register a newborn in your EMR using a PHIN placeholder of “000 000 000”, wait to enroll the patient until their unique PHIN has been assigned and updated in the EMR. As of June 2024, Home Clinics who attempt to enroll a patient with a PHIN of “000 000 000” will receive an invalid identifier notification and the enrolment will not be successful.

11. What is required to claim FM+ tariffs for patients seen by other members of the team at my clinic?

The tariffs are designed to support the coordination efforts required by the fee-for-service family physician in providing comprehensive care, recognizing that the interprofessional care team may be providing some of the hands-on delivery of care, which is another principle of the Home Clinic.

The FM+ **Comprehensive Chronic Disease Care (CCDC) tariffs** and the one-time **Newborn and Infant Enrolment tariffs** included in FM+ require the physician (designated as the MRP) to have had a **documented visit with an enrolled patient in the last 24 months**.

Team-based care aligns with [CFPC's Patient's Medical Home](#) (PMH) recommendation 1.3 which states “blended remuneration models that best support team-based, patient-partnered care in a PMH should be considered to incentivize the desired approach”.

12. Do my enrolled patients need to be enrolled for a certain period of time before I can claim FM+ tariffs?

Certain elements of FM+ tariffs (e.g. Newborn and Infant Enrolment and CCDC tariffs) require a physician to provide a medical service to the enrolled patient in the preceding 24 months. This



does not mean that the patient must have been enrolled during the preceding 24 months. Provincial requirements and best practice directs Home Clinics to denote enrolment (in the EMR) as the date that the Active enrolment conversation took place with the patient (i.e., when they agreed to be enrolled to your Home Clinic with you as their MRP).

Enrolment rules dictate that a patient can only be enrolled to one Home Clinic. When different clinics submit enrolment for the same patient, the most recent Active enrolment date supersedes the others and de-enrolments will be sent to the other clinics. **For patients already enrolled, back-dating enrolment dates may lead to de-enrolments from other Home Clinics and can impact previous CCM and FM+ claims.** Back-dating enrolment is exclusively reserved for enrolment correction and should **ONLY** be done with guidance from your Home Clinic Liaison to minimize impacts to other clinics which can include claims adjustments.

13. Do my patients need to be enrolled by a certain method to be eligible for FM+ tariffs?

No. There are two methods of enrolment, Active and Passive enrolment. Both methods of enrolment are appropriate for claiming FM+ tariffs.

Active patient enrolment directly involves the patient in the enrolment decision and is the best practice approach. Direct communication with the patient ensures their understanding of the benefits of Home Clinic enrolment, and provides an opportunity to clarify the responsibilities of both parties - the Home Clinic and the enrolled patient. When an active enrolment occurs, and there is an enrolment agreement, the date of the active enrolment is documented in the EMR as the Enrolment Start Date. An active enrolment communication can occur with new or existing patients, and with patients who were initially passively enrolled. **It is recommended that the method of confirmation also be noted in the patient's chart.**

Passive enrolment does not involve communication with the patient, and is NOT considered best practice. It may be used to support enrolment of existing paneled patients that meet the enrolment standard, but for whom the clinic has been unable to directly communicate with to confirm their enrolment decision. They are typically long-standing / paneled patients or patients that have not confirmed their enrolment transfer to a new Home Clinic when a physician moves their practice. Candidates for passive enrolment are identified by the Home Clinic through chart review and/or analysis of data within their EMR system. **Passive enrolment is no longer a regular practice, and should only be considered in specific circumstances with direction from your Home Clinic Liaison.** Patients who are Passively enrolled should be transitioned to Active enrolment over time with a 100% Active enrolment goal.

14. If a patient declines to enroll with the Home Clinic, can a fee-for-service family physician still claim the FM+ tariff?

No. FM+ tariffs may only be claimed for enrolled patients for whom the fee-for-service family physician is providing the patient ongoing comprehensive primary care. Enrolment is a patient's choice, and they can choose to decline being enrolled. This can occur at an initial enrolment conversation or at any time after a patient agreed to be enrolled at your Home Clinic. If an

enrolled patient informs you that they no longer wish to be enrolled at your Home Clinic, an Enrolment End Date should be recorded. If one of your enrolled patients chooses to become enrolled at another Home Clinic, you will receive notification and the patient will be automatically de-enrolled from your site.

The annual Chronic Disease Management (CDM) tariffs remain for those patients who are not enrolled to a Home Clinic, but still receive chronic disease management care for an applicable chronic disease from their physician.

FM+ and CCM Tariffs

15. How are FM+ CCDC clusters different from CCM Disease groups?

All of the chronic diseases and clusters that were applicable under CCM tariffs and aligned to the Manitoba Primary Care Quality Indicator Guide v4.0 continue to be applicable under FM+, with the addition of a new cluster for Sexually Transmitted and Blood Borne Infections (STBBI) and expanded diagnoses among other clusters. This new cluster, along with updates to existing indicators, are reflected in the **Manitoba Primary Care Quality Indicator Guide v5.0 released in the spring of 2024.**

For the billing of FM+ and associated Comprehensive Chronic Disease Care (CCDC) tariffs, the PCQI chronic disease clusters have been grouped, where the PCQIs and overall management are highly aligned. Those (billing) groups are:

Medical Groups	Mental Health Group
Cardiac Disease Billing Group (Hypertension, CAD, CHF)	Mental Health Billing Group (Depression, Anxiety, ADHD/ADD, Bipolar Disorder, Borderline Personality Disorder, Schizophrenia)
Endocrine Disease Billing Group (Diabetes)	
Respiratory Disease Billing Group (Asthma, COPD)	
STBBI Billing Group (HIV, Hepatitis, Syphilis)	
Substance Use Disorder Billing Group (excludes caffeine and tobacco)	

Physicians may claim the tariff applicable for the patient based on the number of Medical Groups applicable and may also claim a tariff if the patient has an applicable Mental Health Group chronic disease.

Please see the [FM+ Comprehensive Chronic Disease Care Cluster – ICD Code Resource](#) to support capture of diagnosis in your EMR in support of claims.



16. When will my EMR support care in alignment with Manitoba's Primary Care Quality Indicator Guide version 5.0 that includes updates to existing and new STBBI indicators?

Shared Health manages Manitoba's EMR Certification framework and will release an updated EMR specification to Certified EMRs. This specification will include updates to existing and new Primary Care Quality Indicator information in alignment with the FM+ Comprehensive Chronic Disease Care clusters, noted above. This will include clinical alerts and reminders to prompt Home Clinics for prevention, screening and management of all the chronic conditions included in Manitoba's PCQIs. The specification will also include updates for the submission of the Primary Care Data Extract (PCDE) to ensure care recorded in the EMR is communicated securely to MHSLTC as outlined in the FM+ tariff guidelines. Manitoba's EMR Certification framework approved by MHSLTC provides vendors with up to six months to complete the updates in their EMR. We encourage Home Clinics to speak with their vendor about expected timelines including when they will have the new content available in their EMR once the EMR Specification is released.

NOTE: In preparation for this inclusion, clinicians can capture care aligned to the new version 5.0 indicators in their EMR. All of the chronic diseases that were applicable under CCM tariffs, and aligned to the Manitoba Primary Care Quality Indicator Guide version 4.0 and the existing EMR specification continue to be applicable under FM+.

Home Clinics not using a Certified EMR will need to work with their vendor to ensure alignment with the new PCQIs and PCDE. Information is available on the [MHSLTC](#) and Shared Health [EMR Certification websites](#), outlining Manitoba's most recent PCQIs. Your assigned Home Clinic Liaison can also provide support.

17. Can I claim both a CCM tariff and a FM+ CCDC tariff for the same patient?

No. Physicians are allowed to make a final CCM claim in 2024, but have the option to start claiming FM+ CCDC tariffs starting April 1, 2024. FM+ CCDC tariffs should only be claimed once a Home Clinic has made their final CCM claim for a patient, and should be claimed in the following designated FM+ three-month time period (quarter).

Once a physician has billed the FM+ CCDC tariff for a patient, CCM cannot be billed later. If a physician claims CCM and FM+ in the same quarter claim period, the FM+ claim will stand, and the CCM claim will be drawn back by the [Claims Processing System](#).

The three-month time periods are defined as: April 1 to June 30, July 1 to September 30, October 1 to December 31 and January 1 to March 31.

The FM+ CCDC tariffs may not be claimed in combination with CDM tariffs.

The other FM+ groups of tariffs may be claimed as of April 1, 2024.



Family Medicine Plus and Billing

On the Manitoba government website, please see:

- The Claims [Home Page](#)
- [Important Billing Information for Providers](#)
- [Important Information for Vendors and Service Bureaus](#)

18. What if I submit a FM+ tariff on a patient and another physician has already claimed a FM+ tariff for that patient?

If a FM+ tariff has already been claimed for that patient by another provider, the second FM+ tariff in the three-month time period will be rejected.

If patient enrolment has transitioned to a different MRP within the FM+ three-month claim period, the new MRP of the enrolled patient may claim FM+ in the following time period.

19. What happens if I have questions about a rejected FM+ claim?

Providers can check [Manitoba's Claims Home Page](#) for information or by contacting the Claims Unit – Claims Enquiry at 204-786-7355.

If it is determined that the source of a claim issue is enrolment, the Claims Unit will recommend review of your enrolment panel and contacting your Home Clinic Liaison.

Providers will have the opportunity to query the rejected claim through the Informal Resolution of Disputes process detailed in the Claims Submission and Payment Procedures section of the Manitoba Physician's Manual. The requirement that a FM+ claim can only be made for patients who were enrolled to the claiming provider's Home Clinic at the time the claim was made should reduce these conflicts. In the event that conflicts still arise, preference will be given to the provider who is either documented as the MRP, or who provides evidence that they have provided the majority of continuous, comprehensive care to the patient as it relates to prevention and chronic disease management.

20. What type of documentation will be required to support FM+ claims?

Physicians must use an EMR and document enrolment status and medical services consistent with the applicable indicators in the [Manitoba Primary Care Quality Indicators Guide](#) in the EMR.

Physicians must provide monthly data extracts to MHS LTC in a provincially approved format, through a secure data transport mechanism. Home Clinics using Manitoba Certified EMRs are expected to successfully generate and electronically submit an approved Primary Care Data Extract (PCDE) when their EMR has achieved certification to the Primary Care Quality Indicator Reminders and Data Extract component. EMRs with this certification also have embedded



clinical alerts and reminders that support care guidelines in alignment with PCQIs assisting Home Clinics with their commitments to provide comprehensive care to enrolled patients.

While you do not need to use a Manitoba Certified EMR product, your EMR must be able to produce the Primary Care Data Extract. For more information on the Primary Care Data Extract, visit the [Home Clinic page](#) of the Shared Health website.

If you have questions or need further support contact your Home Clinic Liaison or the Home Clinic Team at **204-926-6010**, toll-free at **1-866-926-6010** or email homeclinic@sharedhealthmb.ca