



Family Medicine Plus Tariffs – Home Clinic Guidance re: Enrolment Best Practices

This document is tailored for fee-for-service family physicians preparing to enrol new and/or current patients to their Home Clinic or for those changing enrolment information in their Electronic Medical Record (EMR) for submission to the Provincial Enrolment System – the Home Clinic Portal.

Like the CCM Tariffs, the Family Medicine Plus Tariffs are tightly linked with being a Home Clinic and the appropriate enrolling of patients.

Family Medicine Plus tariffs support continuous, comprehensive whole-patient care, which is different from episodic or specialized illness / disease care. The tariffs are not intended for episodic care provided by a clinic or a provider, and is therefore reserved for the family physician who is the one and only Most Responsible Provider (MRP) for a patient.

Key Concepts: Home Clinic Policy and Criteria

- Home Clinics agree to provide comprehensive, coordinated and continuous care to their patients and enrolment is the process whereby the provider/clinic and the patient recognize and agree to this on-going relationship.
- When registering a Home Clinic, the clinic/practice must first agree to the conditions outlined by Health in the Home Clinic Criteria, which are aligned with the conditions of the Family Medicine Plus tariffs. It also aligns with the [College of Family Physicians of Canada's 'A New Vision for Canada: Family Practice- The Patient's Medical Home'](#).
- We recommend all physicians, currently registered with a Home Clinic or those considering registration, review the [Home Clinic Criteria](#) and the applicable Tariff Rate tables prior to submitting Family Medicine Plus tariffs, registering as a Home Clinic, and enrolling new or changing current enrolment of patients.

Key Concepts: Enrolled Panel and Home Clinic MRP Policy and Criteria

- Eligible physicians who choose to claim the tariffs will meet the clinic contact and provider information requirement by using the Home Clinic Portal to register their clinic as a Home Clinic, and by keeping the contact and provider information for their Home Clinic up to date.
- The MRP is the 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 ongoing coordination with other health care providers, respecting management and monitoring of patient condition(s) and the patient care plan(s) and providing ongoing communication with the patient.
- An enrolled patient can have only one MRP at any point in time.
- 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.



- MRPs will support the whole patient, not just illness, and they will focus on wellness, not just treatment. MRPs will emphasize health promotion, chronic disease prevention and risk reduction, early detection of health problems, self-care, and evidence-informed chronic disease management, including mental illness, and will develop patient-centred strategies to ensure patients can make informed choices and are partners in care planning and management.
- In support of the Home Clinic Criteria and the Family Medicine Plus tariffs, clinics are responsible for providing and documenting patient care (for prevention and management of chronic disease) in a way that is consistent with the applicable indicators in the most recent version of the Manitoba Primary Care Quality Indicators (PCQI) Guide. PCQIs must be sent to Manitoba Health on a monthly basis by submission of the Primary Care Data Extract (PCDE) (which is sent out of the Home Clinic's EMR, via the Home Clinic Portal*).
 - Through the Manitoba EMR Certification process, EMRs certified to the "PCQI Reminder and Data Extract" specification will be updated with functionality to support PCQI reminders and PCQI completeness (via the PCDE).
 - Ongoing care of conditions should continue to be charted in your EMR. Once the newer conditions that align to the Family Medicine Plus tariff have been updated by your EMR Vendor, physicians will be able to update their workflows to capture this care. In turn, submission of the PCQIs will be automatically included in the updated PCDE.*Home Clinics using a non-Certified EMR follow a different submission process.

Key Concepts: Enrolled Patient (Panel) Policy

- Enrolment is defined as the process by which a patient agrees to be registered to the Home Clinic as their main clinic provider of primary health care and the Home Clinic agrees to provide comprehensive, continuous, and coordinated primary care.
- A patient can only be enrolled to one Home Clinic (and associated to one MRP) at any point in time.
- Enrolment is used to link Health System data, Clinical Data, and Health Service Delivery information to and from Primary Care Home Clinics. It is considered to be part of a patient's Personal Health Information and is governed by the Personal Health Information Act. Home Clinic enrolment and MRP association are registered with Manitoba Health and are available in [eChart Manitoba](#), the provincial electronic health record.
- 'Active' enrolment is the best practice standard for patient enrolment. Active enrolment directly involves the patient in the enrolment decision by requiring direct communication with the patient. Confirmation of Active enrolment is documented in the EMR as the Enrolment Start Date.
- Active enrolment communication can occur with new or existing patients, in addition to patients who were initially passively enrolled.
- Although 'Passive' enrolment 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. Candidates for Passive enrolment are identified by the Home Clinic through analysis of data within their EMR system. It is recommended to contact your respective Home Clinic Liaison and review [our tips for this analysis](#) before getting started.



- Please note, Passively enrolled patients should be moved to Active enrolment as soon as confirmation can be achieved.

Enrolment Accuracy and Best Practices

Accurate and current patient enrolment is one of the foundations to support enrolment information used in Manitoba's health system. The Home Clinic Portal is the provincial enrolment system that receives all Home Clinic's enrolment information, manages conflicts and is the source of truth for patient enrolment, tracking patient enrolment changes over time. The Home Clinic Portal can be accessed by Home Clinics to view and manage patient enrolment.

Impacts of Inappropriate Enrolment

- Inappropriate enrolment is when an episodic / walk-in provider, or provider that is only managing specific illnesses or conditions, enrolls a patient without verifying with the patient and the current Home Clinic. This can cause a de-enrolment from the patient's Primary Care Home Clinic where their Family Physician or main Primary Care Provider manage their comprehensive, coordinated, and continuous care.
 - Inappropriate back-dating of enrolment is another form of inappropriate enrolment.
- If already enrolled elsewhere, patients are automatically de-enrolled from their Home Clinic, and disassociated from their MRP as of the enrolment date submitted.
 - This can trigger the automated re-adjudications of already paid claims.
 - The appropriate Home Clinic has increased administrative burden to correct and re-enrol the patient back to the Home Clinic
 - If the appropriate Home Clinic participates in a My Health Team or and Interprofessional Team Demonstration Initiative, this will affect their performance measures and potential program funding.
- Large volumes of de-enrolment to a Home Clinic, caused by a particular Home Clinic, will trigger increased scrutiny and potential for an enrolment audit.
- Inappropriate enrolment may also potentially affect the routing of patient health data or clinical information to the wrong provider.
 - eChart Manitoba automatically updates/posts the most current Home Clinic and MRP association in the provincial electronic health record.
 - Over 60% of Home Clinics are using the Client Summary Service which enables the submission of clinical information for an enrolled patient to be sent to eChart Manitoba where a standardized PDF document is available to authorized users to support patient care outside the Home Clinic.
 - In these circumstances, Inaccurate enrolment can impact information sharing between the Home Clinic and other parts of the health-care system by affecting clinical and health service delivery and/or the routing of health information that was intended for the patient's MRP.
- Inappropriate enrolment also results in poor data quality and affects the use of Health System Data for the purposes of health system planning, analysis, and research.



Understanding Enrolment Conflicts

- Active enrolment is the preferred enrolment method, as it directly involves the patient in the decision and reduces enrolment conflicts.
- If more than one Home Clinic submits a Passive enrolment for the same patient, neither retains the enrolment. The patient will only be enrolled once an Active enrolment is received.
- An Active enrolment supersedes a Passive enrolment. If your clinic submits a Passive enrolment for a patient with an Active enrolment at another Home Clinic, you will receive an enrolment rejection.
- A more recent Active enrolment date will supersede a prior Active enrolment, and the patient will be automatically de-enrolled from the previous Home Clinic.

Maintain Current and Accurate Enrolment Data within the Clinic EMR

- Ensure enrolment and MRP information is recorded accurately using correct dates
- Home Clinics should monitor and maintain accurate/current enrolment data in their EMR by:
 - Managing enrolment rejections - A record that did not meet the enrolment requirements or conflicts with existing enrolment data
 - Managing de-enrolments - A record that requires attention based on data received from another Home Clinic or a best practice activity related to receiving deceased patient notifications

Avoiding/Reducing Enrolment Conflicts for NEW patients or EXISTING patients NOT ENROLLED to your Home Clinic

- Active enrolment confirmation with the patient should be used.
- Authorized Users can check eChart Manitoba Clinical Documents section for current enrolment status, and if enrolled elsewhere, confirm with the patient if they are transitioning to the new Home Clinic.
 - Physicians should not enrol patients for which they are providing episodic care.
- It is recommended that the Home Clinic captures the patient confirmation details and method of confirmation, in the case of enrolment audit or for use in claims queries.
- Updating enrolment in an ongoing, timely manner is recommended. Do not significantly backdate enrolment start dates, as it can affect another Home Clinic's data and trigger re-adjudication of already paid claims.
- When an MRP joins or leaves a Home Clinic, ensure that the Home Clinic Liaison is advising in the process, prior to making enrolment changes. Liaisons cannot 'move' the enrolment information for a Home Clinic, but they can guide the steps for a smoother transition.
- As per the Home Clinic Criteria and the Family Medicine Plus tariff, physicians must document enrolment status and medical services consistent with the applicable indicators in the Manitoba Primary Care Quality Indicators Guide in the EMR and submit the Primary Care Data Extract monthly to Health via the Home Clinic Portal.
- In the event that conflicts still arise, preference will be given to the provider who is documented as the MRP, and provides evidence that they have provided the majority of continuous, comprehensive care to the patient (as it relates to prevention and chronic disease management).



Newborn Enrolment

- Should only occur AFTER a unique PHIN for the newborn has been assigned by Manitoba Health
 - Do not use '000000000' or other numeric placeholders in lieu of a PHIN for enrolled patients.
- An extended window to submit claims for newborns exist for when delays of acquiring a PHIN occur
- The [Client Registry Query Service](#) facilitates searching, updating and downloading of Manitoba Health Card and PHIN information once registered in the provincial Client Registry.

Recommended EMR Integrations with Provincial Services that Support Enrolment

- [Home Clinic Enrolment Service](#)
 - Provides the ability to efficiently and accurately enrol patients directly from within a Certified EMR
 - Improved accuracy and timeliness of enrolment and results in fewer rejections
 - Offers quick access to validating enrolment and provides notifications of enrolment conflicts within the EMR
 - Over 90% of Home Clinics use the Enrolment Service
 - Home Clinics not using the Enrolment Service must manage enrolment in the Home Clinic Portal and submit enrolment via their monthly Primary Care Data Extract or manually through the Home Clinic Portal
- [Client Registry Query Service](#)
 - Enables a direct interface providing EMR users with a secure method to query and import client demographics from the Manitoba Provincial Client Registry
 - Reduces average time to register a new client
 - Improves client identification due to robust search capabilities, increasing patient safety
 - Improves data quality with less manual entry of new or updated information
 - Improves cost recovery by alerting EMR users of current insurance status so they can request alternate payment methods, where required.
 - Reduces billing rejections with PHIN validation
 - Improves ability to contact clients for appointments with most current info available
 - Notifications of a deceased patient appear on the results of a look-up if available
 - Assists with the management of duplicate records

If you have questions or need further support contact your assigned Home Clinic Liaison.

If you're unsure whom to contact, use our central intake for the Home Clinic Team at **204-926-6010**, toll-free at **1-866-926-6010** or email homeclinic@sharedhealthmb.ca