

**The following tariffs, descriptions and rates shall be included in Section A–General Practice of the Physician’s Manual effective April 1, 2017:**

**Comprehensive Care**

8454	Annual management of primary care for a patient between 50–74 years of age without a chronic disease .....	15.00
8455	Annual management of primary care for a patient 75 years of age and over without a chronic disease .....	20.00
8456	Annual management of primary care for a patient diagnosed with one chronic disease .....	60.00
8457	Annual management of primary care for a patient diagnosed with two chronic diseases.....	105.00
8458	Annual management of primary care for a patient diagnosed with three or more chronic diseases.....	150.00

- Note:**
- 1) *Tariffs may only be claimed for enrolled patients. “Enrolled patient” means a patient with whom a physician, or his/her team, has reached an agreement to be the patient’s most responsible primary care provider. Enrollment must be denoted in the EMR and communicated to Manitoba Health in a format compatible with Manitoba Health’s information system and delivered securely through (a) one of the mechanisms referenced in Note 8, or (b) a web based enrollment portal.*
  - 2) *Tariffs may only be claimed by physicians who provide comprehensive care to enrolled patients and have provided Manitoba Health, Primary Care Branch the location of the clinic (address and contact information), and number and type of practitioners providing services at that location.*
  - 3) *Tariffs are payable only to the physician who has provided the patient ongoing comprehensive primary care during the preceding twelve (12) months.*
  - 4) *Physician or member of his/her team must provide:*
    - i) *Medical services consistent with the applicable indicators in the Manitoba Primary Care Quality Indicators Guide (version 2.0 or such other version(s) as agreed to by the parties).*  
<https://www.gov.mb.ca/health/primarycare/providers/pin/docs/mpcqig.pdf>  
*Services shall be documented in the EMR.*
    - ii) *Ongoing coordination with other health care providers respecting management of patient condition(s) and patient care plan; and*
    - iii) *Ongoing communication with patient, monitoring of patient condition(s) and patient care plan.*
  - 5) *Tariffs 8454, 8455, 8456, 8457 and 8458 may only be claimed once per patient during any twelve (12) month period and cannot be claimed in combination with any other Comprehensive Care Tariff or Chronic Disease Management Tariff.*
  - 6) *Claims for additional services rendered to an enrolled patient (e.g., visits) may be made in addition.*

- 7) *Physicians must use an EMR and services must be documented in such EMR.*
- 8) *The services in Note 4(i) must be documented in the EMR and communicated to Manitoba Health via data extracts compatible with Manitoba Health's information system and delivered securely, either (a) through a secure electronic interface (EMR extract) on a monthly basis, or (b) on an encrypted electronic device (e.g. CD or flash drive), on a quarterly basis (commencing on April 1 of each year), within 15 calendar days of the end of each quarter.*
- 9) *For the purpose of 8454, 8455, 8456, 8457 and 8458 a "chronic disease" shall be Diabetes, Asthma, Congestive Heart Failure, Hypertension, Coronary Artery Disease.*

Effective April 1, 2017