

Frequently Asked Questions

Last Updated: June 26, 2025

1. Enrollment and Changes to Enrollment

- **Who can enroll in TPM?**
Licensed physicians providing longitudinal community-based family medicine in Saskatchewan.
- **How do I enroll in TPM?**
Eligible physicians must register at the following website to participate in TPM: (Registration site is linked)
- **How do I make changes, updates or withdraw from TPM registration?**
Changes to your registration can be made by sending an email to: tpm@health.gov.sk.ca.
- **Is TPM mandatory? If I join, can I leave it?**
The TPM is voluntary. Family physicians are free to join or withdraw from the program. If you wish to withdraw from the program, please send an email detailing the following information to tpm@health.gov.sk.ca:
 - Physician Number
 - Physician Name
 - Date of Withdrawal

Please note that payment will not occur if request for withdrawal occurs within the first quarter of the program.

- **Can solo practice physicians enrol in TPM?**

Solo practice does not exclude a physician from joining TPM. As part of the commitment to transition towards the Patient's Medical Home framework, physicians are expected to join a group (two or more) to share information from cross coverage, establish a call group and identify a group lead to support capacity building initiatives for clinics. Physicians can meet this commitment and remain an independent practice (see TPM Deliverables).

- **I understand that I must have SHA appointment/privileges to be eligible for TPM. How do I obtain an SHA appointment privileges?**

Please contact the SHA to inquire about the process:

- Saskatoon – Ashley.mann@saskhealthauthority.ca
- Regina – shaphysiciancareersregina@saskhealthauthority.ca
- North East – Deborah.wick@saskhealthauthority.ca
- North West – angela.bodnar@saskhealthauthority.ca
- South East – psa-southeast@saskhealthauthority.ca
- South West – PSA-SouthWest@saskhealthauthority.ca

2. Patient Contact

- **What type of primary care services count towards patient contacts?**

Services associated with the delivery of longitudinal community-based family medicine count as patient contacts including GP visit services, prenatal and infant services, some minor procedures (e.g., suturing, other minor treatments not billed with a visit code), and some in-office diagnostics (e.g., ECG, spirometry).

Please contact pmh@sma.sk.ca if you have questions regarding the inclusion of specific services.

- **If I see the same patient more than once in a day, does it count as more than one contact?**

No, contacts counts are limited to one per day per patient.

- **Why are hospital care codes (25B - 28B) not included in patient contacts?**

TPM provides additional compensation for community-based longitudinal care for services that include contact with a patient.

Hospital care remains an important service provided by family physicians, particularly in rural areas of the province. The new physician services agreement addresses the value of these services by including a new 15% premium to fee codes for services delivered in rural Saskatchewan, which are in addition to significant increases to hospital care fee codes (25B-28B) that occurred as part of the April 2024 allocation process.

3. Patient Panel

- **Where can I get my Health Quality Council (HQC) patient panel report?**

Your panel report is available here: www.bestpracticesask.ca

- **Why does my panel noted in the HQC patient panel report differ from the panel used to determine my TPM payment?**

The panel methodology used to determine the TPM payment includes Nurse Practitioners and excludes clinics that do not primarily practice longitudinal family medicine. Information specific to payment drivers, deliverables and clinic activities will be available through your TPM report (currently in development).

- **How often is my patient panel calculated?**

Patient panels are calculated semi-annually in April and October of each year.

- **Is there a limit on the number of empaneled patients a physician may have?**

There is no limit on the number of empaneled patients a physician may have; however, to be eligible for TPM, a physician must have a minimum panel size of 250.

- **In determining panel size, are there special considerations for physicians who do not have three full years of consecutive billings?**

The panel size methodology is adjusted to reflect the following special circumstances:

- Physicians new to practice and/or new to Saskatchewan.
- Physicians intending to shift their practice to focus primarily on longitudinal community-based family medicine.
- Physicians who have taken a leave of absence greater than 6 months within the panel size assessment period.

- **How will panel sizes be determined for family physicians new to practice and/or new to Saskatchewan?**

As an incentive for new family physicians choosing to practice in Saskatchewan, the below panel sizes will be used to inform payment for family physicians in the first two years of practice.

Range of Contacts	Year 1	Year 2
0-749	0	0
750-1999	640	715
2000-2999	745	830
3000-3999	850	950
4000-4999	980	1095
5000+	1065	1190

The panel size used is directly correlated with the physician’s activity level (as measured by patient contacts).

- **How will panel size be determined for Physicians intending to shift their practice to focus primarily on longitudinal community-based family medicine?**
 Panel size will be determined using the same methodology that was established to support physicians new to practice and/or new to Saskatchewan.

The physician’s activity level (as measured by patient contacts) will be used to determine the appropriate panel size based on the following table.

Range of Contacts	Year 1	Year 2
0-749	0	0
750-1999	640	715
2000-2999	745	830
3000-3999	850	950
4000-4999	980	1095
5000+	1065	1190

If you are a family physician wishing to shift your area of practice to support longitudinal community-based family medicine, please contact us at tpm@health.gov.sk.ca

- **How is panel size determined for a family physician who has been on a leave of absence (greater than six consecutive months) within the 4-cut methodology assessment period?**
 The physician will receive the greater panel size as determine between the 4-cut methodology and the panel size associated with the physician’s activity level as noted in table below:

Range of Contacts	Panel Size
0-749	0
750-1999	750
2000-2999	875
3000-3999	1000
4000-4999	1150
5000+	1250

This methodology will only apply in circumstances where a leave of absence is beyond the control of the physician (i.e., medical leave of absence, maternity/paternity leave).

If you experience a leave (greater than six months) at any point following your registration to TPM, please contact us at TPM@health.gov.sk.ca.

4. Payment

- **When will I receive my first payment?**

TPM payment calculations occur quarterly; payments will be provided to participating physicians within 30 days of the end of the quarter.

- **How often will payments occur?**

Payments will occur quarterly beginning in July 2024.

- **Is there a maximum amount paid in each quarter?**

As of April 1, 2025, the maximum annual eligible amount increased to \$146,966 from \$144K to reflect the 2.06% increase provided to family practice.

To support the administrative process and provide timely payments to physicians, the maximum annual eligible amount will be divided into four quarters ((\$36,741.60 each quarter).

To account for fluctuations in the volume of services between quarters and to ensure all billing services are included, a reconciliation process will occur six months after the end of each fiscal year. An additional payment not to exceed the applicable annual maximum (\$144,000 up to March 31, 2025; and \$146,966 as of April 1, 2025) may result from the reconciliation process.

- **Will the TPM calculation include patient complexity modifiers?**

Patient complexity modifiers are not used to calculate payments in the current methodology. However, the Ministry and SMA intend to jointly review and develop patient complexity modifiers for future payment calculations.

- **How will the payment be made to me?**

Deposits will be made automatically in accordance with your payment information as registered with the Medical Services Branch at the Ministry of Health.

- **Can I choose which account my payment is deposited to?**

The payment will be made automatically in accordance with the following priority sequence:

- We pay to the professional corporation first.
- If there is no professional corporation, we pay to the solo clinic.
- If there is no solo clinic, we pay to the clinic with the highest payments in the last quarter.

5. Patient Matching

- **How are Saskatchewan residents matched to a family physician using a 4-cut method?**

Residents are matched to one provider using a 4-cut method:

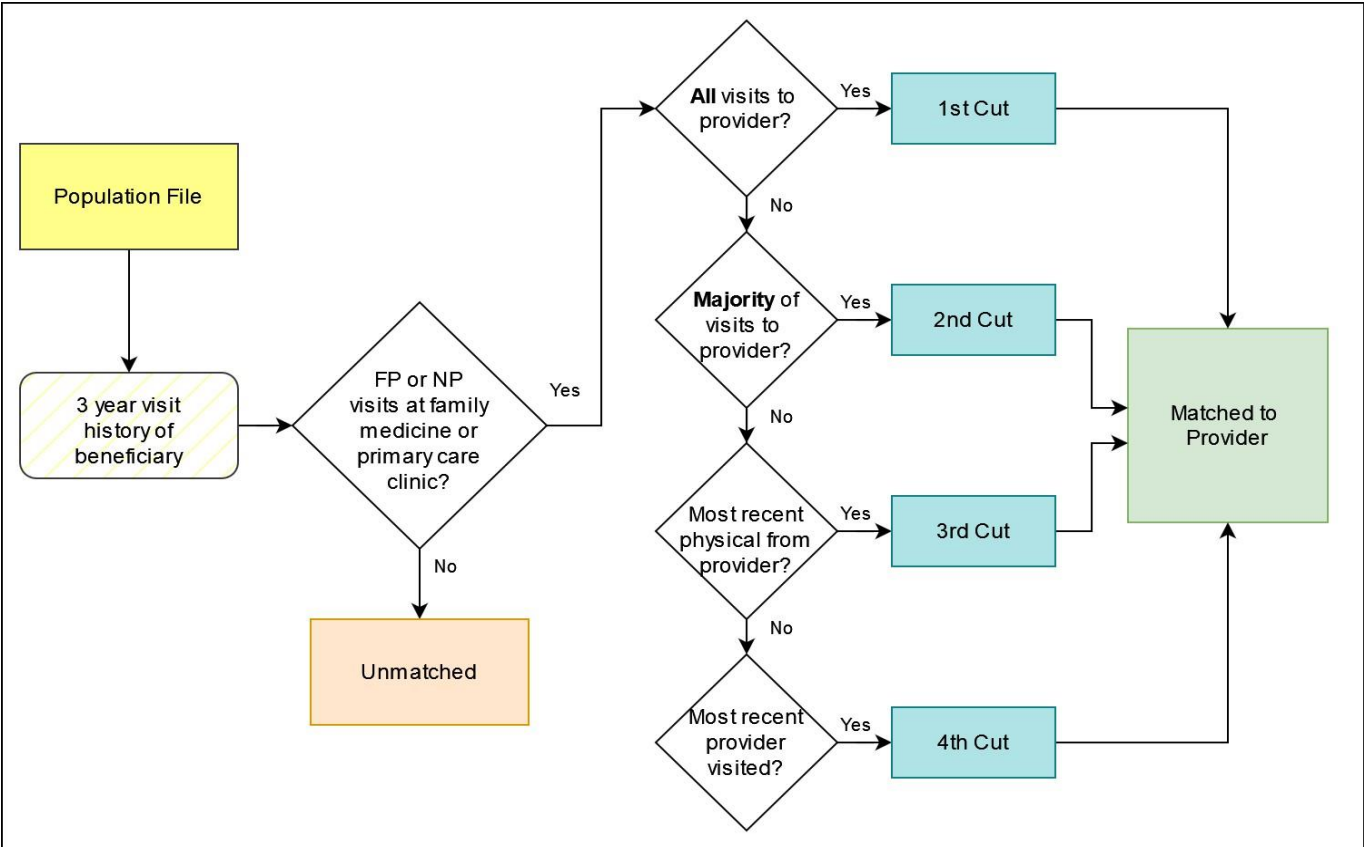
Cut 1: Saw only you. If an individual only saw you during the three years, they are matched to you. Otherwise, go to cut 2.

Cut 2: Saw you the majority of the time. If an individual saw you and other providers, but visited you the majority of the time, they are matched to you. Otherwise, go to cut 3.

Cut 3: Had their last physical examination with you. If an individual saw you and other providers the same number of times, they are matched to you if you did the last physical exam (fee codes: 3B, 4B, 52B, 64B). Otherwise, go to cut 4.

Cut 4: Saw you last. If an individual saw you and other providers the same number of times and has not had a physical, they are matched to you if they saw you last.

Note: Providers in the 4-cut method include family physicians and nurse practitioners. Patients who match to an NP will not be matched to a FP.



○ **What are the other inclusion and exclusion criteria for the patient matching?**

Every Saskatchewan beneficiary with a billed service to an in-province Family Physician or a Nurse Practitioner (NP) practicing at a Family Medicine or Primary Health Clinic (PHC) is matched to one provider. Patients matched to providers are added to create the total panel size.

Inclusion Criteria

- i. Patients are matched to a provider working at a clinic that was determined to offer full-service primary care services by an FP or NP.
- ii. A full-service family medicine or primary care clinic is defined as a clinic that offers routine care, care for urgent but minor or common health problems, minor mental health care, maternity and child-care, liaison with home care, health promotion and disease prevention, nutrition counselling and end-of-life care.
- iii. Patients are defined as Saskatchewan beneficiaries for which a billable service was submitted to MSB by a Family Physician (FP) or Nurse Practitioner (NP) at a primary care clinic during the three-year analysis period.

6. Other

○ **Do I need to add all services for comprehensive care to qualify for TPM?**

As part of TPM, physicians are expected to provide comprehensive care, including hospital and supportive care, nursing home care, pre- and post-natal and infant care, complete physicals

(including PAP smears), and phone calls from Allied Health Care Providers (AHCP), where applicable.

The Ministry will continue to monitor the use of billing codes as part of the Family Physician Comprehensive Care Program (FPCCP). If a clinic is meeting most of the requirements of comprehensive care, and currently qualifies for compensation under FPCCP, a physician will not need to add additional services.

- **If I am a physician wishing to shift my area of practice to focus primarily on longitudinal community-based family medicine, how do I register for TPM?**

Please email the TPM team at tpm@health.gov.sk.ca to express your interest and intention to make these changes.

The TPM team will then provide guidance on how to register for the TPM program.

- **Is care provided to out-of-province patients a factor in determining my contacts and/or my panel size?**

Care provided to out-of-province patients is excluded from both patient contacts and panel size calculations.

- **Why is chronic disease management required as part of TPM?**

In registering for TPM, physicians are required to commit to provide chronic disease management that aligns with best practices, ensuring patients living with chronic conditions receive the very best care.

To bill chronic disease fee codes (64B-68B), best practices in chronic disease management must be met, including the completion of CDM-QIP flowsheets. A description of these fee codes and the associated requirements can be found in the Physician Payment Schedule.

Information regarding the Chronic Disease Management Quality Improvement Program (CDM-QIP) including the required flow sheets can be found on the following eHealth website: [CDM](#)

- **I currently receive CDM-QIP and FPCCP payments. Will these payments continue?**

Physicians enrolled in the TPM will no longer receive payments for FPCCP, Metro On-Call, and the CDM-QIP payment (specifically, the \$75 payment for all indicators met per patient and per chronic condition in a 12-month period flow sheet). Fee for services payments for these services will continue.

- **Will payment for FPCCP and Metro On-Call be provided for the time prior to registering for TPM?**

Yes, a pro-rated payment will be provided to account for any comprehensive care and on-call services delivered prior to joining TPM. Payments will reflect the time leading up to the start of the quarter in which a physician joins TPM.

- **If I register for TPM in the first quarter (April-June 2024), will I still receive FPCCP and Metro On-Call payment for the period of January-March 2024?**

Yes, a prorated payment will be provided to account for any comprehensive care and on-call services prior to April 1, 2024. This also applies if a physician chooses to sign up in a later quarter; payment will reflect the time leading up to the start of the quarter in which the physician joins TPM.

- **How will FPCCP and Metro On-Call payments be calculated within a clinic if some physicians are registered for TPM and others are not?**

The Ministry will continue to monitor clinic activity and the requirements under FPCCP. Physicians eligible for FPCCP will continue to receive payments based on clinic activities.

- **Why do I have to consent to share my data?**

Participation in TPM requires that a physician commits to necessary data tracking, sharing and reporting that demonstrates improvements to longitudinal community-based family medicine delivery and patient outcomes as jointly developed by the Ministry of Health and the SMA.