 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>PRIMARY HEALTH CARE OPERATIONAL GUIDELINES</b></p>	<p><b>Operational Guidelines:</b> Medical Remuneration Processes, Independent Contracts and Sessional</p>	<p><b>Guideline Number:</b> PCOG#20</p>
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## 1. INTENT

- To support and promote a culture of accountability in Primary Care
- To ensure a consistent and reliable regional process is in place for the reporting of Physician hours worked and subsequent processing of payment
- To develop a medical remuneration process that supports provincial strategic initiatives and service area strategies such as Quality Improvement, Panel Size, Advanced Access, Continuity of Care, Extended After Hours, Interprofessional Practice, My Health Teams, and Primary Care Home
- To monitor and reconcile Physician contracts, contract summaries, contract hour deliverables (in accordance with the Master Agreement between Manitoba Health and Seniors Care and Doctors of Manitoba) and hours worked against contract
- To use a team approach to ensure that roles and responsibilities related to the administration of medical remuneration are clear to the Service Delivery Organization Management Team and Primary Care Service Area Leadership

## 2. DEFINITIONS


**Contract Physician / Physician Contract:** Refers to the individual independent contractor service agreement between the WRHA and the Physician, or the Physician's corporation, using the generic template that identifies the key elements of the service agreement such as FTE/hours, duration, class and step on scale classification. All contracts will be aligned with the WRHA fiscal year (April 1-March 31).

**Sessional Physician (Locum):** A Physician performing service for the WRHA for a defined term to replace Physician leaves or vacation. It also refers to the method of payment to Physicians for additional hours of service outside of the Physician Contracted hours. This method of remuneration is based on mutual agreement and does not constitute an increase in contracted hours.

**All Physicians working within the WRHA Primary Care Direct Operated sites will have a signed contract and contract summary that reflects their hours of work, class and step on scale classification.**

**Service Delivery Organization Management Team:** Consists of any combination of the following positions in a WRHA Primary Care Direct Operated Clinic depending on the Community Area where the clinic is located:

- Community Area Director (CAD)
- Site Medical Leader (SML)
- Primary Care Team Manager

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### 3. GUIDELINES

- 3.1. All Contract and Sessional Physicians who are working within the Primary Care Service Area will be paid using the sessional payment method of remuneration
- 3.2. The Service Delivery Organization Management Team is responsible for ensuring that all Contract and Sessional Physicians have received an orientation to the appropriate processes for submitting billing upon commencing service delivery at any WRHA Primary Care Direct Operated Clinic. All new Physicians should be encouraged to visit the [Orientation Information - New Physician Reference Material](#) located on the Primary Care intranet for additional education, orientation and reference material.
- 3.3. The SML and/or CAD are responsible for ensuring that a formal reconciliation between the “actual number of hours worked” and the “number of hours contracted to work” is completed for each Contract Physician at the end of each quarter (March 31, June 30, September 30, December 31) and at least 2 months prior to the end dates of work for those Physicians who have submitted their resignations.

The responsible Primary Care Service Area Administrative Assistant will also compile and distribute a quarterly summary of the “actual number of hours worked” and the “number of hours contracted to work” to the SML, CAD and Team Manager at each site for awareness and reconciliation comparison purposes only.


- 3.4. All Contract and Sessional Physician processes related to the third party billing component of medical remuneration have been detailed in [Primary Care Operating Guideline #2 - Third Party Billings](#)
- 3.5. All Contract and Sessional Physicians are responsible for reporting their hours worked bi-weekly using the *Medical Remuneration AdHoc Submission Form* (APPENDIX B).

**NOTE:** It is not necessary for a Contract Physician with SML responsibilities to track or submit a *Medical Remuneration AdHoc Submission Form* (APPENDIX B) for their SML hours worked. Each SML has a separate contract in place equivalent to a 0.1 FTE which is paid automatically to them via monthly stipend.

- 3.6. Where applicable, any Physician who also has a contract in place to work at a Funded Community Health Agency (either Independent Contractor or as an Employee) will be responsible for reporting quarterly (at a minimum) any hours worked at that Agency to the responsible Primary Care Service Area Administrative Assistant. All hours worked should be forwarded via email and will be used to assist in calculating the date when a Physician’s step on scale classification is due to increase.

Hours worked elsewhere by any Contract Physician may be considered on case by case basis using the following guiding principles when determining their eligible step on scale classification:

- IF those hours were served as a Primary Care Provider; and


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- IF they were employed and compensated by a Regional Health Authority within the Province of Manitoba


The responsible Primary Care Service Area Administrative Assistant will send out an email reminder to all step 1 and 2 Contract Physicians at the point of hire and annually thereafter, to assess whether any Physician has worked qualifying hours elsewhere during the previous year and ensure their step on scale classification is credited correctly. It is the responsibility of the contracted Physician to obtain confirmation of their hours and submit accordingly.

### 3.7. Payment

- 3.7.1 Each individual Contract and Sessional Physician is responsible for submitting their hours worked on a *Medical Remuneration AdHoc Submission Form* (APPENDIX B) bi-weekly to the designated site Administrative Assistant (If Physicians submit less frequently, they will be paid less frequently). AdHoc submissions should correspond with the *Medical Remuneration AdHoc Submission Schedule* (APPENDIX A).
- 3.7.2 Upon receiving the *Medical Remuneration AdHoc Submission Form* (APPENDIX B), the designated site Administrative Assistant will forward it to the SML and/or CAD for review and approval. Any discrepancies are dealt with between the SML and/or CAD and the respective Physician. The SML and/or CAD may consult the site Administrative Assistant or Team Manager if detailed information regarding the work schedule is required.
- 3.7.3 If no concerns exist and/or any concerns that existed have been resolved, the site Administrative Assistant will then fax each Physicians *Medical Remuneration AdHoc Submission Form* (APPENDIX B) to the Medical Remuneration Office for payment processing
- 3.7.4 The deadline for submission is 3 days after the payment period ends. This process must be completed prior to the deadline to ensure timely payment. Refer to *Medical Remuneration AdHoc Submission Schedule* (APPENDIX A) for deadline specifics. The cut-off for payment changes is the second Thursday of every month.
- 3.7.5 Once any Physician has fulfilled their contracted hours, if further Physician work hours are desirable another contract summary will be generated and a contract established to carry through to the end of the fiscal year only, if the site budget permits and with approval of the Primary Care Regional Medical Specialty Lead. It is important for the reconciliation of hours to occur to monitor the variance above or below the original contract to ensure that the medical remuneration budget is accurately monitored, and service delivery remains consistent throughout the fiscal year.

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- 3.7.6 All hours for each Contract Physician must be entered into the *Contract Hours Tracking Spreadsheet* (APPENDIX C) located on the Primary Care Service Area Shared Drive by the designated Administrative Assistant from each site bi-weekly.
- 3.8 Reconciliation of Contracts and Hours
- 3.8.1 On a quarterly basis, the SML and/or CAD is responsible for reconciling the hours worked against contracted hours for each Physician using the *Contract Hours Tracking Spreadsheet* (APPENDIX C) as a guiding tool.
- 3.8.2 The Service Delivery Organization Management Team is responsible for managing the risk of Physicians not fulfilling their contracts prior to year-end. If contracts are not managed, there is a risk to clinics of not having enough medical staff available to support provincial strategic initiatives and service area strategies.
- 3.8.3 Medical Remuneration dollars cannot be deferred into the next fiscal year.
- ❑ If upon assessing the quarterly review the Contract Physician is significantly **OVER** or **UNDER** on their budgeted hours (i.e. recommend a <5% or >5% variance from target; target for Q1=25%, Q2=50%, Q3=75% and Q4=100%), a plan will need to be created to ensure the site remains within medical remuneration budget while ensuring patient access and support for clinic operations until the end of the contract year. The Service Delivery Organization Management Team will need to review with the Physician how the contract can be fulfilled within existing clinic resources while ensuring they understand the overall impact on service delivery.
  - ❑ Quarterly reconciliation and reporting is very important. Information from the reconciliation is critical for projecting vacancies and variances of the medical remuneration budget and supporting recruitment at a Site and Regional level.
- 3.8.4 It is recommended the SML and/or CAD review the *Contract Hours Tracking Spreadsheet* (APPENDIX C) reconciliation with the Team Manager regularly. All members of the Service Delivery Organization Management Team have a collective responsibility for ensuring the clinic operates efficiently and maintains adequate staffing throughout the year, thus having a role to play in ensuring that the medical remuneration budget is on track.
- 3.8.5 At the beginning of each fiscal year, prior to the commencement of a new Physician's contract, and when there is a formal change in a Physician contract, the SML and/or CAD at each site will be responsible for working with site Administrative Assistant to set up/revise a *Contract Hours Tracking Spreadsheet* (APPENDIX C) for each Physician which will outline the contract elements. The Team Manager can assist as necessary.
- 3.9 The SML and/or CAD is responsible for approving and forwarding contract changes and resignations as they happen throughout the fiscal year to the Primary Care Regional

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Medical Specialty Lead, Primary Care Service Area Administrative Assistant and Medical Staff Office via a *Medical Remuneration Contract Summary Form* (APPENDIX D). The annual contract review and change process shall begin December of each fiscal year to allow for the required 90 day notice of contract change to all parties.

#### 4 **APPENDICES**

- APPENDIX A - *Medical Remuneration AdHoc Submission Schedule*
- APPENDIX B - *Medical Remuneration AdHoc Submission Form*
- APPENDIX C - *Contract Hours Tracking Spreadsheet*
- APPENDIX D – *Medication Remuneration Contract Summary*

**SCOPE:** Applicable to all Alternate Funded Physicians working in the WRHA Primary Care Direct Operation Clinics as Independent Contractors

**NOTE:** While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable

***\*Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership***