

REMINDER - Chronic Disease Management as Part of TPM Accountabilities/Deliverables

Dear TPM Physician

Re: Chronic Disease Management

This is a friendly reminder to all TPM physicians of their commitment to develop a longitudinal relationship with your dedicated patient panel by providing community-based family medicine services which includes chronic disease management.

CDM-QIP Participation Requirement

Transitional Payment Model (TPM) physicians are required to provide chronic disease management that aligns with best practices to ensure that patients living with chronic conditions receive the very best care.

Billing Chronic Disease Fee Codes

To bill chronic disease fee codes (64B–68B), you must meet **best practice requirements**, including the **completion and submission of Chronic Disease Management Quality Improvement Program (CDM-QIP) flowsheets**. A full description of these fee codes and their requirements is available in the **Physician Payment Schedule (Payment Schedule for Insured Services)**. Additional details about CDM-QIP, including required flowsheets, can be found on the eHealth website:

[CDM](#)

[Communication document CDM QIP indicators for 2024 flowsheets - June 2024 final.pdf](#)

To meet your commitments under TPM, it is important that you review these requirements to ensure that they are incorporated into your daily practice. Refer to **TPM Accountabilities and Deliverables** document for further details.

If you have questions regarding the commitment to deliver chronic disease management or any other commitments, please contact the TPM administration team at tpm@health.gov.sk.ca.

Questions specific to the completion of the CDM flow sheets and additional training can be directed to the eHealth Program Team at eHSPHCProgramTeam@eHealthsask.ca.

Sincerely,

TPM Team