

## Collaborative Family Practice Declaration (CPIP replacement fees) Information

Since 2008, the Collaborative Practice Incentive Program (CPIP) has compensated eligible family physicians working in a collaborative practice through an annual \$5,000 stipend. As mandated under the 2023 Physician Agreement, this program is being terminated, and the associated funding is being transitioned to fees. The final CPIP application process will be launched as usual in April 2026.

**Effective April 1, 2026, this remuneration will transition to a new fee code called the Collaborative Family Practice (CFP) fee code, which eligible family physicians may bill monthly.** The CFP fee code remunerates family physicians in collaborative family practices for:

- active participation in structured team meetings at least once per month
- discussions with other regulated healthcare providers working in the collaborative family practice regarding patient care that are not otherwise billable

Fee codes for team leadership and development may be subsequently developed and will be independent of this fee code.

**To activate the new CFP fee code for billing, each physician of the collaborative practice must sign and submit the attached declaration of eligibility. This fee code cannot be claimed until the signed declaration is submitted. Watch for details on how to bill this new fee code in an upcoming MSI Physician's Bulletin.**

Should the physician leave the collaborative family practice, notice must be given to MSI and the CFP fee code must not be billed.

The CFP fee code will be subject to audit in accordance with billing guidelines specified in the *Physician's Manual*, *Interim Fee Code* and/or *Physician's Bulletin*. The Department of Health and Wellness may facilitate a verification process to ensure eligibility criteria are met.

Historically, the CPIP stipend has required a combined practice application submitted on behalf of all the eligible physicians within that practice. A notable change is that the CFP declaration is **physician specific**. Applications by practice location are no longer accepted – **however, practice locations may submit the completed forms on behalf of each individual eligible physician.**

### ACTIONS:

- Each physician must sign the declaration of eligibility to activate the CFP beginning April 1, 2026.
- Clinics must apply for the final annual stipend. **(Applications launching April 2026.)**

## Submission Information

Please submit the declaration of eligibility to [CPIP@doctorsns.com](mailto:CPIP@doctorsns.com) by 11:59 p.m. on **March 31, 2026**.

# Collaborative Family Practice Incentive Program 2026 – 27

## Declaration of Eligibility

April 1, 2026 – March 31, 2027

All eligibility criteria must be met to access the CFP fee code. By signing the attached declaration, each provider must meet or agree to meet the following criteria.

*Note: This declaration and its eligibility criteria are to access the CFP fee code. All preamble and associated billing rules must be met each month before the CFP fee code can be billed.*

- Must be a family physician.
- Must have signed the ME=CARE declaration and/or be remunerated through the Longitudinal Family Medicine (LFM) payment model. A ME=CARE declaration form can be found [here](#).
- Must be a permanent member of a collaborative family practice.
- Must bill at least 1,000 MSU per month in the collaborative family practice.
- The collaborative family practice must be office-based.
  - This fee code is not intended for family physicians with hospital-based practices only, such as hospitalists.*
- The collaborative family practice has at least three regulated healthcare providers from at least two different professions, with at least one being a family physician, working together collaboratively. (For example, two physicians and a nurse practitioner, or one physician, one social worker and one family practice nurse, etc.).
- All healthcare providers in the collaborative family practice must provide team-based, comprehensive, continuous primary healthcare to a common group of patients and have access to their respective health records in an electronic medical record.
  - Practices in which healthcare is provided on an episodic basis, such as walk-in clinics, are not eligible for the CFP fee code.*
- All healthcare providers are preferably co-located. However, recognizing that some providers will work in several locations, healthcare providers must at least be in attendance, either in person or virtually, for the deliverables of the CFP fee code as outlined in this application.
- The non-physician regulated healthcare providers must be an integral part of the collaborative family practice team. Non-physician regulated healthcare providers must collectively provide at least 20 hours per week in direct patient care, in the collaborative family practice.
- The physician commits to participate in person or virtually with other regulated healthcare provider team members to provide services in support of the collaborative family practice.
- The physician commits to actively participating in structured team meetings at least once per month, with the following requirements:
  - Meetings must be documented and verifiable as per the billing rules for CFP, including meeting minutes with the date, topics discussed and a list of attendees.
  - Meetings must be attended by more than one team healthcare provider. Team healthcare providers may attend the meetings in-person or virtually.
  - Meeting time spent discussing the business of a physician's medical corporation or independent practice may not be claimed.

# Collaborative Family Practice Incentive Program 2026 – 27

## Declaration of Eligibility

April 1, 2026 – March 31, 2027

### Declaration of Eligibility

Physician first name: \_\_\_\_\_ Physician last name: \_\_\_\_\_

Physician MSI provider #: \_\_\_\_\_ Physician CPSNS licence #: \_\_\_\_\_

Start date in collaborative family practice (CFP): \_\_\_\_\_

Name of group practice: \_\_\_\_\_

CFP street address: \_\_\_\_\_

City/town: \_\_\_\_\_ Postal code: \_\_\_\_\_

CFP office phone number: \_\_\_\_\_ CFP email: \_\_\_\_\_

*Please check both boxes, sign and date the form.*

I acknowledge that the Department of Health and Wellness (DHW) may facilitate a verification process to ensure eligibility. The DHW may request the name(s) and contact information of the “other collaborating licensed healthcare provider(s)” in your practice and/or other evidence that the program criteria have been met.

I confirm that all eligibility criteria of the **new CFP** criteria have been or will be met when billed, and the information provided is accurate.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_