FEMS 101

A Guide for MSA Administrators

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FUNDING AND BUDGET MANAGEMENT

UNDERSTANDING HOW FACILITY ENGAGEMENT FUNDING FLOWS TO MSAS

Facility Engagement (FE) funding is managed by Medical Staff Associations (MSAs) across BC to enhance engagement within and among MSAs, as well as between MSAs and Health Authorities (HAs). MSAs fall into two categories:

FESC MSAs:
- The main document governing FE funding is the funding terms and conditions.
- Funding is held centrally in the FESC bank account.

Physician Societies:
- The main document governing FE funding is the fund transfer agreement (FTA).
- Funding is transferred from FE to the physician society's bank account.

All MSAs:
- Are subject to the FE gated funding policy and the FE funding guidelines.
- Use FEMS (Facility Engagement Management System) to enter and process time and expense claims to physicians, allied health professionals, contractors, and vendors.
- Use VoPay, the third-party electronic payment processor for FEMS, to trigger payments from the FESC or society bank account to claimants. For more information on VoPay, please see the linked VoPay FAQ.

Facility Engagement manages two primary funding streams for MSAs:
- Annual allocations - Funding is based on tier size and ranges from an annual allocation of $35,000 for the smallest, most remote MSAs to $500,000 for the large urban MSAs. Annual allocations are funded by the Ministry of Health through the Memorandum of Understanding on Regional and Local Engagement.
- One-time Electronic Health Record funding (EHR). EHR funding comes from the Ministry of Health through the Memorandum of Understanding on the Introduction of EHRs in HA, respectively.

Facility Engagement funding is managed by both the MSA and FE staff, within the Facility Engagement Management System (FEMS), a proprietary software program.

Within FEMS, each MSA receives its annual budget allocation on April 1 of each year. Additionally, any unused budget allocation that was not spent in the previous fiscal year rolls over and is added to the annual allocation on May 1 each year. Together, these form the total available budget for the MSA for the fiscal year, April 1 to March 31.

MSAs can view their current and historical budgets in the financial overview section in FEMS.

BUDGETS AND ENGAGEMENT ACTIVITIES

MSAs manage their budgets in FEMS by using engagement activities. There are two types of engagement activities:

1) Administrative activities
    1. Administrative activities support the MSA's operations and should be accounted for first during budget planning.
    2. Examples of administrative activities are:
        i) Internal operating expenses (IOE): These are costs to the MSA/physician society that cover items such as MSA administrator costs, professional fees (e.g., accountants, bookkeepers, lawyers), and other consultants hired by the MSA, as well as banking and transaction costs.
        ii) Working/advisory group costs: These costs are associated with sessional time and other meeting expenses for the MSA's working group, as they typically meet for a specific number of meetings per year (i.e., once per quarter for 1 hour each time).
        iii) Executive/governance costs: These costs are associated with sessional time and other meeting expenses for the MSA's executive or governance members, as they typically meet a specific number of times per year (e.g., once per quarter for 1 hour each time).
            (1) NOTE: **For physician societies only**, you will also need to factor in the employer portion of the CPP that the MSA must pay the society directors for time spent on governance activities.

2) Engagement activities:
   1. While all activities in FEMS are called engagement activities, the FE program specifies them as anything the MSA would like to budget for outside the administrative activities above. This can include physician-led activities, activities focused on the MSA's strategic priorities, and other activities the MSA members would like to pursue. The FE funding guidelines and your local FE Engagement Partner provide key examples and ideas on best practices for these activities.

   The FE program provides several resources to support planning both types of engagement activities for the fiscal year.
   - The budget template is an effective tool with pre-populated categories and formulas to help MSA administrators and their executive members plan the activities the MSA wishes to pursue in a fiscal year.
   - The template can also be paired with the budget planning guidelines and milestones documents to help the MSA maximize their annual allocation.
   - The budgeting 101 workshop recording is also a helpful tool in breaking down how budgets are managed within FEMS.
   - During the last quarter of every fiscal year (January-March), the FE program, in conjunction with PM Helpdesk consultant Erica Kjekstad, offers one-on-one budgeting planning sessions, group lunch-and-learns, and targeted communications.

   Once the full budget for the MSA is approved, it is then translated into FEMS by creating activities and, if applicable, sub-activities that mirror the information in the budget template. The engagement activity creation tip sheet walks you through the process step by step. As activities are entered, they begin to populate in the activity tab in FEMS.

There are six different types of engagement activity statuses.
1. **Draft** – these activities have had some or all the information added, but have not yet been submitted for approval. Any member of the medical staff at the MSA can enter an engagement activity in FEMS. Many of these end up in draft activity status. A good rule of thumb is to check the status of these monthly and determine whether they can proceed with pending approval or be deleted.
2. **Pending Approval** – these activities are ready for either an executive member or MSA administrator to review and approve for use. Any activities in either the draft or pending approval stages are not yet visible to claimants.
3. **Active** – these activities are open and ready for claimants to use.

4. **Completed** – these activities have been completed and are no longer in use. Completed activities can either be manually closed at any time by an MSA administrator or automatically closed at the end of each fiscal year on April 30. Any budget remaining for these activities is automatically returned to the MSA's main budget.

5. **Declined** – these activities had been submitted for approval, but were ultimately decided not to be approved. It is essential to note that if a budget is associated with these activities, it should be removed from the activity before declining it. To remove the budget, please see the linked tip sheet for step-by-step instructions.

6. **On Hold** – these activities are available in the current fiscal year, but are not visible to claimants. Please note that if there is still budget available for these activities, it cannot be reallocated to the main budget unless it is done manually. Please see the linked tip sheet for step-by-step instructions.

Manage Engagement Activities

Engagement Activities ▾   Lead ▾   Statuses ▾   ▼ MSA ▾   Portfolio ▾   Priority ▾   SEAT Status ▾   SEAT ID ▾   More ▾ | Clear All Filters |

ENGAGEMENT ACTIVITIES	MSA	PORTFOLIO	LEAD	STATUS	FUNDS COMMITTED	YTD (ACTUALS)	CUMULATIVE (ACTUALS)	CUMULATIVE ACTUALS %
Pending Approval								
	Demo Physician Society	FE	Bagwell, Teddie	Pending Approval	$796.63	$0.00	$0.00	0%
	Demo Physician Society	FE	User, System	Active	$200.00	$0.00	$0.00	0%
	Demo Physician Society	FE	Bagwell, Teddie	Active	$1,000.00	$59.80	$59.80	6%
	Demo Physician Society	FE	Account, Demo	Active	$3,000.00	$1,128.98	$1,128.98	38%
	Demo Physician Society	FE	Bagwell, Teddie	Active	$5,000.00	$3,410.40	$3,410.40	68%
Completed								
	Demo Physician Society	FE	Bagwell, Teddie	Completed	$60.00	$0.00	$60.00	100%
	Demo Physician	FE	Kwok, Jermaine	Completed	$1,209.78	$0.00	$1,209.78	100%

FEMS CLAIM MANAGEMENT

TYPES OF CLAIMS

Once activities and budgets are set up in FEMS, MSA members, executives, and administrators can begin entering time and expense claims for reimbursement.

FEMS currently provides a system of transparency and accountability for FE funding. Therefore, best practice dictates that without a claim entered into FEMS, no payment should be made to claimants.

There are 3 general types of claims in FEMS:

1. **Sessional Claims:** Facility Engagement funding is primarily negotiated to compensate MSA members for their time spent engaging among and between MSAs, as well as with the health authority. These claims, also known as time claims, are the most common type of claim in FEMS. Claims are paid out at the JCC sessional rates, which change periodically through negotiations. Please see the linked tip sheet on entering sessional claims.
2. **Expense Claims**: MSA members who incur expenses while working on a Facility Engagement project can submit an expense claim. Receipts for expense claims must be in PDF or JPEG format. There are several expense categories in FEMS, with the most common being meals, travel, and accommodation. Please refer to the linked tip sheet for instructions on how to enter expense claims.
3. **Supplier Claims**: If a claim is not for an MSA member's time or expense, it is known as a supplier claim. These claims are most often entered into administrative activities. Please refer to the linked tip sheet for instructions on how to enter expense claims.

CLAIM WORKFLOW

There are two methods for entering claims in FEMS.

1. **FEMS desktop**: The main version of FEMS is available as a web-based app accessible at fems.facilityengagement.ca. This is the full functionality website version of FEMS, where all settings and programming are managed.
2. **FEMS mobile app**: FEMS is available for MSA members only in a mobile app version for both iOS and Android. The mobile app offers a basic version of FEMS, enabling physicians and allied health professionals to easily enter claims and expenses and update their individual profiles. There is no additional functionality available in the FEMS mobile app. For more details on the app, please visit the respective app store.

CLAIM MANAGEMENT

While any MSA member can enter claims and expenses in FEMS, claim management, such as approvals, permissions, and processes, is the responsibility of MSA administrators and executives.

When entering claims, users are required to choose from pre-set fields. The required fields include:

- Claimant name
- Activity date (all claims and expenses must be submitted within 90 days of the activity date)
- Engagement activity (members will see a drop-down of all activities that they are assigned to; administrators will see all activities for the MSA)
- For sessional claims, a time field will show; claims can be entered for as short as .25 hours up to 8 hours per claim.
- For expense/supplier claims, an expense type field with a drop-down of options will appear, along with an accompanying receipt field to upload a PDF or JPG of the receipt/invoice.

When entering claims in FEMS, a good rule of thumb to remember is that the claimant should always specify who or what is being paid, not the method of payment.
- One example is items purchased on a credit card. The credit card itself is the claimant in this case - the product/service has already been purchased; however, the credit card itself has not been paid.
- Another example would be entering a claim for a catering invoice that the MSA received for an executive meeting. The claimant would be the caterer, and the expense type would be meals.

Most of the claim management in FEMS is managed by MSA administrators, with executives being responsible for a small number of specific items, such as:

1. Any claim exceeding $3,000.
2. All new supplier profiles.
3. Claims that are made on the MSA credit card.
4. If the MSA has only one administrator, their claims must be approved by an executive.

For full details on executive approvals, please see the linked tip sheet.
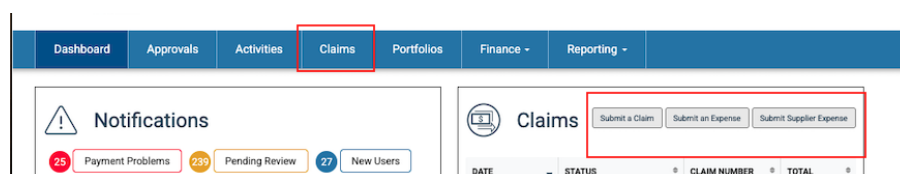
CLAIM STATUSES

When claims are entered in FEMS, they undergo several status changes as they progress from submission to final payment. For full details on each status and how they are managed in FEMS, please see the linked tip sheet.

1. **Draft:** A draft claim is the status of a claim before the claimant or submitter completes the process by pressing the submit button at the bottom of the submission window.
2. **Pending Review**: This status is assigned to claims submitted via the website or mobile app and ready for an administrator or executive member to approve or decline, as appropriate. Claims requiring executive approval (those exceeding $3,000, credit card claims, and MSA administrator claims with only one administrator) will be marked as pending executive approval instead of pending review.
3. **Declined:** Status is for claims that were not approved. Once a claim is declined, claimants will receive a system email explaining the reason.
4. **Payment Queue:** Claims in the payment queue have been approved and are ready to be sent into the payment processing system in FEMS. They will remain in payment-queued status until they are ready for payment. See below for how claims are bundled and sent out for payment.
5. **Payment Initiated:** For claims in payment-initiated status, the bundled claims from payment-queued status have now been sent to the various payment platforms. For physician payments, they are sent to VoPay, a third-party payment processor that electronically disburses funds directly to their bank accounts. Payments take 5 business days to process with VoPay, followed by 1-3 business days for deposit into the physician's bank account. For supplier payments, these are typically paid manually by the MSA's accountant/bookkeeper, usually via e-transfer or direct deposit. Governance payments are also manually paid by the MSA's accountant/bookkeeper once payroll taxes are deducted.
6. **Paid:** Claims enter paid status once they have been completed and the claimant has received payment. While claims via VoPay will automatically transition to this status, the bookkeeper/accountant will manually mark payments to suppliers and governance in FEMS.
7. **Payment Problem:** Claims that encounter a problem during the payment process will return as a payment problem. For full details on how to address these claims, please see the notification dashboard section of this linked tip sheet.
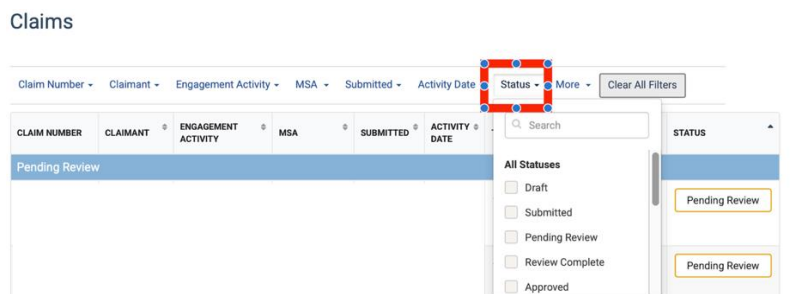
CLAIM PAYMENT

As mentioned above, claims undergo several status changes on their way to payment. Claims that are approved are automatically assigned a payment request number during the transition from approved status to payment-queued status. This payment request can contain from 1 to 20 claims for the same claimant.

- • For example, a physician submits 5 claims within the MSA-selected claim bundling timeline (see below). They are all bundled together under the same payment request number.

Payment requests are considered a single transaction for payment purposes. That means the claimant will receive the total sum of all claims within the bundle as a single payment. This allows MSAs to keep their payment processor costs lower, as VoPay charges per transaction. The movement of claims from payment queued to paid is controlled by claim bundling timelines.

Bundling timelines can be set within the FEMS settings for the following:
1. Daily
2. Weekly
3. Biweekly (every other week)
4. Bimonthly (twice a month)
5. Monthly

Note: FESC MSAs are automatically set to bimonthly by default. Physician societies can change them within their main settings in FEMS. Keep in mind that the more frequent the payment schedule, the more transactions will be processed, which can lead to higher transaction fees.

The timing for claim processing is overnight on the claim bundle timeline, typically starting at 2 a.m. Claim bundles are sent to the payment processor, VoPay, or, for supplier claims, placed in payment-initiated status.

USER MANAGEMENT

TYPES OF USERS

There are 6 user types in FEMS.

1. **Members** - The most basic level, only see the ability to enter claims & expenses for activities they are assigned to. The vast majority of accounts on FEMS are member accounts, typically maintained by physicians and other health care professionals, such as allied health workers. The most common actions members take are submitting a claim, submitting an expense, or adjusting their profile.
2. **Suppliers** – These are profiles that profiles created for vendors that provide products and/or services to the MSA. They can only be created and accessed by administrators and Doctors of BC users.
3. **Administrators** – This level is reserved for contracted administrators who manage MSAs and display full MSA-level details for those they oversee.
4. **Executives** – Very similar to administrators, but have a few extra permissions surrounding different approval levels.
5. **Finance** – Sits between executives and administrators, with a focus on the finance menu. Able to see the activities and claims tabs, but not enter details under either.
6. **Doctors of BC** – FEMS site administrator permissions, with access to all data in the system, as well as backend systems management. Co-managed by the developer, Bayleaf.

USER PROFILES

Member profiles in FEMS include basic contact information and details about their chosen payment method. Physician and allied health profiles also contain their specific profession or designation, as well as MSP numbers, where applicable.

Physicians and allied health professionals can register for FEMS themselves (please refer to the linked registration tip sheet). Administrator, finance, and executive accounts are created by the FEMS support team, whereas supplier accounts can be created by administrators and/or the FEMS support team.

Once member profiles are created and active in FEMS, administrators can assist with changes and updates to these accounts as needed. For instance, administrators can help activate an expired account, change member information, change the payment method, and add existing members to their MSA.

WHEN TO CONTACT FEMS SUPPORT

The FEMS support team is always available to assist with any FEMS inquiry or issue. They can be reached at femssupport@doctorsofbc.ca, Monday through Friday, from 8:00 a.m. to 4:00 p.m.

There are also several instances in which FEMS support will need to step in on behalf of members or administrators, such as:

1. The member is signed up for VoPay in their profile, but their claims have been stalled in the payment-queued or payment-initiated status for more than one month.
2. A claim is showing a payment problem status.
3. A member would like to change their banking details.
4. There has been a change in executives at the MSA.