

## **mcp newsletter**

**October 21, 2024**

**24-14**

**TO: FEE-FOR-SERVICE and BLENDED CAPITATION FAMILY PHYSICIANS**

**RE: Eligible Family Physicians to Apply for the Rural Community Comprehensive Care Bonus**

As negotiated in the 2017-2023 Memorandum of Agreement (refer to Schedule "Q") the Government of Newfoundland and Labrador and the Newfoundland and Labrador Medical Association (NLMA) have introduced the Rural Community Comprehensive Care Bonus (RCCCB).

**Applications are now being accepted** for the bonus period from September 30, 2023, to September 29, 2024. Please refer to MCP Newsletter 22-23 for additional information. **An application form has been included with this newsletter for ease of reference.**

**As noted on the application physicians must submit their applications by December 31, 2024.** All applications will be adjudicated after December 31<sup>st</sup>, 2024, and payments processed before March 31<sup>st</sup>, 2025. It will appear on the remittance statement as "1459 RCCC Bonus Program".

The RCCCB provides \$10,000 per year to eligible family physicians. That amount will be prorated, where necessary, in situations where the physician is on parental leave, retires, or enters practice partway through the bonus period. Other situations may be considered and are subject to the approval by the Department of Health and Community Services and the NLMA.

Questions relating to this newsletter should be directed  
[MedServicesPrograms@gov.nl.ca](mailto:MedServicesPrograms@gov.nl.ca)

## Rural Community Comprehensive Care Bonus Application



**To:** Medical Services Division  
Department of Health and Community Services  
P.O.Box 8700, St. John's, NL A1B 4J6  
[MedServicesPrograms@gov.nl.ca](mailto:MedServicesPrograms@gov.nl.ca)

**From:** \_\_\_\_\_  
**Physician Name**

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### Physician MCP Billing Number

This will confirm that I am a Fee-For-Service Family Physician who practices outside of the Northeast Avalon (i.e. communities north of and including Holyrood and Witless Bay, with the exception of Bell Island). I understand that I may be contacted periodically in instances where my qualifying criteria cannot be assessed via fee codes.

**Physician Contact Information (phone or email):** \_\_\_\_\_

Please sign me up to receive MCP Newsletters electronically.

**Physician Email:** \_\_\_\_\_

Please calculate and remit my \_\_\_\_\_ Rural Community Comprehensive Care Bonus.  
(year)

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**Signature**

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**Date**

**Note: Application must be submitted by December 31, 2024, or within three months of the bonus period ending on September 30, 2024**

This personal information is being collected for the purpose of facilitating payment of the Rural Community Comprehensive Care Bonus under the authority of Section 61(c) of the **Access to Information and Protection of Privacy Act**. If you have any questions relating to the collection of this personal information, please contact Medical Services Division at the email provided above.