

Compendium: Locum under Blended Capitation

This file contains the two forms needed by government to initiate a locum's work for a physician practicing under the Blended Capitation Model.

As a preface for the necessity of the forms and situation-specific Provider Number, the following summary comes courtesy of the Family Practice Renewal Program FAQ (<https://familypracticerenewalnl.ca/blended-capitation/faqs/>):

9. I am engaging a locum to cover my patients' care while I am on leave. How do I/we manage billing and payment under the Blended Capitation Model?

Per section 3.10 of Schedule R, Blended Capitation physicians will hire and pay locums as needed and according to the arrangement agreed upon by the host and locum physicians. A [Locum Agreement Template](#) is available as a resource to support host and locum physicians in these discussions.

Locum physicians will submit all billings for services rendered through the locum physician's billing number, with the payment assigned to the host blended capitation physician(s).

To ensure compatibility between the provincial Electronic Medical Record and the MCP system, new (non-provider number) payee numbers are being issued for locum usage in Blended Capitation-applicable situations. Provider Registration at HCS Medical Services is issuing these unique locum payee numbers to Blended Capitation practice physicians approximately a week prior to their Blended Capitation start date. Blended Capitation practice physicians will receive a single unique locum payee number that is to be used by all locums who cover their patient care going forward, while the physician is practicing under the Model.

When a locum submits a bill they must enter both their own provider number as well as the host physician's locum payee number.

If you have commenced Blended Capitation and have not received a unique locum billing number or if you would like a locum payee number more than one week in advance of your start date, please contact ProviderRegistration@gov.nl.ca.

The same policies for fee-for-service locum activity and assignment of payment apply to this arrangement.

Two steps/forms, must be completed:

1. The incoming locum physician's provider profile must be open for fee-for-service billing, by completing the Locum Declaration Form
2. The new payee number must be authorized as a payment option for the locum's billing, by completing the Assignment of Payment Form

For more information, please review the MCP Newsletter: Procedure for Having Locum Physicians at a Blended Capitation Practice (<https://www.gov.nl.ca/hcs/files/PROCEDURE-FOR-HAVING-LOCUM-PHYSICIANS-AT-A-BLENDED-CAPITATION-PRACTICE.pdf>).

MCP Locum Declaration Form

Terms of Reference

A physician, before undertaking a locum tenens, will supply in writing to Provider Registration, the name and practice address of the physician(s) being replaced, along with the start and finish dates for the period of replacement. This also applies to locuming for a vacant position.

Name of Practice Physician	<hr/> <small>Please Print</small>
MCP Provider Number	<hr/>
Practice Address	<hr/>

Name of Locum Physician	<hr/> <small>Please Print</small>
MCP Provider Number	<hr/>
Locum Start Date	<hr/>
Locum End Date	<hr/>

Signature _____ Date _____
Practice Physician

Signature _____ Date _____
Locum Physician

Comments

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This information is being collected for the purpose of administering the Medical Care Plan (MCP) under the authority of Section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**. If you have any questions relating to the collection of this personal information, please contact Medical Services Division at ProviderRegistration@gov.nl.ca.

MCP Assignment of Payment Agreement

Under the Newfoundland Medical Care Insurance Act, when payment for insured services rendered by a provider is assigned to another provider or institution, the Act requires that a formalized agreement exist between the parties concerned ([Physicians and Fees Regulations, paragraph 9](#)). Authorized signatures to this agreement will accomplish this requirement.

Under this agreement, the assignor (Locum or Associate, as appropriate) agrees to assign to the assignee (Principal Provider or Institution, as appropriate) monies paid by MCP where the Principal Provider or Institution's Provider or Institution number is specified as Payee on claims submitted to MCP for services rendered by the locum or associate, whether submitted by the assignor or assignee. For good consideration, both the assignee and the assignor shall be jointly and severally liable to MCP for any recoveries of monies due to MCP and related services performed by the assignor.

This is to certify that:

A payment agreement exists between:

Dr. _____
(Locum or Associate)

(Provider Number)

and _____
(Principal Provider or Institution)

(Provider or Institution Number)

and that both parties to the agreement agree that:

1. Payment by MCP for claims generated by the locum or associate, who must be identified on the claim, will be made to the principal provider or institution from the date of this agreement.
2. Authorized signatures for claims from the principal provider or institution are acknowledged as authorized by the locum or associate.
3. The principal provider or institution and the assignor accept joint responsibility for the accuracy and validity of all information entered on claims submitted to MCP under this agreement.
4. This agreement shall be cancelled by MCP upon receipt of written notice duly signed by either party to the agreement.

Signed _____
(Locum or Associate)

Date _____

Signed _____
(Principal Provider or Institution)

Date _____

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