

Nurse Practitioner Authorization for Primary Care Harmonized Model Agreements

We the undersigned agree that services rendered by the Primary Care Nurse Practitioner(s) that we employ, within the scope of his/her practice will be counted towards our targets for Home Visits, Prenatal Care and Office Procedure Special Premiums in accordance with Appendix E, section 7.4 of the 2004 Memorandum of Agreement. Furthermore we agree that such services will be shadow billed and paid at zero for the exclusive purposes of tracking such services and including them when calculating Special Premiums under our Primary Care Harmonized Model Agreements.

AGREED:

_____ Name of Primary Care Group	_____ Group ID	
_____ Name of Primary Care Lead Physician	_____ Lead Physician Signature	_____ Date

Nurse Practitioner(s):

_____ Name	_____ RN (EC) Billing Number	_____ Signature	_____ Effective Date
_____ Name	_____ RN (EC) Billing Number	_____ Signature	_____ Effective Date
_____ Name	_____ RN (EC) Billing Number	_____ Signature	_____ Effective Date

Additional Requirements: (forms to be completed by the Primary Care Nurse Practitioner (PCNP))

- 1) *Undertaking by Physician/Practitioner for Participation in Machine Readable Input (MRI) form*
- 2) *Electronic Data Transfer (EDT) Undertaking and Acknowledgement form*

Note:

- The PCNP must wait for confirmation from PHCT that he/she has been affiliated with the group prior to submitting his/her services.
- The PCNP must be approved for diskette/electronic submission prior to submitting his/her services.
- The PCNP must be added to your billing software system and PCNP services must be submitted using his/her RN (EC) Billing Number (starts with 7#####).
- PCNP services will be subject to normal OHIP processing rules and regulations (e.g. must have valid Health Number and Version Code, six month submission deadline, etc.).
- PCNP services will be subject to any processing rules associated with your Primary Care Harmonized Model Agreement (e.g. only services provided to your enrolled patients will accumulate).
- The PCNP should only shadow bill for claims associated with the Home Visit, Prenatal Care, and Office Procedures Special Premiums.
- Where the PCNP is Ministry-funded, submission of claims for these premiums does not change any program requirements the PCNP currently has with regards to performance reporting (e.g. continue to submit reports as per Ministry funding contract).
- Shadow billed claims should be submitted with the fee billed amount listed in the current Schedule of Benefits, but will be processed and reported at zero payment. You may wish to discuss this with your software vendor.

Please complete and return forms to your Ministry site team at the appropriate address below:

Ministry of Health and Long-term Care
Primary Health Care Team
1075 Bay Street, 9th Floor
Toronto ON M5S 2B1

Ministry of Health and Long-term Care
Primary Health Care Team
80 Queen Street, 3rd Floor
Kingston, ON K7K 6W7