Primary Care Nurse Practitioner Contract Program Guide

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Saskatchewan

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1. Introduction to Primary Care NP Contracts

Nurse Practitioners (NPs) play a vital role in the Saskatchewan health-system by enhancing access to quality primary care in communities across the province. NPs can work independently or collaboratively in a team-based environment with family physicians and other health-care providers and are regulated by the College of Registered Nurses of Saskatchewan (CRNS).

In Summer 2025, the Government of Saskatchewan launched the Primary Care Nurse Practitioner Contracts as a new model for NPs to deliver publicly funded primary care.

The purpose of the Primary Care NP contract is to:

- allow NPs to practice autonomously to their full scope of practice;
- promote collaborative, team-based care; and
- increase access to comprehensive primary care services.

2. Contract Overview and Service Obligations

Successful applicants will enter a provincially standardized contract developed by the Ministry of Health. NPs engaged through these three-year contracts will be independent contractors.

The contract reflects the following objectives and obligations:

- The NP must be registered as an NP in good standing with the College of Registered Nurses of Saskatchewan (CRNS) with no conditions on their license. The NP will conduct their practice consistent with the conditions of such registration.
- The NP will provide longitudinal, full scope primary health care services.
- The NP must commit to act as the regular and most responsible primary care provider for a minimum 800 patient panel that is balanced in composition (e.g., age, complexity). If this is not met by the end of year two, the NP must work with the Ministry to identify strategies to meet the panel size requirement going forward.
- The NP will be required to have explicit attachment conversations with patients to outline the service commitments to patients and to encourage patients to consider the practitioner as their primary care provider. The NP will maintain an accurate list of empaneled patients within their Electronic Medical Record (EMR) system.
- FTE of services is defined as a minimum of 1,680 hours per year. To ensure continuity of care for patients over the calendar year, the NP is responsible to ensure proper coverage if absent from the clinic for more than three consecutive weeks.
- The NP will be required to report and monitor measures including third-next available appointment, days and hours worked, etc.
- The NP will be encouraged to work with other independent NPs, physicians and/or other allied healthcare professionals as part of a group clinic and to link with their Saskatchewan Health Authority (SHA) Health Network. The Ministry of Health will facilitate the introduction of the NP to the local SHA Primary Health Care (PHC) Director in their area.
- The NP must use an EMR. A unique billing number will be provided, and the NP must shadow bill NP codes. The NP will be required to register for and share EMR data into the Provincial Electronic Health Record (eHR) Viewer.

- Only medically necessary services covered under *The Saskatchewan Medical Care Insurance Act* (MCIA) will be eligible to be included in the annual 1,680 hours of services provided by the NP.
- The NP is not allowed to directly bill patients for any insured services; however, the NP may bill and accept payment from individuals or agencies such as Saskatchewan Government Insurance (SGI), Workers Compensation Board (WCB), out-of-province residents, as well as direct and third-party billing for professional services rendered and not insured by the Ministry.
- The NP is prohibited from charging concierge, membership, or waitlist fees to patients.
- The NP should hold adequate professional liability protection according to the scope of their services, or other adequate insurance against acts of negligence and malpractice. In addition to professional liability, the NP will maintain comprehensive or commercial general liability insurance when the NP owns or rents the premises where services are provided.

3. Compensation

- Under the Independent NP contract one FTE is equivalent to 1,680 hours of services per year.
- First year compensation is $233,436.
- Compensation includes benefits that the NP purchases/monitors independently.
- Compensation includes overhead.
- In the first year of the agreement, an additional one-time payment of $10,000 will be provided as a subsidy for information technology startup costs.
- The NP may be reimbursed up to $3,500 per year for Continuing Medical Education (CME).
- The NP is eligible to receive a maximum of 20 weeks paid leave at 50% for parental, surrogacy or adopted childcare leave from clinical practice.
- The NP may be eligible for incentive payments (see Section 5 for more details).
- Subsequent years' increases will align with Saskatchewan public sector increases.

4. Hours

The NP will provide 1,680 hours of primary health care services, equivalent to 1.0 FTE of service provision. The 1,680 service hours per year include:

- Direct patient care
- Indirect patient care activities such as: charting, review of patient panel lab results, consultation reports, or other care reports, and time spent in preparation/research related to the care of complex patients.
- Time spent waiting for a patient who did not attend a scheduled appointment, or for drop-in/walk-in patients.
- Any communication, including but not limited to, informal, non-scheduled discussions, meetings/consultations with physicians, allied health, and patient families.
- Group health education sessions.

5. Incentive Payments

The NP is eligible for the following incentive payments in addition to the base compensation of the contracts:

After-Hours Incentive (within 1,680 core hours & outside regular hours)

For every 100 hours (up to a maximum of 200 hours) worked within the 1,680-hour requirement and outside regular hours, the NP will be eligible for a pro-rated $3,150 stipend (maximum $6,300).

- Regular hours are defined as Monday to Friday 8:00 am to 5:00 pm.
- After hours are defined as time provided outside regular hours (i.e., anytime on Saturday, Sunday, statutory holidays, and after 5:00 pm or before 8:00 am on Monday-Friday).
- Eligible time must be used for in-person patient-facing appointments.
- To be eligible for payment, extra hours must be set and advertised to the patients.
- Time worked will be reported monthly to the Ministry of Health.

Additional Hours Incentive (services provided beyond 1,680 core hours)

For every 100 hours worked beyond the 1,680-hour requirement, the NP will be eligible for a pro-rated $9,437 stipend.

- Eligible time must be used for in-person patient-facing appointments.
- To be eligible for payment, extra hours must be set and advertised to the patients.
- Time worked will be reported monthly to the Ministry of Health.

Enhanced Panel Incentive

For every 100 additional patients on the NP's panel that exceed the 800-panel target, the NP will receive $10,000 annually.

- This amount will be pro-rated according to how many patients are in excess of the 800-panel target. For example, for a panel size of 850 (i.e., 50 additional patients) the NP will receive an additional $5,000 annually.
- The panel incentive will be based on the panel size submitted in the last monthly reporting template of the agreement year and will be paid within 30 days.

6. Patient Panels

- The NP must commit to act as the regular and most responsible primary care provider for a minimum 800 patient panel that is balanced in composition (e.g., age, complexity). If this is not met by the end of year two, the NP must work with the Ministry to identify strategies to meet the panel size requirement going forward.
- It is expected that as the NP is growing their panel size, they will be accepting walk-in patients seeking access.
- Panel management is a process of proactively managing a set of patients that have established relationships with the NP, using EMR data to identify and respond to patients' care needs.
- The clinic will identify a person responsible and accountable for panel processes who can confirm that panel identification and maintenance processes are established and acted on.

- The clinic must establish a process to directly confirm patient attachment:
    - All panel sizes will start at a value of zero upon initial signing of the contract.
    - The NP will have an in-person conversation with the patient to create an understanding about the continuous relationship that is being formed between the NP and the patient.
    - Patients are routinely asked to confirm that their NP is their primary provider for comprehensive, longitudinal primary care.
    - Attachment information is recorded in the clinic EMR including the last date of attachment/confirmation and the patient is marked as "active" status.
    - The NP will also shadow bill the attachment code which indicates an attachment relationship has been discussed/confirmed.
    - Patients who have not had a clinic visit in three years will not be considered an active patient on the provider's panel.
- The panel list will be reviewed at regular intervals by the clinic.
- The clinic EMR is used to produce lists of paneled patients (i.e. "active") and total numbers will be submitted to the Ministry of Health monthly.
- Eligibility and associated payment for the Enhanced Panel Incentive will be determined using the submitted EMR totals. If there is a large discrepancy between the panel size figure submitted to the Ministry of Health and the shadow billing data, the Ministry will work with the NP to reconcile.
- Annually, the Ministry of Health will utilize administrative data from shadow billing submissions to assess metrics such as: attachment/panel size, complexity of patients, number of services provided, and discrete patient counts.

7. Reporting and Evaluation

- The NP must report on measures to demonstrate program outcomes that include, but are not limited to (details on each will be set out in the contract):
    - Third Next Available Appointment
    - Hours of Operation
    - Days/hours worked
    - Panel Size
    - Number of patient encounters
    - Shadow Billing Codes
- Evaluation and learning are important elements in this program. As an evaluation framework is developed, the NP agrees to work with the Ministry of Health. It is anticipated that evaluation activities will focus on sharing of data submitted in the reporting above and partaking in surveys.

8. Process for Establishing a Contract

Step 1: Application submission

- **Completed applications are due to the Ministry of Health by 11:59 pm March 30, 2026.**
- Submitted applications will be reviewed and assessed based on the following criteria, including but not limited to:
- Ability to provide longitudinal, full scope primary health care services.
- Ability to develop a panel of 800 patients and attach new patients.
- Completion and comprehensiveness of the application form.
- Service obligations/program requirements are met.
- Preference may be given to applications that:
  - Demonstrate a willingness to provide after-hours access on weekends, evenings or holidays
  - Reflect team-based care/group practice
  - Will serve areas that are underserviced and are experiencing a lack of access.

Step 2: Review and Approval of Application

- The approval process is expected to **conclude within a month of the application deadline**.
- Via email, the Ministry of Health will contact all NPs that applied regarding approval/denial of the application.

Step 3: Set-Up (Contract, Funding, Numbers, TNAA, etc.)

- Approved applicants will work with the Ministry of Health on:
  - Contract signing
  - Setting up a Billing number
  - Setting up a Clinic Number
  - Setting up/orienting to Shadow Billing

Step 4: Commence Operations

9. Program Information and Contact

Primary Care Nurse Practitioner Contract
Primary Care Branch, Ministry of Health
3475 Albert St, Regina, SK, S4S 6X6
contractnp@health.gov.sk.ca

Frequently Asked Questions

1. **Who is eligible for the NP contracts?**

   The Primary Care NP contracts are open to all NPs interested in providing longitudinal, full-scope primary health care services. The NP must be registered as an NP in good standing with the College of Registered Nurses Saskatchewan (CRNS) with no conditions on their license.

2. **How does this model differ from working for the Saskatchewan Health Authority?**

   The NP will be an independent contractor and not an employee of the Saskatchewan Health Authority (SHA). The contract will be with the Ministry of Health and will support the NP to join an established clinic/practice or establish their own practice.

3. **Is there a term to the contract? What happens when the term ends?**

   The term of the Contract is three years with the option to renew.

4. **Are there specific days/hours NPs must work?**

   No. It is up to the NP to set their hours and provide 1680 hours in the year. There are incentives for extra hours, and hours outside of regular hours (Monday- Friday 8:00am-5:00pm).

5. **Can extended workdays be accommodated?**

   Yes. It is up to the NP to set their hours and provide 1680 hours in the year. There is an incentive available for hours that are set outside Monday to Friday 8:00am to 5:00pm.

   After-Hours Incentive
   For every 100 hours (up to a maximum of 200 hours) worked within the 1,680-hour requirement and outside regular hours, the NP will be eligible for a pro-rated $3,150 stipend (maximum $6,300).

   Additional Hours Incentive
   Additionally, for every 100 hours worked beyond the 1,680-hour requirement, the NP will be eligible for a pro-rated $9,437 stipend. These hours must be scheduled and advertised to patients but may fall during any time of the week.

6. **Can the After-Hours and Additional Hours Incentives be claimed for the same hours of service?**

   No, the After-Hours Incentive and the Additional Hours Incentive cannot be claimed simultaneously for the same hours of service provided.

   The After-Hours Incentive is for services provided within the required 1680 hours, but outside of regular hours (i.e. outside of Monday to Friday 8:00am to 5:00pm).

   The Additional Hours Incentive is for services provided beyond the required 1680 hours. The Additional Hours incentive is likely to take effect late in the contract year, once the 1680 hours have been completed.

7. **What funding is provided to cover the NP's overhead costs?**

   The compensation rate was developed to be competitive relative to salaried NPs employed within the publicly-funded health system. It is inclusive of salary, benefits and overhead.

8. **If the NP takes a larger panel size (e.g. 801+) is there an opportunity for further compensation?**

   Yes, NPs can take advantage of the Enhanced Panel Incentive where for every 100 additional patients on the NP's panel that exceed the 800-panel target, the NP will receive a pro-rated $10,000 annually.

9. **What if I am having a hard time meeting certain deliverables such as the minimum panel size?**

   Generally, if an NP is having difficulties meeting a deliverable, the expectation is that the NP will work with the Ministry of Health to identify strategies to address the concern and meet the deliverable going forward.

10. **What if I am unable to meet my minimum required hours of service for the year?**

    At the end of each year of the contract, the Ministry of Health will reconcile the hours the NP reported against the minimum required hours for which they were paid. If the NP worked less than the required hours, an adjustment will be made to their next contract payment to reflect the actual FTE provided during the previous year. If the contract has expired, the NP will be responsible to repay the calculated overpayments to the Ministry of Health.

11. **Can NPs choose which patients they decide to attach, or will patients be assigned to them?**

    The NP must commit to act as the regular and most responsible primary care provider for a minimum 800 patient panel by the end of year two. NPs can choose which patients they decide to attach to their panel. The panel must be balanced in composition (e.g., age, complexity). As the NP is growing their panel, they must provide walk-in services to other patients.

12. **What, if any services, is the NP allowed to bill and can they retain the income?**

    The NP is not allowed to directly bill patients for any insured services; however, the NP may bill and accept payment from individuals or agencies such as Saskatchewan Government Insurance (SGI), Workers Compensation Board (WCB), out-of-province residents, as well as direct and third-party billing for professional services rendered and not insured by the Ministry.

13. **Can a contract NP join a fee-for-service (FFS) Physician Practice?**

    Yes. Group practice is encouraged, and a contract NP is able to join an existing FFS practice. It would be up to the NP and the FFS practice to work out the details of their arrangement. Ultimately the NP will need to satisfy the requirements of the contract it has with the Ministry of Health.

14. **What happens if the NP leaves the clinic temporarily (e.g. maternity/ parental leave) or permanently?**

    The College of Registered Nurses of Saskatchewan (CRNS) has a policy that the NP must follow regarding ending a relationship with a client. See CRNS policy.

    Regardless of the circumstances surrounding the NP's need to leave practice, the continuity of client care is to be assured, including actions taken to minimize interruptions to care. The NP employs their professional judgment and clinical reasoning to determine what is reasonable and expected in their practice setting.

15. **Should the NP seek legal advice prior to signing the contract?**

    It is the NP's right to seek advice, including independent legal or financial counsel.

16. **Do NPs need to be incorporated?**

    There is no requirement to be incorporated. An Agreement can be held with the NP as an individual or with their corporation. Whether it is advantageous to incorporate or not is a matter that the NP will have to determine on their own. NPs may wish to seek independent legal and financial advice.

17. **Is the NP eligible to receive maternity/parental leave?**

    Yes, the NP is eligible to receive a maximum of 20 weeks paid leave at 50% for parental, surrogacy or adopted childcare leave from clinical practice provided the Nurse Practitioner has been under active contract with the Ministry of Health for at least 13 weeks prior to the start of this leave.

18. **Will the NP be expected to provide emergency department "on call" if they work in a rural community?**

    No, this contract does not require the NP to participate as part of a on-call emergency department rotation.

19. **Can a NP provide services to their patients in acute and long-term care facilities within this contract?**

    A NP that wishes to become the most responsible provider to their patients who have been admitted to an acute or long-term care facility must follow the process outlined in the Saskatchewan Health Authority's Interim Practitioner Staff Bylaws.

20. **Is the NP able to obtain additional employment on a casual or part-time basis while working under a NP Contract?**

    The NP is permitted to work casual with the SHA and other employers if it does not affect the delivery of contracted services, including the contract required hours and panel commitments. The NP must notify the Ministry of other work where there may be a conflict of interest (e.g. overlap of patient panel, delivering uninsured health services).

21. **Are part time positions available?**

    Less than 1.0 FTE contracts will be considered. Compensation and panel size would be pro-rated. Further discussion is required with the Ministry of Health.

22. **How do the contracts align with clinics paneling patients to the clinic, rather than Family Physicians or Nurse Practitioners individually?**

    Currently, the NP contracts are focused on increasing patient attachment to a most responsible provider, rather than to a clinic.

23. **How are panel targets affected by practice location (i.e. rural or remote communities)?**

    The Ministry is aware that there are different service needs in rural and remote communities. The Ministry's intent is to stabilize services and improve access to primary care. The Ministry of Health may adjust patient panel targets and FTE on a case-by-case basis.

24. **How is access to providers tracked?**

    NP will be required to collect Third Next Available Appointment (TNAA) data and submit it to the Ministry. Within the Ministry, the data is used as a first approximation of primary care access within communities or health networks. This data is not used for performance management; it is

not a measure of how well a clinic is functioning, instead it is a measure of the general supply and demand for primary care across the province. The Ministry will work with the NP to set up a process to collect and report TNAA data.

25. Will the NP be penalized if a patient seeks primary care services elsewhere?

There are no penalties if a patient seeks services elsewhere. However, the objective is for NPs to establish a relationship with the patient. An NP should consider access as they are managing their panel size.

26. How will NPs on these contracts be held accountable for attaching patients and working the contract hours?

The NP must establish a process to actively ask patients about their attachment and create a mutual understanding that the NP is their primary provider for comprehensive, longitudinal primary care. Attachment will be tracked using an administrative attachment code submitted through shadow billing. In addition, NPs must utilize their EMRs marking attached patients as "active" status, including the last date of confirmation. Patients who are inactive for three years will no longer be deemed an active patient of the provider. The panel list will be reviewed at regular intervals.

NPs will also be required to report their hours worked to the Ministry of Health monthly.

27. Are NPs required to be available after-hours for their patients?

As primary care practitioners, NPs must be available to provide reasonable on-going medical care to their patient panel after-hours (e.g., to provide timely follow-up to critical lab results). NPs may work with other practitioners to share availability for on-call as needed, sometimes referred to as a call group. Practices may make a variety of arrangements to provide reasonable after-hours availability to patients, based on patient needs, for the purposes of continuity of care.

Hours on call but not delivering services do not count towards the hours under the contract. However, if the NP is engaged to provide services during the on-call period, the actual hours spent providing services do count and should be tracked and submitted.

28. How will contract NPs be paid?

NPs will enter into a contract with the Ministry of Health and will be paid on a monthly basis. Incentive payments will be made once the given year is complete and required documentation is provided to the Ministry of Health. These payments will be made as a lump sum payment.

Invoices submitted to the Ministry of Health will be required to process reimbursement for continuing medical education expenses. Payment will be made within 30 days from the submission of invoice(s).

29. Can communities submit an expression of interest (EOI)?

A nurse practitioner and community may collaborate together; however, the contract will be between the Ministry and a licensed Nurse Practitioner (NP).

30. Is there compensation for travel costs to provide visiting services to communities?

No. The contract does not include travel compensation. Applicants are encouraged to note unique circumstances in their application. This may be reviewed in the future.

31. Are there controls on where NPs can practice, such as on-reserve communities?

Contracts will be considered for services provided on-reserve if the requirements of the contract can be met.

32. How are nurse practitioners compensated for rural, northern, or Indigenous work?

The compensation rate is uniform across the province, regardless of location.

33. Are there incentives or supports in place for managing high-complexity patient panels, such as those involving individuals with unstable housing or significant health and social needs?

There is no complexity-specific incentive, but the Ministry may adjust expectations on the size of the patient panel based on high complexity. Further discussions would be required between the Ministry and NP.

34. Are there incentives for mentoring NP students or new grads?

There are no incentives for mentoring students or new grads.

35. Will shadow billing be tracked under this contract?

Yes. The Ministry of Health will track this as part of performance monitoring.

36. How will geographic balance be maintained to avoid NP clustering in urban centers?

Applications will be assessed based on service needs across the province.

37. Does "underserved" include urban populations with addictions or homelessness?

Yes.

38. Are NPs required to see a minimum number of patients each day?

Patient encounters per day will be tracked through the monthly reporting template, and the Ministry will monitor this information to help us understand overall trends and ensure the model is functioning as intended. While there is no fixed daily visit target, there is an expectation that your scheduled time is being used to provide patient care and support panel growth. As such, we would not typically expect to see very low daily visit numbers (for example, <10 visits per day) on an ongoing basis and if this was the case the Ministry would meet with the NP to discuss plans for improvement.

39. Under this contract, can nurse practitioners offer virtual-only care in underserved areas?

No. The majority of care must be in-person. Virtual care may be allowed in particular circumstances when it is requested by the patient, but must not be the exclusive means of delivering care.

40. If an NP takes over a physician's panel, do they have to see all patients right away?

No. The expectation is to build up to 800 patients over two years, not immediately.

41. Are retiring physicians allowed to "sell" their patient panels to NPs?

Transitioning patients from a retiring physician's practice to an NP's practice would be an arrangement between the two professionals, however the Ministry can support discussions where appropriate.

42. What happens to NPs who currently operate private practices?

Nurse practitioners with private practices are not required to apply for these contracts, but the contracts represent an opportunity to transition into the publicly-funded system. If an NP enters into a contract with the Ministry, they must no longer charge patients for insured primary care services. However, NPs may charge for non-insured services (e.g., SGI forms, cosmetic procedures like Botox). These non-insured services are outside the 1,680 contracted hours.

43. Is this contract linked to the upcoming 2026 federal changes to nurse practitioner direct billing?

No. The intent to build this model of compensation was announced prior to the federal Interpretation Letter. This contract is an option to transition from a private pay model to a publicly funded model, but it is not mandatory.

44. What happens if a nurse practitioner wants to end the contract early?

Standard terms in the contract will clarify the responsibilities and notice period required if either party chooses to end the contract early.

45. Is malpractice or liability insurance covered under this contract?

As an independent contractor, the NP should hold adequate professional liability protection according to the scope of their services, or other adequate insurance against acts of negligence and malpractice. In addition to professional liability, the NP will maintain comprehensive or commercial general liability insurance when the NP owns or rents the premises where services are provided.

46. Does the contract include funding for infrastructure?

The contract includes one-time funding of $10,000 as a subsidy for information technology (IT) startup costs.

47. Are there supports for continuing education or professional development?

Yes, an NP may be reimbursed for up to $3,500 annually for continuing medical education. To be eligible for CME reimbursement, an NP must have been under an active contract with the Ministry of Health for at least 13 weeks prior to the date of the reimbursement application.

48. Can I use an online form on my website to attach patients to my panel?

No, patients on your panel must have an explicit in-person attachment conversation with the NP.

49. Does my training/continuing education course time count towards my 1680 hours?

No, we understand the value of continuing medical education (CME) and have allocated up to $3,500 in reimbursement to support these learning opportunities. However, CME activities are considered separate from clinical service delivery, and the time spent on them does not contribute toward the required 1,680 annual service hours in the contract.

50. Can Graduate nurse practitioners apply for a contract?

Yes, Graduate NPs are eligible for a contract as long as they hold a Graduate NP License with the College of Registered Nurses of Saskatchewan (CRNS). As the Graduate Nurse Practitioner License has some limitations, including supervision by another NP or physician, it would be expected that they would join a group practice vs. establishing a solo practice in order to meet the expectations of their license.