



Practice Nurse Incentive Program application

Important information

Complete this form to apply for payments under the Practice Nurse Incentive Program (PNIP).

For the purposes of the PNIP, General Practitioners (GPs) include Fellows of the Royal Australian College of General Practitioners (RACGP), Fellows of the Australian College of Rural and Remote Medicine, vocationally registered GPs and medical practitioners undertaking approved training.

GPs will also include non specialist medical practitioners known as other medical practitioners, who provide non referred services and are not technically GPs.

Incentive payment

To be eligible to receive the PNIP Incentive payment a practice must:

- meet the RACGP definition of a 'general practice'
- be accredited or registered for accreditation against the current RACGP *Standards for general practices* and be fully accredited within 12 months of joining the PNIP
- maintain practice accreditation
- have current public liability insurance
- ensure all practice GPs have current professional indemnity cover
- ensure that all Practice Nurses, Aboriginal Health Workers and Allied Health Professionals are covered by appropriate professional indemnity insurance arrangements as required by the Australian Health Practitioner Regulation Agency (AHPRA) or by the professional's registration board
- employ or otherwise retain the services of eligible Practice Nurses and/or Aboriginal Health Workers and/or Allied Health Professionals
- employ or retain the services of a GP (including less than one full time GP).

Top up payment

Top up payments will be available for the first three years of the program (from 1 January 2012 to 31 December 2014) to ensure that practices are not adversely impacted by the cessation of the Practice Incentive Program (PIP) Practice Nurse Incentive and/or removal of the six Medicare Benefit Schedule (MBS) Practice Nurse items.

To be eligible for Top up payments practices will be required to provide practice details, including any PIP practice details (e.g. practice ID), the total Practice Nurse hours per week for each quarter in the (12 month) historical period and relevant GP provider numbers in the historical period, in order to determine the practice's eligibility and payment amounts.

Grandparenting payment

Grandparenting payments will be available for the first three years of the program (from 1 January 2012 to 31 December 2014) to ensure that practices are not adversely impacted by the removal of the six MBS Practice Nurse items.

These payments will be made quarterly at the same time that the PNIP incentive payments are made to practices participating in the PNIP.

To be eligible for Grandparenting payments practices will be required to provide practice details, including the total Practice Nurse hours per week for each quarter in the (12 month) historical period and relevant GP provider numbers in the historical period, in order to determine the practice's eligibility and payment amounts.

Accreditation Assistance payment

To be eligible for the one off Accreditation Assistance payment a practice must be registered for accreditation against the RACGP *Standards for general practices* and meet the other eligibility requirements as detailed in the PNIP Guidelines.

To receive the Accreditation Assistance payment the practice must join the PNIP and provide proof of registration for accreditation. The practice must become accredited within 12 months of joining the PNIP.

Department of Veterans' Affairs Loading

Practices that are eligible for the PNIP and provide GP services to Department of Veterans' Affairs (DVA) entitled persons will be eligible to receive the DVA loading of the PNIP. These practices will be identified by Medicare Australia and a separate application for the DVA loading is not required. The payment will be calculated by the number of DVA Gold Card holders that receive a DVA funded in rooms GP consultation (i.e. MBS items 3, 23, 36 or 44) in a PNIP eligible practice location during that financial year. Where a Gold Card holder chooses to use more than one practice each year, the DVA loading will be apportioned across the practices based on the percentage of total consultation fees paid. Payments for the annual DVA loading will be made in the August PNIP quarter.

Public Key Infrastructure (PKI) certificate

If you or the authorised contact person(s) have an individual PKI certificate, the Registration Authority (RA) number should be written in the space provided on this form.

The RA number is located on the tag attached to the PKI Universal Serial Bus Key or on the card sent with the USB card reader.

The RA number will be used to allow access to the PNIP online.

Program Guidelines

To make sure that your practice meets all of the ongoing eligibility requirements, you must review the PNIP Guidelines. To obtain a copy of the guidelines call the PNIP on **1800 222 032** or go to **www.medicareaustralia.gov.au/pnip**

Accreditation details

To be eligible to receive the PNIP Incentive payment or Top up payment practices must be accredited or registered for accreditation against the current RACGP *Standards for general practices*. To receive the Accreditation Assistance payment practices must be registered for accreditation. Accreditation is assessed by the following organisations:

Australian General Practice Accreditation Ltd (AGPAL)

Enquiries number: **1300 362 111**

GPA Accreditation plus

Enquiries number: **1800 188 088**

Changes of details

Changes to practice arrangements can impact on your practice's eligibility to participate in the PNIP and/or the calculation of incentive payments. Medicare Australia must be advised in writing of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest. Relevant changes include, but are not limited to:

- a GP leaving or starting at the practice
- a change in the practice's authorised contact person
- a change in banking details
- a change in the practice's accreditation status
- a change in eligibility for any of the individual payments
- a change in the number of hours worked by Practice Nurses, Aboriginal Health Workers and/or Allied Health Professionals within the practice
- a change in practice location, ownership or structure
- a change in the practice's public liability insurance or an individual GPs professional indemnity cover
- a change in the practice's professional indemnity insurance arrangements for Practice Nurses, Aboriginal Health Workers and Allied Health Professionals.

All changes must be signed by the authorised contact person or the practice owner(s). For more information about the changes go to the PNIP Guidelines available at www.medicareaustralia.gov.au/pnip or call the PNIP on **1800 222 032**.

False or misleading information

Penalties exist under law for giving false and/or misleading information. Medicare Australia may suspend payments and/or recover any overpayments that result from:

- the provision of incomplete or inaccurate information, or
- delays in advising Medicare Australia of changes to practice details.

Refer to **Changes of details** for examples of relevant changes in circumstances and the time in which practices are required to notify Medicare Australia of changes.

Assistance

If you need assistance completing this form call the PNIP on **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time. For more information about the PNIP email pnip@humanservices.gov.au or go to www.medicareaustralia.gov.au/pnip

Lodgement

Send the completed form to:

Practice Nurse Incentive Program
GPO Box 2572
ADELAIDE SA 5001

or fax to: **1300 587 696**

Print in **BLOCK LETTERS**

Tick where applicable

Practice details

1 Practice name

2 Is your practice a (**tick one only**):

General Practice

Aboriginal Medical Service

Aboriginal Community Controlled Health Service

If you are not a General Practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Service, tick the General Practice box. This will ensure you are able to complete the relevant questions on the application form.

3 Is your practice currently registered with the PIP?

No **Go to 5**

Yes **Go to next question**

4 Do you give consent for Medicare Australia to use practice details that you have already supplied for the PIP?

No

Yes Practice ID

5 Address of main practice location

Postcode

Practice eligibility check

It is an eligibility requirement of the PNIP that the practice has current liability insurance, all practice GPs have current professional indemnity cover and all Practice Nurses, Aboriginal Health Workers and Allied Health Professionals are covered by appropriate professional indemnity insurance arrangements as required by the AHPRA or by the professional's registration board.

6 Does your practice have current public liability insurance?

No **Your practice is not eligible to participate in the PNIP.**

Yes

7 Do **all** practice GPs have current professional indemnity cover?

No **Your practice is not eligible to participate in the PNIP.**

Yes

8 Is your practice currently accredited?

No

Yes **Go to 10**

Provide evidence (e.g. a copy of your current accreditation certificate).

9 Is your practice registered for accreditation?

No **Your practice may be eligible for grandparenting payments.**

Yes **Provide evidence (e.g. a copy of your current accreditation registration certificate).**

10 Start date of accreditation

/ /

End date of accreditation

/ /

Accreditation body

Accreditation number

Your accreditation number as provided by AGPAL or GPA Accreditation plus.

11 Does your practice employ or otherwise retain the services of a Registered Nurse?

No *Your practice may not be eligible to participate in the PNIP.*

Yes *Provide evidence (e.g. a statement on practice letterhead signed by the authorised contact person).*

12 Does your practice employ an Enrolled Nurse?

No

Yes *Provide evidence (e.g. a statement on practice letterhead signed by the authorised contact person).*

13 Does your practice employ a certified level 3 (or above) Aboriginal Health Worker?

No

Yes *Provide evidence (e.g. a statement on practice letterhead signed by the authorised contact person).*

14 Does your practice employ an Allied Health Professional?

No

Yes *Give details below (e.g. social worker)*

Provide evidence (e.g. a statement on practice letterhead signed by the authorised contact person).

15 Does your practice render any of the following MBS items: 10993, 10994, 10995, 10996, 10998, 10999?

No

Yes

16 Have you given consent for Medicare Australia to use practice details that you have already supplied for the PIP?

No

Yes

Authorised contact person(s) details

17 The authorised contact person(s) must be authorised by the owner(s) of the practice to advise Medicare Australia of changes and will be the person(s) to whom all correspondence is addressed.

Contact person one details

Dr Mr Mrs Miss Ms Other
Family name

First given name

RA number (if applicable)

Contact person two details

Dr Mr Mrs Miss Ms Other
Family name

First given name

RA number (if applicable)

Contact person three details

Dr Mr Mrs Miss Ms Other
Family name

First given name

RA number (if applicable)

Contact person four details

Dr Mr Mrs Miss Ms Other
Family name

First given name

RA number (if applicable)

A practice may nominate up to five authorised contact persons.

18 Phone number

Fax number

()

Email address

@

Additional practice branch four details

Address

Postcode

Is the additional practice branch accredited in its own right?


No

Yes

Is the additional practice branch registered for accreditation in its own right?

No

Yes

 If you have more than four additional practice branches, attach a separate sheet with details.

Practice Nurse and Health Professional details - current

24 Complete the table below for all Practice Nurses and Health Professionals who are currently working at the practice (including any additional practice branches).

A Practice Nurse is a Registered Nurse or Enrolled Nurse. A Health Professional is an Aboriginal Health Worker or Allied Health Professional.

You will need to calculate the TOTAL hours per week for all Registered Nurses, Enrolled Nurses, Aboriginal Health Workers and Allied Health Professionals currently working at the practice (e.g. if you have two Registered Nurses currently working at the practice for 30 hours each per week and four Registered Nurses working at an additional practice branch for a total of 20 hours each per week, your TOTAL Registered Nurse hours per week is to be recorded as 140 hours per week).

The TOTAL hours per week shall be the standard agreed weekly hours (e.g. as set out in the employment contract).

Practice Nurse and Health Professional type	TOTAL hours per week
Registered Nurse	
Enrolled Nurse	
Aboriginal Health Worker	
Allied Health Professional	

Note: do not include hours worked where the Practice Nurse or Health Professional is covered by another funding source, such as State or Territory Government funding or the Mental Health Nurse Incentive.

Practice Nurse and Health Professional details - historical period

25 Complete the table(s) below for all Practice Nurses and Health Professionals who worked at the practice during each quarter of the historical period as detailed below.

This information is required to enable Medicare Australia to undertake a full assessment of your practice's eligibility. Without this information your practice cannot be assessed for Grandparenting or Top up payments.

A Practice Nurse is a Registered Nurse or Enrolled Nurse. A Health Professional is an Aboriginal Health Worker or Allied Health Professional.

The TOTAL hours per week shall be the standard agreed weekly hours (e.g. as set out in the employment contract).

1 August 2010 - 31 October 2010

Practice Nurse and Health Professional type	TOTAL hours per week
Registered Nurse	
Enrolled Nurse	
Aboriginal Health Worker	
Allied Health Professional	

1 November 2010 - 31 January 2011

Practice Nurse and Health Professional type	TOTAL hours per week
Registered Nurse	
Enrolled Nurse	
Aboriginal Health Worker	
Allied Health Professional	

1 February 2011 - 30 April 2011

Practice Nurse and Health Professional type	TOTAL hours per week
Registered Nurse	
Enrolled Nurse	
Aboriginal Health Worker	
Allied Health Professional	

1 May 2011 - 31 July 2011

Practice Nurse and Health Professional type	TOTAL hours per week
Registered Nurse	
Enrolled Nurse	
Aboriginal Health Worker	
Allied Health Professional	

See note at question 24.

Ownership details

26 Indicate the type of practice ownership arrangement that applies (**tick one only**):

Individual proprietor

Declaration to be completed by the proprietor.

Partnership

Declaration to be completed by the partners of the practice.
Obtain all partners' signatures.

Associateship

Declaration to be completed by all associates who are owners of the practice.
Do not include the signatures of practice associates who are not owners of the practice.

Body corporate

Declaration to be completed by at least two authorised representatives of the corporation (e.g. company director and company secretary).

State or territory government or other public body

Declaration to be completed by an authorised representative of the practice.

Ownership declaration

27 I/we understand that:

- Medicare Australia may conduct compliance audits of a practice's compliance with the PNIP eligibility requirements for PNIP payments
- I/we may be required to provide information to Medicare Australia as evidence of the practice's compliance with the PNIP eligibility requirements for PNIP payments
- giving false or misleading information is a serious offence
- I/we must advise Medicare Australia in writing of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest
- if I/we do not notify Medicare Australia of changes to practice arrangements, payments for the PNIP may be reduced or recovered, and the practice's eligibility for the PNIP may be affected.

I/we consent to Medicare Australia:

- providing payment advice(s) showing how PNIP payment(s) are calculated for the practice to the authorised contact person.

I/we declare that:

- I/we have reviewed the PNIP Guidelines
- the information on this form is correct.

Company name

Trading name

Address

Postcode

28 Signatures of all individuals, partners or associates who are owners of the practice are required. If the practice is managed by a body corporate, signatures of at least two authorised representatives of the corporation is required. If the practice is managed by a state or territory government or other public body, the signature of an authorised representative of the practice is required.

Owner/authorised person one

Dr Mr Mrs Miss Ms Other

Family name

First given name

RA number (if applicable)

Signature

Date

Owner/authorised person two

Dr Mr Mrs Miss Ms Other

Family name

First given name

RA number (if applicable)

Signature

Date



If more than two signatures are required, attach a separate sheet with details.

29 Witness's full name

Witness's address

Postcode

Witness's signature

Date

Privacy note

The information on this form will be used to assess the practice's eligibility to receive payments under the Practice Nurse Incentive Program. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. This information may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.

Individual General Practitioner details

PNIP applicants must make sure that each GP identified at question 30 completes all Individual **Individual General Practitioner details** questions below and signs the **Individual General Practitioner declaration**.

A separate declaration must be completed by each GP. If additional declarations are required, photocopies of this page will be accepted.

31 Full name of GP

32 Do you consent to the use of your Medicare Australia and Department of Veterans' Affairs service data when calculating the practice's PNIP payment(s)?

No *If you do not consent, Medicare Australia will exclude your data when calculating the practice's payment(s). This will affect the level of payment to the practice.*

Yes

33 Are you a current provider at the practice?

No **Go to 35**

Yes

34 Do you have current professional indemnity cover?

No *Your practice is not eligible for the PNIP.*

Yes

It is an entry requirement of the PNIP that all practice GPs have current professional indemnity cover.

35 Provider number for the main practice location

Start date at practice

36 Provider number and address for each additional practice branch (if applicable)

Additional practice branch one details

Provider number

Address

Start date at practice

Additional practice branch two details

Provider number

Address

Start date at practice



If you have more than two additional practice branches, attach a separate sheet with details.

Individual General Practitioner declaration

37 I understand that:

- Medicare Australia can make relevant enquiries and may access information for the purpose of calculating PNIP payments
- Medicare Australia may provide reports regarding information on this application and services provided by me to the authorised contact person(s)
- I must advise Medicare Australia in writing of any changes to my arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest
- if I do not notify Medicare Australia of changes to my arrangements, incentive payments for the PNIP may be reduced or recovered, and the practice's eligibility for the PNIP may be affected.

I consent to Medicare Australia:

- accessing information, including personal information, held by itself or the DVA about medical services provided by me for the purposes of calculating PNIP payment(s).

I declare that:

- I have reviewed the PNIP Guidelines
- the information on this form is correct.

General practitioner's full name

General practitioner's signature

Date

Witness's full name

Witness's signature

Date

Privacy note

The information on this form will be used to assess the practice's eligibility to receive payments under the Practice Nurse Incentive Program. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. This information may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.

Checklist

- Have you reviewed the PNIP Guidelines?
- If you have consented to use practice details supplied for the PIP, have you provided your PIP Practice ID (**Practice details**, question 4)?
- Have you attached evidence of your current accreditation (**Practice eligibility check**, question 8)?
- Have you attached evidence of your current accreditation registration (**Practice eligibility check**, question 9)?
- Have you attached evidence of your employment of a Registered Nurse (**Practice eligibility check**, question 11)?
- Have you attached evidence of your employment of an Enrolled Nurse (**Practice eligibility check**, question 12)?
- Have you attached evidence of your employment of a certified level 3 (or above) Aboriginal Health Worker (**Practice eligibility check**, question 13)?
- Have you attached evidence of your employment of an Allied Health Professional (**Practice eligibility check**, question 14)?
- Has an authorised contact person(s) been nominated (**Practice details**, question 17)?
- Are the payment details correct (**Bank account details**, question 20)?
- Have you provided details of all Practice Nurses and/or Health Professionals currently working at the practice (**Practice Nurse and Health Professional details - current**, question 24)?
- Have you provided details of all Practice Nurses and/or Health Professionals who have previously worked at the practice during the historical period (**Practice Nurse and Health Professional details - historical**, question 25)?
- Has the Practice Ownership Declaration been completed (including the date and witness signature) and signed by the practice owner(s) (**Ownership details** and **Declaration** sections)?
- Have you provided details of all GPs currently working or who previously worked at the practice during the historical period (**PNIP General Practitioner details**, question 30)?
- Have you attached a completed **Individual General Practitioner details and declaration** section for each GP working at the practice or who previously worked at the practice during the historical period?
- Have you taken a copy of the application for your records?