



Mental Health Nurse Incentive Program claim

Introduction

The Mental Health Nurse Incentive Program (MHNIP) provides funding to enable eligible private psychiatry practices, general practices and other appropriate organisations to engage or retain specialist mental health nurses to provide support services to patients with severe mental disorders during periods of significant disability.

Please refer to the corresponding Mental Health Nurse Incentive Program Guidelines before completing the MHNIP claim form.

Instructions to applicants

As of July 2008, MHNIP payments will be made on a monthly basis.

Payments will be made before the end of the month that immediately follows the month in which the claim form has been received by Medicare Australia. For example, if a claim form is received by Medicare Australia on 20 July 2008, the payment will be made to the organisation by 31 August 2008.

Organisations must complete a separate claim form for each nurse engaged (page 3 of the form), and for each session undertaken by the nurse. All the claim form details must be completed in full to enable Medicare Australia to process the claim for payment.

Claim forms will be accepted up to 6 months following the date the session being claimed was undertaken. Claims lodged over 6 months following the corresponding session date will not be processed for payment.

Eligible organisations will not be able to claim for sessions that occurred before the MHNIP start date of 1 July 2007 or Medicare Australia's receipt of the organisation's completed application form to register for the MHNIP.

Please retain a copy of the claim form for your records.

Lodgement details

Send the completed and signed form to:

Mental Health Nurse Incentive Program
GPO Box 2572
Adelaide SA 5001
or fax to: **08 8274 9352**

Note: claim forms cannot be lodged electronically.

Change of details

Medicare Australia must be advised immediately of any relevant changes to the arrangements in place with the organisation, including business, banking and address details.

All correspondence will be sent to the authorised contact person at the postal address previously provided. The authorised contact person is responsible for notifying Medicare Australia in writing, of any changes to organisation arrangements.

False or misleading information

Medicare Australia has powers under the *Medicare Australia Act 1973* to verify the information provided in this claim form. Penalties exist under the *Medicare Australia Act 1973* and the *Commonwealth Crimes Act 1914* for giving false and misleading information. Medicare Australia may suspend payments and/or recover any overpayments that may eventuate as a result of the provision of incomplete or inaccurate information.

Privacy note

The information provided in this claim form will be used to assess and calculate Mental Health Nurse Incentive Program payments. Its collection is authorised by the *Medicare Australia Act 1973*. With the exception of the Medicare number, information provided may be disclosed to the Department of Human Services and the Department of Health and Ageing for the purposes of administering this program or as authorised or required by law.

More information

If you would like more information on the Mental Health Nurse Incentive Program, call Medicare Australia on **1800 222 032*** between 8.30 am–5.00 pm ACST

or email: mhnip@medicareaustralia.gov.au

or visit: www.medicareaustralia.gov.au then go to **For health professionals > Incentives & Allowances**

www.health.gov.au then go to **For Consumers > Education and Prevention > Mental health**

* Call charges apply for mobile and pay phones only

Eligible organisation details

1 Eligible organisation identification number

Eligible organisation name

Number of mental health
nurses engaged

Session details

2 Total number of sessions claimed

Total number of face to face consultations

Total number of Individual session
information logs attached to this claim form

Declaration

3 I being the authorised contact person at the eligible

(Print full name in BLOCK LETTERS)

organisation, **declare that:** the statements made in this claim form are, to the best of my knowledge, true and correct and that the organisation will be able to provide evidence in support of the statement.

- I am aware of the requirements for eligibility set out in Section 9 of the Program Guidelines and acknowledge that Medicare Australia may require evidence that I satisfy these requirements.
- I agree to inform Medicare Australia in writing within 10 working days, at the address shown on this claim form, if there is any change in arrangements that will affect eligibility for this payment.

I understand that: if I cannot provide evidence of compliance with the Program Guidelines, the organisation's payments may be suspended, ceased or recovered and eligibility for the payment may be affected.

Authorised contact person's signature

Date

Witness's full name

(Print in BLOCK LETTERS)

Witness's signature

Date

A Guide to completing the Mental Health Nurse Incentive Program claim form

Section 1—Eligible organisation details

The eligible organisation number can be obtained from the letter sent by Medicare Australia confirming the acceptance of your Mental Health Nurse Incentive Program (MHNIP) application.

The organisation name is where Medicare Australia will send the letter confirming acceptance of your MHNIP application.

Please advise the number of eligible mental health nurses currently engaged by your organisation, in accordance with the Mental Health Nurse Incentive Program Guidelines.

Section 2—Session details

Please advise the total number of: sessions claimed, face-to-face consultations, and Individual session information logs completed by the mental health nurse undertaking the session(s).

Section 3—Declaration

Please ensure the authorised contact person and the witness have read the declaration and understand the conditions before signing the form.

Section 4—Eligible organisation details

This section is a repeat of the eligible organisation details provided in section 1.

Section 5—Session information log

Multiple session information logs can be submitted with each claim. This allows the organisation to claim sessions undertaken by multiple mental health nurses over a number of days.

Simply photocopy the session information log on page 3 of the claim form and complete and submit the number of required logs.

Note: a new session information log is required for each nurse, for each day.

Section 5a—Nurse information

Please ensure all of the details of the mental health nurse undertaking the session(s) are completed in full.

Note: from 31 December 2008 the mental health nurse must be credentialed with the Australian College of Mental Health Nurses (ACMHN) for claims to be paid.

Section 5b—Session information

If the mental health nurse has completed both a morning and afternoon session on the same day, please complete both AM and PM table information. If only a morning or afternoon session was undertaken by the mental health nurse on the same day, please leave the appropriate table blank.

Note: a service outlet is the physical location of the office or clinic from which the nurse is based for the day. The locality will determine whether the eligible organisation is entitled to receive the 25 per cent loading if located in a rural/remote area as defined by the Australian Standard Geographic Classification (ASGC) Remoteness Classification.

Checklist

- Have the eligible organisation details been completed? (refer to section 1)
- Have the session details been completed? (refer to section 2)
- Has the declaration been completed (including the date and witness signature) and signed by the authorised contact person? (refer to section 3)
- Are the mental health nurse details correct? (refer to section 4a)
- Have the individual patient(s) details been recorded? (refer to section 4b)
- Has all provider information been recorded? (refer to section 4b)
- Have you kept a copy of the claim form for your records?