



Mental Health Nurse Incentive Program claim

Important information

The Mental Health Nurse Incentive Program provides funding to 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* (Program Guidelines) before completing the Mental Health Nurse Incentive Program claim form.

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.

It is an offence under the *Medicare Australia Act 1973* and the *Commonwealth Crimes Act 1914* for giving false and misleading information.

Assistance

If you would like more information about the Mental Health Nurse Incentive Program:

- call Medicare Australia on **1800 222 032** (call charges may apply) between (8.30 am - 5.00 pm Australian Central Standard Time)
- email: mhnip@medicareaustralia.gov.au
- visit: www.medicareaustralia.gov.au then go to **For health professionals > Incentives & Allowances**

All forms relating to the Mental Health Nurse Incentive Program are available from our website.

Lodgement details

Send the completed and signed form to:

**Mental Health Nurse Incentive Program
GPO Box 2572
Adelaide SA 5001**

or fax to: **1300 581 573**

Completed forms cannot be lodged electronically and must be mailed or faxed to Medicare Australia.

Ensure you keep a copy for your records.

Tick where applicable

Claiming information

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 (see page 2 of the form), and for each session undertaken by the nurse. All claim form details must be completed in full for Medicare Australia to process the claim for payment. If the nurse is engaged in a shared employment arrangement and also engaged by the eligible organisation, these sessions should be claimed as part of a separate application.

Claim forms will be accepted up to 6 months after 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 start date of 1 July 2007 or Medicare Australia's receipt of the organisation's completed application form to register for the Mental Health Nurse Incentive Program.

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

Eligible organisation details

3 Eligible organisation identification number

Eligible organisation name

Session information log

4 **Nurse information** (a separate individual session information log is required for each session day conducted by each individual mental health nurse working for an organisation, **ONE FORM, ONE NURSE**)

Name of mental health nurse undertaking session Nurse date of birth / / Mental health nurse engagement date / / Credentialed mental health nurse No Yes Is the nurse employed under a shared employment arrangement No Yes Credential Number [†]

5 **Session information**

AM Session number Date of session / / Locality/suburb of service outlet Service outlet postcode

Patient Medicare or Department of Veterans' Affairs file number (include patient's individual reference number)	Patient full name	Patient under shared care plan?	Patient sex	Patient date of birth	Patient postcode (current residential postcode)	Face to face consult	Provider number of supervising medical practitioner	Provider name of supervising medical practitioner
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

PM Session number Date of session / / Locality/suburb of service outlet Service outlet postcode

Patient Medicare or Department of Veterans' Affairs file number (include patient's individual reference number)	Patient full name	Patient under shared care plan?	Patient sex	Patient date of birth	Patient postcode (current residential postcode)	Face to face consult	Provider number of supervising medical practitioner	Provider name of supervising medical practitioner
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

[†] Credential Number is ACMHN

Declaration

6 I declare that:

- the information provided in this form is true and correct and that the organisation will be able to provide evidence in support of the statement
- 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 will 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.

Name of authorised contact person

Authorised contact person's signature

Date

Witness full name

Witness signature

Date

Privacy note

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

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

Question 1 - Eligible organisation details

Please advise:

- your eligible organisation number
- your organisation name
- the number of mental health nurses currently engaged by your organisation.

Question 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).

Question 3 - Eligible organisation details

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

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.

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

Question 4 - 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 2009 the mental health nurse must be credentialed with the Australian College of Mental Health Nurses for claims to be paid.

Question 5 - 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.

Question 6 - Declaration

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

Checklist

Have the eligible organisation details been completed? (refer to question 1 and 3)	<input type="checkbox"/>
Have the session details been completed? (refer to questions 2)	<input type="checkbox"/>
Has the declaration been completed (including the date and witness signature) and signed by the authorised contact person? (refer to question 6)	<input type="checkbox"/>
Are the mental health nurse details correct? (refer to question 4)	<input type="checkbox"/>
Have the individual patient(s) details been recorded? (refer to question 5)	<input type="checkbox"/>
Has all provider information been recorded? (refer to question 5)	<input type="checkbox"/>