Australian Government
Services Australia

medicare

Practice Incentives Program and/or Workforce Incentive Program Practice Stream practice ownership details and declaration (IP008)

When to use this form

Use this form to confirm the practice details provided in your Practice Incentives Program (PIP) or Workforce Incentive Program (WIP) Practice Stream online application.

Important information

All owners and representatives listed in your online application must sign the declaration or they will not be accepted.

The information provided in this form must match your online application. If the details in your application have changed since it was submitted, you must confirm these changes in writing.

Health Professional Online Services

Health Professional Online Services (HPOS) provides secure and convenient online services for health professionals and administrators.

Using your Provider Digital Access (PRODA) account details, you can make enquiries, claims and update your practice details through HPOS. Most changes you make through HPOS are effective immediately.

To register for a PRODA account or to find out more about HPOS, go to **servicesaustralia.gov.au/hpos**

Benefits of becoming a PIP consenting practice

If your practice is applying for or is already participating in the PIP and applying for the WIP Practice Stream, you can become a PIP consenting practice.

This means you consent to the following PIP information being used for the WIP Practice Stream:

- practice name and main address
- eligibility details, such as accreditation, public liability insurance and indemnity insurance
- bank account details
- contact details
- location details
- ownership details
- general practitioner details
- your Standardised Whole Patient Equivalent (SWPE).

When you have become a PIP consenting practice, your practice IDs will become identical and you will only need to update your practice details in your PIP profile. You will not need to make the same updates to your WIP Practice Stream profile.

For more information

Go to **servicesaustralia.gov.au/pip** or **servicesaustralia.gov.au/practicestream**

If you need help completing this form, call 1800 222 032 (call changes may apply) Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ▶ ***Go to 1*** skip to the question number shown.

Practice details

1 PIP application number

☐ ▶ ***Go to 3***

or

WIP Practice Stream application number

☐

2 Does your practice consent to its PIP practice information being used for the WIP Practice Stream (known as a PIP consenting practice)?

No ☐

Yes ☐ ▶ **PIP practice ID** ☐

N/A ☐ ▶ My practice does not participate in PIP or I am not applying for PIP

3 Practice name

4 Full **main** practice address

The practice address should be the practice location that provides the most Medicare Benefits Schedule (MBS) services per year.

Building name

Unit ☐ Suite ☐ Shop ☐ Floor number ☐

Street number

Street name

Suburb

State ☐ Postcode ☐

5 Is your online application for the PIP?

No ☐ ***Go to 10***

Yes – I also want to apply for WIP Practice Stream ☐ ***Go to 6***

Yes – I do not want to apply for WIP Practice Stream ☐ ***Go to 10***

Workforce Incentive Program Practice Stream

Only complete this section if you want to use your PIP application details to apply for the WIP Practice Stream.

6 Do you want to use your PIP application details to apply for the WIP Practice Stream as a PIP consenting practice?

No ☐ Your practice **cannot** apply for the WIP Practice Stream with this application. You will need to submit a separate application.
▸ ***Go to 10***

Yes ☐

7 Do all eligible health professionals at the practice have the level of professional indemnity insurance cover specified by the relevant board arrangements?

No ☐ Your practice is **not eligible** for the WIP Practice Stream.
▸ ***Go to 10***

Yes ☐

8 Does your practice employ or otherwise retain the services of any of the following health professionals:

- a nurse practitioner
- registered nurse
- enrolled nurse, with the relevant direct or indirect supervision arrangements in place
- midwives
- an eligible Aboriginal and Torres Strait Islander health worker
- Aboriginal and Torres Strait Islander health practitioner
- other health professionals
  - audiologists
  - chiropractors
  - diabetes educators
  - dietitians or nutritionists
  - exercise physiologists
  - occupational therapists
  - orthoptists
  - orthotists or prosthetists
  - osteopaths
  - paramedics
  - pharmacists (non-dispensing role)
  - physiotherapists
  - podiatrists
  - psychologists
  - social workers
  - speech pathologists?

No ☐ Your practice **is not eligible** for the WIP Practice Stream.
▸ ***Go to 10***

Yes ☐

WIP Practice Stream eligible health professional details

You can only claim the hours worked by each eligible health professional, engaged or otherwise retained by the practice.

You will need to calculate the average weekly hours worked per quarter for each eligible health professional, taking into account ineligible services and ineligible activities.

The average weekly hours are the hours worked by the eligible health professional for the entire payment quarter divided by 13 weeks.

You are **not** eligible to claim payment for any hours where you already receive support to employ, engage or otherwise retain the services of an eligible health professional.

The Australian Health Practitioner Regulation Agency (Ahpra) and Healthcare Provider Identifier - Individual (HPI-I) numbers will be used to identify the health professional.

9 Complete the details below for all eligible health professionals currently working at the practice (including any additional practice branches).
General practitioners are **not eligible** health professionals for the WIP Practice Stream.

Eligible health professional 1

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

Eligible health professional 2

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

Eligible health professional 3

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

Eligible health professional 4

Family name

First given name

Eligible health professional type

Actual average weekly hours hh : mm

Unique identifier number

Ahpra number ☐ or HPI-I number ☐

If you need more space, provide a separate sheet with details.

If you have included hours for nurse practitioner(s) and they have a Medicare provider number, you also need to register them on the practice profile. If they are already registered for PIP they will be automatically transferred to your practice's WIP Practice Stream profile. This is to make sure their MBS services contribute towards the Standardised Whole Patient Equivalent (SWPE) value for the practice.

You can register your nurse practitioners using HPOS or by completing the **Practice Incentives Program and/or Workforce Incentive Program Practice Stream individual general practitioner or nurse practitioner details (IP003)** form.

Practice ownership and evidence requirements

10 Indicate your practice's ownership structure type:

You will need to provide evidence to support your answer to this question. Details of the evidence required are listed under each ownership type.

Tick one only

Individual proprietor/sole trader
We will use the ABN lookup to confirm your details. If we need more information from you, we will let you know. ☐

Partnership
You must provide a copy of the partnership agreement. This document must list the partners.

The declaration must be completed by at least 2 partners who are owners of the practice. ☐

Company
You must provide a copy of the current company extract from the Australian Securities and Investments Commission (ASIC). The company extract must list the company directors and office holders.

The declaration must be completed by at least one director listed in the company extract. ☐

Trust
You must provide:

- a copy of the trust deed
- if the trustee is a company or a body corporate, a current ASIC company extract that lists the company directors and office holders.

The trustee must complete and sign the declaration.

Signature requirements:

- If the trustee is a body corporate, at least 2 directors must sign the declaration.
- If the trustee is a company, at least 1 director must sign the declaration.
- If the trustee is an individual, the individual must sign the declaration. ☐

Body Corporate
You must provide a copy of the current company extract from ASIC. The extract must list the company directors and office holders.

The declaration must be completed by at least 2 representatives of the body corporate ownership.

Where the company operates under a sole directorship, tick 'Sole director' at the declaration. ☐

State or territory government or other public body
(including Aboriginal Medical Services)

You must provide a letter signed by the Chief Executive Officer (CEO), or equivalent, confirming that the people who signed the declaration are authorised to represent the organisation.

The declaration must be completed by at least 2 authorised officers of the government or other authorised public body. ☐

Penalties apply for giving false or misleading information.

11 Company name

Trading name

Australian Business Number (ABN)

12 Did you provide evidence of your practice ownership details with your online application?

No ☐ Provide evidence of your practice ownership details with this form.

Yes ☐

13 Did you provide a copy of your current accreditation certificate or registered for accreditation certificate with your online application?

No ☐ Provide a copy of your current accreditation or registered for accreditation certificate.

Yes ☐

Privacy notice

14 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) Practice Stream.

Your personal information will be disclosed to the Australian Government Department of Health, Disability and Ageing and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of PIP and/or WIP Practice Stream, including for program compliance purposes, for statistical and research purposes and to inform policy development.

Your personal information may be used by Services Australia, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy, at **servicesaustralia.gov.au/privacypolicy**

Declaration

15 I/We declare that:

- I am/we are the owner(s) of the practice, or I am/we are authorised to act on behalf of all owner(s) to bind the practice
- the practice meets the eligibility requirements and accepts obligations for the Practice Incentives Program, the Workforce Incentive Program Practice Stream, and individual Practice Incentives Program incentives applied for, or automatically enrolled for, as set out in the applicable guidelines
- any supporting documentation provided with this form is true, correct and complete
- the information I/we have provided in this form is complete and correct.

I/We consent to Services Australia using and disclosing information, including personal and sensitive information:

- to the Australian Government Department of Health, Disability and Ageing, the Department of Veterans' Affairs (including any third party contracted service providers), for the purpose of administering the Practice Incentives Program and the Workforce Incentive Program Practice Stream, including program monitoring, evaluation, compliance, statistical and research purposes and policy development
- to state and territory health administration organisations, such as Primary Health Networks
- to professional accreditation bodies to verify accreditation and eligibility for incentive payments
- as otherwise authorised or required by law.

I/We agree to:

- notify Services Australia of any changes to practice arrangements **within 7 days** of the change, or **at least 7 days** before the point-in-time date
- notify Services Australia **within 7 days** of the change or **at least 7 days** before the point-in-time date, if the required number of procedural services in a 6 month reference period have not been provided
- have all correspondence addressed to the primary authorised contact person
- authorise any authorised contact person nominated on this form, or any single owner, to act on behalf of the practice in relation to the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream matters
- acknowledge that any forms submitted by an authorised contact person are taken to be completed and authorised on behalf of the practice and the practice owner
- accept liability for all claims and documentation submitted by an authorised contact person or practice owner to Services Australia in relation to the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream.

I/We understand that:

- the practice must continue to meet the eligibility requirements and obligations of the Practice Incentives Program and/or Workforce Incentive Program Practice Stream as set out in the applicable guidelines
- the practice must retain records and evidence to support their eligibility and claims for payments eligibility for a minimum of 6 years
- the practice must notify Services Australia of changes to practice ownership, practice arrangements, authorised contact person(s), and incentive payments for the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream, failure to do so may result in payments being reduced, recovered, suspended or ceased
- the practice must provide information to the Australian Government Department of Health, Disability and Ageing, if requested, to demonstrate compliance with the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream eligibility requirements, failure to provide this information may result in payments being reduced, recovered, suspended or ceased
- the practice must repay any incorrect payments or overpayments to the Commonwealth
- the Australian Government Department of Health, Disability and Ageing may audit the practice's compliance with eligibility requirements for payments
- the Commonwealth may:
  - reduce future payments to the practice by any amounts owed or required to be repaid by the practice
  - withhold payments
- withdraw the practice and terminate this agreement if the practice:
  - does not comply with its obligations under the applicable guidelines
  - becomes bankrupt or insolvent
  - enters into a scheme or arrangement with creditors
  - comes under an external administration
- payments will be made to the practice in accordance with the applicable guidelines in force at the time of payment, based on the information provided by the practice
- giving false or misleading information is a serious offence.

16 This section must be completed by the practice owner(s) as listed in the application to support the practice ownership and evidence requirements.

The authorised contact person must not complete this section unless they are the owner.

Only individuals who:

- list their details in the application
- are named in the practice ownership evidence document(s)
- sign this declaration

will be recognised as owners for the purposes of the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream, including for notifying changes to authorised contacts, practice ownership, sale, relocation, amalgamation, withdrawal, or closure of the practice.

If the owner has a Provider Digital Access (PRODA) account, provide the Registration Authority (RA) number below.

The RA number will be used to enable access to the Practice Incentives Program and/or the Workforce Incentive Program Practice Stream Online.

Practice owners

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Sole director ☐

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

Family name

First given name

RA number (for PIP and WIP Practice Stream Online access)

Signature

On completion, insert digital signature or print and sign.

Date (DD MM YYYY)

If there are more than 5 owners, provide a separate sheet with details.

Checklist

17 Which of the following forms and documents are you providing with this form?

You must provide copies of the documents. The copies will not be returned.

Evidence of practice ownership (required at **question 10**)	☐
Evidence of your practice ownership details (if you answered No at **question 12**)	☐
Your current accreditation or registered for accreditation certificate (if you answered No at **question 13**)	☐

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents **online**, in the Associated Documents section of your **online application** before submitting your application through Health Professional Online Services (HPOS) at **servicesaustralia.gov.au/hpos** at least **7 days before** the relevant point-in-time date.

Reset form