

Practice Incentives Individual general practitioner, nurse practitioner or health professional details (IP003)

When to use this form

Use this form to register or cease a general practitioner or nurse practitioner with a practice after the practice has applied for the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream. Practices can also use this form to notify of any ceased general practitioner(s) or nurse practitioner(s) registered with the practice and amend previously recorded health professional details for the WIP - Practice Stream.

Individual general practitioners who meet the eligibility criteria for the PIP Procedural General Practitioner Payment and choose this practice to receive those payments, are to complete the **procedural general practitioner details** section of this form.

Definition of general practitioners and nurse practitioners

For the purpose of the PIP and the WIP - Practice Stream, general practitioners include:

- general practitioners
- non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services but are not general practitioners
- fellows of the Royal Australian College of General Practitioners (RACGP)
- fellows of the Australian College of Rural and Remote Medicine (ACRRM)
- vocationally registered general practitioners, **and**
- medical practitioners undertaking approved training.

For the purpose of the PIP and the WIP - Practice Stream, a nurse practitioner is a person who is:

- endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia.

Registration requirements for nurse practitioners can be found at the Nursing and Midwifery Board of Australia website nursingmidwiferyboard.gov.au

Important information

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

If you are unable to do this using HPOS, you can complete this form and fax it to us for manual processing.

A separate form for each additional general practitioner or nurse practitioner is required.

For more information

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

If you need assistance completing this form, call **1800 222 032** Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time.

Note: Call charges may apply.

or

Email pip@servicesaustralia.gov.au or wippractice@servicesaustralia.gov.au

Note: There may be risks with sending personal information through unsecured networks or email channels.

Filling in this 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. You do not need to answer the questions in between.

Practice details

- 1** The practice is notifying of general practitioner, nurse practitioner or health professional details in the:

Tick ALL that apply

PIP

WIP - Practice Stream

- 2** PIP practice ID

- 3** WIP - Practice Stream practice ID

- 4** Australian Business Number (ABN)

- 5** Practice name

- 6** Full practice address – **main** practice address

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State

Postcode

7 Practice phone number

()

Practice fax number

()

Practice email

Notification type

8 Which details are being updated?

Registering general practitioner or nurse practitioner details **Go to 9**

Ceasing general practitioner or nurse practitioner details **Go to 22**

Health professional details **Go to 26**

Registering general practitioner or nurse practitioner details

Practitioners are to complete this section to register as a general practitioner or nurse practitioner at an existing PIP and/or WIP - Practice Stream practice.

9 Full name of general practitioner or nurse practitioner

10 It is an entry requirement of the PIP and the WIP - Practice Stream, that all practice general practitioners and nurse practitioners have current professional indemnity insurance cover.

Do you have current professional indemnity cover?

No You are **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes Give details below

Professional indemnity insurance company name

Expiry date

Policy number

/ /

11 If your provider number has an end date, you must notify the PIP and/or the WIP - Practice Stream if it has been extended by Medicare to continue participating in the PIP or the WIP - Practice Stream.

Provider number – main practice address

Start date – main practice address

/ /

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

Additional practice branch 1

Address

Postcode

Provider number – additional practice branch

Start date – additional practice branch

/ /

Additional practice branch 2

Address

Postcode

Provider number – additional practice branch

Start date – additional practice branch

/ /

If you have more than 2 additional practice branch provider numbers, provide a separate sheet with details.

13 RA Number (for PIP and WIP - Practice Stream Online access)

Procedural general practitioner details

To be eligible for the PIP Procedural General Practitioner Payment, the practice **must be located** in a Rural, Remote and Metropolitan Areas (RRMA) classification 3–7 and meet the requirements as set out in the **PIP Procedural General Practitioner Payment Guidelines** available at servicesaustralia.gov.au/pip

14 Are you a procedural general practitioner or are you currently registered as a procedural general practitioner?

A procedural general practitioner provides non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral-based specialty. These services are provided in obstetrics, surgery and anaesthetics. The PIP Procedural General Practitioner Payment can only be made to 1 practice per 6 month reference period per procedural general practitioner. If you choose this practice to receive the PIP Procedural General Practitioner Payment, indicate the provider number to be used below that is associated with this practice.

No **Go to 24**

Yes Provider number

15 What procedural general practitioner details notification is being indicated?

Transferring consent from another practice **Go to 16**

Tier level **Go to 20**

Withdrawal **Go to 21**

16 Practice name – old location

17 Full practice address – old location

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

18 Provider number – old location

19 Date consent transferred

20 Procedural General Practitioner Payment tier level.

Tick **ONE** only

Tier 1 I provide at least 1 procedural service in the 6 month reference period. Refer to the **PIP Procedural General Practitioner Payment Guidelines** for the definition of a procedural service.

Tier 2 I meet the Tier 1 requirements and provide procedural services after hours (as defined in the **PIP Procedural General Practitioner Payment Guidelines**) on a regular or rostered basis throughout the entire 6 month reference period.

Tier 3 I meet the Tier 2 requirements and provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the 6 month reference period.

Tier 4 I meet the Tier 2 requirements and deliver 10 or more babies in the 6 month reference period.

Contact us if you are a single general practitioner practice and may not meet the requirements of Tier 4 but expect to meet the obstetric needs of your community.

General practitioners are individually assessed. Practices with more than 1 procedural general practitioner cannot count the combined number of deliveries to qualify for Tier 4. For more information on reference periods and the point-in-time date for the 6 monthly payments, refer to the **PIP Procedural General Practitioner Payment Guidelines**.

We must be advised **at least 7 days** before the relevant point-in-time date if the required number of procedural services have not been provided in the 6 month reference period.

Go to 24

21 Do you withdraw consent or no longer meet the requirements to participate in the Procedural General Practitioner Payment?

No

Yes Date of withdrawal or no longer meeting the requirements

Ceasing general practitioner or nurse practitioner details

A registered owner, authorised contact person or practitioner of the practice are to complete this section to notify of any ceased general practitioner or nurse practitioner details.

General practitioners and nurse practitioners can only notify of their own details.

If you are ceasing details for more than 1 registered location, complete separate details for each location.

22 List all general practitioners or nurse practitioners who have ceased working at the practice.

General practitioner or nurse practitioner 1

Dr Mr Mrs Miss Ms Other

Family name

First given name

Provider number

Date ceased working at the practice

General practitioner or nurse practitioner 2

Dr Mr Mrs Miss Ms Other

Family name

First given name

Provider number

Date ceased working at the practice

General practitioner or nurse practitioner 3

Dr Mr Mrs Miss Ms Other

Family name

First given name

Provider number

Date ceased working at the practice

General practitioner or nurse practitioner 4

Dr Mr Mrs Miss Ms Other

Family name

First given name

Provider number

Date ceased working at the practice / /

If more than 4 general practitioners or nurse practitioners' details are required, provide a separate sheet with details.

- 23** If you are a:
- general practitioner or nurse practitioner ► **Go to 24**
 - practice owner or authorised contact person ► **Go to 28**

Privacy notice

- 24** 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 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 servicessaustralia.gov.au/privacy

Declaration

25 I consent to:

- the authorised contact person informing Services Australia of any changes to my arrangements on my behalf, **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I agree to:

- advise Services Australia about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I declare that:

- the information I have provided in this form is complete and correct.
- I have not claimed procedural services at another practice.

I understand that:

- if Services Australia is not informed of any changes to my arrangements, incentive payments may be reduced, recovered, suspended or ceased.
- Services Australia may provide reports regarding information on this application and services provided by me to the authorised contact person.
- giving false or misleading information is a serious offence.

General practitioner

Dr Mr Mrs Miss Ms Other

Family name

First given name

Signature Date

or

Nurse practitioner

Dr Mr Mrs Miss Ms Other

Family name

First given name

Signature Date

Returning your form

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

Fax the completed form to **1300 587 696** for manual processing **at least 7 days** before the relevant point-in-time date.

Health professional details

A registered owner or authorised contact person of a practice participating in the WIP - Practice Stream is to complete all questions in the health professional details section of this form. You need to provide additional and/or amended details for changes to reported eligible health professionals in a previous payment quarter.

If the actual weekly hours differ from the previously confirmed hours, reassessment of your payment may be required.

Health professional and/or allied health professional details for current and future quarters must be provided on the Quarterly Confirmation Statement (QCS) initially.

Hours reported in this form prior to the confirmation of the QCS will not be accepted.

26 Previous payment quarter

Month Year

27 Add or amend health professional details

You can only claim the hours worked by each eligible health professional employed, 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.

Complete the details below for all additional/amended eligible health professional details from the previous payment quarter.

Health professional or allied health professional 1

Dr Mr Mrs Miss Ms Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number or HPI-I number

Health professional or allied health professional 2

Dr Mr Mrs Miss Ms Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number or HPI-I number

Health professional or allied health professional 3

Dr Mr Mrs Miss Ms Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number or HPI-I number

Health professional or allied health professional 4

Dr Mr Mrs Miss Ms Other

Family name

First given name

Health professional or allied health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number or HPI-I number

If more than 4 eligible health professional details are required, provide a separate sheet with details.

If you have included hours for nurse practitioner(s) and they have a Medicare provider number, you will need to register them with the WIP - Practice Stream in the **Registering general practitioner or nurse practitioner details** section of this form. This will make sure their MBS services contribute towards the Standardised Whole Patient Equivalent (SWPE) value for the practice.

Privacy notice

28 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 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/privacy

Declaration

29 I agree to:

- advise Services Australia about changes to practice arrangements **within 7 days** of the change or **at least 7 days** before the point-in-time date.

I declare that:

- the information provided in this form is complete and correct.
- I will adhere to the eligibility requirements for the Practice Incentives Program and the Workforce Incentive Program - Practice Stream as set out in the relevant guidelines.

I understand that:

- the Australian Government Department of Health may conduct program audits of a practice's compliance with eligibility requirements for payments under the Practice Incentives Program and the Workforce Incentive Program - Practice Stream.
- the practice is required to retain practice documentation for a minimum of 6 years.
- I may be required to provide information to the Australian Government Department of Health as evidence of the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements.
- if I cannot provide information as requested by the Australian Government Department of Health, to establish the practice's compliance with the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream eligibility requirements, payments may be reduced, recovered, suspended or ceased.

- if I do not notify Services Australia of changes to practice arrangements and authorised contact person(s), incentive payments for the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream may be reduced, recovered, suspended or ceased.
- the authorised contact person will receive all correspondence from Services Australia and will be responsible for advising Services Australia of changes.
- the practice will be liable for all claims and documentation submitted by the authorised contact person to Services Australia in relation to the Practice Incentives Program and the Workforce Incentive Program - Practice Stream
- giving false or misleading information is a serious offence.

Individual/Partner/Associate/Representative

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Position held					
<input type="text"/>					
Signature				Date	
<input type="text"/>				<input type="text"/>	

or

Authorised contact

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Family name					
<input type="text"/>					
First given name					
<input type="text"/>					
Signature				Date	
<input type="text"/>				<input type="text"/>	

Returning your form

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

Fax the completed form to **1300 587 696** for manual processing **at least 7 days** before the relevant point-in-time date.