

Strengthening Medicare – General Practice Grants Program:

How to <u>register as a supplier</u> – a 'how to' guide for general practices

Single practice version

Important information about your supplier registration

PLEASE NOTE THIS IS NOT AN APPLICATION FOR A GP GRANT

To apply for a *Strengthening Medicare – General Practice Grant*, you <u>must be registered as a</u> <u>supplier</u> in the WA Primary Health Alliance (WAPHA) ASPIRE portal.

This document details the steps required to register as a supplier with WAPHA. Please read the notes below before you begin registering your practice as a supplier.

Please follow this manual if you are registering as a supplier for ONE practice only.

It should take approximately five minutes to complete the registration for one practice.

If you are registering for <u>MULTIPLE practices</u>, please refer to the <u>Registering as a Supplier for</u> <u>Multiple Practices manual</u> on the <u>Practice Assist website</u>.

How to access the ASPIRE supplier registration link

If you updated your details by responding to the email survey you received from WAPHA on 19 April 2023 (titled **ACTION REQUIRED by COB FRIDAY 21st APRIL: Notification of GP Grants Program - Requirement to update practice details)**, you would have received a second email asking you to register your practice as a supplier.

You will need that email and link to register your practice as a supplier.

What you need to complete your registration

Having the following information at hand will help you register your practice as a supplier:

- Register your practice as a supplier email and link
- ABN (Australian Business Number)
- Organisation full legal name
- Tax organisation type: Corporate, Trust, Partnership, etc.
- ACN (Australian Company Number)
- Bank Account details: BSB, Account, Account Name
- Address of practice

Recipient Created Tax Invoice (RCTI) Agreement

An RCTI agreement will expedite the payment of invoices for the Strengthening Medicare - GP Grants Program via WA Primary Health Alliance (WAPHA). This system relies on WAPHA issuing a tax invoice on behalf of a supplier.

However, this can only be done under GST legislation if there is an RCTI agreement between the supplier and the recipient.

The key benefit of entering an RCTI agreement with WAPHA is expediting the payment of your GP Grant.

You, or your enterprise, must be registered for GST to enter the RCTI agreement.

To enter this agreement, review the Written Agreement below and mark the box as part of Step 1

during the registration process.

WRITTEN AGREEMENT

The recipient and the supplier declare that this agreement relates to the above supplies. The recipient can issue tax invoices in respect of these supplies. The supplier will not issue tax invoices in respect of these supplies. The supplier acknowledges that it is registered for GST and that it will notify the recipient if it ceases to be registered. The recipient acknowledges that it is registered for GST and that it will notify the supplier if it ceases to be registered. Acceptance of this recipient created tax invoice (RCTI) constitutes acceptance of the terms of this written agreement. Both parties to this supply agree that they are parties to an RCTI agreement. The supplier must notify the recipient within 21 days of receiving this document if the supplier does not wish to accept the proposed agreement.

Saving your registration

You can save and return to your registration at any time. Just click the 'save for later' button and you will be emailed a link to your partially completed registration.

*Please note you will need to re-enter your ABN.

Notice about the collection, storage, and use of your private information

The information you provide will be used to maintain contact with you throughout the GP Grants Program. WAPHA uses an encrypted / secure process to capture and store all data captured through ASPIRE.

To find out more about how we use, and store, information please view our Privacy Policy.

Need further help?

Please refer to the FAQ (Frequently Asked Questions) at the end of this document for further details.

If you have any queries about the GP Grants Program, please contact <u>GPGrants@wapha.org.au</u> or the Practice Assist team on **1800 2 ASSIST (1800 2 277 478)**.

If you have a technical query or need help with the registration process, please contact <u>GPGrants@wapha.org.au</u>.

Supplier Registration Process

The supplier registration process includes four steps / sections.

Each section requires you to provide valuable information about your practice. The sections include:

- 1. Company details
- 2. Company contacts
- 3. Company addresses
- 4. Bank accounts

1. Company details

Enter the details for the Legal Entity for your General Practice. You must complete all mandatory fields (those marked with an *) as well as those listed below (and highlighted in yellow in the screen shot):

- 1. Company name Enter the Legal name of the entity
- 2. Tax organisation type
- 3. Supplier type (please select General Practice)
- 4. Tax country (please select Australia)
- 5. ABN (Australian Business Number)
- 6. ACN (Australian Company Number)
- 7. GST (Goods and Services Tax) registered (Yes/No)
- 8. RCTI (Recipient Created Tax Invoice) *refer to notes section for more information about RCTIs
- 9. Indigenous owned
- 10. Your contact details (must include those of the authorised practice representative**)

**An authorised representative is a practice manager, practice principal or practice GP (owner) who can legally sign on behalf of your practice.

Important points

- To populate your ABN, first select the tax country (Australia) and then enter your ABN.
- You can provide current insurance expiry dates in the additional information section (optional).

			۵	i Sign In
			0 - 2 - 3 - 4 - 5 Company Contacts Addresses Bank Review Details	
Register Supplier: Company Details ③			Back Negt Save for Later	Register Cancel
* Company Name		1	Tax Country Australia 💌 4	
* Tax Organization Type	~	2	ABN 5	
* Supplier Type	General Practice 👻	3		
Corporate Web Site				
Attachments	None 📲			
Additional Information				
Professional Indemnity Expiry mm/dd/yyyy	60		GST Registered Yer * 7	
Public Liability Expiry mm/dd/yyyy	60		Recipient Created Tax Invoice (RCTI)	
Workers Compensation Expiry mm/dd/yyyy	60		Indigenous Owned 9	
ACN		6		
Your Contact Information Enter the contact information for communications regarding this re	egistration.			
* First Name		10		
* Last Name				
* Email				
* Confirm Email				

Once complete, click the 'Next' button to move to the Contacts page.

2. Company contacts

The contact details you entered during step 1 (for your practice's authorised person) will be displayed on this page.

To ensure our Finance team can contact the authorized representative, click on the edit pen icon for the contact created during step 1 to add:

- 1. A phone or mobile number
- 2. Job Title

spire aspire) Sign In
	 ✓ — 2 — ✓ — 4 — 5 						
	Company Contacts Addresses Bank Review Details Accounts						
Register Supplier: Contacts ⑦				Back N	ext Save for La	ter Register	Cancel
Enter at least one contact.							
Actions 🔻 View 💌 Format 💌 🕂 Create 🥒 Edit 💥 Delete 💿 Freeze 🛣 Detach 🚽 Wrap							
Name		Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Jones, Lisley		Practice Manager	lisley.jones@abcmedical	~	~		×
Columns Hidden 7						_	
Click 'Ok' when the contact details have h	een undated						

Click 'Ok' when the contact details have been updated.

Salutation	~					1 P	hone	61	•	08			
* First Name	Lesley					М	lobile	61	•	04			
Middle Name							Fax		•				
* Last Name	Jones					*	Email	lesley.jone	s@ab	cmedical.org	au		
2 Job Title	Practice Ma	anager											
	🗸 Adminis	trative contact											
▲ User Accou	nt												
		✔ Request us	ser account										
Roles													
Actions v View	▼ Format	• × ₽	Freez	e 🗐 Detach	🔶 Wrap								
Role			Descript	ion									
Supplier Self S	Supplier Self Service Administrator Manages the profile information for the supplier company. Primary tasks include updating supplier profile information and requ						on and requ						
WAPHA_Suppl	ier Bidder		Sales repr	resentative from a	a potential suppli	ier respons	sible for	r responding	g to re	quests for qu	ote, requests	for propo	sal, request



If you wish to add a second authorised contact for your practice, simply click on the '+ create' icon and enter their details.



If you would like any new contact/s to be notified about their registration status, tick the 'administrative contact' check box.

If new contact/s require a 'user account' (to manage your organisation's profile and / or submit responses to WAPHA requests), please tick the 'request user account' checkbox.

Salutation	~	Phone	▼
* First Name	Steve	Mobile	▼
Middle Name		Fax	▼
* Last Name	Harvey	* Email steve.harve	ey@abcmedical.org.au
Job Title	Assistance PM		
Г	 Administrative contact 	_	
	nt		
	Request user	count	
toles Actions ▼ View	✓ Request user v ✓ Format ✓ X ■	Freeze 🔛 Detach 📣 Wrap	
Actions ▼ View Role	✓ Request user v ▼ Format ▼ X ■	Freeze 📆 Detach 🚽 Wrap scription	
Actions View Role WAPHA_Suppl	v ▼ Format ▼ X ■	Freeze Detach Wrap scription es representative from a potential supplier responsible for responding	g to requests for quote, requests for proposal, request
Actions View Role WAPHA_Suppi Supplier Self S	v ▼ Format ▼ 🗶 📑	Freeze Detach J Wrap scription les representative from a potential supplier responsible for responding nages the profile information for the supplier company. Primary tasks	g to requests for quote, requests for proposal, request include updating supplier profile information and requ
Actions View Role WAPHA_Suppl Supplier Self S	V Format Format K K K K K K K K K K K K K	ccount Freeze (☐) Detach ← Wrap scription les representative from a potential supplier responsible for responding nages the profile information for the supplier company. Primary tasks	g to requests for quote, requests for proposal, request include updating supplier profile information and requ
Actions View Role WAPHA_Suppl Supplier Self S	✓ Format ▼ X ■ Iler Bidder ervice Administrator	Freeze Detach Wrap scription es representative from a potential supplier responsible for responding nages the profile information for the supplier company. Primary tasks	g to requests for quote, requests for proposal, request include updating supplier profile information and requ

Click 'OK' once this step is complete.

Once complete, click the 'Next' button.

Mananan aspire							Sign In
	Company Contacts Addresses Bank Review Accounts			_			
Register Supplier: Contacts ②				Back	le <u>x</u> t Save for La	ter Register	Cancel
Enter at least one contact.							
Actions 🔻 View 🔻 Format 👻 🕂 Create 🥒 Edit 💥 Delete 🔠 Freeze 🔛 Detach 👴 Wrap							
Name		Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Harvey, Steve		Assistance PM	steve.harvey@abcmedic	~	~	/	×
Jones, Lisley		Practice Manager	lisley.jones@abcmedical	~	~	/	×
Columns Hidden 7							

Important points

• Please provide a phone or mobile number for each authorised contact in case WAPHA needs to contact them regarding their registration.

3. Company address

Please enter the address for your practice in this section. To add your practice address, simply click the '+ create' icon.

					🗅 🛈 Sign In
Register Supplier: Addresses	puppers. If 💥 Delete 🔠 Freeze 🚮 Delach o [‡] Weap	Cropany Cottacts Addresses Bank Review Details	Phone	Bock Negt Save	for Later Register ⊈ancel
Create Address					
* Address Name	CONNOLLY	* Address Purpos	e 🗹 Ordering 🗹 Remit to		
* Address Line 1	Australia CONNOLLY Medical Practice	Phon	e 61		
Address Line 2	1 Faireway Circle	Fa	x 61 🔻		
Address Line 3		Ema	il		
* Suburb	Connolly				
* State	WA 🔻				
* Postal Code	6027				
Acdress Contacts Selective contacts that are assoc	ciated with this address.				
Actions View Format Remove	🕶 🗙 📮 🏢 Freeze 😭 Detach	↓ Wrap Job Title	Email	Administrative	User Account
N Select and Add Columns Hidden 4				contact	
				Create Anothe	

In the 'Address Name' field please enter a 'unique identifier' such as your practice suburb i.e., Subiaco or another reference like head office.

Complete all other fields including:

- Address Line 1 enter practice name
- Address Line 2/3 enter practice address
- Suburb enter practice suburb
- State
- Postal Code
- Address Purpose check all three 'address purpose' boxes (this field sets you up for the permissions you require,) including:
 - Ordering
 - Remit to
 - RFQ or Bidding
- Phone enter practice phone number
- Email enter practice email

Once you have entered your practice address, you now need to link your authorised representative to your address. You do this by clicking the 'Actions' drop-down menu and choosing 'select and add.'

Click on the relevant contact/s from the list and then select 'apply' followed by the 'OK' button.

	Select and	Add: Contacts				:	×
	▲ Searc	h					
	Name			Job Title		~	
					Sea	rch Rese	t
	View 🔻 F	Format 🔻 📣 Wrap					
	Name		Job Title	Email	Pho	ne	
	Harvey,	Steve	Assistance PM	steve.harvey@	@a		
	Jones, L	isley	Practice Manager	lisley.jones@a	ab		
	Rows Sele	ected 1 Columns Hidd	en 1				
Create	Address				Apply	O <u>K</u> Cance	I
	* Address Name	CONNOLLY		* Address Purpose 🗸	Ordering Remit to		
	* Country	Australia			RFQ or Bidding		
	* Address Line 1	CONNOLLY Medical Practice		Phone 61	•		
	Address Line 2	1 Faireway Circle		Fax 61	•		
	* Suburb	Connolly		Email			
	* State	WA]				
	* Postal Code	6027					
Ad Select th	dress Contacts e contacts that are asso s View Format	ciated with this address.	⇔ Wrap				
Nam	ne			Job Title	Email	Administrative Contact	User Account
Jone	es, Lisley			Practice Manager	lisley.jones@ab	√	~
Colum	nns Hidden 4						

Click the 'Next' button to continue to the bank accounts section.



4. Bank account

You can now create a bank account for your practice. Please note that you can only enter one bank account per practice.

Click the '+' icon to add your practice bank account.

Statistics asptre						(j) Sign In
	⊘ ⊘ ④ 5					
	Company Contacts Addresses Bank Review Details Accounts					
Register Supplier: Bank Accounts ⑦				<u>B</u> ack Ne <u>x</u> t	Save for Later Regis	ter <u>C</u> ancel
Actions • View • Format • + Create / Edit 💥 Delete 📃 Freeze 📓 Detach 🚽 Wrap						
Account Number		IBAN	Currency	Bank	Edit	Delete
No data to display.						
Columns Hidden 8						

Input all the following details and then click the 'OK' button:

- Country Australia
- Bank first three digits of your practice BSB
- Branch second three digits of your practice BSB
- Account number
- Account name practice name

Create Bank Accou	nt			
Enter account number of	r IBAN unless account number is marked a	as required.		
* Country	Australia	▼ IBAN]
Bank	035 - WBC 🗸	Currency	•	
Branch	016 - Central Market	~		
* Account Number	57655468]		
Additional Inform	nation	-		
Account N	ame Connolly Medical Group	Agency Location Code		
Alternate Account N	ame	Account Type	~	
Account S	ıffix	Description		
Check D	igits			
Comments				
Note to Approver				
			Create Another O <u>K</u> Cancel	

Click the 'Next' button to continue to the review page.

						i Sign In
Desiste Question Desk Assurate @	Company Contacts Addresses Bank Review Accounts					
Register Supplier: Bank Accounts (2)				Back Negt Save	for Later Regi	ter <u>C</u> ancel
Actions 🔻 View 🔻 Format 👻 🕂 Create 🥒 Edit 💥 Delete 💿 Freeze 🔐 Detach 🚽 Wrap						
Account Number		IBAN	Currency	Bank	Edit	Delete
XXXX5468				035 - WBC	1	×
Columns Hidden 8						

Important points

- Only fields populated in the screenshot below need to be entered.
- Please exclude/ignore IBAN and currency fields.

Review and register

You can review and / or update your details at this (or any) point by clicking the 'back' button or by clicking on the relevant icon at the top of the page.

Once you are happy with the details you have provided, click the 'Register' button to submit your application.

aspire	Ó Sign In
Paulau Suppliar Depistration: ABC Madicale Craupe @	Company Cottacts Addresses Bank Review Accounts Addresses Bank Review
Company Details	
Company Name ABC Medicals Groups	Tax Country Australia
Tax Organization Type Trust	ABN 122123413
Supplier Type General Practice	
Corporate Web Site	
Additional Information	
Professional Indemnity Expiry	GST Registered Yes
Public Liability Expiry	Recipient Created Tax Invoice (RCTI) Yes
Workers Compensation Expiry	Indigenous Owned
ACN	
Attachments	
Actions 👻 View 💌 🕂 💥	
Type Category * File Name or URL Title Descripti	on Attached By Attached Date
No data to display.	

After clicking the 'Register' button a confirmation message will be displayed stating that your registration request was submitted.

in aspire		۵	Ū	Sign In
	Confirmation ×	1		
	Your registration request was submitted. You will receive an email after your registration request is reviewed.			
	OK d			
		-		

Post registration notifications

Once you submit your application in ASPIRE it will be reviewed and verified by an administrator. If any critical fields or information is missing, you may be contacted.

Following your approval as a supplier in our system, you will receive important notifications from ASPIRE to your registered mailbox from the following email address: evjf.fa.sender@workflow.mail.ap1.cloud.oracle.com.

Note - please check your spam folder in case you do not receive these emails.

Below are examples of the email notifications you should expect to receive.

Notification of supplier registration approval

This email will be sent to you/an authorised representative confirming a registration request has been approved. No action is required - this is just a notification.

From: evjf-test.fa.senc	ler@workflow.mail.ap1.cloud.oracle.com			
Sent: Tuesday, 21 March 2023 10:22 AM				
To: torry origo Consult	E PARENTER COTTOOL COM			
Subject: Supplier Registration Request 13001 Was Approved				
Your registration request to be a supplier for Western Australia Primary Health Alliance (WAPHA AU BU) was approved. Registration Request Details				
Registration Request	13001			
Request Date	mm/dd/yyyy			
Requested By	Your Contact Name			
Company	GP Practice Name			

Notification to reset your ASPIRE password

The below notification requires you to reset your ASPIRE password. Click on the link in the email to reset your password.



Note - if the link has expired, you will land at the below page. You can recover your access to ASPIRE by using the 'Forgot Password' functionality.

Click on sign in. Click on 'Forgot Password.'

Sig Or	^{n In} acle Applications Cloud
ELLER'S B	Company Single Sign-On
	Password Forgot Password
	Sign In
	English 🗸

Provide your username (registered email address) and click 'Forgot Password.'

Sign In ORACLE APPLI	CATIONS CLOUD
Forgot Password	
User Name or Email	
Forgot user name	
 Forgot password 	
Submit <u>C</u> ancel	

You will receive another notification in your inbox to reset your password.



Password reset confirmation

The below notification will be sent to you after you have reset your password in ASPIRE.

 WAPHA Aspire - Password Reset Request

 evjf.fa.sender@workflow.mail.ap1.cloud.oracle.com To Pawan Remeilant
 i) If there are problems with how this message is displayed, click here to view it in a web browser.

 Dear Remetilier Pawan,

 You have requested to reset your password for WAPHA Aspire through Self Service Portal

 Please follow the link below to reset your password.

 https://fa-evif-saasfaprod1.fa.ocs.oraclecloud.com:443/hcmUl/faces/ResetPassword?ase.gid=2d5ce1ce0bd147349238c40b48c9d36f

 If you did not request this information or have any queries, please contact WAPHA's IT support team, Netlink at support@netlink.com.au.

Thank You, WAPHA Aspire Administrator

Frequently Asked Questions (FAQ)

Q. Can I register my business multiple times?

A. You cannot register multiple businesses with the same ABN.

Multiple businesses can be registered, however they must each have a unique ABN. To register multiple businesses under the same ABN, please create multiple addresses (for each business) in the registration process and multiple contacts (if needed).

Please refer to the <u>Register as a Supplier – Multiple Practices manual</u> (found on the <u>Practice Assist</u> <u>website</u>) if you need to register multiple practices.

Q. Can I create multiple addresses?

A. Yes, multiple addresses are allowed (refer to the <u>Register as a Supplier – Multiple Practices</u> <u>manual</u>).

Q. Can I create multiple bank accounts?

A. We recommend only one bank account be created. If you have a business requirement to establish multiple bank accounts across different addresses, please contact us at <u>GPGrants@wapha.org.au</u>.

Q. I have realised I have made a mistake; can I update my details before I submit my registration?

A. Yes, you can navigate back at any stage in the registration process by clicking the 'back' button or alternatively clicking the relevant icon at the top of the page (refer to instruction manual).

Q. Can I update my details after I have submitted my registration?

A. Once your registration has been submitted you cannot update your submission in ASPIRE. If you do need to make a change, please contact us at <u>GPGrants@wapha.org.au</u>.

Q. Can I save my partially completed registration and finalise it at a later date?

A. Your registration can be saved at any time. Click the 'save for later' button and you will be emailed a link to your partially completed registration.

Q. How will I know the status of my registration?

A. Once you submit your registration, you will receive an email from <u>evif.fa.sender@workflow.mail.ap1.cloud.oracle.com</u>advising it has been approved along with portal access details. If you receive this email, please check your spam folder.

Q. How do I access the system once I have registered?

A. Once your registration has been evaluated and enabled you will receive an email from evif.fa.sender@workflow.mail.ap1.cloud.oracle.com_with a link to reset your password.

Q. Can I update by business details after my registration has been enabled?

A. When you are registered you will be able to update all your organisation's details except your bank account. To update your bank account please contact us at <u>GPGrants@wapha.org.au</u>.

-Ends-