Practice Nurse Incentive Program Guidelines

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About the PNIP

We deliver the Practice Nurse Incentive Program (PNIP) on behalf of the Department of Health and the Department of Veterans' Affairs (DVA).

The PNIP provides incentive payments to eligible general practices to support an expanded and enhanced role for nurses employed in general practice.

It aims to:

- provide a single source of funding to help practices engage eligible health workers in areas of greatest need
- support eligible health workers in activities including preventative health and education programs, quality chronic disease management and care coordination, and supported self-management, and
- provide support for eligible health workers in Australia

The PNIP includes:

- support for all accredited general practices to employ an Aboriginal and Torres Strait Islander Health Worker or an Aboriginal and Torres Strait Islander Health Practitioner instead of, or in addition to, an eligible practice nurse
- support for Aboriginal Medical Services (AMSs), Aboriginal Community Controlled Health Services (ACCHSs) and practices in urban areas of workforce shortage (UAWSs) to employ allied health professionals instead of, or in addition to, a practice nurse, Aboriginal and Torres Strait Islander Health Worker or Aboriginal and Torres Strait Islander Health Practitioner
- a rural loading of up to 50% based on the Australian Standard Geographical Classification – Remoteness Areas classification of the practice
- a one-off $5,000 incentive to support eligible, non-accredited practices to become accredited within 12 months of joining the program
- a 50% increase in the Standard Whole Patient Equivalent values for AMSs and ACCHSs
- a loading for practices providing general practitioner services to DVA Gold Card holders

Eligible practices can apply for incentives through the PNIP to employ or otherwise retain the services of:

- registered nurse
- enrolled nurse

- allied health professionals
- Aboriginal and Torres Strait Islander Health Workers, and
- Aboriginal and Torres Strait Islander Health Practitioners

Allied health professionals eligible to participate in the PNIP include:

- audiologists
- chiropractors
- diabetes educators
- dietitians/nutritionists
- exercise physiologists
- occupational therapists
- orthoptists
- orthotists/prosthetists
- osteopaths
- physiotherapists
- podiatrists
- psychologists
- social workers
- speech pathologists

See the glossary for the minimum qualifications required for eligible health professionals participating in PNIP.

The PNIP guidelines came into effect on 2 June 2011 and are maintained, and amended periodically.

Eligibility

To be eligible to participate in the Practice Nurse Incentive Program (PNIP), a general practice must meet all of the following requirements:

- be fully accredited, or registered for accreditation (and achieve accreditation within 12 months) as a 'general practice' against the Royal Australian College of General Practitioners *Standards for general practices* (the *Standards*) including the entire quarter you are applying in, and maintain full accreditation or be registered for accreditation against the *Standards*
- achieve full accreditation within 12 months of joining the program, irrespective of any extensions obtained on their registered for accreditation certificate. Full accreditation must be maintained thereafter
- if they are a Practice Incentives Program (PIP) consenting practice you need to remain eligible in the PIP - in order to receive PNIP payments
- employ a full or part time general practitioner (GPs)
- employ or otherwise retain the services of an eligible practice nurse, Aboriginal and Torres Strait Islander Health Worker or Aboriginal and Torres Strait Islander Health Practitioner

- ensure documented supervisory arrangements are in place with the employers if a registered nurse is not employed by the same practice as the enrolled nurse
- employ or otherwise retain the services of an eligible allied health professional in urban areas of workforce shortage
- maintain at least $10 million in public liability insurance cover (note legal liability is not public liability)
- ensure all GPs, practice nurses, allied health professionals and Aboriginal and Torres Strait Islander Health Practitioners have the required professional indemnity insurance regardless of whether they are registered under the National Registration and Accreditation Scheme (NRAS). If registered under the NRAS, they must have the level of insurance specified by the relevant board arrangements
- practice nurses, allied health professionals and Aboriginal and Torres Strait Islander Health Practitioners, and Aboriginal and Torres Strait Islander Health Workers who are not employees of the eligible organisations must also have the required minimum level of professional indemnity insurance coverage in their name.

Ineligibility

Some services are not eligible to receive payments under the PNIP.

Ineligible services

Medical Deputising Services that directly arrange for medical practitioners to provide after hours medical services to patients of practice principals during the absence of, and at the request of, the practice principals are **not** eligible for PNIP.

After-hours Medical Services that provide care outside the normal opening hours of a general practice, whether or not the service deputises for other general practices, and whether or not the care is provided within or outside the practice are **not** eligible for PNIP

Ineligible activities

Practices are **not** eligible to claim payment for any hours where they already receive support to employ or otherwise retain the services of eligible practice nurses, allied health professionals, Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.

Support could include:

- Australian, state or territory government funding
- other private funding, or
- funding from other incentive programs

Practices that employ health professionals that claim services using their own provider number

Practices that employ or otherwise retain the services of an allied health professional, Aboriginal and Torres Strait Islander Health Worker and Aboriginal and Torres Strait Islander Health Practitioner with their own provider number are **not** eligible for PNIP incentives for any time those health professionals spend on the relevant Medicare Benefits Schedule services.

This does not apply to Aboriginal Medical Services, Aboriginal Community Controlled Health Services, and state or territory government health clinics that:

- have an exemption under Section 19(2) of the *Health Insurance Act 1973*, or
- receive funding for Aboriginal and Torres Strait Islander Health Workers, Aboriginal and Torres Strait Islander Health Practitioners, or allied health professionals through the Department of Health

Practice accreditation

Practices must be accredited, or registered for accreditation, to participate in the Practice Nurse Incentive Program (PNIP).

If registered for accreditation they must achieve accreditation within 12 months of joining the PNIP as a 'general practice' against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices* (the Standards) and noted on the certificate provided by the accrediting body.

Practices must maintain full accreditation against the Standards thereafter.

If a Practice Incentives Program (PIP) consenting practice is registered for accreditation, the 12 month period will start from the date the practice joined the PIP.

If the practice is not fully accredited within 12 months it won't be eligible for any further payments beyond that time.

The practice will become eligible for a payment once it has achieved full accreditation for an entire quarter. The practice is not entitled to any withheld payments for any period not covered by full accreditation for the entire quarter.

Accrediting bodies must be approved under the National General Practice Accreditation Scheme to accredit practices to participate in the PNIP.

Practices with multiple locations

Practices with multiple locations can apply for the PNIP as a single practice as long as they meet eligibility requirements.

Practices need to nominate the main practice location. The main practice location must be the practice location that provides the most Medicare Benefits Schedule (MBS) services each year. Additional practice locations are known as practice branches.

Eligibility as a practice branch

To be considered eligible as a practice branch:

- MBS services must be provided from the practice branch
- 1 or more General Practitioner must provide MBS services at both the main practice and the practice branch
- the practice branch must maintain at least $10 million in public liability insurance cover (Note: legal liability is not public liability), and
- all eligible health professionals at the practice branch must maintain current professional indemnity cover

Accreditation requirements – practice branches

If a practice branch provides **less than 3,000 services** each year there's no need for it to be accredited to be eligible to participate in the PNIP. The MBS services of these practice branches will be automatically

included in the calculation of the practice's PNIP payments for the main location, regardless of accreditation status.

Practice branches providing **3,000 or more services** each year need to be accredited to be eligible to participate in the PNIP. These practice branches need to maintain full accreditation or be registered for accreditation in their own right.

Practice branches registered for accreditation have 12 months from the date the practice branch reached 3,000 services to achieve full accreditation.

Existing practices that open a practice branch and register the branch for accreditation are **not** eligible for the $5,000 accreditation assistance payment for the practice branch.

Transfer of accreditation

If an accredited PNIP practice relocates, it will need a new accreditation certificate from the accrediting body to verify that it meets the accreditation status against the standards at the new location.

The practice will need to provide us with a copy of the new accreditation certificate **within 6 months** of the practice relocating.

Practice payments will be placed on hold until an accreditation certificate showing the new location address has been supplied.

When a practice is sold to a new owner, the accreditation must be included in the sale for the practice to participate in the program using the historical data including the Standardised Whole Patient Equivalent from the previous owner.

If the new practice owner does not have full accreditation they will need to apply as a new practice.

Claiming

Before you start

Practices in Urban Areas of Workforce Shortage (UAWSs), as well as Aboriginal Community Controlled Health Services, can apply for support through the Practice Nurse Incentive Program (PNIP) to employ an allied health professional instead of, or as well as, practice nurses, Aboriginal and Torres Strait Islander Health Workers or Aboriginal and Torres Strait Islander Health Practitioners .

PNIP practices can only claim the hours worked by an allied health professional, practice nurse, Aboriginal and Torres Strait Islander Health Worker and Aboriginal and Torres Strait Islander Health Practitioner employed or otherwise retained by that practice.

For the purposes of the PNIP, the Department of Health determines UAWSs and these are subject to change. Changes are applied at the first point-in-time after the change. This might affect a practice's payments or eligibility for the PNIP.

Applying

A practice owner can apply on behalf of the practice to join the Practice Nurse Incentive Program (PNIP) at any time:

- online through Health Professional Online Services (HPOS) - practice owners must have a Provider Digital Access (PRODA) account, or
- by completing the Practice Incentives application and faxing it to us with the required supporting documents

Practices must provide a certificate of accreditation or registration for accreditation from an approved accrediting body.

Practice information is secured by limiting system access to HPOS using the PRODA account Registration Authority number linked to the practice.

Read more about how to register for HPOS.

Applications

Applications must be complete and include all supporting documents such as the accreditation certificate. Incomplete applications won't be accepted.

Practices can submit supporting documentation as an attachment to their application through HPOS or by fax to Incentive programs.

Applications must include the name and contact details of an authorised contact person. The contact person must be authorised by the owner of the practice. They will advise us of any changes and will be the person we send all correspondence or enquiries to. We can only contact the current owner or authorised contact person.

Practices must ensure the information given to us is accurate and current.

Practices must keep a copy of the above documents on practice files for at least 6 years.

Application outcome

We will assess applications and advise applicants, in writing, of their eligibility to participate in the Practice Nurse Incentive Program. It's the applicant's responsibility to provide any further information required for an application within 7 days of receiving the request.

Standardised Whole Patient Equivalent

Standardised Whole Patient Equivalent (SWPE) is a calculation of a practice size and is independent of Practice Nurse Incentive Program (PNIP) eligibility.

The SWPE value is calculated from the sum of fractions of Medicare Benefits Schedule (MBS) billed care provided to practice patients by all general practitioners (GPs) in the practice and then weighted for the age and gender of each patient.

The SWPE value is calculated using a rolling historical 12 month reference period, which starts 16 months before the payment quarter.

When a GP joins or leaves a practice, their provider number is added or ended on the practice profile. The start and end dates of individual GPs working in the practice determine the MBS services included in the practice's SWPE calculation.

The SWPE value of a practice is calculated in 3 steps

1. Calculation of the Whole Patient Equivalent (WPE) of each patient

   The fraction of care provided by the practice to each patient is calculated.

   For example, in a 12 month period, a patient has $100 in MBS benefits at Practice A and $400 at Practice B, a total of $500:

   - Practice A would be assigned with $100 ÷ $500 or 0.2 of the patient's care.
   - Practice B would be assigned with $400 ÷ $500 or 0.8 of the patient's care.

   The total care for each patient equals one (1.0) and is known as the WPE. The WPE is based on GP and other non-referred consultation items in the MBS and uses the value, rather than the number, of consultations per patient.

2. Weighting of the WPE

   The WPE is weighted for the age and gender of each patient to become the SWPE. The weighting recognises people need different amounts of care at different stages in their life and the amount of care differs for males and females. The weighting factors are routinely updated.

3. Total the SWPE

   The individual SWPE values are added together to determine the SWPE value of the practice. When an established practice less than 18 months old joins the PNIP, its historical MBS service level will be used to calculate its SWPE value. Where the true SWPE value is less than 1,000, a default SWPE value of 1,000 will be applied until the practice reaches 18 months when the true SWPE is applied. It is the responsibility of the practice owners to consider the information below in any sale or relocation of the practice.

Practices without a historical SWPE

New practices and practices not participating in the PIP will not have a historical SWPE value and will be allocated a start-up SWPE value of 1,000. Practices that do not consent to the use of their PIP data will also receive a SWPE value of 1,000.

It takes approximately 6 payment quarters to establish a full SWPE value. This is equivalent to 18 months. The actual SWPE value at the end of this period will then be used to calculate PNIP payments, even if it is less than 1,000. If the practice's SWPE value is more than 1,000, the actual SWPE value will be used to calculate payments.

For practices joining the PNIP who give consent for their PIP practice information to be used for the purposes of the PNIP, they will be allocated a start-up SWPE value of 1,000 for the remaining payment quarters outside of the period the practice has been participating in the PIP, within the 6 payment quarters. For example:

- if a practice joins the PNIP today as a PIP consenting practice and they have already been participating in PIP for 12 months, these 12 months will count as the first 4 payment quarters that the practice has been allowed to build a SWPE value and they will only be allocated a start-up SWPE of 1,000 for a further 2 payment quarters. If the SWPE value in PIP is more than 1,000, the true SWPE will be allocated immediately, or

- if a practice joins the PNIP as a PIP consenting practice and the practice has been in PIP for 2 years or more, the practice will be allocated the true SWPE

The SWPE values for an AMS and ACCHS will be increased by 50%

Transferring a SWPE Value

A SWPE value can be transferred in the following situations:

a. The practice is sold, remains open in the original physical location and the accreditation has been included in the sale of the practice. In this situation the SWPE value will transfer to the new owners and remain at the original location regardless of if the original owners establish a new practice in the same local area.
b. The practice is not sold but is relocated to a different physical location within the same local area. In this situation the SWPE value will be transferred to the new physical location.
c. When two or more practices from the same local area amalgamate. In this situation the SWPE of the amalgamated practice will equal the sum of the SWPE values for each original practice.

In all other situations practices will need to apply for the PNIP as a new practice and establish a new SWPE value. In all circumstances practices must continually meet all PNIP requirements, including accreditation, to remain eligible to receive PNIP payments.

Practice amalgamation

For the purposes of the PNIP, Health defines an amalgamation as:

'two or more practices coming together into one common location and sharing access to all patient records, belonging to each of the previously individual practices, and the closure of the remaining original location(s)'.

The closed location(s) will not receive a payment for the quarter in which the practice amalgamation occurs. The average health professional hours of the closed practice may be transferred to the new amalgamated practice for the current payment quarter only. The amalgamated practice would then report the actual standard weekly hours for subsequent quarters.

Example:

Practice A amalgamated with Practice B on 6 April 2016 (Practice B is to become the new amalgamated practice). The average Registered Nurse hours from Practice A of 23 hours (30 standard weekly contracted hours per week X 10 weeks (1 February – 6 April 2016) divided by 13 (weeks in payment quarter) will be merged with Practice B. Standard weekly contracted hours per week for Practice B are 20 hours per week. Once the hours are transferred from Practice A, the total standard weekly contracted hours per week for Practice B (newly amalgamated practice) will be 43 hours per week for the 1 February to 30 April 2016 quarter. Actual standard weekly hours will apply for subsequent quarters.

The SWPE value of a practice may be transferred to the amalgamated practice when:

- the original and final locations of the amalgamating practices are within the local area, and

- another practice is not operating from any of the original location(s) at the point- in-time after the amalgamation

If the amalgamated practice meets the above requirements, the SWPE values of the original practices will be added together to form the new SWPE value of the amalgamated practice.

If the amalgamated practice does not meet the above requirements, the practice will need to apply for the PNIP as a new practice and establish a historical SWPE value (see Practices without an historical SWPE). However, if one (or more) of the amalgamating practices is situated outside the local area, the SWPE value of the practice originally on site at the final location is maintained.

Relocation

The SWPE value of a practice may be transferred when an original practice relocates and:

- the original and final locations are within the local area
- another practice is not operating from the original location, and
- the patient base remains the same and all patient records are held with the relocated practice

If the relocated practice does not meet these requirements, the practice will need to apply for the PNIP as a new practice and establish a SWPE value. The original practice will not receive a payment for the quarter in which the practice relocation occurs.

Change of ownership

If a full change of ownership of a practice has happened, the SWPE value of the practice remains with the location. It's the practice's responsibility to make sure accreditation is taken into account if the practice wants to use the historical SWPE value of the practice.

Payment types

There are 4 payments available under the Practice Nurse Incentive Program (PNIP):

- incentive payments
- an accreditation assistance payment
- the Department of Veterans' Affairs (DVA) loading payments, and
- Rural loading payments

PNIP payments are made electronically to the nominated account and don't attract goods and services tax (GST).

Incentive payment

The incentive payment amount a general practice gets depends on the practice's Standardised Whole Patient Equivalent (SWPE) value and the hours worked by the health professionals at the practice.

A practice may be eligible to receive incentive payments of:

- $25,000 per year per 1,000 SWPE where a registered nurse or an allied health professional works at least 12 hours and 40 minutes per week, and
- $12,500 per year per 1,000 SWPE where an enrolled nurse, Aboriginal and Torres Strait Islander Health Worker and/or Aboriginal and Torres Strait Islander Health Practitioner works at least 12 hours and 40 minutes per week

Incentive payments are calculated and paid retrospectively each quarter.

The payment made to a practice can include a combination of components for eligible health professional hours. If a practice uses a combination of the services of eligible health professionals, the higher incentive of $25,000 will be applied first.

The maximum incentive payment a single practice can receive under PNIP is $125,000 per year.

Practices in an Urban Area of Workforce Shortage, Aboriginal Medical Services and Aboriginal Community Controlled Health Services are also eligible for funding. They can get $25,000 per year, per 1,000 SWPE to employ or otherwise retain the services of an eligible allied health professional who works at least 12 hours 40 minutes per week. We will advise practices if they're located in an Urban Area of Workforce Shortage.

PNIP practices may claim the hours worked by practice nurses, allied health professionals, Aboriginal and Torres Strait Islander Health Workers or Aboriginal and Torres Strait Islander Health Practitioners regardless of their pay arrangements.

To qualify for payments, practices must have lodged a **completed** application - including supporting documentation - for the PNIP at least **7 days** before the relevant point-in-time date and meet all eligibility requirements of the incentives for the entire quarter, including the point-in-time date.

The point-in-time date is the last day of the month before the next PNIP quarterly payment.

Payment months, point-in-time dates and reference periods

Quarterly payment month	Point-in-time assessment of eligibility	Reference period
February	31 January	1 November to 31 January
May	30 April	1 February to 30 April
August	31 July	1 May to 31 July
November	31 October	1 August to 31 October

Practices no longer participating in the program at the point-in-time date aren't eligible to receive the current quarter payment.

Practices must complete their quarterly confirmation statement before PNIP payments can be released.

Accreditation assistance payment

Accreditation assistance is only available for practices previously not accredited or that are registered for accreditation with an accrediting body approved under the National General Practice Accreditation Scheme, at the time of joining the PNIP.

To be eligible for the one-off $5,000 accreditation assistance payment, a practice must be registered for accreditation against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices* and meet the other PNIP eligibility requirements. Practice branches aren't eligible for the payment.

If a practice withdraws or has its PNIP payments stopped and later reapplies, the practice won't be entitled to another accreditation assistance payment.

The accreditation assistance payment will be recovered if a practice isn't fully accredited within the 12 month period.

Department of Veterans' Affairs loading payments and Rural loading payments

DVA loading payments

Practices receiving the PNIP payment and providing general practitioner (GP) services to DVA Gold Card holders are eligible for an annual payment for each veteran. We will identify these practices and make payments annually in the August quarter.

The DVA loading is based on the number of Gold Card holders who receive an 'in room' consultation in an eligible practice each year. An amount is paid for each DVA Gold Card holder, regardless of the practice location, nursing qualifications or the number of nurses in the practice. There is no limit on the number of DVA loadings paid per practice.

Services must be provided by a GP or Fellows of the RACGP or Australian College of Rural and Remote Medicine. Non-vocationally registered general practitioners don't meet the definition of GPs for the purposes of the DVA Loading.

When a DVA Gold Card holder goes to more than 1 practice each year, the DVA loading is shared across the practices based on the percentage of total consultation fees paid.

Example

Mr Smith is a DVA Gold Card Holder and visits 3 GP practices in a 12 month period, receiving services as shown in the table below.

Example of how the DVA loading is shared across practices

Practice	Service items	% Total annual cost	% Total DVA component
A	2 x Item 23	29%	29%
B	3 x Item 23 and 1 x Item 36	57%	57%
C	1 x Item 23	14%	14%

Rural loading payments

A rural loading will be applied to the incentive, or part thereof, for which the primary practice is eligible. The rural loading is based on the Australian Standard Geographical Classification – Remoteness Areas (RA) classification system.

The rural loading per PNIP incentive is:

- 0% for a RA1 major city area
- 20% for a RA2 inner regional area
- 30% for a RA3 outer regional area
- 40% for a RA4 remote area, and
- 50% for a RA5 very remote area

Payment calculations

Payments are calculated using Medicare and Department of Veterans' Affairs (DVA) data.

The data is linked to the provider numbers specified on the practice's application, and any subsequent amendments. If, for example, a practice does not provide us with details of new practitioners it will not receive payments associated with the services provided by those new practitioners.

If a practice tells us that it has changed its circumstances, the payment will be based on the updated details.

PNIP incentive amounts based on Standardised Whole Patient Equivalent (SWPE) values

SWPE	Minimum number of practice nurse hours per week for full incentive payment	Incentive amount for a registered nurse or allied health professional	Incentive amount for an enrolled nurse, Aboriginal and Torres Strait Islander Health Worker, or Aboriginal and Torres Strait Islander Health Practitioner
1000	12 hours 40 minutes	$25,000	$12,500
2000	25 hours 20 minutes	$50,000	$25,000
3000	38 hours	$75,000	$37,500
4000	50 hours 40 minutes	$100,000	$50,000
5000	63 hours 20 minutes	$125,000	$62,500

Hours for full time staff

Practices will need to calculate the average weekly hours over the quarter (13 weeks), taking into account other restrictions mentioned in eligibility for the Practice Nurse Incentive Program (PNIP).

For the PNIP, the number of hours a full time practice nurse, allied health professional, Aboriginal and Torres Strait Islander Health Worker and/or Aboriginal and Torres Strait Islander Health Practitioner workers is equivalent to 38 hours per week.

Practices need to calculate the total number of hours worked per week for all registered nurses, enrolled nurses, Aboriginal and Torres Strait Islander Health Workers and/or Aboriginal and Torres Strait Islander Health Practitioners and allied health professionals working at the practice.

For the PNIP, the calculation of a full time general practitioner (GPs) is based on a practice's SWPE value.

As a guide, the average full time GP has a SWPE value of around 1,000 each year. We will determine a practice's SWPE value based on Medicare Benefits Schedule and DVA data of the GPs working in the practice.

Grace periods

If a practice nurse, Aboriginal Health Worker, Aboriginal Health Practitioner or allied health professional leaves a practice receiving funding from the PNIP, the practice has 21 days to replace them before it affects the calculation of incentives.

If a practice nurse, Aboriginal Health Worker, Aboriginal Health Practitioner or allied health professional leaves a practice that is receiving funding from the PNIP, the practice has 45 calendar days to replace them before it affects the calculation of incentives, if the practice is:

- receiving a rural loading based on the ASGC-RA classification
- an Aboriginal Medical Service or Aboriginal Community Controlled Health Service, or

- in area of urban workforce shortage.

If a practice can't replace the practice nurse, Aboriginal Health Worker, Aboriginal Health Practitioner or allied health professional within the applicable grace period, the practice has 7 days to notify Human Services of the change in their circumstances.

Health audits practices receiving payments under the PNIP to verify they are meeting the eligibility requirements. Audits may include practice visits or a review of practice documentation. If requested by the departments of Health or Human Services, practices must provide evidence to support their eligibility and claims for payment.

Examples of PNIP payments

Scenario 1 - registered nurse and enrolled nurse

The Bluetown General Practice has a SWPE value of 3,000 and employs 1 registered nurse for 19 hours per week and 1 enrolled nurse for 19 hours per week.

The Bluetown General Practice is eligible for the following incentive:

1 registered nurse ($37,500) + 1 nurse incentive of ($18,750) = $56,250 per year or $14,062.50 per quarter.

Scenario 2 – registered nurse

Across the city, there's a larger general practice called the Purpletown Family Practice that has a SWPE value of 5,000. The Purpletown Family Practice only has one registered nurse who works 38 hours per week.

Even though the Purpletown Family Practice has a SWPE value of 5,000, it is only eligible for an incentive based on 1 full time practice nurse:

1 full time practice nurse ($75,000) or $18,750 per quarter.

Scenario 3 – registered nurses in rural area

The Greentown General Practice is in a rural location classified an RA3 Outer Regional area. A 30% loading is applied to this practice's incentive as it is in a RA3 location. Greentown General Practice has a SWPE value of 2,000 and 2 registered nurses who job share working 25 hours 20 minutes per week between them.

The Greentown General Practice is eligible for the following incentive:

2 x registered nurses job-sharing ($50,000) + 30% rural loading ($15,000) = $65,000 per year or $16,250 per quarter.

Scenario 4 – Aboriginal and Torres Strait Islander Health Workers in rural area

An Aboriginal Medical Service, which would have its SWPE value increased by 50%, is in a RA3 Outer Regional area, which has a 30% loading.

The Aboriginal Medical Service has a SWPE value of 2,000 increased by 50% to 3,000. It employs 3 Aboriginal and Torres Strait Islander Health Workers who each work 38 hours per week.

The Aboriginal Medical Service is eligible for the following incentive:

3 x Aboriginal and Torres Strait Islander Health Workers ($37,500 per year) + 30% rural loading ($11,250) = $48,750 per year or $12,187.50 per quarter.

Scenario 5 – GPs and practice nurses

The Greytown General Practice employs 15 GPs working various hours, has a SWPE value of 7,250 and employs 3 practice nurses for 55 hours per week (2 registered nurses working 20 hours per week and 1 enrolled nurse working 15 hours per week).

The SWPE value for the Greytown General Practice is capped at 5,000 and the practice is eligible for a payment totalling $93,750 per year or $23,438 per quarter.

Scenario 6 – GPs and practice nurses

The Pinktown General Practice employs 7 GPs working various hours, has a SWPE value of 5,456 and employs 2 registered nurses for a total of 69 hours per week.

The SWPE value for the Pinktown General Practice is capped at 5,000.

The Pinktown General Practice is eligible for the following incentive:
7 x GPs and 2 x registered nurses = $125,000 per year or $31,250 per quarter

When payments are made

Payments are calculated and paid retrospectively per quarter.

Payments are made by electronic funds transfer to the account nominated by the practice in the Practice Nurse Incentive Program (PNIP) application, and do not attract goods and services tax.

To qualify for payments, practices must have their application approved and be eligible for the PNIP and be eligible by the 'point-in-time' date.

Practices are eligible from the date of approval, not from the date they lodged their application.

Quarterly confirmation statements

We will send a quarterly confirmation statement (QCS) to all practices approved for PNIP.

Practices need to complete their QCS before PNIP payments can be released.

We provide the QCS through Health Professional Online Services (HPOS) or mail, to all approved practices each quarter – unless approved during the payment quarter. Practices should receive their QCS by the 15th day of the point-in-time month. Call the Incentive Programs enquiry line if this hasn't been received by the due date.

Practices need to confirm their details, including any changes in practice arrangements such as the hours worked, in the QCS to receive their quarterly payment. The QCS must be completed by an authorised contact person or practice owner.

Practices can:

- submit their QCS and changes to practice arrangements through HPOS by the relevant point-in-time date, or
- fax the completed QCS and changes to practice arrangements to Incentives Programs for manual processing at least 7 days before the relevant point-in-time date to be assessed for payment

If a practice does not return a fully completed QCS by the point-in-time, the practice's payment will be withheld until the QCS has been returned. Once received, the QCS will be assessed for payment.

Withheld payments

We may withhold payments for a number of reasons including:

- the practice no longer employs a general practitioner
- the practice no longer employs or otherwise retains an eligible health professional
- an enrolled nurse is not supervised by a registered nurse (either directly or indirectly)
- there has been a change of practice ownership
- non-compliance
- the practice's accreditation has expired
- the practice has relocated
- the practice did not achieve full accreditation within 12 months of joining the PNIP – or, for a Practice Incentives Program (PIP) consenting practice, full accreditation was not achieved within 12 months of joining the PIP
- there have been significant changes in practice data
- the practice or health professionals do not have the required insurances
- there are incomplete or inaccurate practice details, and/or
- the practice failed to return the completed quarterly confirmation statement by the relevant point-in-time date

If a practice's payment has been withheld, we will tell you what further information is required for payments to be released.

Where payments have been $0 or withheld for 3 consecutive payment quarters, the practice's incentive payments will cease and the practice will be withdrawn from the PNIP.

Practices must apply to re-join the PNIP and be fully accredited, at the time of applying, to be eligible to participate. Any previous payments are forfeited.

If a practice re-applies for the PNIP, payments will recommence from the payment quarter following the date the practice has met all eligibility requirements and is approved to participate in the PNIP.

Recovery of payments

If PNIP payments have been made as a result of an administrative error or inappropriate claiming, we and/or the Department of Health may seek to recover these payments.

Practices will receive a payment advice outlining the practice and payment details following each payment. Practices should check that their PNIP payment advice is correct.

Practices may have to pay back any payments received incorrectly if they:

- make false or misleading claims, or
- fail to notify us of any changes which affect their eligibility to receive PNIP payments

Managing

Your obligations

Eligibility for payments under the Practice Nurse Incentive Program (PNIP) depends on practices meeting their obligations for the PNIP.

The practice must:

- be able to prove its claims for payment
- provide accurate information to the Department of Health as part of their audit program to demonstrate the practice meets the PNIP eligibility requirements - this may include timesheets as evidence of hours worked by eligible health professionals
- remain eligible for Practice Incentives Program (PIP) as a PIP consenting practice to receive the PNIP payments
- maintain a copy of all documentation relating to the PNIP requirements for a minimum of 6 years
- confirm all details in the quarterly confirmation statements (QCS) are correct, and
- tell us about changes to practice arrangements within 7 days or at least 7 days before the relevant point-in-time period, whichever date is first

Changes to practice arrangements could include:

- practitioners leaving or joining the practice
- changes to the authorised contact person/s for the practice
- changes to the practice's bank account
- changes in accrediting body or accreditation status, such as the practice becoming fully accredited or the accreditation lapsing,
- changes to the practice location, ownership or amalgamations
- lapses in the practice's public liability insurance or an individual practitioner's professional indemnity cover
- changes in hours worked (e.g. practice no longer employs or otherwise retains a registered nurse, enrolled nurse, allied health professional, Aboriginal and Torres Strait Islander Health Worker or Aboriginal and Torres Strait Islander Health Professional)
- changes in provider details, and
- any other additional information that may affect program eligibility

You can tell us of any changes to practice arrangements:

- online via Health Professional Online Services (HPOS) – changes via HPOS are immediate and can be made up to, and on, the relevant point-in-time date
- by completing the *Practice Incentives Change of practice details form* (IP005) or the *Practice Incentives Individual general practitioner or nurse practitioner details form* (IP003) for each new GP or Nurse practitioner that joins the practice and sending it to us by fax at least 7 days before the relevant point-in-time date, or
- by advising us in writing, no later than 7 days before the relevant point-in-time date

The point-in time date is the last day of the month before the next quarterly payment.

Withdrawing from the program

A practice may withdraw participation in the Practice Nurse Incentive Program (PNIP) at any time – online through Health Professional Online Services or by sending us the form.

Practices that withdraw or are withdrawn from the PNIP are not entitled to any withheld payments and need to reapply for the PNIP if they want to re-join the program.

These practices will be assessed as new applicants and will need to be fully accredited to be eligible to participate.

Privacy and consent

Your personal information is protected by law, including the Privacy Act (1988).

Personal information and other information about a practice that is participating in the Practice Nurse Incentive Program (PNIP) or is applying to participate in the PNIP is collected by us for the assessment and administration of the PNIP payments and services. This information will be disclosed to the Department of Health and the Department of Veterans' Affairs (DVA) to enable those departments to administer aspects of PNIP, for statistical and research purposes, compliance activities, and to inform policy development.

We may use or disclose your personal information for other purposes where required or authorised by law, or if you agree.

Read more about our privacy policy, including how we manage your personal information.

When a PIP practice provides consent for the PNIP, they are agreeing to the use of the following PIP information:

- 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
- GP details
- associated documents and comments and issued letters, and
- Standard Whole of Patient Equivalent (SWPE), for the PNIP calculations

Rights of review

The Practice Nurse Incentive Program (PNIP) has a review of decision (ROD) process. This is separate from reviews relating to program audits.

.Decisions made under the program are based on the published guidelines as at the date of the event.

To request a review of a decision, the authorised contact person or the owners of the practice must write to us using the Practice Incentives review of decision form (IP027).

You must do this within 28 days of receiving the decision you want reviewed.

We will review our decision against the PNIP eligibility criteria and/or payment formula and advise the practice in writing of the outcome.

If you aren't satisfied with the review decision, you can ask for the decision to be considered by a Formal Review Committee. The Formal Review Committee is the last avenue of appeal and its decision is final.

Contact us to find out more about the formal review process.

Audits

The Department of Health conducts program audits to check practices are complying with Practice Nurse Incentive Program (PNIP) eligibility requirements for PNIP payments.

If a practice is unable to provide information to substantiate their eligibility, past PNIP payments for up to 6 years may be recovered.

If a practice gets Practice Incentives Program (PIP) payments, these payments may also be recovered if the practice is found to be noncompliant with the eligibility requirements for accreditation, public liability or professional indemnity of the PNIP.

If requested, practices must be able to provide the following information:

- evidence of current registration of the practice nurse, allied health professionals, and/or Aboriginal and Torres Strait Islander Health Practitioners at the practice
- evidence of the hours worked by eligible practice nurses, allied health professionals, Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners – for example, time sheets
- evidence of documented supervisory arrangements if the enrolled nurse is employed at a different location to the registered nurse
- PIP consenting practices must remain eligible for PIP to receive PNIP payments
- confirmation of details contained in the quarterly confirmation statements
- evidence of public liability insurance of $10 million or more (**Note:** Legal liability is not Public liability)
- evidence of professional indemnity insurance for all general practitioners, practice nurses, allied health professionals, Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.
    - for those health professionals that are registered under the National Registration and Accreditation Scheme, the level of insurance is specified by the relevant Board, and
    - where the practice nurses, Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners and allied health professionals are not employees of the eligible organisation, they must have the same minimum level of insurance coverage as required in their name.
- practices must retain a copy of the above documents on practice files for a minimum period of 6 years

If a practitioner leaves a practice and an audit is conducted for a time when that practitioner was at the practice, the practice will still need to provide evidence that the professional indemnity insurance was maintained during their employment.

Contact us

For more information contact the Incentive Programmes.

Disclaimer

These guidelines are for information purposes and provides the basis upon which PNIP payments are made. While it is intended that the Australian Government will make payments as set out in these guidelines, payments are made at its sole discretion. The Australian Government may alter arrangements

for the PNIP at any time and without notice. The Australian Government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these guidelines.

Glossary of PNIP terms

The following terms have the meaning given below whenever they are used in these guidelines.

Aboriginal and Torres Strait Islander Health Worker is an Aboriginal and Torres Strait Islander person who:

a) is employed in an Aboriginal and Torres Strait Islander identified position by the practice

b) has undertaken a minimum Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care, and

c) provides flexible, holistic and culturally sensitive health services to Aboriginal and Torres Strait Islander patients and the community to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander Health Practitioner is an Aboriginal and/or Torres Strait Islander person who:

a) is employed in an Aboriginal and Torres Strait Islander identified position by the practice

b) has undertaken a minimum Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care, and

c) provides flexible, holistic and culturally sensitive health services to Aboriginal clients and the community to achieve better health outcomes and better access to health services for Aboriginal and/or Torres Strait Islander people, and

d) is registered with the Aboriginal and Torres Strait Islander Health Practitioner Board

Accreditation is the independent recognition that a practice meets the requirements of the Royal Australian College of General Practitioner (RACGP) *Standards for general practices.*

After-hours Medical Service is defined by the current RACGP *Standard for general practices* definition as a service that provides care outside the normal business hours of a general practice, whether or not that service deputises for other general practices, and whether or not the care is provided within or outside of the clinic. After-Hours Medical Services are **not** eligible for the Practice Nurse Incentive Program (PNIP).

Allied health professional is a person who has tertiary training and recognised qualifications in a discipline distinct from nursing and medicine and who works with others in a health care team to support a person's medical care. They must have the relevant registration, accreditation or membership where required.

Amalgamation means 2 or more practices coming together into one common location and sharing access to all patient records, belonging to each of the previously individual practices, and the closure of the remaining original location(s).

Applicant is the practice applying as named on the PNIP application.

Approved applicant is an applicant approved by the Delegate for inclusion in the program at an approved location.

Approved location is the practice site or sites for which a Delegate has granted approval for the purposes of providing medical services under the program.

Australian Standard Geographical Classification – Remoteness Areas is the geographic classification system developed in 2001 by the Australian Bureau of Statistics to allow quantitative comparison between 'city' and 'country' Australia.

Authorised contact person(s) is a person nominated by the practice owner(s) to act on behalf of the practice in relation to the program. The authorised contact person(s) will receive all communications in relation to the program, be responsible for advising the department of any changes in participation and updating practice information including bank account details. All forms completed and information submitted by the authorised contact person will be taken to be completed and authorised on behalf of the practice and the practice owner(s).

Any changes to the authorised contact person, change in ownership, amalgamation, relocations and practice closures can only be advised by the owner(s) of the practice.

Complete application is a PNIP application that contains all required information and all required supporting documentation to enable an assessment, and we recognise as complete.

Delegate is a person authorised by us or the Department of Health (Health) to administer the program.

Direct supervision is when the registered nurse is actually present, and personally observes, works with, guides and directs the enrolled nurse.

Eligible health professional is a registered nurse, enrolled nurse, allied health professional, Aboriginal and Torres Strait Islander Health Worker and practitioner employed or otherwise retained by the practice where their time is not supported by other funding or direct billing of Medicare Benefits Schedule (MBS) items.

Enrolled nurse is a person who is registered with the Nursing and Midwifery Board of Australia (NMBA) and meets the board's registration standards in order to practice in Australia. An enrolled nurse works with the registered nurse as part of the health care team and demonstrates competence in the provision of person-centred care. Core practice requires an enrolled nurse to work under the direct or indirect supervision of the registered nurse. For more information read the enrolled nurse standards and factsheet on the NMBA website.

General practice is defined by the RACGP *Standards for general practices* as the provision of patient-centred continuing, comprehensive, coordinated primary care to individuals, families and communities. For the purposes of PNIP, a general practice includes Aboriginal Medical Services and Aboriginal Community Controlled Health Services.

General practitioner is a general practitioner and/or non-specialist medical practitioner, known as other medical practitioner, who provide non-referred services but are not GPs. GPs include Fellows of the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, vocationally registered general practitioners and medical practitioners undertaking approved training.

Guidelines is the guidelines for the PNIP.

Hours worked is the actual hours worked for an eligible health professional.

HPOS is the Health Professional Online Services. This is an online system where practices can lodge application details and correspond with us online. Changes made to practice details are visible to the practice and are effective immediately.

Indirect supervision is when the registered nurse does not constantly observe the activities of an enrolled nurse. In situations where the registered nurse and the enrolled nurse are not employed at the same organisation, clearly documented arrangements must be in place regarding supervision arrangements and the registered nurse must be available for reasonable access. For more information read the enrolled nurse standards and factsheet on the NMBA website.

Local Area is defined by Health on a case-by-case basis according to factors such as physical distance, rurality and practice distribution.

The ***Medicare Benefits Schedule (MBS)*** is a listing of the Medicare services subsidised by the Australian Government. The schedule is part of a wider Medicare Benefits Scheme managed by Health and administered by us.

Medical deputising services is the RACGP *Standards for general practice* definition as organisations which directly arrange for medical practitioners to provide after hours medical services to patients of practice principals during the absence of, and at the request of, the practice principals. Medical deputising services are **not** eligible for PNIP.

Medicare provider number is a number allocated to a general practitioner to provide an easy method of identifying the place from which a medical service is provided.

Normal business hours is the advertised opening business hours of the general practice.

Nurse practitioner is someone who is endorsed as a nurse practitioner by the NMBA. Go to their website for registration requirements for nurse practitioners.

PIP is the Practice Incentives Program administered by us.

PIP consenting practice is a practice participating in the PIP which has consented to us using practice details provided for the PIP for the purposes of the PNIP.

Point-in-time is the last day of the month before the next PNIP payment quarter.

Practice is an approved medical practice participating in the PNIP, which may include patient records and access to a physical location.

Practice branch is an additional practice location.

Practice location is any location where a general practitioner and/or eligible health professional has been providing medical services and billing Medicare.

Practice nurse is a registered nurse, or an enrolled nurse who is employed by a general practice.

Practice requirements are the requirement for a general practitioner to provide medical services as specified in the eligibility criteria for the program.

Quarterly confirmation statement (QCS) measures practices activity for the calculation of a payment under the program. QCS are provided to all practices registered for the PNIP. Practices are required to confirm their details online through HPOS or by faxing the QCS to us, to qualify for a payment under the program.

Registered nurse is a person who is registered with the NMBA and meets the board's registration standards to practice in Australia.

Retained service is an arrangement between a practice nurse, allied health professional and/or Aboriginal Health worker and a participating practice for the provision of services to the practice, either through contracted, casual or other means.

The ***Royal Australian College of General Practitioners (RACGP) Standards for general practices*** are the standards against which general practices are assessed for accreditation by an accreditation body.

Standard Whole Patient Equivalent (SWPE) is the basis for determining PNIP payment amounts. It is the sum of the fractions of care a practice provides to each of its patients weighted for the age and gender of each patient. As a guide, the average full time general practitioner has a SWPE value of around 1,000 SWPEs annually.

Urban Area of Workforce Shortage (UAWS) is as an area where the community is considered to have less access to medical services than that experienced by the population in general. Health generally uses Statistical Local Areas (SLAs) to define an area because SLAs are the smallest geographic unit for which population figures are available.