

When to use this form

Use this form to tell us if there has been a change of practice details for the Practice Incentives Program (PIP) and/or the Workforce Incentive Program (WIP) - Practice Stream. Changes include:

- a relocation
- an amalgamation
- a change of bank account details
- a change of authorised contact person(s)
- ceasing a general practitioner or nurse practitioner
- updating health professional details.

You must submit **all** pages of the form.

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, you can make the following changes and won't need to submit this form:

- update the practice bank details
- authorised contact persons
- end date GPs who have left the practice.

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

If you are unable to make the changes using HPOS, complete this form and return it to us for processing.

Notification of a relocation through HPOS will place practice payments on hold pending submission of this form and supporting documents.

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.

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed form:

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

Practice details

1 The practice is notifying of a change to practice details in the:

Tick all that apply

PIP

WIP - Practice Stream

2 PIP practice ID

3 WIP - Practice Stream practice ID (if different from the PIP ID)

4 Practice name

5 Full practice address – **current** practice address registered with us

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

6 Practice phone number (including area code)

7 Postal address (if different from question 5)

Postcode

Notification type

8 Which change(s) to your practice details has occurred?

- Relocation **Go to 9**
- Amalgamation **Go to 18**
- Bank account details **Go to 29**
- Authorised contact person(s) **Go to 30**
- Ceasing a general practitioner or nurse practitioner **Go to 31**
- Changes to WIP - Practice Stream health professional hours **Go to 32**

Relocation details

9 Complete this section if the practice is relocating to a **new location**.

- The new accreditation certificate must be submitted within 6 months of the date of relocation.
- Practice payments are placed on hold until the new accreditation certificate has been provided.
- The new accreditation certificate must reflect the new relocated practice address and new practice name (if applicable).
- The accreditation start and end date on the new certificate should remain unchanged.



Provide a completed **Practice Incentives Individual general practitioner or nurse practitioner details (IP003)** form for each general practitioner or nurse practitioner working at the relocated practice with their new provider numbers. The form is available at servicesaustralia.gov.au

10 Date of relocation (DD MM YYYY)

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11 Are you notifying the relocation of the main practice location or an additional practice branch?

Main location

Additional location **Locality**

12 New relocated practice name (if different to question 4)

13 Full address – new relocated practice address

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State

Postcode

14 New relocated practice phone number (including area code)

New relocated practice email

15 New relocated postal address (if different from question 13)

Postcode

16 Have the owners of the practice retained ownership of the relocated practice?

No You **must** also complete the **Practice Incentives Change of practice ownership (IP010)** form. The form is available at servicesaustralia.gov.au

Yes

17 Is the old location still operating as a medical practice?

No **Go to 24**

Yes Contact the PIP or the WIP - Practice Stream on **1800 222 032**.

Amalgamation details (of the practice that is closing)

18 Complete this section if an existing PIP and/or WIP - Practice Stream practice has amalgamated with the practice at questions 2 to 7. The practice listed at question 2 to 7 must be the practice that is remaining open.



Provide a completed **Practice Incentives Individual general practitioner or nurse practitioner details (IP003)** form for each new general practitioner or nurse practitioner working at the amalgamated practice. The form is available at servicesaustralia.gov.au

Provide a letter from at least one owner from each of the amalgamated practices confirming:

- the amalgamation has occurred, and
- which additional practice branch(es) from the amalgamated location are to be transferred to the current practice address (question 5).

19 Date of amalgamation (DD MM YYYY)

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Questions 20 to 23 relate to the closing practice location.

20 PIP practice ID – amalgamated location

21 WIP - Practice Stream practice ID – amalgamated location

22 Practice name – amalgamated location

23 Full practice address – amalgamated location

Building name

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

If more than one location is amalgamating, provide a separate sheet with details.

Eligibility requirements

Complete this section to confirm the practice remains eligible for the PIP and/or the WIP - Practice Stream.

If your practice is registered for the eHealth Incentive, you will need to login through HPOS to view your minimum Shared Health Summary upload target for the payment quarter. If your practice will not meet the requirements for the current payment quarter, you will need to opt out or withdraw from the eHealth Incentive online by the relevant point-in-time date.

Practices should update their Healthcare Provider Identifier - Organisation (HPI-O) online if this has changed as a result of the change to practice details.

24 Does your practice have current public liability insurance of at least \$10 million?

No Your practice is **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes

25 Do all practice general practitioners and nurse practitioners have current professional indemnity cover?

No Your practice is **not eligible** for the PIP and/or the WIP - Practice Stream.

Yes

26 Does your practice employ or otherwise retain the services of an eligible health professional as specified in the WIP - Practice Stream guidelines? The guidelines are available at servicesaustralia.gov.au/practicestream

No Your practice is **not eligible** for the WIP - Practice Stream.

▶ **Go to 28**

Yes

N/A – PIP only practice **Go to 28**

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


No Your practice is **not eligible** for the WIP - Practice Stream.

Yes

28 It is a requirement of the PIP and the WIP - Practice Stream that the practice is accredited or registered for accreditation.

Is your practice accredited or registered for accreditation against the Royal Australian College of General practitioners (RACGP) Standards for general practice?

No Your practice is **not eligible** for the PIP and/or WIP - Practice Stream.

Yes  Provide a copy of your current accreditation certificate. If your practice is relocating you must provide a copy of your relocated accreditation certificate within 6 months of the relocation date.

Bank account details

29 Complete this section if the practice's bank account details have changed.

All Incentive payments are made through Electronic Funds Transfer (EFT). Incentive payments for PIP and the WIP - Practice Stream **cannot** be paid via EFT if the nominated account has restrictions on EFT deposits.

Branch number (BSB)

Account number (this may not be the card number)

Account name held in the name(s) of

We will contact you to confirm the change to the practice banking details.

Authorised contact person(s)

30 Authorised contact person(s)

The authorised contact person(s) must be nominated by the owner(s) of the practice to act on behalf of the practice in relation to the Incentive Programs.

Correspondence will be sent to:

- the primary authorised contact person
- your HPOS mailbox or postal address.

Changes to practice arrangements can impact on your practice's eligibility to participate in the PIP and the WIP - Practice Stream and/or the calculation of incentive payments. All correspondence will be sent to the primary authorised contact person. Correspondence will be sent to your HPOS mailbox or your postal address based on your communication preference. The owner(s) and authorised contact person(s) are responsible for telling us about changes:

- online, by accessing HPOS at **servicesaustralia.gov.au/hpos** Most changes made through HPOS are effective immediately and therefore can be made up to and on the relevant point-in-time date
- offline, by completing the relevant form available at **servicesaustralia.gov.au/pip** or **servicesaustralia.gov.au/practicestream** and returning it to us for manual processing **at least 7 days** before the relevant point-in-time date.

If the authorised contact person(s) has a PRODA account, provide the Registration Authority (RA) number in the space below.

The RA number will be used to allow access to PIP and WIP - Practice Stream Online.

A practice may nominate up to 5 authorised contact persons.

Primary authorised contact person 1

Dr Mr Mrs Miss Ms Other

Family name

First given name

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

Add

Remove

Authorised contact person 2

Dr Mr Mrs Miss Ms Other

Family name

First given name

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

Add

Remove

Authorised contact person 3

Dr Mr Mrs Miss Ms Other

Family name

First given name

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

Add

Remove

Authorised contact person 4

Dr Mr Mrs Miss Ms Other

Family name

First given name

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

Add

Remove

Authorised contact person 5

Dr Mr Mrs Miss Ms Other

Family name

First given name

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

Add

Remove

Ceasing a general practitioner or nurse practitioner

- 31** List all general practitioners or nurse practitioners who have ceased working at the practice.

General practitioner or nurse practitioner 1

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Family name						
<input type="text"/>						
First given name						
<input type="text"/>						
Provider number						
<input type="text"/>						
Date ceased working at the practice (DD MM YYYY)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General practitioner or nurse practitioner 2

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Family name						
<input type="text"/>						
First given name						
<input type="text"/>						
Provider number						
<input type="text"/>						
Date ceased working at the practice (DD MM YYYY)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General practitioner or nurse practitioner 3

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Family name						
<input type="text"/>						
First given name						
<input type="text"/>						
Provider number						
<input type="text"/>						
Date ceased working at the practice (DD MM YYYY)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If more than 3 general practitioners or nurse practitioners' details are required, provide a separate sheet with details.

WIP - Practice Stream health professional details

Only complete this section if you need to update your health professional details for a **previous** quarter.

You must use the Quarterly Confirmation Statement (QCS) to confirm the details of each individual HP for current and future quarters.

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

If the actual average weekly hours is different to the previous confirmed hours, we may reassess your payment.

- 32** Are you updating health professional details for a previous quarter?
- No Update your HP hours in HPOS using your PRODA RA number, or submit your current QCS.
- Yes Give details
- Quarter Year

- 33** Complete the details below for all eligible health professionals currently working at the practice (including any additional practice branches). The AHPRA or HPI-I number must be provided for each eligible health professional.

Do not use this section to add a new general practitioner. To add a new general practitioner(s) or nurse practitioner(s) with a Medicare provider number, you need to use the **Practice Incentives Individual general practitioner or nurse practitioner details (IP003)** form. This will make sure their MBS services contribute towards the Standardised Whole Patient Equivalent (SWPE) value for the practice.

Eligible health professional 1

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
Family name						
<input type="text"/>						
First given name						
<input type="text"/>						
Eligible health professional type						
<input type="text"/>						
Actual average weekly hours (hh:mm) <input type="text"/>						
Unique identifier number						
AHPRA number <input type="checkbox"/> or HPI-I number <input type="checkbox"/>						
<input type="text"/>						

Eligible health professional 2

Dr Mr Mrs Miss Ms Other

Family name

First given name

Eligible health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number or HPI-I number

Eligible health professional 3

Dr Mr Mrs Miss Ms Other

Family name

First given name

Eligible health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number or HPI-I number

Eligible health professional 4

Dr Mr Mrs Miss Ms Other

Family name

First given name

Eligible health professional type

Actual average weekly hours (hh:mm)

Unique identifier number

AHPRA number or HPI-I number

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

Privacy notice

34 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 Aged Care 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/privacypolicy

Declaration

35 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.
- the authorised contact person(s) nominated at question 30 to act on behalf of the practice in relation to the Practice Incentives Program and/or the Workforce Incentive Program - Practice Stream.

I declare that:

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

I understand that:

- the Australian Government Department of Health and Aged Care 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 keep practice documentation for a minimum of 6 years.
- I may be required to provide information to the Australian Government Department of Health and Aged Care 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 and Aged Care, 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.

Registered owners for the PIP and/or WIP - Practice Stream can sign the declaration for all changes to practice details. They **must** sign for **changes to authorised contact persons, relocations and amalgamations**.

Individual/Partner/Associate/Representative

Dr Mr Mrs Miss Ms Other

Family name

First given name

Position held

Signature

Date (DD MM YYYY)

or

Registered **authorised contact persons** for the PIP and/or WIP - Practice Stream can sign the declaration for changes to **bank account details or ceasing general practitioners or nurse practitioners or updating health professional details only**.

Authorised contact person

Dr Mr Mrs Miss Ms Other

Family name

First given name

Signature

Date (DD MM YYYY)

Returning this form

Forms must be received **at least 7 days** before the relevant point-in-time date. Return the completed form, including all pages and any supporting documents, online. Upload through Health Professional Online Services (HPOS) at servicesaustralia.gov.au/hpos.