



# Practice Incentives Program Indigenous Health Incentive practice application (IP026)

## When to use this form

Use this form to apply for the Practice Incentives Program (PIP) Indigenous Health Incentive. This form is only to be used by practices and Indigenous health services already registered for the PIP.

## Important information

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

Using your Provider Digital Access (PRODA) account details, you can make claims and update your practice details through HPOS. Lodgement through HPOS is effective immediately.

To register for a PRODA account or to find out more about HPOS, go to [servicesaustralia.gov.au/hpos](http://servicesaustralia.gov.au/hpos)

If you cannot apply using HPOS, you can complete this form and send it to us for processing.

## Program guidelines

To be eligible for the PIP Indigenous Health Incentive, practices must meet the requirements. For more information, read the PIP Indigenous Health Incentive guidelines available at [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

## For more information

Go to [servicesaustralia.gov.au/pip](http://servicesaustralia.gov.au/pip)

If you need help to complete 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.

## Practice details

**1** Practice ID

**2** Practice name

**3** Full practice address – **main** practice address

The practice address should be the practice location that provides the highest number of services per year.

Building name

Unit  Suite  Shop  Floor number

Street number

Street name

Suburb

State  Postcode

**4** Practice phone number (including area code)

## Eligibility requirements

Patients must be of Aboriginal and/or Torres Strait Islander Australian descent and have a chronic disease or mental disorder.

5 Does your practice agree to:

- obtain consent to register your eligible Aboriginal and Torres Strait Islander patients for the PIP Indigenous Health Incentive, **and**
- establish and use a follow-up mechanism for your Aboriginal and Torres Strait Islander patients (e.g. through the use of a recall and reminder system, or staff actively seeking out their patients to make sure they return for ongoing care)?

No  Your practice is **not eligible** for this incentive.

Yes

6 Does your practice agree to make sure that at least 2 staff members from the main practice address and each additional practice branch, one of whom must be a general practitioner, will undertake appropriate cultural awareness training **within 12 months** after signing on for the incentive?

Refer to the **Practice Incentives Program Indigenous Health Incentive guidelines** for more information.

Practices under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives **do not** need to meet the cultural awareness training requirement. If this is the case, select **N/A** for your response.

No  Your practice is **not eligible** for this incentive.

Yes

N/A

## Privacy notice

7 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).

Your personal information will be disclosed to the Australian Government Department of Health and Aged Care to enable that department to administer aspects of PIP, 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](https://servicessaustralia.gov.au/privacypolicy)

## Declaration

8 I declare that:

- I will adhere to the eligibility requirements for the Practice Incentives Program Indigenous Health Incentive as set out in the PIP Indigenous Health Incentive guidelines.
- I will advise Services Australia of any changes to my arrangements **at least 7 days** before the relevant point-in-time date.
- the information I have provided in this form is complete and correct.

I understand that:

- if Services Australia is not informed of any changes to my arrangements, incentive payments may be reduced or recovered and the practice's eligibility for the Practice Incentives Program may be affected.
- if all questions are not completed, this form cannot be processed and will be returned to the practice.
- the Australian Government Department of Health and Aged Care may conduct program audits of a practice's compliance with the Practice Incentives Program eligibility requirements.
- the practice is required to keep practice documentation for 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 Indigenous Health Incentive.
- if I cannot provide information, as requested by the Australian Government Department of Health and Aged Care, to enable the Australian Government Department of Health and Aged Care to establish the practice's compliance with the Practice Incentives Program Indigenous Health Incentive, I acknowledge that past Practice Incentives Program payments may be recovered and that future payments may be suspended or ceased.
- giving false or misleading information is a serious offence.

Owner/authorised contact

Family name

First given name

Signature

Date (DD MM YYYY)

## Returning this form

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

Return this form and any supporting documents **at least 7 days** before the relevant point-in-time date **online**, upload through HPOS at [servicessaustralia.gov.au/hpos](https://servicessaustralia.gov.au/hpos)