

External User Guide



Australian Government  
Department of Human Services

# Practice Nurse Incentive Program (PNIP) Online

**medicare**



10 November 2011

Document Version Number: 1.00

#### Definitions and acronyms

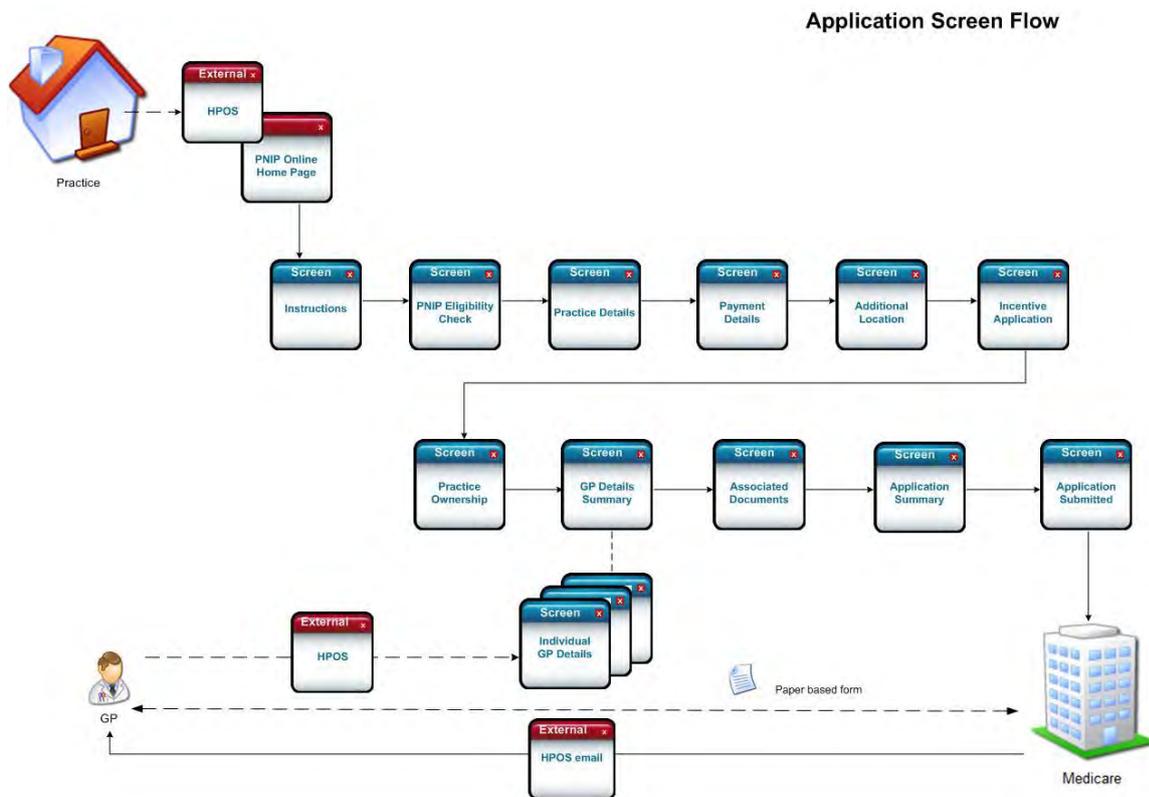
Acronym	Definition
ACCHS	Aboriginal Community Controlled Health Service
AGPAL	Australian General Practice Accreditation Ltd
AHP	Allied health professional
AHW	Aboriginal Health Worker
AMS	Aboriginal Medical Service
ASGC-RA	Australian Standard Geographical Classification – Remoteness Area
DoHA	Department of Health and Ageing
DVA	Department of Veterans' Affairs
EN	Enrolled nurse
FTE	Full Time Equivalent
GP	General practice
GPAPlus	GPA Accreditation Plus
HPOS	Health Professional Online Services
MBS	Medicare Benefits Schedule
PIP	Practice Incentive Program
PKI	Public Key Infrastructure
PNIP	Practice Nurse Incentive Program
RACGP	Royal Australian College of General Practitioners
RN	Registered nurse
UAWS	Urban area of workforce shortage

## Contents

Application screen flow overview . . . . .	4
Step 1. PNIP Online . . . . .	5
Step 2. Instructions . . . . .	6
Step 3. Eligibility Check. . . . .	7
Step 4. Practice Details . . . . .	13
Step 5. Payment Details . . . . .	15
Step 6. Additional Locations . . . . .	17
Step 7. Incentives. . . . .	19
Step 8. Practice Ownership . . . . .	21
Step 9. GP Details Summary . . . . .	23
Step 10. Associated Documents . . . . .	25
Step 11. Application Summary. . . . .	26
Step 12. Application Submitted. . . . .	27
Appendix A: Individual GP Details. . . . .	28

This user guide is designed to help you step through the process of applying for PNIP payments.

## Application screen flow overview



**Note:** screen shots in this guide may slightly vary to the PNIP Online screens.

# Step 1. PNIP Online

## All practices

If the practice is a new applicant, select **Apply Now** to start a new application.

If the practice is currently registered for PNIP, select **Update** then select an approved practice to update details.

If the practice has an application in progress, select **Continue** to continue an existing initial application or view a printable version of a submitted application.

Select **Logout** to close the current session and go to the Health Professional Online Service home page.

The screenshot shows the Medicare Australia website for the Practice Nurse Incentives Program (PNIP). The page is titled "Health Professional Online Services" and includes a "LOGOUT" button in the top right corner. A "Main menu" on the left lists "Home", "PIP and GPI", "PNIP", "Forms", and "Mail Centre - (0)". The main content area is titled "PNIP Online" and includes a breadcrumb "You are here: PNIP". Below this, there is a section for "Apply for the Practice Nurse Incentives Program (PNIP)" with a note that new applicants must fill out an application form and provide supporting documentation. A link for "Apply Now" is provided. The page also features two tables: "Current Practices" and "In Progress Applications".

Practice ID	Practice Name	Action
005596	Smmv	<a href="#">Update</a>

Practice Name	Status	Action
Smmv	Initial	<a href="#">Continue</a>

**What is PNIP?**  
The Practice Nurse Incentive Program aims to support an expanded role for practice nurses in primary health care, particularly in prevention and chronic disease management, as well as improve access to general practice services in the community.  
The PNIP is administered by Medicare Australia on behalf of the Australian Government [Department of Health and Ageing](#).  
For more information see the Practice Nurse Incentive Program Guidelines. You can view the *Practice Nurse Incentive Guidelines* in [PDF](#) or [RTF](#) format.

Copyright © Medicare Australia 2009. [Your Privacy](#). [Legal notices](#). [Terms & conditions](#). [Back to top](#)

## Step 2. Instructions

### All practices

Read the instructions and select:

**Next** to continue to the **Eligibility Check** screen.

**Exit** to return to the **PNIP Online** homepage.

PNIP Online - Instructions - Microsoft Internet Explorer

Australian Government  
Medicare Australia

Health Professional Online Services

### PNIP Online

#### Instructions

**About this application**

This form can be used to submit a new application for the Practice Nurse Incentives Program (PNIP).

For the purposes of the PNIP, General Practitioners (GPs) include Fellows of the Royal Australian College of General Practitioners (RACGP), Fellows of the Australian College of Rural and Remote Medicine, vocationally registered GPs and medical practitioners undertaking approval training.

GPs will also include non specialist medical practitioners known as other medical practitioners, who provide non referred services and are not technically GPs.

**Enquiries**

**Practice Nurse Incentives Program**  
Email [pnip@humanservices.gov.au](mailto:pnip@humanservices.gov.au) or  
Phone 1800 222 032\*  
Hours of operation are 8:30 am - 5:00 pm  
Australian Central Standard Time

\* Call charges apply from mobile and pay phones only

**Program Guidelines**

To make sure that your practice meets all of the ongoing eligibility requirements, you must read the Practice Nurse Incentive Program Guidelines.

You can view the *Practice Nurse Incentive Guidelines* in [PDF](#) or [RTF](#) format.

**Accreditation Requirements**

To be eligible to receive the PNIP Incentive payment, Accreditation Assistance or Top-up payment, practices must be accredited or registered for accreditation against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices*. Accreditation is assessed by the following organisations:

**Australian General Practice Accreditation Ltd (AGPAL)**  
Enquiries number: 1300 362 111  
[www.agpal.com.au](http://www.agpal.com.au)

**GPA Accreditation plus**  
Enquiries number: 1800 188 088  
[www.gpa.net.au](http://www.gpa.net.au)

**Change of Details**

Changes to practice arrangements can impact on your practice's eligibility to participate in the PNIP, and/or the calculation of incentive payments. The practice must advise Medicare Australia, in writing, of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest. Relevant changes include, but are not limited to:

- a GP leaving or starting at a practice.
- a change in the practice's authorised contact person;
- a change in banking details;
- a change in the practice's accreditation status;
- a change in eligibility for any of the individual payments;
- a change in the number of Practice Nurses, Aboriginal Health Workers and/or Allied Health Professionals within the practice
- a change in practice location, ownership or structure;
- a change in the practice's public liability insurance or an individual GP's professional indemnity cover;
- a change in the practice's public liability insurance arrangements for Practice Nurses, Aboriginal Health Workers and Allied Health Professionals.

All correspondence will be sent to the primary authorised contact person provided in this application. The authorised contact person is responsible for notifying PNIP of any changes in practice arrangements. All changes must be signed by the authorised contact person or the practice owner(s).

**Privacy Note**

The information on this form will be used to assess the practice's eligibility to receive payments under the Practice Nurse Incentive Program. The collection of this information is authorised by the *Medicare Australia Act 1973*. This information may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.

**False or Misleading Information**

Penalties exist under law for giving false and/or misleading information. Medicare Australia may suspend payments and/or recover any resulting overpayments that result from:

- inaccurate information that is provided in the application; or
- the applicant fails to notify Medicare Australia of any relevant changes in circumstances.

Note: Refer to the 'Change of details' section above for examples of relevant changes in circumstances and the time in which practices are required to notify Medicare Australia changes. Medicare Australia may suspend payments and/or recover any overpayments that result from the provision of incomplete or inaccurate information, or delays in advising Medicare Australia of changes to practice details.

**Navigating through the Application**

To move to the Next screen in the Application select the Next button at the bottom of the screen.

To move to the Previous screen in the Application select the Previous buttons at the bottom of the screen.

At any time you can view the progress of your Application on the Application Summary screen, to navigate to the Application Summary screen select the View Application Summary button.

You can reset any screen to the values on entry by selecting the Reset button.

You can use Close or Save and Exit to leave the Application at any time. To save a screen it must be completed successfully.

The standard buttons displayed in your browser should not be used as this can cause information to be lost.

You can refer to the [PNIP Online Users Guide](#) for more information on the Application process or contact PNIP for assistance.

Next Exit

Copyright © Medicare Australia 2009 [Your Privacy](#) [Legal notices](#) [Terms & conditions](#) [Back to top](#)

Done Local intranet

## Step 3. Eligibility Check

### All practices

In the **Practice Details** section, complete the mandatory fields and questions:

1. Practice Name
2. Practice Type
3. Is the practice registered for PIP?

**Note:** the screen will refresh based on your answers.

If you are not a PIP registered practice, go to **Non PIP** or **Non Consenting PIP Practice**.

PNIP Online - Eligibility Check - Microsoft Internet Explorer

Australian Government  
Medicare Australia

Health Professional Online Services

**PNIP Online**  
**Eligibility Check**

Practice Details

Practice Name

If you are not a General Practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Service, select the General Practice option. This will ensure you are able to complete the relevant questions on the application form.

Practice Type: General Practice

Is the practice registered for PIP?  Yes  No

Main Practice Location

If the practice has multiple locations, the main practice location should be the practice location that provides the highest number of services per annum.

Address Line 1

Address Line 2

Locality

State: Select one

Postcode

Insurance

Does your practice have public liability insurance?  Yes  No

Do all practice GPs have current professional indemnity insurance?  Yes  No

Accreditation Details

Is your practice currently accredited?  Yes  No

PNIP Employment Details

Select the Health Professional Type employed at your practice

Registered Nurse  Enrolled Nurse  Aboriginal Health Worker  Allied Health Professional

Did your practice render services for MBS items 10993, 10994, 10995, 10997, 10998 and/or 10999?  Yes  No

Check PNIP Eligibility Change Eligibility Information

Previous Next Reset View Application Summary Save and Exit Exit

Copyright © Medicare Australia 2009 Your Privacy Legal notices Terms & conditions Back to top

Local intranet

## Registered PIP practices

If you are a PIP registered practice, complete the mandatory field and question in the **Practice Details** section:

1. PIP Practice ID
2. Do you give consent to use PIP Data for PNIP?

**Note:** the screen will refresh based on your answers.

If you do not consent for the use of PIP data for PNIP, go to **Non PIP** or **Non Consenting PIP Practice**.

PNIP Online - Eligibility Check - Microsoft Internet Explorer

Australian Government  
Medicare Australia

Health Professional Online Services

### PNIP Online

#### Eligibility Check

Practice Details

Practice Name: Smmv

If you are not a General Practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Service, select the General Practice option. This will ensure you are able to complete the relevant questions on the application form.

Practice Type: General Practice

Is the practice registered for PIP?  Yes  No

PIP Practice Details

PIP Practice ID: [ ]

Do you give consent to use PIP data for PNIP?  Yes  No

Main Practice Location

If the practice has multiple locations, the main practice location should be the practice location that provides the highest number of services per annum.

Address Line 1: [ ]

Address Line 2: [ ]

Locality: [ ]

State: Select one

Postcode: [ ]

Insurance

Does your practice have public liability insurance?  Yes  No

Do all practice GPs have current professional indemnity insurance?  Yes  No

Accreditation Details

Is your practice currently accredited?  Yes  No

PNIP Employment Details

Select the Health Professional Type employed at your practice  Registered Nurse  Enrolled Nurse  Aboriginal Health Worker  Allied Health Professional

Did your practice render services for MBS items 10993, 10994, 10995, 10997, 10998 and/or 10999?  Yes  No

Check PNIP Eligibility Change Eligibility Information

Previous Next Reset View Application Summary Save and Exit Exit

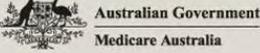
Copyright © Medicare Australia 2009 [Your Privacy](#) [Legal notices](#) [Terms & conditions](#) [Back to top](#)

Done Local intranet

## PIP consenting practices

If you provided consent to use PIP data for PNIP, review the practice information in the following sections:

1. Main Practice Location
2. Insurance
3. Accreditation Details

 **Australian Government**  
Medicare Australia

**PNIP**

### PNIP Online

#### Eligibility Check

**Practice Details**

Practice Name:

*If you are not a General Practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Service, select the General Practice option. This will ensure you are able to complete relevant questions on the application form.*

Practice Type:

Is the practice registered for PIP?  Yes  No

**PIP Practice Details**

PIP Practice ID:

Do you give consent to use PIP data for PNIP?  Yes  No

 9065 - PIP consent is successful.

**Main Practice Location**

*If the practice has multiple locations, the main practice location should be the practice location that provides the highest number of services per annum.*

Address Line 1:

Address Line 2:

Locality:

State:

Postcode:

**Insurance**

Does your practice have public liability insurance?  Yes  No

Do all practice GPs have current professional indemnity cover?  Yes  No

**Accreditation Details**

Is your practice currently accredited?  Yes  No

Start Date:

End Date:

Accreditation Body:

Accreditation Number:

**PNIP Employment Details**

Select the Health Professional Type employed at your practice  Registered Nurse  Enrolled Nurse  Aboriginal Health Worker  Allied Health Professional

Did your practice render services for MBS items 10993, 10994, 10995, 10997, 10998 and/or 10999?  Yes  No

**Note:** if the details displayed are incorrect you will need to logout from **PNIP Online** and logon to **PIP and GP11 Online** from the link in the **HPOS Main Menu** and update your practice details before continuing with your PNIP application.

If the details are correct go to **PNIP Employment Details**.

## Non PIP or non consenting PIP practice

In the **Main Practice Location** section, enter the mandatory and/or optional details:

1. Address Line 1
2. Address Line 2 (optional)
3. Locality
4. State
5. Postcode

In the **Insurance** section, answer the mandatory questions:

1. Public liability insurance
2. Medical practitioner professional indemnity

In the **Accreditation Details** section, complete the mandatory details and questions:

1. Currently accredited or registered for accreditation  
**Note:** if you answer Yes the screen will refresh to answer 2 – 5 below, otherwise go to **PNIP Employment Details**
2. Accreditation start date
3. Accreditation end date
4. Accrediting body
5. Accreditation number

PNIP Online - Eligibility Check - Microsoft Internet Explorer

Australian Government  
Medicare Australia

Health Professional Online Services

### PNIP Online

#### Eligibility Check

**Practice Details**

Practice Name: Smmv

If you are not a General Practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Service, select the General Practice option. This will ensure you are able to complete the relevant questions on the application form.

Practice Type: General Practice

Is the practice registered for PIP?  Yes  No

**Main Practice Location**

If the practice has multiple locations, the main practice location should be the practice location that provides the highest number of services per annum.

Address Line 1: 10 Something St

Address Line 2:

Locality: Mytown

State: NSW

Postcode: 2222

**Insurance**

Does your practice have public liability insurance?  Yes  No

Do all practice GPs have current professional indemnity insurance?  Yes  No

**Accreditation Details**

Is your practice currently accredited?  Yes  No

Start Date: 17/11/2011

End Date: 17/11/2014

Accreditation Body: AGPAL

Accreditation Number: 2222

## All practices

In the **PNIP Employment Details** section, complete the mandatory details and questions:

1. Health professional type  
**Note:** if you select allied health professional the screen will refresh and you will need to select the allied health professional types.
2. MBS items

PNIP Online - Eligibility Check - Microsoft Internet Explorer

Australian Government  
Medicare Australia

PNIP Online

### PNIP Online

#### Eligibility Check

##### Practice Details

Practice Name: My Practice

If you are not a General Practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Service, select the General Practice option. This will ensure you are able to complete the relevant questions on the application form.

Practice Type: General Practice

Is the practice registered for PIP?  Yes  No

##### Main Practice Location

If the practice has multiple locations, the main practice location should be the practice location that provides the highest number of services per annum.

Address Line 1: 1 Something St

Address Line 2:

Locality: Mytown

State: NSW

Postcode: 2562

##### Insurance

Does your practice have public liability insurance?  Yes  No

Do all practice GPs have current professional indemnity cover?  Yes  No

##### Accreditation Details

Is your practice currently accredited?  Yes  No

Start Date: 21/11/2011

End Date: 21/11/2014

Accreditation Body: AGPAL

Accreditation Number: 5468

##### PNIP Employment Details

Select the Health Professional Type employed at your practice:  Registered Nurse  Enrolled Nurse  Aboriginal Health Worker  Allied Health Professional

If the practice employs an Allied Health Professional, specify the Allied Health Professional types:

Audiologists  Chiropractors  Diabetes Educators  Dieticians / Nutritionists

Exercise Physiologists  Occupational Therapists  Orthoptists  Orthotists / Prosthetists

Osteopaths  Physiotherapists  Podiatrists  Psychologists

Social Workers  Speech Pathologists

Did your practice render services for MBS items 10993, 10994, 10995, 10997, 10998 and/or 10999?  Yes  No

Check PNIP Eligibility | Change Eligibility Information

Previous Next Reset View Application Summary Save and Exit Exit

Copyright © Medicare Australia 2009 Your Privacy Legal notices Terms & conditions Back to top

Done Local intranet

**Note:** the **Reset** button (unprotected fields only) will be enabled until you select the **Check Eligibility** button.

Select **Check Eligibility**

**Note:** the **Check Eligibility** button will not be enabled until you answer all the mandatory questions. For example your practice is **not** eligible for the PNIP if it does not employ a health professional.

**Note:** professional nursing standards require an enrolled nurse to be supervised by a registered nurse. Supervision may be direct or indirect, but appropriate supervisory arrangements must be in place.

The eligibility check will return with one of the following determinations:

1. Based on the information provided, your practice is eligible for PNIP  
To continue with your application select **Next** to go to **Practice Details**.
2. Based on the information provided, your practice is not eligible for PNIP because of the following reasons:
  - your reason(s) will be listed.

You can review your answers and:

1. Select **Change Eligibility Information** to clear (unprotected fields only) and start again
2. Select **Exit** or **Close** to close the current session and return to the **PNIP Online** home page  
or
3. Contact PNIP for more information at **pnip@humanservices.gov.au** or **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time (ACST)

If your practice is eligible to apply you can select:

- **Previous** to return to previous screen without saving entries
- **Next** to continue to **Practice Details**
- **Change Eligibility Information** to update the screen (unprotected fields only) and redo the **Eligibility Check**
- **View Application Summary** to display the **Application Summary**
- **Save** and **Exit** to save your application entries and go to the **PNIP Online** home page  
or
- **Exit** to close the current session and go to the **PNIP Online** home page.

## Step 4. Practice Details

### PIP consenting practices

Review the details in the **Authorised Contact** section for:

1. Up to five authorised contact persons for the practice (including the primary contact)
2. Practice phone number
3. Practice fax number
4. Practice email address

**Note:** if the details displayed are incorrect you will need to logout from **PNIP Online** and logon to **PIP and GPII Online** from the link in the **HPOS main menu** and update your practice details before continuing with your PNIP application.

If the details are correct go to **Communication**.

### Non PIP or non consenting PIP practices

In the **Authorised Contact** section, enter the mandatory/optional details:

1. Up to five authorised contact persons for the practice (including the primary contact)
2. Practice phone number
3. Practice fax number (optional)
4. Practice email address (optional)

In the **Postal Address** section, enter the mandatory details:

1. Postal address same as main address
  - a: If **Yes**—review pre populated fields (if incorrect select No)
  - b: If **No**—enter postal address

### All practices

In the **Communication** section, enter the mandatory details:

1. Payment advices
2. Quarterly confirmation statements
3. General correspondence

When all information has been reviewed or entered, select:

- **Previous** to return to previous screen without saving entries
- **Next** to continue to **Payment Details**
- **Reset** to reset the screen (unprotected fields only) and go to the start of **Practice Details**
- **View Application Summary** to display the **Application Summary**
- **Save and Exit** to save your application and go to the **PNIP Online** home page  
or
- **Exit** to close the current session and return to the **PNIP Online** home page.

PNIP Online - Practice Details - Microsoft Internet Explorer

**Australian Government**  
Medicare Australia

PNIP Online

---

**PNIP Online**

Application Number: A001124  
Practice Name: Smmv  
Status: Initial

---

**Practice Details**

**Authorised Contact**

 The primary authorised contact person will be the person to whom all correspondence is addressed. Only 5 authorised contact persons are allowed.  
\* Denotes mandatory fields

Remove authorised contact	Title	First Name	Last Name	Primary Contact	RA Number
<input type="checkbox"/>	M/S	Cwubwop	Qlzusmigz	<input type="checkbox"/>	
<input type="checkbox"/>	MR	Chal	C	<input type="checkbox"/>	
<input type="checkbox"/>	MR		K	<input checked="" type="checkbox"/>	5646276385
<input type="checkbox"/>	Select one			<input type="checkbox"/>	
<input type="checkbox"/>	Select one			<input type="checkbox"/>	



Phone Number: 0397755399

Facsimile Number:

Email Address:

Re-enter Email Address:

---

**Postal Address**

Is the practice postal address the same as the main location address?  Yes  No

Address Line 1:

Address Line 2:

Locality: HUNTLEYS POINT

State: NSW

Postcode:

---

**Communication with Medicare**

Would you like to receive electronic notification for the following via your HPOS Email facility?

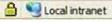
**Payment Advices and News Update**  Access Online  Receive printed copy via mail

**Quarterly Confirmation Statements**  Access Online  Receive printed copy via mail

**General Correspondence**  Access Online  Receive printed copy via mail

---

Copyright © Medicare Australia 2009 [Your Privacy](#) [Legal notices](#) [Terms & conditions](#) [Back to top](#)

Done 

## Step 5. Payment Details

### PIP consenting practices

In the **Bank Account Details** section, answer the mandatory question:

1. Consent to use PIP banking details

If you answered **No** go to **Non PIP** or **non consenting PIP practices**.

If you provided consent to use PIP data for PNIP, review the practice information in the **PIP Bank Account Details** for:

1. Account Name (full account name)
2. BSB (only the last three digits are displayed)
3. Account Number (only the last three digits are displayed)

**Note:** if the details displayed are incorrect you will need to logout from **PNIP Online** and logon to **PIP** and **GPII Online** from the link in the **HPOS Main Menu** and update your practice details before continuing with your PNIP application.

### Non PIP or non consenting PIP practices

In the **PNIP Bank Account Details** section, enter mandatory details:

1. Account Name
2. BSB
3. Account Number

**Note:** when all information has been reviewed or entered, select:

- **Previous** to return to previous screen without saving entries
- **Next** to continue to **Additional Locations**
- **Reset** to reset the screen (unprotected fields only) and go to the start of **Payment Details**
- **View Application Summary** to display the **Application Summary**
- **Save and Exit** to save your application and go to the **PNIP Online** home page  
or
- **Exit** to close the current session and go to the **PNIP Online** home page.



## Step 6. Additional Locations

### PIP consenting practices

Review the details in the **Current Locations** section where there are additional locations.

Note: if the details displayed are incorrect you will need to logout from **PNIP Online** and logon to **PIP and GPPI Online** from the link in the **HPOS Main Menu** and update your practice details before continuing with your PNIP application.

### Non PIP or non consenting PIP practices

In the **Additional Location** section, answer the mandatory question:

Does your practice have more than one location?

If you answered **Yes**, answer the mandatory question:

If your practice has more than one location, do one or more GPs from the main practice location also practice at the additional practice location?

**Note:** for an additional location to be added, one or more GPs from the main practice location must also work at the additional location.

If you answered Yes to the above questions, enter or answer the mandatory and/or optional details for each additional location:

1. Address Line 1
2. Address Line 2 (optional)
3. Locality
4. State
5. Postcode
6. Is the additional practice location (accredited, registered for accreditation or not accredited)
7. Start Date (if the location is accredited/registered)
8. End Date (if the location is accredited/registered)
9. Accrediting Body (if the location is accredited/registered)
10. Accreditation Number (if the location is accredited/registered)
11. Public liability insurance
12. Medical practitioner professional indemnity

When all information has been reviewed or entered, select:

- **Previous** to return to the previous screen without saving entries
- **Next** to continue to **Practice Ownership**
- **Reset** to reset the screen (unprotected fields only) and go to the start of **Additional Location**
- **View Application Summary** to display the **Application Summary**
- **Save and Exit** to save your application and go the **PNIP Online** home page  
or
- **Close** to close the current session and go to the **PNIP Online** home page.

**PNIP Online**

Application Number: A123456  
Practice Name: XYZ Practice  
Status: Initial

**Additional Location**

\* Denotes mandatory fields

Does your practice have more than one location? \*  Yes  No

If your practice has more than one location, do one or more GPs from the main practice location also practice at the additional practice location? \*  Yes  No

**Current Locations**

Location Number	Type	Locality	State	Postcode	Accreditation Status
01	Main	PROSPECT	ACT	1234	Accredited in own right
02	Additional	TUGGERANONG	ACT	2600	Accredited in own right
03	Additional	WODEN	ACT	2200	Not accredited
04	Additional	DICKSONWODEN	ACT	2600	Not accredited
05	Additional	HOLT	ACT	2700	Not accredited

<< Previous 1 2 3 4 5 6 7 Next >>

**Add Practice Location Information**

Location Number

Address Line 1

Address Line 2

Locality

State

Postcode

Additional practice locations are known as practice branches. Practice branches providing 3,000 or more services per annum need to be accredited, or registered for accreditation, in their own right for the services of that branch to be included in the calculation of the practices PNIP payments. For further information, refer to the Practice Incentives Program Guidelines. Documentary evidence of accreditation status (accreditation or registration certificate) must be supplied for each practice branch wishing to participate in the PNIP.

Is the additional practice location \*

If the branch is accredited or registered for accreditation, enter the following

Start Date

End Date

Accrediting Body

Accreditation Number?

Does your practice have public liability insurance? \*  Yes  No

Do all medical practitioners at the practice have current professional indemnity cover? \*  Yes  No

REMOVE LOCATION ADD LOCATION

Previous Next Reset View Application Summary Save and Exit

## Step 7. Incentives

### All practices

**Note:** practices are not eligible for an incentive under the PNIP if they are supported to employ or retain the services of a practice nurse, Aboriginal Health Worker or allied health professional through:

- Australian, State or Territory Government funding
- other private funding, or
- incentive programs (for example, the Mental Health Nurse Incentive Program).

This restriction doesn't apply where the funding for health professionals has been provided by the Office for Aboriginal and Torres Strait Islander Health.

In the **Incentive Payments** section enter the **Standard Weekly Contracted Hours** details for:

1. Registered Nurse
2. Enrolled Nurse
3. Aboriginal Health Worker
4. Allied Health Professional

In the **Historical Period** section enter the **Standard Weekly Contracted Hours** details for each quarter for:

1. Registered Nurse
2. Enrolled Nurse
3. Aboriginal Health Worker
4. Allied Health Professional

**Note:** if the details entered in the first **Historical Quarter** are the same for the remaining quarters you can select **Copy Previous** at the top of each remaining quarter. In the **Declaration** section answer the mandatory questions:

1. PNIP eligibility requirements
2. Collect and supply evidence

**Note:** refer to the PNIP guidelines for more information on the requirement for collecting, maintaining and providing evidence.

When all information has been entered or answered, select:

- **Previous** to return to the previous screen without saving entries
- **Next** to continue to **Practice Ownership**
- **Reset** to reset the screen (unprotected fields only) and go to the start of **Incentives**
- **View Application Summary** to display the **Application Summary**
- **Save and Exit** to save your application and go to the **PNIP Online** home page  
or
- **Close** to close the current session and go to the **PNIP Online** home page.

PNIP Online - Incentive - Microsoft Internet Explorer

## PNIP Online

Application Number: A001124  
Practice Name: Smmv  
Status: Initial

### Incentive

**i** A Practice Nurse is a Registered Nurse or Enrolled Nurse. A Health Professional is an Aboriginal Health Worker or Allied Health Professional.  
You will need to calculate the TOTAL hours per week for all Registered Nurses, Enrolled Nurses, Aboriginal Health Workers and Allied Health Professionals currently working at the practice (e.g. if you have two Registered Nurses currently working at the practice for 30 hours each per week and four Registered Nurses working at an additional practice branch for a total of 20 hours each per week, your TOTAL Registered Nurse hours per week is to be recorded as 140 hours per week).  
The TOTAL hours per week shall be the standard agreed weekly hours (e.g. as set out in the employment contract).  
The standard weekly contracted hours input format is defined as "HHHH.MM" where:  
- HHHH for number of hours.  
- MM for number of minutes.

#### Incentive Payments - Current Health Professionals Standard Weekly Contracted Hours

Registered Nurse	0020	30
Enrolled Nurse	HHHH	MM
Aboriginal Health Worker	HHHH	MM
Allied Health Professional	HHHH	MM

#### Historical Period - Previous Health Professionals Standard Weekly Contracted Hours

Health Professional Nurse Type	1 November 2010 - 31 January 2011	1 February 2011 - 30 April 2011	1 May 2011 - 31 July 2011	1 August 2011 - 31 October 2011
		<a href="#">Copy Previous</a>	<a href="#">Copy Previous</a>	<a href="#">Copy Previous</a>
Registered Nurse	0020 30	20 30	20 30	20 30
Enrolled Nurse	HHHH MM	HHHH MM	HHHH MM	HHHH MM
Aboriginal Health Worker	HHHH MM	HHHH MM	HHHH MM	HHHH MM
Allied Health Professional	0005 00	0005 00	0005 00	0005 00

#### Declaration

I declare that the practice meets all of the PNIP eligibility requirements.  Yes  No

Do you agree to collect and supply evidence specified in the Program Guidelines?  Yes  No

[Previous](#) [Next](#) [Reset](#) [View Application Summary](#) [Save and Exit](#)

Copyright © Medicare Australia 2009 [Your Privacy](#) [Legal notices](#) [Terms & conditions](#) [Back to top](#)

Done [Local intranet](#)

## Step 8. Practice Ownership

### PIP consenting practices

Review the information in the sections:

1. Ownership Type
2. Practice Ownership Details
3. Ownership Address Information
4. Owners/Partners/Associates

**Note:** if the details displayed are incorrect you will need to logout from **PNIP Online** and logon to **PIP and GPPI Online** from the link in the **HPOS Main Menu** and update your practice details before continuing with your PNIP application.

### Non PIP or non consenting PIP practices

You need to add all owners of the practice.

In the **Ownership Type** section, select an entry from the mandatory drop down list.

In the **Practice Ownership Details** section, enter the optional details:

1. Company Name
2. Trading Name

In the **Ownership Address Information** section, enter the mandatory and/or optional details:

1. Address Line 1
2. Address Line 2 (optional)
3. Locality
4. State
5. Postcode

In the **Owners/Partners/Associates section**, enter the mandatory and/or optional details:

1. Title
2. First Name
3. Last Name
4. RA Number (optional)

### All Practices

Provide a signed *Ownership Declaration* form available from **medicare.gov.au** or by selecting **Practice Ownership Declaration** on this screen. The declaration can be uploaded during the application process as an associated document. The declaration can also be sent through **HPOS email** as an attachment, by fax or by mail to PNIP:

Fax **1300 587 696**

Mail **Practice Nurse Incentive Program**

**GPO Box 2572**

**ADELAIDE SA 5001**

When all information has been reviewed or entered, select:

- **Previous** to return to the previous screen without saving entries
  - **Next** to continue to **GP Details Summary**
  - **Reset** to reset the screen (unprotected fields only) and go to the start of **Practice Ownership**
  - **View Application Summary** to display the **Application Summary**
  - **Save and Exit** to save your application and go to the **PNIP Online** home page
- or
- **Close** to close the current session and go to the **PNIP Online** home page.

PNIP Online - Practice Ownership Details - Microsoft Internet Explorer

**Australian Government**  
Medicare Australia

PNIP Online

---

**PNIP Online**

Application Number: A001124  
Practice Name: Smrrv  
Status: Initial

**Practice Ownership Details**

*i* A signed declaration must be forwarded with this application. You must download and complete the [Practice Ownership Declaration](#) and forward this to Medicare Australia as an attachment to a HPOS email, by fax or by mail.  
You can provide the RA Number for each Owner/Partner/Associate for the practice. If you provide the RA Number the Owner/Partner/Associate will be able to view and edit the practice information online if this application is approved. The RA Number is located on the Owners/Partners/Associates iKey or Smartcard.  
\* Denotes mandatory field

*i* Depending on the practice arrangement that applies complete the Ownership Declaration as specified:

- Individual Proprietor - Declaration to be completed by the proprietor.
- Partnership - Declaration to be completed by the partners of the practice. You must obtain all partners' signatures.
- Associateship - Application to be completed by all associates who are owners of the practice. Do not include the signatures of practice associates who are not owners of the practice.
- Body Corporate - Declaration to be completed by at least two authorised representatives of the corporation (e.g. company director and company secretary).
- State or Territory Government or Other Public Body - Declaration to be completed by an authorised representative of the practice.

**Practice Ownership type**

Which arrangement best describes your practice: Associateship

**Practice Ownership details**

Company Name: Fzfbgjf  
Trading Name: Uimqosz

**Ownership Address information**

Address Line 1: 1  
Address Line 2:  
Locality: HUNTLEYS POINT  
State: NSW  
Postcode: 2

**Owners/Partners/Associates**

Remove Owner/Partner/Associate	Title	First Name	Last Name	RA Number
<input type="checkbox"/>	DR	Cxnil	Rlwbhnbqw	
<input type="checkbox"/>	M/S	Gabte	Uplfaiyt	
<input type="checkbox"/>	MISS	Jdkex	Yspwtdawp	
<input type="checkbox"/>	Select one			
<input type="checkbox"/>	Select one			

Previous Next Reset View Application Summary Save and Exit

Copyright © Medicare Australia 2009 [Your Privacy](#) [Legal notices](#) [Terms & conditions](#) [Back to top](#)

Done Local intranet

## Step 9. GP Details Summary

### PIP consenting practices

For your practice to be **fully** assessed for financial disadvantage for top-up payment and grandparenting payment, all GPs who worked at your practice during the historical period of 1 August 2010 to 30 July 2011 need to provide their consent for Medicare to access full MBS billing data.

It is important that all GPs currently working at your practice provide their consent in case your practice withdraws or is withdrawn from the PIP.

In the **Provider Details** section, review the current practice details for all GPs.

**Note:** if the details displayed are incorrect you will need to logout from **PNIP Online** and logon to **PIP and GPPI Online** from the link in the **HPOS Main Menu** and update your practice details before continuing with your PNIP application.

### Non PIP or non consenting PIP practices

In the **Provider Details** section, enter mandatory and/or optional details for:

1. Current
2. Title
3. First Name
4. Last Name
5. GP to complete online declaration
6. Provider Number
7. Location
8. Start Date (mandatory if GP **is** current)
9. End Date (mandatory if GP is **not** current)

You need to add all GPs working at the main location and at each practice location by selecting **Add Another Provider Number**.

### All practices

GPs that have HPOS access and the practice indicates will respond online will receive an email with a link for each provider number associated with the practice. The GP must follow the link and complete the details on the **Individual GP Details** screen (refer Appendix A, **Individual GP Details**).

All other GPs will need to complete the *PNIP Individual GP form* available from **medicare.gov.au**. The form(s) can be uploaded during the application process as an associated document. The form(s) can also be sent through HPOS email as an attachment, by fax or by mail to PNIP:

Fax **1300 587 696**

Mail **Practice Nurse Incentive Program**

**GPO Box 2572**

**ADELAIDE SA 5001**

When all information has been reviewed or entered, select:

- **Previous** to return to previous screen without saving entries
- **Next** to continue to **Associated Documents**
- **Reset** to reset the screen (unprotected fields only) and go to the start of the **GP Details Summary**
- **View Application Summary** to displays the **Application Summary**
- **Save and Exit** to save your application go to the **PNIP Online** home page  
or
- **Close** to close the current session and go to the **PNIP Online** home page.

PNIP Online - GP Details Summary - Microsoft Internet Explorer

Australian Government  
Medicare Australia

PNIP Online

**PNIP Online**

Application Number: A001124  
Practice Name: Srmrv  
Status: Initial

**GP Details Summary**

Select "Yes" on the "Current" field, if the provider is currently working at one or more locations at the practice. If the provider is not currently working at any location select "No". Enter the details for each provider if the provider works/worked at more than one practice location then make sure to add the provider number for each location.  
\* Denotes mandatory fields.

**Provider Details**

Current  Yes  No

Title

First Name

Last Name

Will the provider be completing the GP Details form online?  Yes  No

RA Number

Each provider you must complete the Individual GP Details form online via HPOS.

Remove Provider Number	Provider Number	Location	Start Date	End Date	GP Details Status
<input type="checkbox"/>	<input type="text" value="123456789"/>	<input type="text"/>	<input type="text" value="15/09/2009"/>	<input type="text" value="30/04/2013"/>	
<input type="checkbox"/>	<input type="text" value="123456789"/>	<input type="text"/>	<input type="text" value="01/05/2008"/>	<input type="text" value="31/08/2012"/>	

Copyright © Medicare Australia 2009 [Your Privacy](#) [Legal notices](#) [Terms & conditions](#) [Back to top](#)

Done Local intranet

## Step 10. Associated Documents

### All Practices

In the **Upload Document** section, enter the required information:

1. Type
2. Document Name
3. Description
4. Choose file by selecting **Browse** to locate a file on your computer.

When all information has been entered, select **Upload** to save the document to your application.

Repeat this process for all documents to be uploaded.

**Note:** refer to the *PNIP Guidelines* for a list of documents that need to be submitted with your application.

Copies of all required documents can be sent through HPOS email as an attachment, by fax or by mail to PNIP:

Fax **1300 587 696**

Mail **Practice Nurse Incentive Program**  
**GPO Box 2572**  
**ADELAIDE SA 5001**

When all the documents have been uploaded, select:

- **Previous** to return to previous screen without saving entries,
- **Next** to continue to the **Application Summary**
- **View Application Summary** to display the **Application Summary**
- **Save and Exit** to save your application and go to the **PNIP Online** home page  
or
- **Close** to close the current session and go to the **PNIP Online** home page.

The screenshot shows the 'PNIP Online' web application interface. At the top, there is a header with the Australian Government Medicare Australia logo and the text 'PNIP Online'. Below the header, the application details are displayed: Application Number: A001124, Practice Name: Smmv, Status: Initial. The main section is titled 'Associated Documents' and includes a legend: 'Denotes mandatory field'. Below this is the 'Upload Document' form with fields for Type (a dropdown menu), Document Name (text input), Description (text input), and Choose file (text input with a 'Browse...' button). An 'Upload' button is located below the form. The 'Available Documents' section features a 'Filter Criteria' dropdown menu set to 'All'. Below the filter is a table with columns: Reference Number, Date Added, Document Name, Description, Type, File size, and Added By. At the bottom of the table are buttons for 'Previous', 'Next', 'View Application Summary', and 'Save and Exit'. The footer contains copyright information for Medicare Australia 2009 and links for 'Your Privacy', 'Legal notices', 'Terms & conditions', and a 'Back to top' link.

# Step 11. Application Summary

## All practices

In the **Application Summary** section, you can view or edit any section of the application by selecting **View or Edit**.

When all **Application Summary** sections status is **Complete**, the **Submit Application** button will be enabled to complete the PNIP application.

You can also select:

- **Cancel Application** to cancel all applications and go to the **PNIP Online** home page
- **Exit** to save your applications and go to the **PNIP Online** home page
- or
- **Close** to close the current session and go to the **PNIP Online** home page.

PNIP Online - Application Summary - Microsoft Internet Explorer

Australian Government  
Medicare Australia

PNIP Online

**PNIP Online**

Application Number: A001124  
Practice Name: Smrnv  
Status: Initial

**Application Summary**

The following table shows which sections of the application are complete/incomplete. You may View or Edit any completed sections or fix any errors for incomplete sections. On selection this link will take you back to the section specified. To return to this screen select the View Application Summary option.

Section	Status	Actions
Eligibility Check	Complete	<a href="#">View or Edit</a>
Practice Details	Complete	<a href="#">View or Edit</a>
Payment Details	Complete	<a href="#">View or Edit</a>
Additional Locations	Complete	<a href="#">View or Edit</a>
Incentives	Complete	<a href="#">View or Edit</a>
Practice Ownership Details	Complete	<a href="#">View or Edit</a>
GP Details Summary	Complete	<a href="#">View or Edit</a>
Associated Documents	-	<a href="#">View or Edit</a>

Once the Application has been completed the practice is required to submit supporting documentation using the PNIP Associated Documents screen. The information can also be sent to Medicare Australia using HPOS email, mail or fax. For list of the supporting documentation, refer to the PNIP Program Guidelines for more information.

Submit Application Cancel Application Exit

Copyright © Medicare Australia 2009 [Your Privacy](#) [Legal notices](#) [Terms & conditions](#) [Back to top](#)

## Step 12. Application Submitted

### All practices

This screen is confirmation that your application has been successfully submitted.

You should print this screen or record your application number for future reference if you need to contact the PNIP.

Select **View PDF version** or **View RTF version** to print and/or save a copy of the successfully submitted application.

You can also select:

- **Exit** to close the current session and go to the PNIP Online home page  
or
- **Close** to close the current session and go to the PNIP Online home page.



## Appendix A: Individual GP Details

In the **GP Details** section, review the pre-filled details for:

1. Title
2. First Name
3. Last Name
4. Provider Number
5. Start Date
6. End Date (if relevant)

**Note:** if any details are incorrect contact the PNIP for more information by email [pnip@humanservices.gov.au](mailto:pnip@humanservices.gov.au) or call **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time (ACST).

In the **Consent and Indemnity Insurance** section, answer the mandatory questions:

1. Consent for Medicare to use your service data for the PNIP
2. Do you have current Professional Indemnity cover?

In the **Provider Declaration** section, answer the mandatory question:

1. Provider declaration section.

You need to repeat this process for each provider number you have associated with the practice.

When all information has been reviewed or entered, select:

- **Submit** to save the information (you should print this screen for future reference if needed)
  - **Reset** to reset the screen (unprotected fields only) and go to the start of **Individual GP Details**
  - **Exit** to close the current window
- or
- **Close** to close the current session and go to the **PNIP Online** home page.

Application Number: A123456  
Practice Name: XYZ Practice  
Application Type: PNP  
ASGC-RA: 1

### Individual GP Details

This declaration form must be completed by all GPs so that the practice can participate in PNP. You must enter all information and complete the declaration. Once all information is completed select Submit to submit this form. If any of the below information is not correct you must contact PNP. Once the form is submitted, to update any of your information you can contact PNP.

#### GP details

Title	<-title>
First Name	<-first-name>
Last Name	<-last-name>
Provider Number	<-provider-number>
Start Date	<-dd/mm/yy>
End Date	<-dd/mm/yy>

#### Consent and Indemnity Insurance

If you do not consent, Medicare Australia will exclude your data when calculating the practice's payment. This will affect the level of payment to the practice. It is an entry requirement of the PNP that all practice GPs have current professional indemnity cover.

I consent to the use of my Medicare and Department of Veterans' Affairs service data when calculating the practice's PNP payment(s)  Yes  No

Do you have current Professional Indemnity cover?  Yes  No

#### Privacy Note

Information provided on this form will be used to assess entitlement to payment under the PNP and is required by Medicare Australia to perform functions under service arrangements made under subsection 7(2) of the Medicare Australia Act 1973.

I consent to Medicare Australia:

- accessing information, including personal information, held by itself or the Department of Veterans' Affairs about medical services provided by me for the purposes of calculating PNP payment(s); and
- disclosing information, including personal information, provided in this form to the Department of Health and Ageing for statistical, research and policy development purposes.

#### Medicare Australia's Use of this Information

I understand that Medicare Australia may:

- access information regarding services provided by me for the purpose of calculating payments; and
- provide reports regarding information on this application and services provided by me to the authorised contact person(s) nominated on this form; and
- provide information (which may include identifying information) relating to this application to the Department of Health and Ageing for statistical, research and policy development purposes.

#### Provider Declaration

Provider declaration selection  Accepted  Not Accepted

Submit

Reset

Exit

Mock up only.

Back to top

[humanservices.gov.au](http://humanservices.gov.au)