



Australian Government

Department of Health

Workforce Incentive Program

Guidelines

EFFECTIVE DATE: 1 JANUARY 2020

Contents

Part A: Workforce Incentive Program — Overview	1
1. Workforce Incentive Program Guidelines	1
2. WIP policy overview	2
2.1 WIP objectives	2
2.2 Transition to the WIP	3
2.3 Modified Monash Model (MMM) geographical classification system	3
3. Workforce Incentive Program streams	3
3.1 WIP – Doctor Stream	3
3.2 WIP – Practice Stream	4
4. Contact information	4
5. Disclaimer	4
6. List of acronyms	5
Part B: WIP – Doctor Stream	7
1. General Information	7
1.1 Eligibility	7
1.2 Eligible locations	7
2. General payment information	7
2.1 Payment systems under the WIP – Doctor Stream	7
2.2 Maximum incentive payment amounts	8
2.3 Active quarters	8
2.3.1 Number of active quarters required for payment	8
2.4 Year level	9
2.5 Extended periods of inactivity	9
2.6 Leave	9
3. Central Payment System (CPS)	10
3.1 Eligibility	10
3.1.1 Eligible primary care services	10
3.1.2 Ineligible primary care services	10
3.2 Activity thresholds under the CPS	10
3.3 Payment calculation	11
3.4 Health Care Homes	11
3.5 Providing bank account details	12

4. Flexible Payment System (FPS)	13
4.1 Eligibility.....	13
4.1.1 Eligible primary care services.....	13
4.1.2 Ineligible primary care services	13
4.1.3 Alternative employment not covered under the CPS.....	14
4.1.4 Alternative employment top-ups	14
4.1.5 Special top-up provisions.....	14
4.2 Activity thresholds under the FPS.....	15
4.3 Payment calculation.....	16
4.4 Application requirements	16
4.4.1 Submitting an application	16
4.4.2 Supporting documentation.....	17
4.4.3 Timeframes for FPS applications	18
4.4.4 Assessment of applications.....	18
4.5 Health Care Homes	18
5. Other information	19
5.1 Taxation.....	19
5.2 Health Professional Online Services (HPOS)	19
5.3 Recovery of payments	19
5.4 Opting out of the WIP – Doctor Stream	20
6. Example WIP – Doctor Stream payment calculation	21
7. Contact information WIP – Doctor Stream.....	23
Part C: WIP – Practice Stream	24
1. Eligibility.....	24
1.1 Eligible general practices	24
1.1.1 Practices with multiple locations	24
1.2 Accreditation requirements.....	25
1.2.1 Accreditation requirements – practice branches	26
1.2.2 Transfer of accreditation	26
1.3 Eligible health professionals	26
1.3.1 Enrolled nurses - additional requirements	28
1.3.2 Pharmacists - additional requirements	28
1.4 Determining how to engage an eligible health professional.....	28

1.5 Ineligible services/activities	29
1.5.1 Ineligible services	29
1.5.2 Ineligible activities	29
1.5.3 Medicare Benefits Schedule services	29
1.6 Stage one trial of Health Care Homes.....	30
2. Application requirements	30
2.1. Submitting an application	30
2.2 Authorised contact person	31
2.3 Supporting documentation.....	31
2.4 Assessment of applications.....	32
3. Practice obligations.....	32
3.1 Eligibility for payments	32
3.1.1 Practice obligations.....	32
3.2 Changes to practice arrangements.....	33
3.3 Withdrawing from the program	34
3.4 Privacy and consent	34
3.4.1 PIP consenting practice.....	34
3.5 Rights of review	35
3.6 Audits	36
4. WIP – Practice Stream payments.....	36
4.1 Types of payments	37
4.2 Payment quarters – important dates	37
4.3 Quarterly Confirmation Statements (QCS)	38
4.4 Withheld payments.....	39
4.5 Withheld payments for 3 consecutive quarters	39
4.6 Recovery of payments	40
5. Calculating WIP – Practice Stream payments.....	40
5.1 Calculating the Standardised Whole Patient Equivalent (SWPE)	41
5.1.1 PIP consenting practices	42
5.1.2 Practices without a historical SWPE	43
5.2 Transferring a SWPE Value	43
5.2.1 Practice relocation - transferring a SWPE value	44
5.2.2 Change of ownership - transferring a SWPE value	44

5.2.3 Practice amalgamation - transferring a SWPE value	44
5.3 Calculating hours worked by eligible health professionals	44
5.3.1 Grace periods	45
5.3.2 Calculating hours - amalgamating practices	45
5.4 Calculating the rural loading payment.....	46
5.5 Calculating the DVA loading payment	46
6. Example WIP – Practice Stream payment calculations	48
7. Contact information WIP – Practice Stream.....	49
Part D: Glossary of terms	50
General.....	50
WIP – Doctor Stream	51
WIP – Practice Stream	53

Part A: Workforce Incentive Program — Overview

1. Workforce Incentive Program Guidelines

The Workforce Incentive Program Guidelines (the Guidelines) set out how the Workforce Incentive Program (WIP) operates including eligibility, how to apply and how payments are calculated.

The WIP has two streams:

- the WIP – Doctor Stream where payments are made directly to medical practitioners; and
- the WIP – Practice Stream where payments are made directly to practices.

The Guidelines contain three parts.

- Part A provides an overview of the WIP;
- Part B provides information relating to the WIP – [Doctor Stream](#); and
- Part C provides information relating to the WIP – [Practice Stream](#).

The Guidelines are effective from:

- 1 January 2020 for the WIP – Doctor Stream; and
- 1 February 2020 for the WIP – Practice Stream.

The Australian Government Department of Health (Health) has policy responsibility for the WIP. The Australian Government Department of Human Services (Human Services) assists in the administration and provision of WIP payments. The Rural Workforce Agencies (RWAs) in each state and the Northern Territory also assist in the administration and provision of the WIP – Doctor Stream payments.

The WIP will be subject to ongoing review and evaluation that may result in future changes to the program. In particular, the support available for different health professionals may be adjusted to respond to shifting workforce distribution and community need.

The Guidelines may be amended at any time by Health. The current version of the Guidelines will state the 'effective date' as detailed in the corresponding amendment notice on the Health website. The current version of the Guidelines will be available at all times on the Health website.

It is the responsibility of eligible medical practitioners and general practices to ensure they are operating under the current version of the Guidelines. Any loss of payment or any other loss as a result of failing to operate under the current version of the Guidelines is the responsibility of the medical practitioner or practice.

2. WIP policy overview

The WIP is a component of the Stronger Rural Health Strategy 2018-19 Budget measure. The aim of the Stronger Rural Health Strategy is to build a sustainable, high quality health workforce that is appropriately qualified, distributed across the country according to community need and engaged in multidisciplinary and team-based models of care.

The WIP streamlines existing GP, nursing and allied health incentive programs to better target the workforce, particularly to rural and remote areas. The WIP has replaced the General Practice Rural Incentives Program (GPRIP) and the Practice Nurse Incentive Program (PNIP).

The WIP will provide targeted financial incentives that aim to:

- encourage medical practitioners to deliver services in regional, rural and remote areas, which tend to have more difficulty attracting and retaining medical practitioners; and
- support general practices to engage nurses, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and allied health professionals in multidisciplinary and team based primary health care across all areas in Australia.

2.1 WIP objectives

The objectives of the WIP are to provide targeted financial incentives that will:

- improve access to quality medical, nursing and allied health services for patients in rural and remote areas;
- encourage medical practitioners to practise in regional, rural and remote communities;
- support careers in rural medicine to retain medical practitioners in regional, rural and remote locations;
- support practices to engage nurses, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and allied health professionals across Australia in primary health care settings;
- support the growth of team-based multidisciplinary care models in primary health care settings to better respond to patients with chronic and complex health conditions;
- support practices to improve their utilisation of primary health care nurses and enable nurses in general practice to work to their full scope of practice;
- provide flexibility for practices to engage health professionals to address service gaps and community need, particularly in regional, rural and remote areas, including through the engagement of allied health professionals;

- support an expanded and enhanced role for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners; and
- support and extend practices to deliver culturally appropriate and safe care to Aboriginal and Torres Strait Islander patients through their engagement with Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

2.2 Transition to the WIP

Under the WIP:

- the GPRIP transitions to the WIP – Doctor Stream; and
- the PNIP transitions to the WIP – Practice Stream.

Medical Practitioners and general practices participating in the GPRIP and PNIP will automatically transition to the WIP.

2.3 Modified Monash Model (MMM) geographical classification system

The WIP uses the Modified Monash Model (MMM) 2019 geographical classification system to calculate payments for the WIP – Doctor Stream and to calculate rural loadings for the WIP – Practice Stream.

The MMM is a geographical classification system that uses population data to categorise the location of a medical practitioner or practice. The MMM classification system more effectively targets financial incentives to health professionals working in areas that experience greater difficulty attracting and retaining staff.

The MMM classification of a medical practitioner or practice location can be found using the Health Workforce Locator on the [DoctorConnect website](#).

For the WIP – Doctor Stream, eligible services are based on the practice or outreach location, regardless of the medical practitioner or patient address.

For the WIP – Practice Stream, the practice location is the address that is nominated as the practice's main location.

3. Workforce Incentive Program streams

3.1 WIP – Doctor Stream

The WIP – Doctor Stream uses two systems to assess and pay financial incentives for medical practitioners providing eligible services in eligible locations. The Central Payment System (CPS) is for medical practitioners who bill the Medicare Benefits Schedule (MBS) for eligible services. The Flexible Payment System (FPS) is for medical practitioners that provide eligible services and/or undertake training that is not reflected in the MBS. Some practitioners may provide services under both payment systems.

Payments are based on activity levels within eligible locations and the length of time a medical practitioner has been on the program.

See [Part B: WIP – Doctor Stream](#) for more information on how the WIP – Doctor Stream operates including eligibility, service and application requirements, and how payments are calculated.

3.2 WIP – Practice Stream

The WIP – Practice Stream provides:

- quarterly incentive payments to support accredited general practices, Aboriginal Medical Services (AMSs) and Aboriginal Community Controlled Health Services (ACCHSs) to engage nurses, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and eligible allied health professionals across all locations;
- an additional rural loading of up to 50% for practices within MM 3-7 locations;
- a 50% increase in the [Standardised Whole Patient Equivalent](#) (SWPE) values for AMSs and ACCHSs; and
- an annual loading for practices providing general practitioner services to the Australian Government Department of Veterans' Affairs (DVA) Gold Card holders.

The amount a practice receives depends on the size of the practice, the type of eligible health professional(s) engaged, the average hours eligible health professionals work each week, the type of practice and the practice location.

See [Part C: WIP – Practice Stream](#) for more information on how the WIP – Practice Stream operates including eligibility, application requirements and how payments are calculated.

4. Contact information

For the WIP – Doctor Stream contact information see Part B, [Section 7](#)

For the WIP – Practice Stream contact information see Part C, [Section 7](#).

5. Disclaimer

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

6. List of acronyms

- Aboriginal Community Controlled Health Service (ACCHS)
- Aboriginal Medical Service (AMS)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Commission on Safety and Quality in Health Care (ACSQHC)
- Australian General Practice Training (AGPT)
- Australian Health Practitioner Regulation Agency (AHPRA)
- Central Payment System (CPS)
- Department of Health (Health)
- Department of Human Services (Human Services)
- Department of Veterans' Affairs (DVA)
- Flexible Payment System (FPS)
- General practitioner (GP)
- General Practice Rural Incentives Program (GPRIP)
- Health Care Homes (HCH)
- Health Professional Online Services (HPOS)
- Medical Board of Australia (MBA)
- Medicare Benefits Schedule (MBS)
- Modified Monash Model (MMM)
- Modified Monash (MM) 1-7
- National General Practice Accreditation Scheme (the NGPA Scheme)
- National Registration and Accreditation Scheme (NRAS)
- Nursing and Midwifery Board of Australia (NMBA)
- Nursing and Midwifery Board of Australia Enrolled Nurse Standards for Practice (EN Standards)
- Pharmaceutical Benefits Scheme (PBS)
- Practice Incentives Program (PIP)
- Practice Experience Program (PEP)
- Practice Nurse Incentive Program (PNIP)
- Primary Health Network (PHN)
- Provider Digital Access (PRODA)

- Quarterly Confirmation Statement (QCS)
- Regional Training Organisation (RTO)
- Remote Vocational Training Scheme (RVTS)
- Review of Decision (ROD)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian College of General Practitioners *Standards for general practices* (the RACGP Standards)
- Rural Workforce Agency (RWA)
- Standardised Whole Patient Equivalent (SWPE)
- Whole Patient Equivalent (WPE)
- Workforce Incentive Program (WIP)

Part B: WIP – Doctor Stream

1. General Information

This section provides general information about the WIP – Doctor Stream. For specific information related to the Central Payment System (CPS) refer to [Section 3](#), or for the Flexible Payment System (FPS) refer to [Section 4](#).

1.1 Eligibility

To be eligible for the WIP – Doctor Stream, medical practitioners must:

- provide a minimum amount of eligible primary care services in eligible locations and/or undertake eligible general practice (GP) training under an approved training pathway; and
- meet the required number of active quarters for payment (refer to [Section 2.3](#));
- have an eligible current Medicare provider number; and
- have provided current bank account details to Human Services specifically for the WIP – Doctor Stream (or have previously provided these details for the GPRIP) in the required timeframe (refer to [Section 3.5](#)).

Information about eligible services is available under [Section 3.1](#) for the CPS and [Section 4.1](#) for the FPS. Information about eligible GP training is available under [Section 4.1.3](#).

1.2 Eligible locations

Eligible locations under the WIP – Doctor Stream are those locations in Australia within MMM classifications 3 to 7. The MMM classification of a location can be checked using the Health Workforce Locator on the [DoctorConnect](#) website.

Eligible services are based on the practice or outreach location, regardless of the medical practitioner or patient address.

2. General payment information

2.1 Payment systems under the WIP – Doctor Stream

There are two payment systems used for the WIP – Doctor Stream, the CPS and the FPS.

Medical practitioners who bill the Medicare Benefits Schedule (MBS) for eligible services receive automated payments made by Human Services through the CPS. More information about the CPS is available in [Section 3](#).

Medical practitioners need to apply under the FPS if they provide eligible non-MBS services and/or undertake GP training (under approved training pathways) that is not reflected in the MBS records. More information about the FPS and how to apply is available in [Section 4](#).

Medical practitioners who have received a CPS payment may apply for a ‘top-up’ payment under the FPS if they fit into the Alternative Employment Provisions and have not billed the MBS for all eligible services, or if they meet the eligibility requirements under the Special Top-Up Provisions (refer to [Section 4.1.5](#)).

2.2 Maximum incentive payment amounts

The following table shows the maximum annual payments available to medical practitioners across each MM category at each Year Level. The maximum payment amounts apply irrespective of whether a medical practitioner has provided both CPS and FPS services.

Location (MM)	Year 1	Year 2	Year 3	Year 4	Year 5 plus
MM 3	\$0	\$4,500	\$7,500	\$7,500	\$12,000
MM 4	\$0	\$8,000	\$13,000	\$13,000	\$18,000
MM 5	\$0	\$12,000	\$17,000	\$17,000	\$23,000
MM 6	\$16,000	\$16,000	\$25,000	\$25,000	\$35,000
MM 7	\$25,000	\$25,000	\$35,000	\$35,000	\$60,000

Note: The MM 3 category in the table also includes participants on approved training pathways undertaking selected approved training in MM 1 and MM 2 locations. Refer to [Section 4.1.3](#) for more information.

To be eligible to receive WIP – Doctor Stream payments, practitioners must have provided current bank account details to Human Services specifically for the WIP – Doctor Stream in the required timeframe (or have previously provided these details for the GPRIP). Refer to [Section 3.5](#) for more information.

2.3 Active quarters

Payments under the WIP – Doctor Stream are determined by activity within quarters (refer to [Glossary](#)). An active quarter is a quarter in which a medical practitioner meets the minimum activity threshold under the CPS and/or FPS components of the WIP – Doctor Stream. Refer to [Section 3.2](#) for information about activity thresholds under the CPS and [Section 4.2](#) for information about activity thresholds under the FPS.

2.3.1 Number of active quarters required for payment

New participants practising predominantly in MM 3-5 locations will be eligible for an initial payment after completing eight active quarters within a 16 quarter (four year) reference period.

New participants practising predominantly in MM 6-7 locations will be eligible for an initial payment after completing four active quarters within an eight quarter (two year) reference period.

If a new participant is working across MM 3-7 categories, they may need to complete eight active quarters before a payment will be made if the majority of their eligible activity is considered to have occurred in MM 3-5.

All continuing participants will be eligible for a payment on completion of four active quarters within an eight quarter reference period.

2.4 Year level

A participant's Year Level refers to the duration of their active service within the program. The Year Level of the participant and MMM classification of the locations in which they provide services determine the maximum incentive payment amount that they may receive (refer to [Section 2.2](#)).

New participants to the program who are practising predominantly in MM 3-5 locations will be eligible for an initial payment at Year Level 2 after completing eight active quarters within a 16 quarter period.

New participants who are practising predominantly in MM 6-7 locations will be eligible for an initial payment at Year Level 1 after completing four active quarters within an eight quarter period.

Participants will advance to a higher Year Level after each payment for four active quarters, until they are at Year Level 5. Payments will then continue to be made at this Year Level.

2.5 Extended periods of inactivity

Participants can be inactive for a period of up to five years for any reason without loss of accrued Year Level status, but will not receive incentive payments for any period of leave. Participants who have not been eligible for a payment within the 24 quarters (six years) immediately prior to becoming eligible for their next payment will recommence in the program as a new participant.

2.6 Leave

There is no provision under the WIP – Doctor Stream for participants who take leave. Incentive payments will not be made for a period of leave under any circumstances.

3. Central Payment System (CPS)

Medical practitioners are not required to submit an application to access WIP – Doctor Stream payments through the CPS. Payments are automatically calculated based on MBS billing records of eligible services provided in eligible locations.

3.1 Eligibility

Medical practitioners who provide eligible MBS billed services in eligible locations may be eligible to receive payments under the CPS.

3.1.1 Eligible primary care services

Eligible primary care services are listed as clinical services from the following sections of the MBS Book:

- Category 1: Professional attendances;
- Category 2: Diagnostic procedures and investigations;
- Category 3: Therapeutic procedures; and
- Category 7: Cleft lip and cleft palate services.

Telehealth services within the above categories are generally eligible under the WIP – Doctor Stream with the exception of some specialist items. Eligible telehealth services are based on the medical practitioner's physical practice location, not the patient location.

3.1.2 Ineligible primary care services

Ineligible primary care services include the following categories:

- Optometry;
- Dentistry;
- Diagnostic imaging and pathology; and
- Bulk billing items 10990, 10991, 10992.

3.2 Activity thresholds under the CPS

An active quarter is where a medical practitioner meets the minimum quarterly activity threshold. Under the CPS, this is at least \$6,000 of MBS billed services in MM 3-7 locations within a quarter.

Note: If a medical practitioner is not billing enough to meet the \$6,000 per quarter threshold, they may be eligible for the FPS if they are providing equivalent services and meet other eligibility criteria (refer to [Section 4](#)).

The maximum quarterly activity threshold for the CPS is \$30,000 of MBS billed services in MM 3-7 locations.

Medical practitioners can access information about their WIP – Doctor Stream activity through Human Services, via the Health Professionals Online Services (HPOS) Workforce Incentive Program – Doctor Stream program tile (refer to [Section 5.2](#)).

3.3 Payment calculation

At the completion of the required number of active quarters (refer to [Section 2.3.1](#)), a payment value is calculated for four active quarters and then totalled into a single payment. For maximum annual incentive payments by MM classification and Year Level, refer to [Section 2.2](#)).

Quarter	Level of Service (per quarter)	Payment
Active	Billing \$30,000 or more	Maximum payment
Active	Billing between \$6,000 and \$30,000	Proportional payment
Inactive	Billing less than \$6,000	Ineligible for payment

Amounts in excess of the maximum quarterly threshold are not carried forward to other quarters.

Assessments of eligible MBS services for the WIP – Doctor Stream are calculated at the end of each quarter. WIP – Doctor Stream payments are based on the eligible services that have been processed by Human Services during the quarter, regardless of the date of service.

IMPORTANT NOTE: The timely submission of MBS billings for the purposes of the WIP – Doctor Stream is the responsibility of participants.

The incentive amount for participants who practise in multiple MM classifications within an active quarter will be calculated starting with the most rural MM category and working backwards (i.e. MM 7 to MM 3). If 100% of the maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included. For example calculations see [Section 6](#).

3.4 Health Care Homes

The Health Care Homes (HCH) bundled payment approach for the management and care of enrolled patients with chronic conditions may result in some eligible services no longer being captured by Human Services for the purposes of the WIP – Doctor Stream eligibility assessment and payment calculations.

For participants who consider their WIP – Doctor Stream CPS payment has been affected by their participation in the stage one trial of Health Care Homes, there is a simple opt-in review mechanism available to ensure that a participant's HCH services are included in WIP – Doctor Stream eligibility assessments and payment calculations.

A participant may need to apply for a review if:

- the participant has received a lower payment because their eligible services to HCH patients have not been captured in their MBS billings; or
- the participant has not received a payment because their eligible services to HCH patients have not been captured in their MBS billings and one or more quarters are inactive as a result.

Participants can complete a simple form that self-reports the number of hours per week, on average, they spend providing eligible primary care services from all MM 3-7 locations, across the relevant quarters. Information provided on this form will be assessed, and if the participant is deemed eligible for a full payment or a 'top-up', the Department of Health will request Human Services to make a payment directly to their nominated bank account.

Further information about this process including Frequently Asked Questions are available on the [WIP – Doctor Stream – Stage One Trial of Health Care Homes](#) webpage. The relevant *WIP – Doctor Stream – Health Care Homes Review Form* is available for download.

Participants do not need to apply for review if:

- they continue to bill at or above the maximum quarterly activity threshold through their services to non-HCH patients, as their payment will not be affected; or
- they apply through the FPS for a top-up payment (refer to [Section 4.1.4](#)), as this process will capture their HCH activity.

3.5 Providing bank account details

When a medical practitioner achieves the required number of active quarters for their first payment, Human Services will write to the practitioner advising of the payment and requesting bank details. Medical practitioners must provide bank details **within 60 calendar days** of the date of this letter, otherwise the payment will lapse and they **will not be eligible** to receive that payment. Details previously provided for the GPRIP do not need to be provided again unless they have changed.

Once a participant's payment has lapsed, they will only be notified of any new payments that are due. No subsequent letters will be sent regarding the lapsed payment.

Continuing participants who have previously received a payment will receive an automatic payment and a payment advice letter from Human Services. Medical practitioners can update their bank details securely with Human Services via HPOS (see [Section 5.2](#) for more information) or via the *WIP – Doctor Stream Bank Details form* found by visiting the [Human Services website](#).

IMPORTANT NOTE: it is the medical practitioner's responsibility to ensure that bank account details are up to date at all times to facilitate payments.

4. Flexible Payment System (FPS)

Medical practitioners who provide eligible services under the FPS must apply for a WIP – Doctor Stream payment directly to the Rural Workforce Agency (RWA) in the state or the Northern Territory where they provide the majority of services.

4.1 Eligibility

Medical practitioners providing eligible non-MBS services and/or undertaking approved training that is not reflected in MBS records are eligible to apply for incentives through the FPS.

4.1.1 Eligible primary care services

Medical practitioners must be providing primary care services that are equivalent to eligible services listed under the CPS (See [Section 3.1.1](#) 'Eligible Primary Care Services' for further details). Eligible services are required to be in relation to direct clinical engagement with a patient(s). The types of employment eligible for payment through the FPS are listed in Sections [4.1.3](#) and [4.1.5](#).

4.1.2 Ineligible primary care services

The following services are not eligible for payment under the WIP – Doctor Stream:

All directly funded Commonwealth Government positions in:

- Detention Centres;
- Defence Facilities; and
- Antarctica.

The following GP training components:

- Compulsory hospital year required by the RACGP on the AGPT Program; and
- Core clinical training year required by the ACRRM on the AGPT Program and the Independent Pathway.

4.1.3 Alternative employment not covered under the CPS

Below are the forms of employment that are eligible for assessment under the FPS.

Location	Alternative Employment
MM 3-7	Medical practitioners working for: <ul style="list-style-type: none">• Aboriginal Medical Services; or• the Royal Flying Doctor Service (RFDS) based in MM 3-7 for all eligible primary care services; or Participants on approved training pathways* in eligible GP training placements who are not billing the MBS sufficiently to reflect the services they have provided.
MM 6-7	Commonwealth or State salaried medical practitioners providing primary care services.
MM 1-2	Participants on approved training pathways undertaking approved advanced training in MM 1-2 locations**. RFDS based in MM 1-2 are eligible to apply only for primary care services delivered in association with an overnight stay in MM 3-7 (either before or after).

* Approved training pathways currently include; Australian General Practice Training (AGPT) Program; ACRRM Independent Pathway; Remote Vocational Training Scheme (RVTS); and RACGP Practice Experience Program (PEP)

** Only AGPT GP Registrars on the rural pathway completing relevant training placements in MM 1 and MM 2 locations (Advanced Rural Skills Training or Advanced Specialised Training) are eligible for incentives if the training is authorised by their Regional Training Organisation (RTO). Eligibility for participants on the other pathways will be considered on a case-by-case basis.

4.1.4 Alternative employment top-ups

If a medical practitioner fits into one of the Alternative Employment Provisions but provides a mix of eligible MBS billed and non-billed services *and* has billed enough to trigger a CPS automatic payment across the relevant period, the medical practitioner can apply through the FPS to see if they are eligible for an 'Alternative Employment Top-Up'.

4.1.5 Special top-up provisions

Medical practitioners working in remote and very remote communities are entitled to apply for a Special Top-Up payment under the circumstances covered in table below. All services are required to be in relation to direct clinical engagement with a patient(s) and must be provided by the medical practitioner to the patient(s) physically within the eligible location category.

In order to receive a Special Top-Up payment, the medical practitioner must already meet the requirements to receive a payment for the relevant reference period under either the

CPS or FPS. Special top-up services must not already be covered under the alternative employment provisions and must be clearly differentiated on the FPS Application Form.

Note: All special top-up services are included in the two session per day limit (refer [Section 4.2](#)). A participant's total payment (including top-ups) cannot exceed the maximum payment level based on Year Level and location.

Location	Special Top-Up Provisions
MM 6-7	Medical practitioners who undertake: <ul style="list-style-type: none">• excessive travel time* to provide outreach services;• population health work in Aboriginal and/or Torres Strait Islander communities; or• support to Aboriginal and Torres Strait Islander health workers and/or Aboriginal and Torres Strait Islander health practitioners.

*Refer to additional information below.

Excessive travel time

Excessive travel time is considered as three or more cumulative hours per week above an initial 3 hours per week threshold. Travel time must be from the practice location in MM 6-7 in which the medical practitioner is based, to the location in which they are providing outreach services in MM 6-7 (and back). Travel from locations in MM 3-5 to outreach locations in MM 6-7 may be considered where the base location is the nearest reasonable health service. Travel time must be claimed as sessions of a minimum of three hours and are included in the TWO sessions per day limit.

Excessive travel provisions apply to eligible primary care sessions provided by the RFDS in MM 6-7 locations however may be delivered from base locations in MM 3-5. RFDS practitioners based in MM 1-2 may also apply for excessive travel where eligible primary care sessions are claimed in association with an overnight stay (in MM 6-7).

4.2 Activity thresholds under the FPS

Activity under the FPS is captured in 'WIP – Doctor Stream sessions'. A session is an accumulated period of at least three hours of eligible primary care services and/or eligible training. A maximum of TWO sessions can be claimed per day.

An active quarter is where a medical practitioner meets the minimum quarterly activity threshold. Under the FPS, this is at least 21 sessions within a quarter.

The maximum quarterly activity threshold for the FPS is 104 sessions.

4.3 Payment calculation

Quarter	Level of Service (per quarter)	Payment
Active	104 sessions or more	Maximum payment
Active	Between 21 and 104 sessions	Proportional payment
Inactive	Less than 21 sessions	Ineligible for payment

At the completion of the required number of quarters (refer to [Section 2.3.1](#)), a payment value is calculated for four active quarters and then totalled into a single payment.

Amounts in excess of the maximum quarterly threshold are not carried forward to other quarters.

The incentive amount for participants who practise in multiple MM classifications within an active quarter will be calculated starting with the most rural MM category and working backwards (i.e. MM 7 to MM 3). If 100% of the maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included. For example calculations see [Section 6](#).

The relevant RWA will use an applicant's total WIP – Doctor Stream sessions to calculate a total WIP – Doctor Stream activity value and payment amount. This is provided to Human Services for review before a payment is released to the medical practitioner's nominated bank account.

4.4 Application requirements

Information on how to apply for an incentive payment under the FPS is outlined below.

4.4.1 Submitting an application

To apply for a payment through the FPS, a medical practitioner must apply directly to the RWA in the state or the Northern Territory in which they provided the majority of services.

Medical practitioners must apply through the FPS for **all** time spent providing WIP – Doctor Stream eligible services, **regardless of whether the services were MBS billed**. Time spent providing eligible services will be quantified in 3hr+ WIP – Doctor Stream sessions on an FPS Application Form. Applications from participants undertaking approved training must ensure they complete the relevant section on the form to confirm their training sessions.

Applications for the FPS must be submitted to the relevant RWA in accordance with the requirements set out in these Guidelines, using the official forms available on the

Department of Health [website](#). Applications submitted on older versions of the form will not be accepted.

4.4.2 Supporting documentation

Alternative employment and alternative employment top-ups

A letter from the medical practitioner's employer/practice manager must be submitted with the application, stating the dates, hours and number of days that the medical practitioner practised over the relevant active quarters at each location. The letter must verify that the sessions being claimed relate to the provision of eligible primary care services.

A standard template showing the details required is attached to the FPS Application Form. Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

Special top-ups

A letter from the medical practitioner's employer/practice manager must be submitted with the application stating the dates the medical practitioner practised over the relevant active quarters at each location, along with brief details of the type of services provided and any travel required (refer to [Section 4.1.5](#) for further information on excessive travel). A standard template showing the details required is attached to the FPS Application Form.

Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

Royal Flying Doctor Service (RFDS) staff

In order to include travel, RFDS medical practitioners need to provide a covering letter from the RFDS with the following information for the relevant quarters:

- the location and overnight location (where relevant) associated with each eligible session; and
- the total number of eligible sessions per week (maximum of two sessions per day, including travel time).

Participants on a GP training pathway

All participants undergoing approved training will need to have session records confirmed and signed by their RTO (if on AGPT) or by their approved Supervisor (if on another approved pathway) in the relevant section of the FPS Application Form.

All AGPT GP Registrars who have completed authorised training in MM 1 and MM 2 locations will need to have these placements confirmed and signed off by their RTO in the relevant section of the FPS Application Form. Participants on the ACRRM Independent Pathway, RVTS or PEP who require training in an MM 1-2 location must also complete this section.

4.4.3 Timeframes for FPS applications

Alternative employment

Applications will be assessed on a defined reference period as detailed in the following table:

Type of participant	MM location	Timeframe for submitting application
New participant	3-5	Applications assessed on the 16 quarter period prior to the quarter in which the application is received.
New participant	6-7	Applications assessed on the eight quarter period prior to the quarter in which the application is received.
Continuing participants	3-7	Applications assessed on the eight quarter period prior to the quarter in which the application is received.

For example, if a new participant practising in MM 3-5 locations applies in June 2020 (Quarter 4), the RWA will assess them on any unpaid quarters from January - March 2020 (Quarter 3) and the 15 preceding quarters. If they were practising predominantly in MM 6-7 locations, or were a continuing practitioner, they would only be assessed on unpaid quarters from January – March 2020 (Quarter 3) and the seven preceding quarters.

All participants are encouraged to submit their applications as soon as practicable following completion of the required amount of active quarters for payment (refer to [Section 2.3.1](#)).

Alternative employment top-ups and special top-ups for medical practitioners receiving CPS payments

Medical practitioners who have received a CPS payment, but are applying under the FPS for a top-up payment for eligible non-billed services, have six months to submit an FPS application form for a top-up payment. The six months commences from the date on the CPS payment advice sent by Human Services. Beyond six months, a medical practitioner is no longer able to apply for FPS payment related to that CPS payment reference period.

4.4.4 Assessment of applications

Each applicant must satisfy all eligibility requirements and any application compliance requirements specified in these Guidelines in order to be considered for an incentive payment. Applications will be assessed by the RWA in accordance with these Guidelines and practitioners will be notified of the outcome.

4.5 Health Care Homes

For medical practitioners who require assessment under the FPS for eligible non-MBS services, the FPS application process outlined at [Section 4.4](#) will already capture any Health Care Home activity. Therefore medical practitioners who already apply for

payments through the FPS will not need to complete a review process for Health Care Homes.

Further information including Frequently Asked Questions are available on the [WIP – Doctor Stream Health Care Homes](#) webpage. Any questions can be directed to WIP@health.gov.au.

5. Other information

5.1 Taxation

Payments under the WIP – Doctor Stream are not subject to Pay As You Go (PAYG) withholding tax. Recipients must declare incentive payments for tax purposes, and are advised to seek advice from their financial adviser, accountant or the Australian Taxation Office (ATO) regarding their own tax arrangements.

5.2 Health Professional Online Services (HPOS)

HPOS is a fast and secure way for health professionals and administrators to do business online with Human Services. It offers health professionals a single entry point to perform a range of business and administrative tasks including submitting claims online, managing medical practitioner details, retrieving statements/reports, and authorising and managing delegations.

For the WIP – Doctor Stream, medical practitioners will be able to view their service history (active & inactive quarters), payment history, and update bank details by selecting the WIP – Doctor Stream program tile. Medical practitioners can also view payment statements and receive notifications for their mail services in HPOS. For the WIP – Doctor Stream, any medical practitioner with HPOS access will automatically receive payment statements and letters to their HPOS mailbox. Any updates made online in HPOS will be visible and take effect immediately.

Medical practitioners will need to use their Provider Digital Access Account (PRODA) to access HPOS. PRODA is a secure online verification system that uses a username, password and verification code to login. It is a portable solution that requires no additional hardware or software and is available to anyone. If a medical practitioner does not already have a PRODA account, one can be created at humanservices.gov.au/proda. To access HPOS, visit humanservices.gov.au/hpos.

5.3 Recovery of payments

If WIP – Doctor Stream payments have been made incorrectly, as the result of an administrative error, provision of incorrect information or inappropriate Medicare claiming, Human Services and/or Health may seek to recover these payments. Supporting documentation should be retained by medical practitioners for at least 6 years following the relevant reference period.

5.4 Opting out of the WIP – Doctor Stream

If a medical practitioner no longer wants to receive WIP – Doctor Stream payments they may opt out of the WIP – Doctor Stream at any time. If a medical practitioner opts out of the WIP – Doctor Stream they will forfeit any active quarters and payments during the opting out period.

To opt out of the WIP – Doctor Stream a medical practitioner must contact Human Services at SA.Rural.Health.Programs@humanservices.gov.au and provide their reason for opting out in writing. Human Services will write to the medical practitioner confirming that they have chosen to opt out of the WIP – Doctor Stream.

The medical practitioner will forfeit all future payments unless they opt back in to the WIP – Doctor Stream. When a medical practitioner chooses to opt back in to the WIP – Doctor Stream by contacting Human Services, they will only be eligible to achieve active quarters and receive future payments from the date of notification.

6. Example WIP – Doctor Stream payment calculation

Calculations of the incentive payments in the example below utilise the maximum incentive amounts in the table at [Section 2.2](#). The example is indicative only and not meant to represent actual payment amounts.

Dr Smith is a continuing WIP – Doctor Stream participant and has just finished four quarters that will be assessed for a possible Year Level 4 payment. Below is a breakdown of his activity of eligible services across the four quarters and how his payment would be calculated.

Over the four quarters, Dr Smith bills in the following locations:

Quarter	MM 3	MM 4	MM 5	MM 6	MM 7
1	\$25,000				\$50,000
2	\$3,000	\$4,000			
3	\$40,000		\$20,000		
4				\$10,000	\$5,000

Quarter 1

As the maximum threshold of \$30,000 has been met in the MM 7 location, this quarter is considered an active quarter at the maximum MM 7 rate. This quarter would attract a payment of \$8,750.

	MM 3	MM 4	MM 5	MM 6	MM 7
Proportion of payment	-	-	-	-	100%
Payment	-	-	-	-	\$8,750

Quarter 2

The minimum threshold has been met as the eligible billing in MM 3 and MM 4 for the quarter totals above \$6,000. The maximum threshold has not been met so Dr Smith is eligible for a proportional payment of \$610.

	MM 3	MM 4	MM 5	MM 6	MM 7
Proportion	10%	13%	-	-	-
Payment	\$187.50	\$422.50	-	-	-

Quarter 3

The maximum threshold has been met across the MM categories and the calculation is done by adding each proportion of the threshold, working back from the most remote category. This quarter would attract a payment of \$3,466.25.

	MM 3	MM 4	MM 5	MM 6	MM 7
Proportion	33%	-	67%	-	-
Payment	\$618.75	-	\$2,847.50	-	-

Quarter 4

The minimum threshold has been met as the eligible billing in MM 6 and MM 7 for the quarter totals above \$6,000. The maximum threshold has not been met so Dr Smith is eligible for a proportional payment of \$3,550.

	MM 3	MM 4	MM 5	MM 6	MM 7
Proportion	-	-	-	33%	17%
Payment	-	-	-	\$2,062.50	\$1,487.50

Altogether, Dr Smith's Year Level 4 payment is the sum of the four quarters, rounded to the nearest dollar, which amounts to \$16,376.

7. Contact information WIP – Doctor Stream

Department of Human Services – for payment assessment and calculation enquiries:

Website: [Department of Human Services](#)

Phone: 1800 010 550

Email: SA.Rural.Health.Programs@humanservices.gov.au.

Department of Health - for eligibility enquiries:

Website: [Department of Health](#)

Email: WIP@health.gov.au

Rural Workforce Agencies - for FPS enquiries:

[Northern Territory Primary Health Network](#)

Email: gprip@ntphn.org.au

Phone: (08) 8982 1000

[Rural Doctors Workforce Agency South Australia](#)

Email: gpservices@ruraldoc.com.au

Phone: (08) 8234 8277

[Rural Health West](#)

Email: accounts@ruralhealthwest.com.au

Phone: (08) 6389 4500

[HRPlus Tas](#)

Email: admin@hrplustas.com.au

Phone: (03) 6332 8600

[New South Wales Rural Doctors Network](#)

Email: gpgrants@nswrdn.com.au

Phone: (02) 4924 8000

[Health Workforce Queensland](#)

Email: gprip@healthworkforce.com.au

Phone: (07) 3105 7800

[Rural Workforce Agency Victoria](#)

Email: rwav@rwav.com.au

Phone: (03) 9349 7800

Part C: WIP – Practice Stream

1. Eligibility

To be eligible for the WIP – Practice Stream a practice must meet certain eligibility requirements.

1.1 Eligible general practices

To be eligible for the WIP – Practice Stream a general practice (including Aboriginal Medical Services and Aboriginal Community Controlled Health Services) must meet all of the following requirements:

- be accredited, or registered for accreditation, as a general practice against the Royal Australian College of General Practitioners *Standards for general practices* ([the RACGP Standards](#)). Accreditation must:
 - cover the entire quarter the practice is applying in;
 - continue to be maintained; and
 - if registered for accreditation, achieve accreditation against the RACGP Standards within 12 months of joining the program.
- if the practice is a Practice Incentives Program (PIP) consenting practice, it must remain eligible in the PIP;
- maintain at least \$10 million in public liability insurance cover for the main location and each additional practice location. Legal liability is not public liability;
- employ a full or part time general practitioner (GP);
- make sure all general practitioners and nurse practitioners have the required professional indemnity insurance cover as set out by their respective National Board's *Registration standard: Professional indemnity insurance arrangements*; and
- employ or engage the services of an eligible health professional listed in Part C, [Section 1.3](#) 'Eligible Health Professionals'.

1.1.1 Practices with multiple locations

Practices with multiple locations can apply for the WIP – Practice Stream as a single practice if they meet eligibility requirements.

Practices need to nominate the main practice location. The main practice location should be the one that provides the most Medicare Benefits Schedule (MBS) services per annum. Additional practice locations are called practice branches. Calculation of a rural loading will be applied to the main practice location.

To be eligible, a practice branch must:

- provide MBS services;
- have one or more general practitioners who provide MBS services at both the main practice location and the practice branch;
- maintain at least \$10 million in public liability insurance cover (legal liability is not public liability); and
- ensure all practitioners and eligible health professionals have, and maintain, the required professional indemnity cover.

1.2 Accreditation requirements

Practices must be accredited, or registered for accreditation to participate in the WIP – Practice Stream.

Practices must be accredited by an approved accrediting agency under the [National General Practice Accreditation](#) (NGPA) [Scheme](#). A list of approved accrediting agencies is on the [Australian Commission on Safety and Quality in Health Care](#) (ACSQHC) website.

Practices must achieve accreditation as a ‘general practice’ against the Royal Australian College of General Practitioners Standards for general practices ([the RACGP Standards](#)). The RACGP Standards must be referenced on the certificate provided by the accrediting agency.

Practices registered for accreditation must achieve accreditation within 12 months of joining the WIP – Practice Stream. If a 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 accredited within 12 months, or does not maintain accreditation that is ongoing and continuous, it will not be eligible for any further payments.

For the purposes of the WIP – Practice Stream, ongoing and continuous accreditation means:

- accreditation must be renewed before it expires;
- the accreditation start dates must not be backdated. The date that an accrediting agency awards accreditation to a practice must be on or before the previous accreditation cycle expiry date. (Practices should consult their accrediting agency early to allow sufficient time to conduct the assessment and complete accreditation requirements before the current accreditation award expires); and
- extensions to the accreditation period must meet the requirements of the [NGPA Scheme](#) including any advisories issued by the ACSQHC under the NGPA Scheme. Note [Advisory No: GP18/01 - Extensions to accreditation status](#) outlines the requirements for practices to seek an extension.

A practice is not entitled to any withheld payments for any payment quarter where the practice does not maintain ongoing and continuous accreditation for the entire quarter. The practice will become eligible for a payment once it has achieved or maintained accreditation that is ongoing and continuous for an entire quarter.

1.2.1 Accreditation requirements – practice branches

Practice branches need to be accredited to participate in the WIP – Practice Stream if they provide 3,000 or more MBS services per annum.

Practice branches do not need to be accredited to participate in the WIP – Practice Stream if they provide less than 3,000 services per annum.

When a practice branch reaches 3,000 MBS services per annum, they must register for accreditation in their own right. The practice branch will have 12 months to be assessed and achieve accreditation from an approved accrediting agency.

Practice branches' MBS services will automatically be included in the calculation of payments.

1.2.2 Transfer of accreditation

Accreditation may be transferred if a practice relocates or is sold.

A relocating practice must get a new accreditation certificate for the new location. The practice will need to provide Human Services 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 is provided.

When a practice is sold, accreditation must be part of the sale for accreditation to transfer and to use historical practice data, including the Standardised Whole Patient Equivalent (SWPE).

If accreditation is not part of the sale the historical practice data and the SWPE cannot be transferred. The new practice owner(s) will need to apply as a new practice for the WIP – Practice Stream and achieve accreditation as a general practice in accordance with Part C, [Section 1.2](#) 'Accreditation requirements'.

1.3 Eligible health professionals

The following are eligible health professionals in the WIP – Practice Stream:

- nurse practitioners
- registered nurses

- enrolled nurses¹
- Aboriginal and Torres Strait Islander Health Workers
- Aboriginal and Torres Strait Islander Health Practitioners
- allied health professionals
 - audiologists
 - chiropractors
 - diabetes educators
 - dietitians/nutritionists
 - exercise physiologists
 - occupational therapists
 - orthoptists
 - orthotists/prosthetists
 - osteopaths
 - pharmacists (non-dispensing role)²
 - physiotherapists
 - podiatrists
 - psychologists
 - social workers
 - speech pathologists

All eligible health professionals under the WIP – Practice Stream must:

- meet the the minimum qualifications set out in the [Glossary](#) for that health professional;
- have, or be covered by, the required level of 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 required professional indemnity cover as set out by their respective National Board’s *Registration standard: Professional indemnity insurance arrangements*;

¹ Additional requirements apply to the engagement of enrolled nurses see [Section 1.3.1](#) ‘Enrolled nurses – additional requirements’.

² Additional conditions apply to the engagement of a pharmacist see [Section 1.3.2](#) ‘Pharmacists – additional requirements’.

- if not registered under the NRAS, they must have the level of insurance recommended by the relevant professional association;
- where a health professional is not an employee of the eligible organisation or practice, they must have the required minimum level of professional indemnity insurance coverage in their name.

Practices should provide each eligible health professional's name, profession and where available [unique identifier](#) when claiming hours worked under the WIP – Practice Stream.

1.3.1 Enrolled nurses - additional requirements

To be eligible to receive incentive payments for enrolled nurses, practices must ensure:

- the enrolled nurse(s) are working under the direct or indirect supervision of a registered nurse(s) in accordance with the requirements in the Nursing and Midwifery Board of Australia's [Enrolled Nurse Standards for Practice](#) (EN Standards); and
- that if, the EN Standards require **documented** supervisory arrangements to be in place with the employer(s), the arrangements are:
 - supported by the affected registered nurse(s) and enrolled nurse(s);
 - reviewed annually and when the engaged enrolled nurse(s) or supervising registered nurse(s) circumstances change; and
 - kept by the practice and provided to the Department of Health for auditing purposes, on request.

1.3.2 Pharmacists - additional requirements

Under the WIP – Practice Stream pharmacists can only be engaged to undertake a non-dispensing role. Non-dispensing pharmacists can undertake a range of activities including medication reviews, patient and staff education, and responding to medicine information queries.

Practices must ensure the hours claimed for a pharmacist are only for a non-dispensing role.

1.4 Determining how to engage an eligible health professional

Practices have the flexibility to decide the type of eligible health professional, or combination of health professionals, to engage and how to engage them.

Practices should consider the:

- needs of their community;
- gaps in services or access to services in their community; and
- eligible health professionals that will support their practice to deliver team-based and multidisciplinary care.

The local Primary Health Network (PHN) may be able to assist a practice to identify community needs and gaps in services. Practices can find their PHN and contact details using the [map locator](#) on Health's website.

The form of engagement is determined by the practice and the eligible health professional. The arrangement may be through direct employment, contracted, casual or other means.

The full cost of engaging some health professionals is not covered by WIP – Practice Stream incentive payments. Practices should ensure that eligible health professionals are paid at or above the relevant award wage for the hours they are engaged.

1.5 Ineligible services/activities

Some services and activities are not eligible to receive payments under the WIP – Practice Stream.

1.5.1 Ineligible services

The following services are **not** eligible:

- Medical Deputising Services that directly arrange for medical practitioners to provide after-hours services to patients of practice principals during the absence of, and at the request of, the practice principals; and
- After-hours services that provide care outside the normal opening hours of a general practice. This applies whether or not:
 - the service deputises for other general practices; and
 - the care is provided physically within or outside the practice.

1.5.2 Ineligible activities

Practices are **not** eligible to claim payment for any hours where they already receive support to employ or engage the services of an eligible health professional.

Support could include:

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

1.5.3 Medicare Benefits Schedule services

Practices that employ or engage the services of a nurse practitioner, allied health professional, Aboriginal and Torres Strait Islander Health Practitioner and Aboriginal and Torres Strait Islander Health Worker with their own provider number are not eligible to claim WIP – Practice Stream 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 Health.

1.6 Stage one trial of Health Care Homes

Participation in the stage one trial of Health Care Homes (HCH) does not affect a practice's eligibility to apply for the WIP – Practice Stream.

The HCH bundled payment approach may impact WIP – Practice Stream payments as a result of changes to a practice's billing of MBS services. If a practice has less MBS billing activity, it may reduce the practice's Standardised Whole Patient Equivalent value, and as a result, WIP – Practice Stream payments may be impacted.

Health is monitoring WIP – Practice Stream payments to practices participating in the trial to ensure they are not financially disadvantaged as a result.

Practices can also request a review of decision if they believe that their payments have been affected by participation in HCH. For more information on the review process see Part 3, [Section 3.5](#) Rights of Review.

2. Application requirements

A practice must be [eligible](#) to apply for the WIP – Practice Stream.

2.1. Submitting an application

A practice owner can apply at any time to join the WIP – Practice Stream:

- online through [Health Professional Online Services \(HPOS\)](#) using a Provider Digital Access (PRODA) account; or
- by completing the [Practice Incentives application form IP001](#) and faxing to [Incentive Programs](#) with the required supporting documentation [include links to form and fax number].

Read more about [HPOS](#) including how to register. Read more about [PRODA](#) including how to create an account.

Practices must:

- provide current and accurate information;

- submit a complete application and all supporting documents - incomplete applications may delay the application process; and
- keep a copy of the above documents on practice files for a minimum of 6 years.

2.2 Authorised contact person

Practice owner(s) nominate authorised contact persons to act on behalf of the practice in relation to the WIP – Practice Stream.

Applications must include the details of one authorised contact person and can include up to four additional secondary authorised contact persons.

The primary authorised contact person is responsible for:

- receiving all communications in relation to the WIP – Practice Stream
- advising Human Services of any changes in participation; and
- updating practice information, including practice bank account.

The secondary authorised contact person(s) is responsible for:

- advising Human Services of any changes in participation; and
- updating practice information, including practice bank account.

All forms completed and information submitted by an authorised contact person will be taken to be completed and authorised on behalf of the practice and the practice owner(s).

Only the current owner(s) or authorised contact person(s) will be contacted in relation to the WIP – Practice Stream.

Practices should regularly check that the details of the authorised contact person(s) are correct. If details are not kept up to date, practices may not receive important information that requires action. This could result in payments being withheld or the practice being withdrawn from the program.

2.3 Supporting documentation

Practices can submit supporting documentation as an attachment to their application through [HPOS](#) or by fax to [Incentive Programs](#).

Practices must provide:

- an accreditation or registered for accreditation certificate from an [approved accrediting agency](#),
- a Practice Incentives Practice (PIP) ownership details and declaration form (IP008), for applications submitted through HPOS only, and
- other supporting documentation as per the requirements in the application form.

2.4 Assessment of applications

Human Services will assess practice applications and advise the practice in writing if it is eligible for the WIP – Practice Stream.

If Human Services asks for more information, the required information must be provided within 28 calendar days from the date of the letter.

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

3. Practice obligations

3.1 Eligibility for payments

To qualify for payments, practices must:

- submit a **completed** application for the WIP – Practice Stream, including supporting documentation, at least **7 calendar days** before the relevant [point-in-time](#) date;
- have their application approved and be eligible for the WIP – Practice Stream by the point-in-time date for that payment quarter; and
- maintain all eligibility requirements for the entire quarter, including the relevant point-in-time date.

3.1.1 Practice obligations

To remain eligible for payments under the WIP – Practice Stream practices must:

- confirm and/or update all details in the Quarterly Confirmation Statement (QCS) each quarter;
- advise Human Services about changes to practice arrangements within 7 calendar days or at least 7 calendar days before the relevant point-in-time period, whichever date is first;
- remain eligible for the PIP if the practice is a PIP consenting practice;
- be able to prove its claims for payment. For more information on the type of evidence that may be required see [Section 3.6](#) 'Audits';
- provide accurate information to Health as part of their audit program to demonstrate the practice meets the WIP – Practice Stream eligibility requirements - this may include timesheets as evidence of hours worked by eligible health professionals; and
- keep a copy of all documentation relating to the WIP – Practice Stream requirements for a minimum of 6 years.

3.2 Changes to practice arrangements

Practices must advise Human Services of any changes to practice arrangements within 7 calendar days or at least 7 calendar days before the relevant point-in-time period, whichever date is first.

Changes to practice arrangements include:

- changes to the authorised contact person(s) for the practice;
- practitioners leaving or joining the practice;
- changes to the practice's bank account;
- changes in accrediting agency or accreditation status, such as the practice obtaining accreditation 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 by each eligible health professional (e.g. practice no longer employs or engages a nurse practitioner, registered nurse, enrolled nurse, allied health professional, Aboriginal and Torres Strait Islander Health Worker or Aboriginal and Torres Strait Islander Health Practitioner);
- changes in provider details; or
- any other information that may affect program eligibility or claims for payment.

Changes to the following practice information can only be advised by the current owner(s) of the practice registered with the WIP – Practice Stream:

- authorised contact person;
- practice ownership;
- amalgamations;
- relocations; and
- practice closures and/or withdrawals.

The easiest way to advise Human Services of changes to practice arrangements is online through [HPOS](#) – most changes made through HPOS are effective immediately and can be made up to, and on, the relevant point-in-time date.

Practices can also complete the relevant forms on the [Human Services' website](#) and fax to [Incentive Programs](#) at least 7 calendar days before the relevant point-in-time date.

Practices can fax Human Services about minor changes to practice arrangements. The correspondence must be on official practice letter head and faxed to [Incentive Programs](#) for manual processing at least 7 calendar days before the relevant point-in-time date.

3.3 Withdrawing from the program

A practice can withdraw from the WIP – Practice Stream at any time by completing the [Practice Incentives - Practice closure or withdrawal form](#) (IP007) and faxing to [Incentive Programs](#).

Practices need to do this at least 7 calendar days before the relevant point-in-time date for the quarter in which they no longer want to receive payments.

Practices that withdraw or are withdrawn from the WIP – Practice Stream are not entitled to any withheld payments. Practices will need to reapply for the WIP – Practice Stream if they want to re-join the program. These practices will be assessed as new applicants and must meet all the eligibility requirements to participate.

3.4 Privacy and consent

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the purposes of the Workforce Incentive Program (WIP) – Practice Stream.

Your personal information will be disclosed to the Australian Government Department of Health and the Australian Government Department of Veterans' Affairs to enable those departments to administer aspects of 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 the Department of Human Services, 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 the Department of [Human Services](#) will manage your personal information, including their privacy policy.

More information about the way Human Services manages personal information is set out in their [privacy policy](#).

3.4.1 PIP consenting practice

If your practice is applying for the PIP and the WIP – Practice Stream you can become a PIP consenting practice.

This means you consent to the following PIP information being used for the WIP – Practice Stream:

- 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;
- general practitioner and nurse practitioner details; and
- your Standardised Whole Patient Equivalent (SWPE), for the WIP – Practice Stream calculations.

When you have become a PIP consenting practice your practice IDs will become identical and you will only need to update your practice details in your PIP profile. You will not need to make the same updates to your WIP – Practice Stream profile.

3.5 Rights of review

The WIP – Practice Stream 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 at the date of the event.

The WIP – Practice Stream ROD process is outlined below:

- To request a ROD, the authorised contact person or owners of the practice must write to Human Services using the [Practice Incentives - Review of decision form \(IP027\)](#);
- A practice must request a ROD within 28 calendar days of receiving the decision from Human Services to be reviewed;
- The decision will be reviewed against the WIP – Practice Stream eligibility criteria and/or payment formula as outlined in these guidelines;
- The practice will be advised in writing of the outcome of the ROD;
- Where a practice is not satisfied with the ROD outcome, the practice can request a Formal Review Committee to reconsider the decision, by submitting another Practice Incentives review of decision form (IP027);
- The practice will be advised in writing of the Formal Review Committee's decision;
- The [Formal Review Committee](#) is the last avenue of appeal and its decision is final; and
- Contact [Incentive Programs](#) to find out more about the formal review process.

Practices participating in the stage one trial of [Health Care Homes](#) can request a ROD if they believe that their WIP – Practice Stream payments have been affected by participation in

the trial. Practices should nominate participation in the trial as the reason for the ROD using the [Practice Incentives - Review of decision form \(IP027\)](#).

3.6 Audits

Health conducts program audits to check practices are complying with WIP – Practice Stream eligibility requirements and claims for payments.

Audits may include practice visits or a review of practice documents.

If a practice can't provide information to substantiate eligibility and claims for payments, previous WIP – Practice Stream payments for up to 6 years may be recovered. If a practice receives 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 WIP – Practice Stream.

If requested, practices must be able to provide the following evidence to support its eligibility and claims for payment:

- evidence of current registration of the eligible nurse, allied health professional (where applicable), and/or Aboriginal and Torres Strait Islander Health Practitioners at the practice (Section [1.3 Eligible health professionals](#));
- for a self-regulated allied health professional, evidence that they are eligible to be a practising member of their professional association;
- evidence of the hours worked by the eligible nurse, allied health professional, Aboriginal and Torres Strait Islander Health Worker and Health Practitioner – for example, time sheets;
- evidence of documented supervisory arrangements of the enrolled nurse (Section [1.3.1 Enrolled nurses - additional requirements](#));
- confirmation of details contained in the quarterly confirmation statements;
- copies of public liability insurance including the amount covered;
- copies of professional indemnity insurance for all general practitioners and eligible health professionals.

Copies of the evidence should be kept 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 for the practitioner was maintained during their employment.

4. WIP – Practice Stream payments

WIP – Practice Stream payments will be made by electronic funds transfer to the account specified on the practice's application, unless advised otherwise.

WIP – Practice Stream payments do not attract goods and services tax (GST).

Medicare and DVA data is linked to the provider numbers of each general practitioner and nurse practitioner specified on the practice's application, and any subsequent amendments. If a practice does not provide Human Services with details of new practitioners it will not receive payments associated with the services provided by those new practitioners.

See Part C, [Section 3.2](#) 'Changes to practice arrangements' to change practice details including changes to the nominated bank account and changes to practitioners.

4.1 Types of payments

There are three payments available under the WIP – Practice Stream:

- Quarterly incentive payments;
- Quarterly rural loading payments; and
- Annual Department of Veterans' Affairs (DVA) loading payments.

Payments are calculated and paid retrospectively by using:

- details from a practice's application and subsequent amendments;
- details from a practice's Quarterly Confirmation Statement (QCS); and
- Medicare and Department of Veterans' Affairs (DVA) data.

4.2 Payment quarters – important dates

There are four payment quarters under the WIP – Practice Stream. Eligible practices will receive payments in February, May, August and November.

Each payment quarter has a reference period and a point-in-time date as set out in the table below. The reference period is the three months before the payment quarter where practice activity is measured and used to calculate the current quarter payment. The point-in-time date is the last day of the month before the next WIP – Practice Stream payment quarter and is the date practice eligibility for that payment quarter is assessed.

The table below provides the payment quarters with the relevant reference period and point-in-time dates.

Payment quarter	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 are not eligible to receive the current quarter payment.

4.3 Quarterly Confirmation Statements (QCS)

Practices must complete and submit a Quarterly Confirmation Statement (QCS) each quarter before the WIP – Practice Stream payments can be released.

Human Services will send a QCS to all approved WIP – Practice Stream practices each quarter, except the first quarter that the practice is approved for the program.

Practices with a Health Professional Online Services (HPOS) account will receive their QCS each quarter through HPOS. All other practices will receive their QCS by mail. Practices with HPOS accounts can choose to receive their QCS by mail instead of through HPOS by selecting this option in HPOS. The fastest and easiest way is to receive the QCS through HPOS.

Practices should receive their QCS by the 15th day of the point-in-time month. If the QCS has not been received by the due date call [Incentive Programs](#).

The QCS will include the details reported by the practice and the authorised contact person or practice owner must complete the QCS by:

- confirming the practice details; or
- including any changes in practice arrangements such as changes in eligible health professionals engaged and/or the hours they have worked; and
- submitting the QCS either:
 - through [HPOS](#) by the relevant point-in-time date; or
 - by fax to [Incentive Programs](#) for manual processing at least 7 calendar days before the relevant point-in-time date.

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 and where eligible, the payment will be released. If more than one QCS is outstanding, all QCS must be returned at the same time for any eligible payments to be released.

4.4 Withheld payments

Payments may be withheld for a number of reasons including:

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

If a practice's payment has been withheld, Human Services will tell the practice in writing what information is required for payments to be released.

4.5 Withheld payments for 3 consecutive quarters

Where payments have been \$0 or withheld for 3 consecutive payment quarters, the practice may be withdrawn from the WIP – Practice Stream and incentive payments will cease.

Practices must apply to re-join the WIP – Practice Stream 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 WIP – Practice Stream, payments will recommence from the first point-in-time date following the date the practice meets all eligibility requirements and is approved to participate in the WIP – Practice Stream. Practices approved to re-join the program will be able to use the practice's historical [Standardised Whole Patient Equivalent \(SWPE\)](#).

4.6 Recovery of payments

If WIP – Practice Stream payments have been made as a result of an administrative error or inappropriate claiming, Human Services 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 WIP – Practice Stream 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 Human Services of any changes which affect their eligibility to receive WIP – Practice Stream payments.

5. Calculating WIP – Practice Stream payments

The incentive payment amount a general practice receives depends on the practice's SWPE value, the type of eligible health professional engaged and the average weekly hours they work at the practice over the quarter.

A practice may be eligible to receive incentive payments of:

- \$25,000 per year per 1,000 SWPE where a nurse practitioner, registered nurse, or 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.

Table 1 provides examples of the annual incentive amounts that a practice may be eligible to receive based on the practice SWPE and the minimum hours that must be worked by eligible health professionals to receive the maximum amount.

Table 1: Annual incentive amounts based on Standardised Whole Patient Equivalent (SWPE) values

SWPE	Minimum average number of hours per week for full incentive payment	Incentive amount for a nurse practitioner, registered nurse or allied health professional per annum	Incentive amount for an enrolled nurse, Aboriginal and Torres Strait Islander Health Worker, or Aboriginal and Torres Strait Islander Health Practitioner per annum
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

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

The maximum incentive amount a single practice can receive (prior to a rural loading) is \$31,250 per quarter or \$125,000 per annum. Practices may also be eligible for a rural loading and/or DVA loading.

The following sections outline the calculation of [SWPE values](#), [eligible health professional hours](#), [rural loadings](#) and [DVA loading](#). For example calculations see [Section 6](#) 'WIP – Practice Stream payment calculations'.

5.1 Calculating the Standardised Whole Patient Equivalent (SWPE)

The SWPE is a calculation of practice size and is independent of WIP – Practice Stream eligibility.

Human Services will work out the SWPE using both Medicare and DVA services provided to patients attending the practice during the reference period. A weighting for the age and gender of each patient is then calculated. The SWPE value is calculated using a rolling historical 12 month reference period, which starts 16 months before the payment quarter.

Services provided by both GPs and nurse practitioners are included in the SWPE value of a practice.

If a practitioner uses the provider number of another practitioner when they bill a service, this is known as a payee provider arrangement.

For the service to be included in the SWPE value, the payee provider's details must be registered in the WIP – Practice Stream at the practice location the service is provided.

When a practitioner joins or leaves a practice, or extends their provider number at a location, you must notify Human Services. The provider number will be updated or included on your practice profile. The start and end dates of the practitioners who work in your practice determine the 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.

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.

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

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 SWPE

The individual SWPE values are added together to determine the SWPE value of the practice.

For the purpose of calculating WIP – Practice Stream payments:

- the SWPE values of Aboriginal Medical Services and Aboriginal Community Controlled Health Services will be increased by 50%; and
- a practice's SWPE value is capped at a maximum 5000 SWPE each quarter.

5.1.1 PIP consenting practices

Established practices participating in the Practice Incentives Program (PIP) who join the WIP – Practice Stream will have a historical MBS service level that can be used to calculate their SWPE value. Practices must provide consent to allow usage of their PIP information for the purposes of the WIP – Practice Stream.

Practices that join the WIP - Practice Stream as a PIP consenting practice that have been in the PIP for 6 payment quarters or more will be allocated the true SWPE.

Practices that join the WIP – Practice Stream as a PIP consenting practice that have been in the PIP for less than 6 payment quarters will be allocated a default SWPE value of 1,000 for those payment quarters that they were not participating in the PIP. For example, if a practice has been participating in the PIP for 12 months, the practice's SWPE value for these 12 months will count for the first 4 payment quarters and they will be allocated a SWPE of 1,000 for a further 2 payment quarters.

5.1.2 Practices without a historical SWPE

Payments to practices without a historical SWPE – for example newly established practices and practices not participating in the PIP – will not reflect the current patient load of a practice.

Practices that do not have a historical SWPE value will be allocated a default SWPE value of 1,000. Practices participating in the PIP that do not consent to the use of their PIP information will also receive a default SWPE value of 1,000.

It takes approximately 6 payment quarters to establish a full SWPE value. At the end of this period, the actual SWPE value will be used to calculate incentive payments, even if it is less than 1,000 SWPE.

When an established practice less than 18 months old joins the WIP – Practice Stream, 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 has been established for 18 months at which time the true SWPE will be applied.

5.2 Transferring a SWPE Value

A SWPE value can be transferred if the practice:

- changes ownership;
- relocates in the same local area; or
- amalgamates with two or more practices.

In all other situations practices will need to apply for the WIP – Practice Stream as a new practice and establish a new SWPE value.

In all circumstances practices must continually meet all WIP – Practice Stream requirements, including accreditation, to remain eligible to get payments.

5.2.1 Practice relocation - transferring a SWPE value

If the practice relocates to a different physical location in the same local area but is not sold, the SWPE value will transfer to the new physical location.

The SWPE value can only transfer to the new location if:

- another practice is not operating from the original location; and
- the patients and all patient records stay with the relocated practice.

If the relocated practice does not meet these requirements, the practice will need to apply for the WIP – Practice Stream as a new practice and establish a [SWPE value](#). In these circumstances, the original practice will not receive a payment for the quarter in which the practice relocation occurs.

5.2.2 Change of ownership - transferring a SWPE value

If a change of ownership of a practice has happened, and it remains open in the original physical location, the SWPE value will transfer to the new owners. This only occurs if the accreditation is included in the sale of the practice. This lets the new practice owners use the historical SWPE value of the practice.

This happens even if the original owners establish a new practice in the same local area.

If the transfer of ownership does not meet these requirements, the practice will need to apply for the WIP – Practice Stream as a new practice and establish a [SWPE value](#).

5.2.3 Practice amalgamation - transferring a SWPE value

If two or more practices in the same local area amalgamate, the SWPE value of the amalgamated practices will be the sum of the SWPE values for each original practice.

If the amalgamated practice does not meet these requirements, the practice will need to apply for the WIP – Practice Stream as a new practice and establish a [SWPE value](#).

The closed location(s) will not receive a payment for the quarter in which the practices amalgamate.

If one or more of the amalgamating practices is outside the local area, the practice originally on site at the final location will maintain its SWPE value.

5.3 Calculating hours worked by eligible health professionals

Practices can only claim the hours worked by eligible health professionals employed or engaged by the practice.

Practices need to calculate the average weekly hours worked per quarter for each eligible health professional, taking into account ineligible services and ineligible activities in Part C, [Section 1.5](#) Ineligible services/activities.

For the WIP – Practice Stream, the number of hours a full time eligible health professional works is equivalent to 38 hours per week. For eligible health professionals not working full time average weekly hours are the sum of total hours worked by that health professional for the entire payment quarter divided by 13 weeks.

Example:

A nurse engaged for 15 hours per week for 4 weeks and 20 hours per week for 9 weeks = $(15 \times 4) + (20 \times 9) \div 13 = 18.46$ average weekly hours.

Practices must keep documented evidence of the hours worked by each eligible health professional for auditing purposes.

5.3.1 Grace periods

A practice has the following grace periods to replace an eligible health professional that was funded through the WIP – Practice Stream before the calculation of incentives is affected:

- 21 calendar days; or
- 45 calendar days if the practice is:
 - an Aboriginal Medical Service;
 - an Aboriginal Community Controlled Health Service; and/or
 - eligible to receive a rural loading based on the MMM geographical classification.

If a practice can't replace the eligible health professional within the applicable grace period, the practice must notify Human Services of the change in circumstances at least 7 calendar days before the point-in-time.

5.3.2 Calculating hours - amalgamating practices

When [practices amalgamate](#) the closed location(s) will not receive a payment for the quarter in which the practice amalgamation occurs.

The average weekly hours worked by eligible health professionals at the closed location(s) may be transferred to the newly amalgamated practice for the current payment quarter only (see example calculation below). For subsequent payment quarters, the amalgamated practice at the final location will report the new average weekly hours worked.

Example:

Practice A and Practice B amalgamate on 6 April. Practice A will become the new amalgamated practice and Practice B will close. The standard weekly registered nurse hours are 20 hours in Practice A and 30 hours in Practice B.

The 30 hours at Practice B (the closing location) is multiplied by 10 (the number of weeks from the beginning of the payment quarter and the date of amalgamation) and divided by 13 (total weeks in the payment quarter) = 23 average hours per week.

These 23 hours are added to the 20 hours at Practice A = 43 average weekly hours for the newly amalgamated practice for 1 February to 30 April quarter.

The new average weekly hours will apply for subsequent quarters.

5.4 Calculating the rural loading payment

A rural loading will be applied to the incentive payment for which the primary practice is eligible.

The rural loading is determined by the [Modified Monash Model](#) (MMM) 2019 geographical classification of the practice's main location.

The rural loadings per WIP – Practice Stream incentive are:

- 0% for MM 1;
- 0% for MM 2;
- 20% for MM 3;
- 30% for MM 4;
- 30% for MM 5;
- 50% for MM 6; and
- 50% for MM 7.

5.5 Calculating the DVA loading payment

Practices receiving the WIP – Practice Stream payment and providing general practitioner (GP) services to DVA Gold Card holders are eligible for an annual payment for each veteran. Human Services 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 do not meet the definition of GPs for the purposes of the DVA Loading.

When a DVA Gold Card holder goes to more than one 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%

6. Example WIP – Practice Stream payment calculations

Scenario 1 – Registered nurse

Practice A has a SWPE value of 5,000 and employs a registered nurse for 38 hours per week. The practice is located in MM 1 and therefore not entitled to receive a rural loading.

Practice A is eligible to receive an incentive payment of \$75,000 per year or \$18,750 per quarter.

Scenario 2 – Nurse practitioner in a rural area

Practice B has a SWPE value of 2,000 and employs a nurse practitioner for 25 hours and 20 minutes per week. The practice is located in MM 5 and is therefore entitled to a rural loading in addition to the incentive payment.

Practice B is eligible to receive an incentive payment of \$50,000 per year plus a rural loading of 30% = \$65,000 per year or \$16,250 per quarter.

Scenario 3 – Aboriginal and Torres Strait Islander Health Practitioner and Health Workers

Practice C is an Aboriginal Medical Service and therefore its SWPE value of 2000 is increased by 50%. The practice employs an Aboriginal and Torres Strait Islander Health Practitioner and two Aboriginal and Torres Strait Islander Health Workers who each work 38 hours per week. The practice is located in MM 2 and therefore not entitled to receive a rural loading.

Practice C is eligible to receive \$37,500 per year or \$9,375 per quarter.

Scenario 4 – Registered nurse and allied health professionals in a rural area

Practice D has a SWPE value of 3,000 and employs a registered nurse for 25 hours per week, a psychologist for 8 hours and a pharmacist for 8 hours. The practice is located in MM 6 and is therefore entitled to a rural loading in addition to the incentive payment.

Practice D is eligible to receive an incentive payment of \$75,000 per year (the maximum incentive amount for an organisation with a SWPE value of 3000) plus a rural loading of 50% = \$112,500 per year or \$28,125 per quarter.

Scenario 5 – Nurse practitioner and an enrolled nurse in a rural area

Practice E has a SWPE value of 3,000 and employs a nurse practitioner for 19 hours per week and an enrolled nurse for 19 hours per week. The practice is located in MM 3 and is therefore entitled to receive a rural loading in addition to the incentive payment.

Practice E is eligible to receive an incentive payment of \$37,500 for employing a nurse practitioner + \$18,750 for employing an enrolled nurse = \$56,250 per year plus a rural loading of 20% = \$67,500 per year or \$16,875 per quarter.

Scenario 6 – A combination of eligible health workers in a rural area

Practice F has a SWPE value of 6300 which is capped at 5000. The practice employs a registered nurse for 38 hours per week, a physiotherapist for 10 hours per week, a podiatrist for 10 hours per week and an Aboriginal and Torres Strait Islander Health Practitioner for 30 hours per week.

The practice is located in MM 4 and therefore entitled to a rural loading in addition to the incentive payment.

Practice F is eligible to receive \$114,500 per year (the maximum incentive amount a single practice can receive prior to a rural loading) plus a rural loading of 30% = \$119,750.00 per year or \$30,187.75 per quarter.

7. Contact information WIP – Practice Stream

For more information contact Human Services through [Incentive Programs](#).

Part D: Glossary of terms

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

General

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

- is employed in an Aboriginal and Torres Strait Islander identified position by the practice;
- has undertaken a minimum Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care; and
- 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 is registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia and meets the Board's registration standards to practise in Australia. Registration requirements and professional standards for Aboriginal and Torres Strait Islander Health Practitioners are on the [Board's website](#).

Aboriginal Community Controlled Health Service is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).

Aboriginal Medical Service is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals.

Delegate is a person authorised by the Department of Human Services or the Department of Health to administer the program.

The **Health Care Homes** program commenced in October 2017, in response to the recommendations in the Primary Health Care Advisory Group Report 'Better Outcomes for People with Chronic and Complex Health Conditions'. The Health Care Home model incorporates a bundled payment approach for the management and care of enrolled patients with chronic conditions.

HPOS is the [Health Professional Online Services](#). This is an online system where medical practitioners and practices can do business online with Human Services. Most changes made through HPOS are effective immediately.

- for the WIP – Doctor Stream, medical practitioners can view service history, payment statements, update WIP – Doctor Stream bank details, and receive notifications for mail services; and
- for the WIP – Practice Stream, practices can view and update details of the practice, practitioner, eligible health professional and bank details, receive and submit quarterly confirmation statements and view payment statements.

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 Human Services.

Medicare Provider Number is a unique number that Human Services issues to eligible health professionals who apply to participate in the Medicare Program.

Medical practitioner is a person who is registered under the *Health Practitioner Regulation National Law Act 2009* in the medical profession.

Modified Monash Model (MMM) is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities. The WIP uses the MMM 2019.

WIP – Doctor Stream

An **Active Quarter** is a payment quarter under the WIP – Doctor Stream in which a medical practitioner's activity level is equal to, or above, the minimum activity threshold for the CPS and/or the FPS.

Activity Levels are indicators under the WIP – Doctor Stream of the activity of the medical practitioner, based upon the MBS billing and/or sessions.

Applicant under the WIP – Doctor Stream is the medical practitioner applying to the relevant RWA for payment through the FPS.

Approved training pathway refers to the Australian General Practice Training (AGPT) Program, Australian College of Rural and Remote Medicine (ACRRM)'s Independent Pathway, the Remote Vocational Training Scheme (RVTS) or the Royal Australian College of General Practitioners (RACGP)'s Practice Experience Program (PEP).

The **Central Payment System (CPS)** is the WIP – Doctor Stream payment system for medical practitioners who bill the MBS for eligible services. Payments are based on MBS records of eligible services provided in eligible locations in Australia. Payments are made automatically, and Human Services will notify medical practitioners when this occurs.

Eligible Locations under the WIP – Doctor Stream are those locations in Australia classified as MM 3-7. Eligible services are based on the practice or outreach location, regardless of medical practitioner or patient address.

Eligible services under the WIP – Doctor Stream are those services described in Part B, [Section 3.1.1](#) and [Section 4.1.1](#).

The **Flexible Payment System (FPS)** is the WIP – Doctor Stream payment system for medical practitioners who provide eligible non-MBS services and/or undertake training (on an approved training pathway) that are not reflected in MBS records. To request a payment under the FPS, the medical practitioner must apply directly to the RWA in the state or the Northern Territory in which they provided the majority of services.

Inactive Quarters are payment quarters under the WIP – Doctor Stream that fall below the minimum activity threshold. Inactive quarters are not eligible for payment.

A **Lapsed Payment** under the WIP – Doctor Stream is where a medical practitioner has completed the required number of active quarters to receive a payment but fails to provide correct bank details within 60 calendar days of a bank details request letter from Human Services. After the allowed 60 calendar days, payment will lapse and they **will not be eligible** to receive that payment.

Leave under the WIP – Doctor Stream is considered the number of quarters since the activity that counted toward a medical practitioner's last payment. Medical practitioners can be inactive for a period of up to five years for any reason without loss of accrued Year Level status, but will not receive WIP – Doctor Stream payments for any period of leave. Those who have not received a payment for activity in the 24 quarters (six years) immediately prior to becoming eligible for a new payment will lose their current Year Level status and recommence in the program as a new participant.

New Participants under the WIP – Doctor Stream are medical practitioners who have not previously received incentives under the program, or have not received a payment for activity in the last 24 quarters (six years). New participants providing a majority of services in MM 3-5 will receive their first payment after achieving eight active quarters within a 16 quarter period. New participants providing a majority of services in MM 6-7 will receive their first payment after achieving four active quarters within an eight quarter period.

Opt Out - Medical practitioners who no longer want to receive WIP – Doctor Stream payments may opt out of the program. By opting out, a medical practitioner is voluntarily choosing not to participate in the WIP – Doctor Stream.

Payment Quarters under the WIP – Doctor Stream are the prescribed time periods below where eligible activity is used to determine if the quarter is active or inactive for a WIP – Doctor Stream payment.

Quarter One – July, August, September

Quarter Two – October, November, December

Quarter Three – January, February, March

Quarter Four – April, May, June

Practice location is where a medical practitioner has been providing eligible primary care services under the WIP – Doctor Stream.

Reference period for a payment under the WIP – Doctor Stream refers to the period of time in which a practitioner achieves the required number of active quarters for payment. The start of the reference period would be the start date of the first active quarter for payment. The end of the reference period would be the end date of the last active quarter for payment. For continuing practitioners in all locations and new practitioners in MM 6-7 locations, the reference period is up to eight quarters in length. For new practitioners in MM 3-5 locations, the reference period is up to 16 quarters in length.

Thresholds under the WIP – Doctor Stream are the minimum amount of billing for a quarter to be considered active and to count toward a payment (\$6,000 or 21 sessions), and the amount of billing for a quarter to attract the maximum payment (\$30,000+ or 104+ sessions).

A **WIP – Doctor Stream Session** under the FPS refers to a period of three hours minimum in which a medical practitioner provides eligible WIP – Doctor Stream services (regardless of whether the MBS was billed) and/or undertakes eligible training. A maximum of two sessions can be claimed per day.

Year Level refers to the duration of active service in eligible locations under the WIP – Doctor Stream. Year Level and MM category determine the maximum annual payment amount.

WIP – Practice Stream

Accreditation is the independent recognition that a practice is a general practice in accordance with the requirements of the Royal Australian College of General Practitioners (RACGP) [*Standards for general practices*](#).

After-hours service is defined by the current RACGP *Standard for general practices* as a service that provides care outside the normal opening hours of a general practice, regardless of whether that service deputises for other general practices, or the care is provided physically in or outside of the clinic. After-hours services are **not** eligible for the WIP – Practice Stream.

Allied health professional is a person who holds nationally accredited tertiary qualifications (of at least Australian Qualifications Framework Level 7 or equivalent), enabling eligibility for membership of their national self-regulating professional association or registration with their national board. Allied health professionals are qualified to apply their skills to retain, restore or gain optimal physical, sensory, psychological, cognitive, social and cultural function of clients, groups and populations.

Amalgamation means 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. The remaining original location(s) will close.

Applicant under the WIP – Practice Stream is the practice applying as named on the WIP – Practice Stream application.

Authorised contact person(s) is a person the practice owner(s) nominates to act on behalf of the practice in relation to the WIP – Practice Stream.

Closed practice is when all registered medical practitioners stop providing face to face medical or health services to patients at the main physical location registered in the WIP – Practice Stream.

Direct supervision is when a registered nurse is actually present, and personally observes, works with, guides and directs an enrolled nurse ([1.3 Eligible health professionals](#))

Eligible health professional under the WIP – Practice Stream is a nurse practitioner, registered nurse, enrolled nurse, Aboriginal and Torres Strait Islander Health Worker, Aboriginal and Torres Strait Islander Health Practitioner and an allied health professional listed in Part C, [Section 1.3](#) of the Guidelines and that:

- is employed, engaged or otherwise retained by the practice for their time that is not supported by other funding or direct billing of MBS items; and
- meets the eligibility requirements in Part C, [Section 1.3](#) 'Eligible Health Professional'.

Enrolled nurse is a person who is registered with the Nursing and Midwifery Board of Australia (NMBA) and meets the board's registration standards to practise as an enrolled nurse 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.

The Formal Review Committee under the WIP – Practice Stream consists of Health and Human Services delegates and is convened when a practice requests a review of decision (ROD) outcome to be reconsidered. The Formal Review Committee is the last avenue of appeal and its decision is final. See Part C, [Section 3.5](#) Rights of Review for more information on the ROD process for the WIP – Practice Stream.

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 the WIP – Practice Stream, 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.

Hours worked under the WIP – Practice Stream is the actual average weekly hours worked by an eligible health professional.

Indirect supervision is when a 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.

Medical deputising services is the RACGP *Standards for general practice* definition as organisations which directly arrange for medical practitioners to provide after hours 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 the WIP-Practice Stream.

Normal opening hours are the advertised opening hours of the general practice.

Nurse is someone who is a nurse practitioner, registered nurse or enrolled nurse that meets the minimum qualifications set out in the glossary for that type of nurse.

Nurse practitioner is someone who is a registered nurse with endorsement to practise as a nurse practitioner from the NMBA. Registration requirements and standards for practice for nurse practitioners are on the [NMBA website](#).

Open practice is when one or more registered medical practitioners provide face to face medical or health services to patients at the main physical location registered in the WIP – Practice Stream. Practices can apply in writing for an exemption if exceptional circumstances, such as natural disasters, cause the practice to close for a period of time.

Payment Quarters under the WIP – Practice Stream are the prescribed time periods below where hours worked by health professionals at the practice are measured for the calculation of WIP – Practice Stream quarterly payments. See Part C, [Section 4.2](#) 'Payment quarters – important dates' for more information.

February Quarter – November, December, January

May Quarter – February, March, April

August Quarter – May, June, July

November Quarter – August, September, October

PIP is the Practice Incentives Program administered by Human Services on behalf of Health.

PIP consenting practice is a practice participating in the PIP that has consented to PIP information being used for the purposes of the WIP – Practice Stream.

Point-in-time is the last day of the month before the next WIP – Practice Stream payment quarter.

Practice is an approved medical practice participating in the WIP – Practice Stream, 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 medical practitioner and/or eligible health professional has been providing services and billing the MBS.

Quarterly Confirmation Statement (QCS) is a statement provided to all practices registered for the WIP – Practice Stream. The QCS confirms practices' details and activity for the calculation of a payment under the WIP – Practice Stream. To qualify for each quarterly payment, practices must confirm or change the details in the QCS and submit the QCS to Human Services.

Registered nurse is a person who is registered with the NMBA and meets the Board's registration standards to practise as a registered nurse in Australia. Registration requirements and professional standards for registered nurses are on the [NMBA website](#).

Relocation means when the practice's physical location has changed and is established as a place of business at the new premises.

The following requirements must be met:

- Current accreditation is transferred to the new premises and accreditation status is retained under the National General Practice Accreditation Scheme's (The NGPA Scheme) advisory on 'Physical relocation of a general practice to another premise'. More information is on the [Australian Commission on Safety and Quality in Health Care](#) (ACSQHC) website.
- All current practitioners must obtain a new provider number associated with the new premises; and
- The old location is no longer operating as a medical practice

Practices can relocate to any location regardless of distance, however if the practice wishes to transfer the historical Standardised Whole Patient Equivalent (SWPE) value it must

relocate within the same local area as the original location ([5.2.1 Practice relocation - transferring a SWPE value](#)).

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 approved accrediting agency.

Standardised Whole Patient Equivalent (SWPE) is used in the calculation of the WIP – Practice Stream 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.

Unique Identifier will be the Australian Health Practitioner Regulation Agency (AHPRA) ID for eligible health professionals required to be registered under AHPRA – these are available on the [AHPRA website](#). If eligible health professionals are not required to be registered under AHPRA the Healthcare Provider Identifier – Individual (HPI-I), may be used, where available.