

## **NEW- Practice Nurse Incentive Payment PNIP**

### **What is being phased out and replaced with the PNIP**

- The practice nurse PIP payment (maximum of \$40,000) will be abolished
- Practice nurse immunisation (#10993), wound management (#10996) and cervical screening (#10994, #10995) Medicare items will be abolished

### **Payments being retained**

- Practice nurse follow up services after a care plan (#10997) or indigenous health check (#10987) will be retained
- Practice nurse Healthy Kids Check (#711) will be retained
- Practice nurses can still substantially contribute to chronic disease care plans (#721-731) and health checks (#701-707, #715) claimed by GPs.

### **What is the PNIP?**

- The Practice Nurse Incentive Program (PNIP) starts on 1 January 2012 and provides incentive payments to practices to offset the cost of employing a nurse and support an expanded and enhanced role for nurses working in general practice.
- The program is administered by Medicare Australia on behalf of the Department of Health and Aging (DoHA) and the Department of Veterans' Affairs (DVA).
- General practices across Australia, Aboriginal Medical Services and Aboriginal Community Controlled Health Services may be eligible. Includes those in urban areas.

The program will also include:

- support for all accredited practices to employ an Aboriginal Health Worker instead of, or in addition to, a practice nurse (Registered Nurse or Enrolled Nurse)
- support for practices in urban areas of workforce shortage to employ an allied health professional, such as a physiotherapist, dietitian or occupational therapist, instead of, or in addition to a practice nurse and/or Aboriginal Health Worker (the eligible urban areas of workforce is yet to be advised)
- a loading for Aboriginal Medical Services and Aboriginal Community Controlled Health Services
- a one-off \$5000 incentive to support eligible non-accredited practices to become accredited.

### **Nurse requirements**

Enrolled nurses (Div 2) are required to be supervised (directly or indirectly) by a Registered nurse (Div 1). This means the RN delegates the care to the EN who is accountable and responsible for all aspects of delegated care.

Nurse practitioners or midwives who bill Medicare in their own right are not eligible to be employed under the program.

### **Eligible general practices will need to apply for the PNIP**

- Practices can apply for the PNIP from 1 October 2011, when application forms will be available on the Medicare Australia website. From 1 January 2012, practices will be able to apply for the PNIP and supply the required supporting documentation via the PNIP Online system. To apply for payments through the PNIP Online system practice owners and authorised contact persons must have a Public Key Infrastructure (PKI) individual certificate to access the system.
- Medicare Australia will make the first payment in February 2012 to practices that are eligible for PNIP. Practices have from 1 October 2011 to 31 January 2012 to submit their PNIP application form to be assessed as eligible in order to receive the February 2012 payment.

## **There are five payment types under the PNIP.**

### **1) Incentive payment**

The level of incentive payment depends on the practice's Standardised Whole Patient Equivalent (SWPE) value and the hours worked by practice nurses at the practice.

The PNIP will provide incentive payments to eligible practices of:

- \$25 000 per year, per 1000 SWPE where a Registered Nurse works at least 12 hours 40 minutes per week
- \$12 500 per year, per 1000 SWPE where an Enrolled Nurse works at least 12 hours and 40 minutes per week.

Incentives will be capped at five per practice, meaning that practices will be eligible to receive up to \$125 000 per year.

### **2) Top-up payment**

Top-up payments will be available for accredited practices receiving the incentive payment for the first three years of the program (from 1 January 2012 to 31 December 2014) to make sure that practices are not financially disadvantaged by the end of the PIP PNI and/or the six removed MBS practice nurse items. Medicare Australia will assess if a practice is eligible for a top-up payment. Practices will have until 30 June 2012 to apply for a top-up payment.

### **3) Grandparenting payment**

For the first three years of the program (from 1 January 2012 to 31 December 2014) grandparenting payments will be available for non-accredited practices that currently employ a nurse but are not eligible for the PNIP to make sure practices are not financially disadvantaged by the removal of the six MBS practice nurse items. Medicare Australia will assess if a practice is eligible for grandparenting payments. Practices will have until 30 June 2012 to apply for grandparenting payments.

### **4) Accreditation Assistance Incentive payment**

A one-off \$5000 incentive to support eligible non-accredited practices to become accredited. To be eligible a practice must be registered for accreditation against the RACGP *Standards for general practice* and meet the other eligibility requirements as detailed in the [Practice Nurse Incentive Program Guidelines](#). In addition, the practice must join the PNIP, (Practices can apply for the PNIP from 1 October 2011), provide proof of registration for accreditation and become accredited within 12 months of joining the PNIP.

### **5) Department of Veterans' Affairs loading**

Practices that are eligible for the PNIP and provide GP services to Department of Veterans' Affairs Gold Card holders will be eligible for a yearly, per veteran payment. These practices will be identified by Medicare Australia and paid in August each year. The Department of Veterans' Affairs loading will be calculated by determining the number of Gold Card holders who receive an 'in rooms' consultation in an eligible practice during each year.

### **Practices with multiple locations**

More information on practices with multiple locations is available in the [program guidelines](#).

### **When are PNIP payments made?**

Payments will be calculated and paid retrospectively on a quarterly basis. Payments are made by Electronic Funds Transfer (EFT) to the account nominated by the practice in the application form and do not attract Goods and Services Tax (GST).

Medicare Australia will make the first payment in February 2012 to practices that are eligible for PNIP. Practices have from 1 October 2011 to 31 January 2012 to submit their PNIP application form to be assessed as eligible in order to receive the February 2012 payment.

**Calculating the SWPE value**

PNIP payments are based on a measure of the practice size known as the Standardised Whole Patient Equivalent (SWPE) value. Newly established practices, practices not participating in the PIP or PIP practices that do not provide Medicare Australia consent to access their PIP information will not have a SWPE value and will be given an initial start up SWPE value of 1000.

**PNIP Incentive Payment Ready Reckoner**

The Department of Health and Ageing and Medicare Australia have developed the ready reckoner that can be used to estimate the incentive amount a practice may be entitled to.

<http://www.medicareaustralia.gov.au/provider/incentives/pnip/calculator.jsp>

**PNIP guidelines**

Full Information on the calculation of payments and practice eligibility requirements can be found in the Practice nurse incentive guidelines

[http://www.medicareaustralia.gov.au/provider/incentives/files/pnip\\_guidelines\\_1106.pdf](http://www.medicareaustralia.gov.au/provider/incentives/files/pnip_guidelines_1106.pdf)

**For more information on PNIP**

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