



GENERAL PRACTICE RURAL INCENTIVE PROGRAM

RURAL RELOCATION INCENTIVES GRANT (RRIG) FLEXIBLE PAYMENTS SYSTEM

APPLICATION FORM

Current from October 2011

PART 1:

SUMMARY OF RURAL RELOCATION INCENTIVE GRANTS (RRIG).

The General Practice Rural Incentives Program (GPRIP) commenced on 1 July 2010. GPRIP was funded in the 2009-10 Budget as part of the Rural Health Workforce Strategy.

The Program aims to encourage medical practitioners to relocate to and practice in rural and remote communities and to promote careers in rural medicine. It consolidates two previous rural incentive programs and provides a new relocation grant. GPRIP comprises:

- GP Component (previously known as the Rural Retention Program - RRP);
- Registrar Component (previously known as the Registrars Rural Incentive Payment Scheme- RRIPS); and
- Rural Relocation Incentive Grant (RRIG).

The RRIG of General Practice Rural Incentives Program (GPRIP) comprises two payment systems – the Central Payment System (CPS) and the Flexible Payment System (FPS).

- The **Central Payments System** (CPS) applies to medical practitioners who bill Medicare services. These medical practitioners will have their eligibility automatically assessed each billing period and will be advised and paid by Department of Human Services (formally known as Medicare Australia) when a payment is due.
- The **Flexible Payments System** (FPS) applies to medical practitioners who provide services outside the Medicare billing system that would not be adequately reflected in the Medicare records e.g. medical practitioners working for the Royal Flying Doctors Service.

To be assessed for an instalment under the FPS, medical practitioners must contact the Rural Workforce Agency (RWA) in the State or Territory in which they have relocated to and provide services.

In extenuating circumstances where the RWA cannot assess the application, RWAs will seek advice from the GPRIP Advisory Body, through the Australian Government Department of Health and Ageing (the Department).

This application form relates only to the **Flexible Payments System**. If you wish to apply for a payment under the Flexible Payments System, you will need to complete Parts 3 and 4 of this Application Form.

NB: Please ensure your personal and bank details are updated with the Department of Human Services (DHS).

Flexible Payments System

The FPS for the RRIg assists medical practitioners in three broad categories:

- Medical practitioners seeking to relocate who will be providing similar services as would have been rewarded under the CPS but will not be eligible through the CPS because services are provided through alternative forms of employment not taken into account by the CPS; and
- Medical practitioners who have been approved to relocate to very isolated communities, and who have received a part-payment under the CPS which, as a result of low Medicare Benefit Schedule (MBS) billing rates for such services, does not reflect their relevant workload; and
- Those who have been approved for a relocation grant, and would have received a CPS payment but for a period of acceptable leave caused them to lose accrued eligibility.

Medical practitioners must apply and be approved for RRIg prior to commencing services in the new location to be eligible for RRIg. To be eligible for a relocation grant, medical practitioners must meet the following criteria:

- **Must apply for the RRIg within 90 days prior to the nominated relocation date.**
- **Hold Fellowship of a recognised specialist college.**
- **Overseas trained doctors must have completed requirements under section 19AB of the Health Insurance Act 1973 (the Act).**
- **Be an Australian citizen or permanent resident.**
- **Relocate to a location that is classified as being more remote than the location in which they have been practising over the past 12 months;**
- **Have provided at least one service within the past 12 months (to determine the location from which the medical practitioner is relocating).**
- **Have not previously received a GPRIP relocation grant. (please note, there are other types of relocation grants provided by other organisations);**

Medical practitioners will only be eligible for a grant if they relocate to eligible locations. Eligible locations are those within categories 2-5 of the Australian Standard Geographic Classification – Remoteness Areas (ASGC-RA) system. The ASGC-RA status of any location may be determined by using the mapping locator on the DoctorConnect website at www.doctorconnect.gov.au.

Incentive grant amounts are based on the locations from which the medical practitioner relocates from and to, as well as their clinical workload following relocation. Payments are made in two instalments, according to the level of service over their last four active quarters. Maximum payment rates for each category are set out in the table below. Where active quarters have been completed in different categories, an average is calculated, based on their major RA category for each quarter.

FROM	TO			
RA Location	RA2 (Inner Regional)	RA3 (Outer Regional)	RA4 (Remote)	RA5 (Very Remote)
RA1 (Major Cities)	\$15,000 (\$7,500 p/a)	\$30,000 (\$15,000 p/a)	\$60,000 (\$30,000 p/a)	\$120,000 (\$60,000 p/a)
RA2 (Inner Regional)		\$15,000 (\$7,500 p/a)	\$30,000 (\$15,000 p/a)	\$60,000 (\$30,000 p/a)
RA3 (Outer Regional)		-	\$15,000 (\$7,500 p/a)	\$30,000 (\$15,000 p/a)
RA4 (Remote)		-	-	\$15,000 (\$7,500 p/a)

Incentive payments are defined as ‘assessable income’; it is the responsibility of the medical practitioner to address the tax liability associated with the RRIIG in their end of year tax return.

Rural Workforce Agencies (RWAs) in each State and the Northern Territory are responsible for administering the Flexible Payment System. Medical practitioners must submit their Flexible Payment System application to the relevant RWA for assessment. In extenuating circumstances where the RWA cannot assess the application form, RWAs will seek advice from the Department, which may refer the case to the GPRIP Advisory Body.

Eligibility for provisions and categories of medical practitioners is based on the RA locations. The following RA categories apply to specific provisions:

Alternative Employment

RA categories	
RA2 to 5	Medical practitioners working for the Royal Flying Doctors Service (RFDS)
RA2 to 5	Medical practitioners working for Aboriginal and Torres Strait Islander Medical Services
RA4 to 5	State salaried medical practitioners providing primarily primary care services, and medical practitioners providing procedural services to private patients in hospital settings Medical practitioners as part of Antarctic Expeditions.

Top up provisions

RA categories	
RA4 to 5	Medical practitioners, who, because of low Medicare billing rates, receive an inappropriately low part-payment under the Central Payments System may be eligible for a top-up payment. Reasons for this low billing may include: excessive travel time to provide outreach services, time spent providing population health work in Aboriginal and Torres Strait Islander communities, and the provision of essential services to relatively small communities.

Acceptable Extended Leave

RA categories	
RA 2 to 5	Medical practitioners may be eligible for leave in accordance with the following criteria: 4 quarters (12 months) – no justification required 6 quarters (18 months) – for upskilling and secondary training 8 quarters (24 months) - for maternity/paternity Leave

Leave Clustering

RA categories	
RA 4 to 5	Doctors working in remote communities under contract arrangements are entitled to cluster their leave, for up to four months at the end of their contract without compromising their accrued eligibility.

Medical practitioners should only complete this application form if they fall into the following categories:

- Those who have not billed Medicare services in the past 12 months, and will not bill services over the next 4 active quarters;
- Those who have not billed Medicare services in the past 12 months, but will bill Medicare services following approval of the relocation (medical practitioners who have not billed Medicare services in the past 12 months will be deemed ineligible in the first instance if they apply directly to Medicare Australia);
- Those who have billed Medicare services, but will not bill Medicare services in their new location should they be approved for RRIG;
- Those who are seeking a Top Up;
- Those who have lost accrued eligibility due to acceptable extended leave; and
- Those who are eligible under the FPS and may have been declined by DHS under the CPS. For example: locums, Overseas Trained Doctors (OTDs), and New Zealand Citizens newly arrived in Australia.

If you wish to apply for a payment under the Flexible Payments System, you will need to complete Parts 3 and 4 of this Application Form.

Eligible medical practitioners (who have been approved by DHS or the RWA **before** moving to the new location) are able to claim retrospective payments dating back twelve months from the date an RWA receives an FPS RRIG application form and where acceptable extended leave conditions exist. Provision will still exist for exceptional circumstances to be reviewed on a case-by-case basis in order to ensure that medical practitioners are not unfairly disadvantaged due to occurrences beyond their control. Such situations will be reviewed by the Department, which may seek advice/recommendation from the GPRIP Advisory Body.

PART 2:

DEFINITIONS OF KEY TERMS USED IN THIS APPLICATION FORM

Quarter

The following quarters apply under the Program:

March Quarter:	January, February, March
June Quarter:	April, May, June
September Quarter:	July, August, September
December Quarter:	October, November, December

Active quarter in alternative employment

A quarter in which a medical practitioner has provided primary care services with an equivalent billing amount above the minimum quarterly threshold of \$4,000. That is, approximately 21 sessions per quarter or 1.6 sessions per week of eligible services, with a minimum of three hours per session equates to \$4,038.

Eligible Services

Clinical services which are equivalent to the General Medical Services Section of the Medicare Benefits Schedule book. This includes:

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

Eligible services do not include diagnostic imaging, pathology services, dentistry, optometry or bulk billing items 10990, 10991 and 10992.

Eligible services under the Flexible Payments System are broadly equivalent to those rewarded under the Central Payments System but are provided outside of the Medicare system.

There are provisions for Royal Flying Doctor Service (RFDS) medical practitioners and medical practitioners who provide services predominantly to Aboriginal and Torres Strait Islander people to include as eligible services:

- travel time to provide outreach services; and/or
- population health work or support of Aboriginal and Torres Strait Islander health workers.

ASGC-RA	Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) - the index used to determine and classify eligible locations under the Program.
Location	Except in the case of RFDS medical practitioners (or similar), for the purposes of this Application Form, location means the town or locality where services were provided, or where the practice is located, rather than a suburb of that town or locality. For RFDS doctors, location means the town or locality where the medical practitioner provided services AND spent the night(s) while providing those services.
Retention Payment Category	Retention Payment Categories have been determined using the ASGC-RA classification. Eligible categories range from RA2 to RA5, with RA5 indicating the most remote locations. The categories are used to apply different payment rates for medical practitioners in these locations. The ASGC-RA status of any location can be determined using the mapping locator on the DoctorConnect web site: www.doctorconnect.gov.au .
Session	A session for the purposes of the GP Component is a period in which a medical practitioner provides eligible services, for a minimum of three hours. A medical practitioner may claim a maximum of two sessions per day.

PART 3:

FLEXIBLE PAYMENTS SYSTEM – APPLICATION

1. Full Name	Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
	Given names _____
	Family Name _____
2. Provider Number - Please provide only one provider number you have used over the past 5 years	_____
3. Practice Name and Address which you are relocating from	_____ Postcode _____
4. Practice Name and Address which you are relocating to	_____ Postcode _____
5. Preferred Mailing Address If different from above	_____ Postcode _____

6. Contact Details

Daytime phone number _____

Mobile phone number _____

Fax number _____

Email address _____

7. On what grounds are you applying for a Flexible Payments System payment?

Please tick whichever applies

 Alternative Employment

You provide eligible services that are not recognised under the CPS (e.g. Salaried medical practitioner not billing Medicare but providing predominantly primary care services).

 Top Up provisions

You are a medical practitioner providing 'eligible services' in an isolated location and have only received a part-payment under the CPS that does not reflect your relevant workload. Only available to medical practitioners in RA 4 and 5. Medical practitioners providing services predominantly to Aboriginal and Torres Strait Islanders who are in less remote locations may also be considered.

 Leave

You have taken a period of leave that has caused you to lose accrued eligibility under the Central Payments System. (i.e. extended leave taken where you believe you have not billed Medicare for a period of four quarters in any eight quarters may affect your continuous service requirements).

As a medical practitioner working in remote communities under contract arrangements you wish to cluster your leave for up to four months at the end of your contract without compromising accrued eligibility.

 Declined under CPS, but eligible under FPS

Certain groups of medical practitioners may be declined under the CPS, but are eligible under the FPS. These groups of medical practitioners include locums, Overseas Trained Doctors that have received a 'non-location specific class exemption' as a result of the OTD scaling; and New Zealand citizens newly arrived in Australia.

Note: Medicare data will be used in determining your eligibility and payment level, if appropriate.

**Information needed to calculate eligibility
- including Medicare and non-Medicare services**

8. Eligibility for a payment under the Flexible Payments System.
The information required in this question will determine your eligibility under the Flexible Payments System.

Please note that this table will need to cover a period of between four and eight quarters.
If you would like to determine the period appropriate to your particular circumstances, please contact the Rural Workforce Agency in your State. Please attach additional pages if required.

(a) **Locations/ Eligible services**
(including Medicare services, if appropriate)

Location(s) in which you have

provided eligible services	Date commenced	Date ceased	Name of Employer	Number of sessions* per week
.....	.../.../.....	.../.../.....
.....	.../.../.....	.../.../.....
.....	.../.../.....	.../.../.....
.....	.../.../.....	.../.../.....
.....	.../.../.....	.../.../.....
.....	.../.../.....	.../.../.....
.....	.../.../.....	.../.../.....
.....	.../.../.....	.../.../.....

*Note: A session roughly equates to half a day, but must be at least 3 hours. No more than two sessions per day can be claimed.

(b) **Leave**

Have you taken any leave, which may have resulted in you having completed one or more inactive quarters?

- No
Yes Please provide details below

Date commenced leave	Date returned to work	Reason for leave
.../.../.....	.../.../.....
.../.../.....	.../.../.....
.../.../.....	.../.../.....
.../.../.....	.../.../.....

Information needed to Calculate your payment

9. **The information required in this question is about eligible services other than Medicare services that you provided during the last 8 quarters.**

The information required in this question will determine the level of payment to which you may be entitled.

-- Non-Medicare services only
(Medicare services are captured separately and taken into consideration)

Please Note:

* If you are providing outreach services (i.e. RFDS or to Aboriginal and Torres Strait Islander people) you should list in the 'Locations' column only those locations where you provided eligible services AND spent the night(s) while providing those services.

** If you are providing services predominantly to Aboriginal and Torres Strait Islander people you are entitled to claim additional sessions in respect of travel time to provide outreach services.

*** If you are providing services predominantly to Aboriginal and Torres Strait Islander people you are entitled to claim additional sessions in respect of population health work or support of Aboriginal health workers.

1st quarter (most recent) –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

2nd quarter –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

3rd quarter –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

4th quarter –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

5th quarter –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

6th quarter –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

7th quarter –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

8th quarter –

Quarter ending (month/year)

Locations*	Eligible Sessions	Travel Time**	Population health work/support of Aboriginal health workers***	Total sessions
.....
.....
.....
.....

Please complete the time box below then read and sign the declaration on Page 11

Please provide an estimate of the time you took to complete this form.

Include

- The time actually spent reading the instructions, working on the questions and obtaining the information
- The time spent by all employees in collecting and providing this information

Hours..... Minutes.....

PART 4: **DOCUMENTATION AND DECLARATION**

9. Supporting Documentation

In assessing applications under the FPS, RWAs will be accountable for calculating medical practitioners’ correct entitlements.

Your application is to be accompanied by a signed statement from your employer/s to support the claims contained in your application as to your services at each location. If this is not possible, you will need to provide some other form of supporting documentation, for example, a Statutory Declaration. If you are in doubt as to what constitutes sufficient supporting documentation in your particular case, you should contact the RWA in your State or the Northern Territory to discuss.

10. Consent to release information

It is necessary for RWAs to obtain Medicare records on medical practitioners' locations and services in order to complete the eligibility assessment process and to calculate payments. RWAs also need to provide information to the Department of Human Services and the Department of Health and Ageing for the purposes of monitoring, reviewing and evaluating the Program, and to ensure any future payments to you under the Central Payments System are correct.

RWAs will use personal information held by them only for the purposes of administering the Flexible Payments System. They are bound by the Information Privacy Principles contained in the *Privacy Act 1988* to the extent that the content of those principles applies to the activities they are undertaking in administering the Flexible Payments System, as if they were agencies as defined in that Act.

A condition of eligibility is that the RWA in your State or the Northern Territory:

- (a) has access to your data as recorded by the Department of Human Services in order to assess your eligibility for a payment and to calculate your payment level (if appropriate); and
- (b) is able to provide the information contained in your Application Form and the outcome of your application to the Australian Government Department of Health and Ageing and the Department of Human Services for the purposes of administering, monitoring and evaluating the Rural Relocation Incentive Grant component of the General Practice Rural Incentive Program.

11. Declaration

I declare that:

The information that I have supplied in this application form is true and correct in every particular. I understand there are penalties that apply to providing false information.

I will advise the RWA in my State within 14 days of any change in my circumstances that may affect my entitlement to a payment under the Flexible Payments System.

I am aware that agreement to the release of information as specified in 10 above is a condition of eligibility for a payment under the FPS, and I hereby consent to the release of such information for the purposes as specified.

Signature

.....

Date:/...../.....

The Rural Relocation Incentive Grant component of the General Practice Rural Incentives Program is subject to change or termination at any time, depending on government policy. Payments are made on a discretionary basis and medical practitioners do not have a legally enforceable entitlement.

PART 5

FOR RURAL WORKFORCE AGENCIES ONLY

RWA decision

Payment eligibility

- is agreed
- is not agreed

If a payment is not agreed, please provide a reason for the decision

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please provide the calculated amount of payment for this applicant and the last quarter of payment period

\$

Comments on the assessment of eligibility and payment calculation (if appropriate)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CHECKLIST

- Medical practitioner supplied their bank details to the Department of Human Services.
- Medical practitioner contact details correct and complete.
- Medical practitioner's provider number provided.
- Service Summary data obtained for medical practitioner.
- All supporting documentation supplied (eg, letter of employment).
- Will the provider bill Medicare services following relocation?
- Does medical practitioner have Fellowship?
- Is provider a permanent resident or citizen of Australia?