



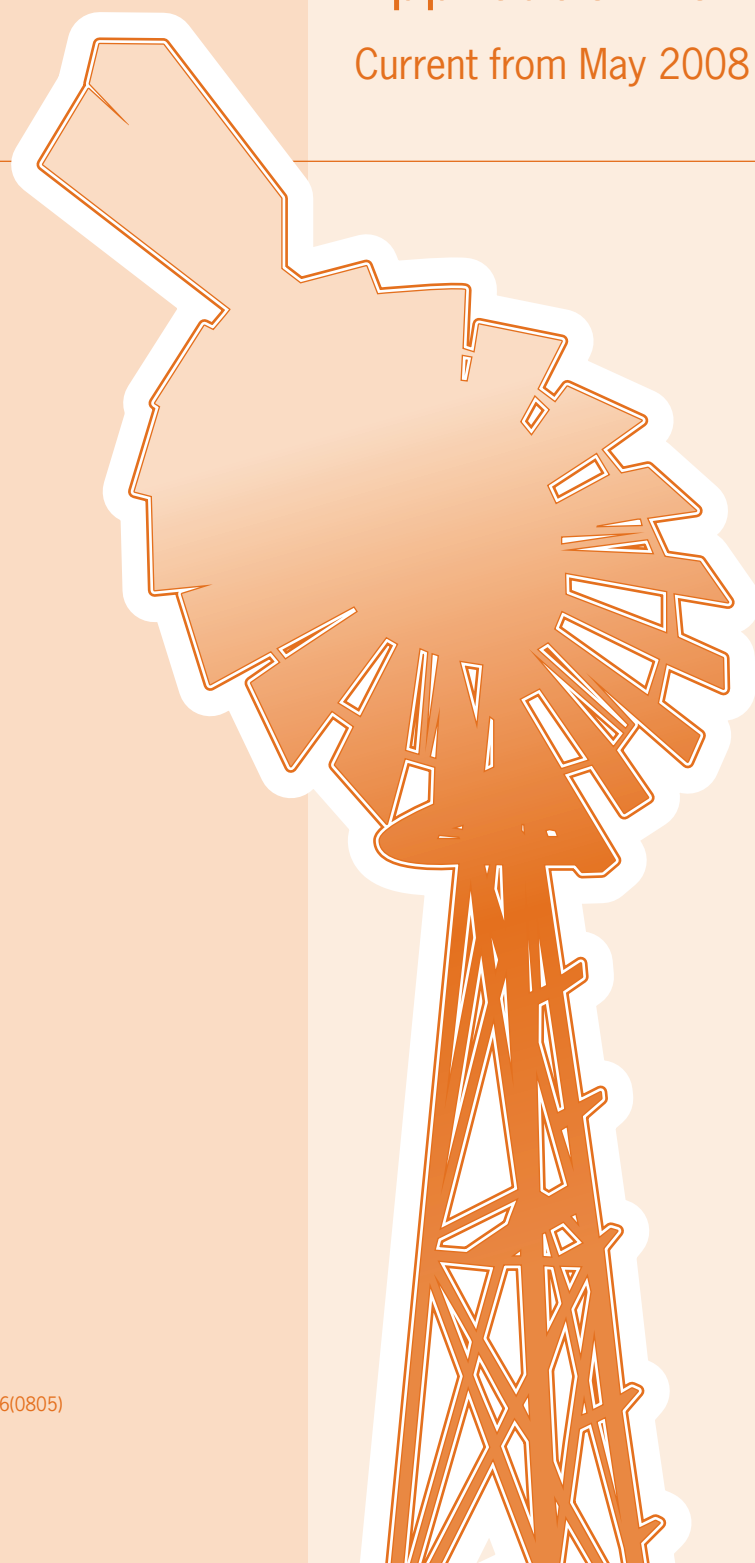
Australian Government

Department of Health and Ageing

Rural Retention Program Flexible Payments System

Application form

Current from May 2008



The Rural Retention Program aims to recognise and retain long-serving general practitioners (GPs) in rural and remote communities. Encouraging such GPs to continue practising in these communities will contribute to better access, continuity of medical care and better health outcomes in rural and remote Australia. Other doctors who provide predominantly primary care services in rural and remote communities may also be eligible under the Program. The Program has two parts:

- **A Central Payments System** (CPS) administered by Medicare Australia, which assesses eligibility based on doctors' Medicare services and locations.
- **A Flexible Payments System** (FPS) administered by State-based Rural Workforce Agencies (RWAs). This assists long-serving providers of primary medical care whose services are not adequately reflected using only Medicare data through the Central Payments System (i.e. where particular services are provided outside Medicare or a period of acceptable leave has caused accrued eligibility to be lost).

Payments are made directly to GPs in recognition of their continued services in rural and remote communities.

Below is a summary of both components of the Program. This application form relates only to the Flexible Payments System. Payments under the Central Payments System are generated by Medicare Australia using Medicare data, with a letter requesting bank details automatically sent to eligible doctors when they qualify.

Central Payments System

Doctors become eligible for an initial payment when they meet a qualifying period of service. Eligibility is accrued by completing active quarters in categories of eligible rural and remote locations. Where doctors have been active in different categories, progress is calculated on a pro-rata basis. After qualifying, doctors become eligible for subsequent payments every four active quarters, if they provide a reasonably continuous service.

Payments are based on doctors' locations and level of service over their last four active quarters. Maximum payment rates for each category of location are shown in the table below. Where the last four active quarters have been completed in different categories, an average is calculated, based on their major location for each quarter.

Doctors' clinical workloads, as reflected by the Medicare Benefits Schedule fee, in eligible locations over their last four active quarters are taken into account when calculating payments. If the total value of claims for these quarters is \$80,000 or more, the doctor is entitled to the maximum annual payment. Where the value of claims is less, they are entitled to a pro-rata payment (down to a minimum level of 20% of the Maximum Annual Payment Rate).

Retention Payment Category	Qualifying Period	Maximum Annual Payment Rate
A	6 years	\$5,000
B	5 years	\$10,000
C	3 years	\$15,000
D	2 years	\$20,000
E	1 year	\$25,000

If you would like more information on the Central Payments System this can be obtained from the Department's web site: <http://www.health.gov.au> Alternatively, you can contact Medicare Australia on its free call number: 1800 010 550.

Flexible Payments System

The Flexible Payments System operates within the same broad framework as the Central Payments System. It has the same qualifying periods and maximum annual payment rates. It assists doctors whose eligibility under the Central Payments System has been significantly affected by limitations relating to the use of Medicare services as an indicator of continuous service and workload.

The Flexible Payments System is not designed to assist doctors in ineligible locations who consider there is a case for their location to be included in the Program.

Applications for payments under the Flexible Payments System are assessed by Rural Workforce Agencies (RWAs) in each State and the Northern Territory, which are responsible for administering the Flexible Payments System based on the Principles for the Flexible Payments System. In cases where the Principles are difficult to apply RWAs will seek advice from the Rural Retention Program Advisory Body, through the Australian Government Department of Health and Ageing.

Doctors in Retention Categories D and E 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. Doctors in the same situation who provide services predominantly to indigenous people but are in less remote Retention Categories may also be considered.

State-salaried doctors in Retention Categories C, D and E will be considered if they are predominantly providing primary care services.

If you would like a copy of the Principles for the Flexible Payments System, please contact the RWA in your State or the Northern Territory, or visit the Australian Government Department of Health and Ageing web site listed on page 2.

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.

From 31 March 2004, the period allowable for back payments under the Rural Retention Program has been limited to twelve months. Eligible doctors are therefore only able to claim retrospective payments dating back twelve months from the claim date. Provision will still exist for exceptional circumstances to be reviewed on a case-by-case basis in order to ensure that doctors 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 RPP Advisory Body.

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 doctor has provided, on average, at least two sessions per week of eligible services, with a minimum of three hours per session.

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

Eligible services do not include diagnostic imaging, pathology services, dentistry or optometry.

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) doctors and doctors 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.

GPARIA

The index used to determine and classify eligible locations under the Program.

Location

Except in the case of RFDS doctors (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 doctor provided services AND spent the night(s) while providing those services.

Non-referred attendances

Those attendances described in Group A1 – General Practitioner, and Group A2 – Other Non-Referred, under Category 1 of the Medicare Benefits Schedule book.

Retention Payment Category

Retention Payment Categories have been determined using the GPARIA classification to provide an indicator of relative need for retention support across eligible rural and remote locations. Categories range from A to E, with E indicating the most remote locations. The categories are used to apply different qualifying periods and payment rates for doctors in these locations.

National and State maps of GPARIA category boundaries are available on the Australian Government Department of Health and Ageing website at: www.health.gov.au Alternatively, you may wish to contact the Rural Workforce Agency in your State or Medicare Australia to obtain information on location categories.

Session

A session for the purposes of the Rural Retention Program is a period in which a doctor provides eligible services, for a minimum of three hours. A doctor may claim a maximum of two sessions per day.

PART 3

FLEXIBLE PAYMENTS SYSTEM – APPLICATION

1 Full name

Title Mr Mrs Miss Ms Dr Other

Family name

Given names

2 Provider number(s)

Please list **all** provider numbers you have used over the past 10 years

1	6	11
2	7	12
3	8	13
4	9	14
5	10	15

3 Practice name and address

Postcode

4 Postal address

If different from above

Postcode

5 Contact details

Daytime phone number ()

Mobile phone number

Fax number ()

E-mail address

6 Grounds on which you are applying for a Flexible Payments System payment

Please tick whichever applies

You have taken a period of leave that has caused you to lose accrued eligibility under the Central Payments System.

▼

Date leave commenced / /

Date leave ceased / /

Reason for leave

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

▶ **GO TO SECTION 9 ON PAGE 10**

You have been providing 'eligible services' which have not been taken into account in the CPS calculations because they were provided outside of Medicare, (e.g. salaried doctor not billing Medicare but providing predominantly primary care services).

You are a doctor providing 'eligible services' in an isolated location and have only received a part-payment under the CPS, that does not reflect your relevant workload. This may be as a result of low Medicare billing rates for such services, (e.g. salaried doctor providing predominantly primary care services in Category C, D or E locations and also providing services in private practice).

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

7 Eligibility for a payment under the Flexible Payments System

The information required in this question will determine your eligibility under the Flexible Payments System.

(a) Locations/Qualifying period/Eligible services

(including Medicare services, if appropriate)

Please note that this table will need to cover a period of between 18 months and 10 years. The exact requirement will be dependent on the remoteness of the location(s) in which you have provided eligible services. The least remote locations will require information for 10 years.

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.


Location(s) in which you have provided eligible services	Date commenced	Date ceased	Name of employer	Average 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, within the time frame covered in the table above which has 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

8 The information required in this question is about eligible services other than Medicare services that you provided during the last 6 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:

- * Doctors providing outreach services should list in the 'Locations' column only those locations where they provided eligible services AND spent the night(s) while providing those services.
- ** Only Doctors who provide services predominantly to indigenous people are entitled to claim additional sessions in respect of travel to provide outreach services.
- *** Only doctors who provide services predominantly to indigenous people are entitled to claim additional sessions in respect of population health work or support of Aboriginal health workers.

1st quarter (most recent) — average number of sessions per week

Quarter ending (month/year) /

Locations*	Non-referred attendances	Other recognised clinical medical services	Travel time**	Population health work/support of Aboriginal health workers***	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2nd quarter — average number of sessions per week

Quarter ending (month/year) /

Locations*	Non-referred attendances	Other recognised clinical medical services	Travel time**	Population health work/support of Aboriginal health workers***	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3rd quarter — average number of sessions per week

Quarter ending (month/year) /

Locations*	Non-referred attendances	Other recognised clinical medical services	Travel time**	Population health work/support of Aboriginal health workers***	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4th quarter — average number of sessions per week

Quarter ending (month/year) /

Locations*	Non-referred attendances	Other recognised clinical medical services	Travel time**	Population health work/support of Aboriginal health workers***	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5th quarter — average number of sessions per week

Quarter ending (month/year) /

Locations*	Non-referred attendances	Other recognised clinical medical services	Travel time**	Population health work/support of Aboriginal health workers***	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6th quarter — average number of sessions per week

Quarter ending (month/year) /

Locations*	Non-referred attendances	Other recognised clinical medical services	Travel time**	Population health work/support of Aboriginal health workers***	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete the time box below then read and sign the declaration on Page 10

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

9 Supporting documentation

In assessing applications under the FPS, RWAs will be accountable for calculating doctors' 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 Australia records on doctors' locations and services in order to complete the eligibility assessment process and to calculate payments. RWAs also need to provide information to Medicare Australia and the Australian Government 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 Medicare Australia 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 Medicare Australia for the purposes of administering, monitoring and evaluating the Rural Retention 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 Flexible Payments System, and I hereby consent to the release of such information for the purposes as specified.

Signature

Date

 / /

The Rural Retention Program is subject to change or termination at any time, depending on government policy. Payments are made on a discretionary basis and doctors do not have a legally enforceable entitlement.

