Australian Government
Health Insurance Commission

Broadband for Health—Incentive Claim Form

(1 July 2005—30 June 2006) Explanatory Notes

What is Broadband for Health?

The Australian Government's Broadband for Health program supports the use of broadband services by health organisations, in this instance eligible general practices and Aboriginal Community Controlled Health Services (ACCHS) - jointly referred to as practice locations. The Department of Health and Ageing (DoHA) will provide an incentive for the uptake of qualified broadband services and additional value-added services by eligible practice locations. The incentive will be set at a level sufficient to meet the full installation and 12 months usage costs of at least one qualified service and provide the opportunity to consider purchase of additional value-added services, capped by geographic zones. Broadband suppliers undergo technical, commercial and customer service assessment by DoHA to become Qualified Service Providers (QSPs). QSPs are obliged through agreements with DoHA to provide professional services to eligible practice locations. Details of QSP obligations can be found in the Operational Guidelines www.hic.gov.au/providers/online_initiatives/broadband

About the Broadband for Health Incentive

Organisations should note that incentives vary depending on geographical location and what broadband services organisations can access (terrestrial, wireless or satellite services). Information about what incentives will be paid and under what circumstances is available at the DoHA website at: www.health.gov.au/ehealth/broadband

Additional Security Incentive

From 1 July 2005 DoHA will provide an additional one-off $1000 incentive to assist practice locations address issues around internal local network security. To access this incentive, eligible organisations must declare they have completed the Security Awareness and Conformance Report (SACR). It is necessary to forward a copy of the completed report to the Health Insurance Commission (HIC) with your broadband incentive claim form. This security incentive is only available to Broadband for Health participants. If you became a Broadband for Health participant prior to 1 July 2005 you may complete the standard incentive claim form, however will not be required to complete Part C. You will still be required to complete the SACR. This will enable you to be eligible for the security incentive.

South Australia Applicants

If you are applying from South Australia (SA), the SA Department of Health in partnership with the SA Divisions of General Practice has pre-negotiated a security solution for you as part of HealthConnect implementation. If you choose this option on the incentive claim form, the security incentive will be paid direct to SA HealthConnect on your behalf. This option will be reported to SA HealthConnect by the HIC.

How do I claim the Broadband Incentive?

This form should be used to claim your broadband incentive from the HIC after referring to the Operational Guidelines (see above). Successful applicants will receive payment directly to their nominated bank account.

How do I complete this form?

You should complete this form using the Unique Identification Number (UIN) allocated to your practice. You should also include, at Part C, QSP and Service Codes - your QSP should be able to advise you on these, alternatively this information is available under 'Providers and Incentives' at www.health.gov.au/ehealth/broadband.

A Customer Reference Number will be allocated by your QSP. This information needs to be included at Part C, along with contract signature and expected installation date. Confirmation of installation will be reported directly from your QSP to HIC.

Who should complete this form?

An authorised representative of the organisation (for example the Practice Manager or Practice Principal) should complete this form on behalf of the organisation.

What documents do I need to provide to HIC to claim the Broadband for Health Incentive?

In most instances an organisation will only need to submit this form and the SACR. Organisations that are claiming a satellite level incentive will need to submit evidence to HIC that they have been unable to have an alternative technology supplied to their location. Please refer to the Operational Guidelines for further information.

Are additional clinic locations eligible?

Additional practice locations that are linked to an eligible organisation may also be eligible. A separate Broadband Incentive Claim Form, and SACR, must be completed for all eligible practice or clinic sites. Additional sites should already have been issued with a separate UIN. If this has not occurred please email bfhp@hic.gov.au for further information.

Privacy Statement

The information provided in this form is collected by HIC for the purposes of administering payments for this program through arrangement with DoHA. This information may be used by HIC to assess your entitlement for an incentive payment under the program. This information (which may include identifying information relating to this Claim Form) may be provided to DoHA for statistical and policy development purposes. Additional identifying information will be supplied by the QSP to HIC. Results from the Security Assessment and Conformance Report may be used by the divisions network to further support your connectivity requirements.

Where can I find further details about program?

More detailed information about the program, claiming arrangements etc is available in the Operational Guidelines, at www.health.gov.au/ehealth/broadband

or by calling 1800 818 111.

Where do I send this form?

Please mail all correspondence to:
Broadband for Health
PO Box 1001
Tuggeranong DC ACT 2901

Or fax to: (02) 6124 6758.

Australian Government
Health Insurance Commission

Incentive Claim Form—Broadband for Health

Clear Form | Print Form

Part A—To be completed by organisation

Unique Identification Number

B F H

Organisation name

Organisation location (street address)

Postcode

Mailing address (if different)

Postcode

Type of organisation

☐ PIP practice If PIP Please supply PIP Number

☐ ACCHS

☐ Other practice

☐ Exceptional Circumstance

Number of GPs practising at location

(If insufficient space record all other providers and attach to this form)

Name	Provider No

Has your organisation had broadband connected before? ☐ Y ☐ N

If Yes please supply name of previous broadband provider

Part B—Payment

Authorisation for Payment to organisation's bank account (please complete bank details below):

BSB number

Account number

Account name

Name of financial institution

HIC Office Use only

Date Received / / RRMA

Total Incentive to be paid $

Part C—Details of services

Type of Broadband for Health connection

☐ Terrestrial ☐ Wireless ☐ Satellite

Name of Service Provider

BFH Service Code

Customer Number

(Your Qualified Service Provider can provide the Service Code, Customer Number, the following service costs and the expected installation date)

Expected installation date

(Note that installation will be confirmed by your service provider to the HIC)

Date contract signed

A Cost of base QS installation (excluding GST) $

B Cost of base QS annual fees (excluding GST) $

C Cost of value-added services (excluding GST) $

D Total cost of all services (A+B+C) (excluding GST) $ 0.00

(Note that an incentive amount will only be paid up to the maximum value for which your organisation is eligible)

Please describe the value-added services you wish to install:

☐ Additional bandwidth and/or download allowance

☐ Enhanced network components

☐ Voice over Internet Protocol (VoIP)

☐ Videoconferencing

☐ Other (please describe briefly):

Part D—Declaration by Organisation

Security Requirements ☐ Attached

I declare that:

- *I have completed the Security Awareness and Conformance Report and will use the additional security incentive payment towards any security requirements I identified in completing the report. I acknowledge that all steps taken to ensure the security of my organisation's health information remain my responsibility.*
- *I am authorised to make this application on behalf of the organisation for the BFH Subsidy.*
- *All the information provided is true and correct.*
- *I have read and agree to the BFH Explanatory Notes and BFH Operational Guidelines.*

Name of authorised representative of the organisation

Organisation phone number

Organisation fax number

Signature Date

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