

Appendix 3: Application Form – Invitation to Apply (ITA) for Full Medicare Eligibility Deed for Magnetic Resonance Imaging (MRI) Equipment

THIS FORM IS MANDATORY FOR INCLUSION WITH YOUR APPLICATION.

If this form is incomplete or information requested on this form is not provided, an application may be excluded from further consideration.

Applications must be completed in **both** Microsoft Word (2003 or later) or equivalent and converted into PDF versions, with the PDF version including a declaration signed by an appropriately authorised person(s) from the applicant.

If completed in Microsoft Word, the check boxes in this form will populate by clicking on the box.

Any confidential information included in an application should be identified as such.

Lodgement of applications

Applications will only be accepted via email to MRI.ITA@health.gov.au.

The lodgement email containing the application should include in the subject title the name of the applicant, the Stream in which it is being submitted and, the Primary Health Network (PHN) of the MRI unit's location. For example:

Subject: PRACTICE NAME – STREAM (1) – PHN NAME

Each individual email should not exceed a combined file size of 10 megabytes.

Applications will be acknowledged by the Department, via automated email.

A location's PHN can be found using the following link:

<http://www.health.gov.au/internet/main/publishing.nsf/content/phn-locator>.

Details of MRI unit

Magnet strength in Tesla units	
Manufacturer name	
Model	
Serial number	
Age of MRI unit (years)	

Location of MRI unit

The applicant must provide the street address for the MRI unit, including the name of the hospital if the practice is located at a hospital.

Practice address	
Building/ Practice name	
Street Number	
Street Name	
Suburb	
City/Town	
State	
Post Code	
Location Specific Practice Number	
Primary Health Network <i>(select from drop box)</i>	Choose an item.

Practice Type	Yes	No
Is this address located in a public hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Is this address located in a private hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Is this address not located in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Website Address (if available)		

Application Stream

This application is for an upgrade of an existing partial Medicare-eligible MRI unit to full Medicare eligibility (Stream 1); OR	<input type="checkbox"/>
This application is for full Medicare eligibility for an MRI unit at a location with no Medicare-eligible MRI units (Stream 2).	<input type="checkbox"/>

Eligibility to apply

<p>If applying for Stream 1, I confirm that:</p> <ul style="list-style-type: none"> • the MRI unit specified on page 2 is currently subject to a Deed between the applicant and the Commonwealth identifying it as partially eligible equipment; and • there are no fully Medicare-eligible MRI units at the same location. 	<input type="checkbox"/> <input type="checkbox"/>
If applying for Stream 2 , I confirm that:	
<ul style="list-style-type: none"> • the applicant has an operational MRI unit at the location specified on page 2, or • the applicant will have an operational unit at that location by 31 December 2020; and 	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • there are no fully or partially Medicare-eligible MRI units at the location specified on page 2. 	<input type="checkbox"/>

Mandatory Criteria

Please note that applications must satisfy the mandatory criteria. Please confirm each criterion has been met by checking the appropriate boxes below.

<p>The MRI unit is capable of providing and will continue to provide all MRI services listed in Group I5 the <i>Health Insurance (Diagnostic Imaging Services Table) Regulations</i> (excluding breast and cardiac MRI), or will be capable of providing all such services by 31 December 2020.</p>	<input type="checkbox"/>
<p>The premises at which the MRI unit is, or will be, located is a registered diagnostic imaging premises under the <i>Health Insurance Act 1973</i> with a location specific practice number (LSPN) allocated by the Department of Human Services (DHS), or will be registered and allocated and LSPN by 31 December 2020.</p>	<input type="checkbox"/>
<p>The MRI unit is or will be located at the premises of a comprehensive practice. comprehensive practice is a medical practice, or a radiology department of a hospital, that provides x-ray, ultrasound and computed tomography services (whether or not it provides other services).</p>	<input type="checkbox"/>
<p>The diagnostic imaging practice at which the MRI unit is located is appropriately accredited under the Diagnostic Imaging Accreditation Scheme (DIAS) for modalities including MRI and all other modalities required for a comprehensive practice, or will become appropriately accredited under the DIAS by 31 December 2020.</p> <p>Information about the DIAS is available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/diagnosticimaging-accred2.</p>	<input type="checkbox"/>
<p>The applicant agrees to comply with all relevant legislation in relation to rendering Medicare-eligible MRI services, including provision and supervision of services by appropriately qualified providers, and has arrangements in place to enable such compliance.</p>	<input type="checkbox"/>
<p>The applicant is prepared to retain the Medicare eligibility for the MRI unit at the location specified at page 2 for a minimum period of 3 years from the execution of the Deed.</p>	<input type="checkbox"/>

Substantive Assessment Criteria

1. Practice information

The practice where the MRI unit is or will be located provides or will provide MRI services:	<i>Select most appropriate option</i>
During normal business hours (8 to 10 hours each day Monday to Friday)	<input type="checkbox"/>
Part time (e.g. less than 8 to 10 hours each day)	<input type="checkbox"/>
Longer than normal business hours	<input type="checkbox"/>
24 hours, 7 days per week	<input type="checkbox"/>
Additional comments (optional):	

For non-emergency scans, what is or will be the average length of time from the date of the scan to the date of reporting on the scan by a radiologist?	
2 days or more	<input type="checkbox"/>
1 day to less than 2 days	<input type="checkbox"/>
same day	<input type="checkbox"/>
Additional comments (optional):	

To facilitate patient access to MRI services at the practice: *Select option(s) if applicable*

The practice has or will have off street car parking (including parking for people with disabilities)

The practice has or will have equipment that can be accessed by people with disabilities

The practice has or will have interpreter services for patients whose first language is not English

Public transport is or will be available:

within 1 kilometre

within 3 kilometres

none available

Additional comments (optional):

Are medical practitioners available at the practice in case of emergency?

Yes

No

Other (please provide details below)

Additional comments (optional):

The practice bulk bills or will bulk bill MRI services:

All patients

Concessional patients only

Children only

Children and concessional patients

Other patient groups (please provide details under 'additional comments' below)

The practice does not bulk bill

Additional comments (optional):

2. Patient catchment and access to other MRI services and medical services

What is the estimated population of the patient catchment for the location of the MRI unit?

- greater than 40,000
- 20,000 to 40,000
- less than 20,000

Additional comments (optional):

Are there other Medicare-eligible MRI units within 30 kilometres of the location of the MRI unit? Current Medicare-eligible MRI units can be found using the following link: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mri-index>.

- No
- Yes – partially eligible unit only
- Yes – fully eligible
- Yes – fully eligible and partially eligible

Additional comments (optional):

How far is the closest **fully Medicare-eligible** machine from the location of the MRI unit? Current Medicare-eligible MRI units can be found using the following link: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mri-index>.

- more than 100 kilometres
- 50 to 100 kilometres
- 30 to 49 kilometres
- 10 to 29 kilometres
- less than 10 kilometres

Additional comments (optional):

How many medical practitioners are likely to request MRI services from the practice where the MRI unit is located?

more than 20

10 to 19

less than 10

Additional comments (optional):

What other medical services are available in the catchment population area identified above?

A hospital, a cancer centre or a full range of specialist services

A subset of specialist services

Additional comments (optional):

What is the Index of Relative Socio-economic Disadvantage (IRSD) Socio-Economic Indexes for Areas (SEIFA) for the location of the MRI unit? This can be found using the following link:

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Main%20Features~IRSD%20Interactive%20Map~15>.

(Either a post code or suburb can be entered into the 'Find address or place' field.)

First quintile (most disadvantaged)

Second quintile

Third quintile

Fourth quintile

Fifth quintile (least disadvantaged)

Additional comments (optional):

3. Services provided

In addition to the full range of MRI services in Group I5 of the Diagnostic Imaging Services Table (excluding breast and cardiac services) (see Mandatory Criterion 1), what additional services are or will be provided on the MRI unit?

Breast

Cardiac

Paediatric

Paediatric with general anaesthesia

Other (please provide details under 'additional comments' below)

No additional services

Additional comments (optional):

For sites located within **hospitals** only, is the hospital public or private (check both boxes if applicable):

Public hospital

Private hospital

For sites located within **hospitals** only, how many beds are available for admitted patients (both day and overnight)?

less than 50

50 to 99

100 to 199

200 to 500

More than 500

For sites located within **public hospitals** only, how is the hospital categorised on the MyHospitals website - <https://www.myhospitals.gov.au/compare-hospitals/average-length-of-stay/interactive-table>.

- Major hospital
- Large hospital
- Medium hospital
- Small hospital
- Children's hospital

Additional comments (optional):

4. Staffing Profile

What is or will be the radiologist staffing profile of the practice at which the MRI unit is located?

- A radiologist onsite more than 90 per cent of opening hours
- A radiologist onsite for 50 to 90 per cent of opening hours
- A radiologist onsite for less than 50 per cent of opening hours

Additional comments (optional):

Will a radiologist be onsite when intravenous contrast is administered?

- Yes
- No

Additional comments (optional):

Except in emergencies and when performed because of a medical necessity in a remote location, Medicare-eligible MRI services are required to be rendered under the professional supervision of a specialist in diagnostic radiology who is available to monitor and influence the conduct and diagnostic quality of the examination, including, if necessary, by personal attendance on the patient. What supervision arrangements apply or will apply at the practice where the MRI unit is located?

Supervision undertaken remotely

Supervision undertaken remotely, but radiologist close enough to be able to attend if necessary

Radiologist onsite part of the time

Radiologist onsite most or all of the time

Additional comments (optional):

Equipment

What is or will be the strength of the magnet in the MRI unit?

3.0 Tesla

1.5 Tesla

Other (please specify under 'additional comments' below)

Will the MRI unit be able to cater for patients with conditions for which a lower strength magnet is required, for example, patient with pacemakers or cochlear implants?

Yes

No

Additional comments (optional):

What is the age of the equipment for which eligibility is being sought? (Information about capital sensitivity arrangement can be found using the following link: <http://www.health.gov.au/internet/main/publishing.nsf/Content/capsensfaq-di>).

- 0-5 years old
- 6-9 years old
- 10 years or older – upgraded to meet the maximum extended life-age requirements under the capital sensitivity arrangements
- 10 years or older – not upgraded to meet the maximum extended life-age requirements under capital sensitivity arrangements

Additional comments (optional)

Applicant's Details

Legal name of applicant (this must be the entity that will enter into the Deed with the Commonwealth, if successful)

Registered business or trading name of applicant (if applicable)

Registered business address of applicant (if applicable)

ACN:

ABN:

Specify the entity type of the applicant:

- | | | | |
|---|--------------------------|---|--------------------------|
| Proprietary company | <input type="checkbox"/> | Sole Trader | <input type="checkbox"/> |
| Company Limited by Guarantee | <input type="checkbox"/> | Partnership | <input type="checkbox"/> |
| Unlisted Public company | <input type="checkbox"/> | Union (recognised under industrial legislation) | <input type="checkbox"/> |
| Listed Public Company | <input type="checkbox"/> | Incorporated Association | <input type="checkbox"/> |
| Local Government Council | <input type="checkbox"/> | Unincorporated Association | <input type="checkbox"/> |
| Australian Government or State Government Authority or Corporation | <input type="checkbox"/> | Australian Government or State Government Department. | <input type="checkbox"/> |
| Aboriginal Corporation established under the <i>Corporations (Aboriginal and Torres Strait Islander) Act 2006</i> | <input type="checkbox"/> | Other, please specify in the space below | <input type="checkbox"/> |
| Additional comments (optional) | | | |

Applicant's Contact Details

Applicant's nominated contact person
Name:
Title within the organisation:
Phone:
Email:
Postal Address:

Applicant's secondary contact person (if possible)
Name:
Title within the organisation:
Phone:
Email:
Postal Address:

Applicant's Proposed Confidential Information

(Complete if required and insert additional lines as required)

Item of Information (include page reference)	Reasons for confidentiality

Applicant's Declaration

I declare that the information in this application is true and correct. I am aware that giving false or misleading information is a serious offence.	<input type="checkbox"/>
I declare that should this application be successful and result in an offer to enter into a Deed with the Commonwealth, the applicant is willing to enter into such a Deed.	<input type="checkbox"/>
I understand that if a Deed with the Commonwealth is offered and/or executed as a result of the application and that information in the application is subsequently found to be inaccurate or misleading, the offer of the Deed may be withdrawn or the Deed may be terminated.	<input type="checkbox"/>

Signed by an authorised signatory(ies) of the applicant	
Name:	Name:
Position/title:	Position/title:
-----Date/...../.....	-----Date/...../.....

AUSTRALIAN PRIVACY PRINCIPLE 5 NOTIFICATION

The Australian Government Department of Health (**Department**) is bound by the *Privacy Act 1988* and the Australian Privacy Principles (APPs).

The Department is collecting this personal information about you for the primary purpose of an Invitation to Apply (ITA) process intended to identify magnetic resonance imaging (MRI) equipment for the allocation of Medicare eligibility for MRI services.

If you do not or are unable to provide the requested personal information as set out in the ITA, the Department may exclude your application from further consideration.

The Department is unlikely to disclose your personal information to overseas recipients.

The Department has an APP privacy policy which you can read at <http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy-policy>. You can obtain a copy of the APP privacy policy by contacting the Department using the contact details set out at the end of this notice. The APP privacy policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of
 - the APPs; or
 - a registered APP code that binds the Department; andhow the Department will deal with such a complaint.

You can contact the Department by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at www.health.gov.au.

Appendix 4 – Application Checklist

This checklist is provided to assist applicants with a final check of their application prior to submission. Although strongly advised to do so, there is NO requirement for the applicant to complete this form.

1	I have taken into account the requirements for format, size and naming conventions.	<input type="checkbox"/>
2	I have considered and responded to each of the Mandatory Criteria in the Application Form.	<input type="checkbox"/>
3	I have considered and responded to each of the Substantive Criteria.	<input type="checkbox"/>
4	The subject title of my email includes the name of the applicant, the Stream to which the application relates and the PHN of the location of the MRI unit.	<input type="checkbox"/>
5	My email clearly sets out the documents that are included as part of my application.	<input type="checkbox"/>
6	I have completed all areas of the Application Form in full.	<input type="checkbox"/>
7	I have completed and included a Microsoft Word document (or equivalent).	<input type="checkbox"/>
8	I have included the Application Form (PDF), which is signed by the authorised person(s) for the applicant.	<input type="checkbox"/>