
nib health funds limited

MEDICAL PURCHASER PROVIDER AGREEMENT
Short Stay No Gap

7.	Provider's Undertakings.....	8	
9.	nib's Undertakings and Acknowledgments.....	9	
10.	INDEPENDENCE	10	
11.	Fees FOR SPECIFIED SERVICES	10	
SCHEDULE 2 - Specified Services and Fees			17

Medical Purchaser Provider Agreement – Clinical Partners

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

|

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

|

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

|

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

|

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

7. PROVIDER'S UNDERTAKINGS

7.1. Provider General Obligations

The Provider must:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- (g) admit all clinically appropriate Eligible Customers to undertake the post-surgery 'at home' Patient Rehabilitation Support Program;

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9. nib's UNDERTAKINGS AND ACKNOWLEDGMENTS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 9.2. nib must pay to the Provider any amount which it is obliged in accordance with an Eligible Customer's entitlement to Benefits within twenty one (21) days of the date upon which it receives an invoice properly submitted in accordance with this MPPA.

10. INDEPENDENCE

- 10.1. nib is not a health professional or practice and does not provide treatment to the Eligible Customer and shall at no time be deemed to provide any such treatment or services to the Provider's patients.
- 10.2. nib will not interfere with and acknowledges the independence of the Provider providing Specified Services to Eligible Customers under this MPPA. Nothing in this MPPA limits the Provider's professional freedom, within the scope of accepted clinical practice, to identify and provide appropriate treatments.
- 10.3. Without limiting the Provider's independence as set out in clause 10.2, the Provider agrees to follow clinical guidelines as nib may reasonably require from time to time, for the purpose of nib administering the Fund and the payment of claims under the Fund.

11. FEES FOR SPECIFIED SERVICES

- 11.1. nib shall pay the Provider for Specified Services, the Benefits nib is required to pay for the relevant Professional Service in accordance with this MPPA.
- 11.2. The Provider accepts the Benefits paid by nib for the Professional Service as full and final payment of that service and the Provider must not charge the Eligible Customer any out-of-pocket charges for that service.
- 11.3. The Provider shall not, and must ensure that they do not, without prior written approval of nib, charge an Eligible Customer or nib:
 - (a) fees for Specified Services not listed in SCHEDULE 2 -; or
 - (b) a higher fee for Specified Services than the Maximum Fee; or
 - (c) any additional fees, charges or any amounts (other than those listed in SCHEDULE 2 -) in relation to a Specified Service including any deposits, booking, administration, technology or facility fees or any other such fees related to that Specified Service.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Template

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

SCHEDULE 2 - Specified Services and Fees

Background

nib has created a new 'no-gap' funding arrangement with the Provider in regards to the Specified Services (primarily joint replacement surgery) and the commissioning of 'at home' patient support (the Program), which nib will offer to Eligible Members.

Program objectives

The initial phase of the Program will be conducted with select Providers and Eligible Members that are located in a catchment area to be determined by nib. The objectives of the Program are:

- a) the **primary objective** of the Program is to ensure that Eligible Members will have access to high-quality clinical practitioners in the catchment area to perform specialised joint replacement surgery, and in doing so, nib's Eligible Members will incur no out-of-pocket expenses for that surgery;
- b) the **secondary objective** of the Program is to establish a high-quality post-surgery 'at-home' patient rehabilitation and support program, and make that program available to the relevant Eligible Members, where clinically appropriate.

A list of the relevant Specified Services and Maximum Fees are set out as follows.

Specified Services

	MBS item	Specified Service	Maximum Fee
1.	49518	KNEE, total replacement arthroplasty of	
2.	49521	KNEE, total replacement arthroplasty of, requiring major bone grafting to femur or tibia, including obtaining of graft	
3.	49318	HIP, total replacement arthroplasty of, including minor bone grafting	
4.	49321	HIP, total replacement arthroplasty of, including major bone grafting, including obtaining of graft	
5.	49519	KNEE, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral	
6.	49319	HIP, total replacement arthroplasty of, including associated minor grafting, if performed - bilateral	

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Template