



Australian Government

Medicare Australia

Practice Incentives Program

Procedural General Practitioner Payment Guidelines – August 2011

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Introduction

The Practice Incentives Program (PIP) aims to encourage continuing improvements in general practice through financial incentives to support quality care, and improve access and health outcomes for patients. To be eligible to participate in the PIP, a practice must be accredited, or registered for accreditation, against the Royal Australian College of General Practitioners (RACGP) *Standards for general practitioners*. Practices must achieve full accreditation within 12 months of joining the PIP and maintain full accreditation thereafter.

Payments are made through the PIP:

- to encourage use of electronic health systems
- to ensure patients have access to after hours care
- to support rural practices
- to encourage rural general practitioners (GPs) to provide procedural services
- to support practices to employ practice nurses
- to encourage practices to teach medical students
- for participating in educational activities to improve prescribing behaviour
- to encourage cervical screening
- for best practice management of patients with asthma and diabetes
- to encourage GPs to provide increased and continuing services in Commonwealth-funded Residential Aged Care Facilities (RACFs)
- to support best practice management of Aboriginal and Torres Strait Islander patients with chronic disease.

The PIP is administered by Medicare Australia on behalf of the Australian Government Department of Health and Ageing.

Definition of a GP

For the purposes of the PIP, GPs include general practitioners and non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services and are not GPs. General practitioners include Fellows of the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), vocationally registered general practitioners and medical practitioners undertaking approved training.

The Practice Incentives Program Procedural General Practitioner Payment

The Procedural GP Payment aims to encourage GPs in rural and remote areas to maintain local access to surgical, anaesthetic and obstetric services.

Definition:

For the purposes of the Procedural GP Payment, a Procedural GP has been defined as follows:

A Procedural GP provides non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral-based specialty. These services are provided in obstetrics, surgery and anaesthetics.

Procedural services

Procedural services are:

- Obstetric delivery
- General anaesthetic, major regional blocks
- Abdominal surgery, gynaecological surgery requiring general anaesthetic, endoscopy.

Elements essential to procedural medicine include the use of facilities and resources which are centralised and involve a team of health professionals and the active engagement of the GP in an appropriate skills maintenance program in the relevant procedural areas.

Minor procedures, such as aspiration of a knee joint, do not fit the intent of this incentive.

What are the Practice Incentives Program Procedural General Practitioner payments and requirements?

There are four levels of procedural payments that reflect the range and extent of procedural activity of each GP (see Table 1). The tiers are not cumulative. Each GP can only qualify for one tier per payment period.

As with other PIP practice payments, the Procedural GP Payment is made to the practice. The payment will be made automatically every six months (in February and August) to the practice's nominated bank account. There is no limit to the number of procedural GPs who can generate payments for a practice. However, GPs must individually meet the requirements of the tier the practice is claiming. Practices with more than one GP cannot count the combined number of services to receive a payment. A GP working at more than one PIP practice must nominate the practice to which the Procedural GP Payment should be made. The PIP quarterly payment advice will identify the GP providing the procedural service and the payment amount.

The requirements and payment levels of the Procedural GP Payment are outlined in Table 1 below.

Table 1

Tier	Activity required for payment
Tier 1 (\$1 000 per procedural GP per six month reference period)	A GP must provide at least one procedural service , as defined above, in the six month reference period.
Tier 2 (\$2 000 per procedural GP per six month reference period)	A GP must meet the Tier 1 requirements and provide after hours procedural services on a regular or rostered basis (15 hours per week on average, either on call or on a roster) throughout the six month reference period. For the purposes of the PIP, after hours refers to any time outside 8.00 am to 6.00 pm weekdays and anytime outside 8.00 am to 12 noon on Saturdays. After hours also includes all day Sunday and all day on public holidays.
Tier 3 (\$5 000 per procedural GP per six month reference period)	A GP must meet the Tier 2 requirements and provide 25 or more eligible surgical and/or anaesthetic and/or obstetric services in the six month reference period.
Tier 4 (\$8 500 per procedural GP per six month reference period)	A GP must meet the Tier 2 requirements and deliver 10 or more babies in the six month reference period. Where a sole GP in a community delivers less than 10 babies but meets the obstetric needs of the community, the practice may qualify for a Tier 4 payment. The practice would need to substantiate that it is delivering all the babies in the community to receive this payment. Practices with more than one GP cannot count the combined number of deliveries in the practice to qualify for this tier, as GPs are individually assessed. Practices with exceptional circumstances should contact Medicare Australia, which will consider their circumstances on a case by case basis.

The Procedural GP Payment is paid to practices every six months, in February and August. The payment is based on a retrospective six month reference period as outlined in Table 2 below. The February payment is based on procedural service activity undertaken during the period 1 July to 31 December of the previous year. The August payment is based on procedural service activity undertaken during the period 1 January to 30 June in the same year.

Table 2

Reference period	Point-in-time	Payment made
1 January – 30 June	31 July	August
1 July – 31 December	31 January	February

Payments are made to practices that have met the requirements of the Procedural GP Payment for the preceding six month reference period and are assessed as being eligible at a 'point in time'. The 'point in time' date corresponds to the last day of the month prior to the next PIP six monthly Procedural GP Payment. For example, in order to receive a payment in August practices need to have met the requirements during

the reference period 1 January to 30 June, and be assessed as eligible at the 'point in time' of 31 July. In order to receive a payment in February, practices need to have met the requirements during the reference period 1 July to 31 December, and be assessed as eligible at the 'point in time' of 31 January.

If Procedural GPs do not provide the required number of procedural services in the six month reference period, the practice must notify Medicare Australia in writing by the relevant 'point in time' date.

A rural loading, which varies according to the location of the main practice, is automatically applied to the Procedural GP Payment.

Is our practice eligible for the Practice Incentives Program Procedural General Practitioner Payment?

To be eligible for the PIP Procedural GP Payment, the practice must:

- participate in the PIP
- ensure that at least one GP from the practice provides one or more of the procedural services as described in the definition of a Procedural GP
- ensure that the practice meets the requirements for the Tier which PIP payments are claimed for
- be located in Rural, Remote and Metropolitan Areas (RRMA) 3–7.

Medicare Australia can provide the RRMA classification of your main practice location.

How does the practice apply for the Practice Incentives Program Procedural General Practitioner Payment?

Practices can apply for the PIP Procedural GP Payment by completing the relevant parts of the Practice Incentives Program and General Practice Immunisation Incentive application form at the time of joining the PIP. If the practice is already registered for the PIP, complete the Procedural GP Payment application, available on the Medicare Australia website by visiting www.medicareaustralia.gov.au/pip

The practice's authorised contact person, and the GPs providing the procedural services, are required to complete and sign the relevant parts of the application form.

Procedural GPs will need to provide the required number of procedural services (relevant to the tier they wish to participate in) for the six month reference period, even if they join part way through the reference period. Practices are able to count all relevant services provided in the reference period, even where a practice has joined the PIP, or the Procedural GP Payment, part-way through a reference period.

Practices that advise Medicare Australia that the required number of services has not been provided will be withdrawn from the incentive. Practices can re-apply for the incentive at any time in the future when the required number of services has been provided in a reference period. Practices will need to submit their completed application form to Medicare Australia by the 'point in time' date for the relevant six monthly payment period to receive the incentive payment.

Practices must notify Medicare Australia in writing, by the relevant 'point in time' date if the requirements for the payment tier in the six month reference period have not been met.

What are the obligations of the practice?

The practice must:

- be able to substantiate its claim for a certain level of procedural activity. This may include documentary evidence of the GP's procedural activity and volume from existing hospital records and, if applicable, a statement or evidence of their after hours commitment
- provide information to Medicare Australia as part of its ongoing audit program to verify that the practice meets the PIP eligibility requirements
- make sure the information provided to Medicare Australia is accurate
- advise Medicare Australia in writing, of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days, whichever date is earliest. Refer to the Practice Incentives Program Guidelines for more information.

On joining the PIP, a practice must nominate an authorised contact person(s). This person(s) will be required to verify on behalf of the practice, any changes to information submitted for PIP claims and payments. The authorised contact person(s) will be the person(s) to whom all correspondence or enquiries are addressed. Medicare Australia will only deal with the current practice owner(s) or an authorised contact person(s).

Is there an appeals process?

The PIP has an established appeals process. To request a review of a decision, the authorised contact person(s) or the owner(s) of the practice must write to Medicare Australia within 28 calendar days of the date on the notice of the decision they would like reviewed. Medicare Australia will review its decision and advise the practice in writing of the outcome.

Advice on further avenues of appeal are available from Medicare Australia.

More information

For information about the Procedural GP Payment call PIP on **1800 222 032** (call charges may apply) between 8.30 am to 5.00 pm Australian Central Standard Time, Monday to Friday. For more information email pip@medicareaustralia.gov.au or go to www.medicareaustralia.gov.au/pip

These Guidelines are for information purposes only. While it is intended that the Commonwealth will make payments as set out in these Guidelines, the making of payments is a matter at the sole discretion of the Commonwealth. The Commonwealth may alter arrangements for the PIP Procedural General Practitioner Payment at any time and without notice.

The Commonwealth does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these Guidelines.