

Practice Incentive Payments and Service Incentive Payments Summary

Item	Activity	Item Number & type of consult	PIP (\$ per SWPE)	SIP (\$ per patient)	Notes	PIP Enquiry Line: 1800 222 032
Diabetes	Patient register and recall/reminder system	N/A	\$1.00 (Approx. \$1000 per FTE GP)		One-off payment only. Practice must be registered for PIP. Incentive payable with quarterly PIP payments.	
	Annual Cycle of Care for patients with Diabetes	Level B - 2517 or 2518 Level C - 2521 or 2522 Level D - 2525 or 2526		\$40 per Diabetic patient	These item numbers should be used in place of the usual attendance items, when a consultation completes the minimum annual requirements of care.	
	Outcomes payment	N/A	\$20 per Diabetic patient, per annum		Payment only made to practices that have a min. of 2% of their patient population as diagnosed diabetics. Payment made to practices where 20% of diabetes patients have a completed Annual Cycle of Care.	
Asthma	Sign-on payment	N/A	\$0.25 (Approx. \$250 per FTE GP)		One-off payment only. Practice must be registered for PIP. Incentive payable with quarterly PIP payments.	
	Asthma Cycle of Care	Level B - 2546 or 2547 Level C - 2552 or 2553 Level D - 2558 or 2559		\$100 per patient, per annum plus consultation fees	These item numbers should be used in place of the usual attendance items, when a consultation completes the minimum requirements for the Asthma Cycle of Care. The Asthma Cycle of Care targets patients with <i>moderate to severe</i> asthma.	
Cervical Screening	Sign-on payment	N/A	\$0.25 (Approx. \$250 per FTE GP)		One-off payment only. Practice must be registered for PIP. Incentive payable with quarterly PIP payments.	
	Screening women aged 20-69 years inclusive, who have not been screened in the past 4 years	Level A - 2497 Level B - 2501 or 2503 Level C - 2504 or 2506 Level D - 2507 or 2509 PN - 10995 or 10999		\$35 per patient	These MBS items must be used instead of the standard consultation items, in order to be eligible for this payment PN - Practice Nurse item numbers	
	Outcomes payment	N/A	\$3.00 per female WPE aged between 20 and 69, per annum		Payment is made to practices where a minimum of 50% of women aged between 20 and 69 yrs inclusive have been screened in the past 30 months (<i>paid on a quarterly basis</i>).	
Immunisation	Completing an age-appropriate immunisation schedule	N/A		\$6.00 ACIR Information Payment	A Notification Payment of \$6 is given by the Australian Childhood Immunisation Register (ACIR) when a GP makes a notification on the completion of an age appropriate immunisation. GPs must complete a registration form - ACIR Payment Account Details For Immunisation Providers - which is lodged with Medicare Australia. ACIR Enquiry Line: 1800 653 809 or www.medicareaustralia.gov.au/acir	
	Outcomes payment	N/A	\$3.50 per WPE		\$3.50 for age-appropriate immunisation rate 90% and over. Practices must register with the General Practice Immunisation Incentive (GPII) Program. GPII Enquiry Line: 1800 246 101 or www.medicareaustralia.gov.au/gpii	

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After Hours Care	Tier 1: Ensuring patients have access to 24-hour care, including access to out-of-hours visits (at home, in a residential aged care facility and in hospital)	\$2.00 per SWPE, per annum	'After Hours' refers to any time outside 8am to 6pm weekdays and 8am to 12noon on Saturday.	
	Tier 2: Practices with 2,000 SWPEs or less must cover at least 10 hours per week of their after-hours care arrangements Practices with more than 2,000 SWPEs must cover at least 15 hours per week of their after-hours care arrangements	\$2.00 per SWPE, per annum	Practices must meet Tier 1 requirements. This is in addition to Tier 1 payment. This arrangement must be for all patients. This may include participation in a co-operative roster system to provide after-hours care with other practitioners in the practice area.	
	Tier 3: The practice provides 24-hour, 7 day a week care from within the practice including out-of-hours visits (at home, in a residential aged care facility and in hospital)	\$2.00 per SWPE, per annum	All after hours care must be provided to all patients from within the practice. The use of a deputising service or participation in a co-operative roster system does not count towards this tier. Generally practices participating in co-operative arrangements are not eligible for Tier 3 as practice GPs are not usually providing after-hours cover for the patients for the entire after-hours period. This is in addition to Tier 1 & 2 payments.	
eHealth	<p>Requirement 1: Secure messaging capability</p> <p>Requirement 2: PKI location/site certificates for the practice and an individual PKI certificate for each practitioner working at the practice</p> <p>Requirement 3: Access to key electronic clinical resources</p>	\$6.50 per SWPE, per annum	<p>To qualify practices must meet each of the requirements:</p> <p>Requirement 1: Practices must have a secure messaging capability. The eligible secure messaging suppliers list is available at the National e-Health Transition Authority (NEHTA) website www.nehta.gov.au/pip-vendors</p> <p>Requirement 2: Each practice must have a location/site Public Key Infrastructure (PKI) certificate and each medical practitioner working at the practice must have an individual PKI certificate. Application forms are available at the Medicare website www.medicareaustralia.gov.au/pkiforms</p> <p>Requirement 3: At least one key electronic clinical resource from each of the categories in table 1 of the eHealth Incentive Guidelines and at least three electronic resources from any of the categories in table 2. Please refer to the eHealth Incentive Guidelines released by the Practice Incentives Program or visit the PIP website www.medicareaustralia.gov.au/pip</p>	
Practice Nurse	Practice employs or retains the services of a practice nurse and are located in an urban area of workforce shortage	RRMAs 1-2: \$8.00 per SWPE RRMAs 3-7: \$7.00 per SWPE	Contact GPNN for further information, including which suburbs are eligible for the payment. The Practice Nurse is required to work a minimum number of sessions per week depending on the SWPE of the practice.	
Quality Prescribing	Practice participation in quality use of medicines programs, endorsed by the National Prescribing Service	\$1.00 per SWPE	This incentive is to assist practices in keeping up to date with information on the quality use of medicines. Payment will only be made if the practice meets a minimum participation level, set at an average of three activities per FTE GP per year.	
Teaching	Teaching of medical students	\$100.00 per session	Payments are made to practices that host university medical student placements. Maximum 2 sessions per day.	

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Aged Care Access	Provision of primary care services for patients in Residential Aged Care Facilities (RACFs). Tier 1: GP completes the Qualifying Service Level (QSL) 1 - 60 MBS services in RACF claimed in a financial year		\$1000	MBS items that count towards QSLs include attendances in RACF, contributions to multidisciplinary care plans and Residential Medication Management Reviews. GPs need to provide the service using their PIP linked Medicare provider number. GPs do not need to apply to participate in the Incentive. Medicare will request bank details from GPs eligible to receive payments once they have reached the QSL. Maximum payment a GP can receive in one financial year is \$2500.	
	Tier 2: GP completes the QSL 2 - 140 MBS services in RACF claimed in a financial year		\$1500		
Indigenous Health	Provision of better health care for Indigenous patients, including best practice management of chronic disease. Sign-on payment	\$1000		One-off payment only. Practice must be registered for PIP. Practice: <ul style="list-style-type: none"> - Seeks consent to register their Aboriginal and/or Torres Strait Islander (ATSI) patients (regardless of age) who have, or are at risk of, chronic disease, with Medicare and the practice for chronic disease management in a calendar year. - Establishes a mechanism to ensure their ATSI patients aged 15 years and over with a chronic disease, are followed up e.g. recall/reminder system, to ensure they return for ongoing care - Undertakes cultural awareness training within 12 months of joining incentive - Annotates PBS prescriptions for eligible ATSI patients for the PBS Co-payment 	
	Annual patient registration payments	\$250 per registered ATSI patient, per calendar year		Practice registers their eligible ATSI patients with Medicare for the PIP Indigenous Health Incentive or PBS Co-payment Measure. Practice must actively plan and manage care of their ATSI patients with chronic disease for a calendar year. Payment made to practice for each ATSI patient who: <ul style="list-style-type: none"> - Is aged 15 years or over - Has a chronic disease - Has had (or has been offered) the 715 ATSI Health Assessment - Has provided informed consent to be registered for the PIP Indigenous Health Incentive The patient's registration period commences from the date they provide consent to participate in the incentive, and will end on 31 December that year. Practices are required to obtain consent to re-register patients each year.	
	Tier 1 Outcomes payment: Chronic Disease Management	\$100 per registered patient, per calendar year		Payment made to practices that (in a calendar year): <ol style="list-style-type: none"> 1. Develop a 721 GP Management Plan or 723 Team Care Arrangement for the patient and undertake at least one 732 Review of the GPMP or TCA; or 2. Undertake two 732 Reviews of GPMP or TCA; or 3. Complete 731 contribute to, or review, a care plan for a patient in a RACF, on two occasions. 	
	Tier 2 Outcomes payment: Total Patient Care	\$150 per registered patient, per calendar year		Payment made to practices that provide the majority (i.e. the highest number) of MBS services for the patient (with a minimum of 5 MBS services) in a calendar year. This may include the MBS services provided to qualify for Tier 1.	

SWPE = Standardised Whole Patient Equivalent

Source: Medicare Australia www.medicareaustralia.gov.au/pip