

Practice Incentive Payments & Service Incentive Payments

| ITEM | ACTIVITY | ITEM NUMBER & TYPE OF CONSULT | PIP (\$ per SWPE) | SIP (\$ per patient) | NOTES |
|--------------------|--|---|---|--|--|
| Diabetes | Patient register and recall / reminder system | N/A | \$1.00 (Approx. \$1,000 per FTE GP) | | <ul style="list-style-type: none"> - 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 & 2518 Level C - 2521 & 2522 Level D - 2525 & 2526 | | \$40 per patient | <ul style="list-style-type: none"> - These item numbers should be used in place of the usual attendance items, when a consultation completes the minimum annual requirements of care. - Ref: Medicare Benefits Schedule 2002 – Page 42-43 |
| | Outcomes payment | N/A | \$5 per HbA1c test, per patient tested (SWPE) | | <ul style="list-style-type: none"> - Payment made to practices that have a min. of 2% of all patients with diabetes. - Payments made to practices who have ordered HbA1c tests for 20% of their diabetes patients - <i>Payment will be made from May 03, on a quarterly basis</i> |
| Asthma | Sign-on payment | N/A | \$0.25 (Approx. \$250 per FTE GP) | | <ul style="list-style-type: none"> - One-off payment only - Practice must be registered for PIP - Incentive payable with quarterly PIP payments |
| | Asthma 3+ Visit Plan | Level B – 2546 & 2547 Level C – 2552 & 2553 Level D – 2558 & 2559 | | \$100 per patient PLUS consultation fees Total: approx. \$200 per patient | <ul style="list-style-type: none"> - These item numbers should be used in place of the usual attendance items, when a consultation completes the minimum requirements for the 3+ Visit plan. - The 3+ Visit plan targets patients with <i>moderate to severe</i> asthma. - Ref: Medicare Benefits Schedule 2002 – Page 43-45 - Asthma 3+ Visit Helpline: 1800 677 000 |
| Cervical Screening | Sign-on payment | N/A | \$0.25 (Approx. \$250 per FTE GP) | | <ul style="list-style-type: none"> - One-off payment only - Practice must be registered for PIP - Incentive payable with quarterly PIP payments |
| | Screening 'at risk' women who have not been screened in the past 4 years | Level B – 2501 & 2503 Level C – 2504 & 2506 Level D – 2507 & 2509 | \$35 | \$35 per patient | <ul style="list-style-type: none"> - Payments are made for women screened between the ages of 20-69 yrs. - These MBS items must be used instead of the standard consultation items, in order to be eligible for this payment - Ref: Medicare Benefits Schedule 2002 – Page 42 |
| | Outcomes payment | N/A | \$2 per patient screened (WPE) | | <ul style="list-style-type: none"> - Payment is made to practices where a min. of 35% of women aged between 20 and 69 yrs have been screened in the past 12 months - <i>Payments will be made from August 03, on a quarterly basis</i> |
| Immunisation | Completing an Age -appropriate immunisation schedule | N/A | | \$24.50 per patient | <ul style="list-style-type: none"> - Monies paid to GPs who notify the Australian Childhood Immunisation Register (ACIR) of a vaccination that completes an age-appropriate immunisation schedule - A Notification Payment from the ACIR is also given. SIP is paid monthly. - GPs must complete a registration form - ACIR Payment Account Details For Immunisation Providers – which is lodged with the HIC - Enquiries: 1800 653 809 |
| | Outcomes payment | N/A | \$3.50 (per WPE) or \$3.00 (per WPE) | | <ul style="list-style-type: none"> - \$3.50 for age-appropriate immunisation rate 90% and over - \$3 for age-appropriate immunisation rate between 85%-90% (ends Jul 03) - Practices must register with the General Practice Immunisation Incentive (GPII) Program. Enquiries: 1800 246 101 or www.hic.gov.au |

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| Mental Health | Sign-On Payment | N/A | N/A | \$150 | <ul style="list-style-type: none"> - One-off payment only - Practice must be registered for PIP - Payment generated via the submission of Registration Form NB: To be eligible, the GP must have attended a 2 hour Familiarisation Training session, and a minimum of 6 hours Skills Based Clinical Training. Some prior learning will be recognised. |
| | 3-Step Process 1. Assessment 2. Mental Health Plan 3. Review of Mental Health Plan | Level C/D– 36 / 44 Level C / D– 36 / 44 Item: In surgery 2574 / 2577 Out of surgery 2575 / 2578 | | SIP of \$150 Plus Consultation fees – Min. \$290 - \$360 per patient, p.a <i>NB: This does not include additional consults and EPC Care Plan revenues.</i> | <ul style="list-style-type: none"> - Assessment must be specific and documented. - Plans include medications, adverse effects, family involvement, crisis plan, etc. - NB: The Mental Health Plan does NOT have to be a multi-disciplinary, although an EPC Care Plan is an option. - Reviews will require a recall consultation to review progress and make amendments, if necessary. These must be done between 4 weeks and 6 months after the original plan. - Ref: Medicare Benefits Schedule 2002 – Page 46-49 |

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| IM / IT | Tier 1: Providing data to the Commonwealth | \$3.00 (per SWPE) | - Payment is made to practices that provide the necessary information in the application form and also undertake to provide additional relevant information when requested |
| | Tier 2: Use of bona fide electronic prescribing software to generate the majority of scripts in the practice | \$2.00 (per SWPE) | - Payment is made to practices that use bona fide electronic prescribing software that includes a patient medical record, gives automatic warnings for drug reactions and assists with dosage calculation. |
| | Tier 3: The practice has on site and uses a computer/s connected to a modem to send and/or receive clinical information | \$2.00 (per SWPE) | - This payment recognises the efficiencies and improvements in providing timely and reliable clinical data between health care professionals and the improved maintenance of health records for patients. These measures will ultimately improve the level of care to patients |
| After Hours Care | Tier 1: Ensuring patients have access to 24-hour care | \$2.00 (per SWPE) | - 'After Hours' refers to any time outside 8am to 6pm weekdays and 8am to 12noon on Saturday |
| | Tier 2: The practice covers at least 15 hours per week of its 'after hours' care within the practice | \$2.00 (per SWPE) | <ul style="list-style-type: none"> - This arrangement must be for all its patients - This is in addition to 'Tier 1' payment |
| | Tier 3: The practice provides 24-hour care from within the practice | \$2.00 (per SWPE) | <ul style="list-style-type: none"> - All after hours care must be provided to all patients from within the practice. - This is in addition to 'Tier 1&2' payments |
| Quality Prescribing | Practice participation in quality use of medicines programs, endorsed by the National Prescribing Service | \$1.00 (per SWPE) | <ul style="list-style-type: none"> - 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 | <ul style="list-style-type: none"> - Payments are made to practices that host university medical student placements. - Maximum 2 sessions per day |

Enquiries: Candi Madziar @ ESDGP 02 9389 0874 or HIC PIP Helpline: 1800 222 032 or www.hic.gov.au