



CERVICAL SCREENING INCENTIVE » GUIDELINES

JANUARY 2009

THESE GUIDELINES PROVIDE INFORMATION ABOUT THE PRACTICE INCENTIVES PROGRAM (PIP) CERVICAL SCREENING INCENTIVE.

1. INTRODUCTION

The PIP provides a number of incentives that aim to encourage general practices to improve the quality of care provided to patients. Practices must be accredited, or registered for accreditation, against the Royal Australian College of General Practitioners (RACGP) *Standards for general practices* to participate in the PIP.

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 general practices in rural and remote areas to act as a referral point for women experiencing domestic violence; and
- to encourage GPs to provide increased and continuing services in Commonwealth-funded Residential Aged Care Facilities.

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

2. THE PIP CERVICAL SCREENING INCENTIVE

The PIP Cervical Screening Incentive aims to encourage GPs to screen under-screened women (i.e. women who have not had a cervical smear in the last four years), and to increase overall screening rates.

3. WHAT ARE THE PIP CERVICAL SCREENING INCENTIVE PAYMENTS AND REQUIREMENTS?

The PIP Cervical Screening Incentive has three components, which are summarised in Table 1 and explained in more detail below.

TABLE 1: PAYMENTS AND REQUIREMENTS OF THE PIP CERVICAL SCREENING INCENTIVE

Component	Payment	Activity required for payment
Sign-on Payment	\$0.25 per SWPE*	One-off payment to practices that undertake to engage with the state/territory cervical screening registers.
Outcomes Payment	\$3 per eligible WPE**	Payment to practices where at least 50 per cent of eligible patients are screened in a 30-month reference period.
Service Incentive Payment	\$35 per patient	Payment to GPs for each cervical smear taken on an under-screened woman aged between 20 and 69 years.

* Standardised Whole Patient Equivalent (SWPE) is used to measure practice size and includes a weighting factor for the age and gender of patients.

** Whole Patient Equivalent (WPE) is based on GP and other non-referred consultation items provided through Medicare and uses the value rather than the number of consultations per patient. The total care for each patient equals one WPE.

(I) SIGN-ON PAYMENT

A one-off sign-on payment of \$0.25 per Standardised Whole Patient Equivalent (SWPE) is made to practices that register for the PIP Cervical Screening Incentive. The payment is made to practices in the next quarterly payment following sign-on.

To sign on for the PIP Cervical Screening Incentive, practices are required to:

- register for the PIP Cervical Screening Incentive;
- agree to have their practice details provided to the state/territory cervical screening registers;
- receive information from the registers and consider strategies they propose to improve the level and quality of participation in the National Cervical Screening Program; and



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- agree to the state/territory cervical screening registers providing information about the aggregate number of women screened in the practice to Medicare Australia.

(II) OUTCOMES PAYMENT

An outcomes payment of \$3 per year per female Whole Patient Equivalent (WPE) aged between 20 and 69 years is made to practices that have signed on for the PIP Cervical Screening Incentive and reach the practice screening target.

The target is that 50 per cent of the practice's female patients aged between 20 and 69 years are screened in a 30-month reference period.

Note: The cytology service item in the Pathology Services Section (Group P6) of the Medicare Benefits Schedule (MBS) is used to determine the number of women who have been screened. The patient's age is determined as at the last day of the reference period.

(III) SERVICE INCENTIVE PAYMENT

A Service Incentive Payment (SIP) of \$35 is paid for each cervical smear taken on an under-screened woman aged between 20 and 69 years. GPs must be working at a PIP practice that is signed on for the PIP Cervical Screening Incentive (see above). The SIPs are paid quarterly.

4. IS OUR PRACTICE/GP ELIGIBLE FOR THE PIP CERVICAL SCREENING INCENTIVE?

To be eligible for the sign-on and outcomes payments of the Cervical Screening Incentive, the practice must:

- participate in the PIP; and
- meet the requirements of the sign-on and outcomes payments as described above.

To be eligible for SIPs, the GP must:

- work in a PIP practice that is signed on for the Cervical Screening Incentive; and
- take a cervical smear from an under-screened woman aged between 20 and 69 years.

5. HOW DOES THE PRACTICE/GP APPLY FOR THE PIP CERVICAL SCREENING INCENTIVE

CLAIMING A SIGN-ON PAYMENT

Practices can apply for the PIP Cervical Screening Incentive sign-on payment by completing the relevant

parts of the Practice Incentives Program and General Practice Immunisation Incentive application form that is available from Medicare Australia.

The authorised contact person for the practice is required to complete and sign the relevant parts of the application form.

CLAIMING AN OUTCOMES PAYMENT

Practices that have fulfilled the requirements of the outcomes payment do not have to take any action to receive payment. The outcomes payment is automatically paid with the PIP quarterly payment to the bank account nominated by the practice.

Practices can monitor the percentage of eligible patients screened by referring to their PIP quarterly statement.

CLAIMING A SIP

GPs must use one of the following cervical smear MBS attendance item numbers (from Group A18, A19 or M2 of the MBS book) where a cervical smear is taken on an under-screened woman between the ages of 20 to 69 years: 2497, 2501, 2503, 2504, 2506, 2507, 2509, 2598, 2600, 2603, 2606, 2610, 2613, 2616, 10995, or 10999.

Use of these items will inform Medicare Australia that the requirements have been met and automatically trigger a SIP. The SIP is in addition to the consultation fee. The patient rebate (or direct bill payment) for the Cervical Smear Incentive MBS attendance items is the same as for the usual MBS attendance items.

The usual MBS attendance items should be used for cervical screens completed on women, other than under-screened women.

For further information on the use and billing of MBS attendance items telephone the Medicare Provider enquiry line on 132 150.

If Medicare Australia does not have the banking details of the GP, a form will be automatically generated and sent to the GP's main practice location after Medicare Australia has processed the item number that triggers the SIP.



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6. WHAT ARE THE OBLIGATIONS OF THE PRACTICE?

The practice must:

- provide information to Medicare Australia as part of its ongoing audit program to verify that the practice meets PIP eligibility criteria;
- ensure information provided to Medicare Australia is accurate; and
- notify Medicare Australia in writing within 14 calendar days of any changes that may affect its eligibility for PIP payments.

On joining the PIP, a practice must nominate a PIP contact person from the practice, who will be required to verify on the practice's behalf, any changes to information submitted for PIP claims and payments.

7. IS THERE AN APPEALS PROCESS?

The PIP has an established appeals process. To appeal any decision made in regard to PIP eligibility or payments, the practice must write to Medicare Australia within 28 calendar days of receiving notice of the decision it would like reviewed. Medicare Australia will review its decision and advise the practice in writing of the outcome.

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

MORE INFORMATION:

Web: www.medicareaustralia.gov.au/pip

Email: pip@medicareaustralia.gov.au

Phone: 1800 222 032*

Hours of operation are between
8:30 am – 5:00 pm
Australian Central Standard Time

*Call charges apply from mobile and pay phones only.

For more information about pap smears
and cervical cancer, visit

www.cancerscreening.gov.au

These Guidelines are for information purposes only. While it is presently intended that the Commonwealth will make payments as set out in these Guidelines, the making of payments is a matter in the sole discretion of the Commonwealth. The Commonwealth may alter arrangements for the Practice Incentives Program 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.