



# DIABETES INCENTIVE » GUIDELINES

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THESE GUIDELINES PROVIDE INFORMATION ABOUT THE PRACTICE INCENTIVES PROGRAM (PIP) DIABETES 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 DIABETES INCENTIVE

The PIP Diabetes Incentive aims to encourage GPs to provide earlier diagnosis and effective management of people with established diabetes mellitus.

## 3. WHAT ARE THE PIP DIABETES INCENTIVE PAYMENTS AND REQUIREMENTS?

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

TABLE 1: PAYMENTS AND REQUIREMENTS OF THE PIP DIABETES INCENTIVE

Component	Payment	Activity required for payment
<b>Sign-on Payment</b>	<b>\$1 per SWPE*</b>	One-off payment to practices that use a patient register, and recall and reminder system for their patients with diabetes mellitus.
<b>Outcomes Payment</b>	<b>\$20 per diabetic SWPE</b>	Payment to practices where at least two per cent of practice patients are diagnosed with diabetes mellitus and GPs have completed a diabetes cycle of care for at least 20 per cent of these patients.
<b>Service Incentive Payment</b>	<b>\$40 per patient per year</b>	Payment to GPs for each completed cycle of care for patients with established diabetes mellitus.

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

### (I) SIGN-ON PAYMENT

A one-off sign-on payment of \$1 per Standardised Whole Patient Equivalent (SWPE) is made to practices that register for the PIP Diabetes Incentive. The payment is made to practices in the next quarterly payment following sign-on.

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

- register for the PIP Diabetes Incentive;
- use a patient register, and recall and reminder system for their patients with diabetes mellitus; and
- agree to implement a cycle of care for their patients with diabetes mellitus (see below).

The register, and recall and reminder system must include:

- a list of all known patients with diabetes attending the practice, including the patient's name, identifier (e.g. practice file number or Medicare number) and contact details; and
- an active patient recall and reminder system.

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The registers can be electronic or paper based and can be held either at the practice or at the local Division of General Practice. If a Division-based register is used, patient consent is required.

### (II) OUTCOMES PAYMENT

An outcomes payment of \$20 per diabetic SWPE per year is made to practices that have signed on for the PIP Diabetes Incentive and reach target levels of care for their patients with diabetes mellitus.

The target is that at least two per cent of practice patients are diagnosed with diabetes mellitus and a diabetes cycle of care has been completed for at least 20 per cent of the diagnosed patients.

Note: The number of patients in a practice with established diabetes mellitus is determined by the number of patients (based on SWPE) who have had an glycosylated haemoglobin (HbA1c) test in the previous two years. i.e. MBS attendance items 66551, 66554 and 73840.

### (III) SERVICE INCENTIVE PAYMENT

A Service Incentive Payment (SIP) of \$40 per year is paid for each cycle of care completed for a patient with established diabetes mellitus. GPs must be working at a PIP practice that is signed on for the PIP Diabetes Incentive (see above). The SIPs are paid quarterly.

GPs must provide the minimum requirements of care outlined in the table below within an 11 to 13 month period. Additional levels of care will be needed by insulin-dependent patients and those with abnormal review findings, complications and/or co-morbidities. The minimum requirements are based on the *Diabetes Management in General Practice* guidelines produced by the RACGP and Diabetes Australia.

TABLE 2: MINIMUM REQUIREMENTS OF THE DIABETES CYCLE OF CARE

Activity	Frequency/Description
Assess diabetes control by measuring HbA1c	At least once every year
Ensure that a comprehensive eye examination is carried out**	At least once every two years
Measure weight and height and calculate Body Mass Index (BMI)***	At least twice every cycle
Measure blood pressure	At least twice every cycle

Examine feet****	At least twice every cycle
Measure total cholesterol, triglycerides and HDL cholesterol	At least once every year
Test for microalbuminuria	At least once every year
Provide self-care education	Patient education regarding diabetes management
Review diet	Reinforce information about appropriate dietary choices
Review levels of physical activity	Reinforce information about appropriate levels of physical activity
Check smoking status	Encourage cessation of smoking (if relevant)
Review of medication	Medication review

\*\*Not required if the patient is blind or does not have both eyes.

\*\*\*Initial visit: measure height and weight and calculate BMI as part of the initial assessment. Subsequent visits: measure weight.

\*\*\*\*Not required if the patient does not have both feet.

Note: Activities required twice in a cycle of care must be performed at least 5 months after the previous measurements / examination.

## 4. IS OUR PRACTICE/GP ELIGIBLE FOR THE PIP DIABETES INCENTIVE?

To be eligible for the sign-on and outcomes payments of the PIP Diabetes 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 Diabetes Incentive; and
- complete a diabetes cycle of care for patients with diabetes mellitus as described above.

## 5. HOW DOES THE PRACTICE/GP APPLY FOR THE PIP DIABETES INCENTIVE?

### CLAIMING A SIGN-ON PAYMENT

Practices can apply for the PIP Diabetes 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.

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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 the payment. The outcomes payment is automatically paid with the PIP quarterly payment to the bank account nominated by the practice.

### CLAIMING A SIP

GPs must use one of the following diabetes specific Medicare Benefits Schedule (MBS) attendance item numbers (from Group A18 or A19 of the MBS book) when the minimum requirements of the diabetes cycle of care have been completed for a patient with established diabetes mellitus: 2517, 2518, 2521, 2522, 2525, 2526, 2620, 2622, 2624, 2631, 2633 or 2635.

Use of these items will inform Medicare Australia that the requirements of the diabetes cycle of care 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 Diabetes Incentive MBS attendance items is the same as for the usual MBS attendance items.

All other consultations should be billed using the usual MBS attendance items with the exception of the consultation that completes the diabetes cycle of care.

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.

## 6. WHAT ARE THE OBLIGATIONS OF THE PRACTICE?

The practice must:

- be able to substantiate its claims for payment, which may include evidence of their patient register, and recall and reminder system, and the completion of cycles of care for patients with diabetes mellitus;
- 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](http://www.medicareaustralia.gov.au/pip)

Email: [pip@medicareaustralia.gov.au](mailto: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.

*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.*