



PROCEDURAL GP PAYMENT » GUIDELINES

1. INTRODUCTION

The Practice Incentives Program (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 *RACGP Standards for general practices* to participate in the PIP.

Payments are made through the PIP for improved use of information management and technology (IM/IT); 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; and for best practice management of asthma and diabetes.

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

These guidelines provide information about the PIP Procedural GP Payment.

If you would like more information on this or other PIP incentives or an application form, please visit the website www.medicareaustralia.gov.au/pip/ or contact the PIP Enquiry Line on free call **1800 222 032**.

2. THE PIP PROCEDURAL GP PAYMENT

On 18 November 2003, the Australian Government launched the Strengthening Medicare package, a \$2.85 billion program to strengthen Medicare now and for future generations. One component of the package, the Procedural GP Payment, aims to encourage GPs in rural and remote areas to maintain local access to surgical, anaesthetic and obstetric services.

In February 2006, the Australian Government increased the procedural payments to rural GPs providing surgical, anaesthetic and obstetric services.

In September 2006, the Australian Government increased the procedural payments to GPs in rural and remote areas delivering 20 or more babies a year.

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 are:

- Obstetric delivery;
- General anaesthetic, major regional blocks; and
- 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 initiative.

3. WHAT ARE THE PROCEDURAL GP PAYMENTS?

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, procedural GP payments are made to the practice. The payment will be made automatically each quarter to the practice's nominated bank account. There is no limit to the number of procedural GPs who can generate payments for a practice. A GP working at more than one PIP practice, must nominate the practice to which the procedural payment should be made. The PIP Practice Statement will identify the GP providing the procedural service and the payment.



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The requirements and payment levels of the Procedural GP Payment are outlined in the following table.

TABLE 1

Tier	Activity required for payment
Tier 1 (\$2,000 per annum)	A GP must provide at least one procedural service as defined above.
Tier 2 (\$4,000 per annum)	A GP must meet the Tier 1 requirements and provide after hours procedural services on a regular or rostered basis i.e. 15 hours per week either on call or on a roster. (For the purposes of PIP, after hours refers to any time outside 8 am to 6 pm weekdays and 8 am to 12 noon on Saturdays.)
Tier 3 (\$10,000 per annum)	A GP must meet the Tier 2 requirements and provide 50 or more eligible surgical and/or anaesthetic and/or obstetric services per year.
Tier 4 (\$17,000 per annum)	<p>A GP must meet the Tier 2 requirements and deliver 20 or more babies a year.</p> <p>Note: In exceptional circumstances GPs who do not deliver 20 or more babies a year may be eligible for Tier 4.</p> <p>For example a sole practitioner who delivers all the babies in a community may qualify for a Tier 4 payment if the number of deliveries in the community was less than 20. The practice would need to substantiate that it is delivering all the babies born in the community to receive this payment.</p> <p>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.</p> <p>Practices with exceptional circumstances should contact Medicare Australia, which will consider their circumstances on a case by case basis.</p>

A rural loading, which varies according to the location of the practice, is automatically applied to the procedural payments.

4. IS OUR PRACTICE ELIGIBLE FOR THIS INCENTIVE?

To be eligible for the PIP Procedural GP payment, the practice must meet the following criteria:

- The practice must participate in the PIP;
- At least one GP from the practice must provide one or more of the procedural services as described in the definition of a procedural GP; and

- The main practice location must be in an eligible rural or remote area i.e. Rural, Remote and Metropolitan Area (RRMA) 3-7. Medicare Australia can advise you of the RRMA classification of your practice location.

5. HOW DOES THE PRACTICE APPLY FOR THE PIP PROCEDURAL GP PAYMENT?

Practices can apply for the PIP Procedural GP Payment by completing the relevant parts of the Practice Incentives Program and General Practice Immunisation Incentives Application Form, and/or the PIP Procedural GP Payment Application Form available from Medicare Australia.

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

6. 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 GPs procedural activity and volume from existing hospital records and, if applicable, a statement or evidence of their after hours commitment.

It is the responsibility of the practice to ensure information provided to Medicare Australia is accurate. The practice must advise Medicare Australia within 14 days of any changes that may affect the practice's eligibility for PIP payments.

On joining the PIP, the practice must nominate a PIP contact person, 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 days of receiving notice of the decision it would like reviewed. Medicare Australia will reconsider its decision and advise the practice in writing of the outcome of the review.

Advice on further avenues of appeal is available by contacting Medicare Australia.