



PROCEDURAL GP PAYMENT » APPLICATION FORM

A procedural payment is available to practices in rural and remote areas that are participating in the Practice Incentives Program (PIP) and provide procedural services.

For a practice to be eligible for PIP procedural payments it must meet all of the following criteria:

- the practice must participate in the PIP;
- the principal practice must be located within the target area — Rural, Remote and Metropolitan Area (RRMA) classification 3-7; and
- at least one general practitioner (GP) from the practice must provide one or more of the procedural services described in the definition of a procedural GP (see below).

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 anaesthetics, 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 practitioner 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.

Note: For further information see the PIP Procedural GP Payment guidelines.

PRACTICE CERTIFICATION

I, being the authorised contact person of the practice, certify to the best of my knowledge that the information provided on this form is correct, and that the practice will be able to provide evidence of procedural activity if required by the Medicare Australia PIP Audit Program.

I agree to inform Medicare Australia within 14 days of any changes to the practice's procedural activity. If this is not done, I understand that the practice's payments may be reduced or recovered, and continuing eligibility for the PIP procedural payment may be affected.

PLEASE WRITE: (USE BLOCK LETTERS)

Your PIP practice number

Your practice name

Your practice telephone number

Name of authorised contact person

Signature of authorised contact person

Date

Privacy note: The information provided on this form will be used to assess the practice's eligibility for the PIP Procedural GP Payment. This information may be disclosed to the Department of Health and Ageing.



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TO BE COMPLETED BY EACH PROCEDURAL GP IN THE PRACTICE WISHING TO APPLY FOR THE PIP PROCEDURAL GP PAYMENT.

(If additional forms are required, photocopies of this form will be accepted).

PLEASE WRITE: (USE BLOCK LETTERS)

1. Full name of practitioner

2. Your practice name

3. Provider number for this practice location

PROVIDER NUMBER	(LOCATION address)

4. Procedural activities

Please mark one box only relating to the highest valued tier that applies to you.

Tier Payments and Requirements

- | | | |
|---|--|--------------------------|
| 1 | I provide at least one procedural service as defined on page 1 of this application form. (Annual payment \$2,000) | <input type="checkbox"/> |
| 2 | I 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.) (Annual payment \$4,000) | <input type="checkbox"/> |
| 3 | I meet the Tier 2 requirements and provide more than 50 eligible surgical and/or anaesthetic and/or obstetric services per year. (Annual payment \$10,000) | <input type="checkbox"/> |
| 4 | I meet the Tier 2 requirements and deliver 20 or more babies a year. (Annual payment \$17,000) | <input type="checkbox"/> |

NOTES

A GP can only qualify for one tier and one procedural payment per quarter.

Please contact Medicare Australia if you are a single doctor practice and do not meet the requirements of Tier 4 but are meeting the obstetric needs of your community.

Practices with more than one GP cannot count the combined number of deliveries in the practice to qualify for Tier 4.

I understand that Medicare Australia may:

- access information regarding services provided by me for the purpose of calculating payments;
- provide reports regarding information on this application and services provided by me to the contact person nominated on this form; and
- provide information (which may include identifying information) relating to this application to the Department of Health and Ageing for statistical, research and policy development purposes.

5. Certification

I certify that the statements made in this application are, to the best of my knowledge, true and correct and I have not claimed these services at another practice.

I agree to inform Medicare Australia within 14 days, at the address shown on this application form, if I should leave this practice or change my procedural activity in a way that will affect my eligibility for payment.

Signature of practitioner

Date

Completed applications should be posted to:
Practice Incentives Program
GPO Box 2572
ADELAIDE SA 5001
or Faxed to (08) 8274 9352