

Practice Incentive Payments (PIPs) and Service Incentive Payments (SIPs) – Information for GP Registrars

Background to the Practice Incentives Program

Medicare Australia provides financial incentives to eligible practices and GPs to achieve certain health outcomes. To be eligible for the Practice Incentive Program, practices must undergo a 3 yearly accreditation process. The practice pays a group such as QPA or AGPAL to assess them against practice accreditation criteria set by the RACGP in its Standards for General Practice. If eligible, the practice and doctors in the practice can access PIPs and SIPs.

What is a PIP?

PIP = Medicare payments to the practice for a variety of things: accreditation, teaching students, immunisation rates, IT facilities, care planning, practice nurse, NPS education participation, after hours care, etc.

These payments are intended to assist practices in setting up the relevant infrastructure to be able to provide extra services e.g. if a practice plans to do 3+ Asthma visits, they could use the sign on PIP to purchase a spirometer. This is a separate payment from the SIP, which is for the service to the individual patient.

If any PIPs are directed to the individual GP, the practice will usually ask that you sign these over to them. This is fairly standard practice as it is the intention by Medicare that the payments are used for practice infrastructure.

What is a SIP?

Medicare pays an extra fee to GPs for certain services to individual patients. These are claimed via distinct SIP item numbers. The practice needs to be “signed on” for the incentive program for an individual GP to be able to claim these payments.

A SIP is payable for these services to individual patients:

- a completion of a mental health cycle (i.e. assessment, plan and review) - only for GPs who have completed Level 1 BOiMH training (\$150)
- completion of a 3+ asthma visit cycle (\$100)
- completion of an annual diabetes cycle \$40
- Pap test for woman who hasn't had one for 4 years (\$35)
- a payment for completion of the immunisation schedule for an individual child (\$18.50)

Why do I need to know this?

- You should be aware of these items and the relevant MBS item numbers so that you are billing appropriately. Eg. Always make sure you know when a woman's last Pap smear was and ring the Pap test register to check if you are unsure. If it's greater than 4 years you can use the relevant MBS item for that consultation level.

- The National Minimum Terms and Conditions only states that SIPs are included in gross billings for the purposes of calculating the 45%. There are other issues to be aware of for SIPs payments.
 - Individual practices can decide how to allocate SIPs, so you should be aware that this is an item for negotiation in your employment contract. Some practices will pay all of the SIPs earned by registrars to them. Some retain the SIPs of all doctors in the practice.
 - SIP payments are made quarterly (Feb/May/August/November). This means that if you leave practice in July or January, any SIPs you have generated for the last 2 months of that term will not be paid by Medicare until the following month, so you will need to follow up with the practice to ensure you receive pay owing to you for these.
 - SIP payments are deposited separately to all other Medicare payments and you need to complete a separate banking request form (see attached). The account nominated can be different to the one that other Medicare payments are currently going to.
 - You can request a copy of any SIPs generated against your provider number from Medicare Australia.

What do I need to do?

1. Check that your practice is eligible for SIPs/PIPs. SIPs are generated when an individual provider claims Medicare SIP item numbers through Medicare. To be eligible for SIP, the practice must be participating in the Practice Incentives Program and be "signed on" for SIPs.
2. Before you start your term you should sign a *Practice Incentives Program Service Incentive Payments banking details request form*. (See attached) If you nominate a practice account for these payments, it will be up to you and the practice to negotiate how that payment is divided otherwise. If the practice is happy for you to receive SIPs directly you can complete your own bank details on the form. In this case you will need to keep a record of this private income for taxation purposes.
3. Make sure you understand what you need to complete to be able to claim a SIP for a patient, eg. have done Level 1 training for BOiMHC, completed 3 asthma visits according to the protocol. Find out about all the relevant item numbers.

Can I change my nominated account with Medicare?

ABN 60 108 076 704

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www.gpra.com.au



If you are halfway through a term and want to change this you can change the SIP payment details by sending in a new form in with your provider number and bank account details. Also, when you move to a new practice and get a new provider number you must put in a new *Practice Incentives Program Service Incentive Payments banking details request form*.

How to find out more:

1. *Check the item number descriptions in the Medicare Benefits Schedule for details.*
2. *Ask your supervisor if the practice uses a template for any of the above*
3. *Contact your local division of General Practice. There should be a project officer responsible for PIP/SIP who might even come to visit you to talk through in more detail*
4. *Contact Medicare – pip@medicare.gov.au, or the PIP enquiry line on 1800 222 032*

Further information to consider on this issue:

Is it fair for practices keep part or all of the SIPs?

A practice has to undergo accreditation to RACGP Standards for General Practices, usually done by a group such as AGPAL or QPA every 3 years in order to be eligible for SIPs and PIPs. The process can be quite time consuming and expensive for the practice. This can be one reason why SIPs/PIPs payments are not distributed equally with the other doctors in the practice. .

Some SIPs require use of practice equipment or staff e.g. For the annual diabetes check, the practice nurse is actually performing part of the service. Hence the practice might regard it as reasonable that they retain part of the SIP. Some practices might direct all SIPs/PIPs into general funds to enable the practice to employ a nurse.

In contrast, to be eligible for the BOiMH SIP, it's the individual GP who has to undertake extra training and offer longer consults with limited involvement of other practice staff and equipment.

Is childhood immunisation covered by a SIP or a PIP?

There are 2 components to the incentive payments for immunisations:

- 1/ A PIP when >90% of children attending the practice are immunised
- 2/ A SIP of \$18.50 to the doctor who notifies the Australian Childhood Immunisation Register (ACIR) of a vaccination that completes an immunisation schedule according to the National Immunisation Program.

It may difficult for the GPR to access the immunisation SIP as most of them take at least 6 months to complete the schedule for any 1 vaccine, by which time most GPRs have moved on. It's usually then the practice nurse +/- practice manager who then goes through the practice database to see who has completed their immunisations and then notifies ACIR. You should be registered with ACIR for this. Talk to your practice nurse or practice manager.

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What about the extra payments for GP Management plans and Team Care Arrangements?

A related issue worth considering is % payments for Care Plans/ Chronic Disease Management Plans. (Medicare Items 721 and 723). These are processed and paid in the same way as all other standard Medicare item numbers. As in the NMT&C document GPRs who do these should get at least 45%, but it could be a point of negotiation as they do take extra effort.

Information collated by Dr Annabel Kain, SIGPET RLO, August 2006 with input from the GPRAs Terms and Conditions working party, September 2006.



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