



Practice Incentives Program GP Aged Care Access Incentive

The Practice Incentives Program (PIP) General Practitioner Aged Care Access Incentive (ACAI) aims to encourage general practitioners to provide increased and continuing services in Australian Government funded residential aged care facilities (RACFs).

Eligibility

The PIP General Practitioner ACAI payments are based on a general practitioner providing a required number of eligible Medicare Benefits Schedule (MBS) services in RACFs in a financial year.

To be eligible for the PIP GP ACAI payments, general practitioners must:

- Work from a PIP practice;
- Provide eligible MBS services to residents in RACFs;
- Reach the Qualifying Service Level (QSL) by providing the required number of MBS services in RACFs in a financial year; and
- Use a Medicare provider number that is linked to a PIP practice when claiming MBS services in RACFs.

Common terms

Standardised Whole Patient Equivalent

(SWPE) is used to measure practice size and includes a weighting factor for the age and gender of patients. The average full-time general practitioner has a SWPE value of around 1000 SWPEs each year.

Whole Patient Equivalent (WPE) is based on general practitioner and other non-referred MBS item numbers and uses the value of the MBS fee, rather than the number of consultations per patient. The total care for each patient equals one WPE.

Eligible Medicare Benefits Schedule items

Eligible Medicare Benefits Schedule (MBS) services are those provided to residents in Commonwealth funded RACFs and Multipurpose Services.

Multipurpose Services are integrated health and aged care services that provide flexible and sustainable service options for small rural and remote communities.

MBS Services that count towards the QSLs include attendances in RACFs, contributions to Care Plans and Residential Medication Management Reviews and are as follows:

| MBS item number/s | Description | MBS rebate |
|------------------------|---|-------------|
| 20 35 43 51 | Level A, B, C, D - GP attendance at an RACF | Derived fee |
| 731 | Contribution to a multidisciplinary care plan for a patient in an RACF | \$70.40 |
| 903 | Residential medication management review | \$106.00 |
| 5010 5028 5049 5067 | Level A, B, C, D - After-hours GP attendance at an RACF | Derived fee |
| 5260 5263 5265 5267 | Level A, B, C, D - Other non-referred after-hours attendances at an RACF to which no other item applies | Derived fee |

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

Aged Care Access Incentive Payment Schedule

| Practice Incentives Program | Maximum amount claimable | Service Incentive Payment |
|--|--|---------------------------|
| Tier 1 GP Aged Care Access Incentive | Minimum Qualifying Service Level (QSL) is 60 services | \$1,500 |
| Tier 2 GP Aged Care Access Incentive | Minimum Qualifying Service Level (QSL) is 140 services | \$3,500 |

More information

PIP Enquiry Line

Telephone: 1800 222 032

Email: pip@humanservices.gov.au

Fax: 1300 587 696

Medicare Benefits Schedule

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>

Practice Incentives Program Guidelines

<https://www.humanservices.gov.au/health-professionals/services/medicare/practice-incentives-program>

See also

Practice Assist Fact Sheets and Resources:

- After-hours Incentive
- Asthma Incentive
- Cervical Screening Incentive
- Diabetes Incentive
- eHealth incentive
- Indigenous Health Incentive
- Procedural GP Payment
- Quality Prescribing Initiative
- Rural Loading Incentive
- Teaching Payment
- Practice Nurse Incentive Program
- What is the Practice Incentives Program?
- Practice Incentives Program Overview