General Practice Rural Incentives Program

Program Guidelines

Effective Date: 1 July 2015
CONTENTS
1. Policy Overview ................................................................. 4
2. Program Overview ............................................................. 5
   2.1 Objectives .................................................................. 5
   2.2 Central Payment System (CPS) and Flexible Payment System (FPS) ........................................ 5
   2.3 Taxation ..................................................................... 5
   2.4 Amendments to Guidelines ........................................... 5
   2.5 Requests for Eligibility or Payment Clarification ............................................................. 5
   2.6 Contact Information ..................................................... 6
3. General Applicant Information ............................................. 6
   3.1 Eligibility ..................................................................... 6
      3.1.1 Eligible Services .................................................... 7
      3.1.2 MM Classifications ............................................... 7
   3.2 Service Requirements .................................................. 7
      3.2.1 Payment Quarters .................................................. 7
      3.2.2 Active Quarters ..................................................... 7
      3.2.3 Number of Active Quarters Required for Payment ......................................................... 7
      3.2.4 Year Level ............................................................ 7
   3.3 Payment Calculations .................................................... 8
      3.3.1 Maximum Incentive Payment Amounts ................................................................. 8
   3.4 Ongoing Requirements .................................................. 8
      3.4.1 Lapsing Payments .................................................. 8
      3.4.2 Opting Out of GPRIP .............................................. 9
SECTION A: Central Payment System .................................... 10
   4.1 Eligibility ..................................................................... 10
      4.1.1 Eligible Primary Care Services ................................ 10
      4.1.2 Ineligible Primary Care Services ................................ 10
      4.1.3 Level of Service Required per Quarter .................. 10
      4.1.4 Payment Structure ............................................... 10
      4.1.5 Payment Calculation ............................................. 11
   4.2 Payment Requirements .................................................. 11
SECTION B: Flexible Payment System .................................... 13
   5.1 Eligibility ..................................................................... 13
      5.1.1 Eligible Primary Care Services ................................ 13
      5.1.2 Ineligible Primary Care Services ......................... 13
      5.1.3 Alternative Employment not covered under the CPS ................................................. 13
      5.1.4 Top-Up Provisions in Addition to the CPS ............................................................ 14
1. Policy Overview

General Practice Rural Incentives Program (GPRIP) is a component of the Rural Health Workforce Strategy, a 2009-10 Budget measure that provides for a range of initiatives aimed at attracting and retaining doctors in regional and remote areas of Australia and support increased delivery of medical services in rural and remote communities.

GPRIP provides financial incentives to medical practitioners who are providing eligible primary health care services to the community within eligible regional, rural, or remote areas.

The Department of Human Services (Human Services) and the Rural Workforce Agencies (RWAs) in each state and the Northern Territory assist in the provision of GPRIP payments. GPRIP uses two systems to assess and pay financial incentives: the Central Payment System (CPS) and the Flexible Payment System (FPS).

From 1 July 2015, GPRIP moved to a new classification system, the Modified Monash Model (MMM), and introduced new program guidelines to more effectively target financial incentives to doctors working in areas that experience greater difficulty attracting and retaining general practitioners. The map locator to determine the Modified Monash (MM) category of locations is on the DoctorConnect website.

The MMM classification system uses the Australian Statistical Geography Standard – Remoteness Area (ASGS-RA) as a base, in which the latest residential population data from the 2011 Census is used to determine the five remoteness categories. The MMM then further differentiates areas in Inner and Outer Regional Australia based on local town size to arrive at the seven MM categories. You can check your MM category on the DoctorConnect website map locator.

<table>
<thead>
<tr>
<th>Modified Monash Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM1</td>
<td>All areas categorised ASGS-RA 1.</td>
</tr>
<tr>
<td>MM2</td>
<td>Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with population &gt;50,000.</td>
</tr>
<tr>
<td>MM3</td>
<td>Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 and are in, or within 15km road distance, of a town with population between 15,000 and 50,000.</td>
</tr>
<tr>
<td>MM4</td>
<td>Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 or MM 3, and are in, or within 10km road distance, of a town with population between 5,000 and 15,000.</td>
</tr>
<tr>
<td>MM5</td>
<td>All other areas in ASGS-RA 2 and 3.</td>
</tr>
<tr>
<td>MM6</td>
<td>All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the Australian Bureau of Statistics (ABS) geography and is more than 5km offshore.</td>
</tr>
<tr>
<td>MM7</td>
<td>All other areas – that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.</td>
</tr>
</tbody>
</table>
2. PROGRAM OVERVIEW

2.1. OBJECTIVES

GPRIP aims to encourage medical practitioners to practise in regional and remote communities and to promote careers in rural medicine through the provision of financial incentives. The program aims to retain these medical practitioners in regional and remote locations by providing incentives to continue to work in these areas.

2.2. CENTRAL PAYMENT SYSTEM (CPS) AND FLEXIBLE PAYMENT SYSTEM (FPS)

There are two payment systems used for GPRIP – the CPS and the FPS.

Medical practitioners who bill Medicare for eligible services receive automated payments made by Human Services through the CPS. Medical practitioners are not required to submit an application to access GPRIP payments through the CPS. See Section A for further information.

Medical practitioners who provide eligible non-Medicare services and/or undertake training (under the Australian General Practice Training [AGPT] program) can apply to receive payments through the FPS. Medical practitioners must apply directly to the RWA in their state or the Northern Territory. See Section B for further information.

Medical practitioners may be assessed under both the CPS and FPS if they are billing but not meeting the maximum threshold required for payment and also meet other top-up eligibility requirements under the FPS. See Section B ‘Top-up provisions in addition to the CPS’ for further information.

2.3. TAXATION

Payments under GPRIP are not subject to Pay As You Go (PAYG) withholding tax. Recipients must declare incentive payments for tax purposes, and are advised to seek advice from their financial adviser, accountant or the Australian Taxation Office (ATO) regarding their own tax arrangements.

2.4. AMENDMENTS TO GUIDELINES

These Guidelines may be amended at any time by the Department of Health. The current version of these Guidelines will state the ‘effective date’ as detailed in the corresponding amendment notice and will be available at all times on the Department of Health website.

It is the responsibility of eligible medical practitioners to ensure they are operating under the current version of these Guidelines. No claim will be entertained for loss of payment or any other loss as a result of a medical practitioner failing to operate under the current version of the Guidelines.

2.5. REQUESTS FOR ELIGIBILITY OR PAYMENT CLARIFICATION

If you require clarification on a decision regarding your eligibility for a payment or on the calculation of a payment you have received, please contact Human Services.
2.6. Contact Information

Department of Human Services – Payment Assessment and Calculation Enquiries
Website: Department of Human Services
Phone: 1800 010 550

Department of Health – Eligibility Enquiries
Email: gprip@health.gov.au

Rural Workforce Agencies – Flexible Payment System Enquiries
Health Network Northern Territory LTD
Email: gprip@ntphn.org.au
Phone: (08) 8982 1000

Rural Doctors Workforce Agency South Australia
Email: gpservices@ruraldoc.com.au
Phone: (08) 8234 8277

Rural Health West
Email: accounts@ruralhealthwest.com.au
Phone: (08) 6389 4500

Health Recruitment Plus Tasmania
Email: admin@healthrecruitmentplus.com.au
Phone: (03) 6334 2355

New South Wales Rural Doctors Network
Email: gpgrants@nswrdn.com.au
Phone: (02) 4924 8000

Health Workforce Queensland
Email: clientservices@healthworkforce.com.au
Phone: (07) 3105 7800

Rural Workforce Agency Victoria
Email: rwav@rwav.com.au
Phone: (03) 9349 7800

3. General Applicant Information

3.1. Eligibility
To be eligible for GPRIP, medical practitioners must:

1. provide eligible primary care services and/or undertake GP Registrar training placements under AGPT in regional and remote locations (MM categories 3-7) within Australia;
2. have a current Medicare provider number; and
3. have provided current bank account details to Human Services specifically for GPRIP.
3.1.1. Eligible Services
The eligible primary care services and GP Registrar training placements under the AGPT are listed under the CPS and FPS Sections.

3.1.2. MM Classifications
Eligible locations are those locations in Australia within categories 3 to 7 of the MMM.
Eligible services are based on the practice location, regardless of the medical practitioner or patient address.

3.2. Service Requirements
Medical practitioners accessing GPRIP for incentive payments are assessed based on:

- the amount of eligible services provided within a payment quarter period;
- services provided in an eligible category (MM3-7); and
- duration of active service within the program.

3.2.1. Payment Quarters
Payments are determined by activity within quarters. Please note the numbering of quarters has changed as of 1 July 2015.

- **Quarter One** – July, August, September
- **Quarter Two** – October, November, December
- **Quarter Three** – January, February, March
- **Quarter Four** – April, May, June

3.2.2. Active Quarters
An active quarter is a quarter in which a medical practitioner meets the minimum activity threshold under the CPS and/or FPS (see Section A and Section B).

3.2.3. Number of Active Quarters Required for Payment
All continuing providers, as well as new participants to the program practising predominantly in MM6-7 locations, will be eligible for a payment on completion of four active quarters within an eight quarter period.

New participants to the program practising predominantly in MM3-5 locations will receive an initial payment after completing eight active quarters within a 16 quarter period.

If a new medical practitioner is working across MM3-7 categories they may need to complete eight active quarters before a payment will be made if the majority of their eligible activity is considered to have occurred in MM3-5.

3.2.4. Year Level
Year Level refers to the duration of active service within the program. The year level and MM category determine the maximum payment amount.

Medical practitioners will advance to a higher year level after each payment for four active quarters, until they are at Year Level 5. Payments will then continue to be made at this year level.
New participants to the program who are practising predominantly in MM3-5 locations will receive an initial payment at Year Level 2 after completing eight active quarters within a 16 quarter period. They will then advance to a higher year level after each payment for four active quarters, until they are at Year Level 5. Payments will then continue to be made at this year level.

The small number of continuing participants who are currently sitting at a half year level (i.e. 0.5, 1.5 and 2.5) will be rounded down as the new GPRIP does not cater for half year levels (i.e. 0.5 will be treated as 0, 1.5 will be treated as 1 and 2.5 will be treated as 2). These participants will have to complete a full four active quarters in eight to advance to the next whole year level (except those participants who will be treated as 0 and are practising in predominantly MM3-5 locations – these participants will need to complete eight active quarters in 16 to advance to Year Level 2).

Medical practitioners who have not been eligible for a payment within the 24 quarters (six years) immediately prior to becoming eligible for a new payment will recommence in the program as a new participant.

### 3.3. Payment Calculations

#### 3.3.1. Maximum Incentive Payment Amounts

The following table shows the maximum annual payment available to medical practitioners across each MM category at each year level.

**Table 2: Maximum Incentive Payment Amounts**

<table>
<thead>
<tr>
<th>Location (MM)</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5 plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM3</td>
<td>$0</td>
<td>$4,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$12,000</td>
</tr>
<tr>
<td>MM4</td>
<td>$0</td>
<td>$8,000</td>
<td>$13,000</td>
<td>$13,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>MM5</td>
<td>$0</td>
<td>$12,000</td>
<td>$17,000</td>
<td>$17,000</td>
<td>$23,000</td>
</tr>
<tr>
<td>MM6</td>
<td>$16,000</td>
<td>$16,000</td>
<td>$25,000</td>
<td>$25,000</td>
<td>$35,000</td>
</tr>
<tr>
<td>MM7</td>
<td>$25,000</td>
<td>$25,000</td>
<td>$35,000</td>
<td>$35,000</td>
<td>$60,000</td>
</tr>
</tbody>
</table>

Note: The MM3 category in the table above also includes GP Registrars undertaking selected approved training in MM1 and MM2.

Calculation of payments is based on activity levels within eligible locations and the length of time a medical practitioner has been on the program. See Section A and Section B for the minimum and maximum activity thresholds under the CPS and FPS respectively.

### 3.4. Ongoing Requirements

#### 3.4.1. Lapsing Payments

When a medical practitioner becomes eligible for a new payment, Human Services will automatically determine a payment amount and deposit the amount into the medical practitioner’s nominated bank account. If the medical practitioner has not nominated a bank
account, Human Services will write to the medical practitioner requesting bank details be provided.

**IMPORTANT NOTE:** If a medical practitioner fails to provide bank details within the allowed 60 calendar days from the date of the letter, then their payment will lapse and they will **NO LONGER BE ELIGIBLE** for that payment. Medical practitioners will only be notified of any new payments that are due. No subsequent letters will be sent regarding the lapsed payment.

### 3.4.2 Opting Out of GPRIP

If a medical practitioner no longer wants to receive GPRIP payments they may opt out of GPRIP at any time. If a medical practitioner opts out of GPRIP they are voluntarily choosing not to participate in GPRIP.

To opt out of GPRIP a medical practitioner must contact Human Services on 1800 010 550. Human Services will write to the medical practitioner confirming that they have chosen to opt out of the GPRIP.

The medical practitioner will forfeit all future payments unless they opt back in to the GPRIP. When a medical practitioner chooses to opt back in to GPRIP, they will only be eligible for future payments from the date of notification.
4. SECTION A: CENTRAL PAYMENT SYSTEM

4.1. ELIGIBILITY

For medical practitioners who bill Medicare for their services, payments are based on Medicare records of eligible services provided in eligible locations in Australia. Payments are made automatically, and Human Services will notify medical practitioners when this occurs.

4.1.1. Eligible Primary Care Services

Eligible primary care services are listed as clinical services from the following sections of the Medicare Benefits Schedule (MBS) Book:

Category 1: Professional attendances
Category 2: Diagnostic procedures and investigations
Category 3: Therapeutic procedures
Category 7: Cleft lip and cleft palate services

All Telehealth services that are provided within the above categories are included for the assessment of GPRIP. For the purpose of GPRIP, Telehealth services are based on the medical practitioner’s physical practice location.

4.1.2. Ineligible Primary Care Services

Ineligible primary care services include the following categories:

- Optometry
- Dentistry
- Diagnostic imaging and pathology
- Bulk billing items 10990, 10991, 10992

4.1.3. Level of Service Required per Quarter

An active quarter is where a medical practitioner meets the minimum level of activity required. To meet the minimum level of activity required, a medical practitioner must bill Medicare services of at least $6,000 in MM3-7 locations within a quarter. This is the minimum quarterly activity threshold for the CPS.

An inactive quarter is where a medical practitioner has billed Medicare services below $6,000 in MM3-7 locations per quarter. Inactive quarters are not eligible for payment under the CPS.

Note: If a medical practitioner is not billing enough to meet the $6,000 per quarter threshold, they may be eligible for the FPS if they are providing equivalent services and meet other eligibility criteria (See Section B).

Medical practitioners who bill $30,000 or more of eligible Medicare services within a quarter meet the threshold condition for maximum payment. This is the maximum quarterly activity threshold for the CPS.

4.1.4. Payment Structure

1. A medical practitioner who bills $30,000 or more eligible Medicare services in an active quarter has met the maximum threshold and will receive the maximum
payment (based on year level, MM location/s and proportion of time spent in each MM location).

Note: Amounts in excess of the maximum quarterly threshold are not carried forward to other active quarters.

2. A medical practitioner who bills between $6,000 and $30,000 of eligible Medicare services in every quarter will receive a proportional payment.

3. A medical practitioner who bills less than $6,000 of eligible Medicare services in a quarter has not met the minimum threshold and is therefore ineligible for payment for that quarter. Medical practitioners who have not been eligible for a payment within the 24 quarters (six years) immediately prior to becoming eligible for a new payment will recommence in the program as a new participant.

**Table 3: Payment Structure**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Level of Service (per quarter)</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Billing $30,000 or more</td>
<td>Maximum payment</td>
</tr>
<tr>
<td>Active</td>
<td>Billing between $6,000 and $30,000</td>
<td>Proportional payment</td>
</tr>
<tr>
<td>Inactive</td>
<td>Billing less than $6,000</td>
<td>Ineligible for payment</td>
</tr>
</tbody>
</table>

Payments are determined per quarter and made based on calculations from four active quarters.

### 4.1.5. Payment Calculation

Payments are calculated based on the activity level of eligible services, practising location/s and year level on a quarterly basis and are totaled once the required number of active quarters has been reached.

At the completion of the number of quarters required for the MM region(s), a payment value is calculated for four active quarters and then totaled into a single payment.

The dollar amount for participants who practise in multiple MM categories within an active quarter will be calculated as a percentage of the maximum payment threshold against each MM, starting with the most rural MM category and working backwards. If 100% of the maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included.

For example calculations see Annexure A.

### 4.2. Payment Requirements

Human Services will notify a medical practitioner in writing of a payment. Medical practitioners deemed ineligible for a payment will not be notified.

To be eligible for payment, medical practitioners must have previously provided their bank details specifically for this program, or provide their bank details to Human Services within 60 calendar days of the date of the letter requesting bank details.
Medical practitioners who are unsure whether Human Services has their current details should contact Human Services on 1800 010 550.

The GPRIP Bank Details form can be found by visiting the [Human Services website](http://www.humanservices.gov.au).
5. SECTION B: FLEXIBLE PAYMENT SYSTEM

5.1. ELIGIBILITY

Medical practitioners providing non-Medicare services and/or undertaking training (under the AGPT program) that is not adequately reflected in Medicare records are eligible to apply for payment incentives through the FPS.

5.1.1. Eligible Primary Care Services

Medical practitioners must be providing primary care services that are equivalent to eligible services listed under the CPS (See Section A ‘Eligible Primary Care Services’ for further details). Eligible services are required to be in relation to direct clinical engagement with a patient or patients. The types of employment eligible for payment through the FPS are listed at 5.1.3 and 5.1.4.

5.1.2. Ineligible Primary Care Services

The following services are not eligible for payment under GPRIP:

a) All directly funded Commonwealth Government positions in

- Detention Centres
- Defence Facilities
- Antarctica

b) The following AGPT components

- Compulsory hospital year required by the Royal Australian College of General Practitioners
- Core clinical training year required by the Australian College of Rural and Remote Medicine

5.1.3. Alternative Employment not covered under the CPS

Below are the forms of employment that are not covered under the CPS but are eligible for the FPS.

<table>
<thead>
<tr>
<th>Location</th>
<th>Alternative Employment</th>
</tr>
</thead>
</table>
| MM3-7    | Medical practitioners (including GP Registrars) working for: 
- Aboriginal Medical Services; or  
- the Royal Flying Doctor Service for overnight stays.* |
| MM6-7    | Commonwealth or State salaried medical practitioners providing primary care services; and 
Medical practitioners performing procedural services to private patients in a hospital setting. |
| MM1-2**  | Eligible GP Registrars training in MM1-2 locations regardless of their Medicare billing levels. |
| MM3-7    | GP Registrars in an eligible training placement who are not billing sufficiently to meet the $6,000 per quarter Medicare billing threshold. |
* Note: Medical practitioners employed by the Royal Flying Doctor Service and based in MM1 or 2 locations are eligible to apply only for primary care services delivered in association with an overnight stay in MM3-7 (either before or after). Those who are based in MM3-7 can apply for all eligible primary care services offered within MM3-7 locations.

** Note: MM1 and MM2 locations only include selected GP Registrar training placements. GP Registrars on the rural pathway completing relevant training placements in MM1 and MM2 locations (Advanced Rural Skills Training or Advanced Specialised Training) are eligible for incentives if the training is authorised by their Regional Training Organisation (RTO) as being eligible. The relevant RTO will be required to support its decision. All GP Registrars who have completed authorised training in MM1 and MM2 locations will need to have these placements confirmed and signed off by their RTO on a Registrar Training Confirmation Form for submission with their payment application to the relevant RWA.

5.1.4. Top-Up Provisions in Addition to the CPS

Medical practitioners receiving payments under the CPS are entitled to a top-up payment under the circumstances covered in the table below. All services are required to be in relation to direct clinical engagement with a patient or patients and must be provided by the doctor to the patient(s) physically within the eligible location category.

**TABLE 5: Top-up Provisions**

<table>
<thead>
<tr>
<th>Location</th>
<th>Top-Up Provisions</th>
</tr>
</thead>
</table>
| MM6-7    | Medical practitioners (including GP Registrars) whose activity is not adequately captured under the CPS for reasons such as:  
• excessive travel time* to provide outreach services  
• providing population health work in Aboriginal communities  
• providing essential services to a relatively small community  
• providing support to Aboriginal health workers |
| MM3-7    | GP Registrars who meet the Medicare threshold and receive pro-rata CPS payments based on the Medicare services they have billed but who may be eligible for a ‘top-up’ payment through FPS for additional work completed during an eligible training placement. |

*Note: Excess travel time is considered three or more cumulative hours per week. Travel time must be from the medical practitioner’s primary practice location to the location of outreach service provision in MM6-7 locations only. Travel time sessions must be of a minimum of three hours and are included in the TWO sessions per day limit.

5.1.5. Level of Service Required Per Quarter

Activity under the FPS is captured in FPS ‘sessions’. A session refers to a period of three hours minimum in which a medical practitioner provides eligible non-Medicare services or undertakes eligible GP Registrar training in which they have not been billing Medicare. A maximum of TWO sessions can be claimed per day.

An active quarter is where a medical practitioner completes at least 21 sessions within MM3-7 locations in the quarter. This is the minimum quarterly activity threshold for the FPS.
An inactive quarter is where a medical practitioner completes less than 21 sessions and is not eligible for payment.

Note: If a medical practitioner has not met the 21 session per quarter minimum threshold but has billed Medicare for some eligible services they may meet the threshold based on their billing and FPS sessions combined.

Medical practitioners who complete 104 or more eligible sessions within a quarter meet the threshold condition for maximum payment. This is the maximum quarterly activity threshold for the FPS.

### 5.1.6. Payment Structure

1. A medical practitioner who completes 104 or more sessions in an active quarter will receive the maximum year level payment (based on location/s and year level).
   
   Note: Sessions in excess of the maximum quarterly threshold are not carried forward to other active quarters.

2. A medical practitioner who completes between 21 and 104 sessions will receive a proportional payment.

3. A medical practitioner who completes less than 21 sessions is ineligible for payment for that quarter. Medical practitioners who have not been eligible for a payment within the 24 quarters (six years) immediately prior to becoming eligible for a new payment will recommence in the program as a new participant.

<table>
<thead>
<tr>
<th>Table 6: Payment Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quarter</strong></td>
</tr>
<tr>
<td>Active</td>
</tr>
<tr>
<td>Active</td>
</tr>
<tr>
<td>Inactive</td>
</tr>
</tbody>
</table>

Payments are determined per quarter and made based on calculations from four active quarters.

### 5.1.7. Payment Calculation

Payments are calculated based on the activity level of eligible sessions, practising location/s and year level on a quarterly basis and are totaled once the required number of active quarters has been reached.

At the completion of the number of quarters required for the MM region(s), a payment value is calculated for four active quarters and then totaled in to a single payment.

The dollar amount for participants who practise in multiple MM categories within an active quarter will be calculated as a percentage of the maximum payment threshold against each MM, starting with the most rural MM category and working backwards. If 100% of the
maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included.

For example calculations see Annexure A.

5.2. Application Requirements

To apply for a payment through the FPS, a medical practitioner must apply directly to the RWA in their state or territory.

Information on how to apply for the FPS is outlined below.

5.2.1. Submitting an application

Applications must be submitted on the official application form available on the Department of Health website.

Applications from GP Registrars must also include a completed Registrar Training Confirmation Form.

Applications for the FPS must be submitted to the relevant RWA in accordance with the requirements set out in these Guidelines.

5.2.2. Timeframes for FPS applications

Alternative Employment

All continuing providers, as well as new participants to the program billing predominantly in MM6-7 locations, submitting an application will only be assessed on the eight quarters prior to the quarter in which the application is received by the RWA. This means these providers are only allowed to claim retrospective payment/s dating back two years from the quarter their application is received by their RWA. For example, if a participant applies in June 2018 (Quarter 4), the RWA will look back and assess them on any unpaid quarters from March 2018 (Quarter 3) and the seven preceding quarters.

Note: Work completed prior to 1 July 2015 will not be assessed.

New participants to the program billing predominantly in MM3-5 locations who submit an application will only be assessed on the 16 quarters prior to the quarter in which the application is received by the RWA. This means these providers are only allowed to claim retrospective payment/s dating back four years from the quarter their application is received by their RWA. For example, if a participant applies in September 2019 (Quarter 1), the RWA will look back and assess them on any unpaid quarters from June 2019 (Quarter 4) and the 15 preceding quarters.

Note: Work completed prior to 1 July 2015 will not be assessed.

Top-Ups

Providers who are billing Medicare for some services and meet the threshold to trigger a CPS payment, but who also have other eligible non-Medicare services to claim under the FPS, may be able to apply for a top-up payment.
If a provider has billed Medicare enough to meet the threshold and receive a payment under the CPS but has done extra work over that payment period that was not captured in Medicare billing, they will have six months to submit an FPS application for FPS services related to that payment period. The six months commences from the date on the CPS payment advice sent by Human Services. Beyond six months, a provider is no longer able to apply for FPS payment related to the CPS payment period.

5.2.3. **Supporting Documentation**

**Alternative Employment**
A letter from the medical practitioner’s employer/practice manager must be submitted with the application stating the dates the medical practitioner practised over the relevant active quarters at each location.

Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

**Top-Up Provisions**
A letter from the provider’s employer/practice manager must be submitted with the application stating the dates the medical practitioner practised over the relevant active quarters at each location, along with brief details of the type of services provided and any travel time. (To be included, travel time must be over three cumulative hours per week from the primary practice location to the location of outreach service provision in MM6-7 locations only).

Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

**Royal Flying Doctor Service (RFDS) Staff**
In order to include travel, the RFDS medical practitioner needs to provide a covering letter from the RFDS with the following information for the relevant quarters:

1. the location and overnight location associated with each eligible session; and

2. the total number of eligible sessions per week (maximum of two sessions per day, including travel time).

**GP Registrars**
All GP Registrars will need to have their session records confirmed and signed by their RTO on a ‘Registrar Training Confirmation Form’ and submit with an FPS Application to the relevant RWA.

All GP Registrars who have completed authorised training in MM1 and MM2 locations will need to have the placement confirmed and signed by their RTO on the ‘Registrar Training Confirmation Form’ and submit with an FPS Application to the relevant RWA.
Note: New RTOs commenced from 1 January 2016. An updated version of the Registrar Training Confirmation Form with details of the new RTOs is available on the Department of Health website.

5.3. **Assessment of Applications**

Each applicant must satisfy all eligibility requirements and any application compliance requirements specified in these Guidelines in order to be considered for an incentive payment.

Applications will be assessed by the RWA in accordance with these Guidelines.

The GPRIP Bank Details form can be found by visiting the [Human Services website](#).
ANNEXURE A

Example Payment Calculation

Dr Smith is a continuing GPRIP participant and has just finished four quarters that will be assessed for a possible Year Level 4 payment. Below is a breakdown of his activity across the four quarters and how his payment would be calculated.

Note: Percentages have been rounded to the nearest whole number in these examples.

From 1 July until 30 September 2015 (Quarter 1), Dr Smith bills in the following locations:

1. MM3 $25,000
2. MM7 $50,000
   - As the maximum threshold of $30,000 has been met in the MM7 location, this quarter is considered an active quarter at the maximum MM7 rate.
   - This quarter would attract a payment of $8,750.

From 1 October to 31 December 2015 (Quarter 2), Dr Smith bills as follows:

1. MM1 $15,000
2. MM3 $3,000
3. MM4 $4,000
   - The minimum threshold has been met as the eligible quarter billing in MM3 and MM4 totals above $6,000.
   - The maximum threshold has not been met so Dr Smith is eligible for a proportional payment. The calculation is done by adding each proportion of the threshold, working back from the most remote category.
     o 13% of the $30,000 maximum threshold is reached at MM4
     o 10% of the $30,000 maximum threshold is reached at MM3
     o 50% of the $30,000 maximum threshold is reached at MM1 (no payment)


<table>
<thead>
<tr>
<th>MM Category</th>
<th>Billing amount for the quarter</th>
<th>Proportion</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM1</td>
<td>$15,000</td>
<td>Nil</td>
<td></td>
</tr>
<tr>
<td>MM3</td>
<td>$3,000</td>
<td>10% of $30,000 threshold</td>
<td>10% of maximum MM3 rate $187.50</td>
</tr>
<tr>
<td>MM4</td>
<td>$4,000</td>
<td>13% of $30,000 threshold</td>
<td>13% of maximum MM4 rate $422.50</td>
</tr>
</tbody>
</table>

- This quarter is an active quarter at the proportional rate 13% MM4 and 10% MM3.
- This quarter would attract a payment of approximately $610.

From 1 January to 31 March 2016 (Quarter 3), Dr Smith bills:

1. MM3 $40,000
2. MM5 $20,000
- The maximum threshold has been met and the calculation is done by adding each proportion of the threshold, working back from the most remote category.
- 67% of the $30,000 maximum threshold is reached at MM5 payment level.
- The remaining 33% of the maximum threshold is taken from the MM3 payment level.

**Table 8: Example Calculation**

<table>
<thead>
<tr>
<th>MM Category</th>
<th>Billing amount for the quarter</th>
<th>Proportion</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM3</td>
<td>$40,000</td>
<td>Remaining 33% of $30,000 threshold</td>
<td>33% of calculated MM3 rate = $618.75</td>
</tr>
<tr>
<td>MM5</td>
<td>$20,000</td>
<td>67% of $30,000 threshold</td>
<td>67% of calculated MM5 rate =$2,847.50</td>
</tr>
</tbody>
</table>

- This quarter is an active quarter at the proportional rate 67% MM5 and 33% MM3.
- This quarter would attract a payment of approximately $3,466.25.

From 1 April to 30 June 2016 (Quarter 4), Dr Smith bills:

1. MM6 $10,000
2. MM7 $5,000
- The minimum threshold has been met as the eligible quarter billing in MM6 and MM7 totals above $6,000.
- The maximum threshold has not been met so Dr Smith is eligible for a proportional payment. The calculation is done by adding each proportion of the threshold, working back from the most remote category.
- 17% of the $30,000 maximum threshold is reached at MM7.
- 33% of the $30,000 maximum threshold is reached at MM6.

**Table 9: Example Calculation**

<table>
<thead>
<tr>
<th>MM Category</th>
<th>Billing amount for the quarter</th>
<th>Proportion</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM6</td>
<td>$10,000</td>
<td>33% of $30,000 threshold</td>
<td>33% of calculated MM6 rate = $2062.50</td>
</tr>
<tr>
<td>MM7</td>
<td>$5,000</td>
<td>17% of $30,000 threshold</td>
<td>17% of calculated MM7 rate =$1487.50</td>
</tr>
</tbody>
</table>

- This quarter is an active quarter at the proportional rate 67% MM5 and 33% MM3.
- This quarter would attract a payment of approximately $3,550.

Altogether, Dr Smith’s Year Level 4 payment is the sum of the four quarters which amounts to $16,376.25
GLOSSARY OF TERMS

An **Active Quarter** is a payment quarter in which a medical practitioner’s activity level is equal to, or above, the minimum activity threshold for the CPS and/or FPS.

**Activity Levels** are indicators of the activity of the medical practitioner, based upon Medicare billing and/or sessions.

The **Australian General Practice Training (AGPT)** program is a fully Commonwealth funded postgraduate vocational training program for medical graduates wishing to pursue a career in general practice.

The **Australian Statistical Geography Standard (ASGS)** is the Australian Bureau of Statistics' geographical framework, effective from July 2011. The ASGS replaces the Australian Standard Geographical Classification (ASGC).

The **Central Payment System (CPS)** is the payment system for medical practitioners who bill Medicare for their services. Payments are based on Medicare records of eligible services provided in eligible locations in Australia. Payments are made automatically, and Human Services will notify medical practitioners when this occurs.

** Eligible Locations** are those locations in Australia within categories MM3-7 of the MMM. Eligible services are based on the practice location, regardless of medical practitioner or patient address.

The **Flexible Payment System (FPS)** is the payment system for medical practitioners who provide services and/or undertake training (under the AGPT program) that are not adequately reflected in Medicare records. To request payment under FPS, the medical practitioner must apply directly to the RWA in their state or the Northern Territory.

**Inactive Quarters** are payment quarters that fall below the minimum activity threshold. Inactive quarters are not eligible for payment.

A **Lapsed Payment** is where a medical practitioner fails to provide bank details within 60 calendar days of a letter requesting bank details from Human Services. After the allowed 60 calendar days, their payment will lapse and they will NO LONGER BE ELIGIBLE for that payment.

**Leave** is the period of quarters since the activity considered for a medical practitioner’s last payment. Medical practitioners who have not received a payment for activity in the 24 quarters (six years) immediately prior to becoming eligible for a new payment will recommence in the program as a new participant.

A **Medical Practitioner** is a medical service health provider or GP Registrar who has a recognised primary medical qualification and who provides eligible primary care services.

The **Modified Monash Model (MMM)** is a new classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities.
**New Participants** are medical practitioners who have not previously received incentives under the program, or have not received a payment for activity in the last 24 quarters (six years). New participants providing a majority of their services in MM3-5 will receive their first payment after achieving eight active quarters within 16 quarters.

**Opt Out** - Medical practitioners who no longer want to receive GPRIP payments may opt out of the program. By opting out, a medical practitioner is voluntarily choosing not to participate in GPRIP.

**Payment Quarters** are prescribed time periods where Medicare billing (or sessions) is used to determine if the quarter is active or inactive.

Note: Quarters have changed as of 1 July 2015
Quarter One – July, August, September
Quarter Two – October, November, December
Quarter Three – January, February, March
Quarter Four – April, May, June

A **Session** under the FPS refers to a period of three hours minimum in which a medical practitioner provides eligible non-Medicare services or undertakes eligible GP Registrar training. A maximum of two sessions can be claimed per day.

**Thresholds** are the minimum amount of billing for a quarter to be considered active and to count toward a payment ($6,000 or 21 sessions), and the amount of billing for a quarter to attract the maximum payment ($30,000+ or 104+ sessions).

**Year Level** refers to the duration of active service in eligible locations within the program.

Note: Year Level and MM category determine the maximum annual payment amount.