



Australian Government

Department of Health

**General Practice Rural
Incentives Program
Program Guidelines**

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1 POLICY OVERVIEW

The 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 medical practitioners in regional, rural and remote areas of Australia and supports increased delivery of medical services in regional, rural and remote communities.

The GPRIP provides financial incentives to medical practitioners who are providing eligible primary care services to the communities 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. The GPRIP uses two systems to assess and pay financial incentives: the Central Payment System (CPS) and the Flexible Payment System (FPS). The CPS applies to those medical practitioners who bill the Medicare Benefits Schedule (MBS). The FPS only applies to medical practitioners (including GP Registrars) who are not billing the MBS for all of their eligible services or training.

On 1 July 2015, the GPRIP moved to the Modified Monash Model (MMM), a classification system that more effectively targets financial incentives to medical practitioners working in areas that experience greater difficulty attracting and retaining medical 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](#).

MM Category	Description
MM1	All areas categorised ASGS-RA 1.
MM2	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with population >50,000.
MM3	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.
MM4	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.
MM5	All other areas in ASGS-RA 2 and 3.
MM6	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.
MM7	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.

Workforce Incentive Program

In the 2018-19 Federal Budget, the Australian Government announced changes to streamline the GPRIP and the Practice Nurse Incentive Program (PNIP) into a single Workforce Incentive Program (WIP) as part of the Stronger Rural Health Strategy.

The WIP provides targeted financial incentives to encourage medical practitioners to deliver eligible primary health care services in regional, rural or remote areas that have difficulty attracting and retaining medical practitioners. It also provides financial incentives to support eligible general practices to employ nurses, Aboriginal and Torres Strait Islander Health Workers/Practitioners and allied health professionals.

Under the WIP, the GPRIP will transition to what will be known as the *Doctor Stream*. The PNIP will transition to what will be known as the *Practice Stream*.

The WIP will commence on 1 January 2020.

Further information on the WIP is available on the Department of Health's website at www.health.gov.au.

Changes to How Activity is Counted under the FPS From 1 July 2017

From 1 July 2017, the way medical practitioners record activity under the Alternative Employment provisions of the FPS has changed.

See [Section B](#) for further information.

Stage One Trial of Health Care Homes

From 1 October 2017, practice locations across Australia commenced participation in the stage one trial of Health Care Homes.

The stage one trial was announced on 31 March 2016 in response to the recommendations in the Primary Health Care Advisory Group Report '*Better Outcomes for People with Chronic and Complex Health Conditions*'.

The Health Care Home bundled payment approach for the management and care of enrolled patients with chronic conditions may result in some eligible services no longer being captured by Human Services for the purposes of GPRIP eligibility assessment and payment calculations.

See [Section A](#) and [Section B](#) for further information.

2 PROGRAM OVERVIEW

2.1 Objectives

The GPRIP aims to encourage medical practitioners to practise in regional, rural 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, rural 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 the 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, they are only required to provide bank details to Human Services. After becoming eligible for a payment, medical practitioners must provide bank details within 60 calendar days of the date of the letter requesting bank details. You can update your bank details securely with Human Services via Health Professionals Online Services (HPOS) (See Section 2.6 for more information) or via the GPRIP Bank Details form found by visiting the [Human Services website](#). See [Section A](#) for further information.

Medical practitioners need to apply under the FPS if they provide eligible non-Medicare services and/or undertake training (under approved training pathways) that is not reflected in the MBS records. Medical practitioners must apply directly to the RWA in the state or the Northern Territory in which they provide the majority of services. See [Section B](#) for further information.

Medical practitioners may apply for a ‘top-up’ payment under the FPS if they fit into the Alternative Employment Provisions and have not billed the MBS for all eligible services, *or*, if they meet the eligibility requirements under the Special Top-Up Provisions. See [Section B](#) for further information.

IMPORTANT NOTE: Medical practitioners must ensure bank account details are up to date at all times. If any GPRIP payments fail due to invalid bank account details, medical practitioners will receive a notification letter and will have 60 calendar days from the date of the letter to provide correct bank account details. If correct bank details are not provided, any existing failed payments will be cancelled and medical practitioners will NO LONGER BE ELIGIBLE for those payments.

2.3 Taxation

Payments under the 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, please contact the Department of Health at grip@health.gov.au.

If you require clarification on a decision regarding your payment or on the calculation of a payment you have received, please contact Human Services on 1800 010 550.

2.6 Health Professionals Online Services (HPOS)

HPOS is a fast and secure way for health professionals and administrators to do business online with Human Services. It offers health professionals a single entry point to perform a range of business and administrative tasks including submitting claims online, managing medical practitioner details, retrieving statements and reports and authorising and managing delegations.

For the GPRIP, medical practitioners will be able to view their service history (active & inactive quarters), payment statements, update bank details, and receive notifications for their mail services by selecting the Rural Incentive Programs tile. Any updates made online in HPOS will be visible and take effect immediately. Medical Practitioners will need to use their Provider Digital Access Account (PRODA) to access HPOS. PRODA is a secure online verification system that uses a username, password and verification code to login. It is a portable solution that requires no additional hardware or software and is available to anyone. If medical practitioners do not already have a PRODA account, one can be created at humanservices.gov.au/proda. To access HPOS, visit humanservices.gov.au/hpos.

2.7 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: grip@health.gov.au

Rural Workforce Agencies – FPS Enquiries

[Northern Territory Primary Health Network](#)

Email: grip@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

[HRPlus Tas](#)

Email: admin@hrplustas.com.au

Phone: (03) 6332 8600

[New South Wales Rural Doctors Network](#)

Email: gprants@nswrdn.com.au

Phone: (02) 4924 8000

[Health Workforce Queensland](#)

Email: grip@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 the GPRIP, medical practitioners must:

1. provide eligible primary care services and/or undertake GP Registrar training placements under an approved training pathway in regional, rural and remote locations (MM 3-7) within Australia; and
2. have an eligible current Medicare provider number; and
3. have provided current bank account details to Human Services specifically for the GPRIP.

3.1.1 ELIGIBLE SERVICES

The eligible primary care services and GP Registrar training placements under approved training pathways are listed under the CPS and FPS Sections (see [Section A](#) and [Section B](#)).

3.1.2 ELIGIBLE LOCATIONS

Eligible locations are those locations in Australia within categories 3 to 7 of the MMM.

Eligible services are based on the practice or outreach location, regardless of the medical practitioner or patient address.

3.2 Service Requirements

Medical practitioners accessing the GPRIP for incentive payments are assessed based on:

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

3.2.1 PAYMENT QUARTERS

Payments are determined by activity within quarters.

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 medical practitioners, 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. By extension, this means that once a continuing GPRIP participant is inactive for five quarters within any eight quarter period, they are no longer eligible for a payment for any active quarters prior to reaching their fifth inactive quarter.

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. Activity (or inactivity) prior to 30 June 2015 will not be considered.

Medical practitioners can access information through Human Services, via the HPOS Rural Incentive Programs tile, where they will be able to view their service history (active & inactive quarters), payment statements, update bank details, and receive notifications for mail services. **Any updates made online in HPOS will be visible and take effect immediately.**

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 were sitting at a Half Year Level (i.e. 0.5, 1.5 and 2.5) at 30 June 2015 were rounded down as the GPRIP no longer caters for Half Year Levels (i.e. 0.5 was treated as 0, 1.5 was treated as 1 and 2.5 was treated as 2). These participants are required to complete a full four active quarters in an eight quarter period to advance to the next whole Year Level (except those participants who will be treated as 0 and are practising predominantly in MM3-5 locations – these participants are required to complete eight active quarters in a 16 quarter period to advance to Year Level 2).

3.2.5 *LEAVE*

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. This means a medical practitioner can be inactive for a period of up to five years for any reason without loss of accrued Year Level status, but will not receive the GPRIP payments for any period of leave.

Note: This does not mean that they can receive payment upon return for any active quarters worked prior to their fifth inactive quarter.

3.3 Payment Calculations

3.3.1 *MAXIMUM INCENTIVE PAYMENT AMOUNTS*

The following table shows the maximum annual payments available to medical practitioners across each MM category at each Year Level.

Location (MM)	Year 1	Year 2	Year 3	Year 4	Year 5 plus
MM3	\$0	\$4,500	\$7,500	\$7,500	\$12,000
MM4	\$0	\$8,000	\$13,000	\$13,000	\$18,000
MM5	\$0	\$12,000	\$17,000	\$17,000	\$23,000
MM6	\$16,000	\$16,000	\$25,000	\$25,000	\$35,000
MM7	\$25,000	\$25,000	\$35,000	\$35,000	\$60,000

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

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 THE GPRIP*

If a medical practitioner no longer wants to receive GPRIP payments they may opt out of the GPRIP at any time. If a medical practitioner opts out of the GPRIP they are voluntarily choosing not to participate in the GPRIP and will forfeit any active quarters and eligible payments during the opting out period.

To opt out of the GPRIP a medical practitioner must contact Human Services on 1800 010 550 and provide the reason as to why they are choosing to opt out. 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 the GPRIP by contacting Human Services, 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 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 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 the GPRIP. For the purpose of the 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.

Quarterly assessments of eligible Medicare services for the GPRIP are calculated at the end of each quarter. GPRIP payments are based on the eligible services that have been processed by Human Services. This may be different to when the eligible services were rendered.

4.1.4 **PAYMENT STRUCTURE**

1. A medical practitioner who bills \$30,000 or more of 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 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.

Quarter	Level of Service (per quarter)	Payment
Active	Billing \$30,000 or more	Maximum payment
Active	Billing between \$6,000 and \$30,000	Proportional payment
Inactive	Billing less than \$6,000	Ineligible for payment

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 totalled 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 totalled 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 (i.e. MM7 to MM3). 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](#).

4.1.6 **STAGE ONE TRIAL OF HEALTH CARE HOMES**

The Health Care Home bundled payment approach for the management and care of enrolled patients with chronic conditions may result in some eligible services no longer being captured by Human Services for the purposes of GPRIP eligibility assessment and payment calculations.

For medical practitioners primarily billing the MBS for services and accessing payments through the CPS who consider their GPRIP payment has been affected by their participation in the stage one trial of Health Care Homes, there is a simple opt-in review mechanism available to ensure that a medical practitioner's Health Care Home services are included in GPRIP eligibility assessments and payment calculations.

1. Medical Practitioners participating in the stage one trial of Health Care Homes could fall into one of the following categories: A medical practitioner's eligibility and payment amount is not affected. This could be because the medical practitioner either receives the maximum payment based on all their other non-Health Care Home Medicare billed services, or, the medical practitioner already needs to apply through the FPS for payment (and this process will capture their Health Care Home activity).
2. A medical practitioner receives a lower payment because their services to Health Care Home enrolled patients have not been captured. The medical practitioner bills enough services to meet the minimum threshold for a payment, but this payment is not reflective of all the services they have provided.
3. A medical practitioner does not receive a GPRIP payment because their services to Health Care Home enrolled patients have not been captured. The medical practitioner does not bill enough Medicare services to meet the minimum activity threshold for a payment because their Health Care Home activity has not been considered.

Medical practitioners can complete a simple form that self-reports the number of hours per week, on average, they spend providing eligible primary care services from all MM 3-7 locations, across the relevant quarters. After having this form signed off by their employer or practice manager, medical practitioners will need to submit it to the Department of Health via grip@health.gov.au. Information provided on this form will be assessed, and if the medical practitioner is deemed eligible for a full payment or a 'top-up', the Department of Health will request Human Services to make a payment directly to their nominated bank account.

Further information about this process including Frequently Asked Questions are available on the [GPRIP – Stage One Trial of Health Care Homes](#) webpage. The relevant GPRIP – Health Care Homes Review Form is available for download. Any questions or concerns about this process can be directed to grip@health.gov.au.

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 bank details specifically for this program, or provide 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 can view their details in HPOS or can contact Human Services on 1800 010 550. You can update your bank details securely with Human Services via HPOS (See Section 2.6 for more information) or via the GPRIP Bank Details form found by visiting the [Human Services website](#).

IMPORTANT NOTE: Medical practitioners must ensure bank account details are up to date at all times. If any GPRIP payments fail due to invalid bank account details, medical practitioners will receive a notification letter and will have 60 calendar days from the date of the letter to provide correct bank account details. If correct bank

details are not provided, any existing failed payments will be cancelled and medical practitioners will NO LONGER BE ELIGIBLE for those payments.

5 SECTION B: FLEXIBLE PAYMENT SYSTEM

5.1 Eligibility

Medical practitioners providing eligible non-Medicare services and/or undertaking training (under approved training pathways - currently the Australian General Practice Training [AGPT] program or the Australian College of Rural and Remote Medicine [ACRRM] Independent Pathway) that is not reflected in MBS 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(s). The types of employment eligible for payment through the FPS are listed at 5.1.3, 5.1.6 and 5.1.7.

5.1.2 *INELIGIBLE PRIMARY CARE SERVICES*

The following services are not eligible for payment under the GPRIP:

a) All directly funded Commonwealth Government positions in:

- Detention Centres
- Defence Facilities
- Antarctica

b) The following AGPT & ACRRM components:

- Compulsory hospital year required by the Royal Australian College of General Practitioners
- Core clinical training year required by the ACRRM

5.1.3 *ALTERNATIVE EMPLOYMENT NOT COVERED UNDER THE CPS*

Below are the forms of employment that are eligible for assessment under the FPS.

Location	Alternative Employment
MM3-7	Medical practitioners (including GP Registrars) working for: <ul style="list-style-type: none"> • Aboriginal Medical Services; or • the Royal Flying Doctor Service for overnight stays.*
MM6-7	Commonwealth or State salaried medical practitioners providing primary care services; or Medical practitioners performing procedural services to private patients in a hospital setting.
MM1-2**	Eligible AGPT or ACRRM Independent Pathway GP Registrars training in MM1-2 locations regardless of their Medicare billing levels.
MM3-7	GP Registrars on an approved pathway in an eligible training placement who are not billing the MBS sufficiently to reflect the services they have provided.

* 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 AGPT or ACRRM Independent Pathway GP Registrar training placements. AGPT 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. Registrars on the ACRRM Independent Pathway who required training in an MM1-2 location should also complete the relevant section of the Registrar Training Confirmation Form. The eligibility of this training will be considered on a case-by-case basis in consultation with their approved supervisor, RWA and the Department of Health.

5.1.4 *CHANGES TO HOW ACTIVITY IS COUNTED UNDER THE FPS FROM 1 JULY 2017*

From 1 July 2017, in order to apply for payments under the Alternative Employment provisions, medical practitioners must still fall under one of the existing Alternative Employment categories outlined in these Guidelines. From 1 July 2017, medical practitioners must apply through the FPS for **all** time spent providing GPRIP eligible services, **regardless of whether the services were MBS billed**. Time spent providing eligible services will be quantified in 3hr+ GPRIP sessions on an FPS Application Form.

The RWA will use the applicant's total GPRIP sessions to calculate a total GPRIP activity value and payment amount. This is provided to Human Services for review before a payment is released to the medical practitioner's nominated bank account. GPRIP activity must be supported by a letter from the medical practitioner's employer/practice manager.

5.1.5 *STAGE ONE TRIAL OF HEALTH CARE HOMES*

The Health Care Home bundled payment approach for the management and care of enrolled patients with chronic conditions may result in some eligible services no longer being captured by Human Services for the purposes of GPRIP eligibility assessment and payment calculations.

For medical practitioners who require assessment under the FPS for other eligible non-Medicare services, the FPS application process outlined at 5.1.4 will already capture any Health Care Home activity. Therefore medical practitioners who already need to receive payments through the FPS will not need to complete a review process for Health Care Homes.

Further information including Frequently Asked Questions are available on the [GPRIP – Stage One Trial of Health Care Homes](#) webpage. Any questions can be directed to grip@health.gov.au.

5.1.6 *ALTERNATIVE EMPLOYMENT TOP-UPS*

If a medical practitioner fits into one of the Alternative Employment Provisions but provides a mix of eligible MBS billed and non-billed services *and* has billed enough to trigger a CPS automatic payment across the relevant period, the medical practitioner can apply through the FPS to see if they are eligible for an 'Alternative Employment Top-Up'.

5.1.7 **SPECIAL TOP-UP PROVISIONS**

Medical practitioners working in remote and very remote communities are entitled to apply for a Special Top-Up payment under the circumstances covered in the Special Top-Up Provisions table. All services are required to be in relation to direct clinical engagement with a patient(s) and must be provided by the medical practitioner to the patient(s) physically within the eligible location category. The medical practitioner must already meet the minimum activity threshold and be eligible for a payment based on clinical services in order to receive payment for Special Top-Up services. These services will need to be clearly differentiated on the FPS Application Form.

Note: Special Top-Ups cannot exceed the maximum payment level based on Year Level and location.

Location	Special Top-Up Provisions
MM6-7	Medical practitioners (including GP Registrars) who undertake: <ul style="list-style-type: none">• excessive travel time* to provide outreach services• population health work in Aboriginal communities• essential services to a relatively small community• support to Aboriginal health workers

*Note: Excess travel time is considered three or more cumulative hours per week. Travel time must be from the practice location in which the medical practitioner is based, to the location in which they are providing outreach services in MM6-7. Travel time sessions must be a minimum of three hours and are included in the TWO sessions per day limit.

5.1.8 **LEVEL OF SERVICE REQUIRED PER QUARTER**

Activity under the FPS is captured in 'GPRIP sessions'. A session refers to a period of three hours minimum in which a medical practitioner provides eligible GPRIP services and/or undertakes eligible GP Registrar training. 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 making the quarter ineligible for a payment. 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.

5.1.9 **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 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 a 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.

Quarter	Level of Service (per quarter)	Payment
Active	104 sessions or more	Maximum payment
Active	Between 21 and 104 sessions	Proportional payment
Inactive	Less than 21 sessions	Ineligible for payment

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

5.1.10 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 totalled 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 totalled 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 (i.e. MM7 to MM3). If 100% of the maximum threshold is reached in the more rural MM categories, the less rural MM categories will not be included.

From 1 July 2017, under the Alternative Employment Provisions, the RWA will use the applicants' total GPRIP sessions to calculate a total GPRIP activity value and payment amount. This is provided to Human Services for review before a payment is released to the medical practitioner's nominated bank account.

5.2 Application Requirements

To apply for a payment through the FPS, a medical practitioner must apply directly to the RWA in the state or the Northern Territory in which they provided the majority of services. 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.

Note: Applications submitted on older versions of the form will not be accepted.

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 medical practitioners, as well as new participants to the program practising 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 medical practitioners 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 practising 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 medical practitioners 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.

Alternative Employment Top-Ups and Special Top-Ups for Medical Practitioners Receiving CPS Payments

Medical practitioners 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 medical practitioner 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 Form that captures **all** time spent providing all eligible 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 medical practitioner is no longer able to apply for FPS payment related to the CPS payment period.

5.2.3 SUPPORTING DOCUMENTATION

Alternative Employment and Alternative Employment Top-Ups

A letter from the medical practitioner's employer/practice manager must be submitted with the application, stating the dates, hours and number of days that the medical practitioner practised over the relevant active quarters at each location.

A standard template showing the details required is attached to the FPS Application Form. Only in circumstances where this is not possible will a Statutory Declaration accompanying session records be acceptable.

Special Top-Ups

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, 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 practice location in which the medical practitioner is based, to the location in which they are providing outreach services in MM6-7). A standard template showing the details required is attached to the FPS Application Form.

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 session records confirmed and signed by their RTO (if on AGPT) or by their approved Supervisor (if on ACRRM's Independent Pathway) on a 'Registrar Training Confirmation Form' and submit with an FPS Application Form to the relevant RWA.

All AGPT 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. Registrars on the ACRRM Independent Pathway who required training in an MM1-2 location should also complete the relevant section of the Registrar Training Confirmation Form and submit with an FPS Application Form to the relevant RWA.

Note: Applications submitted on older versions of the form will not be accepted.

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.

You can update your bank details securely with Human Services via HPOS (See Section 2.6 for more information) or via the GPRIP Bank Details form 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.
 - 13% of the \$30,000 maximum threshold is reached at MM4
 - 10% of the \$30,000 maximum threshold is reached at MM3
 - 50% of the \$30,000 maximum threshold is reached at MM1 (no payment)

MM Category	Billing amount for the quarter	Proportion	Calculation
MM1	\$15,000		Nil
MM3	\$3,000	10% of \$30,000 threshold	10% of maximum MM3 rate = \$187.50
MM4	\$4,000	13% of \$30,000 threshold	13% of maximum MM4 rate = \$422.50

- 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.

MM Category	Billing amount for the quarter	Proportion	Calculation
MM3	\$40,000	Remaining 33% of \$30,000 threshold	33% of calculated MM3 rate = \$618.75
MM5	\$20,000	67% of \$30,000 threshold	67% of calculated MM5 rate = \$2,847.50

- 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.

MM Category	Billing amount for the quarter	Proportion	Calculation
MM6	\$10,000	33% of \$30,000 threshold	33% of calculated MM6 rate = \$2062.50
MM7	\$5,000	17% of \$30,000 threshold	17% of calculated MM7 rate = \$1487.50

- 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 College of Rural and Remote Medicine (ACRRM) Independent Pathway** is an accredited training pathway for rural practitioners working towards obtaining Fellowship. The ACRRM Independent Pathway is an approved training pathway under the GPRIP.

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 AGPT is an approved training pathway under the GPRIP.

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 eligible services. Payments are based on MBS 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 or outreach location, regardless of medical practitioner or patient address.

The **Flexible Payment System (FPS)** is the GPRIP payment system for medical practitioners who provide eligible non-Medicare services and/or undertake training (under the AGPT program or the ACRRM Independent Pathway) that are not reflected in MBS records. To request a payment under the FPS, the medical practitioner must apply directly to the RWA in the state or the Northern Territory in which they provided the majority of services.

A **GPRIP Session** under the FPS refers to a period of three hours minimum in which a medical practitioner provides eligible GPRIP services (regardless of whether the MBS was billed) and/or undertakes eligible GP Registrar training. A maximum of two sessions can be claimed per day.

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 correct bank details within 60 calendar days of a letter requesting bank details from Human Services. After the allowed 60 calendar days, payment will lapse and they will NO LONGER BE ELIGIBLE for that payment.

Leave is considered the number of quarters since the activity that counted toward a medical practitioner's last payment. Medical practitioners can be inactive for a period of up to five years for any reason without loss of accrued Year Level status, but will not receive GPRIP

payments for any period of leave. Those 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 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 services in MM3-5 will receive their first payment after achieving eight active quarters within a 16 quarter period.

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 the GPRIP.

Payment Quarters are prescribed time periods where eligible activity is used to determine if the quarter is active or inactive for a GPRIP payment.

Quarter One – July, August, September

Quarter Two – October, November, December

Quarter Three – January, February, March

Quarter Four – April, May, June

The **Stage One Trial of Health Care Homes** was announced on 31 March 2016 in response to the recommendations in the Primary Health Care Advisory Group Report 'Better Outcomes for People with Chronic and Complex Health Conditions'. The Health Care Home model incorporates a bundled payment approach for the management and care of enrolled patients with chronic conditions.

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.