
Practice Incentive Program – a Short Guide for General Practice

July 2022



phn
BRISBANE NORTH

An Australian Government Initiative

INTRODUCTION

This Short Guide is intended as a resource to assist General Practice on the Practice Incentive Program. For current and comprehensive information about each incentive payment, please refer to the Practice Incentives Program at <https://www.servicesaustralia.gov.au/practice-incentives-program>.

FEEDBACK/COMMENTS

If you have any enquiries, or would like to provide feedback or comments regarding information provided in this Guide, please contact Brisbane North PHN Primary Care Support via email practicesupport@brisbanenorthphn.org.au or phone 07 3490 3495.

DISCLAIMER

Whilst every effort has been made to ensure that the information included in this Short Guide is current and up to date, you should exercise your own independent skill and judgement before relying on it.

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Contents

Practice Incentives Program	4
Online Training.....	4
Eligibility	4
PIP Payment Types.....	4
Practice Payments.....	4
Service Incentive Payments	4
Rural Loading Payments.....	4
PIP Calculations	4
Standardised Whole Patient Equivalent (SWPE)	4
Steps to calculating the SWPE.....	5
New Practices.....	5
When PIP payments are made.....	5
Annual confirmation statements	6
Withheld Payments.....	6
Recovery of payments	6
Your Obligations.....	6
Advising of Changes	7
Withdrawing from the PIP	7
Relevant Forms	7
PIP Contacts	7
Individual Incentives	8
eHealth Incentive	8
Quality Improvement.....	9
Incentive.....	9
Teaching Payment.....	9
Aged Care Access Incentive	10
Indigenous Health Incentive	11
After Hours Incentive.....	12
Rural Loading Incentive.....	13
Procedural GP Payment	14
COVID-19 Incentives	15
COVID-19 In-reach Vaccination Payment	15
COVID-19 Vaccine General Practice Incentive	16

Practice Incentives Program

The Practice Incentives Program (PIP) encourages general practices to continue providing quality care, enhance capacity, and improve access and health outcomes for patients.

Services Australia administers the PIP on behalf of the Department of Health and Aged Care. There are currently 10 individual incentives under 3 payment streams.

PIP payments are made to participating general practices on a quarterly basis providing they meet the eligibility requirements for the individual incentives they've applied for.

Link for more information - <https://www.servicesaustralia.gov.au/practice-incentives-program>

Online Training

Incentive Programs education for health professionals can be accessed online and covers overview of the PIP, simulations, and Infographics.

Link for more information - <https://www.servicesaustralia.gov.au/incentive-programs-education-for-health-professionals?context=20>

Eligibility

Your practice must be accredited, or registered for accreditation, as a general practice against the RACGP Standards to participate in the PIP.

PIP Payment Types

Practice Payments

Most payments made through PIP are to practices. Practice payments contribute to quality care. Payments are made if the practice meets eligibility requirements for the entire quarter. This includes the point in time date – the last day of the month before the next PIP quarterly payment.

Service Incentive Payments

Service incentive payments (SIPs) recognise and encourage GPs to provide specific services to patients. SIPs are usually paid directly to GPs, into their nominated bank account. The Aged Care Access Incentive is a SIP only PIP incentive.

Rural Loading Payments

To get the rural loading payment your practice must be located outside a capital city or major metropolitan centre. Loading is based on the location of the practice using the Rural, Remote and Metropolitan Areas (RRMA) Classifications on the Australian Institute of Health and Welfare website. If your practice is eligible for the rural loading, it will be included in your PIP payments. The PIP rural loading is added to PIP practice payments. SIPs don't attract rural loading.

More information on the rural loading is provided in the PIP Rural Loading Guidelines available online at <https://www.servicesaustralia.gov.au/rural-loading-incentive-for-practice-incentives-program?context=23046>

PIP Calculations

Standardised Whole Patient Equivalent (SWPE)

The SWPE is a calculation of a practice size, independent of PIP eligibility. Both Medicare and Department of Veterans' Affairs (DVA) services provided to patients during the reference period are used to calculate the SWPE. The reference period is a rolling, historical 12-month period. The reference period starts 16 months before the payment quarter. A weighting for the age and gender

of each patient is applied in the calculation. Services provided by both GPs and Nurse Practitioners are included in the SWPE value of the practice.

For the service to be included in the SWPE value, the payee provider’s details must be registered in PIP at the practice location the service is provided. When a practitioner joins, leaves or extends their provider number at a location, you must notify the Practice Incentive Program. The start and end dates of the practitioners who work in the practice determine the services included in the SWPE calculation.

Steps to calculating the SWPE

There are 3 steps to calculating the SWPE value:

- 1 Calculate the Whole Patient Equivalent (WPE) for each patient

This is calculated by calculating the fraction of care provided by the practice to each patient in a 12-month period. The WPE is based on the value of GP and other non-referred consultation items in the MBS – it is not based on the number of consultations a patient receives.

Eg in a 12-month period, a patient receives \$300 in MBS benefits at Practice A and receives \$700 at Practice B, a total of \$1,000:

Practice A is assigned with 0.3 of the patient’s care ($\$300 / \$1,000$)

Practice B is assigned with 0.7 of the patient’s care ($\$700 / \$1,000$)

- 2 Weighting the WPE

The WPE is weighted for age and gender of each patient to become the SWPE. The weighting recognises people have different care needs at different stage in their life. The weighting amounts are revised each quarter and updated online at <https://www.servicesaustralia.gov.au/calculating-practice-incentives-program-payments?context=23046>

- 3 Add the SWPE value for each patient

The individual SWPE values for each patient are added together to total the SWPE value for the practice

New Practices

Payments to practices who don’t have a historical SWPE won’t reflect the current patient load of the practice. It takes about 18 months ie 6 PIP payment quarters from when your practice joins the PIP to establish a full SWPE value.

When PIP payments are made

Quarterly payment month	Point in time assessment of eligibility	Reference period
February	31 January	1 November to 31 January
May	30 April	1 February to 30 April
August	31 July	1 May to 31 July
November	31 October	1 August to 31 October

You need to meet all eligibility requirements for the entire quarter including the point in time date. The point in time date is the last day of the month before the next PIP quarterly payment.

Annual confirmation statements

In May each year you will need to complete an annual confirmation statement for the practice. The confirmation statement will be sent through HPOS or mail, based on your communication preference for PIP correspondence. An authorised contact person or practice owner must complete and submit the annual confirmation statement no later than 31 July. Payments will be withheld if a completed annual confirmation statement is not lodged in time. Eligibility for withheld payments will be assessed once the confirmation statement has been lodged.

Withheld Payments

Payments may be withheld if:

- The practice does not meet PIP eligibility requirements
- Your practice didn't achieve accreditation within 12 months of joining the PIP
- The practice has relocated, and you have not supplied your accreditation certificate for the new location
- Your accreditation has expired
- There are significant changes in details – ownership, GPs etc
- The practice or providers don't have the required insurance
- Details are incomplete or inaccurate and, or
- Annual confirmation statement is not completed in time

If payments are withheld PIP will advise the details needed to release payments. Withheld payments for 3 consecutive payments quarters, incentive payments will stop. The practice may be withdrawn from the PIP and reapplication will be required. Withheld payments will be forfeited. If the practice reapplies, payments will start from the payment quarter following the date your practice has met all eligibility requirements and approved for the PIP.

Recovery of payments

After each PIP payment, a payment advice outlining the practice and payment details will be supplied. You should check your PIP payment advice is correct. PIP payments may be sought to be recovered if:

- An administrative error has caused incorrect payments
- The practice has made false or misleading claims, or
- Changes affecting eligibility for PIP payments have not been advised

Your Obligations

You must keep practice information up to date. Your practice must:

- Be able to prove the claims for payment
- Provide accurate information to the Department as part of their audit program to show the practice meets eligibility requirements
- Keep a copy of all documents relating to PIP requirements for a minimum of 6 years
- Confirm all details in the annual confirmation statement are correct
- Advise of any changes to the practice arrangements within 7 days of the change, or at least 7 days before the point in time date

Changes to practice arrangements can include:

- Practitioners leaving or joining the practice

- Changes to the authorised contact person for the practice
- Changes to the practice's bank account or practitioner's bank account
- Changes to your accrediting agency or accreditation status including achieving accreditation or accreditation lapsing
- Changes to the practice location, ownership, or amalgamations
- Lapses in the practice's public liability insurance or individual practitioners' professional indemnity cover
- Changes that affect your eligibility for individual incentives
- Changes in practitioner details
- Any other information that may affect your eligibility for the program

Advising of Changes

You can use HPOS to advise changes up to, and on, the relevant point in time date. Most changes made via HPOS are immediate. If you fax or email changes, you need to do this at least 7 days before relevant point in time dates.

Withdrawing from the PIP

You can withdraw from the PIP

- Online through HPOS, or
- Completing and returning the form – IP007 Practice Incentives closure and withdrawal form

You need to do this by the point in time date in the quarter you no longer want payments for. Practices withdrawn aren't entitled to withheld payments. The practice will need to reapply to re-join the program and be assessed as new applicants.

Relevant Forms

- IP001 – Practice Incentive application form
- IP003 – Practice Incentives Individual general practitioner or nurse practitioner details form
- IP004 – Practice Incentives Program Procedural General Practitioner Payment application form
- IP005 – Practice Incentives Change of practice form
- IP006 – Practice Incentive Program teaching payment form
- IP007 – Practice Incentives Practice closure or withdrawal form
- IP008 – Practice Incentive Practice ownership details and declaration form
- IP010 – Practice Incentives Change of practice ownership form
- IP011 – Practice Incentive Program Service Incentive Payments Banking Details form
- IP017 – Practice Incentive Program Indigenous Health Incentive patient registration and consent form
- IP025 – Practice Incentives Additional practice branch form
- IP026 – Practice Incentive Program Indigenous Health Incentive practice application form
- IP030 – Practice Incentive Programs After Hours Incentive application form

PIP Contacts

Phone 1800 222 032

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Email pip@servicesaustralia.gov.au

Mail

Incentives Program
GPO Box 2572
ADELAIDE SA 5001

Individual Incentives

Item	Activity	Payment (\$ per SWPE)	Notes
eHealth Incentive	Requirement 1: Integrating Healthcare Identifiers into Electronic Practice Records	\$6.50 per SWPE, per annum Capped at \$12,500 per quarter	To qualify, practices must meet each of the requirements: Requirement 1: <ul style="list-style-type: none"> • Apply for a Health Care Provider Identifier-Organisation (HPI-O) • Ensure each GP with the practice has a Healthcare Provider Identifier – Individual (HPI-I) • Use a compliant clinical software system to access, retrieve and store verified Individual Healthcare Identifiers (IHI) for patients
	Requirement 2: Secure messaging capability		Requirement 2: <ul style="list-style-type: none"> • Apply for a NASH PKI Certificate • Have a standards-compliant secure messaging capability and use it where feasible • Work with your secure messaging vendor to ensure it is installed and configured correctly • Have a written policy to encourage its use
	Requirement 3: Data records and clinical coding		Requirement 3: <ul style="list-style-type: none"> • Be working towards recording the majority of diagnoses electronically using a medical vocabulary that can be mapped against nationally recognised disease classification or terminology system • Provide written policy to this effect to all GPs
	Requirement 4: Electronic transfer prescriptions		Requirement 4: <ul style="list-style-type: none"> • Use a software system that is able to send an electronic prescription to a Prescription Exchange Service (PES) • The majority of prescriptions are sent electronically to a PES
	Requirement 5: My Health Record system		Requirement 5: <ul style="list-style-type: none"> • Use a compliant software to access the My Health Record system and create and post Shared Health Summaries (SHS) and Event Summaries • Apply to participate in the My Health Record system upon obtaining a HPI-O • Upload a shared health summary for a minimum of 0.5% of the practice's standardised whole patient equivalent (SWPE) counts o patients per PIP payment quarter
	Link for more information		https://www.servicesaustralia.gov.au/ehealth-incentives-for-practice-incentives-program?context=23046

			https://www.myhealthrecord.gov.au/for-healthcare-professionals/epip-compliance-letters
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Item	Activity	Payment (\$ per SWPE)	Notes
Quality Improvement Incentive	The PIP QI Incentive rewards practices for participating in continuous quality improvement activities in partnership with their local PHN	Maximum payment of \$12,500 per quarter, based on \$5.00 per SWPE	To be eligible to receive PIP QI payment general practices must: <ul style="list-style-type: none"> • Be eligible for the PIP • Register for the PIP QI Incentive (via PRODA) • Electronically submit the de-identified PIP Eligible Data Set to their local PHN quarterly via an agreed Data Extraction Tool • Undertake continuous quality improvement activities in partnership with the local PHN • Retain evidence of undertaking continuous quality improvement
	Link for more information		https://www.servicesaustralia.gov.au/quality-improvement-incentive-for-practice-incentives-program?context=23046 https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance

Item	Activity	Payment	Notes
Teaching Payment	Aims to encourage general practices to provide teaching sessions to undergraduate and graduate medical students preparing for entry into the Australian Medical profession	\$200 per session	Practice can access a payment of \$200 for each three (3) hour teaching session provided to medical students. Each practice can claim a maximum of two sessions per GP, per day. The university must complete and sign the university certification section of the Teaching Payment claim form before the student attends the teaching session at the practice. After the teaching sessions are complete the student and the GP must sign the student attendance section of the claim form and the practice can lodge the claim either by entering the session details via HPOS or by completing IP006 Teaching Payment claim form and faxing to PIP.
	Link for more information		https://www.servicesaustralia.gov.au/teaching-payment-for-practice-incentives-program?context=23046

Item	Activity	Payment	Notes
Aged Care Access Incentive	Tier 1a: GP completes the Qualifying Service Level (QSL) 60-99 MBS services in RACF claimed in a financial year	\$2,000	<p>To be eligible for the PIP GP ACAI payments, GPs must:</p> <ul style="list-style-type: none"> • be registered in the PIP at an approved PIP practice • use a Medicare provider number linked to a PIP practice when claiming Medicare Benefits Schedule (MBS) services in RACFs • provide eligible MBS services to residents in RACFs • reach the Qualifying Service Level (QSL) by providing the required number of MBS services in RACFs in a financial year. <p>Eligible GPs can get 4 payments totalling \$10,000 for the financial year, in addition to the consultation fee.</p> <p>Payments are automatically paid to GPs who reach the QSLs. by providing the required number of eligible MBS services in RACFs.</p> <p>MBS items that count towards QSLs include attendances in RACF, contributions to multidisciplinary care plans and Residential Medication Management Reviews. GPs do not need to apply to participate in the incentive.</p> <p>Medicare will request bank details from GPs eligible to receive payments once they have reached the QSL.</p> <p>https://www.servicesaustralia.gov.au/general-practitioner-aged-care-access-incentive-for-practice-incentives-program?context=23046</p>
	Tier 1b: GP completes the Qualifying Service Level (QSL) 100-139 MBS services in RACF claimed in a financial year	+ \$2,500	
	Tier 2a: GP completes the Qualifying Service Level (QSL) 140-179 MBS services in RACF claimed in a financial year	+ \$2,500	
	Tier 2b: GP completes the Qualifying Service Level (QSL) 180 or more MBS services in RACF claimed in a financial year	+ \$3,000	
	Link for more information		

Item	Activity	Payment	Notes
Indigenous Health Incentive	Provision of better health care for Indigenous patients, including best practice management of chronic disease		
	Sign on payment	\$1,000	<p>One off payment only. Practices must be registered for PIP-Practice:</p> <ul style="list-style-type: none"> • Seeks consent to register their Aboriginal and/or Torres Strait Islander (ATSI) patients (regardless of age) who have, or are at risk, of chronic disease, with Medicare and the practice for chronic disease management in a calendar year • Establishes a mechanism to ensure their ATSI patients aged 15 years and over with chronic disease, are followed up eg recall/reminder system to ensure they return for ongoing care • Undertakes cultural awareness training within 12 months of joining incentive • Annotates PBS prescriptions for eligible ATSI patients for the PBS Co-Payment
	Annual patient registration payment	\$250 per registered ATSI patient, per calendar year	<ul style="list-style-type: none"> • Practices registers their ATSI patients with Medicare for the PIP Indigenous Health Incentive or PBS Co-Payment measure • Practice must actively plan and manage care of their ATSI patients with chronic disease for a calendar year • Payment made to practice for each ATSI patient who: <ul style="list-style-type: none"> • Is aged 15 years or over and has chronic disease • Has had (or has been offered) the 715 ATSI Health Assessment • Has provided informed consent to be registered for the PIP Indigenous Health Incentive • The patient's registration period commences from the day they provide consent to participate in the incentive, and will end on the 31 December that year <p>Practices are required to obtain consent to re-register patients each year</p>
	Tier 1: Outcomes payment: Chronic Disease Management	\$100 per registered ATSI patient, per calendar year	<p>Payment made to practices that (in a calendar year):</p> <ul style="list-style-type: none"> • Develop a 721 GP Management Plan or 723 Team Care Arrangement for the patient and undertake at least one 732 Review of the GPMP or TCA; or • Undertake two 732 Reviews of GPMP or TCA; or • Complete 731 contribute to, or review, a care plan for a patient in a RACF, on two occasions
	Tier 2: Outcomes payment: Total Patient Care	\$150 per registered patients, per calendar year	<ul style="list-style-type: none"> • Payment made to practices that provide the majority (ie the highest number) of MBS services for the patient (with minimum of 5 MBS services) in a calendar year. This may include the MBS services provided for Tier 1
	Link for more information		https://www.servicesaustralia.gov.au/indigenous-health-incentive-for-practice-incentives-program?context=23046

Item	Notes		
After Hours Incentive	The After-Hours Incentive aims to support general practices to provide their patients with appropriate access to after-hours care.		
	After Hours Periods: <ul style="list-style-type: none"> • Outside 8am to 6pm weekdays • Outside 8am to 12 noon on Saturdays • All day on Sunday and public holidays 	The complete after-hours period is broken into: <ul style="list-style-type: none"> • Sociable after-hours period: 6pm to 11pm weeknights • Unsociable after-hours period: 11pm to 8am weekdays, hours outside of 8am to 12 noon Saturday, and all-day Sundays and public holidays 	
	Core Eligibility Requirements: To be eligible for the PIP After Hours Incentive, practices must meet the following core eligibility requirements: <ol style="list-style-type: none"> 1 Be registered for the PIP and meet the requirements for the payment level claimed for the entire quarter before the payment month 2 Provide after-hours care for patients in accordance with the RACGP Standards for general practices 3 Clearly communicate after hours arrangements to patients, including information available within the practice, on the practice website or through a telephone answering machine 4 The arrangements must also be clearly communicated and registered in the National Health Services Directory. Practices may also elect to update state and territory or other local health service directories 		
	Payment level and amount	Description	
	Level 1 Participation \$1 per SWPE	Practices must have formal arrangements in place to ensure that practice patients have access to care in the complete after-hours period (hours outside 8am to 6pm weeknights; hours outside of 8am to 12pm Saturdays; and all-day Sundays and public holidays)	
	Level 2 Sociable after-hours cooperative coverage \$4 per SWPE	Practices must participate in cooperative arrangements with other general practices that provide after-hours care to practice patients in the sociable after-hours period (6pm to 11pm weeknights) and ensure formal arrangements are in place to cover the unsociable after-hours period (11pm to 8am weekdays, hours outside 8am to 12pm Saturday and all-day Sundays and public holidays)	
	Level 3 Sociable after-hours practice coverage \$5.50 per SWPE	Practices must provide after-hours care to practice patients directly through the practice in the sociable hours period (6pm to 11pm weeknights); and ensure formal arrangements are in place to cover the unsociable after-hours period (11pm to 8am weekdays, hours outside 8am and 12pm Saturdays and all-day Sundays and public holidays)	
Level 4 Complete after-hours cooperative coverage \$5.50 per SWPE	Practices must participate in a cooperative arrangement with other general practices that provides after hours care to practice patients for the complete after-hours period (hours outside 8am to 6pm weeknights, hours outside of 8am to 12 pm Saturday; and all-day Sundays and public holidays)		

	Level 5 Complete after-hours practice coverage \$11 per SWPE	Practices must provide after-hours care to practice patients in the complete after-hours period (hours outside 8am to 6pm weeknights; hours outside 8am to 12pm Saturdays; and all-day Sundays and public holidays)
	Link for more information	https://www.servicesaustralia.gov.au/after-hours-incentives-for-practice-incentives-program?context=23046

Item	Activity	Payment	Notes
Rural Loading Incentive	The PIP Rural Loading incentive recognises the difficulties of providing care, often with little professional support in rural and remote areas	The rural loading is automatically applied to PIP payments of practices in rural and remote areas	<p>To be eligible to receive PIP rural loading general practices must:</p> <ul style="list-style-type: none"> • Be located in RRMA 3-7 as defined on the Australian Institute of Health and Welfare website <p>Practices registered for the PIP do not need to apply for this incentive. The PIP rural loading is higher for practices in more remote areas in recognition of the added difficulties or providing medical care.</p> <p>Service Incentive payments do not attract rural loading.</p>
	Link for more information		https://www.servicesaustralia.gov.au/rural-loading-incentive-for-practice-incentives-program?context=23046

Item	Activity	Notes									
	This incentive encourages GPs in rural and remote areas to maintain local access to surgical, anaesthetic, and obstetric services.	<p>Eligibility:</p> <ul style="list-style-type: none"> • Practice must participate in the PIP • Meet the PIP eligibility criteria • Have at least 1 procedural GP registered with the PIP for the entire reference period, providing 1 or more eligible procedural services • Meet the activity requirements for claiming in the relevant payment tier • Be located in RRMA 3-7 as defined on the Australian Institute of Health and Welfare website • Ensure the GP providing the services has a level of professional indemnity insurance that indicates they are covered to perform procedural services <table border="1" data-bbox="1081 1278 2098 1388"> <thead> <tr> <th>Reference Period</th> <th>Point in time</th> <th>Payment month</th> </tr> </thead> <tbody> <tr> <td>1 January – 30 June</td> <td>31 July</td> <td>August</td> </tr> <tr> <td>1 July – 31 December</td> <td>31 January</td> <td>February</td> </tr> </tbody> </table>	Reference Period	Point in time	Payment month	1 January – 30 June	31 July	August	1 July – 31 December	31 January	February
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1 July – 31 December	31 January	February									

Procedural GP Payment	Payment level and amount	Activity required for payment
	Tier 1 \$1,000 per procedural GP per 6-month reference period	A GP must provide at least 1 of the procedural services in the 6-month reference period as listed in the PIP Procedural GP Payment Guidelines
	Tier 2 \$2,000 per procedural GP per 6-month reference period	A GP must both: <ul style="list-style-type: none"> • Meet Tier 1 requirements Provide after-hours procedural services on a regular or rostered basis – 15 hours per week on average, either on call or on a roster throughout the entire 6-month reference period, except for the first reference period when they apply
	Tier 3 \$5,000 per procedural GP per 6-month reference period	A GP must both: <ul style="list-style-type: none"> • Meet Tier 2 requirements • Provide 25 or more eligible surgical, anaesthetic, or obstetric services in the 6-month reference period •
	Tier 4 \$8,500 per procedural GP per 6-month reference period	A GP must both: <ul style="list-style-type: none"> • Meet Tier 2 requirements • Deliver 10 or more babies in the 6-month reference period If a sole GP in a community delivers less than 10 babies, but meets the obstetric needs of the community, the practice may qualify for Tier 4 payment. The practice will need to show that it is delivering all the babies in the community to be eligible for this payment. Practice with more than 1 GP can't combine the number of deliveries in the practice to qualify for this tier. <ul style="list-style-type: none"> • Practices with exceptional circumstances should contact the PIP program who will consider circumstances on a case-by-case basis.
	Link for more information	https://www.servicesaustralia.gov.au/procedural-general-practitioner-payment-for-practice-incentives-program?context=23046

COVID-19 Incentives

Item	Activity	Payment	Notes
COVID-19 In-reach Vaccination Payment	This incentive supports general practices participating in the COVID-19 vaccine rollout to undertake in-reach COVID-19 vaccination services for residential aged care and disability workers in their place of work	\$1,000 payment once a minimum threshold of 50 COVID-19 vaccine assessment services have been provided for residential aged care or disability support workers (cumulative) at an in-reach vaccination clinic, and \$20 for every COVID-19 vaccine assessment service for a residential aged care or disability support worker or resident provided at an in-reach vaccination clinic thereafter Services provided to residents are payable from 1 November 2021 onwards and can only accumulate once the minimum threshold for residential aged care or disability support works is met.	To be eligible for this payment, the general practice must: <ul style="list-style-type: none"> • Practice must participate in the PIP • Meet the PIP eligibility criteria • Have been authorised by the Dept of Health to administer COVID-19 vaccines • Have completed the COVID-19 vaccination training • Have provided an in-reach COVID-19 vaccination clinic/s coordinated by a residential aged care or disability support residential facility, or PHN Requirements: <ul style="list-style-type: none"> • Practices must report the relevant details for each in-reach vaccination clinic through the COVID-19 Vaccine Administrative System (CVAS) including the date and number of workers and residents vaccinated per clinic This incentive is currently approved to 31 December 2022
	Link for more information		https://www.servicesaustralia.gov.au/covid-19-vaccine-general-practice-incentive?context=23046

Item	Activity	Payment	Notes
COVID-19 Vaccine General Practice Incentive	This incentive supports general practices participating in the COVID-19 vaccine rollout to provide continuity of care	\$10 for each patient who has received both a first dose and second dose assessment service at the same practice (maximum of one incentive payment is payable per patient)	<p>To be eligible for this payment, the general practice must:</p> <ul style="list-style-type: none"> • Have been authorised by the Dept of Health to administer COVID-19 vaccines • Have completed the COVID-19 vaccination training • Be the first PIP eligible practice to process a first dose and second dose assessment service to the same patient at the same practice • Rural loading does not apply to this incentive payment <p>Practices do not need to apply for this incentive payment This incentive is currently approved to 31 December 2022</p>
	Link for more information		https://www.servicesaustralia.gov.au/covid-19-vaccine-general-practice-incentive?context=23046