

Cervical Screening Incentive

The PIP/SIP Cervical Screening Incentive aims to encourage general practitioners (GPs) to specifically examine under screened women who have not had a cervical smear in the last four years and to increase the overall screening rates of all women.

To be eligible for the PIP/SIP Cervical Screening Incentive, the practice must:

- participate in the PIP
- meet the requirements of each component of the Cervical Screening Incentive
- be signed on to the Cervical Screening Incentive for the practice to be eligible for outcomes payments

The PIP/SIP Cervical Screening Incentive has three components as shown below.

Payments and requirements of the PIP/SIP Cervical Screening Incentive

Component	Activity required for payment	Payment
Sign-on payment	One-off payment to practices that undertake to engage with the state/territory Cervical Screening Registers (as detailed below).	\$0.25 per SWPE†
Outcomes payment	Payment to practices where at least 65 per cent of eligible patients (see below) are screened in a 30-month reference period.	\$3 per eligible patient per year
Service incentive payment	Payment to GPs for each cervical smear taken from an eligible patient.	\$35 per patient

†Standardised Whole Patient Equivalent (SWPE) is used to measure practice size and includes a weighting factor for the age and gender of patients. The average load for a full time GP is 1,000 SWPEs per year.

Practices can apply for the Cervical Screening Incentive by completing the relevant section of the PIP application form.

Sign-on Payment

A one-off sign-on payment of \$0.25 per SWPE is made to practices that register for the Incentive. The payment is made to practices in the next PIP quarterly payment following sign-on.

Outcomes Payment

The outcomes payment aims to encourage GPs to screen all women who attend their practice. An outcomes payment of \$3 per year per female Whole Patient Equivalent (WPE) aged between 20 and 69 years is made to signed-on practices that reach a practice screening target. The target is 65 percent of the practice's female patients aged between 20 and 69 years being screened in a 30 month reference period, which is measured by the use of relevant Medicare Benefits Schedule (MBS) pathology service items. The patient's age is determined as at the last day of the reference period.

The patient rebate (or direct bill payment) for the Cervical Smear Incentive MBS attendance items is the same as for the usual MBS attendance items. The usual MBS attendance items should be used for cervical screens completed on women, other than under-screened women.



Service Incentive Payment (SIP)

A SIP of \$35 is paid for each cervical smear taken on an under screened woman aged between 20 and 69 years by GPs at a signed-on practice. The SIPs are paid quarterly.

GPs must use one of the following cervical smear MBS attendance item numbers:

- 1) **2497** – Brief Consultation
- 2) **2501** – Standard Consultation
- 3) **2504** – Long Consultation
- 4) **2507** – Prolonged Consultation

*** These MBS item numbers are for in surgery consultations only and substitute usual consultation numbers**

Use of these MBS items will inform Medicare Australia that the requirements have been met and automatically trigger a SIP. The SIP is in addition to the consultation fee.

For further information on the use and billing of MBS attendance items, telephone the Medicare Provider enquiry line on **132 150** or speak with your Practice Support Officer **9663 5958**.