



## FACTSHEET: PAYMENT INFORMATION

A new bundled payment approach will enable the Health Care Home model. The approach moves away from traditional fee-for-service, which can be limiting where more complex and ongoing care is required.

A bundled payment to the practice will enable flexibility in how Health Care Home services are delivered. This new approach will encourage practice level innovation — broadening the use of technology and the roles of the workforce in the services a Health Care Home offers.

### Payment arrangements

Health Care Homes will register each enrolled patient through the Department of Human Services' Health Professionals Online Services system. Monthly payments will be made to the practice on a retrospective periodic basis, which will allow for regular patient review and, if appropriate, adjustment of the patient's tier level.

### Payment levels

To support participation in stage one of Health Care Homes, a one-off grant of \$10,000 will be paid to general practices and Aboriginal Community Controlled Health Services participating in stage one.

Three levels of payment are proposed. The amount paid is linked to each eligible patient's level of complexity and need, with the highest amount paid for the most complex and high-need patients.

The payment values represent an 'average' payment for each tier level and recognise the individual variations in service delivery that patients will require at each tier level.

Payment Tier	Payment Value
Tier 3 — the highest level of patient complexity	\$1,795 per annum
Tier 2 — increasing level of patient complexity	\$1,267 per annum
Tier 1 — the lowest level of patient complexity	\$591 per annum

### Services included

All general practice health care associated with the patient's chronic conditions, previously funded through the MBS, will be funded through the bundled payment. Enrolled patients can still access fee-for-service episodes of care not related to a patient's chronic conditions. This will also enable patients to visit different practices, for example when travelling.



Based on clinical advice it is expected that for the vast majority of patients the number of fee-for-service episodes of care, in addition to the bundled payment, will be small. The number of fee-for-service episodes of care will not be capped or restricted, and will be monitored during stage one of Health Care Homes.

### **After hours services**

Health Care Homes bundled payments are intended to cover after hours services where they are provided in the practice rooms. After hours services provided outside of the practice rooms can be billed to the MBS.

### **Bulk billing and patient contributions**

Many patients with chronic and complex conditions are bulk billed for primary healthcare services. Health Care Homes are strongly encouraged to continue to bulk bill for enrolled patients. However consistent with current approaches in many practices, enrolled patients will be able to contribute towards their healthcare costs. The determination and management of patient contributions will be up to each Health Care Home and must be agreed with the patient at the time of enrolment.

### **Allied health, specialist, diagnostic and imaging services**

Funding for services provided by allied health professionals and specialists as well as for diagnostic and imaging services are not included in the bundled payment, and will continue to be funded through the MBS.

Access to MBS funded allied health services that are currently triggered by a GP Management Plan or, where relevant, a Health Assessment for Aboriginal and Torres Strait Islander People or a GP Mental Health Treatment Plan, will be triggered by Health Care Home enrolment. However, these allied health services will continue to be funded through the MBS, and are not part of the bundled payment.