



South Australian Rural Medical Fee Agreement (SARMFA)

Dated: February 2010

This document is to be read in conjunction with the “South Australian Rural Medical Engagement Responsibilities” and the “CHSA Rural General Practitioner Fee for Service Agreement”

Rural medical practitioners are engaged as independent contractors to provide patient services for CHSA. The following payments are made under this agreement.

1. Schedule of Fees

The Schedule of fees payable to eligible medical practitioners is known as South Australian Medical Schedule of Fees (SAMSOF) and forms Schedule 1 to this document.

The SAMSOF shall be updated on the 1st of December and the 1st of July of each year to reflect movement in the Commonwealth Medical Benefits Scheme (“**CMBS**”) to the 1st of November and the 1st of June prior to each respective update. There will be no reduction in fees during the term of the CHSA Rural General Practitioner Fee for Service Agreement (unless otherwise agreed between the parties).

New item numbers may be required for any new services introduced in the CMBS.

Schedule 1 is also available from the Country Health SA (CHSA) website at:

<http://www.countryhealthsa.sa.gov.au/Default.aspx?tabid=34>

2. Eligibility

To be eligible for these payments the GP/GP Proceduralist/GP Registrar must:

(i) be credentialed and have current scope of practice at a CHSA hospital, and

(ii) provide the majority of time of their clinical practice in the CHSA geographical boundaries at either a CHSA hospital or their private practice or be a locum engaged to replace a resident medical practitioner.

Determination of eligibility in exceptional circumstances will be referred to the Chief Medical Advisor, CHSA, for consideration.

3. Payments

3.1 Fee For Service (FFS) and Billing

3.1.1 CHSA shall remunerate the medical practitioner in accordance with the terms of SAMSOF and the Rural Health Enhancement Package (RHEP) where applicable.

- 3.1.2 The payment of invoices shall be made via Electronic Funds Transfer (EFT) and within 28 calendar days of receiving the appropriate documentation.
- 3.1.3 The medical practitioner shall submit all Fee for Service (FFS) claims on a monthly basis but certainly within six months of the date of service provision.
- 3.1.4 The medical practitioner shall advise CHSA of the medical practitioner's Australian Business Number (ABN) and quote the ABN on all claims for payment.
- 3.1.5 Where the medical practitioner provides medical services as an individual, the medical practitioner's individual ABN must be quoted. Alternatively if the medical services are provided by a partnership, trust or company the ABN of the partnership, trust or company must be quoted.
- 3.1.6 The medical practitioner shall immediately advise CHSA of any changes to the ABN details.
- 3.1.7 Based on current advice from the Australian Taxation Office, the supply of medical services, in accordance with this agreement, by the medical practitioner to CHSA is a taxable supply. If the medical practitioner is registered for the Goods and Services Tax (GST), and
- if CHSA calculates the amount payable for services rendered by the medical practitioner on a standards claim sheet, the medical practitioner shall enter into a Recipient Created Tax Invoice (RCTI) Agreement with CHSA on an annual basis, or
 - if the medical practitioner calculates the amount payable by CHSA, the medical practitioner shall provide CHSA with a valid tax invoice requesting payment. Should the medical practitioner cease to be registered for GST purposes, or become aware of any reason why the GST registration may be cancelled, the medical practitioner shall advise CHSA.
- 3.1.8 If the contract of a medical practitioner is terminated, CHSA shall thereupon pay all fees to which the medical practitioner is then entitled to within 28 calendar days of
- receipt of a valid tax invoice detailing the medical services rendered, where the medical practitioner calculates the amount payable; or
 - CHSA generating a Recipient Created Tax Invoice where CHSA calculates the amount payable

- 3.1.9 If the Australian Taxation Office changes its advice on the tax treatment of medical services provided under these arrangements, this document will be amended accordingly.
- 3.1.10 Where the paying entity is required by virtue of the Superannuation Guarantee Administration Act (SGAA) to provide a minimum level of superannuation support on behalf of the medical practitioner into a complying superannuation fund, then the Fee for Service amounts due under this agreement are deemed to be inclusive of the minimum superannuation support calculated in accordance with Australian Taxation Office advice. The Fee for Service payment paid to the medical practitioner is to be net of the minimum superannuation support. The minimum superannuation support will be paid into the medical practitioner's nominated complying Superannuation Fund in accordance of the requirements of the SGAA.

Superannuation contributions made under an effective salary sacrifice agreement, as defined in the Australian Taxation Office ruling SGD2006/2, are not assessable income to the deemed employee. Thus doctors will not be subject to income tax on their sacrificed payments. Information regarding salary sacrifice agreements is available from CHSA.

- 3.1.11 FFS accounts should be itemised per patient and contain the following information to enable CHSA staff to accurately check against the patient/client medical record:
- the patient/client name (not their nickname or abbreviated version)
 - patient/client status (i.e. Public, Veteran)
 - their Medicare or DVA number
 - service item number (from Schedule 1)
 - date of service
 - time the service started (all consults) and finished (for consult levels C and D in accordance with CMBS requirements)
 - the medical practitioner's name and provider number
 - the relevant cost for the service and
 - the GST amount clearly identified

Accounts can only be paid if the relevant documentation exists in the patient/client medical record.

For 'on-call' charges the amount can be charged as a lump sum or daily rate but must be accompanied by a breakdown of the charges including a roster showing the date of attendance, the number of days at each charge and if one day is shared by two or more medical practitioners the percentage of payment for each medical practitioner.

Because of the inpatient/outpatient interface and the normal/after hours interface the duration of a service is important as the medical practitioner may be entitled to after-hours fees in instances where they are claiming only normal hours.

It is preferable for RHEP and Department of Veterans' Affairs (DVA) acquittal reporting purposes that one account for a complete month is submitted within 14 calendar days of the end of that month to be fully remitted in that month.

3.2 **Hospital Patients**

With respect to any patient who elects to be a public inpatient, the medical practitioner shall not raise an account with the patient.

3.3 **Private Patients**

With respect to any patient who elects to be a private inpatient, the medical practitioner shall charge at the rate judged by the practitioner to be appropriate to the service, subject to informing the patient of the intended fee.

There is a standard Patient Election form. The Patient Election form allows the patient to be treated as a private or public patient.

CHSA will provide a daily list of patients and their status (ie private, DVA, public) relevant to the medical practitioner.

3.4 **Outpatient/Inpatient Interface**

In South Australian country hospitals, (with the exception of Mount Gambier, and, "After-Hours" at Port Augusta, Port Pirie, and Whyalla hospitals) outpatient, after hours GP services and non admitted emergency services are provided under the Medicare system (ie the patient is charged by the medical practitioner and seeks reimbursement from Medicare). For the avoidance of doubt, CHSA shall not be liable to pay any fee for such services.

When a patient is seen in the CHSA hospital emergency area and then admitted for treatment as a public inpatient the hospital will be billed for the full attendance and services.

Medical practitioners rostered to be on-call should also be advised that when requested, they have an obligation to attend the hospital for serious emergency presentations.

This obligation also exists whether or not the presentation is in their area of expertise. This would include attendance at triage 1, 2, and many triage 3 patients who present to the hospital, and include patients who present with surgical, medical, obstetric, and mental health concerns.

The emergency on call doctor will also accept responsibility for inpatient care for all interhospital transfers. Such transfers should take into account the patient's clinical status and whether the hospital is located near the patient's place of residence or near the residence of the patient's family or friends.

3.4.1 **Rural Emergency Responder Network**

A Rural Emergency Responder Network (RERN) has been established across CHSA to provide appropriate cover to medical practitioners who are prepared to attend out of hospital emergencies close to their geographic base.

Membership of the RERN is voluntary for medical practitioners and requires that once accepted and registered for the RERN they make themselves available to attend emergency situations when called by the South Australian Ambulance Service Emergency Operations Centre (EOC).

The RERN offers a clearly defined structure which ensures appropriate remuneration and professional support for these out of hospital situations. The medical practitioner can invoice CHSA as detailed in procedures for members of the RERN. For such attendances, from the period of time from when they were called until the time when they return to the local CHSA hospital, SAMSOF item numbers 160-164 will be used. Where CHSA has remunerated the RERN GP there is to be no charge to the patient but CHSA may charge appropriately to external funders such as insurance companies for overseas patients.

Medical practitioners not part of the network will also be paid for the time spent assisting the patient in an out of hospital situation from the time they were called until the time that they return to the local health unit or alternative site at the rate of the rate of \$224.20 per hour prorated in 15 minute intervals. Payment will only be made to the practitioner if they are called by the local hospital or ambulance service to attend the emergency.

3.4.2 **Multi-Purpose Services**

Across CHSA there are a number of smaller hospitals that have become or will become a Multi-Purpose Services (MPS). The impact of this change for medical practitioners is that Aged Care residents newly admitted to a Commonwealth funded MPS bed after a certain date (which varies between MPSs), will in effect be private patients in terms of payment for medical services. Therefore payment through Fee for Service will not be available for the routine medical care of these individuals as is the case in other Commonwealth residential aged care facilities.

Existing 'Nursing Home residents' as at the time of conversion of the hospital to MPS status, and where on-going medical care was previously provided through Fee for Service payments, will continue to receive access to Fee for Service payments for medical care following the change of status of the hospital to an MPS.

It is essential that medical practitioners clarify the applicable situation for individual patients at the time of change of status of the local hospital to an MPS. Each MPS will maintain a list of grandfathered patients present at the time of the MPS becoming operational.

3.5 **Hospital to Hospital Transfer**

All acute patients requiring observation and/or stabilisation to be transferred from one hospital to another within CHSA by ambulance should be admitted to their hospital of presentation. An inpatient fee for service billing applies on this occasion. Medical practitioners accompanying patients in the ambulance on inter-hospital transfers are to be remunerated at the rate of \$224.20 per hour prorated at 15 min intervals for the trip to the receiving hospital and the return trip in the ambulance.

3.6 **Intravenous and Intraosseous Therapy**

Intravenous or intraosseous therapy (other than that associated with an anaesthetic, chemotherapy or other services that require an intravenous insertion) shall have an item number (*SAMSOF IVT*) and will attract a payment. This item only applies where the IV insertion is performed by the medical practitioner and noted as such in the medical records. Payment for IV insertion done prior to admission can be claimed. This payment does not attract benefits under the RHEP.

3.6.1 **Chemotherapy**

Inpatient public chemotherapy should be charged in accordance with the following formula:

Initial Treatment:

Level B Consult + Chemotherapy Fee (eg item number 13915 or 13918)

Subsequent Treatments:

Chemotherapy Fee only (eg item number 13915 or 13918 unless formal consultation or change of management instigated).

For the purpose of payment for outpatient public chemotherapy, as approved by CHSA, the GP will be able to access item number 13915 or 13918 when the service is provided as an outpatient service.

Payment of a SAMSOF IVT fee will not apply.

3.7 Emergency Care

3.7.1 Where a medical practitioner is required to return to a hospital in a situation where the patient is in imminent danger of death, requiring the medical practitioner's undivided attention for continuous life-saving emergency treatment, the following criteria and fee structure has been determined:

- Emergency item numbers 160-164 (Prolonged Professional Attendance) may only apply to a service on a patient in Triage Category 1 and 2, where the medical practitioner is required for more than one hour.
- A patient requiring treatment for whom the emergency number being paid would need to have a triage Category 1 or 2 as well as meeting the requirement of the constant presence of a medical practitioner to be maintained.
- Less than one hours attendance where a doctor is required to attend urgently for specific patient care indicative of Category 1 and Category 2 less than one hour SAMSOF 50 would apply.
- Where two or more doctors are required to attend urgently to treat a patient in an emergency situation both are eligible to claim. Both doctors must document their role in management and attendance times
- GPs will also be paid a rate of \$224.20 per hour (prorated at 15 min intervals) for time spent travelling when called to the hospital during scheduled consulting times for Triage Category 1 and 2 situations.

ATS Category	Response	Description of Category	Clinical Descriptors (indicative only)
Category 1	Immediate simultaneous assessment and treatment	Immediately Life-Threatening Conditions that are threats to life (or imminent risk of deterioration) and require immediate aggressive intervention.	Cardiac arrest Respiratory arrest Immediate risk to airway - impending arrest Respiratory rate <10/min Extreme respiratory distress BP< 80 (adult) or severely shocked child/infant Unresponsive or responds to pain only (GCS < 9) Ongoing/prolonged seizure IV overdose and unresponsive or hypoventilation Severe behavioural disorder with immediate threat of dangerous violence

Category 2	Assessment and treatment within 10 minutes (assessment and treatment often simultaneous)	<p>Imminently life-threatening The patient's condition is serious enough or deteriorating so rapidly that there is the potential of threat to life, or organ system failure, if not treated within ten minutes of arrival</p> <p>Or</p> <p>Important time-critical treatment The potential for time-critical treatment (e.g. thrombolysis, antidote) to make a significant effect on clinical outcome depends on treatment commencing within a few minutes of the patient's arrival in the ED</p> <p>Or</p> <p>Very severe pain Humane practice mandates the relief of very severe pain or distress within 10 minutes</p>	<p>Airway risk - severe stridor or drooling with distress Severe respiratory distress Circulatory compromise</p> <ul style="list-style-type: none"> • Clammy or mottled skin, poor perfusion • HR < 50 or > 150 (adult) • Hypotension with haemodynamic effects • Severe blood loss <p>Chest pain of likely cardiac nature Very severe pain - any cause BSL < 2 mmol/l Drowsy, decreased responsiveness any cause (GCS < 13) Acute hemiparesis/dysphasia Fever with signs of lethargy (any age) Acid or alkali splash to eye - requiring irrigation Major multi trauma (requiring rapid organised team response) Severe localised trauma - major fracture, amputation High-risk history:</p> <ul style="list-style-type: none"> • Significant sedative or other toxic ingestion • Significant/dangerous envenomation • Severe pain suggesting PE, AAA or ectopic pregnancy <p>Behavioural/Psychiatric:</p> <ul style="list-style-type: none"> • violent or aggressive • immediate threat to self or others • requires or has required restraint • severe agitation or aggression
------------	--	---	---

3.7.2 **Obstetric Emergency Antenatal Consultation**

3.7.2.1 **Important time-critical treatment**

Assessment and treatment of a woman in threatened premature labour requiring immediate care, which may require consultation with a tertiary neonatal and maternity hospital. Treatment may involve tocolysis and transfer to tertiary centre. Where the time in attendance is less than one hour, then SAMSOF 50 applies.

3.7.2.2 **Imminently life-threatening**

Assessment of a pregnant woman with significant signs of pre-eclampsia requiring urgent assessment and investigation of hypertension and treatment with hypotensive medication and consultation with tertiary centre regarding further management, transfer, retrieval, and where there is no local specialist support.

Where a consultant or local specialist can manage the case locally but the same clinical situation applies ie the time attending is less than one hour, then SAMSOF 50 applies.

3.7.2.3 **Antenatal woman presenting for management of moderate or severe blood loss in pregnancy requiring urgent CTG assessment, intravenous resuscitation, and in consultation with tertiary neonatal centre, transfer, retrieval etc:**

- less than one hour – item SAMSOF 50;
- greater than one hour – refer to description in CMBS (Nov 2008), Section A.12 for item numbers 160-164 inclusive. The payment rates will be items 160-164 (which equates to CMBS items 160-164 plus a 50% loading);
- if the emergency care is initiated after hours - the 'After Hour Payment Rules' will apply (see clause 1.10);
- any other relevant procedural fees (inclusive of RHEP) - are payable until the emergency care ceases and/or the patient is transferred to another centre.
- where a definitive procedures occur – (eg in Theatre) this would be considered to be the end of the resuscitation phase and the commencement of the definitive procedure phase which would be covered by the relative procedural payment.

The following table represents the structure for payments:

(Items 160-164 represents the CMBS payments which includes a 50% loading)

	Mon – Fri 0800 – 1800 Sat 0800 – 1200	Mon – Fri 1800 to 2300 Sat 1200 to 2300 Sun & PH 0800 to 2300	Mon – Fri 2300 to 0800 Sat 2300 to 0800 Sun & PH 2300 to 0800
Less than 1 hr	Item SAMSOF 50	Item SAMSOF 50 + Item 1	Item SAMSOF 50 + (Item 1 x 1.5)
Less than 2 hrs	Item SAMSOF 160	Item SAMSOF 160 + Item 1	Item SAMSOF 160 + (Item 1 x 1.5)
Less than 3 hrs	Item SAMSOF 161	Item SAMSOF 161 + Item 1	Item SAMSOF 161 + (Item 1 x 1.5)
Less than 4 hrs	Item SAMSOF 162	Item SAMSOF 162 + Item 1	Item SAMSOF 162 + (Item 1 x 1.5)
Less than 5 hrs	Item SAMSOF 163	Item SAMSOF 163 + Item 1	Item SAMSOF 163 + (Item 1 x 1.5)
5 or more hrs	Item SAMSOF 164	Item SAMSOF 164 + Item 1	Item SAMSOF 164 + (Item 1 x 1.5)

3.7.3 Where a medical practitioner is required to attend a hospital to provide emergency care to more than one patient, and the patients require continual monitoring and treatment prior to transfer, or specialist intervention, and the treatment prevents the medical practitioner from leaving the hospital, the following payments will apply for each patient:

- the payment shall be item SAMSOF 50 for the initial one hour,

- if the emergency care is initiated after hours, the 'After Hour Payment Rules' will apply (see clause 1.10)
- any other relevant procedural fees (inclusive of RHEP where applicable) are payable until the emergency care ceases and/or the patient is transferred to another centre
- A medical practitioner may be able to deliver care to another patient whilst awaiting retrieval assistance to another patient

3.8 **Other Medical Practitioners**

"Other Medical Practitioners" (as defined in the CMBS) shall be paid at the Vocational Registered rate for public inpatient care.

3.9 **Surgical Procedural Rates**

Surgical procedural rates that have differential payments for specialist and non specialist medical practitioner shall all be paid at the specialist rate (the fees shown in SAMSOF reflect this point).

3.10 **Scope Procedural Rates**

For the purposes of payments for colonoscopy, endoscopy and oesophagoscopy services as approved by CHSA, the scope Proceduralist and Anaesthetist will be able to access the current 'inpatient' MBS item numbers whether the procedure is performed as a public inpatient or public outpatient.

3.11 **After Hours Attendances and Payments**

3.11.1 **Definitions**

After hours shall be defined as being:

3.11.1.1 Monday – Friday from 18:00 hrs and before 0800 hrs Saturdays, Sundays and Public Holidays – all day/night until 0800 hours the following day.

3.11.1.2 Eligibility for claiming after hour payments (item 1) – refer to CMBS (Nov 2009), Section A.10.1 item 601 is not relevant for the purpose of SAMSOF 2010.

3.11.1.3 Descriptions of Level A, B, C, D – refer to CMBS (Nov 2009), Section A.5.

3.11.1.4 Where Christmas Day or New Years Day falls on a weekend, both the public holiday and the Monday that the public holiday is observed are deemed as Public Holidays for the purposes of After Hours.

3.11.2 **General Practice Payments**

Payment for all after hours inpatient consultations (inclusive of obstetric patients unrelated to confinement and postnatal care) that is not considered part of 'normal after care' will be either:

3.11.2.1 **Level A and B:**

18:00 hrs to 23:00 hrs as per item 1 fee;

23:00 hrs to 08:00 hrs as per item 1 fee + 50%.

3.11.2.2 **Level C and D:**

18:00 hrs to 23:00 hrs as per item 1 fee + the fee for Level C or D (whichever is applicable);

23:00 hrs to 08:00 hrs as per (item 1 fee + 50%) + the fee for Level C or D (whichever is applicable)

Where an urgent consultation is requested which is not considered part of 'normal after care', the medical practitioner can claim a 'not normal after care' item on the proviso that there is appropriate documentation within the medical records which supports the claim. Routine ward rounds performed after hours (i.e. not at the specific request of the hospital or nursing staff) on any day are considered part of normal after care and do not attract the after hours item. If during or subsequent to the occasion of an item 1 service, further services are provided to that patient or further patients, during an unbroken period of attendance at the hospital, the item 1 fee is not chargeable. Remuneration for these services will be provided according to the SAMSOF Schedule.

3.11.2.3 **Case conferences**

Item numbers 734-779 are to be used for medical practitioners attending Case Conferences for patient management.

3.11.3 **Procedural (inclusive of Surgery and Anaesthesia) Payments**

Payment for after hours procedural items (excluding Obstetric items 16515–16636) shall be:

3.11.3.1 **Anaesthesia:**

18:00 hrs to 23:00 hrs as per item 25025 fee + the SAMSOF fee for the procedural item;

23:00 hrs to 08:00 hrs as per (item 25025 + 50%) fee + the SAMSOF fee for the procedural item.

Additional cases added to an elective list prior to 0800 do not qualify for after hours payment

For the purposes of payments for item 25025, the definition of after hours shall be in line with clause 3.11.1.1 of this document.

3.11.3.2 **Surgical:**

18:00 hrs to 23:00 hrs as per item 1 fee + the SAMSOF fee for the procedural item;

23:00 hrs to 08:00 hrs as per (item 1 + 50%) fee + the SAMSOF fee for the procedural item.

For the purposes of payments for item 1, the definition of after hours shall be in line with 3.11.1.1 of this document.

3.11.3.3 **Epidural:**

For the purposes of payments for Epidural items 18226 and 18227, the definition of after hours shall be in line with clause 1.10.

3.12 **Obstetric/Neonatal Care**

Where a medical practitioner is called to attend a baby of a public inpatient mother, and the baby requires resuscitation and/or other significant unusual medical care outside that customarily provided (refer to CMBS (Nov 2008), Section T4.4.7) there can be a separate charge raised. This charge shall apply to the mother as the baby is not normally a separately admitted person during the period following birth. The medical practitioner called to resuscitate the baby at delivery will be paid from the requested arrival time to await delivery until the baby passes back into normal care unless there are other paid activities that they can undertake during this waiting time.

3.13 **Caesarean Sections**

The payment of non-referred Caesarean sections shall be paid as per item 16520.

3.14 **Electrocardiography (ECG)**

Under the CMBS there are three item numbers that relate to Electrocardiography (ECG). Item 11700 (Twelve-lead Electrocardiography, tracing and report) should only be used if a full 12-lead ECG is performed.

This item should only be paid if the medical practitioner places all 12 leads. Examinations involving less than twelve leads are regarded as part of the accompanying consultation (refer to CMBS (Nov 2007), Section D1.18.1).

Item 11701 (Twelve-lead Electrocardiography, report only), should be used where the ECG tracings are referred to a medical practitioner for a report without an attendance on the patient by that medical practitioner. In cases where the leads are placed by a nurse and the results are interpreted by a medical practitioner then this item should be used.

Item 11702 (Twelve-lead Electrocardiography, tracing only), should be used where the ECG tracings are performed by a medical practitioner.

3.15 Rural Health Enhancement Package (RHEP)

3.15.1 Eligibility requirements

To be eligible for RHEP payments the GP/GP Proceduralist must:

(i) be credentialed and have current scope of practice at a CHSA hospital,

(ii) provide the majority of their clinical practice in the CHSA region at either a CHSA hospital or their private practice, and

(iii) participate in a CHSA hospital A&E on-call roster on a monthly basis

Where a locum performs the service for the medical practitioner AND there is NO subsidy either directly by CHSA or indirectly eg Rural Doctors Workforce Agency (RDWA) for the locums then FFS can be paid at the eligible rate of the doctor for whom the locum is acting for.

Determination of eligibility in exceptional circumstances will be referred to the Chief Medical Advisor, CHSA, for consideration.

3.15.2 Availability/On-call Allowance

'On-call' is defined as being a service which has been determined to be essential by Country Health SA to meet the public need at a CHSA hospital 24 hours a day, 7 days a week. GP's who are rostered On-call to a CHSA hospital must be able to reach the hospital within 40 minutes of being contacted.

3.15.2.1 An On-call Allowance per 24 hour period for provision of after hours services at a CHSA hospital:

- 3.15.2.2 An on-call period commencing on Monday to Thursday inclusive is paid at \$220 per 24 hour period commencing at 8am.
- 3.15.2.3 An on-call period commencing on Friday/Saturday/Sunday or Public Holiday is paid at \$550 per 24 hour period commencing at 8am.

The On-call Allowance will be indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

- 3.15.2.4 There will be one payment only per provider in recognition of their availability. The exception to this ruling is where a practitioner is required to cover two locations during any one 24 hour period. The two location should be no more than 30 minutes apart if travelling by road. Practitioners who are providing on-call to two locations will attend each location as clinically necessary in that period and will be paid an additional 50% of the applicable on-call payment.

Multiple on-call payments at one site:

- where there is approval from CHSA for a range of services to be available 24 hours a day, 7 days a week there will be on-call availability payable to each resident practitioner who is on the roster for an identified 24 hour period
- if the practitioner has the recognised privileges to justify a dual role (e.g. GP Medicine and Obstetrics) they will be paid one on-call payment only
- Appendix 1 identifies all on-call services per location and those services approved for RHEP payment
- any additional services must be supported by the CHSA hospital and ratified by the CHSA within the agreed service delineation framework for each CHSA region

- 3.15.2.5 The On-call Allowance is to be paid according to the following criteria:

- all medical practitioners required by the hospital to be on-call and specified in Schedule 3 of the Rural General Practitioner Fee for Service Agreement, unless special local arrangements are made;
- who are eligible for RHEP;
- who participate in on-call rosters; and
- who do not have any existing contractual arrangements outside of SAMSOF

3.15.3 **Special Fee For Service Payments**

- 3.15.3.1 Anaesthetic and Surgical Procedural item numbers shall have a loading of 20%. The full RHEP fee is shown in SAMSOF under the RHEP column.

- 3.15.3.2 Obstetric item numbers (16500–16636) shall have a loading of 50%. The full RHEP fee is shown in SAMSOF under the RHEP column.
- 3.15.3.3 Obstetric item numbers (16500–16636) are not subject to after hours loadings (refer to clause 1.10).

4. Other Allowances and Payments

4.1 Managerial Allowance

Medical practitioners appointed to the role of Principal Medical Officer will remain as contractors in this capacity and will be remunerated by way of a small or large unit management allowance that is applicable to consultants employed under the Department of Health Salaried Medical Officers Enterprise Agreement 2008, clause 9. Principal Medical Officers will be appointed at the discretion of the Executive Director, Finance and Infrastructure, Country Health SA.

4.2 Clinical Audits, Clinical Safety and Quality Activities and Service Planning Meetings

Medical practitioners will be remunerated at rate of \$144 per hour (prorated at 15 min intervals) when participating directly in approved meetings and activities on behalf of CHSA. The expectation is a medical practitioner would be involved in 2 meetings per year for these activities with an extra meeting per year for a proceduralist for appropriate meetings. These meetings will be authorised in advance by the CHSA director assigned responsibility for the relevant area (“**Cluster Director**”) and attendees will be notified by CHSA to finance for authorisation of payment. These meetings do not include payment for preparation time. Additional meetings may be held which do not require the attendance of the Medical Practitioner for which there will be no payment. These meetings must not be critical audit or medical service delivery meetings at the hospital.

This should not be confused with remuneration or reimbursement for the undertaking of professional development activities of a personal nature (Clause 5.3).

Where the hospital requires attendance of a medical practitioner at a pre-arranged meeting regarding accreditation of a hospital or as a member of a formal committee (e.g. CHSA Credentialling and Scope of Clinical Practice Advisory Committee), the medical practitioner shall be paid an allowance calculated at the rate of \$144 per hour (prorated at 15 min intervals) .

Reading time applies for up to two hours at half the agreed hourly meeting rate.

This fee does not apply in the following situations:

- medical practitioners appointed to a Health Advisory Council (HAC)
- a medical practitioner, who being a member of Health Advisory Council, is then nominated by the Health Advisory Council to be a member of a sub committee of the Health Advisory Council or as a Health Advisory Council representative on another SA Health committee
- medical practitioners on Advisory Committees (unless formal approval has been obtained from SA Health) or Ministerial Advisory Committees of SA Health and
- where the medical practitioner is appointed to be a Principal Medical Officer by CHSA, this fee will not be payable for activities that are within the duties expected of a Principal Medical Officer (unless formal approval is given from the Executive Director, Finance and Infrastructure, Country Health SA).

4.3 Locums/Allowances

GPs are entitled to receive subsidised locum support funding/allowances in accordance with guidelines of the Rural Doctors Workforce Agency (RDWA). Medical practitioners should contact the RDWA or visit www.ruraldoc.com.au/Locums/ for further details regarding support arrangements and eligibility criteria.

4.4 Travel Allowances

4.4.1 In circumstances where a general medical practitioner has to travel a direct route distance to a recognised hospital of more than 20km from the place of his or her nearest established practice (which must be outside of the Adelaide Statistical Division) to provide medical services for which a Fee for Service is payable by CHSA, a travel allowance shall be payable. The allowance shall be applicable for round trips in excess of 40 kilometres.

4.4.2 The allowance shall be based on the per kilometre rate prescribed in the 'SA Health (SAHC Act and IMVS Act) Human Resources Manual' (Part 8 – Travelling and Expenses Reimbursement), applicable to a vehicle with an engine of more than four cylinders.

4.4.3 This allowance is to be paid once per visit, not per patient, regardless of the number of patients seen.

5. Grants and Incentives

5.1 Medical Indemnity Support Grant

The Rural Health Enhancement Package (RHEP) 'Medical Indemnity Support Grant' Option 1 is available to medical practitioners, clinics or partnerships that satisfy the eligibility criteria for the RHEP.

See clause 3.15.1 of this Schedule for more detailed information regarding eligibility. To access a copy of the RHEP Grant application form, visit the Country Health SA website at [http://www.countryhealthsa.sa.gov.au/Portals/0/Medical%20Indemnity%20grant%20app%20form%202008-09%20\(2\).pdf](http://www.countryhealthsa.sa.gov.au/Portals/0/Medical%20Indemnity%20grant%20app%20form%202008-09%20(2).pdf)

Payments of Medical Indemnity Grants will promptly be made to medical practitioners from the date of receipt of all the required information by CHSA.

5.1.1 **Where the selected Medical Indemnity Insurance Providers is other than The Medical insurance Group (MIGA)**

Responsibility of the Medical Practitioner:

Medical practitioners need to provide all to the following to CHSA to process the grant application:

1. the Insurance Tax Invoice which lists the Base Premium, the Premium Support Scheme amount (PSS) and the amount of cover taken (e.g. \$150,000 - <\$200,000)
2. an official receipt – to show the invoice has been paid by the doctor, and
3. a completed Medical Indemnity RHEP Grant Application form

Responsibility of Country Health SA:

CHSA will send the information provided by the Medical Practitioner to the CHSA Parent Business Centre for approval, calculation of payment due and forwarding to Shared Services SA for prompt payment.

CHSA Staff must break the payment down to clearly identify what the Medical Practitioner is being paid for. For example the remittance advice must show

1. What payment is for (eg GP Medicine and or Anaesthetist)
2. GST component
3. Any additional Premium Support Scheme (PSF) payment

Delays may occur when the wrong or incomplete information is provided and in these situations a 30 day timeframe can only begin once CHSA receives all the required information for processing.

5.1.2 **Where the selected Medical Indemnity Insurance Provider is The Medical insurance Group (MIGA)**

Medical practitioners who are eligible for the RHEP and who elect to purchase appropriate Medical Indemnity cover through MIGA will only be invoiced by MIGA for the net of their Grant entitlement and MIGA will obtain reimbursement of the Grant entitlement direct from CHSA. This arrangement will minimise administration for eligible medical practitioners associated with claiming the Grant and will mean there is no out of pocket period waiting for reimbursement.

Responsibility of the Medical Practitioner:

The medical practitioners need to ensure that MIGA are advised that are eligible for RHEP when purchasing Medical Indemnity cover.

Responsibility of CHSA:

CHSA will validate medical practitioner directly with MIGA.

5.3 Rural Doctors Workforce Agency (RDWA) – Initiatives/Grants

The RDWA also offers a number of other initiatives/grants for rural medical practitioners.

For more information visit the Rural Doctors Workforce Agency website at www.ruraldoc.com.au or telephone (08) 8357 7444.

5.3 Professional Development Grant

There will be an annual grant (indexed annually) available for medical practitioners as outlined on the RDWA website www.ruraldoc.com.au. Medical practitioners can also claim on CPD events where Commonwealth subsidies may apply.

6. Disputes over payment of fees

From time to time there will be uncertainties or disputes as to what the appropriate fee should be for a particular service. On most occasions this is as a result of technical interpretation of the agreement that should be able to be resolved between the medical practitioner and CHSA.

When a payment has been rejected by CHSA and the medical practitioner believes the decision to be incorrect, a meeting between the medical practitioner and the Principal Medical Officer or Director of Medical Services of the CHSA hospital must occur within 10 business days of the medical practitioner being informed of the rejection of a payment. If the dispute cannot be resolved in this manner, the following process is to be applied.

The dispute will be referred to the CHSA Chief Medical Advisor who will consider the medical practitioner's claim in consultation with an experienced GP (selected by the Chief Medical Advisor) with a clinical background in the relevant field.

If the medical practitioner disputing the rejection does not accept the decision of the Chief Medical Advisor, the issue may be referred to a panel of three (3) experts. The panel will consist of three medical practitioners that CHSA, the Rural Doctors Association of South Australia, and Australian Medical Association (South Australia) collectively agree are experts in the interpretation of the fee schedule as at the introduction of this agreement. Wherever possible the people selected should have special expertise in the area of conflict.

The Panel will hear both points of view individually and then discuss the matter jointly to ensure that each party has had a chance to hear the other party's point of view. Following the hearing of this information the panel must provide a decision within 2 business days. If the panel is unable to reach a unanimous decision either party may elect to take legal action to resolve the dispute.

Each party will bear its own costs in respect of the dispute resolution process and where the parties jointly incur costs, those costs will be borne by both parties equally unless determined by the extended panel that the dispute was unreasonable and costs should be borne by one party only.

It should be noted that no payments other than the disputed amount can be withheld while a matter is being resolved.

SCHEDULE 1

SOUTH AUSTRALIAN MEDICAL SCHEDULE OF FEES (SAMSOF) 2010

Appendix 1 – On-call

The following describes the services that are agreed as being potentially eligible for on-call payments, on the basis that they provide services on a 24/7 roster, listed by health service location.

Note: There are some rosters which may include providers who, when on-call, may not be entitled to the On-call Allowance for that day, depending upon their agreement (e.g. separate contracts, sessional payments, salaried medical officers and pre-existing agreements). Where there is an on-call roster for emergency it would be expected the doctor is part of the roster unless arrangements with the local medical doctors allow for cover.

Health Service	Anaesthetics	Emergency	Obstetrics	Surgery
Angaston/ Tanunda	1	1	1	
Balaklava		1		
Berri	1		1	
Boomeroo		1		
Bordertown		1		
Ceduna	1	1	1	
Clare/ Burra/ Snowtown	1	1	1	
Cleve		1		
Cooper Pedy		1		
Cowell		1		
Crystal Brook		1	1	
Cummins		1		
Elliston		1		
Eudunda/ Kapunda		1	1	
Gawler	1			
Gumeracha		1		
Hawker		1		
Jamestown		1	1	
Kangaroo Island	1	1	1	
Karoonda		1		
Kimba		1		
Kingston		1		
Lameroo		1		
Laura		1		
Leigh Creek		1		
Loxton		1	1	
Maitland		1		
Mannum		1		
Meningie		1		
Millicent		1	1	
Mount Barker	1		1	
Mount Pleasant		1		

Health Service	Anaesthetics	Emergency	Obstetrics	Surgery
Murray Bridge	1	1	1	1
Orroroo		1		
Penola		1		
Peterborough		1		
Pinnaroo		1		
Port Augusta	1		1	
Port Broughton		1		
Port Lincoln	1	1	1	
Port Pirie	1		1	
Quorn		1		
Riverton		1		
Roxby Downs		1		
South Coast			1	
Strathalbyn		1		
Streaky Bay		1		
Tailem Bend		1		
Tumby Bay		1		
Waikerie	1	1	1	
Wallaroo	1	1	1	
Wudinna		1		
Yorketown		1		

