

Questions and answers

1. What is meant by the MOCA 4 private practice commitments clauses?

MOCA 4 provides clear obligations for all parties to the agreement. SMOs who are able to obtain a Medicare provider number are expected to participate in private practice where opportunities arise. SMOs who have no ability to engage in direct private patient care (i.e. Directors of Medical Services, Medical Officers engaged in research, international medical graduates unable to obtain a provider number) must actively support the delivery of private practice wherever reasonable, and clinically appropriate.

2. If a doctor refuses to participate in private practice will they still be eligible to receive the full General Attraction and Retention allowance provided under the Revenue Assignment option?

SMOs must complete the Granted Private Practice agreement within three months of MOCA 4 certification, or upon commencement of employment. Where an SMO does not wish to partake in private practice, the SMO can choose not to complete a Granted Private Practice agreement. In this event, the sum of General Attraction and Retention incentive allowances will be reduced by 25% of base salary in accordance with MOCA 4.

3. Are participants of the Granted Private Practice Revenue Retention arrangement entitled to Regional and Rural Attraction allowances?

All SMOs, regardless of their private practice option, are now entitled to Regional and Rural attraction allowances based on their location of work, as prescribed in MOCA 4. SMOs need not submit any paperwork for this payment to take effect. These payments will automatically flow from the point of certification of MOCA 4.

4. Can a doctor set their own fees or do they have to use the Medicare Benefits Schedule?

The Granted Private Practice agreement allows SMOs to set their own fees under agreement with their employer. However, the default position will be fees that result in no out-of-pocket expenses for the patient (i.e. bulk billed). If fees are charged that do result in a patient having out of pocket expenses, it is a requirement that the patient provides informed financial consent prior to those services being rendered.

5. Can group arrangements continue under the Granted Private Practice Revenue Retention model?

Yes. Group arrangements are to be negotiated between SMO colleagues and therefore should remain unaffected by MOCA 4.

6. Is it possible for a doctor to retain the existing Schedule 3 private practice agreement rather than signing the new Granted Private Practice agreement?

No. Schedule 3 arrangements will be terminated three months after certification of MOCA 4. Existing SMOs must complete the new Granted Private Practice agreement within this timeframe to continue to engage in private practice and receive associated benefits.

7. With regard to the private practice commitments, will doctors have to come in after hours to treat a private patient?

SMOs' obligations to treat patients are the same for private patients as they are for public patients and must be provided on the basis of clinical need.

8. How often will a doctor need to sign the Granted Private Practice Agreement?

The Granted Private Practice Agreement will operate for the life of MOCA 4, unless the SMO and employer agree to changing the nominated revenue disbursement option, or the agreement is terminated in accordance with the applicable termination provisions.

9. Will doctors receive regular earning statements to ensure they can meet Australian Taxation Office (ATO) reporting obligations?

In accordance with MOCA 4 and the Granted Private Practice agreement, employers must provide SMOs with monthly reports of billing activities (detailing billings, fees paid, GST and service retention amounts) against the SMO's Medicare provider number, within 14 days of the month ending to assist the senior medical officer with reporting obligations (e.g. taxation reporting).

10. What happens to the private practice trust funds?

As like current arrangements, service fees and service retention amounts retained by the Hospital and Health Service/Agency are able to be credited to either an operating account or trust account. The decision to establish or maintain trust accounts rests at the local level.

