
Q&A: Medicare Urgent Care Clinic Woden (PAC129)

1. Question

What is the block funding for set-up and ongoing funding?

Answer

Funding comprises of:

- Capital, one-off payment to support costs associated with establishment of MUCC,
- Operational funding,
- Specialist Equipment funding to support purchase of specialist equipment such as CT, x-ray and ultrasound.

Indicative minimum operational funding is \$1.46 million per year.

The total funding amounts will be confirmed in the Request for Proposal documentation.

2. Question

Are patient fees Medicare only?

Answer

Services provided at Medicare UCCs must be bulk billed, resulting in no out-of-pocket costs to patients. This also applies to diagnostic imaging and pathology services that are part of the patient's presentation to the Medicare UCC unless these services are not covered by Medicare.

Eligible clinicians working in Medicare UCCs subject to the Medicare Urgent Care Clinics Program ss19(2) Direction will need to apply for specific Medicare UCC Provider Numbers issued by Services Australia.

3. Question

Is there a specified length of contract?

Answer

The anticipated contract period is October 2025 to 30 June 2028

4. Question

Is there any funding for Medicare ineligible patients? What would the mandated facilitation of referral to appropriate care look like? How could practices be encouraged to work for not funding?

Answer

Operational funding for Medicare UCCs consists of minimum funding and incentives such as opening hours and regional loading.

Medicare UCCs must be part of a referral network that ensures patients are directed to the most accessible and efficient service for their need.

All referral pathways into and out of Medicare UCCs should be co-designed with relevant stakeholders including local general practices and allied health practices.

5. Question

How are other UCCs managing this requirement above?

Answer

As above

6. Question

Given that there is a significant shortage of u/s in the ACT and that it takes several weeks to get into an u/s, with a fee, in the ACT, is it the case that u/s is an informal doctor led u/s? I feel it may be unrealistic for a formal u/s to be available.

Answer

Medicare UCCs must have timely access to ultrasound and CT across the majority of hours of operation. Point-of-care ultrasound may be considered under specialist equipment funding.

Medicare UCCs must have referral pathways in place to support patients requiring urgent access to ultrasound, CT and laboratory-based pathology across all hours of operation.

CHN will work with the preferred provider to support the establishment of such pathways.

7. Question

There is mandated provision of multiple items, meds and consumables at no cost to patients, that are not funded by the govt to practices. Eg triple RAT tests, triptans, point of care testing devices and strips, combined tetanus/pertussis vaccines, crutches. How is the UCC expected to bear these costs and remain viable?

Answer

It is expected that these items will be funded through operational costs and for equipment, the specialist equipment funding.