
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.

8. Question

Would Deakin area be considered as a location being just on the fringe of Woden Valley or does it need to be position in Woden Valley?

Answer

The announced SA3 of Woden Valley encompasses the suburbs of Curtin, Hughes, Garran, Lyons, Phillip, O'Malley, Isaacs, Swinger Hill, Mawson, Farrer, Chifley, Pearce and Torrens and preference will be given to the original announcement location.

As part of the commissioning process, an identified provider best-suited to deliver on the objectives of the program, including to adhere to the Medicare UCC Operational Guidance and meet the needs of the local community will be considered.

9. Question

Is there data that can be offered/provide regarding the need for UCC - urgent care presentations to ED, aged breakdown, locations, reasons?

Answer

Australian Government announced a list of [50 additional Medicare UCC locations](#) on 2 March 2025. Locations were announced at the Statistical Area 3 (SA3) level.

Preference will be given to the original announcement location. However, if there is no suitable provider in the Woden Valley, the most suitable provider identified may be located in a suburb in close proximity to the SA3 boundary but within a separate SA3 catchment.

Relevant data and information may be found:

[Use of emergency departments for lower urgency care 2017–18 to 2022–23, Data - Australian Institute of Health and Welfare](#)
[2024-After-Hours-Needs-Assessment.pdf](#)
[2024-2027 ACT PHN Needs Assessment](#)
[Medicare Urgent Care Clinics Program Evaluation: First Interim Report](#)

10. Question

Is there a needs analysis to support the choice of Woden Valley? Again, would Deakin be acceptable?

Answer

As Above

11. Question

What are the criteria and is there weight for innovative - team based care and use of technology?

Answer

Medicare UCCs will be required to comply with Commonwealth policies, requirements and guidelines for Medicare UCCs including:

- the Medicare UCC Design Principles and
- the Medicare UCC Operational Guidance - the Operational Guidance specifies the current minimum requirements for operation
- Medicare UCC Privacy Notice and
- the Medicare UCC patient consent form
- Medicare UCC Style Guide V1.3
- Medicare UCC Signage and Branding Requirements
- Urgent Care Clinic Program ss19(2) Direction under the Health Insurance Act 1973 (Cth) (HI Act)
- Priority populations policy

Through the RFP process, interested providers will have the opportunity propose how they will comply and meet these requirements which may include innovative team-based care, use of technology, and integration with other services