

Addendum to EOI:

EOI-2526-05 - Medicare Urgent Care Clinics (Bega)

EOI-2526-09 - Medicare Urgent Care Clinics (Nowra)

EOI-2526-10 - Medicare Urgent Care Clinics (Shellharbour)

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| Addendum No: | 1 |
| Date: | 03.09.2025 |
| Summary: | Industry Briefing Questions and Answers |

Industry Briefing Recording

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| 1 | Please view the video at: New Medicare Urgent Care Clinics - Bega, Nowra and Shellharbour COORDINARE - South Eastern NSW PHN |
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Questions and Answers

| | Question | Answer |
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| 1. | What are the expectations for diagnostic imaging at Medicare UCCs? | <p>Medicare Urgent Care Clinics are expected to have timely access to diagnostic imaging, particularly X-ray, as part of their core capability. This supports safe, efficient, and responsive urgent care.</p> <p>What is expected is that UCCS will have either</p> <ul style="list-style-type: none"> • On-site X-ray facilities available during all hours of operation, or • A formal arrangement with a nearby provider that ensures imaging is accessible during UCC hours <p>Timely Access Means:</p> <ul style="list-style-type: none"> • Immediate image availability to the treating clinician after the scan • Radiologist report available within 24 hours • For ultrasound and CT, access should be available across the majority of operating hours, either on-site or via formal referral pathways <p>We recognise that in some locations, access to imaging may be more challenging. In these cases:</p> <ul style="list-style-type: none"> • Off-site arrangements are acceptable, if they meet the timely access requirements • The distance to the imaging provider must be clearly indicated in the EOI submission • The arrangement must support same-day clinical decision-making |

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| | | <ul style="list-style-type: none"> The provider must ensure image viewing and reporting aligns with urgent care needs <p>It's recommended that applicants describe the arrangement clearly in their EOI submission and demonstrate how it meets the expectation</p> |
| 2. | Do existing bulk billing clinics get preference in the EOI assessment? | <p>Yes, preference will be given to fully bulk billing practices, as outlined in the Operational Guidance. However, this is not a guarantee. Clinics transitioning to bulk billing may still be considered if they align well with program goals and meet all other criteria.</p> <p>Practices that do not currently bulk bill but are committed to transitioning may still be considered, especially if they demonstrate strong alignment with the program's goals.</p> |
| 3. | Can the practice and UCC be on the same street, but 2-4 street numbers apart? | <p>Yes, this may be acceptable, provided the UCC is co-located or partnered with a General Practice and meets the intent of the Operational Guidance. While "co-located" typically implies physical proximity, being on the same street with a short walking distance could be considered acceptable if:</p> <ul style="list-style-type: none"> There is a formal partnership between the UCC and the General Practice. The arrangement supports seamless patient care, including referrals, follow-up, and shared systems. The physical separation does not hinder accessibility or integration. <p>It's recommended that applicants describe the arrangement clearly in their EOI submission and demonstrate how it meets the co-location intent</p> |
| 4. | Can the UCC operate as part of clinic operations without its own dedicated UCC space? (i.e., use existing GPs, treatment rooms etc without additional fit-out) | <p>Generally Not.</p> <p>The Operational Guidance outlines that Medicare UCCs must meet specific infrastructure and operational requirements, which often necessitate dedicated space and fit-for-purpose facilities. This includes:</p> <ul style="list-style-type: none"> A designated resuscitation area A treatment area with sufficient privacy Areas for plastering, eye complaints, nappy changing, and breastfeeding Accessible infrastructure for priority populations <p>While integration with an existing clinic is encouraged, the UCC must be able to function independently, meet all clinical and safety standards, and be clearly branded as a Medicare UCC. Using existing rooms without modification may not meet these standards.</p> |

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| | | <p>If a provider proposes to use existing infrastructure, they must demonstrate how it meets all the requirements in the Operational Guidance, including:</p> <ul style="list-style-type: none"> • Infection control • Accessibility • Equipment availability • Patient flow and triage systems <p>In short, some shared use may be possible, but the UCC must still operate as a distinct, compliant service.</p> <p>It's recommended that applicants describe the arrangement clearly in their EOI submission</p> |
| 5. | <p>Medicare UCC providers will be required to apply to Services Australia for a secondary provider number and use their secondary provider number when billing MBS for Medicare UCC services. This is required to ensure the exemption to subsection 19(2) of the Act is applied only to urgent care facilities.</p> <p>Is the secondary provider number required to enable Medicare billing when receiving direct Commonwealth funding?</p> <p>Can GP registrars in the 3GA program apply for a secondary provider number to work in a UCC?</p> | <p>Yes, the secondary provider number is required to enable Medicare billing under the subsection 19(2) exemption.</p> <p>This exemption allows Medicare Urgent Care Clinics (UCCs) to bulk bill services even while receiving direct Commonwealth funding, which would normally preclude Medicare billing under section 19(2) of the Health Insurance Act 1973.</p> <p>Key points</p> <ul style="list-style-type: none"> • All Medicare UCC providers must apply to Services Australia for a secondary provider number specific to the UCC. • This ensures that only urgent care services delivered under the UCC model are billed to Medicare, and that the exemption is applied correctly. • The secondary provider number must be used exclusively for UCC services, not general practice activity. <p>The practices will need to check that the Registrar's participation is approved by their training provider and aligns with supervision and governance arrangements in place at the UCC.</p> |
| 6. | Can a provider located outside the region apply? | Yes. |
| 7. | Evaluation and monitoring Successful applicants will be required to meet regularly and report their performance to COORDINARE. How do we demonstrate "improved health outcomes" when not providing continuity of care? | <p>it's important to clarify that Medicare UCCs whilst are not expected to deliver long-term or ongoing care, they still play a critical role in improving health outcomes through timely, safe, and appropriate urgent care.</p> <p>Improved health outcomes can be demonstrated through:</p> <ul style="list-style-type: none"> • Timely treatment of urgent, non-life-threatening conditions—reducing complications and unnecessary ED visits. |

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| | | <ul style="list-style-type: none"> • Safe clinical handover to the patient's usual GP, ensuring continuity beyond the UCC episode. • Effective triage and referral, connecting patients to the right services at the right time. • Patient-reported outcome measures (PROMs) and experience measures (PREMs), which reflect the impact of care on health and wellbeing. • Reduced preventable hospitalisations, especially for conditions like COPD, diabetes, and minor injuries. • Improved access for priority populations, including First Nations people, CALD communities, and those with limited access to primary care. <p>While UCCs don't manage chronic conditions long-term, they bridge gaps in access, reduce delays in care, and help prevent escalation of health issues—all of which contribute to improved health outcomes.</p> |
| 8. | How soon after signing a contract can we apply for the specialist equipment specifically radiology equipment? | You can apply for specialist equipment funding after contract execution. |
| 10. | To have such funding available acknowledges that the Commonwealth is aware that radiology services are not generally located in a general practice. Will the tender process allow for radiology services to be added onsite at a later date and in the meantime allow the successful Provider to use locally available radiology services which are only open during normal business hours. | <p>This funding acknowledges that radiology services are not typically located within general practices, and supports providers to build capacity over time.</p> <p>The tender process allows for radiology services to be added onsite at a later date. In the meantime, providers may use locally available imaging services</p> <p>For the EOI you should clearly describe:</p> <ul style="list-style-type: none"> • The distance to the imaging provider • How timely access will be maintained • Plans for future integration or expansion of imaging services |
| 11. | Can we ask questions outside of this forum which would only be specific to our practice, the answer provided will not provide us with any benefit over other parties. | <p>To ensure a fair and transparent procurement process, all questions must be submitted via the designated online Tenderlink forum. This approach guarantees that all applicants have equal access to the same information and helps maintain the integrity of the process.</p> <p>We understand that some queries may feel specific to your organisation. However, if they relate to eligibility, service delivery, or funding, they are likely to be relevant to other applicants as well. By centralising questions, we can provide consistent responses that benefit everyone.</p> |

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| | | <p>However if your question contains sensitive or confidential information, please email it to commissioning@coordinare.org.au. Please note that questions sent directly to COORDINARE staff will not receive a response. Where appropriate, COORDINARE may share responses with other applicants to ensure transparency. All shared information will be de-identified to protect confidentiality.</p> <p>Please also note that COORDINARE is only able to clarify the requirements outlined in the published resources/documents. We are not able to assist with writing your application or provide advice on how to develop your specific proposal.</p> <p>All questions will be responded within 2 business days. Please note that if any questions require clarification from the Department of Health, Disability and Ageing, response times may be longer.</p> |
| 12. | Do UCCs need separate software from the general practice? | <p>Using separate software may help maintain clean data for quality improvement (QI).</p> <p>The UCC will need to use a dedicated instance of clinical software for the UCC service. Where this is not practicable, configure the UCC as a dedicated location or separate tenancy within the clinical software, registered with the HI Service and using a unique Healthcare Provider Identifier - Organisation (HPI-O) for the UCC service.</p> |
| 13. | Is there an expectation for uploading event summaries to My Health Record | There is an expectation that Urgent Care Clinics upload event summaries to My Health Record, and separate HPI-OS should be installed within clinics to support this. |
| 14. | Can doctors with general registration apply for a provider number? | You would need to check with Services Australia. The PHN is not fully across all requirements regarding provider numbers. |
| 15. | FTE staff recommendations - will need to be open 98 per week minimum and FTE recommends one of each - but will technically need 2.6 FTE staff members to properly staff it? | <p>The EOI and Operational Guidance outline minimum staffing requirements, not the total number of staff needed to cover all hours. While the EOI outlines minimum staffing of 1.0FTE per role, providers will typically require 2.5-3.0 FTE role to safely and sustainably cover all operational hours, including weekends, breaks, and leave.</p> <p>The EOI allows flexibility in workforce structure, but your proposal must clearly demonstrate how you will meet these operational requirements in line with the Operational Guidance.</p> <p>See further information in 7. Staffing under Appendix 1. Medicare UCC Operational Guidance.</p> |

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| 16. | Further explanation for performance-base funding model. In order to receive extra funding what metrics will the practice have to meet? | Information for funding are limited to the indicative funding amount outlined in Section 5. Funding the EOI. Any future updates will be provided as they become available in other Addendum/s. |
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If you have other questions, please reach out to COORDINARE via Tenderlink Online forum of this EOI.