



Australian  
Competition &  
Consumer  
Commission

# Determination

## Application for revocation of A91092 and substitution with A91276

**lodged by**

*CALMS Ltd*

in respect of

**an ability to agree and set capped fees for the provision of after-hours  
primary medical care in the Australian Capital Territory**

**Date:** 27 February 2012

**Commissioners:** Sims  
Schaper  
Court  
Dimasi  
Walker  
Willett

**Authorisation no.:** A91276

**Public Register no.:** C2011/811



## Summary

The Australian Competition and Consumer Commission revokes authorisation A91092 and grants authorisation A91276 in substitution, for CALMS Ltd to agree and set fee caps for the provision of after-hours primary medical care in the Australian Capital Territory.

The ACCC grants authorisation for 10 years.

On 23 September 2011, CALMS Ltd lodged an application for re-authorisation with the ACCC to continue to apply a capped fee schedule for the provision of after-hours primary medical care in the ACT.

The capped fee arrangement has been previously considered by the ACCC and authorised on a number of occasions, most recently in 2008.

The ACCC considers that a capped fee arrangement is likely to continue to provide public benefits resulting from greater certainty to CALMS patients with respect to the maximum fee for out-of-hours medical services. This will promote better-informed decisions by patients in the ACT regarding after-hours medical services offered by CALMS.

The ACCC considers that the arrangements are unlikely to lead to any significant public detriment for a number of reasons including:

- the limited scope of the fee agreement, which only applies to locum GPs in the CALMS service
- the limited extent to which CALMS doctors compete with each other in the provision of after hours primary health care
- the presence of limited competition from other extended-hours clinics
- non-price determinants of demand for out-of-hours care, and
- the agreement is a price cap, not a price floor and doctors retain flexibility in charging up to the capped amount.

The ACCC considers that the public benefits flowing from a capped fee arrangement will continue to outweigh any public detriments.

As the ACCC has assessed the conduct to be of significant public benefit on a number of occasions, the ACCC considers it appropriate to grant authorisation to CALMS for 10 years.

Under the authorisation CALMS will be able to amend the fee schedule from time to time. Previously the ACCC required CALMS, as a condition of authorisation, to notify the ACCC of any proposed changes to the fee schedule. However, the ACCC has not imposed such a condition in this instance. This will provide CALMS with greater flexibility to respond to changes which may require amendments to the amount of the fee cap without requiring CALMS to reapply for authorisation.

The ACCC is satisfied that there are constraints on the ability for CALMS to significantly increase the fee cap and if CALMS seeks to increase the capped fee levels, the ACCC may seek to review the authorisation.

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# 1. The application for authorisation

- 1.1 On 23 September 2011, CALMS Ltd lodged an application under section 91C(1) of the *Competition and Consumer Act 2010* (the Act) for the revocation of authorisation A91092 and the substitution of authorisation A91276 for the one revoked.
- 1.2 Authorisation is a transparent process where the ACCC may grant immunity from legal action for conduct that might otherwise breach the Act. The ACCC may 'authorise' businesses to engage in anti-competitive conduct where it is satisfied that the public benefit from the conduct outweighs any public detriment.
- 1.3 The ACCC conducts a public consultation process when it receives an application for authorisation, inviting interested parties to lodge submissions outlining whether they support the application or not. Further information about the authorisation process is contained in Attachment A.
- 1.4 The holder of an authorisation may apply to the ACCC to revoke an existing authorisation and grant another authorisation in substitution for the one revoked (re-authorisation). The ACCC must consider the application for re-authorisation in the same manner as it would consider an application for initial authorisation under section 88 of the Act.
- 1.5 Relevantly, the initial authorisation was made under section 88(1) of the Act to make and give effect to a contract or arrangement, or arrive at an understanding, a provision of which would have the purpose, or would have or might have the effect, of substantially lessening competition within the meaning of section 45 of the Act.<sup>1</sup>

## The proposed conduct

- 1.6 CALMS seeks re-authorisation to continue to agree and set a capped fee schedule for the provision of medical deputised services which include after-hours primary medical care (AHPMC) in the Australian Capital Territory (ACT). CALMS has advised that it proposes to increase the level of the capped fees from current levels. This would represent the first increase in the capped fees since February 2008. The current proposed fee schedule is at Attachment D.
- 1.7 CALMS seeks the ability to amend the fee caps in its fee schedule from time to time.
- 1.8 The schedule sets out the maximum amount that patients can be billed for various types of consultations with CALMS doctors at the CALMS clinic or home visits. Doctors may individually opt to charge less than the fee cap in the schedule or bulk bill.
- 1.9 CALMS is seeking re-authorisation until 30 June 2013.

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<sup>1</sup> On 24 July 2009, amendments to the Act, contained in the *Trade Practices Amendment (Cartel Conduct and Other Measures) Act 2009*, commenced operation. All authorisations in effect on that date, including CALMS' authorisation, are deemed to provide statutory protection from legal action under the cartel provisions (s.88(1A)) of the Act.

## **Previous authorisations**

- 1.10 In 2005, the ACCC granted CALMS authorisation A90954 for the use of a capped fee structure for after-hours primary medical care as set out in a contract entered into with ACT Health. Interested parties supported the arrangement which was authorised by the ACCC until 30 June 2008. The period of authorisation reflected the timing of an underlying contract between CALMS and the ACT Department of Health (ACT Health).
- 1.11 In 2006, CALMS lodged an authorisation application A91011 for revocation of A90954 so that it could adopt a revised fee structure reflecting changes to the Medicare Benefits Schedule and also to broaden the capped fee arrangement to include visits to homes and nursing homes 'in hours'. This arrangement was authorised by the ACCC in January 2007 until 30 June 2008.
- 1.12 On 30 June 2008 CALMS lodged an application for authorisation A91092 to enable it to continue to apply a capped fees schedule. This arrangement was authorised by the ACCC for three years (until 31 October 2011). CALMS was able to change the fee schedule on condition that CALMS advised the ACCC about any changes to the fee schedule and provide information to the ACCC about the basis for the change. There were no changes to the fee schedule under this authorisation.

## **The applicant**

- 1.13 CALMS Ltd is a not-for-profit company, owned and operated since 1972 by Canberra general practitioners to provide after-hours medical services in the ACT. CALMS clinics are co-located at the Canberra Hospital, Calvary Hospital and Tuggeranong Health Centre.
- 1.14 CALMS advises that there are over 300 registered general practitioners in the ACT, of which 80 per cent are members of CALMS. During a typical month, CALMS will fill a minimum of 64 shifts, with a regular locum pool of 11 GPs who work rostered shifts in the three clinics and on the road.

## **Draft determination**

- 1.15 On 16 December 2011, the ACCC issued its draft determination responding to CALMS' request for authorisation.
- 1.16 In the draft determination the ACCC proposed to grant authorisation to CALMS to agree and set fee caps for the provision of after-hours primary medical care in the Australian Capital Territory for a period of ten years.
- 1.17 The draft determination proposed to allow CALMS to amend the fee schedule as required. Previously the ACCC required CALMS, as a condition of authorisation, to notify the ACCC of any proposed changes to the fee schedule. However, the ACCC did not propose to continue with such a condition in this instance (see paragraphs 4.47-4.53 for further information).

1.18 A pre-decision conference was not requested to discuss the draft determination.

### **Interim authorisation**

1.19 At the time of lodging the application, CALMS requested interim authorisation to enable it to continue the capped arrangement for the provision of medical deputised services in the ACT. CALMS requested interim authorisation as its existing authorisation expired on 31 October 2011.

1.20 The ACCC wrote to interested parties seeking comments on the request for interim authorisation. No submissions were received opposing the request.

1.21 On 20 October 2011 the ACCC granted interim authorisation. Interim authorisation will remain in place until the date the ACCC's final determination comes into effect or until the ACCC decides to revoke interim authorisation.

### **Chronology**

1.22 A chronology of the significant dates in the ACCC's consideration of the re-authorisation A91276 is contained in Attachment B.

## 2. Background to the application

### Primary medical services in the ACT

- 2.1 After-hours primary medical care (AHPMC) broadly refers to care delivered during non-business hours, or during the hours that GP practices are not operational. The Royal Australasian College of General Practitioners considers that the provision of primary medical care outside normal practice opening hours should complement routine general practice and reflect the principles of a primary health care approach.<sup>2</sup>
- 2.2 CALMS has a contractual agreement with ACT Health to provide a medical deputising service in the ACT for AHPMC until June 2013. A condition of this agreement is to provide a 'not-to-exceed' (capped) fee schedule. Another condition of the agreement is that the service is available to all patients in the ACT and not restricted to the patients of CALMS GPs.
- 2.3 CALMS is the only provider of general medical services in the ACT across the full 'out-of-hours' period commencing 6pm weeknights to 8.30am the next day and during the weekend and public holidays. The CALMS Tuggeranong site only operates weekends and public holidays. Home and nursing home visits are part of the service by CALMS GPs at all sites.
- 2.4 To some degree patients in the ACT can seek after-hours primary care at other medical facilities including at the Gungahlin General Practice, Florey Medical Centre, Philip Health Centre and Tuggeranong Square Medical Practice. However, these facilities, while open seven days, generally operate only for extended hours rather than for the full out of hours period serviced by CALMS and the fees at these facilities are not capped.
- 2.5 ACT patients can also access the emergency departments at both the Canberra Hospital and Calvary Hospital at any time. ACT Health also noted that a nurse-led walk-in centre is located at the Canberra Hospital which provides attention for minor injuries and illnesses.
- 2.6 The Commonwealth Department of Health and Ageing also advised that the Commonwealth had recently announced funding to support 'Medicare Locals'. Medicare Locals are contractors for medical services in the local community and are not service providers. The funds provided by the Commonwealth are to support new services or extend existing services which can include funding to support out-of-hours medical services. The ACT was announced as one of the 19 Medicare Locals in July this year.

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<sup>2</sup> Royal Australian College of General Practitioners, *Primary Medical Care Outside Normal General Practice Opening Hours Position Statement of the RACGP*, RACGP 2005, <[http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/StandardsforGeneralPractices/RACGPStandards3rdEdFactSheets/20060116PMCONGPOH\\_pos\\_statement.pdf](http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/StandardsforGeneralPractices/RACGPStandards3rdEdFactSheets/20060116PMCONGPOH_pos_statement.pdf)>

2.7 Medicare Locals will have a number of key roles in improving primary health care services for local communities.

- They will make it easier for patients to access the services they need, by linking local GPs, nursing and other health professionals, hospitals and aged care, and maintaining up to date local service directories.
- They will work closely with Local Hospital Networks to make sure that primary health care services and hospitals work well together for their patients.
- They will plan and support local after-hours face-to-face GP services.
- They will identify where local communities are missing out on services they might need and coordinate services to address those gaps.
- They will support local primary care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards.
- They will be accountable to local communities to make sure the services are effective and of high quality.<sup>3</sup>

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<sup>3</sup> To meet the strategic objectives for a Medicare Local, the ACT Medicare Local will undertake a range of activities that will initially include:

- Expanding on its e-health capacity including e-discharge summaries and e-referrals. The ACT Medicare Local is part of a consortium which has been selected for the second wave of e-health records, and is working on furthering other e-health projects.
- Continuing the strong working relationship with Winnunga Nimmityjah Aboriginal Health Services.
- Identifying groups of people missing out on GP and other primary health care services and responding to those gaps by better targeting services.
- Working with ACT Health to develop a dedicated GP portal enabling GPs to access relevant patient clinical information.
- Working with the ACT Local Hospital Network to improve health services in the ACT.
- Continuing as a key partner in developing the ACT Primary Health Care Strategic Plan 2011-14 in the context of COAG health reforms.
- Promoting good clinical governance throughout the primary care sector.
- Working with the GP members to continue to support general practice as the foundation of good primary health care. [Fact Sheet, Australian Government: Medicare Local ACT]

### **3. Submissions received by the ACCC**

- 3.1 The ACCC tests the claims made by the applicant in support of an application for authorisation through an open and transparent public consultation process. To this end the ACCC aims to consult extensively with interested parties that may be affected by the proposed conduct to provide them with the opportunity to comment on the application.

#### **Prior to the draft determination**

##### **Applicant's supporting submission**

- 3.2 CALMS submits that the arrangements provide greater transparency as prospective patients of the service are better informed as to the maximum out-of-pocket expenses that will be incurred.
- 3.3 CALMS submits that without a capped fee schedule, some prospective patients may choose not to use the service. This may impact upon the demand for other medical services including ambulance and public hospital services.
- 3.4 CALMS submits that the proposed increase in the capped fee schedule is the first increase since 2008 and reflects the increased costs of providing the service and also in ensuring ongoing locum availability. CALMS notes that the ACT region is thought to be short 70 full-time-equivalent general practitioners.
- 3.5 CALMS submits that an increase in the fee schedule is also appropriate as it reduces the risk of patients shifting in-hours consultations to out of hours. CALMS submits this risk has arisen as the gap between in-hours and after-hours consultation fees has become less over time due to no increases to the existing schedule cap over three years and Medicare providing a higher rebate for after-hours services.

##### **Interested party submissions**

- 3.6 The ACCC wrote to interested parties advising of the application on 28 September 2011 requesting comments on interim authorisation by 7 October 2011. Submissions were also sought on the application for authorisation by 20 October 2011.
- 3.7 The ACCC also wrote to the applicant on 29 September 2011 to request additional information regarding the operation of the arrangement and the rationale for the increase in fees.
- 3.8 Submissions supporting interim authorisation and re-authorisation were received from ACT Health, Calvary Health Care ACT and the Australian Medical Association ACT.

3.9 The Department of Health and Ageing (Commonwealth) did not object to interim authorisation.

### **Following the draft determination**

3.10 The ACCC received one submission from ACT Health following the draft determination.

3.11 ACT Health stated its support for the ACCC's draft determination including the longer period of authorisation and also no longer requiring CALMS to notify the ACCC prior to amending its capped fee schedule.

3.12 ACT Health submitted that the service funding agreement between the Health Directorate and CALMS states that CALMS must retain a transparent fee structure which will provide certainty for users of the CALMS service.

3.13 The views of CALMS and interested parties are outlined in the ACCC's evaluation of the arrangement in Chapter 4 of this draft determination. Copies of public submissions may be obtained from the ACCC's website ([www.accc.gov.au/AuthorisationsRegister](http://www.accc.gov.au/AuthorisationsRegister)) and by following the links to this matter.

## 4. ACCC evaluation

4.1 Broadly under section 91C(7) the ACCC must not make a determination revoking an authorisation and substituting another authorisation unless the ACCC is satisfied that the relevant statutory tests are met.

4.2 The ACCC's evaluation of the proposed conduct is in accordance with the relevant test found in section 90 of the Act.

- Sections 90(6) and 90(7) of the Act which state that the ACCC shall not authorise a provision of a proposed contract, arrangement or understanding, other than an exclusionary provision, unless it is satisfied in all the circumstances that:
  - the provision of the proposed contract, arrangement or understanding in the case of section 90(6) would result, or be likely to result, or in the case of section 90(7) has resulted or is likely to result, in a benefit to the public and
  - that benefit, in the case of section 90(6) would outweigh the detriment to the public constituted by any lessening of competition that would result, or be likely to result, if the proposed contract or arrangement was made and the provision was given effect to, or in the case of section 90(7) has resulted or is likely to result from giving effect to the provision.
- Sections 90(5A) and 90(5B) of the Act which state that the ACCC shall not authorise a provision of a proposed contract, arrangement or understanding that is or may be a cartel provision, unless it is satisfied in all the circumstances that:
  - the provision, in the case of section 90(5A) would result, or be likely to result, or in the case of section 90(5B) has resulted or is likely to result, in a benefit to the public and
  - that benefit, in the case of section 90(5A) would outweigh the detriment to the public constituted by any lessening of competition that would result, or be likely to result, if the proposed contract or arrangement were made and the provision was given effect to, or in the case of section 90(5B) outweighs or would outweigh the detriment to the public constituted by any lessening of competition that has resulted or is likely to result from giving effect to the provision.

4.3 For more information about the tests for authorisation and relevant provisions of the Act, please see [Attachment C](#).

## The relevant area of competition

- 4.4 The first step in assessing the effect of the conduct for which re-authorisation is sought is to consider the relevant area of competition affected by that conduct.
- 4.5 CALMS submits the relevant area of competition is the provision of after-hours medical care in the ACT.
- 4.6 CALMS clinics are co-located at the Canberra Hospital, Calvary Hospital and Tuggeranong Health Centre and only operate during the after-hours period - from 6pm to 8.30am the next day, seven days a week. CALMS doctors also provide home visits to ACT residents, including to nursing homes.
- 4.7 CALMS notes patients can seek alternative after-hours primary medical care for part of the period covered by CALMS clinics at other medical clinics located at Gungahlin, Florey, Philip and Tuggeranong. These clinics offer private and bulk billing but the fees are not capped.
- 4.8 CALMS also notes that patients can also access emergency medical services at both the Canberra and Calvary hospitals.
- 4.9 For the purpose of assessing this application, the ACCC considers the relevant area of competition affected by the proposed conduct to be the provision of after-hours primary health care medical service to patients within the ACT.
- 4.10 The ACCC notes that although there is some competition for the provision of general medical services for some of the out-of hours period at the clinics in Gungahlin, Florey, Philip and Tuggeranong as they operate seven days, these practices are not open after hours for as long as CALMS clinics.
- 4.11 This approach is consistent with the ACCC's earlier consideration of the arrangement.

## The counterfactual

- 4.12 The ACCC applies the 'future with-and-without test' established by the Tribunal to identify and weigh the public benefit and public detriment generated by arrangements for which authorisation has been sought.<sup>4</sup>
- 4.13 Under this test, the ACCC compares the public benefit and anti-competitive detriment generated by arrangements in the future if the authorisation is granted with those generated if the authorisation is not granted.

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<sup>4</sup> *Australian Performing Rights Association* (1999) ATPR 41-701 at 42,936. See also for example: *Australian Association of Pathology Practices Incorporated* (2004) ATPR 41-985 at 48,556; *Re Media Council of Australia* (No.2) (1987) ATPR 40-774 at 48,419.

- 4.14 CALMS submits that the future without the conduct would be that consumers would still have access to the CALMS service, however patients would no longer have the certainty of fees as each doctor would set his or her own fees independently.
- 4.15 CALMS also notes that without authorisation, the existing contract with ACT Health would need to be amended as this requires CALMS to provide a not-to-exceed fee schedule to patients to enable patients to make informed decisions when determining choice of medical services.
- 4.16 On this basis, the ACCC considers that without authorisation, the CALMS service may still be in operation but doctors would independently set their own fees for consultations.
- 4.17 This approach is consistent with the ACCC's previous consideration of the arrangement.

### **Public benefit**

- 4.18 Public benefit is not defined in the Act. However, the Tribunal has stated that the term should be given its widest possible meaning. In particular, it includes:

...anything of value to the community generally, any contribution to the aims pursued by society including as one of its principle elements ... the achievement of the economic goals of efficiency and progress.<sup>5</sup>

- 4.19 CALMS considers that the ability to set capped fees and apply a capped fees schedule provides public benefits which include:
1. Giving prospective patients surety about the fees for medical services at CALMS' clinics as without certainty, 'a significant number of patients who are willing to use the service may choose not to'.
  2. Providing transparency as a capped fee structure will ensure that medical practitioners do not charge above the agreed amount.
  3. Providing the ACT with access to medical services such as home visits and visits to nursing homes, potentially reducing the demand for both ambulance transport and hospital admission.
- 4.20 Generally, competition can be relied upon to deliver the most efficient and progressive market arrangements. However, in circumstances where it can be difficult for consumers to obtain the information about prices and quality that they need to make fully informed and rational consumption decisions, consumers may accept or consume

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<sup>5</sup> Re 7-Eleven Stores (1994) ATPR 41-357 at 42,677. See also Queensland Co-operative Milling Association Ltd (1976) ATPR 40-012 at 17,242.

less of a good or service than they would if more information was available. This can lead to inefficiency and market failure.

- 4.21 In these cases, it may be appropriate for firms to enter into horizontal agreements to exchange information and/or provide information to consumers to enable them to make better-informed purchase decisions and thus promote efficiency and welfare.

***Information asymmetry***

- 4.22 CALMS submits that applying a capped fees schedule provides patients with certainty as they will know up front the maximum amount that medical services provided by CALMS will be. Without this certainty, CALMS submits that a significant number of patients who are willing to use the service may choose not to.

- 4.23 This view was supported by a number of interested parties. Specifically, ACT Health, which noted that:

In the highly diversified health market, price plays a major role in consumers' decisions regarding health care treatment. A 'fee cap' as requested by CALMS in its application is a sound measure to eliminate price uncertainty and allow consumers to make health care decisions based on need.

- 4.24 In its submission in response to the draft determination, ACT Health also noted that the funding agreement between it and CALMS requires CALMS to maintain a transparent fee structure so as to provide certainty for consumers regarding the costs of using the CALMS service.

- 4.25 The AMA (ACT Branch) also submits that applying an agreed fee capping arrangement is of public benefit as the community will be aware of a likely maximum out of pocket expense for a particular out-of-hours consultation. In particular, the AMA noted that since authorisation of CALMS' fee schedule in 2005, there has been a significant increase (of the order of 50 per cent) in the number of consultations being undertaken by CALMS Ltd on an annualised basis over the last six years.

**ACCC view**

- 4.26 The ACCC considers that enabling CALMS to agree and set a fee cap for after hours primary medical services will provide CALMS patients with certainty with respect to maximum fees they will be charged for a consultation. This certainty may assist patients to make better informed decisions when choosing between the CALMS service, another extended hours clinic or hospital emergency services.

***Demand for medical services***

- 4.27 CALMS submits that, as part of its service includes home and nursing home visits, there are costs savings to ACT Health in the provision of ambulance transport and hospital admission.

- 4.28 Although CALMS has not provided data supporting the extent of these cost savings, it submits that without the CALMS service, the workload of public hospitals and ambulance services would increase.
- 4.29 In this regard, ACT Health submits that in the 2010-11 financial year, CALMS undertook 18,829 consultations, which included over 1000 residential visits. It also submits that CALMS services form part of a range of medical services offered in the ACT.

#### ACCC view

- 4.30 The ACCC notes that the provision of home visits through the CALMS service, including to residential aged care facilities, is likely to result in reduced demand for ambulance transport. However, as noted in the discussion of the counterfactual, this service (without a not-to-exceed fee schedule) would still operate in the absence of authorisation and is therefore not a public benefit from a capped fee arrangement.
- 4.31 The issue for the ACCC is the extent to which the 'not to exceed' schedule delivers public benefits compared with the counterfactual, not the public benefits associated with the existence of CALMS itself.
- 4.32 The ACCC is not able to determine the extent to which the 'not to exceed' schedule leads to changes in relative demand for other medical services such as public emergency departments and ambulance services. However, to the extent that the 'not to exceed fee' schedule provides greater certainty which enables patients to make better informed decisions about the CALMS service, this would also lead to better informed decision making in relation to primary health services more generally. This would be a public benefit.

#### **ACCC conclusion on public benefits**

- 4.33 For the reasons outlined above, the ACCC considers the capped fee arrangement is likely to result in public benefits, from providing greater certainty to CALMS' patients with respect to the maximum fee for out-of-hours medical services. This will promote better-informed decisions by patients in the ACT regarding after-hours medical services offered by CALMS. The ACCC considers that this is likely to be a significant public benefit.

#### **Public detriment**

- 4.34 Public detriment is also not defined in the Act but the Tribunal has given the concept a wide ambit, including:

...any impairment to the community generally, any harm or damage to the aims pursued by the society including as one of its principal elements the achievement of the goal of economic efficiency.<sup>6</sup>

- 4.35 CALMS submits that the capped fee arrangement directly affects the ability of locum practitioners to set their own fees with complete freedom. However, CALMS considers that the benefits of the arrangement outweigh this detriment and that practitioners still have some flexibility regarding setting fees as the schedule is a cap. Doctors can individually choose to charge a lesser amount or bulk bill.
- 4.36 CALMS also submits that the proposed increase in the fee schedule (the first since 2008) is also appropriate as it reflects the increased cost of providing the service and also in ensuring ongoing locum availability. CALMS notes that the ACT region is thought to be short 70 full time equivalent general practitioners.
- 4.37 CALMS also submits that an increase in the fee schedule is also appropriate as it reduces the risk of patients shifting consultation from in hours to out of hours. CALMS submits this risk has arisen as the gap between in-hours and after-hours consultation fees has lessened over time because there have been no changes to the existing fee schedule and Medicare provides a higher rebate for after-hours services.
- 4.38 CALMS' views were supported by the AMA (ACT Branch) which submits that the increases to the capped fees are appropriate to 'keep pace with inflation and to maintain the necessary price signal to potential patients of the service that the service is an after-hours service and not to be sought out for routine medical issues that are much more appropriately dealt with during routine business hours by a regular GP'.
- 4.39 Agreements between competitors which influence the pricing decisions of market participants have the potential to result in allocative inefficiencies. That is, they can move prices away from levels that would be set in a competitive market. This can result in higher prices for consumers and send market signals which direct resources away from their most efficient use.
- 4.40 Price agreements – including fee caps – can raise significant competition concerns. However, the extent of these concerns may be constrained by factors including:
- the number of participants to the agreement and the extent to which they compete with each other
  - the nature of the service to which the agreement relates
  - the geographic area within which the service is available
  - the extent to which providers of alternative services compete with providers of the service to which the price agreement relates and
  - the nature of the agreement (price cap or floor).

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<sup>6</sup> Re 7-Eleven Stores (1994) ATPR 41-357 at 42,683.

- 4.41 The ACCC notes that the number of participants to the price agreement and the services provided are limited. Although 80 per cent of general practitioners in the ACT are part of CALMS, the capped fee arrangement only applies to the CALMS service. It does not apply to the general practices of participating doctors. On a monthly basis, this would be limited to a regular locum pool of 11 doctors who would cover 64 shifts.
- 4.42 The nature of the CALMS service limits the extent to which locum doctors compete with each other in the provision of after-hours primary health care. In most cases one doctor is rostered on for a particular shift in each of the CALMS clinics with back up as required. Further, patients make appointments to see the CALMS doctor through a central booking number for the preferred location.
- 4.43 Furthermore, to some degree, CALMS' doctors compete with other doctors that provide extended hours services. Patients can seek alternative after-hours primary medical care for part of the period covered by CALMS clinics at other medical clinics located at Gungahlin, Florey, Philip and Tuggeranong (see paragraph 4.10). Other alternative medical services are available at the nurse led walk-in centre located at Canberra Hospital as well as the emergency departments at both Canberra and Calvary hospitals (see paragraph 2.5).
- 4.44 The ACCC notes with or without the capped fee arrangement, factors other than price are also relevant to the demand for out-of-hours medical services. For instance, patients with urgent medical problems are likely to attend a hospital emergency department regardless of the level of fee charged by a CALMS doctor.
- 4.45 The ACCC notes that, although the arrangement is to agree to set a price cap rather than a price floor and doctors on the CALMS roster retain the discretion to, either, charge a lower fee or bulk bill, doctors both within and outside CALMS are more likely to charge fees at the level of the cap rather than compete on price.
- 4.46 While most consultations at CALMS are charged at the cap, CALMS advises that at least 10 to 15 per cent of consults are charged less than the fee cap and the majority of visits to residential aged care facilities are bulk billed. CALMS also notes that a reduced fee rate is also mandated by the schedule for pension card holders.
- 4.47 When previously authorised in 2008, the ACCC considered it was appropriate that CALMS should advise the ACCC as a condition of authorisation of any proposed change to the fee schedule and provide information about the basis of the proposed change.
- 4.48 The ACCC notes that no submissions were received that opposed the increase to the capped fees proposed by CALMS, and that the AMA (ACT Branch) supported the proposed increase.
- 4.49 Although the ACCC has previously granted authorisation to CALMS on condition that it notifies the ACCC of any proposed changes to the capped fee schedule, the ACCC has not continued this condition. This will provide CALMS with greater flexibility to respond to changes which may require amendments to the amount of the fee cap without requiring CALMS to reapply for authorisation.

- 4.50 The ACCC recognises that the capped fee amount is set by the CALMS Board after consulting with locums and GPs. Although ACT Health does not have a formal role in approving the capped fee amount and any subsequent increases to the cap, it does provide significant funding to CALMS and as such has an interest in the fees set by the CALMS Board. This is likely to provide some constraint on the ability of CALMS to set the fee cap at inappropriate levels.
- 4.51 This view was supported by ACT Health in its submission after the draft determination, which stated that amendments to the fee schedule occur infrequently and in consultation with key stakeholders. ACT Health also noted that in light of the funding relationship, it anticipated that any fee amendments would be undertaken in consultation with the Health Directorate.
- 4.52 The ACCC also notes that CALMS does not change the level of the capped fees regularly; the last instance was in February 2008 and prior to this in 2006. CALMS has advised that typically increases to the fee schedule arise to keep pace with inflation and in response to the fees set by GPs in standard hours.
- 4.53 For these reasons, the ACCC does not oppose the ability of CALMS to set capped fees for the provision of after-hours medical services and notes that the capped fee amount could change within the period of the authorisation.

### **ACCC conclusion on public detriments**

- 4.54 The ACCC considers that the arrangements are unlikely to lead to any significant public detriment for reasons including:
- the limited scope of the agreement, which only applies to locum GPs in the CALMS service
  - the limited extent to which CALMS doctors compete with each other in the provision of after hours primary health care
  - the presence of limited competition from other extended-hours clinics
  - non-price determinants of demand for out-of-hours care, and
  - the agreement is a price cap, not a price floor and doctors retain flexibility in charging up to the capped amount.

### **Balance of public benefit and detriment**

- 4.55 In general, the ACCC may only grant authorisation if it is satisfied that, in all the circumstances, the fee capping conduct is likely to result in a public benefit and that public benefit will outweigh any likely public detriment.
- 4.56 For the reasons outlined in this chapter, the ACCC considers the public benefit likely to result from a capped fee arrangement is greater certainty to CALMS patients with respect to the maximum fee for out-of-hours medical services, which will promote

better-informed decisions by patients in the ACT regarding after-hours medical services offered by CALMS, and therefore after-hours medical services more generally.

- 4.57 For the reasons outlined in this chapter, the ACCC considers that a capped fee arrangement is unlikely to lead to any significant public detriment for the reasons outlined above.
- 4.58 While CALMS will be able to amend the fee caps in the schedule from time to time, the ACCC is satisfied that there are constraints on the ability for CALMS to significantly increase the fee cap. Although, if CALMS were to significantly increase the capped fee levels, the ACCC may view this as a material change of circumstances and may seek to review the authorisation.
- 4.59 The ACCC considers the public benefit that is likely to result from the conduct is likely to outweigh the public detriment, including the detriment from any lessening of competition that would result. The ACCC is therefore satisfied that the tests in sections 90(6), 90(7) and 90(5A) and 90(5B) are met.

### **Length of authorisation**

- 4.60 The Act allows the ACCC to grant authorisation for a limited period of time.<sup>7</sup> The ACCC generally considers it appropriate to grant authorisation for a limited period of time, so as to allow an authorisation to be reviewed in the light of any changed circumstances.
- 4.61 CALMS seeks authorisation until 30 June 2013. CALMS states that, as was the case when it sought previous authorisations, it has contractual obligations in its funding agreement with ACT Health (to provide a 'not-to-exceed' fee schedule) that run for a certain period – in this case through to that date of 30 June 2013.
- 4.62 The ACCC notes that aside from the specific level of the capped fees to be applied, CALMS' conduct has not significantly changed since it was first authorised in 2005.
- In 2005, the ACCC granted CALMS authorisation A90954 until 30 June 2008. The period of authorisation reflected the timing of the underlying contract between CALMS and ACT Health.
  - In 2006, CALMS lodged authorisation application A91011 for revocation of A90954 so that it could adopt a revised fee structure reflecting changes to the Medicare Benefits Schedule and also to broaden the capped fee arrangement to include visits to homes and nursing homes 'in hours'. This arrangement was authorised by the ACCC in January 2007 until 30 June 2008.
  - On 15 October 2008 the ACCC authorised CALMS to apply a capped fees schedule until 31 October on condition that it advised the ACCC about any changes to the

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<sup>7</sup> Section 91(1).

schedule and provided information to the ACCC about the basis for the change. There were no changes to the fee schedule under this authorisation.

- 4.63 Given the stable history and likely stable medium-term future of this matter, the ACCC grants re-authorisation of the conduct for longer than that sought by CALMS – namely 10 years.
- 4.64 In its draft determination, the ACCC proposed to grant CALMS authorisation for ten years. The ACCC did not receive any submissions which objected to the longer authorisation period. The submission from ACT Health endorsed the longer authorisation period.
- 4.65 The ACCC notes that in granting authorisation for 10 years, it is not expressing a view on whether or not the ACT Government should contract with CALMS beyond the term of current contracts.
- 4.66 The effect of the authorisation for a period of 10 years is that CALMS would not need to apply for statutory protection for the conduct through the formal authorisation/ re-authorisation process prior to the conclusion of its contract with ACT Health.
- 4.67 However, if CALMS were to significantly increase the capped fees above the existing levels as set out in Attachment D, the ACCC would be likely to regard the changes as a material change in circumstances since the conduct was authorised, and seek to review the authorisation.

## 5. Determination

### The application

- 5.1 On 23 September 2011 CALMS Ltd lodged an application for the revocation of authorisation A91092 and the substitution of authorisation A91276 for the one revoked.
- 5.2 Application A91276 was made under section 91C(1) of the Act. Relevantly, the initial authorisation was made under subsection 88 (1).<sup>8</sup>
- 5.3 In particular, CALMS seeks authorisation to agree and set a fee cap for the provision of after-hours primary medical services in the ACT.
- 5.4 Section 90A(1) requires that before determining an application for authorisation the ACCC shall prepare a draft determination. The ACCC issued its draft determination on 16 December 2011.

### The net public benefit test

- 5.5 For the reasons outlined in Chapter 4 of this determination, the ACCC considers that in all the circumstances the arrangements for which the re-authorisation is sought are likely to result in a public benefit that would outweigh the detriment to the public constituted by any lessening of competition arising from the arrangements. The ACCC is therefore satisfied that the tests in section 90(6), 90(7), 90(5A) and 90(5B) are met.
- 5.6 The ACCC therefore revokes authorisation A91092 and grants authorisation A91276 in substitution.

### Conduct for which the ACCC grants authorisation

- 5.7 The ACCC revokes authorisation A91092 and grants authorisation A91276 in substitution.
- 5.8 The ACCC grants authorisation under section 91C(4) of the Act to CALMS to agree and set a fee cap for the provision of after-hours primary medical services in the ACT. The

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<sup>8</sup> On 24 July 2009, amendments to the Act, contained in the *Trade Practices Amendment (Cartel Conduct and Other Measures) Act 2009*, commenced operation. All authorisations in effect on that date, including CALMS' authorisation, are deemed to provide statutory protection from legal action under the cartel provisions (s.88(1A)) of the Act.

current level of the capped fees are set out in Attachment D of this determination. CALMS is able to amend the fee cap from time to time under the authorisation.

- 5.9 The ACCC grants authorisation for 10 years.
- 5.10 This determination is made on 27 February 2012.

### **Interim authorisation**

- 5.11 At the time of lodging the application, CALMS requested interim authorisation to apply a capped fee arrangement for the provision of after-hours primary medical services in the ACT. The ACCC granted interim authorisation to the re-authorisation on 20 October 2011.
- 5.12 Interim authorisation will remain in place until the date the ACCC's final determination comes into effect or until the ACCC decides to revoke interim authorisation.

### **Date authorisation comes into effect**

- 5.13 This determination is made on 27 February 2012. If no application for review of the determination is made to the Australian Competition Tribunal, it will come into force on 20 March 2012.

## Attachment A — the authorisation process

The Australian Competition and Consumer Commission (the ACCC) is the independent Australian Government agency responsible for administering the *Competition and Consumer Act 2010* (the Act). A key objective of the Act is to prevent anti-competitive conduct, thereby encouraging competition and efficiency in business, resulting in a greater choice for consumers in price, quality and service.

The Act, however, allows the ACCC to grant immunity from legal action in certain circumstances for conduct that might otherwise raise concerns under the competition provisions of the Act. One way in which parties may obtain immunity is to apply to the ACCC for what is known as an 'authorisation'.

The ACCC may 'authorise' businesses to engage in anti-competitive conduct where it is satisfied that the public benefit from the conduct outweighs any public detriment.

The ACCC conducts a public consultation process when it receives an application for authorisation. The ACCC invites interested parties to lodge submissions outlining whether they support the application or not, and their reasons for this.

After considering submissions, the ACCC issues a draft determination proposing to either grant the application or deny the application.

Once a draft determination is released, the applicant or any interested party may request that the ACCC hold a conference. A conference provides all parties with the opportunity to put oral submissions to the ACCC in response to the draft determination. The ACCC will also invite the applicant and interested parties to lodge written submissions commenting on the draft.

The ACCC then reconsiders the application taking into account the comments made at the conference (if one is requested) and any further submissions received and issues a final determination. Should the public benefit outweigh the public detriment, the ACCC may grant authorisation. If not, authorisation may be denied. However, in some cases it may still be possible to grant authorisation where conditions can be imposed which sufficiently increase the benefit to the public or reduce the public detriment.

## **Attachment B — chronology of ACCC assessment for application A91276**

The following table provides a chronology of significant dates in the consideration of the application by CALMS.

<b>DATE</b>	<b>ACTION</b>
23 September 2011	Application for revocation and substitution lodged with the ACCC, including an application for interim authorisation.
7 October 2011	Closing date for submissions from interested parties in relation to the request for interim authorisation.
20 October 2011	The ACCC granted interim authorisation.
20 October 2011	Closing date for submissions from interested parties in relation to the substantive application for authorisation.
16 December 2011	Draft determination issued.
2 February 2012	Submissions from interested parties in relation to the draft determination.
27 February 2012	Final determination issued.

# Attachment C — the tests for authorisation and other relevant provisions of the Act

## Competition and Consumer Act 2010

### Section 90—Determination of applications for authorisations

- (1) The Commission shall, in respect of an application for an authorization:
  - (a) make a determination in writing granting such authorization as it considers appropriate; or
  - (b) make a determination in writing dismissing the application.
- (2) The Commission shall take into account any submissions in relation to the application made to it by the applicant, by the Commonwealth, by a State or by any other person.

Note: Alternatively, the Commission may rely on consultations undertaken by the AEMC: see section 90B.
- (4) The Commission shall state in writing its reasons for a determination made by it.
- (5) Before making a determination in respect of an application for an authorization the Commission shall comply with the requirements of section 90A.

Note: Alternatively, the Commission may rely on consultations undertaken by the AEMC: see section 90B.
- (5A) The Commission must not make a determination granting an authorisation under subsection 88(1A) in respect of a provision of a proposed contract, arrangement or understanding that would be, or might be, a cartel provision, unless the Commission is satisfied in all the circumstances:
  - (a) that the provision would result, or be likely to result, in a benefit to the public; and
  - (b) that the benefit would outweigh the detriment to the public constituted by any lessening of competition that would result, or be likely to result, if:
    - (i) the proposed contract or arrangement were made, or the proposed understanding were arrived at; and
    - (ii) the provision were given effect to.
- (5B) The Commission must not make a determination granting an authorisation under subsection 88(1A) in respect of a provision of a contract, arrangement or understanding that is or may be a cartel provision, unless the Commission is satisfied in all the circumstances:
  - (a) that the provision has resulted, or is likely to result, in a benefit to the public; and
  - (b) that the benefit outweighs or would outweigh the detriment to the public constituted by any lessening of competition that has resulted, or is likely to result, from giving effect to the provision.
- (6) The Commission shall not make a determination granting an authorization under subsection 88(1), (5) or (8) in respect of a provision (not being a provision that is or may be an exclusionary provision) of a proposed contract, arrangement or understanding, in respect of a proposed covenant, or in respect of proposed conduct (other than conduct to which subsection 47(6) or (7) applies), unless it is satisfied in all the circumstances that the provision of the proposed contract, arrangement or understanding, the proposed covenant, or the proposed conduct, as the case may be, would result, or be likely to result, in a benefit to the public and that that benefit would outweigh the detriment to the public constituted by any lessening of competition that would result, or be likely to result, if:
  - (a) the proposed contract or arrangement were made, or the proposed understanding were arrived at, and the provision concerned were given effect to;

- (b) the proposed covenant were given, and were complied with; or
  - (c) the proposed conduct were engaged in;
- as the case may be.
- (7) The Commission shall not make a determination granting an authorization under subsection 88(1) or (5) in respect of a provision (not being a provision that is or may be an exclusionary provision) of a contract, arrangement or understanding or, in respect of a covenant, unless it is satisfied in all the circumstances that the provision of the contract, arrangement or understanding, or the covenant, as the case may be, has resulted, or is likely to result, in a benefit to the public and that that benefit outweighs or would outweigh the detriment to the public constituted by any lessening of competition that has resulted, or is likely to result, from giving effect to the provision or complying with the covenant.
- (8) The Commission shall not:
- (a) make a determination granting:
    - (i) an authorization under subsection 88(1) in respect of a provision of a proposed contract, arrangement or understanding that is or may be an exclusionary provision; or
    - (ii) an authorization under subsection 88(7) or (7A) in respect of proposed conduct; or
    - (iii) an authorization under subsection 88(8) in respect of proposed conduct to which subsection 47(6) or (7) applies; or
    - (iv) an authorisation under subsection 88(8A) for proposed conduct to which section 48 applies;

unless it is satisfied in all the circumstances that the proposed provision or the proposed conduct would result, or be likely to result, in such a benefit to the public that the proposed contract or arrangement should be allowed to be made, the proposed understanding should be allowed to be arrived at, or the proposed conduct should be allowed to take place, as the case may be; or
  - (b) make a determination granting an authorization under subsection 88(1) in respect of a provision of a contract, arrangement or understanding that is or may be an exclusionary provision unless it is satisfied in all the circumstances that the provision has resulted, or is likely to result, in such a benefit to the public that the contract, arrangement or understanding should be allowed to be given effect to.
- (9) The Commission shall not make a determination granting an authorization under subsection 88(9) in respect of a proposed acquisition of shares in the capital of a body corporate or of assets of a person or in respect of the acquisition of a controlling interest in a body corporate within the meaning of section 50A unless it is satisfied in all the circumstances that the proposed acquisition would result, or be likely to result, in such a benefit to the public that the acquisition should be allowed to take place.
- (9A) In determining what amounts to a benefit to the public for the purposes of subsection (9):
- (a) the Commission must regard the following as benefits to the public (in addition to any other benefits to the public that may exist apart from this paragraph):
    - (i) a significant increase in the real value of exports;
    - (ii) a significant substitution of domestic products for imported goods; and
  - (b) without limiting the matters that may be taken into account, the Commission must take into account all other relevant matters that relate to the international competitiveness of any Australian industry.

## Variation in the language of the tests

There is some variation in the language in the Act, particularly between the tests in sections 90(6) and 90(8).

The Australian Competition Tribunal (the Tribunal) has found that the tests are not precisely the same. The Tribunal has stated that the test under section 90(6) is limited to a consideration of those detriments arising from a lessening of competition but the test under section 90(8) is not so limited.<sup>9</sup>

However, the Tribunal has previously stated that regarding the test under section 90(6):

[the] fact that the only public detriment to be taken into account is lessening of competition does not mean that other detriments are not to be weighed in the balance when a judgment is being made. Something relied upon as a benefit may have a beneficial, and also a detrimental, effect on society. Such detrimental effect as it has must be considered in order to determine the extent of its beneficial effect.<sup>10</sup>

Consequently, when applying either test, the ACCC can take most, if not all, public detriments likely to result from the relevant conduct into account either by looking at the detriment side of the equation or when assessing the extent of the benefits.

Given the similarity in wording between sections 90(6) and 90(7), the ACCC considers the approach described above in relation to section 90(6) is also applicable to section 90(7). Further, as the wording in sections 90(5A) and 90(5B) is similar, this approach will also be applied in the test for conduct that may be a cartel provision.

## Conditions

The Act allows the ACCC to grant authorisation subject to conditions.<sup>11</sup>

## Future and other parties

Applications to make or give effect to contracts, arrangements or understandings that might substantially lessen competition or constitute exclusionary provisions may be expressed to extend to:

- persons who become party to the contract, arrangement or understanding at some time in the future<sup>12</sup>
- persons named in the authorisation as being a party or a proposed party to the contract, arrangement or understanding.<sup>13</sup>

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<sup>9</sup> *Australian Association of Pathology Practices Incorporated* [2004] ACompT 4; 7 April 2004. This view was supported in *VFF Chicken Meat Growers' Boycott Authorisation* [2006] ACompT9 at paragraph 67.

<sup>10</sup> *Re Association of Consulting Engineers, Australia* (1981) ATPR 40-2-2 at 42788. See also: *Media Council case* (1978) ATPR 40-058 at 17606; and *Application of Southern Cross Beverages Pty. Ltd., Cadbury Schweppes Pty Ltd and Amatil Ltd for review* (1981) ATPR 40-200 at 42,763, 42766.

<sup>11</sup> Section 91(3).

<sup>12</sup> Section 88(10)

<sup>13</sup> Section 88(6)

## Six-month time limit

A six-month time limit applies to the ACCC's consideration of new applications for authorisation<sup>14</sup>. It does not apply to applications for revocation, revocation and substitution, or minor variation. The six-month period can be extended by up to a further six months in certain circumstances.

## Minor variation

A person to whom an authorisation has been granted (or a person on their behalf) may apply to the ACCC for a minor variation to the authorisation.<sup>15</sup> The Act limits applications for minor variation to applications for:

... a single variation that does not involve a material change in the effect of the authorisation.<sup>16</sup>

When assessing applications for minor variation, the ACCC must be satisfied that:

- the proposed variation satisfies the definition of a 'minor variation' and
- if the proposed variation is minor, the ACCC must assess whether it results in any reduction to the net benefit of the arrangements.

## Revocation; revocation and substitution

A person to whom an authorisation has been granted may request that the ACCC revoke the authorisation.<sup>17</sup> The ACCC may also review an authorisation with a view to revoking it in certain circumstances.<sup>18</sup>

The holder of an authorisation may apply to the ACCC to revoke the authorisation and substitute a new authorisation in its place.<sup>19</sup> The ACCC may also review an authorisation with a view to revoking it and substituting a new authorisation in its place in certain circumstances.<sup>20</sup>

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<sup>14</sup> Section 90(10A)

<sup>15</sup> Subsection 91A(1)

<sup>16</sup> Subsection 87ZD(1)

<sup>17</sup> Subsection 91B(1)

<sup>18</sup> Subsection 91B(3)

<sup>19</sup> Subsection 91C(1)

<sup>20</sup> Subsection 91C(3)

## Attachment D — CALMS level of capped fees at November 2011

Vocationally Registered Locums							
Service	Regular Patients				Concession Card Holders		DVA Patients
	Item No	CALMS not to exceed Fee	Medicare Rebate	Gap	CALMS not to exceed Fee	Gap	DVA Rebate
<b>After Hours Urgent</b>							
<b>After hours Home Visit</b> Mon-Fri 6-11pm, Sat 12- 11pm, Sun 7am-11pm	<b>597</b>	<b>200</b>	124.90	75.10	<b>170</b>	45.10	143.65
<b>After hours Home Visit</b> 11pm to 7am	<b>599</b>	<b>220</b>	147.20	72.80	<b>185</b>	37.80	169.30
Incentive / Veteran Access Payment	10992		8.90				10.45
<b>After Hours —use 5000 series for non-urgent after hours visits OR for second and further patients attended at same address</b>							
A/H Short Consultation	5000	70	27.90	42.10	55	27.10	32.10
A/H short Home visit/institution	5003	165	52.90	112.10	145	92.10	60.85
A/H short Nursing Home Visit	5010	165	72.85	92.15	145	72.15	83.80
A/H Standard Consultation	5020	90	47.15	42.85	80	32.85	54.25
<b>A/H standard home visit/institution</b>	<b>5023</b>	<b>165</b>	<b>72.15</b>	92.85	<b>145</b>	72.85	<b>83.00</b>
<b>A/H standard NH visit</b>	<b>5028</b>	<b>165</b>	<b>92.10</b>	72.90	<b>145</b>	52.90	<b>105.95</b>
A/H Long Consultation	5040	120	80.75	39.25	110	29.25	92.90
A/H Long Home visit/institution	5043	200	105.75	94.25	180	74.25	121.65
A/H Long NH visit	5049	200	125.70	74.30	180	54.30	144.60
A/H Prolonged Cons	5060	155	113.30	41.70	145	31.70	130.30
A/H prolonged Home Visit/institution	5063	220	138.30	81.70	205	66.70	159.05
A/H prolonged NH visit	5067	220	158.25	61.75	205	46.75	182.00

Incentive payment	10992		8.90				10.45
<b>In Hours</b>							
Short Clinic Consultation	3	60	16.30	43.70	45	28.70	18.75
Short Home Visit/institution	4	165	41.30	123.70	145	103.70	47.50
Short NH Consultation	20	165	61.25	103.75	145	83.75	70.45
Standard Clinic Consultation	23	80	35.60	44.40	70	34.40	40.95
<b>Standard Home</b>	<b>24</b>	<b>165</b>	<b>60.60</b>	104.40	<b>145</b>	84.40	<b>69.70</b>
<b>Standard NH Consultation</b>	<b>35</b>	<b>165</b>	<b>80.55</b>	84.45	<b>145</b>	64.45	<b>92.65</b>
Long Clinic Consultation	36	120	69.00	51.00	100	31.00	79.35
Long Home Visit/institution	37	190	94.00	96.00	170	76.00	108.10
Long NH Consultation	43	190	113.95	76.05	170	56.05	131.05
Prolonged Clinic Consultation	44	145	101.55	43.45	135	33.45	116.80
Prolonged Home Visit/institution	47	220	126.55	93.45	200	73.45	145.55
Prolonged NH Consultation	51	220	146.50	73.50	200	53.50	168.50
Incentive payment	10991		8.90				10.45