

National Health Performance Authority, Healthy Communities: Bulk-billed GP attendances, 2012–13

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Bulk-billed GP attendances, 2012–13
METEOR identifier:	528911
Registration status:	<ul style="list-style-type: none">• National Health Performance Authority (retired), Retired 01/07/2016
Description:	The percentage of GP attendances bulk billed in a year.
Indicator set:	National Health Performance Authority: Healthy Communities: 2011– National Health Performance Authority (retired) , Retired 01/07/2016

Collection and usage attributes

Population group age to: All ages

Computation description: Bulk billing is an arrangement in which a GP bills Medicare directly for any eligible medical or allied health service that the patient receives, and imposes no other 'gap payment' on the patient. In this arrangement the provider accepts the Medicare benefits as full payment for the service and the patient assigns their right to a Medicare benefit to the service provider.

GP attendances are Medicare benefit-funded patient/doctor encounters, such as visits and consultations, for which the patient has not been referred by another doctor. GP attendances exclude services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf.

In terms of "Broad Type of Service" Groups, GP attendances comprise all items in Broad Type of Services Groups 'A' – GP/VRGP non-referred attendances, 'M' - Enhanced Primary Care and 'B' Non-referred other attendances as published in official MBS statistics by the Department of Human Services and the Department of Health.

For MBS data, Medicare Local was determined having regard to the enrolment postcode for each person from the last MBS service of any type, processed by the Department of Human Services in 2012–13. All MBS services for each individual processed in 2012–13, were attributed to the postcode in question.

MBS postcode level data were allocated to Medicare Local regions using concordance files provided by ABS.

Numerator based on Medicare (MBS) total GP attendances bulk billed and denominator based on MBS total GP attendances, from data provided by the Department of Health for the financial year of processing, 2012–13.

Before MBS data are published by the NHPA all confidential data cells are suppressed.

The current definition of confidential data is as follows:

- For number of MBS services:
 - if number of services is less than 6 or
 - if number of services is equal to or greater than 6 but
 - one provider provides more than 85% of services or two providers provide more than 90% of services or
 - one patient receives more than 85% of services or two patients receive more than 90% of services.
- If data on number of services is confidential, corresponding data on other measures such as MBS benefit paid is also regarded as confidential

Computation: $100 \times (\text{Numerator} \div \text{Denominator})$

Medicare Benefits Scheme data

Bulk-billed GP attendances

Bulk-billed GP attendances variation *within* Medicare Locals

Numerator: Number of bulk-billed GP attendances claimed through the Medicare Benefits Schedule (MBS)

Numerator data elements:

Data Element / Data Set

[Address—Australian postcode, Australian postcode code \(Postcode datafile\) {NNNN}](#)

Data Source

[Medicare \(MBS\) data](#)

Guide for use

Person - MBS benefit for GP service, Total Australian Currency N[N(8)]

Data Element / Data Set

[Person—General Practitioner MBS health assessment indicator, yes/no code N](#)

Data Source

[Medicare \(MBS\) data](#)

Guide for use

Person - MBS benefit for GP service, Total Australian Currency N[N(8)]
A count of Yes's is used for the numerator.

Data Element / Data Set

[Service event—bulk billed General Practitioner \(GP\) service, total number NN\[N\]](#)

Data Source

[Medicare \(MBS\) data](#)

Guide for use

Data source type: Administrative by-product data

Denominator:

Total GP attendances for year of processing

Denominator data elements:

Data Element / Data Set

[Person—General Practitioner MBS health assessment indicator, yes/no code N](#)

Data Source

[Medicare \(MBS\) data](#)

Guide for use

Person - MBS benefit for GP service, Total Australian Currency N[N(8)]
A count of all Yes's and No's is used for the denominator.

Disaggregation:

By Medicare Local catchments and Medicare Local peer groups

Disaggregation data elements:

Data Element / Data Set

[Administrative health region—Medicare Local identifier, code AANNN](#)

Data Element / Data Set

[Administrative health region—Medicare Local peer group, code N](#)

Representational attributes

Representation class: Rate
Data type: Real
Unit of measure: Person
Format: NNNN.N

Indicator conceptual framework

Framework and dimensions: [PAF-Equity of access](#)

Data source attributes

Data sources: **Data Source**
[Medicare \(MBS\) data](#)
Frequency
Annually
Data custodian
Department of Health

Accountability attributes

Reporting requirements: National Health Performance Authority-Performance & Accountability Framework
Organisation responsible for providing data: Department of Health
Accountability: National Health Performance Authority
Further data development / collection required:

Source and reference attributes

Submitting organisation: National Health Performance Authority
Origin: Healthy Communities
Reference documents: National Health Performance Authority-Performance & Accountability Framework

Relational attributes

Related metadata references: Has been superseded by [National Health Performance Authority, Healthy Communities: Bulk-billed GP attendances, 2013–14](#)

- [National Health Performance Authority \(retired\)](#), Retired 01/07/2016