

# Practice Incentives Program Indigenous Health Incentive Guidelines

Effective April 2019

The Practice Incentives Program (PIP) Indigenous Health Incentive supports general practices and Indigenous health services (practices) to provide better health care for Aboriginal and/or Torres Strait Islander patients. This includes best practice management of chronic disease.

This incentive is a key part of the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap: Tackling Indigenous Chronic Disease.

You can find more on this package at [health.gov.au/irhd-chronic-disease](http://health.gov.au/irhd-chronic-disease). You can also get information on the measures relevant to practices from your local affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).

## Eligibility

To be eligible for the PIP Indigenous Health Incentive sign-on payment, the practice must:

- participate in the PIP—more on overall eligibility is in the PIP guidelines at [humanservices.gov.au/pip](http://humanservices.gov.au/pip), and
- meet the requirements of the sign-on payment. See **Sign-on payment**.

To be eligible for the patient registration and outcomes payments, the practice must:

- be signed on for the PIP Indigenous Health Incentive, and
- meet the relevant requirements for these payments. See **Patient registration payment** and **Outcomes payments**.

## Payments

The PIP Indigenous Health Incentive has 3 parts—the practice sign-on payment, patient registration payment and outcomes payment – see Table 1.

A rural loading ranging from 15–50 per cent, depending on the remoteness of the practice, is applied to the payments of practices located in Rural, Remote and Metropolitan Areas (RRMA) 3–7.

More information on the PIP rural loading is in the PIP Rural Loading guidelines at [humanservices.gov.au/pip](http://humanservices.gov.au/pip).

Table 1: Payments and requirements of the PIP Indigenous Health Incentive

Component Payment		Activity required for payment
<b>(i) Sign-on payment</b>	\$1,000 per practice	One-off payment to practices that agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic disease.
<b>(ii) Patient registration payment</b>	\$250 per eligible patient per calendar year	A payment to practices for each Aboriginal and/or Torres Strait Islander patient aged 15 years and over who is registered with the practice for chronic disease management.
<b>(iii) Outcomes payment—up to \$250</b>	Tier 1: \$100 per eligible patient per calendar year	A payment to practices for each registered patient where a target level of care is provided by the practice in a calendar year.
	Tier 2: \$150 per eligible patient per calendar year	A payment to practices for providing the majority of care for a registered patient in a calendar year.

## (i) Sign-on payment

A one-off sign-on payment of \$1,000 is made to practices that register for the PIP Indigenous Health Incentive. The payment is made to practices in the next quarterly payment following sign-on.

To sign-on for the PIP Indigenous Health Incentive, practices need to:

- agree to receive consent to register their eligible Aboriginal and/or Torres Strait Islander patients for the PIP Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure with the Department of Human Services (Human Services). See **PBS Co-payment Measure**
- create and use a system to make sure their Aboriginal and/or Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up, for example through use of a recall and reminder system, or staff actively seeking out patients to make sure they return for ongoing care
- do cultural awareness training within 12 months of joining the incentive, unless the practice is exempt. See **Cultural awareness training**, and
- annotate PBS prescriptions for Aboriginal and/or Torres Strait Islander patients participating in the PBS Co-payment Measure from 1 July 2010. See **PBS Co-payment Measure**.

## (ii) Patient registration payment

A patient registration payment of \$250 is made to practices for each Aboriginal and/or Torres Strait Islander patient who:

- is a 'usual' patient of the practice. See **'Usual' practice patients**
- is aged 15 years and over
- has a chronic disease. See **Definition of a chronic disease**
- has had, or been offered, a health check for Aboriginal and/or Torres Strait Islanders Medicare Benefits Schedule (MBS) items 715 and 228. See **Aboriginal and Torres Strait Islander health checks**
- has a current Medicare card, and
- has provided informed consent to be registered for the PIP Indigenous Health Incentive by completing the patient consent part of the [Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent](#) form and has sent it to us, or
- completed the patient registration online via Health Professional Online Services (HPOS).

The patient registration payment is paid once per patient, per calendar year for patients registered between 1 January and 31 October. If a patient is registered for the first time in November or December of a year, they'll be registered from 1 January to 31 December of that year, and for the following year. Practices will receive 1 patient registration payment of \$250 in the February payment quarter of the following year. See Table 2.

Date Registered	Registration Period	Patient Registration Payment—\$250
1 January to 31 October	1 January to 31 December	In the next quarterly payment
1 November to 31 December	1 January to 31 December of that year, and 1 January to 31 December of the following year	February of the next year

A practice won't get a patient registration payment for a patient who is already registered for that calendar year with another practice.

Practices can check if an eligible patient is currently registered with their practice:

- through HPOS and accessing the practice's list of registered patients, or

- by phoning PIP on **1800 222 032\*\*** 8:30 am to 5:00 pm Monday to Friday Australian Central Standard Time (ACST).

When registering a patient using the paper form, practices must send the completed [Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent](#) form to us. We must receive the form no later than 7 days before the relevant point-in-time date so the practice can get a patient registration payment in the following quarter. See Table 3.

**Table 3: Point-in-time dates**

Point-in-time date	Payment made
31 January	February
30 April	May
31 July	August
31 October	November

We'll provide a list of patients registered at the practice during the quarter for the PIP Indigenous Health Incentive as part of the practice's PIP quarterly payment advice. We'll also contact practices directly if a patient can't be registered for any reason.

### **(iii) Outcomes payments**

There are 2 tiers of outcomes payments available each calendar year for each registered patient. Outcomes payments are based on MBS services provided from 1 January to 31 December of each year the patient is registered. Outcomes payments are only made to the PIP practices that are signed on for the Indigenous Health Incentive.

Practices may be eligible for either or both outcomes payments even if the patient is registered for the PIP Indigenous Health Incentive at another PIP practice.

**Tier 1:** Outcomes payments are paid in the quarter after the required services have been provided.

**Tier 2:** Outcomes payments are paid in February each year.

Practices that have met the requirements of the outcomes payment don't have to take any action to get a payment. The outcomes payments are automatically paid as part of the PIP quarterly payment to the practice's nominated bank account.

#### **Tier 1 outcomes payment—chronic disease management**

A payment of \$100 per patient is made to practices that:

- prepare a General Practitioner Management Plan (GPMP), MBS items 721 and 229, or coordinate the development of Team Care Arrangement (TCA), MBS items 723 and 230, for the patient in a calendar year, and
- do at least 1 review of the GPMP or the TCA, MBS items 732 and 233, during the calendar year, or
- do 2 reviews of the patient's GPMP or TCA, MBS items 732 and 233, during the calendar year, or
- contribute to a review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility, MBS items 731 and 232, twice during the calendar year.

The recommended frequency for preparing a GPMP or coordinating a TCA, allowing for variation in patients' needs, is once every 2 years, with regular reviews recommended every 6 months.

#### **Tier 2 outcomes payment—total patient care**

A payment of \$150 per patient is made to the practice that provides the majority of eligible MBS services for the patient, with a minimum of any 5 eligible MBS services, during the calendar year. This may include the services provided to qualify for the Tier 1 outcomes payment.

If 2 or more practices provide the same number of eligible MBS services for a patient—with a minimum of any 5 eligible MBS services—in the calendar year, a Tier 2 outcomes payment will be made to each practice.

Eligible MBS items for the purposes of this incentive are items commonly used in general practice including, but are not limited to, attendances by general practitioners Items: 3, 4, 23-34, 36, 37, 44, 47, 185, 187, 189, 191 193, 195, 197, 199, 203, 206, 252-257, 259-271, 601, 602, 603, 737, 741, 745, 761-789, 2501-2559, 5000–5067,90020, 90035, 90043, 90051, 90202, 90212) and chronic disease management items.

## Requirements

### Identification of Aboriginal and/or Torres Strait Islander patients

For practices to register patients for the PIP Indigenous Health Incentive and the PBS Co-payment Measure, patients must self identify to the GP or practice staff as being of Aboriginal and/or Torres Strait Islander origin. Patients don't need to provide evidence to support this.

GPs or practice staff should ask all patients if they identify as being of Aboriginal and/or Torres Strait Islander origin. The Australian Bureau of Statistics advises that the wording of a question influences a patient's response. Always ask the national standard identification question "are you of Aboriginal or Torres Strait Islander origin?" For a child or a patient unable to respond, ask an accompanying responsible adult, "is (person's name) of Aboriginal or Torres Strait Islander origin?"

Self-identification is voluntary, but practices need to make sure patients can make an informed choice about their decision to self-identify. A patient has the right to choose whether to reveal their ethnic origin. Their answer should be recorded as stated in their patient record. Practices should respect the patient's choice to self-identify.

The RACGP *Standards for general practices* state practices need to work towards the routine recording of patients' cultural background, including self-identified Aboriginal and/or Torres Strait Islander Australians, to help appropriately tailor care to patients.

### Cultural awareness training

To meet this requirement, at least 2 staff members from the practice (one must be a GP) must complete appropriate cultural awareness training within 12 months of the practice signing on to the incentive. Exemptions are listed below. For the purpose of the PIP Indigenous Health Incentive, appropriate training is any endorsed by a professional medical college, including those:

- offering Continuing Professional Development (CPD) points, or
- endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or 1 of its state or territory affiliates.

Practices must provide evidence of training completed or that exemptions apply.

### Exemptions

- appropriate training completed up to 12 months before the practice signs on for the incentive
- practices under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives

Note: further reference to exemptions for GPs working in an "Indigenous Health Service" means an Indigenous Health Service under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives.

- a GP at the practice who works at an Indigenous Health Service on a regular basis, provided that at least 1 other staff member has met the requirement or is considered exempt.

Note: there is no prescribed definition of 'regular' for the purposes of the PIP Indigenous Health Incentive. Practices must demonstrate appropriate cultural awareness gained from the interaction with an Indigenous Health Service.

- if there are only 2 staff members at a practice, it is sufficient for only 1 staff member to complete appropriate cultural awareness training or be considered exempt.
- a staff member qualified as an Aboriginal Health Worker, and
- if the only GP at the practice is on a temporary contract with a tenure of 6 months or less, provided that at least 1 other staff member has met the requirement or is considered exempt.

Where a staff member, including a GP, counted towards meeting this requirement leaves the practice, another staff member of the practice needs to meet the training requirement or be considered exempt. This needs to happen within 12 months of the separation date of the previous staff member.

There may be other non-prescribed circumstances under which a practice may wish to claim that it meets the requirement or should be exempt from it, which may be considered on a case-by-case basis.

## ‘Usual’ practice patients

Patient registration for the PIP Indigenous Health Incentive should only be undertaken by the patient’s ‘usual care provider’. This is the practice that has provided the majority of care to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months.

Patients must confirm they want the practice written on the [Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent](#) form to be their usual care provider and the practice responsible for their chronic disease management.

Before a GP submits the [Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent](#) form, they should be satisfied their peers would agree their practice provides the usual care to the patient, given the patient’s needs and circumstances. The term ‘usual care provider’ wouldn’t generally apply to a practice that provides only 1 service to a patient.

## Definition of a chronic disease

The PIP Indigenous Health Incentive uses the MBS definition of a chronic disease—a disease that has been, or is likely to be, present for at least 6 months. It includes but is not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke.

Chronic diseases that are key contributors to mortality for Aboriginal and/or Torres Strait Islander Australians are cardiovascular disease, diabetes, chronic respiratory disease, cancer and chronic kidney disease.

## Aboriginal and/or Torres Strait Islander health checks

Conducting Aboriginal and/or Torres Strait Islander health checks—MBS items 715 and 228—is a useful first step to make sure Aboriginal and/or Torres Strait Islander Australians get the best level of health care. It encourages early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. Practices are encouraged to bulk-bill their Aboriginal and/or Torres Strait Islander patients to help them afford and access care.

Aboriginal and/or Torres Strait Islander patients who’ve had a health check can be referred by their GP to eligible allied health professionals for up to 5 services per calendar year—MBS items 81300-81360. They can also get up to 10 follow-up services per calendar year—MBS item 10987—from a practice nurse or registered Aboriginal Health Worker (AHW), on behalf of the GP.

Patients with both a GPMP—MBS items 721 and 229, and TCA—MBS items 723 and 230, for a chronic condition can be referred to eligible allied health professionals, including AHWs, for up to 5 services per calendar year, MBS items 10950-10970. Alternatively, registered AHWs or practice nurses can provide 5 follow-up services per year for patients with either a GPMP or TCA, MBS item 10997.

## Eye health

Aboriginal and/or Torres Strait Islander Australians have a greater chance of eye disease, with common eye health problems including Refractive Error, Cataracts, Diabetic Retinopathy and Trachoma.

As part of conducting the Aboriginal and/or Torres Strait Islander health check—MBS items 715 and 228—GPs should examine the patient's vision and make sure all patients with diabetes have an annual retinal examination. It is also recommended to check for Trachoma and do a Trichiasis check for patients who grew up in remote communities or have a history of 'sore or watery eye'.

It's important GPs refer the patient to appropriate follow-up services.

## PBS Co-payment Measure

The PBS Co-payment Measure implemented on 1 July 2010 promotes greater access to PBS medicines by reducing the co-payment for eligible Aboriginal and/or Torres Strait Islander patients.

Practices must get patient consent to register their eligible patients for this measure and annotate PBS prescriptions.

Practices should note that patients registered only for the PBS Co-payment Measure won't attract a patient registration payment.

More about this measure, including patient eligibility requirements and how to annotate prescriptions is in **Attachment A**.

## Applying

Practices can apply for the PIP Indigenous Health Incentive when they apply for the PIP:

- through Health Professional Online Services (HPOS) at [humanservices.gov.au/hpos](http://humanservices.gov.au/hpos), or
- by completing the [Practice Incentives application](#) form at [humanservices.gov.au/pip](http://humanservices.gov.au/pip)

Practices already participating in the PIP can apply for the Indigenous Health Incentive:

- through HPOS, or
- by completing the [Practice Incentives Program Indigenous Health and Pharmaceutical Benefits Scheme Co-payment measure Practice Application](#) form at [humanservices.gov.au/pip](http://humanservices.gov.au/pip)

## Patient registration and re-registration

### Register patients

Practices must apply for the PIP Indigenous Health Incentive before patients can be registered. Any *Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form dated before the practice has registered will not be processed.

To comply with privacy legislation for the use and disclosure of personal information, the patient must complete the patient consent section of the [Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent](#) form at [humanservices.gov.au/pip](http://humanservices.gov.au/pip).

Practices should give patients a copy of the patient information sheet at [humanservices.gov.au/pip](http://humanservices.gov.au/pip), and verbally explain the Indigenous Health Incentive and the PBS Co-payment Measure. The GP needs to be sure the patient understands the incentive before asking them if they want to register.

Practices can register their patients:

- online through HPOS, at [humanservices.gov.au/hpos](http://humanservices.gov.au/hpos) Note: Practices that register their patients through HPOS don't need to send us the *Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form, but must get Patient consent using the patient consent section of the form. Practices must keep the form on file for audit purposes

- using the [Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent](#) form at [humanservices.gov.au/pip](http://humanservices.gov.au/pip)

Practices that register their patients manually must send the *Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form to us to get patient registration payments. Incomplete *Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* forms won't be processed and will be returned to the practice.

Patients can withdraw their consent at any time by completing the [Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient withdrawal of consent](#) form at [humanservices.gov.au/pip](http://humanservices.gov.au/pip) Practices must send this form to us for processing on behalf of the patient.

## Re-register patients

At the end of each year, practices need to re-register their patients for the next calendar year through HPOS or by completing a new *Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form. To re-register patients must complete the patient consent section of the form.

If practices registering a patient for the first time in November or December, the patient will automatically be registered for the current and following calendar year. Practices can start registering their patients for the next calendar year from 1 November.

If a registered patient changes practices, the new practice must wait until the next calendar year before they can claim a patient registration payment.

**Note:** when re-registering patients using PIP Online through HPOS, practices don't need to send us the *Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form. Practices must still get patient consent from the patient using the patient consent section of the form. Practices must keep the form on file for audit purposes.

The Indigenous Health Incentive re-registration process doesn't apply to patients *at risk* of a chronic disease and who are already registered for the PBS Co-payment Measure only. The PBS Co-payment Measure is a once only registration. If a patient develops a chronic disease then the patient may be registered for Indigenous Health Incentive.

## Obligations

The practice must:

- keep all Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent forms at the practice if patients have been registered online through HPOS, or
- send all Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent forms to us for patients to be registered manually
- prove its claims for payment by providing:
- proof that a system is in place to make sure their Aboriginal and/or Torres Strait Islander patients, aged 15 years and over, with a chronic disease are followed up
- proof of completing appropriate cultural awareness training, and
- records of patient consent
- give us information as part of the ongoing confirmation statement audit process to verify that the practice meets eligibility requirements
- make sure the information given to us is correct, and
- tell us about changes to practice arrangements:
- online through HPOS. Most changes in HPOS are immediate and can be made up to, and on, the relevant point-in-time date
- by completing the Practice Incentives Change of Practice Details form, or
- by writing to us no later than 7 days before the relevant point-in-time date.

Read more in the PIP guidelines at [humanservices.gov.au/pip](http://humanservices.gov.au/pip)

The point-in-time date is the last day of the month before the next PIP quarterly payment. See table Point-in-time dates.

On joining the PIP, the practice must nominate an authorised contact person(s), who'll confirm any changes to information for PIP claims and payments on the practice's behalf.

## Rights of review

The Practice Incentives Program has a review of decision process. This is separate from reviews relating to program audits. We base our decisions made under the program on the published guidelines as at the date of the event. To ask for a review of a decision, the authorised contact person or the owners of the practice must write to us using the [Practice Incentives review of decision](#) form. You must do this within 28 days of receiving the decision you want reviewed. We'll review our decision against the PIP eligibility criteria, the payment formula, or both. We'll write to your practice to let you know the outcome of the review.

If you're not satisfied, you can ask our Formal Review Committee to reconsider it. The Formal Review Committee is the last avenue and its decision is final.

## For more information

**Online:** [humanservices.gov.au/pip](https://humanservices.gov.au/pip)

**Email:** [pip@humanservices.gov.au](mailto:pip@humanservices.gov.au)

**Call:** **1800 222 032\*\*** 8:30am to 5:00pm Monday to Friday Australian Central Standard time (ACST).

\*Call charges apply

\*\*Call charges apply from mobile and pay phones only

## Disclaimer

These guidelines are for information purposes and provide the basis on which PIP payments are made. While it's intended that the Australian Government will make payments as set out in these guidelines, the making of payments is at its sole discretion.

The Australian Government may alter arrangements for the Practice Incentives Program at any time and without notice.

The Australian Government doesn't accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these guidelines.

## Attachment A—Pharmaceutical Benefits Scheme Co-payment Measure

The Pharmaceutical Benefits Scheme (PBS) Co-payment Measure helps Aboriginal and/or Torres Strait Islander patients access PBS medicines by reducing cost barriers.

Co-payment relief is targeted to patients with chronic disease or chronic disease risk factors.

## Eligibility

The PBS Co-payment Measure helps Aboriginal and/or Torres Strait Islander patients of any age who:

- have an existing chronic disease or chronic disease risk factor
- in the opinion of the doctor, would experience setbacks in the prevention or ongoing management of chronic disease, if they didn't take the prescribed medicine, and
- are unlikely to follow their medicines routine without help through the measure.



## Registration

Practices can register eligible patients for the PBS Co-payment Measure using the same *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent* form as for the PIP Indigenous Health Incentive.

Once a patient has been registered for the PBS Co-payment Measure, they don't need to be re-registered. Patients stay registered unless they choose to withdraw from the measure by completing a [Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure patient withdrawal of consent](#) form at [humanservices.gov.au/pip](http://humanservices.gov.au/pip). Practices must send this form on behalf of the patient to us for processing.

Registration for the PIP Indigenous Health Incentive and the PBS Co-payment Measure are independent of each other. A patient can choose to participate in the PBS Co-payment Measure and choose not to participate in the PIP Indigenous Health Incentive, or vice versa.

## PBS Co-payment Measure

The measure offers PBS Co-payment relief to eligible patients. PBS medicines used to prevent and treat both acute and chronic conditions will attract co-payment relief. Patients holding a concession card will get their PBS medicines without paying a co-payment to the pharmacy. Non-concession patients will pay the current concession rate. Patients still need to pay premiums for a small number of medicines.

As with the PIP Indigenous Health Incentive, participating practices must maintain patient records. This includes keeping copies of signed patient consent and patient registrations on file at the practice.

Practices can update their prescription writing software to a version that supports Closing the Gap (CTG) annotation of PBS prescriptions. GPs will be able to annotate PBS prescriptions with the CTG flag by activating a check box on the patient information screen in their prescription writing software.

The annotation is a CTG flag that needs to appear on each prescription. The annotation feature will be included in updates of prescription writing software. If practices don't have the updated version of this software or don't use this software, the GP can handwrite the annotation on the prescription. They only need to add 'CTG' and their signature or initials.

Practices can notify administration staff when a patient participating in the PBS Co-payment Measure turns 15 years old and may be eligible to participate in the PIP Indigenous Health Incentive.

## For more information

Online: [health.gov.au/irhd-chronic-disease](http://health.gov.au/irhd-chronic-disease)

Call: **1800 222 032** \*\* 8:30 am to 5:00 pm Monday to Friday Australian Central Standard Time (ACST) and call charges may apply.

Your State NACCHO affiliate may also be able to help with your questions.