

PIP Indigenous Health Incentive

PBS Co Payment Measure

&

Related Medicare Items

PRESENTATION

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PIP Indigenous Health Incentive

Commenced 1 May 2010

Requirements under this incentive:

- ✘ **Agree** to seek consent to register their **eligible** Aboriginal and Torres Strait Islander patients for the PIP Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure with Medicare Australia.
- ✘ **Will establish** and use a mechanism to ensure their Aboriginal and Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up (e.g. through use of a recall and reminder system or staff actively seek out their patients to make sure they return for ongoing care).
- ✘ **Will Undertake** cultural awareness training within 12 months of joining the incentive*
- ✘ **Will annotate** PBS prescriptions for eligible Aboriginal and Torres Strait Islander patients participating in the PBS Co-payment Measure from 1 July 2010. (Urban & Regional ACCHS only RRMA 1 - 5 not remote **RRMA 6 & 7** and General Practice **RRMA 1 - 7**)

*Practice/Health Services under the management of an Aboriginal Board of Directors, or a Committee comprising predominately Aboriginal community representatives, are exempt from this requirement.

PIP Indigenous Health Incentive Registration

Payment Eligibility = \$250

The patient must:

- ✘ Identify as being of Aboriginal and/or Torres Strait Islander origin
- ✘ Be aged **15 years** and over, and
- ✘ Have **chronic disease/s**, and (**Note not at risk of a chronic disease that's the PBS Co-payment Measure!**)
- ✘ Have a current **Medicare card**, and
- ✘ **Meet** other eligibility requirements included in the PIP Indigenous Health Incentive Guidelines.

Note: PIP IHI Patient registration is required each calendar year, with re registration occurring from 1 November of each year.

Further Information: www.medicareaustralia.gov.au/pip

What is considered a chronic disease for the purposes of the PIP Indigenous Health Incentive?

The PIP Indigenous Health Incentive uses the MBS definition of Chronic disease:

A disease that has been or is likely to be present for at least six months,

Including but not limited to:

- ✕ Asthma,
- ✕ Cancer,
- ✕ Cardiovascular illness,
- ✕ Diabetes mellitus,
- ✕ Musculoskeletal conditions and
- ✕ Stroke

For more information about chronic disease go to:

www.health.gov.au>Programs&Campaigns>Programs & Initiatives>MBS Primary Care Items Initiatives>MBS Primary Care Items

What are the Other Registration Requirements of PIP Indigenous Health Incentive?

Other Eligibility Requirements:

- ✘ Q5. Does the patient have a chronic disease? **Yes or No**
- ✘ Q6. Has the patient had or been offered, the appropriate health check for Aboriginal & Torres Strait Islander Australians? (Note in patients file if not due and put on recall)
- ✘ Q11. Is the patient of Aboriginal and or Torres Strait Islander origin? If you are of both Aboriginal & Torres Strait Islander origin, tick both 'Yes' boxes
- ✘ Q12. I want the practice written on this form to be my usual care provider and look after my chronic disease (PIP IHI) and/or chronic disease risk factor **joint program question** PBS Co-payment Measure (CTG)
- ✘ Q13. I have been told how to participate in the **PIP Indigenous Health Incentive** will help my practice provide better care for my chronic disease. **I understand what I have been told, and want this practice to register me for this program.**
- ✘ Further Information: www.medicareaustralia.gov.au/pip

Tier 1- Chronic Disease Management Payment

**Tier 1
\$100
Payment
Will be paid if
the
requirements
outlined are
met**

GPMP 721 or TCA 723 & 1 GPMP or TCA Review 732

Or

Undertake (2) reviews of GPMP or TCA (732)

Or

Contribute to, or review, a multidisciplinary care plan for a patient in a residential aged care facility (MBS item 731) on 2 occasions.

Does your Health Service provide a GPMP or TCA review item 732 for chronic disease patient s to receive the PIP Indigenous Health Incentive Tier 1 Outcomes payment? Or is a standard item 23 or 36 claimed?

Tier 2 - Chronic Disease Management Payment

**Tier 2
\$150
Payment
Will be paid if
the
requirements
outlined are
met**

Provide the majority of MBS Services for the patient

And

Provide a minimum of any five MBS services in the registration period.

Note:

This may include the services provided to qualify for the Tier 1 outcomes payment.

- **How do you know if you are receiving Tier 1 and Tier 2 Outcomes Payment per calendar year?**
- **Ask you finance area who would receive the Medicare PIP Quarterly Payment Summary and review!**

Request ATSICHS Medicare Statistics Report

Service Billing Spreadsheet January 2013 - December 2013

Item Number	Month											
	January	February	March	April	May	June	July	August	September	October	November	December
GP Consultation/Items												
3 - Short Consultation												
23 - Standard Consultation												
36 - Long Consultation												
44 -Pro Long Consultation												
Health Assessments/Checks Items												
701 - not more than 30mins												
703 - > 30mins < 45 mins												
705 - 45 mins < 60 mins												
707 - Lasting 60 mins												
715 - ATSI Health Check												
Chronic Disease Services/Items												
721 - GP Management Plan												
723 - Team Care Arrangement												
732 - Review GPMP/TCA												
Mental Health Treatment Services/Items												
2700 - Lasting 20 mins*												
2701 - Lasting 40 mins*												
2715 - Lasting 20 mins**												
2717 - Lasting 40 mins**												
2712 - Review GPMHP												
2713 - Mental Health Cons												
* GP has not undertaken Mental Health skills training												
** GP has undertaken Mental Health skills training												

Aboriginal & Torres Strait Islander Peoples Health Assessment/Check

A Health Assessment means the assessment of a patient's health and physical, psychological and social functions and consideration of whether preventive health care and education should be offered to the patient, to improve that patient's health and physical, psychological and social function.

Item Number:

715

How Often:

Once every 9 - 12 months

Who can assist the GP?

Practice Nurse, AHW, registered Aboriginal & Torres Strait Islander, who have the necessary skills, expertise and training.

Brief Criteria

Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) at consulting rooms or in another place other than a hospital or Residential Aged Care Facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent of **any age**.

Note: Separate criteria exists for 0 – 14 years, 15 – 54 years and 55 years + age groups

Further information: www.health.gov.au/mbsonline

Aboriginal & Torres Strait Islander Peoples Health Assessment/Check - Further Information

Usual Doctor Definition:

- A health assessment should generally be undertaken by the patient's 'usual doctor'.
- For the purpose of the health assessment "usual doctor" means the medical practitioner, or a medical practitioner working in the medical practice, which has provided the majority of primary health care to the patient over the previous twelve months and/or will be providing the majority of care to the patient over the next twelve months.

Hospital or Residential Aged Care Facility

- The Health Assessment is not available to people who are in-patients of a hospital or care recipients in a residential aged care facility.

Health Screening

- An Aboriginal and Torres Strait Islander Health Assessment should not take the form of a health screen service, as it is an overall assessment of someone's health.

Further information: www.health.gov.au/mbsonline

Aboriginal & Torres Strait Islander Peoples Health Assessment

Who can assist the doctor?

- Practice nurses, Aboriginal Health Workers and registered Aboriginal & Torres Strait Islander Health Practitioners may assist the medical practitioner in performing the health assessment in accordance with accepted medical practice and under the supervision of the medical practitioner.

This may include activities associated with:

- Information collection; and
- Providing patients with information about recommended interventions at the direction of the medical practitioner.

All other components of the health assessment must include a personal attendance by a medical practitioner.

Note: GP's should identify with the clinical team how they can assist with collection of information.

www.health.gov.au/rmbsonline

Health Check - The Medical Practitioner

GP Further Requirements:

- Be satisfied that the assisting health professional has the necessary skills, expertise and training to collect the information required for the health assessment;
- Establish how the information is to be collected and recorded (including any forms used);
- Set or approve the quality assurance procedures for the information collection;
- Be consulted on any issues arising during the information collection; and
- Review and analyse the information collected to prepare the report of the health check and communicate to the patient/parent their recommendations about matters covered by the health check
- **Should not** conduct a separate consultation in conjunction with a health assessment unless it is clinically necessary(i.e. The patient has an acute problem that needs to be managed separately from the assessment)

Further information: www.health.gov.au

This Health Assessment 0 – 14 Years Involves all of the Following

Must Include a personal attendance by a medical practitioner

Taking the patient's medical history, including the following:

- Mother's pregnancy history;
- Birth and neo-natal history;
- Breastfeeding history;
- Weaning, food access and dietary history;
- Physical activity;
- Previous presentations, hospital admissions and medication usage;
- Relevant family medical history;
- Immunisation status;
- Vision and hearing (including neonatal hearing screening);
- Development (including achievement of age appropriate milestones);
- Family relationships, social circumstances and whether the person is cared for by another person
- Exposure to environment factors (including tobacco smoke);
- Educational progress;
- Stressful life events;
- Mood (including incidence of depression and risk of self-harm);
- Substance abuse;
- Sexual and reproductive health; and
- Dental hygiene (including access to dental services)

Examination of the patient, including the following;

- Measurement of height and weight to calculate body mass index and position on the growth curve;
- Newborn baby check (if not previously completed);
- Vision (including red reflex in a newborn);
- Ear examination (including otoscopy)
- Oral examination (including gums and dentition);
- Trachoma check, if indicated;
- Skin examination, if indicated;
- Respiratory examination, if indicated;
- Cardiac auscultation, if indicated;
- Development assessment, if indicated, to determine whether age appropriate milestones have been achieved
- Assessment of parent and child interaction, if indicated; and
- Other examinations in accordance with national or regional guidelines or specific regional needs, or as indicated by a previous child health assessment.

Undertaking and arranging any required investigations, considering the following test:

- Hemoglobin testing for those at high risk of anaemia; and
- Audiometry, if required, especially for those of school age
- Referrals and documenting a simply strategy for the good health of the patient.

Note: The GP must offer the patient a copy of the Health Assessment summary and note if the patient wishes to keep it on medical records.

Note: This must be read in conjunction with the program guidelines at the following link:

www.medicareaustralia.gov.au/pip



Queensland Aboriginal and Islander
Health Council

This Health Assessment 15 – 54 Years Involves all of the Following

Must Include a personal attendance by a medical practitioner

Taking the patient's medical history, including the following:

- Current health problems and risk factors;
- Relevant family medical history;
- Medication usage (including medication obtained without prescription or from other doctors);
- Immunisation status, by reference to appropriate current age and sex immunisation schedule;
- Sexual and reproductive health;
- Physical activity, nutrition and alcohol, tobacco or other substance use;
- Hearing loss;
- Mood (including incidence of depression and risk of self-harm);
- Family relationships and whether the patient is a carer, or is cared for by another person.

Examination of the patient, including the following:

- Measurement of the patient's blood pressure, pulse rate and rhythm;
- Oral examination (including gums and dentition);

Examination of the patient, including the following continued:

- Measurement of height and weight to calculate body mass index and, if indicated, measurement of waist circumference for central obesity;
- Ear and hearing examination (including otoscopy and, if indicated, a whisper test); and
- Urinalysis (by dipstick) for proteinuria.

Arranging any Required Investigations:

- Fasting blood sugar and lipids, if necessary random blood glucose levels;
- Pap smear;
- Examination for sexually transmitted infection (especially for those aged from 15 – 35 years)
- Mammography, if eligible (by scheduling appointments with visiting services or facilitating direct referral)
- Documenting a simple strategy for the good health of the patient.

Note: The GP must offer the patient a copy of the Health Assessment summary and note if the patient wishes to keep it on medical records.

This must be read in conjunction with the program guidelines at the following link:

www.medicareaustralia.gov.au/pip



Queensland Aboriginal and Islander
Health Council

The Health Assessment 55 Years and over Involves all of the Following

Must Include a personal attendance by a medical practitioner

- Measurement of the patient's blood pressure, pulse rate and rhythm;
- An assessment of the patient's medication;
- An assessment of the patient's continence;
- An assessment of the patient's immunisation status for influenza, tetanus and pneumococcus;
- An assessment of the patient's physical functions, including the patient's activities of daily living and whether or not the patient has had a fall in the last 3 months;
- An assessment of the patient's social function, including:
 - + the availability and adequacy of paid, and unpaid, help; and
 - + whether the patient is responsible for caring for another person.

Note: The GP must offer the patient a copy of the Health Assessment Summary and note if the patient wishes it keep on medical records

Note: This must be read in conjunction with the program guidelines at the following link:

www.medicareaustralia.gov.au/pip

Follow Up Services by Practice Nurse or Registered Aboriginal & Torres Strait Islander Health Practitioner - Item 10987 \$24.00

Criteria

Follow up service provided by a practice nurse or registered Aboriginal & Torres Strait Islander Health Practitioner on behalf of a GP, for a Aboriginal and or Torres Strait Islander person who has received a Aboriginal & Torres Strait Islander Health Check.

Up to Ten (10) Services per calendar year

- (a) The service is provided on behalf of and under the supervision of a medical practitioner; and
- (b) The person is not an admitted patient of a hospital; and
- (c) The service is consistent with the needs identified through the Health Check**

Item 10987 may be used to provide:

- Examination/interventions as indicated by the Health Check;
- Education regarding medication compliance and associated monitoring;
- Checks on clinical progress and service access;
- Education and monitoring and counseling activities and lifestyle advice;
- Taking a medical history; and
- Prevention advice for chronic conditions, and associated follow up.

Note: The GP must included in medical notes that follow up/on care is required by the Practice Nurse or registered Aboriginal & Torres Strait Islander Health Practitioner for a Medicare benefit to be claimed .

Further Information: www.health.gov.au/mbsonline

Follow Up Allied Health Services for People of Aboriginal and Torres Strait Islander Descent

- **81300** – AHW or ATSIHP
- **81310** - Audiologists
- **81340** – Podiatrists
- **81345** - Chiropractors
- **81320** - Dieticians
- **81325** - Mental Health Workers**
- **81305** - Diabetes Educators
- 81330** - Occupational Therapists
- 81350** - Osteopaths
- 81315** – Exercise Physiology
- 81355** - Psychologist
- 81360** - Speech Pathologists
- 81335** – Physiotherapists

Note: GP must include in medical notes the requirement for follow on/up care to allied health services.

Five (5) Allied Health services per patient each calendar year and the **GP must use the DoHA referral Official form or a referral form that includes the information on this form (must not use an in house referral letter only)**

Further Information: www.health.gov.au/mbsprimarycareitems ** (Includes mental health nurses and some social workers)

Follow Up Allied Health Services for People of Aboriginal and Torres Strait Islander Descent – Referral Form



Australian Government
Department of Health and Ageing

Referral form for follow-up allied health services under Medicare for People of Aboriginal or Torres Strait Islander descent

Note: GPs can use this form issued by the Department of Health and Ageing or one that contains all of the components of this form.

To be completed by referring GP

Health assessment completed:

701 ☐ 703 ☐ 705 ☐ 707 ☐ 715 ☐

GP details

Provider Number

Name

Address Postcode

Patient details

Medicare Number Patient's ref ☐

First Name Surname

Address Postcode

Allied Health Professional (AHP) patient referred to: (Specify name or type of AHP)

Name

Address Postcode

Referral details – Use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for up to 5 allied health services (in total) in a calendar year. Indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker (Aboriginal and Torres Strait Islander Health Practitioner)	81300		Exercise Physiologist	81315		Podiatrist	81340
	Audiologist	81310		Mental Health Worker	81325		Psychologist	81355
	Chiropractor	81345		Occupational Therapist	81330		Speech Pathologist	81360
	Diabetes Educator	81305		Osteopath	81350			
	Dietitian	81320		Physiotherapist	81335			

Referring GP's signature Date signed

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other.

This form may be downloaded from the Department of Health and Ageing website at www.health.gov.au/mbpsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

Note: GP referral for up to 5 services per calendar year between all Allied Health Professionals

Reporting back to the GP is a requirement for all Allied Health Professionals even if you are using the same medical software

The GP must complete a separate referral form per Allied Health Professional



Queensland Aboriginal and Islander Health Council

Preparation of a GP Management Plan – Item 721 \$141.40

A benefit for a GP to prepare a management plan for a patient with a chronic or terminal condition (including patients who have multiple chronic conditions and multidisciplinary care needs).

How Often Can the Service be Provided?

- Recommended frequency is **once every two years**, supported by regular review services.
- Variation of patient's condition & circumstances a new GPMP maybe payable every **twelve months**

Who Can Assist the GP?

The practice nurse, AHW, registered Aboriginal & Torres Strait Islander Health Practitioners or other health Professional may assist the GP with items 721,723 & 732 (e.g. patient assessment, identification of patient needs and making arrangements for services).

A comprehensive written plan must be prepared describing:

- The patients health care needs, health problems and relevant conditions;
- Management goals with which the patient agrees;
- Actions to be taken by the patient;
- Treatment and services the patient is likely to need;
- Arrangements for providing this treatment and these services; and
- Offering the patient a copy of the GPMP (Document in medical notes if the patient doesn't want a copy)
- Arrangements to review the plan by a date specified in the plan.

Note: This service generally should be undertaken by the patients 'usual doctor' or practice

www.health.gov.au/mbsprimarycareitems

Patient's Name:
I have explained the steps and costs involved, and the patient has agreed to proceed with the service (GP's signature and date)

PREPARATION OF A GP MANAGEMENT PLAN (ITEM 721)

Patient's health problems / health needs / relevant conditions	Management goals with which the patient agrees	Treatment and services required, including actions to be taken by the patient	Arrangements for providing treatment/services (when, who, contact details)

Copy of GPMP offered to patient? YES /NO

Copy/relevant parts of the GPMP supplied to other providers? YES / NO / NOT REQUIRED

GPMP added to the patient's records? YES / NO

Review date for this plan: dd/ mm / yy

Note: The review item 732 will trigger the PIP Indigenous Health Incentive Tier 1 Outcomes Payment of \$100 per person per calendar year

Coordination of

Team Care Arrangements - (TCA -723) \$112.05

A benefit for a GP to coordinate the preparation of Team Care Arrangements for a patient with a chronic or terminal medical condition who also requires ongoing care from a multidisciplinary team of at least three (3) health or care providers who provide different types of care.

- In most cases the patient will already have a GP Management Plan in place but this is not mandatory.
- Recommended frequency is once every two years, supported by regular review services (Item 732)
- Variation of patient's condition & circumstances a new TCA is payable every twelve months

Requirements:

- Involves a GP (who may be assisted by their practice nurse, AHW, registered Aboriginal & Torres Strait Islander Health Practitioner or other health professionals)
- Collaborating with the participating providers on required treatment/services
- Documenting this in the patient's TCA
- Offering the patient a copy of the TCA (If the patient requests not to have a copy include this in notes)

Patient’s Name:

I have explained the steps and costs involved, and the patient has agreed to proceed with the service GP’s signature and date)

COORDINATION OF TEAM CARE ARRANGEMENTS (ITEM 723)

Treatment and service goals for the patient / changes to be achieved	Treatment and services that collaborating providers will provide to the patient	Actions to be taken by the patient

Copy of TCAs offered to patient? YES / NO

Copy / relevant parts of the TCAs supplied to other collaborating providers? YES / NO / NOT REQUIRED

TCAs added to the patient’s records? YES / NO

Referral forms for Medicare allied health services completed? YES / NO

The referral form issued by the Department can be found at www.health.gov.au/mbsprimarycareitems or a form can be used that contains all of the components of the Department's form.

Review date for these TCAs: dd/ mm / yy

Note: The review item 732 will help you achieve the PIP Indigenous Health Incentive Tier 1 outcomes payment of \$100 per patient per calendar year

Chronic Disease Care

Provided by a Practice Nurse or Registered Aboriginal & Torres Strait Islander Health Practitioner - Item 10997 \$12.00

- The client must have had a GPMP (Item 721), TCA (723) or Multidisciplinary Care Plan in place.
- This service can be provided by a practice nurse or registered Aboriginal & Torres Strait Islander Health Practitioner.
- This service will assist patients who require access to ongoing care, routine treatment and ongoing monitoring and support between the more structured review of the care plan by the patient's usual GP

The 10997 may be used to provide:

- Checks on clinical process;
- Monitoring medication compliance;
- Self Management advice, and;
- Collection of information to support GP reviews of Care Plans

Other Information

- The service provided by the practice nurse or registered Aboriginal Health Worker and **should be consistent with the scope of the GP Management Plan, Team Care Arrangement, or Multidisciplinary Care Plan.**
- This service can be claimed up to a maximum **5 times** per patient per calendar year

Note: The need for this service must be included in patient medical notes for a Medicare benefit to be payable for this item.

Further Information: www.health.gov.au/mbsprimarycareitems

Chronic Disease - Eligible Allied Health Professionals

- **10950** – AHW or ATSIHP
- **10952** - Audiologists
- **10962** - Chiropodists
- **10964** - Chiropractors
- **10954** - Dieticians
- **10956** - Mental Health Workers
- **10951** - Diabetes Educators
- 10958** - Occupational Therapists
- 10966** - Osteopaths
- 10962** - Podiatrists
- 10968** - Psychologist
- 10970** - Speech Pathologists
- 10960** – Physiotherapists
- 10953** – Exercise Physiology

Note: 5 services payable in total per calendar year, GP must use official DoHA referral form or similar and not only an in house referral letter.

Note: The need for chronic disease allied health services must be included in medical notes and/or the Team Care Arrangement for the Medicare to be claimed.

Further Information: www.health.gov.au/mbsprimarycareitems

Chronic Condition Care - Eligible Allied Health Professionals

GP Referral Form



Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

To be completed by referring GP:

Please tick:

- ☐ Patient has GP Management Plan (item 721) AND Team Care Arrangements (item 723) OR
☐ GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

GP details

Provider Number

Name

Address Postcode

Patient details

Medicare Number

Patient's ref no.

First Name

Surname

Address Postcode

Allied Health Provider (AHP) patient referred for (Please specify name or type of AHP)

Name

Address Postcode

Referral details - Please use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for a maximum of 5 allied health services (total) in a calendar year. Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner	10950		Exercise Physiologist	10953		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			
	Dietitian	10954		Physiotherapist	10960			

Referring General Practitioner's signature

Date signed

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health providers should retain this referral form for record keeping and Medicare Australia audit purposes.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbprimarycare/items

THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

Note: GP referral for up to 5 services per calendar year between all Allied Health Professionals

Reporting back to the GP is a requirement for all Allied Health Professionals even if you are using the same medical software

The GP must complete a separate referral form per Allied Health Professional

QAIHC

Queensland Aboriginal and Islander Health Council

Review of a GPMP Item 721 or TCA Item 723 (Item 732) - \$70.30

Recommended frequency

- Once **every 6 months**; can be earlier if clinically required.
- Variation of patient's condition & circumstances a review of a GPMP and or TCA is payable more frequently

Who can assist the GP?

- Practice nurse, Aboriginal Health Worker, registered Aboriginal & Torres Strait Islander Health Practitioner or other health professionals can assist.

What's required for the Review?

- Explain to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees) the steps involved in the review;
- Record the patient's agreement to the review of the plan;
- Review all the matters set out in the relevant plan or TCA;
- Make any required amendments to the patient's plan;
- **Offer a copy of the amended document to the patient and the patient's carer**
- Add a copy of the amended document to the patient's records; and
- Provide for further review of the amended plan by a date specified in the plan (recall)

Note: The review item 732 will help your Health Service achieve the PIP Indigenous Health Incentive Tier 1 Outcomes Payment of \$100 per patient per calendar year.

Further Information: www.health.gov.au/mbsprimarycareitems

Aboriginal & Torres Strait Islander Specific Medicare Items

Requested Medicare items processed from January 2013 to December 2013

	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Total
	Services	Services	Services	Services	Services	Services	Services	Services	Services
Item									
10950	417	44	2,524	78	239	6	2	184	3,494
10987	15,750	1,935	21,450	1,272	5,531	289	40	14,922	61,189
715	37,911	5,748	48,384	4,794	17,425	1,357	758	18,978	135,355
73840	936	332	3,064	473	1,819	10	4	2,507	9,145
73844	369	97	793	277	1,521	2	2	913	3,974
81300	723	220	2,859	93	310	0	3	20	4,228
Total	56,106	8,376	79,074	6,987	26,845	1,664	809	37,524	217,385

Requested Medicare items processed from January 2012 to December 2012

	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Total
	Services	Services	Services	Services	Services	Services	Services	Services	Services
Item									
10950	237	30	1,059	0	21	3	5	95	1,450
10987	11,906	869	11,607	957	3,803	135	12	10,688	39,977
715	31,646	4,490	40,769	3,730	12,048	948	672	15,546	109,849
73840	741	313	2,237	404	1,271	0	3	1,845	6,814
73844	234	54	568	214	870	1	0	633	2,574
81300	488	222	823	2	99	0	0	7	1,641
Total	45,252	5,978	57,063	5,307	18,112	1,087	692	28,814	162,305

PBS Co-payment Measure – 1 July 2010

The Pharmaceutical Benefits Scheme (PBS) Co-payment Measure aims to help Aboriginal & Torres Strait Islander patients access PBS medicines by reducing cost barriers.

Co-payment relief will be targeted to patients with a chronic disease or chronic disease risk factors.

Eligibility:

The PBS Co payment Measure is intended to benefit Aboriginal &/or Torres Strait Islander people of any age who:

- Presents with an existing chronic disease or chronic disease risk factor/s; and
- In the opinion of the doctor;
 - would experience setbacks in the prevention or ongoing management of the chronic disease if the person did not take the prescribed medicine; and
 - Are unlikely to adhere to their medicines regimen without assistance through this measure.

For more information: Email pip@medicareaustralia.gov.au or Call 1800 022 032

PBS Co-payment Measure – GP Information

Patients at Risk of Developing a Chronic Disease

The PBS Co-payment Measure uses the Medicare Benefits Schedule (MBS) definition of a chronic disease which is a disease that has been, or is likely to be, present for at least 6 months, including, but not limited to, asthma, cancer, cardiovascular disease, diabetes mellitus, musculoskeletal conditions and stroke.

The measure also recognises that the risk of developing chronic disease over a person's lifetime is influenced by complex biological, environmental and socially determined factors and could include, for example:

- In utero and early childhood factors, such as low birth weight and recurrent childhood infections. It is recognised that developmental health problems play a critical role in future health outcomes;
- Behavioural and biological factors, such as smoking, physical inactivity, poor nutrition, family history of chronic disease, high blood pressure and cholesterol; and
- Social and economic factors, such as financial hardship, substance abuse and emotional well-being.

Note: The prescriber is encouraged to use clinical judgment to determine whether a patient meets the eligibility criteria under the measure as per the guidance above.

PBS Co-payment Measure Eligibility Questions

- ✘ Q 5. Does the patient have a chronic disease?
 - If answered No and the patient is of any age they can be registered for the PBS Co payment Measure (CTG prescriptions)
- ✘ Q 6. Has the patient had, or been offered, the appropriate health check for Aboriginal and Torres Strait Islander Australians?
 - If answered No and the patient is of any age they can be registered for the PBS Co-payment Measure only (CTG prescriptions)
- ✘ Q12. I want the practice written on this form to be my usual care provider and look after my chronic disease and/or chronic disease risk factor. **(This is a joint program question)**
 - If answered No you cannot be registered for the PIP Indigenous Health Incentive
- ✘ Q14. I have been told how participation in the PBS Co-payment Measure will make my PBS **medicines cheaper**. I understand what I have been told, and I want this practice to register me for this program. **(Never say free! If the GP prescribes the premium brand of medication the patient will need to pay the difference)**

Note: If answered No you cannot register the patient for the PBS Co-payment Measure (CTG)

For more information: Email pip@medicareaustralia.gov.au or Call 1800 022 032

Two Separate Programs & Different Criterion

PIP Indigenous Health Incentive Commenced - 1 May 2010	PBS Co-payment Measure Commences – 1 July 2010
• Identify as being of Aboriginal and/or Torres Strait Islander origin. • Be 15 years of age or over • Have a chronic disease • Patient 'Eligibility Requirements' must be met. • Patient registration and consent form to be completed each calendar year. • Start to re register patients in November 2010 though payment will not be paid until February 2011.	• Identify as being of Aboriginal and/or Torres Strait Islander origin, of any age. • Present with an existing chronic disease or chronic disease risk factors. • In the opinion of the doctor, be likely to experience setbacks in the prevention or ongoing management of chronic disease if they did not take the prescribed medicine. • Be unlikely to adhere to their medicines regimen without assistance through this measure. • Patient will need to register once only. • Patient 'Eligibility Requirements' must be met.

For more information: Email pip@medicareaustralia.gov.au or Call 1800 022 032

Mental Health MBS Services

GP Mental Health Treatment Services

The GP Mental Health Treatment items define services for which Medicare rebates are payable where GP's undertake early intervention, assessment and management of patients with mental disorders.

MBS Items	Brief Description
2700 Treatment Plan	Preparation by a medical practitioner who has not undertaken mental health skills training of a GP Mental Health Treatment Plan for a patient lasting at least 20 mins
2701 Treatment Plan	Preparation by a medical practitioner who has not undertaken mental health skills training of a GP Mental Health Treatment Plan for a patient lasting at least 40 mins
2715 Treatment Plan	Preparation by a medical practitioner who has undertaken mental health skills training of a GP Mental Health Treatment Plan for a patient lasting at least 20 mins
2717 Treatment Plan	Preparation by a medical practitioner who has undertaken mental health skills training of a GP Mental Health Treatment Plan for a patient lasting at least 40 mins
2712 Review 2713 Consultation	Attendance by a medical practitioner to review a GP Mental Health Treatment Plan Professional attendance by a medical practitioner providing treatment, advice and/or referral for other services or treatment in relation to a mental health disorder, lasting at least 20 mins

- These items include referral pathways for treatment by psychiatrists, clinical psychologists and other allied mental health workers

Is your organisation using Item 2713 Mental Health consultation ?

Item 2713 can be used even if the patient doesn't have a GP Mental Health Plan in place!

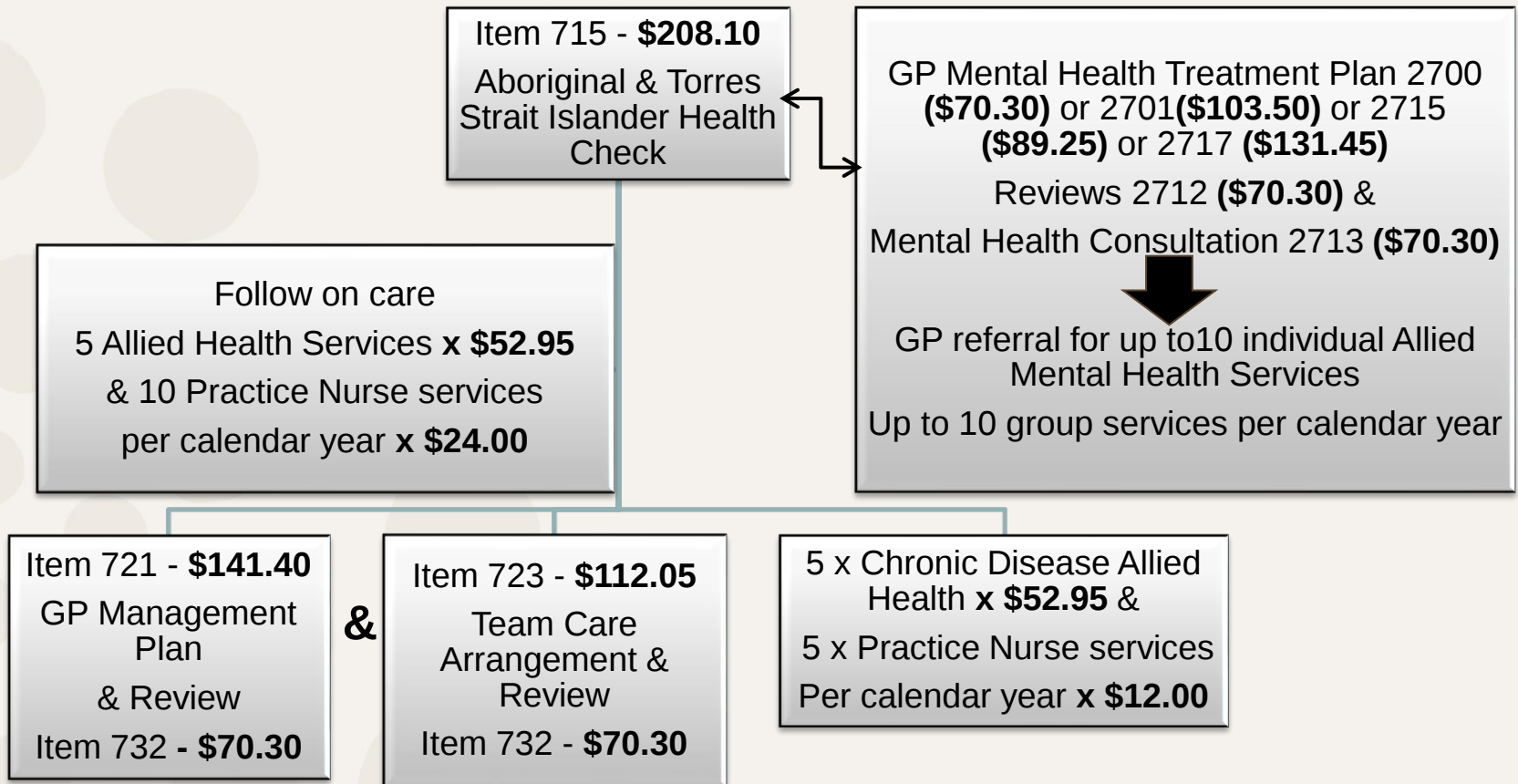
AHW and or ATSIHP or Practice Nurse Items

MBS Item Numbers	Which Health Professionals Claim These Medicare Items?	GP Referral or Requirements Yes or No
10986	Registered Aboriginal & Torres Strait Islander Health Practitioner & Practice Nurse - provided on behalf of the GP claimed using the GP's provider number	No Provided on behalf of the GP
10987	Registered Aboriginal & Torres Strait Islander Health Practitioner & Practice Nurse - provided on behalf of the GP claimed using the GP's provider number	No The need for follow up care must be included in medical notes.
10997	Registered Aboriginal & Torres Strait Islander Health Practitioner & Practice Nurse - provided on behalf of the GP claimed using the GP's provider number	No - The need for follow up chronic disease care must be included in medical notes.
81300*	Aboriginal Health Worker or registered Aboriginal & Torres Strait Islander Health Practitioner – claimed using the AHW/ATSIHP provider number	Yes , an official referral form is required and completed and signed by the GP
10950*	Aboriginal Health Worker or registered Aboriginal & Torres Strait Islander Health Practitioner - claimed using the AHW/ATSIHP provider number	Yes , an official referral form is required and completed and signed by the GP

*Items 81300 & 10950 - The AHW and registered Aboriginal & Torres Strait Islander Health Practitioner must report back to the GP at the first consultation with the patient and the last consultation. Including when you are using the same medical software as the GP!

Further information: www.health.gov.au/mbsprimarycareitems

MEDICARE SERVICES AVAILABLE!



Note: Patients can be referred for further services from 1 January each year by providing a consultation or review item 732 (if required) other services are available depending on patient needs.

This must be read in conjunction with the criteria for each item www.health.gov.au/mbsonline

701 - 707 HEALTH ASSESSMENT ITEMS

People eligible for these health assessments are :

• Healthy Kids Check for children who have received or are receiving their four year old immunisation (completed by GP) Note: If service completed by Nurse only use 10986 – once only
• People aged 40 to 49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool – Once every three years
• People between the age of 45 and 49 (inclusive) who are at risk of developing a chronic disease - once only
• People aged 75 years and older - Provided annually
• Permanent residents of a Residential Aged Care Facility – Provided annually
• People who have an intellectual disability - Provided annually
• Humanitarian entrants who are resident in Australia with access to Medicare services, including Refugees and Special Humanitarian Program and Protection Program entrants – once only

Note: The time that is taken to collect the information by the Nurse and or AHW is added to the time the doctor takes to complete the health service and then the relevant item is claimed.

Further information: www.health.gov.au/mbsprimarycareitems

OTHER HEALTH ASSESSMENTS

Item Numbers	Item Descriptors	MBS Fee
701	Brief health Assessment of less than 30 minutes duration	\$57.10
703	Standard Health Assessment lasting more than 30 minutes but less than 45 minutes	\$132.70
705	Long Health Assessment lasting more than 45 minutes but less than 60 minutes	\$183.05
707	Prolonged Health Assessment lasting more than 60 minutes	\$258.65
10986	Healthy Kids Check provided by a practice nurse or registered Aboriginal Health Worker (NT only)	\$57.10

Further information: www.health.gov.au/mbsprimarycareitems

Why Provide These Medicare Services?

Patient 1		Patient 2			
Patients first visit: 1. Long consultation item 36 - Brief description: taking a detailed history and lasting at least 20 mins		Patients first visit: 1. Standard consultation item 23 Aboriginal & Torres Strait Islander Health Check item 715 - Follow up care by a PN and or registered ATSI Health Practitioner item 10987 - Follow up care provided by allied health professionals		Frequency Unlimited 9 – 12 months Up to 10 per calendar year Up to 5 per calendar year	
Patients second visit: 2. Standard consultation item 23 - Brief description: taking a patient history and lasting less than 20 mins - ECG is performed item 1700		Patient second visit: Chronic Condition Pathways 2. GP Management Plan item 721 & Team Care Arrangement item 723 - Chronic disease care provided by PN and or registered ATSI Health Practitioner item 10997 - Follow up care provided by allied health professionals		MBS Fee \$36.30 \$208.10 \$24.00 x 10 \$52.95	
Patients third visit: 3. Pro Longed consultation item 44 - Brief description: taking an extensive patient history and lasting at least 40 minutes				\$141.40 \$112.05 \$12.00 x 5 \$52.95 x 5	
	MBS Fee \$70.30 \$36.30 \$26.60 \$103.50				

Note: The services provided must be clinically relevant and the patient must be provided with informed consent before providing the Medicare service/s.

For more information about the items: www.health.gov.au/mbsonline

How Do You Keep Up To Date?

Further information can be obtained from the following links:

- ✘ All Practice Incentive Program information: www.medicareaustralia.gov.au/pip
- ✘ Fact Sheets and templates: www.health.gov.au/mbsprimarycareitems
- ✘ Subscribe to receive any changes: www.health.gov.au/mbsonline
- ✘ Closing the Gap Initiative Information: <http://www.health.gov.au/tackling-chronic-disease>
- ✘ **The Medicare Item Fees will increase from 1 July 2014!**

Thank you

Questions!