



# PIP Indigenous Health Incentive

## Your questions answered

The new Practice Incentives Program (PIP) Indigenous Health Incentive starts in May 2010. This incentive will support general practices and Indigenous health services to provide better health care for Indigenous Australians, including best practice management of chronic disease. This incentive is a key part of the Australian Government's Indigenous Chronic Disease Package.

### What are the eligibility requirements to participate in the PIP Indigenous Health Incentive?

To take part in this incentive your practice will need to be participating in the PIP—or be eligible to join the PIP—and meet the specific sign-on requirements of the PIP Indigenous Health Incentive.

### What payments are available under the PIP Indigenous Health Incentive?

There are three types of payments available.

- **Sign-on payment:** a one-off payment of \$1000 to practices that join the incentive and agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander patients with a chronic disease.
- **Patient registration payment:** \$250 for each Aboriginal and Torres Strait Islander patient aged 15 years and over, registered with the practice for chronic disease management in a calendar year.
- **Outcomes payment:**
  - **Tier 1**—\$100 to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year
  - **Tier 2**—\$150 to practices for each registered patient for whom the majority of care is provided by the practice within a calendar year.

### How does my practice apply?

Practices must complete an application form and send it to Medicare Australia. Practices already participating in the PIP will be sent an application form for the Indigenous Health Incentive in the near future.

### My practice is in the process of seeking accreditation, can I apply for this incentive?

Yes. Your practice can apply for the PIP Indigenous Health Incentive if it is participating in the PIP and is registered for accreditation. Practices must be fully accredited within 12 months of joining the PIP.

### What are the eligibility requirements to receive the sign-on payment?

To receive the \$1000 sign-on payment practices must agree to:

- seek consent to register their Aboriginal and Torres Strait Islander patients (regardless of age) who have, or are at risk of, chronic disease with Medicare Australia in order to access support through the relevant Indigenous Chronic Disease Package measures
- establish a mechanism to make sure 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 seeking out their patients to make sure they return for ongoing care)
- undertake cultural awareness training within 12 months of joining the incentive<sup>†</sup>
- annotate PBS prescriptions for eligible Aboriginal and Torres Strait Islander patients for the purposes of the Indigenous Chronic Disease Package PBS Co-payment Measure from 1 July 2010.

<sup>†</sup> Practices under the management of an Aboriginal Board of Directors, or a committee comprising predominately Aboriginal community representatives, are exempt from this requirement.

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### How does my practice receive patient registration payments?

A patient registration payment of \$250 will be paid to the practice for each Aboriginal and/or Torres Strait Islander patient registered who:

- is aged 15 years and over
- has chronic disease(s)
- has had (or has been offered) the appropriate health check for Aboriginal and Torres Strait Islander Australians (MBS items 704-710)
- has provided informed consent to be registered for the PIP Indigenous Health Incentive.

### How does my practice receive the outcomes payment?

#### Tier 1—Chronic disease management payment

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

- develop a General Practice Management Plan (GPMP) (MBS item 721) or coordinate the development of Team Care Arrangements (TCA) (MBS item 723) for the patient and undertake at least one review of the GPMP (MBS item 725) or the TCA (MBS item 727)

or

- undertake two reviews of the patient's GPMP (MBS item 725) or TCA (MBS item 727)

or

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

#### Tier 2—Total patient care payment

To qualify for the Tier 2 outcomes payment of \$150, the practice must provide the majority of MBS services for the patient (with a minimum of any five MBS services) in the registration period. This may include the services provided to qualify for the Tier 1 outcomes payment.

### 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](http://www.health.gov.au) > **Programs & Campaigns > Programs & Initiatives > MBS Primary Care Items Initiatives > MBS Primary Care Items**

### What is the PBS Co-payment Measure?

The Pharmaceutical Benefits Scheme (PBS) Co-payment Measure is another key element of the Australian Government's Indigenous Chronic Disease Package. Under this measure, the government will provide further assistance with the cost of PBS medicines for Aboriginal and Torres Strait Islander patients living with or at risk of, chronic disease. The assistance—from 1 July 2010—will be in the form of lower co-payments, which are the amounts paid by patients for each PBS medicine.

## For more information

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

Call **1800 222 032\***

\*Call charges apply from mobile and pay phones only