



Australian Government

Medicare Australia

General Practice Immunisation Incentive Guidelines

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Introduction

The General Practice Immunisation Incentive (GPII) provides financial incentives to general practices for monitoring, promoting and providing appropriate immunisation services to children under the age of seven years.

The aim of the GPII is to encourage at least 90 per cent of practices to fully immunise at least 90 per cent of children under seven years of age attending their practices.

General practices are central to improving the Nation's childhood immunisation coverage because they have significant levels of contact with children. Each consultation is an opportunity for monitoring a child's immunisation status and for providing immunisation services if required.

The GPII is administered by Medicare Australia on behalf of the Australian Government Department of Health and Ageing.

What are the General Practice Immunisation Incentive requirements?

To be eligible to participate in the GPII, the practice must:

- meet the Royal Australian College of General Practitioners (RACGP) definition of a general practice
“a service that provides initial, continuing, comprehensive and coordinated medical care for individuals, families and communities and which integrates biomedical, psychological, social and environmental understandings of health”.
- have appropriate vaccine management processes in place that maintain the potency of vaccines
- have current public liability insurance
- ensure that all practice general practitioners (GPs) have current professional indemnity cover.

For the purposes of the GPII, GPs include general practitioners and non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services and are not GPs. General practitioners include Fellows of the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), vocationally registered general practitioners and medical practitioners undertaking approved medical training.

Practices approved for participation in the Practice Incentives Program (PIP) will automatically be considered to meet the entry requirements relating to vaccine management, public liability insurance and professional indemnity cover.

The specific vaccine management requirements that practices need to meet are outlined in the current edition of *The Australian Immunisation Handbook* (Chapter 1.3.2 of the 9th edition).

Practices need to ensure they have read and understood the information in *The Australian Immunisation Handbook*, and implemented processes for the transportation, storage and handling of vaccines in their practice.

What are the General Practice Immunisation Incentive payments?

Payments are provided through the GPII to encourage practices to improve immunisation coverage and reward those practices with good levels of immunisation coverage.

Eligible practices will receive an outcomes payment of \$3.50 per Whole Patient Equivalent (WPE) per quarter (see calculation of the WPE).

Payments are provided to practices, rather than GPs, in recognition of the fact that immunisation is a practice issue and practices absorb infrastructure costs, such as reminder and/or recall systems and activities relating to cold chain management.

To be eligible for payments through the GPII, the practice must:

- have met the requirements for the entire payment quarter and be approved for participation in the GPII at the 'point in time' (see Point in time)
- achieve an outcome of 90 per cent or greater immunisation coverage of children under the age of seven years attending their practice
- have a WPE value of 10 or more.

How is the practice's immunisation coverage calculated?

The immunisation coverage of the practice is determined by the proportion of children under seven years of age who are up to date with immunisation.

Immunisation coverage is calculated quarterly for each practice as follows:

- the children attending the practice in the reference period are identified (see Reference Period)
- the proportion of care provided by the practice to each child is calculated and added together to measure all of the care provided to children by the practice (see calculation of the WPE)
- the eligibility of the practice is assessed at the 'point in time' (see Point in time)
- for eligible practices, the immunisation status of each child in the practice is assessed (see Assessment of Immunisation Status)
- the immunisation coverage of the practice is calculated by dividing the WPE value of children who are up to date with immunisation by the total WPE value of the practice.

Eligible practices that achieve an outcome of 90 per cent or greater immunisation coverage of children under the age of seven years attending their practice will receive a payment of \$3.50 per WPE per quarter.

Reference Period

Medicare claims records are used to identify the children who attended the practice during an historical 12 month period, known as the reference period. The reference period commences 16 months prior to the payment quarter (see Table 1).

Children attending a practice only once during the reference period are excluded from the calculation.

Calculation of the Whole Patient Equivalent

For the purposes of the GPII, each child under seven years of age has a total WPE value of one.

A measure of the proportion of care provided to each child, known as the WPE value, is calculated using the value of Medicare Benefits Schedule (MBS) GP and non-referred consultation items provided during the reference period.

For example, a child had a total of \$500 in MBS consultations over 12 months. Practice A provided consultations to the value of \$100 with the remainder provided by Practice B (\$400). The WPE value of each practice is:

Practice A: $\$100/\$500 = 0.2$

Practice B: $\$400/\$500 = 0.8$

The WPE value of each child in the practice is added together to determine the total WPE value of the practice. Practices with a total WPE value of less than 10 are not eligible for outcomes payments.

The WPE value of the practice is calculated at the 'point in time' prior to each payment quarter.

Point in time

The 'point in time' corresponds to the last day of the month prior to the quarterly payment month. Eligible practices participating in the GPII at the 'point in time' (see Table 1) will be included in the quarterly calculation.

Payments are made to practices that have met the requirements of the GPII for the entire preceding payment quarter and are assessed as being eligible at the 'point in time'. For example, in order to receive a payment in the August quarter, practices need to have met the requirements for all of May, June and July, and be assessed as eligible at the 'point in time' of 31 July (see Table 1).

Table 1: Important dates for General Practice Immunisation Incentive payments

Reference period	'Point in time' assessment of practice eligibility	Assessment of immunisation status & payment quarter
1 October – 30 September	31 January	February
1 January – 31 December	30 April	May
1 April – 31 March	31 July	August
1 July – 30 June	31 October	November

Assessment of immunisation status

Each payment quarter, data from the Australian Childhood Immunisation Register (ACIR) is used to determine a child's immunisation status.

The National Immunisation Program (NIP) Schedule and the National Due and Overdue Rules for Childhood Immunisation are used by the ACIR to determine the immunisation status of each child.

Children vaccinated in accordance with the NIP Schedule who are not overdue at the time of assessment of immunisation status are deemed to be up to date with immunisation.

All vaccinations recorded in the ACIR at the time of calculation are included in the assessment of immunisation status.

When are payments made?

Payments are made quarterly in February, May, August and November each year.

In most cases, practices that meet the outcomes target will be paid in the first payment quarter after application. Thereafter, the practice will be paid quarterly provided the practice continues to meet the eligibility requirements.

How are payments made?

Payments are made by Electronic Funds Transfer (EFT) to the account nominated by the practice on the application form. The payments do not attract a Goods and Services Tax (GST).

Verifying calculations

Medicare Australia provides practices with GPII payment statements each quarter.

Provided all GPs in the practice have signed the privacy agreement, practices may also request a GPII practice report (GPII020A) from Medicare Australia to verify the immunisation status of children in their practice.

A range of immunisation reports can be accessed through the ACIR secure area of Medicare Australia's website by visiting www.medicareaustralia.gov.au > **For individuals > Services and Programs > Australian Childhood Immunisation Register (ACIR)**

Recalculation of payments

If the ACIR is notified of completed vaccinations after the quarterly assessment of immunisation status has been conducted, the practice's immunisation coverage is adjusted in a recalculation process that takes place in the following quarter. The same 12 month reference period applied to the original calculation is used during the recalculation process. This provides practices with up to an additional three months to submit information about completed vaccinations to the ACIR.

An adjusted payment (recalculated minus the original) may be made if there is a positive variance. There are no negative adjustments.

Withheld payments

Payments to practices may be withheld by Medicare Australia for a number of reasons including:

- non-compliance
- change of ownership
- incomplete or inaccurate practice details.

If practices do not provide the information requested by Medicare Australia, GPII payments may be withheld.

Once the required information is provided and the practice is assessed as eligible for payments, Medicare Australia will release the payment(s). If the practice remains ineligible for payment(s) for three consecutive 'points in time', the practice will be withdrawn from the GPII.

If the issue (reason for payments being withheld) is subsequently resolved following a practice's withdrawal from the GPII, the practice will need to complete a new application form to re-join the GPII.

What are the obligations of the practice?

The practice must:

- be able to substantiate its claim for payments, including documentary evidence of patient immunisation records
- ensure the information provided to Medicare Australia is accurate
- advise Medicare Australia in writing, of any changes to practice arrangements by the relevant 'point in time' date or within 14 calendar days from the date that the change takes effect, whichever date is earliest, to ensure the accuracy of quarterly GPPI payments.

How does the practice apply for the General Practice Immunisation Incentive

Practices can apply for the GPPI by completing the relevant parts of the Practice Incentives Program and General Practice Immunisation Incentive application form available from Medicare Australia.

Each participating GP is required to complete the Individual Provider Details and Declaration Details section of the form to provide consent to the use of their Medicare Australia and Department of Veterans' Affairs service data in calculating the practice's GPPI payments. New practitioners joining the practice will need to complete the Additional GP details form.

On joining the GPPI, a practice must nominate an authorised contact person(s). This person(s) will be required to verify on behalf of the practice, any changes to information submitted for GPPI claims and payments. The authorised contact person(s) will be the person to whom all correspondence or enquiries are addressed. Medicare Australia will only deal with the current practice owner(s) or an authorised contact person(s).

Is there an appeals process?

The GPPI has an established appeals process. To request a review of a decision, the authorised contact person or the owner of the practice must write to Medicare Australia within 28 calendar days of receiving the notice of the decision they would like reviewed. Medicare Australia will review its decision and advise the practice in writing of the outcome.

The request must include the following details:

- the name and address of the person requesting the review
- the practice name and practice ID
- the decision to be reviewed
- the grounds for requesting the review
- any additional documentation to support the request for a review of the original decision.

Advice on further avenues of appeal are available from Medicare Australia.

More information

For more information about the GPPI call GPPI on **1800 246 101** (call charges may apply) between 8.30 am to 5.00 pm AEST, Monday to Friday. For more information email **tas.gpii@medicareaustralia.gov.au** or go to **www.medicareaustralia.gov.au/gpii**

For a copy of the PIP and GPPI application form call PIP on **1800 222 032** (call charges may apply) between 8.30 am to 5.00 pm ACST, Monday to Friday. For more information email **pip@medicareaustralia.gov.au** or go to **www.medicareaustralia.gov.au/pip**

These Guidelines are for information purposes only. While it is intended that the Commonwealth will make payments as set out in these Guidelines, the making of payments is a matter in the sole discretion of the Commonwealth. The Commonwealth may alter arrangements for the General Practice Immunisation Incentive at any time and without notice.

The Commonwealth does not 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.