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## NSW INDIGENOUS ACCESS PROGRAM

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## MEDICARE AUSTRALIA INDIGENOUS ACCESS PROGRAM (IAP)

The IAP :

- provide information on Medicare Australia's Indigenous specific initiatives and policies
- improves access to Medicare Australia's programs, including Medicare, PBS and ACIR
- assist **ALL** Medical Services and Pharmacies to better understand Medicare programs, item numbers and claiming

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## NSW BDO's

Teneale Lavender

Debbie Green (Deb)

Elizabeth Goodfellow (Liz)

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## How Can we help?

Business Development Officers (BDO) can help you and  
your service with:

- Medicare enrolments
- Claims process and enquires
- Provider numbers for Doctors
- Information on new initiatives
- Patients Eligibility
- Medicare Card numbers for patients
- Rejection Reports
- Training new Staff
- Technical advice and support
- Community support

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## SERVICING OUR NETWORK

On site visits

Contact by phone or email

Health Forums

Workshops

Conferences

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## Indigenous Health from the 1st May 2010 – ATSI Health Assessment

### ITEM NUMBER's

715 -for all ATSI people regardless of age, minimum timeframe – 9mth's

5 - referred Allied Health visits – 12 month period

10 - Practice Nurse follow-up services – 12 month period

### ALLIED HEALTH PROVIDER ITEMS

81300 – AHW

81305 – Diabetes Educator

81310 – Audiologist

81315 – Exercise Physiologist

81320 – Diabetes Educator

81325 – Mental Health Worker

81330 – Occupational Therapist

81335 – Physiotherapist

81340 – Podiatrist

81345 – Chiropractor

81350 – Osteopath

81355 – Psychologist

81360 – Speech Pathologist

### PRACTICE NURSE ITEM

10987

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CDM

**ITEM NUMBER'S**

721- GPMP

723 – TCA

732 – REVIEW OF GPMP AND TCA (CAN HAVE 2 ON THE SAME DAY)

5 – referred Allied Health visits – 12 month period

5 – Practice Nurse follow-up services – 12 month period

**ALLIED HEALTH PROVIDER ITEMS**

10950 – AHW

10951 – Diabetes Educator

10952 – Audiologist

10953 – Exercise Physiologist

10951 – Diabetic Educator

10956 – Mental Health Worker

10958 – Occupational Therapist

10960 – Physiotherapist

10962 – Podiatrist

10964 – Chiropractor

10966 – Osteopath

10968 – Psychologist

10970 – Speech Pathologist

**PRACTICE NURSE ITEM**

10997

**DENTAL PROGRAM**

\$4250 over 2yr's, GPMP&TCA in place, referred

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SAMPLE CLAIM CDM

INITIAL CONSULT		REVIEW/PLAN		PIP INCENTIVE	
36	67.65	732 x 4	272.00	Pat. Reg	250.00
10991	8.75	10991 x 4	35.00	Tier 1	100.00
721	136.05	10997 x 5	57.75	Tier 2	150.00
10991	8.75	10991 x 5	43.75		
723	107.80	10987 x 10	231.00		
10991	8.75	10991 x 10	87.50		
715	200.20	AH x 10	509.50		
10991	8.75				
<b>TOTAL</b>	<b>\$546.70</b>	<b>TOTAL</b>	<b>\$1236.50</b>	<b>TOTAL</b>	<b>\$500.00</b>

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## POTENTIAL PRACTICE INCOME

<b>Initial Consultation plus GPMP/TCA plus ATSI Health Assessment</b>	<b>\$546.70</b>
<b>Reviews/Plan/Referrals</b>	<b>\$1236.50</b>
<b>PIP Incentive Payments (Annually)</b>	<b>\$500.00</b>
<b>Total Medicare Income per Patient (Annually)</b>	<b>\$2283.20</b>

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## PBS Co-payment Measure

### AIM

- Help ATSI patients access PBS medicines by reducing cost barriers
- Target patients with chronic disease or chronic disease risk factors

### ELIGIBILITY

ATSI people of any age who –

- Present with an existing chronic disease or chronic disease risk factor
- Would experience setbacks
- Are unlikely to adhere to their medicines regimen without assistance

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## PBS Co-payment con't

### REGISTRATION

- Practice Incentives Program Indigenous Health Incentive and PBS Co-payment Measure **Patient Consent** and **Patient Registration** forms
- Once registered, patients do not have to re-register
- Patients can withdraw by completing the **Withdrawal of Consent** form

### ELIGIBLE PATIENTS

- PBS Co-payment relief
- Concession card holders will receive their PBS medicines without paying a co-payment to the pharmacy
- Annotation of prescriptions: Closing the Gap or CTG

**MORE INFORMATION CALL PIP ON – 1800 222 032**

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## ABORIGINAL HEALTH WORKER

### Is a provider number required?

- Yes, an Aboriginal health worker should apply to Medicare Australia for a provider number.

### Application form available online at:

<http://www.medicareaustralia.gov.au/provider/incentives/allied-health.jsp>

### Who claims the item from Medicare?

- Aboriginal Health Workers claim using his/ her provider number as an **Eligible AHW**.
- In States and the Australian Capital Territory other than the NT. they must have been awarded a Certificate Level III (or higher) in Aboriginal and Torres Strait Islander Health from a Registered Training Organisation that meets training standards set by the Australian National Training Authority's Australian Quality Training Framework
- Note: Where individuals consider their qualification to be equivalent to or higher than a Certificate Level III in Aboriginal and Torres Strait Islander Health, they will need to contact a Registered Training Organisation in their State to have the qualification assessed as such before they can register with Medicare Australia.
- Link to RTO:  
<http://www.training.com.au/pages/menuitem5da6cf923572b888a392e51017a62dbc.aspx>

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## AHW ADDITIONAL FORMS

- Online Claiming for Medicare and DVA Provider Agreement
- Online Claiming Banking Details

For Assistance with the above forms call the Medicare Australia eBusiness Service Centre on:

1800 700 199 or

Fax to:

02 9895 3190 or

Send completed and signed form to:

Manager

eBusiness Service Centre

GPO Box 9822

in your capital city

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## ABORIGINAL HEALTH WORKERS

Item numbers AHW's can claim?

- Item 10950 – Aboriginal and Torres Strait Islander health service provided to a person who has a medical condition and complex care needs being managed by a GP under a CDM plan.
- Item 81300 - Aboriginal and Torres Strait Islander health service provided to a person who has had an Aboriginal and Torres Strait Islander health check.
- The service's must be provided by the Aboriginal health worker on referral from a GP who has used a referral form issued by the Department of Health and Ageing.
- Referral forms available online:

[http://www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health\\_pro-gp-pdf-ahs-cnt.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health_pro-gp-pdf-ahs-cnt.htm)

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### How payments are calculated

Payments through the PIP recognise specific aspects of general practice that contribute to quality care. The payment formula was developed in consultation with the General Practice Financing Group (GPFG), which also consulted many GPs and Divisions. The GPFG consists of GP representative organisations as well as the Australian Government.

### The formula in brief

There are 13 broad elements to the payment formula, some with several tiers of payment. Practices may qualify for any or all payments, which are cumulative.

(refer to tables in information packs)

**Note:** the average Full Time Equivalent General Practitioner (FTE GP) sees 1000 Standardised Whole Patient Equivalents (SWPE) annually.

<http://www.medicareaustralia.gov.au/provider/incentives/pip/payment-formula/index.jsp>

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It is important that PIP practices advise Medicare Australia:

- in writing, of any changes in practice arrangements that may affect their eligibility for the PIP and/or individual PIP incentives.
- practices generally have 14 calendar days to advise Medicare Australia of changes
- practices need to ensure this information is provided to Medicare Australia by the 'point in time' date.
- this will ensure changes to practice arrangements are taken into account, to accurately calculate the practice's next quarterly PIP payment
- 'point in time' is the last day of the month before the payment month
- practices that do not advise Medicare Australia of changes within the appropriate timeframe will not have the information included in the quarterly calculation, which may affect their payment.

<http://www.medicareaustralia.gov.au/provider/incentives/pip/forms-guides.jsp#N1016C>

<http://www.medicareaustralia.gov.au/provider/incentives/pip/index.jsp#N1011F>  
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**NURSE PRACTITIONER and  
MIDWIFE**

**From the 1<sup>st</sup> November 2010:**

- Apply for a provider number using the application form on Medicare Australia's website
- Complete an: Online Claiming for Medicare and DVA Provider Agreement
- Complete an: Online Banking Details form
- Provide and claim for services listed in the MBS, using his or her provider number

Health Insurance (Midwife and Nurse Practitioner) Determination 2010  
(available on Medicare Australia website)

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**ITEM NUMBERS FOR NP and  
MIDWIVES**

**NURSE PRACTITIONER**

- 82200-Professional attendance, short history, limited examination and management
- 82205-Professional attendance lasting less than 20mins
- 82210-Professional attendance lasting at least 20mins
- 82215-Professional attendance lasting at least 40mins

**MIDWIFE**

- 82100 to 82110-Professional attendance lasting up to or at least 40mins (antenatal)
- 82115-Professional attendance lasting at least 90min – pregnancy greater than 20 weeks
- 82120 to 82125-Management of confinement
- 82130 to 82135-Professional attendance lasting up to or at least 40mins, within 6 weeks (postnatal)
- 82140-Professional attendance not less than 6 weeks not greater than 7 weeks (mother and baby) payable once

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## MBS ONLINE

To keep up to date with changes to the MBS you can:

- register to receive updates by email
- search for item numbers
- print downloads
- create publications
- print fact sheets
- read/print the latest news

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

[www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)



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## HINTS and Q & A

Medicare changes all the time  
Always ask questions  
BDO's do not always know the answer and if we don't we will  
source one for you

Call us:  
Deb - 0421 097 690  
Liz – 0421 097 691  
Teneale – 0403 589 900  
Or  
1800 556 955

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