

February 2016

INFORMATION REGARDING PIP INDIGENOUS HEALTH INCENTIVE (IHI) AND CTG SCRIPT ANNOTATION

A practice is able to register to participate in the Practice Incentives Program (PIP) which aims to support general practice activities that encourage quality care, and improve access and health outcomes for patients. Once registered for the PIP IHI a practice will receive a \$1,000 sign-on payment.

An Indigenous patient attending the practice either with or at risk of a chronic disease is then eligible to complete a PIP IHI patient registration form. For MBS purposes the definition of a chronic disease is “a disease that has been, or is likely to be present for at least six months - inclusive, but not limited to asthma, cancer, cardiovascular illness, diabetes, musculoskeletal conditions and stroke.”

While completed on the same registration form, the PIP IHI and CtG PBS Co-Payment Measure (CtG script annotation) provide the patient with two distinctly separate areas of assistance.

The table on the following page provides a summary and comparison of the components for your convenience. It has been drawn from, and should be read in conjunction with, the Practice Incentives Program Indigenous Health Incentive Guidelines (2014), Department of Health.

The PIP IHI Guidelines can be found at:

<http://www.humanservices.gov.au/health-Compaprofessionals/services/practice-incentives-programme/>

The PIP IHI and PBS Co-Payment Measure Patient Registration and Consent form (IP017) can be found at:

<http://www.humanservices.gov.au/health-professionals/forms/ip017>

For further information or queries contact:

Phone: Practice Incentive Program, Medicare 1800 222 032

Email: askmbs@humanservices.gov.au

Alternatively, contact your local WAPHA Network Support Officer. If you are unsure who this may be, please phone: 08 6272 4945.

COMPARISON OF PIP IHI AND CTG SCRIPT ANNOTATION

PIP IHI: <i>Payment to a practice for commitment to providing chronic disease care and follow up for a patient</i>	CtG PBS CoPayment <i>Script annotation assisting patients to access any (not necessarily chronic disease related) medication</i>
Eligibility requirements identical across both components: <ul style="list-style-type: none"> The patient must identify as being Indigenous The patient must have a current Medicare card, but not necessarily a Health Care/Concession Card The patient must provide informed consent to be registered for PIP IHI by completing the patient consent part of the registration and consent form; the practice must send or fax the completed form to Human Services or complete patient registration online via HPOS 	
Additional eligibility requirements for PIP IHI registration: (\$250) <ul style="list-style-type: none"> Patient must have a chronic disease Must be of 15 years of age or older Has had or been offered a health check for Aboriginal peoples (MBS715) Patient is a 'usual' patient of the practice Registers once per calendar year 	Additional eligibility requirements for CtG registration: <ul style="list-style-type: none"> Patient either has, or is at risk of, a chronic disease No age requirements is a 'usual' patient of the practice; OR may not be a 'usual' patient of a practice but requires access to CtG – in which case, select the tick box to register the patient for PBS CoPayment ONLY (not as usual practice or for IHI). Once only registration. Provided the patient has been registered for PIP CtG at any practice in the past, they are able to attend any PIP IHI registered practice and a GP within that practice is able to annotate the script with CtG
Note: Practices should consider setting a recall within their practice software to re-register all PIP IHI registered patients for the next calendar year in November.	Note: In order for a specialist (in either primary or tertiary setting) to be able to annotate scripts with CtG for a patient: <ul style="list-style-type: none"> The patient must be referred from a GP The referring GP must note on referral form both that the practice is PIP IHI registered, and that the patient is registered for CtG

PIP IHI Outcomes Payments
<i>Based on MBS services provided each calendar year to a patient who is PIP IHI registered; only made to PIP IHI registered practices; practice may receive one or both payments even if a patient is currently registered for PIP IHI with another practice.</i>
Tier 1 – chronic disease management in a calendar year (\$100). A practice must: <ul style="list-style-type: none"> Prepare a GPMP (MBS721) or develop a TCA (MBS723) (<i>Note: a patient must have both 721 & 723 completed to be eligible for chronic disease allied health and nurse/Aboriginal health practitioner follow-up MBS items</i>); AND Complete at least one review of GPMP and/or TCA (MBS732) OR <ul style="list-style-type: none"> Undertake two (2) reviews (MBS732) of an existing GPMP (MBS721) or TCA (MBS723) OR <ul style="list-style-type: none"> Contribute to two (2) reviews of multidisciplinary care plan for patient in a residential aged care facility (MBS731)
Tier 2 – total patient care in a calendar year (\$150) Payment made to the practice providing the majority of eligible MBS services for a patient (minimum five eligible MBS services) during the calendar year. This includes services provided to qualify for Tier 1. If multiple practices provide equal numbers of eligible MBS services to the same patient, then a Tier 2 outcomes payment will be made to each practice.