

Practice Incentives Program Indigenous Health Incentive Guidelines

Effective July 2021

The Practice Incentives Program (PIP) Indigenous Health Incentive supports general practices and Indigenous health services (practices) to provide better health care for Aboriginal and/or Torres Strait Islander patients. This includes best practice management of chronic disease.

This incentive is a key part of the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap: Tackling Indigenous Chronic Disease.

For more information on chronic disease support for Aboriginal and Torres Strait Islander people, go to health.gov.au/indigenous-chronic-disease-support. You can also get information on the measures relevant to practices from your local affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).

Note: as part of the 2021-22 Budget the PIP Indigenous Health Incentive will introduce changes. The first changes come into effect from 1 January 2023. Visit health.gov.au/pip-ihl for more information.

Eligibility

To be eligible for the PIP Indigenous Health Incentive sign-on payment, the practice must:

- participate in the PIP – read about eligibility in the [PIP guidelines](#), and
- meet the requirements of the [sign-on payment](#).

To be eligible for the patient registration and outcomes payments, the practice must:

- be signed on for the PIP Indigenous Health Incentive, and
- meet the relevant requirements for [patient registration and outcomes payments](#).

Payments

The PIP Indigenous Health Incentive has 3 payment types:

1. sign-on payment
2. patient registration payment, and
3. outcomes payment.

Rural loading ranges from 15–50 per cent, and depends on the remoteness of the practice. It is applied to the payments of practices located in Rural, Remote and Metropolitan Areas (RRMA) 3–7.

More information on the PIP rural loading is in the PIP Rural Loading guidelines at servicesaustralia.gov.au/pip.

Table 1: Payments under the PIP Indigenous Health Incentive

Payment type and amount		Payment description
1. Sign-on payment	\$1,000 per practice	One-off payment to practices that register for the Indigenous Health Incentive and agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic disease.
2. Patient registration payment	\$250 per eligible patient per calendar year	A payment to practices for each Aboriginal and/or Torres Strait Islander patient aged 15 years and over who is registered with the practice for chronic disease management.
3. Outcomes payment—up to \$250	Tier 1: \$100 per eligible patient per calendar year	A payment to practices for each registered patient where a target level of care is provided by the practice in a calendar year.
	Tier 2: \$150 per eligible patient per calendar year	A payment to practices for providing the majority of care for a registered patient in a calendar year.

1. Sign-on payment

A one-off sign-on payment of \$1,000 is made to practices that register for the PIP Indigenous Health Incentive. The payment is made to practices in the next quarterly payment after they sign-on.

To be eligible to receive the PIP Indigenous Health Incentive sign-on payment, practices must:

- create and use a system to make sure their Aboriginal and/or Torres Strait Islander patients aged 15 years and over with a chronic disease are followed up, for example through use of a recall and reminder system, or staff actively seeking out patients to make sure they return for ongoing care, and
- undertake [cultural awareness training](#) within 12 months of joining the incentive, unless the practice is exempt.

2. Patient registration payment

A patient registration payment of \$250 is made to practices for each Aboriginal and/or Torres Strait Islander patient who:

- is a [‘usual’ patient of the practice](#)
- is aged 15 years and over
- has a [chronic disease](#)
- has had, or been offered, [a health check for Aboriginal and/or Torres Strait Islanders](#) using Medicare Benefits Schedule (MBS) items 715 and 228. Patients in residential aged care facilities, who are not eligible for items 715 and 228, can be offered alternative health checks, using MBS items 701, 703, 705 and 707.
- has a current Medicare card, and
- has provided informed consent to be registered for the PIP Indigenous Health Incentive by completing the patient consent part of the [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) form and has sent it to Services Australia, or completed the patient registration online via Health Professional Online Services (HPOS).

The patient registration payment is paid once per patient, per calendar year for patients registered between 1 January and 31 October. If a patient is registered for the first time in November or December, they’ll be registered from 1 January to 31 December of that year, and for the following

year. Practices will receive 1 patient registration payment of \$250 in the February payment quarter of the following year.

Table 2: Patient registration dates

Date Registered	Registration Period	Patient Registration Payment—\$250
1 January to 31 October	1 January to 31 December	In the next quarterly payment
1 November to 31 December	1 January to 31 December of that year, and 1 January to 31 December of the following year	February of the next year

A practice won't get a patient registration payment for a patient who is already registered for the PIP Indigenous Health Incentive with another practice for that calendar year.

Services Australia will provide a list of patients registered at the practice during the quarter for the PIP Indigenous Health Incentive as part of the practice's PIP quarterly payment advice. Services Australia will contact practices directly if a patient can't be registered for any reason.

Practices can check if an eligible patient is currently registered with their practice by checking the practice's list of registered patients through HPOS, or by phoning PIP on **1800 222 032** (call charges may apply).

Services Australia must receive the [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) form at least 7 days before the relevant point-in-time date so the practice can get a patient registration payment in the following quarter. See Table 3.

Table 3: Point-in-time dates

Point-in-time date	Payment made
31 January	February
30 April	May
31 July	August
31 October	November

3. Outcomes payments

There are 2 tiers of outcomes payments available each calendar year for each registered patient. Outcomes payments are based on MBS services provided to registered patients from 1 January to 31 December of each year the patient is registered. Outcomes payments are only made to the PIP practices that are approved for the Indigenous Health Incentive.

Practices may be eligible for either or both outcomes payments even if the patient is registered for the PIP Indigenous Health Incentive at another PIP practice.

Practices that have met the requirements of the outcomes payment don't have to take any action to get a payment. The outcomes payments are automatically paid as part of the PIP quarterly payment to the practice's nominated bank account.

Tier 1 outcomes payment—chronic disease management

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

- prepare a General Practitioner Management Plan (GPMP), MBS items 721 and 229, or coordinate the development of a Team Care Arrangement (TCA), MBS items 723 and 230, for the patient in a calendar year, and
- do at least 1 review of the GPMP or the TCA, MBS items 732 and 233, during the calendar year, or
- do 2 reviews of the patient's GPMP or TCA, MBS items 732 and 233, during the calendar year, or
- contribute to a review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility, MBS items 731 and 232, twice during the calendar year.

The recommended frequency for preparing a GPMP or coordinating a TCA, allowing for variation in patients' needs, is once every 2 years, with regular reviews recommended every 6 months.

Tier 1 Outcomes payments are paid in the quarter after the required services have been provided.

Tier 2 outcomes payment—total patient care

A payment of \$150 per patient is made to the practice that provides the majority of eligible MBS services for the patient, with a minimum of any 5 eligible MBS services, during the calendar year. This may include the services provided to qualify for the Tier 1 outcomes payment.

If 2 or more practices provide the same number of eligible MBS services for a patient—with a minimum of any 5 eligible MBS services—in the calendar year, a Tier 2 outcomes payment will be made to each practice.

Eligible MBS items for the purposes of this incentive are items commonly used in general practice including attendances by general practitioners using MBS item numbers: 3, 4, 23-34, 36, 37, 44, 47, 185, 187, 189, 191, 193, 195, 197, 199, 203, 206, 252-257, 259-271, 601, 602, 603, 737, 741, 745, 761-789, 2501-2559, 5000-5067, 90020, 90035, 90043, 90051, 90202, 90212) and chronic disease management items.

Tier 2 Outcomes payments are paid in February each year.

Requirements

Identification of Aboriginal and/or Torres Strait Islander patients

For practices to register patients for the PIP Indigenous Health Incentive, patients must self-identify to the GP or practice staff as being of Aboriginal and/or Torres Strait Islander origin. Patients don't need to provide evidence to support this.

GPs or practice staff should ask all patients if they identify as being of Aboriginal and/or Torres Strait Islander origin. The Australian Institute of Health and Welfare's 2010 report, *National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets* recommends the use of a standard national question: 'Are you of Aboriginal or Torres Strait Islander origin?' to identify, record and report the Aboriginal and Torres Strait Islander status of patients of health services. For a child or a patient unable to respond on their own behalf, ask an accompanying responsible parent or guardian.

Self-identification is voluntary, but practices need to make sure patients can make an informed choice about their decision to self-identify. A patient has the right to choose whether to reveal their cultural background. Their answer should be recorded as stated in their patient record. Practices should respect the patient's choice to self-identify.

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices* state practices need to work towards the routine recording of patients' cultural background, including

self-identified Aboriginal and/or Torres Strait Islander Australians, to help appropriately tailor care to patients.

Cultural awareness training

To meet this requirement, at least 2 staff members from the practice (one must be a GP) must complete appropriate cultural awareness training within 12 months of the practice signing on to the PIP Indigenous Health Incentive. Exemptions are listed below. For the purpose of the PIP Indigenous Health Incentive, appropriate training is any endorsed by a professional medical college, including those:

- offering Continuing Professional Development (CPD) points or
- endorsed by the NACCHO or one of its state or territory affiliates.

Practices must provide evidence of training completed or that exemptions apply.

Exemptions

- Appropriate training completed up to 12 months before the practice signs on for the PIP Indigenous Health Incentive.
- Practices under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives.

Note: further reference to exemptions for GPs working in an “Indigenous Health Service” means an Indigenous Health Service under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives.

- A GP at the practice who works at an Indigenous Health Service on a regular basis, provided that at least 1 other staff member has met the requirement or is considered exempt.

Note: there is no prescribed definition of ‘regular’ for the purposes of the PIP Indigenous Health Incentive. Practices must demonstrate appropriate cultural awareness gained from the interaction with an Indigenous Health Service.

- If there are only 2 staff members at a practice, it is sufficient for only 1 staff member to complete appropriate cultural awareness training or be considered exempt.
- A staff member qualified as an Aboriginal Health Worker.
- If the only GP at the practice is on a temporary contract with a tenure of 6 months or less, provided that at least 1 other staff member has met the requirement or is considered exempt.

Where a staff member, including a GP, counted towards meeting this requirement leaves the practice, another staff member of the practice needs to meet the training requirement or be considered exempt. This needs to happen within 12 months of the separation date of the previous staff member.

Consideration of other non-prescribed circumstances for exemption from this requirement may be considered on a case-by-case basis.

‘Usual’ practice patients

Patient registration for the PIP Indigenous Health Incentive should only be undertaken by the patient’s ‘usual care provider’. This is the practice that has provided the majority of care to the patient over the previous 12 months and/or will be providing the majority of care to the patient over the next 12 months.

Patients must confirm they want the practice written on the [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) form (to be their usual care provider and the practice responsible for their chronic disease management).

Before a GP submits the [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) form they should be satisfied their peers would agree their practice provides the usual care to the patient, given the patient's needs and circumstances. The term 'usual care provider' wouldn't apply to a practice that provides only one service to a patient.

Definition of a chronic disease

The PIP Indigenous Health Incentive uses the MBS definition of a chronic disease – a disease that has been, or is likely to be, present for at least 6 months. It includes but is not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions, chronic respiratory disease, cancer, chronic kidney disease and stroke.

Aboriginal and/or Torres Strait Islander health checks

Conducting Aboriginal and/or Torres Strait Islander health checks—MBS items 715 and 228—is a useful first step to make sure Aboriginal and/or Torres Strait Islander Australians get the best level of health care. It encourages early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. Practices are encouraged to bulk-bill their Aboriginal and/or Torres Strait Islander patients to help them afford and access care.

As residential aged care patients are not eligible to receive MBS items 715 and 228, alternative health checks such as MBS items 701, 703, 705 and 707, can be offered.

Aboriginal and/or Torres Strait Islander patients who've had a health check can be referred by their GP to eligible allied health professionals for up to 5 services per calendar year—MBS items 81300-81360. Patients who have received an MBS item 715 only can also get up to 10 follow-up services per calendar year—MBS item 10987—from a practice nurse or registered Aboriginal Health Worker (AHW), on behalf of the GP.

Patients with both a GPMP—MBS items 721 and 229, and a TCA—MBS items 723 and 230, for a chronic condition can be referred to eligible allied health professionals, including AHWs, for up to 5 services per calendar year, MBS items 10950-10970. Alternatively, registered AHWs or practice nurses can provide 5 follow-up services per year for patients with either a GPMP or TCA, MBS item 10997.

Eye health

Aboriginal and/or Torres Strait Islander Australians have a greater chance of eye disease, with common eye health problems including Refractive Error, Cataracts, Diabetic Retinopathy and Trachoma.

As part of conducting the Aboriginal and/or Torres Strait Islander health check—MBS items 715 and 228 or alternative health assessment for residential aged care patients—GPs should examine the patient's vision and make sure all patients with diabetes have an annual retinal examination. It is also recommended to check for Trachoma and do a Trichiasis check for patients who grew up in remote communities or have a history of 'sore or watery eye'.

It's important GPs refer the patient to appropriate follow-up services.

Applying

Practices can apply for the PIP Indigenous Health Incentive when they apply for the PIP:

- through HPOS at servicesaustralia.gov.au/hpos using your Provider Digital Access (PRODA) account, or
- by completing the Practice Incentives application (IP001) form available at servicesaustralia.gov.au/hpforms

Practices already participating in the PIP can apply for the Indigenous Health Incentive:

- through HPOS at servicesaustralia.gov.au/hpos using your PRODA account, or
- by completing the PIP Indigenous Health Incentive Practice Application (IP026) form available at servicesaustralia.gov.au/hpforms

Read more about PRODA including how to create an account at servicesaustralia.gov.au/proda

Patient registration and re-registration

Register patients

Practices must apply for the PIP Indigenous Health Incentive before patients can be registered. Any [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) form dated before the practice has registered will not be processed.

Practices should verbally explain the Indigenous Health Incentive. The GP needs to be sure the patient understands the incentive before asking them if they want to register.

Eligible patients can be registered:

- online through HPOS at servicesaustralia.gov.au/hpos using your PRODA account.
- By faxing a completed [PIP Indigenous Health Incentive Patient Registration and consent \(IP017\)](#) form to 1300 587 696. Go to servicesaustralia.gov.au/hpforms to download the form.

Note: Practices that register their patients through HPOS don't need to send us the PIP Indigenous Health Incentive patient registration and consent (IP017) form, but must complete and retain the patient consent section of the form for 6 years.

Practices that cannot register their patients through HPOS must send the [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) form to Services Australia for manual processing. Incomplete PIP Indigenous Health Incentive patient registration and consent (IP017) forms won't be processed and will be returned to the practice.

Patients can withdraw their consent at any time by completing the [Practice Incentives Program Indigenous Health Incentive patient withdrawal of consent \(IP029\)](#) form at servicesaustralia.gov.au/hpforms.

Re-register patients

At the end of each year, practices need to re-register their patients for the next calendar year through HPOS or by completing a new [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) form.

If practices are registering a patient for the first time in November or December, the patient will automatically be registered for the current and following calendar year. Practices can start registering their patients for the next calendar year from 1 November.

If a registered patient changes practices, the new practice must wait until the next calendar year before they can claim a patient registration payment.

Obligations

The practice must:

- complete and retain the patient consent section of the [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) forms at the practice if patients have been registered online through HPOS, or
- send all [PIP Indigenous Health Incentive patient registration and consent \(IP017\)](#) forms to Services Australia for patients to be registered manually.

The practice must prove its claims for payment by providing:

- proof that a system is in place to make sure their Aboriginal and/or Torres Strait Islander patients, aged 15 years and over, with a chronic disease are followed up,
- proof of completing appropriate cultural awareness training,
- records of patient consent for patients registered online through HPOS,
- information as part of the ongoing confirmation statement audit process to verify that the practice meets eligibility requirements.

The practice must tell Services Australia about changes to practice arrangements:

- online through HPOS. Most changes made in HPOS are effective immediately, or
- by completing the Practice Incentives Change of Practice Details (IP005) form, or
- by writing to Services Australia no later than 7 days before the relevant point-in-time date.

Read more in the PIP guidelines at servicesaustralia.gov.au/pip

The point-in-time date is the last day of the month before the next PIP quarterly payment. See Table 3: Point-in-time dates.

On joining the PIP, the practice must nominate an authorised contact person(s), who'll confirm any changes to information for PIP claims and payments on the practice's behalf.

Rights of review

The PIP has a review of decision process that is separate from reviews relating to program audits. To ask for a review of a decision, the authorised contact person or the owner of the practice must submit the request using the Practice Incentives review of decision (IP027) form and provide supporting documentation within 28 days of receiving the decision you want reviewed. Services Australia will review the decision against the published guidelines at the time of the decision. The outcome of the review will be advised in writing.

If you're not satisfied, you can ask our Formal Review Committee to reconsider it. The Formal Review Committee is the last avenue and its decision is final.

For more information

- Online:** servicesaustralia.gov.au/pip
Email: pip@servicesaustralia.gov.au
Call: **1800 222 032** (call charges may apply).

Disclaimer

These guidelines are for information purposes and provide the basis on which PIP payments are made. While it's intended that the Australian Government will make payments as set out in these guidelines, the making of payments is at its sole discretion.

The Australian Government may alter arrangements for the Practice Incentives Program at any time and without notice.

The Australian Government doesn't 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.

For more information

Online: health.gov.au/indigenous-chronic-disease-support.

Call: **1800 222 032** (call charges may apply).

Your state or territory NACCHO affiliate may also be able to help with your questions.