

MGPN Indigenous PIP Summary Tool

Indigenous Health PIP Aim: To encourage and support best practice management of ATSI patients with chronic disease through financial incentives. Only practices accredited or registered for accreditation are eligible to register for the Indigenous Health PIP payments.

No	Entitlements:	Payment	Eligibility Requirement
1	Sign on payment	\$1000 per practice. Made in the next quarter following sign on	One off initial payment when practices agree to undertake specified activities to improve the provision of care to ATSI patients with chronic disease.
2	Patient Registration Payment	\$250 per eligible patient per calendar year	Payment for each consenting ATSI patient over 15 registered for CDM who has been offered or had an ATSI Health Check (Item 715).
3	Outcomes payment	Total up to \$250.00 Tier 1: \$100 per eligible patient per year. Paid in the quarter following provision of required services Tier 2: \$150 per eligible patient per calendar year. Paid annually in February.	Payment to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year. Payment to practices for providing the majority of care to a registered patient in a calendar year.

Definitions:

Sign on Payment Specified activities:

- Encourage patients to self identify by asking: **“Are you of Aboriginal or Torres Strait Islander origin?”** and/ or including this question on the new patient’s form.
- Call the Medicare PIP line (**1800 222 032**) to ensure that your patient is not already registered for the Indigenous Health PIP at another practice.
- Seek written consent for disclosure of information to register for PBS co-payment
- Ensure cultural awareness training is completed by 2 staff -a GP and another staff member must attend training within the 12 month period from March 2011. ACCHO’s are exempt.

Patient Registration Payment: Patients need to re-register each calendar year. Registration process can commence in November 2010. New patients registered in the months November and December of any year; remain registered for the upcoming year.

Outcomes Payment:

Target level of care: Practices must: prepare a GPMP (MBS Item 721) or coordinate the development of a TCA (MBS Item 723) for the patient in a calendar year; and undertake at least one review of the GPMP or the TCA during the calendar year.

OR Undertake two reviews of the patient’s GPMP or TCA during the calendar year

OR Contribute to or contribute to a review of, a multidisciplinary care plan for a patient in a Residential Aged Care Facility (MBS Item 731) on two occasions during the calendar year.

Practices are encouraged to bulk bill to support & enable patient access

Majority of care: 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.