

|  |
| --- |
| Improving Access to Primary Care in Rural and Remote Areas  COAG Section 19(2) Exemptions Initiative |
| Guidance 2022 |
| OFFICIAL |

|  |
| --- |
|  |
| To receive this document in another format, phone (03) 9456 4203, using the National Relay Service 13 36 77 if required, or email the [Health Services Improvement team](mailto:healthservicesimprovement@health.vic.gov.au) <healthservicesimprovement@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, May 2022.  ISBN 978-1-76096-935-6 (pdf/online/MS Word)  Available at [Improving Access to Primary Care in Rural and Remote Areas Initiative](https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas) <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas> |
|  |

Contents

[1. Background 4](#_Toc112827076)

[2. Purpose of guidance 4](#_Toc112827077)

[3. Scope 5](#_Toc112827078)

[4. Eligibility 6](#_Toc112827079)

[5. Requirements and responsibilities 6](#_Toc112827080)

[5.1 Eligible site 6](#_Toc112827081)

[5.2 Participating eligible health professionals 7](#_Toc112827082)

[5.3 Primary Health Networks 8](#_Toc112827083)

[5.4 Victorian Department of Health 8](#_Toc112827084)

[6. Employment and financial accountability 8](#_Toc112827085)

[6.1 Visiting medical officer (VMO) contractual agreements and indemnity 8](#_Toc112827086)

[6.2 Employment status of eligible health professionals 8](#_Toc112827087)

[6.3 Remuneration 9](#_Toc112827088)

[6.4 Medicare benefit review remuneration 9](#_Toc112827089)

[6.5 Allocation of funds 9](#_Toc112827090)

[6.6 Financial accountability and reporting 9](#_Toc112827091)

[7. Medicare requirements and MBS billing responsibilities 10](#_Toc112827092)

[7.1 MBS items 10](#_Toc112827093)

[7.2 Services provided via telehealth 11](#_Toc112827094)

[7.3 Compliance 11](#_Toc112827095)

[8. Templates 11](#_Toc112827096)

[8.1 Operational Plan 11](#_Toc112827097)

[8.2 Site Annual Report 12](#_Toc112827098)

[9. Definitions 12](#_Toc112827099)

[10. More information and resources 16](#_Toc112827100)

[10.1 Contact 16](#_Toc112827101)

[10.2 Key resources 16](#_Toc112827102)

[10.3 Relevant regulation and policy 16](#_Toc112827103)

[10.4 Additional resources 17](#_Toc112827104)

# 1. Background

In February 2021, Victoria established a Memorandum of Understanding (MoU) with the Australian Government to participate in the Council of Australian Governments (COAG) Section 19(2) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas (the Initiative).

Recognising that people living in rural and remote communities often have limited access to primary care services, the Initiative aims to provide patients with greater access to primary health services locally – including after hours – in small public hospitals and health services.

The Initiative provides for an exemption under subsection 19(2) of the [*Health Insurance Act 1973* (Cth)](https://www.legislation.gov.au/Details/C2017C00255) <https://www.legislation.gov.au/Details/C2017C00255> to allow eligible state or territory-funded site practitioners with a separate Medicare provider number to claim against the [Medicare Benefits Schedule](http://www.mbsonline.gov.au) (MBS) <http://www.mbsonline.gov.au>.

Implementation of the Initiative may require the practitioner to have more than one provider number. This occurs where an approved, eligible site provides outreach services and both sites meet the ‘eligible site’ definition under Schedule A of the MoU. The practitioner would have a provider number for the approved eligible site location, then one for the outreach services provided from the eligible outreach site(s).

The MBS rebate can be claimed for non-admitted, non-referred professional services provided by eligible medical, nursing and midwifery services, allied health and dental services, specified diagnostic imaging services, and pathology services in urgent care, outpatient and outreach community clinics.

At least 70 per cent of the funding received under the initiative must be invested in new services and improvements at approved eligible sites or outreach services.

To be eligible for the exemption, the services must be provided from an eligible Victorian public hospital, multipurpose service or bush nursing centre located in [Modified Monash Model categories 5-7](https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm) (MMM 5-7) <https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm>.

Victoria signed a new MoU on 1 January 2022 which, unless terminated earlier, will continue to 30 June 2025.

As agreed in the MoU, the Victorian Department of Health will oversee the implementation and monitoring of the Initiative in health services.

The MoU is available on the [Victorian Department of Health’s website](https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas) <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>.

# 2. Purpose of guidance

This guidance is intended to support eligible Victorian health services to apply for an exemption and implement the Initiativeonce the exemption is approved by the Australian Government. It articulates the obligations and administrative requirements of the heath service and any eligible health professionals participating in the Initiative.

More information on the program is available on the [Australian Department of Health’s website](https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative>.

# 3. Scope

The Initiative is limited to the following scope as outlined by the Australian Government in the MoU. An example of Victorian practice as it relates to the Initiative is provided where applicable.

1. This guidance applies to eligible locations which choose to apply for and are granted an exemption from subsection 19(2) of the Health Insurance Act, under this Initiative by the Australian Minister for Health. It does not apply to any other circumstance. In the locations that are granted an exemption, it applies only to eligible services provided by an eligible health professional with a separate Medicare provider number issued for the purposes of the Initiative.
2. Private general practices which have an urgent care clinic function are not eligible under the Initiative.
3. Patients presenting to Victorian rural hospital urgent care centres are assessed utilising the [Australian Triage Scale](https://www1.health.gov.au/internet/publications/publishing.nsf/Content/triageqrg~triageqrg-ATS) <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/triageqrg~triageqrg-ATS>. Typically, the scope of the Initiative will apply to patients in categories 3 to 5:
   * + Triage 3 – Urgent: not life threatening
     + Triage 4 – Semi-urgent: not life threatening
     + Triage 5 – Non-urgent: needs treatment when time permits.
4. Radiology bulk billing under a subsection 19(2) exemption under the Health Insurance Act, or for privately referred services, should still comply with assignment of benefit requirements. Instruction on the process for radiology billing is not covered under this guidance as the process is dependent upon the radiology service model and radiology information system installed at the site. Diagnostic imaging services and pathology services related to eligible Victorian rural hospital urgent care centre presentations are claimable under the Initiative.

**Note:** In the case of small rural health services operating a nurse x-ray service, the remote radiologist who reviews and reports on the x-ray would be considered the providing practitioner for the service and would receive any corresponding or eligible Medicare benefit.

For further information on the Victorian small rural health services nurse x-ray service go to [Rural x-ray services](https://www.health.vic.gov.au/rural-health/rural-x-ray-services) <https://www.health.vic.gov.au/rural-health/rural-x-ray-services>.

1. There are three categories of non-admitted patient:
   * + urgent care centre
     + outpatient
     + a patient treated by hospital or bush nursing centre staff off the health service’s eligible site; includes their outreach and community services where these outreach sites also meet the ‘eligible site’ definition under Schedule A of the MoU.

An example is a physiotherapist that works for an eligible site and provides therapy in another eligible outreach or community site location (see ‘non-admitted patients’ definition in [section 9](#_9._Definitions) of this guidance). **Note:** This excludes Hospital in the Home program patients.

This guidance does not apply to private, compensable or ineligible patients whose services are not bulk billed to Medicare. Sites may use a common billing sheet to record these private, compensable or ineligible services, but the patient is not required to assign benefits for any services that are not being bulk billed to Medicare.

6. Department of Veteran Affairs (DVA) items cannot be claimed under this initiative. Similarly, items cannot be claimed for patients receiving services included in their in-home government funded packages.

# 4. Eligibility

For a rural health site to be considered for, or retain, eligibility under the Initiative as an eligible site:

* The facility must be located within categories MMM 5-7 and have the support of the Victorian Department of Health.
* The eligible site needs to be listed under its practice name in the directions made under subsection 19(2) of the Health Insurance Act.
* The health service is expected to meet the requirements in the Operational Plan (see [section 8.1](#_8.1_Operational_Plan) of this guidance) and submit it to the Victorian Department of Health. The department will submit the endorsed Operational Plan to the Australian Government.
* The health service will need to commit to reviewing its Operational Plan annually and, during the term of this MoU, provide the Victorian Department of Health by **31 July** each year:
  + a new or updated annual Operational Plan for the then current financial year, using the template at Schedule B of the MoU

or

* + confirmation that the existing Operational Plan is still current, in respect of each eligible site.
* The health service will need to commit to providing Site Annual Reports (see [section 8.2](#_8.2_Site_Annual) of this guidance) to the Victorian Department of Health each financial year during the term of this MoU. The department will submit the reports to the Australian Government.
* The Australian Government will notify the Victorian Minister for Health of the new site.
* Operational Plans and Site Annual Reports are to [be emailed to the Health Services Improvement team](mailto:healthservicesimprovementeam@health.vic.gov.au) <healthservicesimprovementeam@health.vic.gov.au>

The MMM is updated once every Census cycle, using Census population information. If an eligible site becomes ineligible under the Initiative during the term of this MoU due to changes in the MMM classification of the site, it will continue to be treated as an eligible site for the term of the MoU to allow the site to source other funding streams.

The methodology supporting the MMM may also be updated from time to time at the discretion of the Australian Government.

A list of Victorian facilities located within categories 5-7 of the MMM geographical classification system is available on the [Victorian Department of Health’s website](https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas) <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>.

**Note:** for multi-campus health services, only the listed sites are eligible.

# 5. Requirements and responsibilities

## 5.1 Eligible site

**Eligible sites will:**

* Determine if the site is a ‘good fit’ for the Initiative.
* Establish an external project committee with ‘terms of reference’ to oversee the application and implementation of the Initiative. [Email the Health Services Improvement team](mailto:healthservicesimprovementeam@health.vic.gov.au) <healthservicesimprovementeam@health.vic.gov.au> to request a terms of reference template.
* Work with the local Primary Health Network (PHN) to engage general practitioners (GPs) and other local primary care stakeholders to establish support for the inclusion of a site under the Initiative.
* Obtain written support for the Initiative from local primary care providers as part of the Operational Plan prior to submitting it to the Victorian Department of Health. Local primary care providers can include GPs, PHNs, the Royal Flying Doctor Service and Aboriginal Health Services. Where support is not received from relevant stakeholders, a review process may be conducted.
* Engage and support potential healthcare workers to participate in the Initiative.
* Ensure the ‘Visiting Medical Officer – Letter of Agreement’ or ‘Eligible Health Professional – Letter of Agreement’ and the ‘End of Financial Year – Medicare Information Letter’ are provided to eligible participating health professionals. Templates for these letters are available on the [Victorian Department of Health’s website](https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas) <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>.
* Ensure all eligible healthcare professionals have a Medicare provider number for the site (details are to be provided in the Operational Plan).
* Establish local billing, accounting and reporting procedures to assist with the implementation and operation of the Initiative where sites become eligible.
* Ensure patients are bulk billed for services provided under this Initiative.
* Ensure the health service complies with the requirements of the MBS, the Health Insurance Act, the [National Health Reform Agreement](https://www.health.gov.au/initiatives-and-programs/2020-25-national-health-reform-agreement-nhra) <https://www.health.gov.au/initiatives-and-programs/2020-25-national-health-reform-agreement-nhra>, and other relevant Australian and Victorian Government regulation and policy.
* Submit to the Victorian Department of Health throughout the term of the MoU a new or updated annual Operational Plan by **31 July** for every financial year, using the template at Schedule B of the MoU. If there are no changes, the health service is to confirm the existing Operational Plan is still current, in respect of each eligible site by the same date.
* Submit to the Victorian Department of Health throughout the term of the MoU the Site Annual Report by **31 July** every financial year, using the template at Schedule C of the MoU for the immediate past financial year reporting on each eligible site.
* Record section 19(2) activity for the purposes of annual financial reporting to the Australian Government.
* Advise the Victorian Department of Health on any issues relating to the Initiative at the eligible site.
* Invest at least 70 per cent of the MBS funds derived from the Initiative in new services and improvements in accordance with the eligible site’s Operational Plan.
* Ensure increased support for primary care services at each eligible site by ensuring that all funds derived from the Initiative, in respect of that site, are returned to that site in accordance with the eligible site’s Operational Plan.

## 5.2 Participating eligible health professionals

**Participating eligible health professionals are responsible for:**

* Ensuring compliance with Medicare Australia requirements, especially with respect to the assignment of Medicare income from the patient.
* Allocating appropriate MBS item numbers.
* Paying the MBS funds to the eligible health service.

## 5.3 Primary Health Networks

**PHNs will endeavour to:**

* Identify potential service gaps or needs in the health service’s eligible MMM 5-7 zone and if required facilitate discussions between private providers and the health service to support its application.

## 5.4 Victorian Department of Health

**The Victorian Department of Health will endeavour to:**

* Confirm if there is support for the Initiative from local stakeholders, as outlined in section 7.5 of the MoU, prior to submitting an Operational Plan for an eligible site.
* Review all Operational Plans and Site Annual Reports prior to submission to the Australian Government for final decision and meet paragraph 8.2(e) requirements of the MoU.

# 6. Employment and financial accountability

The Initiative relates exclusively to public patient services provided by eligible participating Victorian rural public hospitals, health services, and bush nursing centres. In respect of those health services, existing terms and conditions of employment (in the case of eligible health professionals) and engagement (in the case of a visiting medical officer) will continue to apply. This includes relevant Australian industrial instruments applying to Victorian healthcare workers, as well as applicable Victorian Government and Department of Health policies, rules and guidance. Further, this Initiative does not affect or impact on the rights of private practice of employed eligible health professionals (where applicable).

## 6.1 Visiting medical officer (VMO) contractual agreements and indemnity

VMOs in rural areas can be engaged in urgent care services as either a contractor with a flat fee or, if under the employment model and not party to the Enterprise Bargaining Agreement, the health service can employ them pursuant to the minimum terms and conditions of the Medical Practitioners Award 2020.

## 6.2 Employment status of eligible health professionals

* Eligible health professionals will remain subject to standard Victorian health service employment terms and conditions but will be eligible to claim Medicare benefits for eligible services.
* Eligible health professionals must be consulted by the rural public health service to seek their agreement to participate in the Initiative.
* Following this, an ‘Eligible Health Professional – Letter of Agreement’ must be provided to the eligible health professional (see [section 10.2](#_10.2_Key_resources) of this guidance).

## 6.3 Remuneration

Existing remuneration arrangements for participating health professionals in designated rural facilities will continue. A section 19(2) exemption will not change these remuneration arrangements. There is no industrial instrument that covers health professionals engaged on a fee-for-service basis in Victoria.

## 6.4 Medicare benefit review remuneration

**Victorian rural public hospitals, health services, bush nursing centres, participating eligible health professionals will be responsible for ensuring:**

* Patients who receive eligible services must assign their Medicare benefits to the eligible health professional in accordance with Medicare Australia requirements. It is important to note that the requirements for the assignment of Medicare benefits remain unchanged under this Initiative.
* Compliance with the Initiative requirements; this is the responsibility of the eligible health professional.
* Patients **must not be charged a co-payment for MBS billed services** under this Initiative.

Further information regarding assignment of benefits can be obtained from [Services Australia](https://www.servicesaustralia.gov.au/medicare) <https://www.servicesaustralia.gov.au/medicare>.

## 6.5 Allocation of funds

Funds generated by the billing of Medicare under this Initiative must be used to enhance primary care services in the approved locality as identified in the site Operational Plan. A small proportion (no greater than 30 per cent) of the funds generated from this Initiative may be directed towards meeting the administrative costs of the Initiative (e.g. billing procedures). Revenue raised from exempt sites can be pooled by these sites for reinvestment initiatives which benefit all the exempt sites and is included in the Operational Plan. For example, funds could be put towards the cost of a shared locum or shared equipment.

## 6.6 Financial accountability and reporting

Victorian rural public hospitals, health services and bush nursing centres are expected to record the Medicare rebate claimed by the participating eligible health professional in an identifiable cost centre for the purposes of this Initiative. All health services and bush nursing centres are required to report annually via the **Site Annual Report** (Schedule C of the MoU) by 31 July of each year.

Victorian rural public hospitals, health services and bush nursing centres are also required to ensure the receipt of funds and subsequent expenditure complies with the Victorian Government’s accounts and audit policies.

Funds from the Initiative should be placed into a designated cost centre for the exempt site within the health service’s general funds which can be rolled over consecutive financial years. Health services may also share annual revenue and expenditure reporting from the Initiative with relevant local stakeholders annually.

Eligible sites are required to report section 19(2) urgent care presentations monthly under their data collection system.

Once the Victorian Department of Health receives the Site Annual Report from the health service, it will be reviewed and summarised for the Australian Government by 31 August each year.

# 7. Medicare requirements and MBS billing responsibilities

It is mandatory for public hospitals and health services in Victoria that bill under the MBS to comply with the requirements stated in the Health Insurance Act, the MBS, any additional requirements stated in the National Health Reform Agreement or future National Health Agreements agreed to by the Victorian Government, and other relevant Australian and Victorian government documents.

Section G22 of the National Health Reform Agreement gives the Initiative its authority. Public patients can only be billed for public hospital services in a manner that is consistent with section G22 of the National Health Reform Agreement – that is, services may bulk bill the MBS for eligible persons requiring primary care services who present to approved facilities. Section G22 relates to the exemption notwithstanding clauses 8a and sections G17 to G20 (clause 3) of the agreement.

To bill under the MBS for eligible services that have been set out in the Australian Health Minister’s direction made under subsection 19(2) of the Health Insurance Act on 29 June 2022, the health practitioner does not need to have been granted rights of private practice. This aligns with the [MBS billing policy framework for Victorian public hospitals](https://www.health.vic.gov.au/funding-performance-accountability/mbs-billing-policy-framework-victorian-public-hospitals) <https://www.health.vic.gov.au/funding-performance-accountability/mbs-billing-policy-framework-victorian-public-hospitals>.

## 7.1 MBS items

Eligible services are MBS services which are specified in the directions under subsection 19(2) of the Health Insurance Act. Such services may include categories of non-admitted patients services, non-referred services (including eligible nursing and midwifery services), eligible allied health and dental services, specified diagnostic imaging services, and pathology services.

Other service types are:

* sessional services
* on call services
* after hours services
* outpatients
* Victorian public rural hospital urgent care centre presentations with primary care needs
* diagnostic imaging and pathology services related to eligible Victorian public rural hospital urgent care centre presentations
* approved allied health ambulatory and community-based services
* approved nursing ambulatory and community-based services delivered by eligible emergency services.

A full list of claimable MBS items is available on the [Victorian Department of Health’s website](https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas) <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>.

## 7.2 Services provided via telehealth

Telehealth services provided in place of face-to-face health services which have been listed as eligible in the directions under subsection 19(2) of the Health Insurance Act can be billed under the MBS.

## 7.3 Compliance

The assignment of benefit requirements summarised in this guidance are mandatory under the Health Insurance Act.Failure to comply with this policy document may constitute a breach of the [Code of Conduct for General Health Services Victoria 2017](https://hcc.vic.gov.au/providers/general-health-service-providers)<https://hcc.vic.gov.au/providers/general-health-service-providers> for health professionals not covered by the Australian Health Practitioner Regulation Agency. The Health Complaints Commissioner will investigate any breach of Code of Conduct matters.

In addition, under the [Integrity governance framework 2019](https://www.health.vic.gov.au/funding-performance-accountability/integrity-governance-framework-and-assessment-tool) <https://www.health.vic.gov.au/funding-performance-accountability/integrity-governance-framework-and-assessment-tool>, compliance is required of all rural and regional health service staff which, for this purpose, includes: trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff), and persons delivering training or education within rural and regional health services. Staff are reminded that compliance with all policies is mandatory.

For more information on compliance, visit the [Australian Department of Health’s website](https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative>.

# 8. Templates

## 8.1 Operational Plan

To apply for the exemption, eligible sites that fall within the MMM 5-7 classification must complete the **Operational Plan** template (Schedule B of the MoU) and submit it to the Victorian Department of Health via [healthservicesimprovement@health.vic.gov.au](mailto:healthservicesimprovement@health.vic.gov.au) for Australian Government approval.

The Operational Plan template can be downloaded from the [Australian Department of Health’s website](https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative>.

To assist rural public hospitals, health services and bush nursing centres in completing the application, a sample Operational Plan can also be found on the [Victorian Department of Health’s website](https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas) <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>.

### Letter and billing templates

Participating Victorian public rural hospitals, health services and bush nursing centres are required to issue a ‘Visiting Medical Officer – Letter of Agreement’ to participating VMOs and the ‘Eligible Health Professional – Letter of Agreement’ to eligible health professionals prior to commencement of Medicare billing (see [section 10.2](#_Key_resources) of this guidance). A copy must be retained within the VMO’s contract or with the eligible health professional’s employment record.

Victorian rural public hospitals, health services and bush nursing centres are required to supply to participating eligible health professionals an ‘End of Financial Year – Medicare Information Letter’ at the end of each financial year (see [section 10.2](#_Key_resources) of this guidance). A copy must be retained for reporting and audit purposes.

The ‘assignment of benefits form’ (DB4E form) is to be used at section 19(2) exempt sites. This form can be ordered or downloaded from the [Services Australia website](https://www.servicesaustralia.gov.au/db4e) <https://www.servicesaustralia.gov.au/db4e>.

## 8.2 Site Annual Report

Victorian rural public hospitals, health services and bush nursing centres are required to complete a **Site Annual Report** (Schedule C of the MoU) on the operation of the Initiative and submit it to the Victorian Department of Health via [healthservicesimprovement@health.vic.gov.au](mailto:healthservicesimprovement@health.vic.gov.au) at the end of each financial year.

The report should include information on the current level of services provided, the level and nature of [services](https://www.health.vic.gov.au/hospitals-and-health-services/rural-health), and increased support provided during the period.

This report is to be submitted annually by **31 July** to the Victorian Department of Health. The department will review and forward the report to the Australian Government by 31 August (or the next working day) of each year and may be reconciled with MBS reporting data held by the Australian Government.

The Site Annual Report template can be downloaded from the [Australian Department of Health’s website](https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative>.

# 9. Definitions

The following table defines the terms used in the MoU and terms specific to the State of Victoria with respect to the MoU. It is important to use these terms consistently when implementing the Initiative. For more terms see Schedule A of the MoU.

|  |  |
| --- | --- |
| Term | Definition |
| **Agreement of local primary health care practitioners** | Agreement should be defined or measured as follows:   * agreement obtained by the states and then demonstrated to the Australian Government * the Australian Government will require evidence of support or otherwise from local privately practising or community-based primary care practitioners in the area or nearby (if there are any such providers) and other stakeholder groups (such as the local PHN, Aboriginal Medical Services and the Royal Flying Doctor Service) as appropriate * primary care practitioners may choose to be represented in negotiations.   Where agreement cannot be reached by all health practitioners, the process outlined in clause 8.3 of the MoU will apply so that parties agree to jointly:   * review, with input from the relevant PHN, whether there is sufficient support to grant an exemption where agreement cannot be established by all stakeholders, or where support is later withdrawn, noting that the Australian Government reserves the right to make a final decision on granting an exemption * monitor and evaluate the Initiative’s ongoing effectiveness and discuss proposals for changes to its operation. |
| **Eligible health professional** | Means an employee of a participating Victorian public rural health service or bush nursing centre who is a:   * medical officer or staff specialist, or * nurse practitioner, nurse, midwife, or * dental professional or allied health professional such as a podiatrist, audiologist or physiologist who is eligible for a Medicare provider number. |
| **Eligible services** | Services set out in the MBS which are specified in the directions under subsection 19(2) of the Health Insurance Act. Such services may include categories of professional non‑admitted patient services, non-referred services (including eligible nursing and midwifery services), eligible allied health and dental services, specified diagnostic imaging services, and pathology services. |
| **Eligible site** | A health facility at an approved location from which services are traditionally provided by the state health authority – including health services and bush nursing centres, multipurpose services, and community clinics – and that has been listed under its practice name in the directions made under subsection 19(2) of the Health Insurance Act. See clause 7 of the MoU including review process. |
| **Hospital in the Home program** | This program provides admitted care to public hospital patients in their home. This is defined as an ‘admitted’ program and **is therefore excluded** from the COAG Section 19(2) Exemption Initiative. |
| **HI Act** | The *Health Insurance Act 1973* (Cth) in force and as amended or replaced from time to time. |
| **Initiative** | The ‘Improving Access to Primary Care in Rural and Remote Areas’ initiative, also known as the ‘COAG Section 19(2) Exemptions Initiative’. |
| **Outreach or community services** | Services provided in another off-site setting. For example, a physiotherapist that works for an eligible site and provides therapy in another location (see definition for ‘non-admitted patients’).  **Note:** This excludes Hospital in the Home program patients |
| **Medicare benefits provider eligibility** | Any medical practitioner or health professional (including eligible nurse practitioners, midwives, allied health, and dental practitioners) wishing to access Medicare benefits will need to meet the requirements of the *Health Insurance Act 1973* (Cth).  Information about such eligibility is available on the [Australian Department of Health’s website](https://www.servicesaustralia.gov.au/eligibility-to-access-medicare-benefits-medicare-benefits-for-health-professionals?context=34076) <https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/medicare-benefits-health-professionals/eligibility-access-medicare-benefits>.  Medical practitioners or health professionals will not be able to access Medicare benefits if they do not meet the appropriate requirements. In some cases, this will mean seeking exemptions from the usual requirement because of special circumstances, such as working in a community of medical workforce shortage. |
| **MBS items** | A list of claimable MBS groups, sub-groups and items can be accessed [in](https://www.health.vic.gov.au/hospitals-and-health-services/rural-health) [section 7.1](#_7.1_MBS_items) of this guidance. |
| **Modified Monash Model (MMM)** | A classification system that categorises metropolitan, regional, rural, and remote areas according to both geographical remoteness and town size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities. The MMM has seven categories (1 through to 7). **For the purposes of the Initiative, eligible locations must be within categories 5, 6 or 7 (MMM 5-7).** |
| **Memorandum of Understanding (MoU) for Section 19(2)** | The MoU signed between the Australian and Victorian government in relation to the cooperative implementation of the COAG Section 19(2) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas. The MoU 2022­–25 was signed by both Ministers for Health and is active until 30 June 2025. |
| **Non-admitted patients** | A non-admitted patient is a patient who does not undergo a hospital’s formal admission process. There are three categories of non-admitted patient:   * rural hospital urgent care centre * outpatient * a patient treated by hospital employees off the hospital site – includes community services.   **Note:** This excludes Victorian Hospital in the Home program patients, as defined above. |
| **Operational Plan (Schedule B of the MoU)** | A plan outlining how a state intends to implement and operate the Initiative at an eligible site. It must include all supporting documents, including the primary care practitioner details, stakeholder consultation and endorsement, consent form for relevant stakeholders (other than primary care) and consent form for primary care providers, including GPs.  The Operational Plan template is at Schedule B of the MoU, which may be amended, updated, or replaced from time to time as notified by the Australian Government.  The Operational Plan template is available on the [Australian Department of Health’s website](https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative) <https://www1.health.gov.au/internet/main/publishing.nsf/ Content/COAG%20s19(2)%20Exemptions%20Initiative>. |
| **Primary care** | Primary care is provided in community settings by several different health professionals. Primary care often refers to medical care provided by GPs, but it can also refer to care provided by nurses, dentists, pharmacists, allied health and mental health providers, and Aboriginal and Torres Strait Islander health practitioners. Primary care is often the first point of contact people have with the health system. Dental services are part of primary care. |
| **Site Annual Report (Schedule C of the MoU)** | A completed annual report for each financial year in respect of an eligible site.  The Site Annual Report template is at Schedule C of the MoU, which may be amended, updated, or replaced from time to time as notified by the Australian Government.  The Site Annual Report template is available on the [Australian Department of Health’s website](https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative) <https://www1.health.gov.au/internet/main/publishing.nsf/ Content/COAG%20s19(2)%20Exemptions%20Initiative>. |
| **State Office email contact** | Operational Plan and Site Annual Report submissions are to be [emailed to the Health Services Improvement team](mailto:healthservicesimprovement@health.vic.gov.au) <healthservicesimprovement@health.vic.gov.au> |
| **Urgent care centre** | Victorian rural public hospitals and health services have 70 rural urgent care centres which provide access to timely, safe and quality urgent or emergency care and are a key entry point into the healthcare system for people living in small rural communities. They undertake initial assessment, provide care that may be definitive or onward referral. In an emergency they can provide initial resuscitation and limited life support before a patient is transferred to a larger hospital. |

# 10. More information and resources

## 10.1 Contact

For further information or enquires, [email the Health Services Improvement team](mailto:healthservicesimprovement@health.vic.gov.au) at <healthservicesimprovement@health.vic.gov.au>

## 10.2 Key resources

* [**Australian Department of Health Initiative information**](https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative)**: <**https://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative>

includes the following resources:

* + Operational Plan template
  + Site Annual Report template
* [**Victorian Department of Health Initiative information**](https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas)**:** <https://www.health.vic.gov.au/improving-access-to-primary-care-in-rural-and-remote-areas>  
  Includes the following resources:
  + 2022–25 Memorandum of Understanding
  + List of eligible (MMM 5-7) Victorian sites
  + Factsheet for health services
  + FAQs for health professionals
  + Sample Operational Plan
  + List of claimable MBS items
  + Eligible Health Professional – Letter of Agreement template
  + Visiting Medical Officer – Letter of Agreement template
  + End of Financial Year – Medicare Information Letter template

## 10.3 Relevant regulation and policy

### Australia

* [Health Insurance Act 1973](https://www.legislation.gov.au/Details/C2022C00023): <https://www.legislation.gov.au/Details/C2022C00023>
* [National Health Reform Agreement](https://www.health.gov.au/initiatives-and-programs/2020-25-national-health-reform-agreement-nhra) <https://www.health.gov.au/initiatives-and-programs/2020-25-national-health-reform-agreement-nhra>
* [Health Insurance Regulations 2018](https://www.legislation.gov.au/Series/F2018L01365) <https://www.legislation.gov.au/Series/F2018L01365>
  + [General Medical Services Table 2021](https://www.legislation.gov.au/Details/F2022C00807) <https://www.legislation.gov.au/Details/F2022C00807>
  + [Pathology Services Table 2020](https://www.legislation.gov.au/Details/F2022C00701) <https://www.legislation.gov.au/Details/F2022C00701>
  + [Diagnostic Imaging Services Table 2020](https://www.legislation.gov.au/Details/F2022C00701) <https://www.legislation.gov.au/Details/F2022C00701>
* [Public Governance, Performance and Accountability Rule 2014](https://www.legislation.gov.au/Details/F2022C00447) <https://www.legislation.gov.au/Details/F2022C00447>

### Victoria

* [MBS billing in Victorian public hospitals – best practice guidance](https://www.health.vic.gov.au/funding-performance-accountability/mbs-billing-policy-framework-victorian-public-hospitals) <https://www.health.vic.gov.au/funding-performance-accountability/mbs-billing-policy-framework-victorian-public-hospitals>
* [Specialist clinics in Victorian public hospitals – access policy](https://www.health.vic.gov.au/publications/specialist-clinics-in-victorian-public-hospitals-access-policy) <https://www.health.vic.gov.au/publications/specialist-clinics-in-victorian-public-hospitals-access-policy>
* [Patient fees and charges for public health services](https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services) <https://www.health.vic.gov.au/hospitals-and-health-services/patient-fees-and-charges-for-public-health-services>
* [Surgical services policies and guides](https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides>
* [Policy and funding guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
* [Private patients: principles for public health services](https://www.health.vic.gov.au/publications/private-patient-principles-for-public-health-services) <https://www.health.vic.gov.au/publications/private-patient-principles-for-public-health-services>

## 10.4 Additional resources

* [MBS Online](http://www.mbsonline.gov.au/) <http://www.mbsonline.gov.au>
* [Professional Services Review](https://www.psr.gov.au/) <https://www.psr.gov.au>
* [Health professional guidelines](https://www.health.gov.au/resources/collections/health-professional-guidelines) <https://www.health.gov.au/resources/collections/health-professional-guidelines>
* [Medicare for health professionals eLearning programs](http://medicareaust.com/PROGRAMS/MBSP03/index.html) <http://medicareaust.com/PROGRAMS/MBSP03/index.html>
* [Services Australia video – Billing accurately under Medicare](https://www.youtube.com/watch?v=89ckoc0dA2o) <https://www.youtube.com/watch?v=89ckoc0dA2o>   
  (**note:** the Department of Human Services referred to in the video is now known as Services Australia)

|  |
| --- |
| To receive this document in another format, phone (03) 9456 4203 using the National Relay Service 13 36 77 if required, or email [<healthservicesimprovement@health.vic.gov.au](mailto:%3chealthservicesimprovement@health.vic.gov.au)>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, May 2022  **ISBN** 978-1-76096-935-6 **(pdf/online/MS word)**  Available at [Rural Health- COAG’s section 19(2) exemptions Initiative](https://www.health.vic.gov.au/hospitals-and-health-services/rural-health) <https://www.health.vic.gov.au/hospitals-and-health-services/rural-health>. |