



Schedule C: Site Annual Report template

COAG s19(2) Exemptions Initiative (the Initiative) - Memorandum of Understanding – 2022–2025 Schedule C – Site Annual Report

As agreed under the bilateral Memorandum of Understanding (MoU), all sites are required to provide a Site Annual Report to the Commonwealth by 31 August (or the next working day) of each year. Part of completing the Site Annual Report is reviewing the Operational Plan, to allow the site to report on changes to the implementation of the Initiative. This template has been developed to assist sites to meet the reporting requirements.

The information provided will assist the Commonwealth in assessing the effectiveness of the Initiative, ensuring compliance with MBS requirements, and enabling robust evaluation.

Name of Site	
Date Section 19(2) Exemption Granted	
State/Territory	
Reporting Period	
Date of submission of Operational Plan	

Question 1

Please provide the Names and Medicare Provider Numbers of the practitioners that have billed against the Medicare Benefits Schedule (MBS) for services provided at this site during the reporting period (in a separate spreadsheet attached to this report. Please include all columns as indicated below).

Please note: this information is required for compliance purposes.

Medicare Provider Numbers of Sites					
State	Name of site	Address of site	Surname	Given name	Medicare Provider number

Question 2

Please indicate the MBS rebate funding received and the total expenditure of Medicare funding in the reporting period.

Total MBS rebate funding received	Total expenditure of MBS funding during this reporting period

Question 3

Please provide a breakdown of how the MBS revenue has been reinvested on primary health care services and improvements at the site or its outreach services during the reporting period (add additional rows as required).

Example: A site may purchase internet-enabled devices that enable home monitoring of people with chronic disease.

Please note: If you are planning to use MBS revenue from multiple years to implement an activity or purchase equipment/upgrade facilities, please provide details in the additional comments section below. Details to be provided include funding years and planned year of expenditure.

Please note: Paragraph 7.8 of the MoU requires that at least 70% of MBS rebate funding must be reinvested in primary health care services and improvements at the site or its outreach services.

Activity/Item description	Expenditure allocated \$	Is MBS expenditure for this item one-off or recurrent?	MBS benefits to community

Total			

Question 4

What is the total percentage of the MBS revenue that was utilised for new services?

Total percentage of the MBS revenue

Question 5

Please provide a breakdown of how the MBS revenue has been utilised on administration of the Initiative at the site (add additional rows as required).

Please note: No more than 30% can be used for the administration of the Initiative.

Examples: salaries for administration staff, staff training related to administering the Initiative and IT software or equipment required for administering the Initiative.

Activity/Item description	Expenditure (\$)
Total	

Question 6

What percentage of the total MBS rebate is used for administration?

Total MBS rebate

Question 7(a)

Has the MBS revenue raised from this site been pooled with other sources of revenue?

Yes	No

Question 7(b)

If yes, what were the other sources of revenue? How much was this additional revenue?

Other sources of revenue

Question 8

Does the investment of funds match the description in the Operational Plan? If not, please explain why not.

Investment of funds

Question 9

If there are any unspent funds from the MBS revenue during this reporting period, please provide a breakdown of how unspent funds will be utilised at the site (add additional rows as required).

Please note: If you plan to combine revenue from multiple years for a specific expenditure, please provide details in additional comments.

Item description	Timeframe for implementation	Cost	Is expenditure for this item one-off or recurrent?	Expected benefit to the community

Additional Comments

Question 10

Please provide any information on any changes to the local governance arrangements as provided in your Operational Plan, and include any change to local private primary health providers.

Changes to the local governance arrangements

Question 11

Are there any new stakeholders since you last submitted your Operational Plan or Site Annual Report?

If yes, please provide supporting documentation from those stakeholders, either giving their support or lack of support. If no response was received within 20 working days of requesting their support, please attach evidence of the request for support.

New stakeholders

Question 12

Please provide any information on any changes to the service delivery arrangements described in your Operational Plan.

Service delivery arrangements

Question 13

Please provide a brief paragraph on how the additional revenue derived from the Initiative is delivering better patient outcomes (no more than 500 words).

Delivering better patient outcomes

Question 14

Please provide any general feedback you may have on the Initiative's operations.

General Feedback

Clearance officer details

Completed by:	
Name	
Position	
Contact Number	
Email Address	

Completed by:	
Name	
Position	
Contact Number	
Email Address	