



Australian Government

Department of Health and Aged Care

# Schedule B: Operational Plan

## COAG s19(2) Exemptions Initiative - Memorandum of Understanding – 2022–2025 Schedule B – Operational Plan

*As agreed under the bilateral Memorandum of Understanding (MoU), all sites are required to provide a new or updated annual operational plan to the Commonwealth for the 2022-2025 period. This template has been developed to assist sites to meet the reporting requirements.*

### PART A – SITE DETAILS

An 'Eligible Site' is a health facility at an approved location from which services are traditionally provided by the State health authority - including hospitals and their outreach services, Multipurpose Services (MPS), and community clinics – and is one that has been listed under its practice name in the directions made under section 19(2) of the *Health Insurance Act 1973* (the HI Act).

#### Contact details for the site and other key contact personnel

Name of Facility			
Physical Address			
Mailing Address			
Phone number			
Fax Number			
Site Contact Person		Tel   Mob   Email	
Medical Director		Tel   Mob   Email	
Finance Contact		Tel   Mob   Email	
Operational or Health Service Manager		Tel   Mob   Email	

## Other Key Contacts

If there are any additional contacts, please attach relevant information where necessary.

Name	
Position	
Organisation	
Tel   Mob  Email	

## Site Description

Please provide a description of the health service/hospital profile information regarding the size of the site, current staffing arrangements and the types of services being provided.

Description of the health service/hospital profile
<p><i>Example only: (please provide the following summary information)</i></p> <p><i>'(Name of site) is a (type of site - i.e.: a Multi-Purpose Site, Community clinic or hospital) located in MMM (insert classification number 5, 6 or 7). The facility comprises of x beds and has a total of x staff members. It provides a mix of aged care, general medical, paediatrics, obstetrics, surgical and community health services. Allied health professionals and visiting specialists visit on a regular basis. This site provides a 24-hour emergency department with medical services provided by visiting medical practitioners.</i></p>

## Site Operational Model

### What service types are intended to be billed to Medicare?

'Eligible Services' are those Medicare Benefits Schedule (MBS) services which are specified in the directions under section 19(2) of the HI 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.

A list of claimable MBS Groups, Sub-groups and Items is in the directions, available at:

[About the COAG Section 19\(2\) Exemptions Initiative | Australian Government Department of Health and Aged Care.](#)

A reminder as you develop your Operational Plan:

- It is a Medicare requirement that practitioners and health professionals must have a separate provider number for each location at which they provide services. Only one provider number can be issued per site.
- To apply for an initial or additional provider number for practitioners and health professionals, refer to the forms available on the Services Australia website:

[www.servicesaustralia.gov.au/health-professionals?context=60090](http://www.servicesaustralia.gov.au/health-professionals?context=60090)

- You will be required to submit a list of provider numbers billing under the Initiative in each Site Annual Report.

### Service types to be billed to MBS

*For example: Sessional services, on call services, after hours services, out-patients, Emergency Department (ED) presentations with primary health care needs, diagnostic imaging services, and pathology services related to eligible ED presentations, Approved allied health ambulatory and community based services, Approved nursing ambulatory and community based services, Outreach clinics (off hospital site) by eligible services emergency services.*

## PART A – APPENDIX A: MBS details

**What are the arrangements that will be used for billing and receipts of MBS rebate?**

### Arrangements for billing and receipts of MBS rebate

## MBS rebates

**Identify the breakdown of how the MBS revenue will be spent.**

### Breakdown of intended MBS revenue

*Please provide a description and percentage breakdown on how the intended MBS rebate will be spent. (Please note that a minimum of 70% of the total MBS rebate must be retained by the facility for reinvestment in new and additional services at the facility and a maximum of 30% of the total MBS rebate can be expended on administration). Please refer to the expenditure guide below. As an example your site may have 90% reinvested of the MBS revenue in the facility for additional services and capital improvements (15% to provide additional prenatal services, 10% to conduct additional outreach services, 40% to increase after-hours services and 25% to include in a pool to improve the emergency department's triage area), and 10% for administration costs.*

*How will the MBS revenue generated from the Initiative be used?*

*Please tick all that apply:*

- ☐ Support for locum cover
- ☐ Employing additional salaried doctors and nurses
- ☐ Employing allied health professionals
- ☐ Professional development
- ☐ Recruitment and retention incentives
- ☐ Capital improvements to the site that will assist in increasing access to primary care
- ☐ Equipment to support primary care services
- ☐ Additional services to enhance primary care
- ☐ Administration costs

**What additional services are proposed to be provided using the intended MBS revenue:**

*For example: palliative care nurse, additional Allied Health services for chronic disease including podiatry, increased child health.*

If the MBS rebate is being used to establish new initiatives or enhanced services for the area, please provide further details below.

**Further details**

*Which of these initiatives for the area will be billed against the MBS?*

**New initiatives for the area**

*What governance arrangements will be in place for the distribution of how the MBS revenue/rebate will be spent?*

Please outline how the local governance arrangements will determine how the MBS revenue/rebate will be expended for this site. Please include the proposed terms of reference and membership for the committee if available.

**Governance arrangements in place**

*Outline the procedures in place for the collection of data for reporting purposes to ensure effective and accurate reporting as per the MoU between the [Jurisdiction] and the Commonwealth (please note, expenditure to administer the Initiative must be capped at 30% of revenues generated. You will be required to provide information on administration expenditure in your Site Annual Report).*

**Collection of data procedures**

## PART B – STAKEHOLDER CONSULTATION AND SUPPORT

For the purpose of applying for a new, or supporting an existing, approval of a site as an Eligible Site, it is necessary to consult with all Primary Health Care/Medical Practitioners who will provide services to the community and privately practising Primary Health Care/Medical Practitioners who will be affected by the Initiative. Please also consult with all other relevant stakeholders who may be affected by the Initiative at this site.

All privately practising stakeholders must be given the opportunity to express their written support or otherwise in this application, noting that establishing stakeholder support is either a requirement before directions under section 19(2) of the HI Act may be made by the Commonwealth to allow a site to become an Eligible Site or a requirement for a site to be retained as an Eligible Site once directions under section 19(2) of the HI Act are made to include that site as an Eligible Site. Stakeholders are to be provided with 20 working days to provide their support, or indicate their grounds for lack of support. Failure by a stakeholder to respond within this timeframe will be accepted as indicating support.

### **Local privately practising Primary Health Care/Medical Practitioners who may be materially affected by the Initiative.**

All persons consulted must complete the attached form indicating support, or provide their own written letter of support - refer to Appendix A. Where a category of practitioner does not exist in the locality, please indicate N/A.

Categories of Practitioner Consulted	Yes	No	No response received	N/A
<b>All Local Private General Practitioner Practices</b>				
<b>Contracted/Visiting Medical Practitioners</b>				
<b>Any Aboriginal Medical Service in the Area</b>				
<b>Other private primary health care providers, including allied health</b>				
<b>Other: (please list all)</b> •				

## Other stakeholder groups

All persons consulted must complete a the attached form indicating support, or provide their own written letter of support - refer to Appendix B. Where a category of stakeholder does not exist in the locality, please indicate N/A.

Stakeholder Groups Consulted	Yes	No	No response received	N/A
Primary Health Network				
Local Community Representative e.g. Consumer Health Council, Health Community Councils				
Local Council representative				
Royal Flying Doctor Service				
Other: (please list all) •				

*If you answered no to any of the above, why?*

Enter your answer if you responded NO to any of the above questions and state why?

## DECLARATION BY ORGANISATION

The undersigned below each understand and declare that they will:

- Cooperate with the data collection and reporting processes as agreed between the [Jurisdiction] and the Commonwealth.
- Notify the [Jurisdiction] and the Commonwealth of any relevant issues relating to primary health care/general practice that may arise, or have arisen, due to the existence of directions having been made under section 19(2) of HI Act. The following issues should be monitored locally as these may be incorporated into the next program evaluation:
  - Impact on retention of small rural hospitals and health services;
  - Impact on primary health care services in all eligible locations;
  - Impact on non-medical services in eligible locations;
  - Impact on GPs and salaried medical officers in eligible locations, including remuneration and retention;
  - Impact on private GPs using hospital facilities;
  - Assessment of the additional services that assisted in recruitment and retention, e.g. locum provision; and
  - Outcomes of the Initiative's funding.
- Implement the COAG section 19(2) Exemptions Initiative in accordance with the purpose, policy objectives and principles of the MoU between [Jurisdiction] and the Commonwealth.

**Declared and signed by the undersigned below for and on behalf of their organisation:**

Organisation Declaration		Organisation Declaration	
<b>Name</b>		<b>Name</b>	
<b>Role [e.g. Chief Executive Officer]</b>		<b>Role [e.g. Operational or Health Service Manager]</b>	
<b>Organisation</b>		<b>Organisation</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	

Organisation Declaration		Organisation Declaration	
<b>Name</b>		<b>Name</b>	
<b>Role [e.g. Chief Executive Officer]</b>		<b>Role [e.g. Operational or Health Service Manager]</b>	
<b>Organisation</b>		<b>Organisation</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	

Organisation Declaration		Organisation Declaration	
<b>Name</b>		<b>Name</b>	
<b>Role [e.g. Chief Executive Officer]</b>		<b>Role [e.g. Operational or Health Service Manager]</b>	
<b>Organisation</b>		<b>Organisation</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	



## CHECKLIST

Tasks	Completed
All sections of the Operational Plan template complete.	
Sign off to the declaration by all relevant organisations.	
Copies of support forms for all primary health care providers attached.	
Copies of support forms for all other relevant stakeholders attached.	

**Please forward completed application and attachments to:**

**State Office Contact**

[Contact Name]

[Position]

[Section]

[Branch]

[Department of Health]

[Postal Address]

**For further enquiries contact:**

[COAGSection192@health.gov.au](mailto:COAGSection192@health.gov.au)

Department of Health and Aged Care  
GPO Box 9848  
CANBERRA ACT 2601

## PART B – APPENDIX A: Support Form for privately practising Primary Health Care Providers, including GPs

The Council of Australian Governments Improving Access to Primary Care in rural and remote areas Initiative (the Initiative) supports rural and remote hospitals and health services in small communities, by increasing access to Commonwealth funding and ensuring that eligible jurisdictions increase support for primary health care in these areas. Jurisdictions which have signed a Memorandum of Understanding with the Commonwealth for the Initiative may bulk bill the Medicare Benefits Schedule for eligible persons requiring primary health care services who present to Eligible Sites. This ability to bulk bill is granted through an exemption under subsection 19(2) of the Health Insurance Act 1973.

### Declarations:

Please indicate your support of the Initiative in respect of the proposed site by doing either of the following, within 20 working days:

- ticking the 'Yes' box corresponding to each point before signing and dating below; OR
- providing a letter to the [Jurisdiction] indicating support for the site to be listed as an Eligible Site under the Initiative.

If you do not support the Initiative, please provide a letter to the [Jurisdiction] indicating lack of support, including your reason/s, within 20 working days. Please note that any lack of support will be given due weight by the Jurisdiction in seeking the Commonwealth's agreement to a site gaining access to the Initiative. Your written communication will be provided to the Commonwealth and may be a factor in the Commonwealth's decision.

I understand the context and policy objectives of the COAG section 19(2) Exemptions Initiative.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the legislative basis of a section 19(2) exemption and the effects intended by the granting of an exemption under this Initiative.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that [Jurisdiction], within which I practise, is required to seek my support before applying to the Commonwealth for a section 19(2) exemption.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the implications for myself, my practice, and my patients, of a section 19(2) exemption being granted in respect of the locality within which I practise, and I have sought relevant advice as I deemed necessary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Noting the above, I give my support for [the Jurisdiction], to seek a section 19(2) exemption from the Commonwealth [practice name] in the locality of [locality name].	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name			
Occupation/Specialty			
Practice Location			
Employer			
Email		Telephone	
Signature		Date	

## PART B – APPENDIX B: Support Form for Relevant Stakeholders (other than Primary Care)

The Council of Australian Governments Improving Access to Primary Care in rural and remote areas Initiative (the Initiative) supports rural and remote hospitals and health services in small communities, by increasing access to Commonwealth funding and ensuring that eligible jurisdictions increase support for primary health care in these areas. Jurisdictions which have signed a Memorandum of Understanding with the Commonwealth for the Initiative may bulk bill the Medicare Benefits Schedule for eligible persons requiring primary health care services who present to Eligible Sites. This ability to bulk bill is granted through an exemption under subsection 19(2) of the *Health Insurance Act 1973*.

### Declarations:

Please indicate your support of the Initiative in respect of the proposed site by doing either of the following, within 20 working days:

- ticking the 'Yes' box corresponding to each point before signing and dating below; OR
- providing a letter to the [Jurisdiction] indicating support for the site to be listed as an Eligible Site under the Initiative.

If you do not support the Initiative, please provide a letter to the [Jurisdiction] indicating lack of support, including your reason/s, within 20 working days. Please note that any lack of support will be given due weight by the Jurisdiction in seeking the Commonwealth's agreement to a site gaining access to the Initiative. Your written communication will be provided to the Commonwealth and may be a factor in the Commonwealth's decision.

I understand the context and policy objectives of the COAG Section 19(2) Exemptions Initiative.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the legislative basis of a section 19(2) exemption and the effects intended by the granting of an exemption under this Initiative.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that [Jurisdiction], is required to seek my support before applying to the Commonwealth for a section 19(2) exemption.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Noting the above, on behalf of my organisation, I give my support for [the Jurisdiction] to seek a section 19(2) exemption for the site [practice name] in the locality of [locality name].	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name			
Organisation			
Email		Telephone	
Signature		Date	