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Correspondence

The Editor

Immunisation Network

Newsletter

HIC

PO Box 1001

Tuggeranong ACT 2901

email: editor.inn@hic.gov.au

Phone (free call):

1800 653 809

TTY hearing impaired:

1800 552 152

TIS translating

interpreting service:

131 450

Internet:

www.hic.gov.au

GPII update

The Department of Health and Ageing has provided the following information about upcoming changes to the General Practice Immunisation Incentives (GPII) scheme.

Inclusion of children on catch-up schedules in GPII from 1 July 2003

From 1 July 2003 the GPII Outcomes calculations will be changed to include children on catch-up immunisation schedules. This means changes will be made to the way immunisation status is determined and the information that is displayed on GPII statements and reports.

How will the determination of immunisation status change?

After 1 July 2003 a child's immunisation status will be taken directly from the ACIR just prior to the day of the calculation. The ACIR provides a real time immunisation assessment using the national Due and Overdue rules to assess immunisation status. This takes into account all vaccinations, including those given as part of a catch-up schedule, and does not depend on the age of a child on the last day of a reference period.

How will the changes affect practice immunisation coverage?

It is expected that the inclusion of children on catch-up schedules for GPII purposes may increase coverage slightly. In addition, the real time assessment of immunisation status should more closely match the records held in the practice and is expected to reduce the number of reports of children assessed as not fully immunised.

The current reference periods will still be used to determine the population of children less than seven years of age who attended the practice. However, once the children who attended the practice during the reference period on two or more occasions have been identified, their immunisation status will be taken directly from the ACIR just prior to the day of the calculation. This will determine the practice immunisation coverage in real time.

Will the information on the GPII reports be the same?

The GPII Practice Feedback Statement sent to practices following the Outcomes payments will continue to look much the same as before but the age groupings will change. The inclusion of children on catch-up schedules and the use of the national Due and Overdue rules for determining immunisation status means that children will no longer be assessed strictly against a particular schedule based on age-appropriate immunisation. These changes are being undertaken in consultation with the profession, through the GPII Advisory Group.

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Two reports are currently available to practices that have lodged a Section 46E Agreement with HIC signed by each provider in the practice. These are the ACIR020A and the ACIR021A.

After 1 July 2003 the ACIR020A will not be produced because of the change to the way in which immunisation coverage is calculated. It will be replaced by a new report, to be called the GPII020A, which is being designed in consultation with the profession through the GPII Advisory Group. The GPII020A will be similar to the existing ACIR021A report but it will be at the practice level rather than individual doctor level.

Do I have to do anything differently?

Submitting information to the ACIR

It will be even more important than before to ensure that the ACIR is notified promptly of immunisations that have been given to ensure that the immunisation status of children attending the practice is accurately recorded in time for the calculation. However, recalculations will continue to occur immediately prior to the next calculation, which will allow a further three months for information to be provided to the ACIR.

Updating Section 46E Agreements

Please ensure that any new providers to your practice sign and forward a Section 46E Agreement to HIC. As the new report (GPII020A) will be provided at practice level from 1 July 2003 it will be essential that HIC has a signed Agreement for **all** practitioners in the practice. If one or more practitioners have not provided a signed Agreement, HIC will not be able to provide your practice with the new report. This is a legal requirement. Once the necessary signed Agreements have been received by HIC the report availability will be reinstated to the practice.

When will I get more information?

More detailed information on the changes will be provided to practices closer to the date of the August 2003 Outcomes payment.

Meningococcal C notifications and new reporting payments

The first notification payment for catch-up meningococcal C vaccinations was paid in June 2003.

A flier was included with the ACIR payment statement, sent to immunisation providers late February 2003. The flier provides an overview of the National Meningococcal C Vaccination Program and includes information about a new payment made to providers who report meningococcal C vaccinations to the ACIR for children following the catch-up provisions of this new program. A copy of this flier is included at the end of the newsletter.

General practitioners recording an encounter

When submitting immunisation information to the ACIR via the record encounter facility on the secure area of HIC's website, it is important that the correct service practice location is selected.

If the general practitioner submitting the information is also the immunising provider for the encounter, the 'Yes' radio button should be selected in answer to the question, 'Were you the immunisation service provider for this encounter?'

The practice location where the immunisation service is given should then be selected from the drop down list by clicking in the field and selecting the correct practice location for the provider.

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Selecting an incorrect practice location will mean that the wrong provider number is recorded as the immunisation provider, and therefore payments may be withheld or paid into the wrong account.

If you are unsure which provider number corresponds with the correct practice location, please call the ACIR internet help desk on 1300 650 039.

Record Encounter

Please select the vaccines administered to the child you have identified. You may also record the current address of the child if the address below is incorrect. Once the form has been completed press the record encounter button.

Child Details

Surname	CHILD	Address	<input type="text"/>
First Name	EXAMPLE		<input type="text"/>
Date of Birth	01.02.2003		<input type="text"/>
Aboriginal/Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Encounter Details

Were you the immunisation service provider for this encounter? Yes No

If Yes, select the service practice location ...

Please select the vaccine(s), enter the date of service and press the Record Encounter button.

Date of Service	Vaccine		
2 Months
4 Months
6 Months
12 Months
18 Months

Click here

Then select the correct practice location for the provider

February 2003

National Meningococcal C Vaccination Program

The first stage of the National Meningococcal C Vaccination Program has commenced in most states and territories. Immunisation providers are asked to report meningococcal C vaccinations given to children under the age of seven, who are vaccinated outside school-based arrangements, to the Australian Childhood Immunisation Register (ACIR). This will ensure complete and up-to-date immunisation records are available to parents and immunisation providers. Providers in Queensland and Northern Territory who report immunisation services to their state/territory immunisation register should continue to do so.

The ACIR will record the meningococcal C conjugate vaccines (*Meningitec*, *Menjugate*, and *NeisVac-C*) as standard vaccines. The meningococcal polysaccharide vaccines (*Mencevax ACWY* and *Menomune*) will continue to be recorded on the ACIR as non-standard vaccines. Providers may record details in the 'other' box on the ACIR encounter form, through the ACIR secure website (for authorised users), or electronically by Electronic Data Interchange (EDI).

Payments

Initially, the 12 month meningococcal C vaccination will not be linked to eligibility for Government payments to families (*Child Care Benefit* and *Maternity Immunisation Allowance*), and will not be used to calculate coverage data for GPII payments. This will be reviewed by the Department of Health and Ageing at the end of the year.

To support vaccination catch-up in the first year of the Program, a notification payment will be made to immunisation providers for services given to children aged 1-5 years. The notification payment will:

- apply to children born from 1 January 1998 to 31 December 2001;
- apply to the notification of the meningococcal C conjugate vaccinations (*Meningitec*, *Menjugate*, and *NeisVac-C*) given up to and including 31 December 2003;
- be paid retrospectively for vaccines administered prior to 1 January 2003 provided the vaccination was reported as an immunisation encounter; and
- be issued separately to the monthly ACIR payments and will be made to providers in two payment instalments:
 - the first payment will be made in June 2003 (in time for the end of this financial year) for notifications provided to the ACIR prior to 30 April 2003; and
 - the second and final payment will be made in March 2004 for vaccinations given up to and including 31 December 2003, provided the immunisation information is forwarded to the ACIR by 15 February 2004. Notifications received after this date will not attract payment.

A detailed statement identifying payments for services will be sent to providers following payment. The level of payments will vary between states and territories as not all state and territory health departments will be contributing to the payment for meningococcal C vaccine notification. The minimum payment will be \$3.00 and the maximum will be \$6.00.

For children born on or after 1 January 2002, immunisation providers will not receive a separate notification payment if the child receives the vaccine at a separate visit to their 12 month vaccinations.

Further information about the National Meningococcal C Vaccination Program is available on the Department of Health and Ageing's website at www.health.gov.au—via the Immunise Australia link.