

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE COMMONWEALTH OF AUSTRALIA

AND

VICTORIA

IN RELATION TO THE COOPERATIVE IMPLEMENTATION OF THE COUNCIL OF AUSTRALIAN
GOVERNMENTS IMPROVING ACCESS TO PRIMARY CARE IN RURAL AND REMOTE AREAS
INITIATIVE (COAG S19(2) EXEMPTIONS INITIATIVE)

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This Memorandum of Understanding ('**MoU**') is made between:

the Commonwealth of Australia as represented by the Department of Health ('**Commonwealth**'); and

the state of Victoria as represented by the Department of Health ('**Jurisdiction**')

1. Policy Objectives of the Initiative

1.1 At the 10 February 2006 meeting of the Council of Australian Governments (COAG), Heads of all Australian Governments agreed on a series of practical initiatives in the area of improved health services as part of the *Better Health for All Australians Action Plan*. One of the measures introduced under this action plan was the *Improving Access to Primary Care in Rural and Remote Areas* also known as the 'COAG section 19(2) Exemptions Initiative'.

1.2 The Initiative aims to provide greater patient access to primary health care services locally, including after hours, in rural and remote public hospitals and health services.

1.3 The Initiative recognises that many patients in rural and remote towns have limited access to primary health care services and in response to the lack of private practices, many rural and remote public hospitals have employed medical officers to make primary health care services available including GP services and other primary care services such as eligible nursing, midwifery, allied health and dental services.

1.4 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. It recognises the challenges in attracting and retaining adequate primary health care providers in rural and remote areas and aims to achieve a net gain in primary health care services in these areas.

2. Principles

2.1 The parties intend that the following principles guide the development and operation of this MoU:

- all Australians should have equitable access to appropriate and quality health care throughout their lifetime, regardless of their place of residence within Australia;
- Australians in rural and remote areas face particular challenges when it comes to accessing appropriate health care, and it is the responsibility of all Australian governments to seek to address these challenges;
- the health and medical workforce is a finite and valuable resource and its members' involvement and support is crucial to the continued success of the Initiative;
- funding accessed through the Initiative should not be used for any purpose that undermines the viability or profitability of existing privately operated health services, including existing general practices; and

- implementation of the Initiative should take place as transparently as possible, while ensuring that agreed data collection and reporting requirements remain straightforward and uses existing processes where possible.

3. Basis for the MoU

- 3.1 Clause G22 of Schedule G - Business Rules of the National Health Reform Agreement – Addendum 2020-25 provides the basis for this MOU as follows:

“States which have signed a Memorandum of Understanding with the Commonwealth for the COAG initiative *“Improving Access to Primary Care Services in Rural (and Remote) Areas”* may bulk bill the MBS for eligible persons requiring primary health care services who present to approved facilities.”

- 3.2 Notwithstanding the obligations imposed through clause 4(a) and clauses G17, G18, G19 and G20 of Schedule G - Business Rules of the National Health Reform Agreement – Addendum 2020-25, under the Initiative the Jurisdiction may access funds through the MBS for Eligible Services rendered at an Eligible Site (though a patient must not be charged a co-payment for a State remunerated service).

- 3.3 The legislative pathway for carrying out the Initiative is for the Minister (or their delegate) to make directions under section 19(2) of the HI Act. These directions are necessary because section 19(2) of the HI Act states:

“(2) Unless the Minister otherwise directs, a Medicare benefit is not payable in respect of a professional service that has been rendered by, or on behalf of, or under an arrangement with:

- (a) the Commonwealth;
- (b) a State;
- (c) a local governing body; or
- (d) an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory.”

- 3.4 This MoU sets out the framework relevant to the Minister’s (or their delegate’s) consideration of the making of section 19(2) directions for Eligible Services that are rendered by, or on behalf of, or under an arrangement with the Jurisdiction that relate to the Initiative.

4. Interpretation

- 4.1 Unless the contrary intention appears, words and phrases used in this MoU (including in any Operational Plans and Site Annual Reports) are to be interpreted by reference to Schedule A of this MoU.

5. Statement of Understanding

- 5.1 This MoU is a statement of understanding; it does not give rise to any legally enforceable rights or obligations between the parties and places no limitations on the performance of functions and exercise of powers of the parties.
- 5.2 Implementation of the Initiative is not intended to be contrary to the legislation to which each of the parties is subject.

5.3 If there is any inconsistency or conflict between the directions made under section 19(2) of the HI Act and this MoU, the directions will take precedence over the MoU.

6. Variation or Termination of the MoU

6.1 This MoU commenced on 1 January 2022 and, unless terminated earlier pursuant to paragraph 6.2 of this MoU, will expire on 30 June 2025.

6.2 Subject to paragraphs 7.3 and 7.4, this MoU may be varied or terminated if both parties agree in writing to do so. The variation or termination will take effect on the date agreed by the parties in writing.

7. Implementation of the Initiative

7.1 Under the Initiative, exemptions may be provided by way of directions under section 19(2) of the HI Act to allow Eligible Services provided by primary health care providers under State funded remuneration arrangements to be claimed at Eligible Sites against the MBS.

7.2 For a site to be considered for eligibility under the Initiative as an Eligible Site:

- a) it will need to be within categories 5-7 of the Modified Monash Model and have the support of the Jurisdiction;
- b) the Jurisdiction will need to have submitted an Operational Plan to the Commonwealth for the Commonwealth's consideration; and
- c) the Jurisdiction will need to commit to providing Site Annual Reports (including an annual review of the site Operational Plan) and summary statistics in respect of each financial year during the term of this MoU.

7.3 The MMM is updated once every Census cycle, using Census population information. The methodology supporting the MMM may also be updated from time to time at the discretion of the Commonwealth. 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 purposes of this MoU.

7.4 The Commonwealth reserves the right to review and change the eligibility criteria for the Initiative at any time.

7.5 The Jurisdiction is to obtain written support for the inclusion of a site under the Initiative from local primary health care providers as part of the relevant Operational Plan. Local primary health care providers can include general practitioners, Primary Health Networks, the Royal Flying Doctor Service and Aboriginal health services. If, after the relevant Operational Plan has been agreed, a new stakeholder in respect of a specific site is identified, the Jurisdiction is to obtain written support from this stakeholder and to submit that written support to the Commonwealth with the next Site Annual Report.

7.6 Where support is not received from relevant stakeholders, a review process (detailed at paragraph 8.3) may be conducted.

- 7.7 The Jurisdiction will ensure increased support for primary health 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 or its outreach services, in accordance with the Eligible Site's Operational Plan.
- 7.8 The Jurisdiction will ensure that at least 70% of the MBS rebate funds derived from the Initiative in respect of Eligible Sites are invested in new services and improvements at the relevant sites or its outreach services, in accordance with the Eligible Site's Operational Plan. No more than 30% of the MBS rebate funds may be used to pay for the administration of the Initiative.
- 7.9 The Jurisdiction will commit to retain all public hospital and health facilities operating Eligible Services at Eligible Sites.

8. Roles and Responsibilities

- 8.1 The Commonwealth will endeavour to:
- a) consider an Operational Plan for a site becoming or remaining as an Eligible Site;
 - b) conduct an evaluation of the Initiative and emerging rural health care reforms in the second half of 2024, in consultation with participating States;
 - c) provide information on the Initiative on the Department's website;
 - d) host a bilateral annual meeting with the Jurisdiction at senior executive level, or at such other level as considered appropriate by the parties, to discuss the Initiative;
 - e) as soon as practicable after the execution of this MoU, provide to the Jurisdiction a list of Eligible Sites for which new or replacement Operational Plans are required under this MoU; and
 - f) make directions under section 19(2) of the HI Act to allow Eligible Services provided at Eligible Sites to be claimed against the MBS.
- 8.2 The Jurisdiction will endeavour to:
- a) establish support for the Initiative from local stakeholders, as outlined in paragraph 7.5, prior to submitting an Operational Plan for an Eligible Site;
 - b) provide to the Commonwealth within eight weeks after execution of this MoU, or such longer period as approved in writing by the Commonwealth, a new or updated Operational Plan for all Eligible Sites with an existing Operational Plan originally submitted to the Commonwealth more than twelve months prior to the execution of this MoU;
 - c) provide advice on potential additional localities and new sites upon the request of the Commonwealth;
 - d) provide to the Commonwealth by 31 August each year during the term of this MoU a Site Annual Report for the immediate past financial year reporting on each Eligible Site;
 - e) provide to the Commonwealth by 31 August each year during the term of this MoU aggregated summary statistics on the operation of the Initiative in their jurisdiction for the period of the immediate past financial year, including:

- i. how the Initiative contributed to the objectives of the Initiative in providing greater access to primary care in regional and rural locations;
 - ii. how many Eligible Sites billed under the Initiative;
 - iii. total MBS revenue Eligible Sites billed, based on Site Annual Reports;
 - iv. any service or funding innovations developed by the Eligible Sites; and
 - v. any other information related to the Initiative that the Jurisdiction wishes to share with the Commonwealth;
- f) provide support and other assistance to public hospitals and health services to ensure that these hospitals and services remain viable to provide Eligible Services at Eligible Sites;
 - g) provide support and other assistance for the purpose of sustaining, improving and enhancing primary health care services in communities where Eligible Services are provided at Eligible Sites;
 - h) engage with the relevant Primary Health Network to identify suitable sites as future Eligible Sites for inclusion in directions made under section 19(2) of HI Act;
 - i) inform the Commonwealth of any issues relating to an Eligible Site;
 - j) obtain written approval from the Commonwealth prior to the release of any information, including media releases and promotional materials, that relate to the Initiative. If the Commonwealth approves the release of the information, the information must make reference to the Commonwealth's role, contribution and funding, unless the Commonwealth advises the Jurisdiction otherwise;
 - k) provide information to the Commonwealth, in response to any reasonable request, in a timely manner; and
 - l) participate in an annual bilateral meeting with the Commonwealth at senior executive level, or at such other level as considered appropriate by the parties.

8.3 The parties intend to jointly:

- a) consider and review, with input from the relevant Primary Health Network, the level and nature of stakeholder consultation and support required to include or retain a site as an Eligible Site, noting that the Commonwealth has the right to make a final decision (in its absolute discretion) on including or retaining a site as an Eligible Site; and
- b) monitor and evaluate the Initiative's ongoing effectiveness and discuss proposals for changes to its operation.

9. Contact Officers

9.1 The Commonwealth's contact officer for the Initiative is:

Director, Primary Health Care Policy Section
 Primary Health and Palliative Care Branch
 Primary Care Division
 Department of Health
 GPO Box 9848
 CANBERRA ACT 2601
COAGSection192@health.gov.au

or such other person nominated by the Commonwealth from time to time to act as its contact person

9.2 The Jurisdiction's contact officer for the Initiative is:

[insert Contact Name]

[insert Position]

[insert Section]

[insert Branch]

[insert Postal Address]

or such other person nominated by the Jurisdiction from time to time to act as its contact person

Signature page

SIGNED FOR AND ON BEHALF OF THE COMMONWEALTH OF AUSTRALIA BY ITS MINISTER FOR HEALTH:



ON THE 1st DAY OF April 2022

SIGNED FOR AND ON BEHALF OF THE STATE OF VICTORIA BY ITS MINISTER FOR HEALTH:



ON THE 10th DAY OF June 2022

Schedule A: Definitions

Eligible Services	Services set out in the MBS which are specified in the directions under section 19(2) of the HI 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 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 HI Act.
HI Act	The <i>Health Insurance Act 1973</i> (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 s19(2) Exemptions Initiative’.
MBS	The acronym for the Medicare Benefits Schedule.
Modified Monash Model or 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.
Non-Admitted Patients	A patient who does not undergo a hospital’s formal admission process. There are three categories of a <i>non-admitted</i> patient: <ul style="list-style-type: none"> • emergency department patient; • outpatient; and • a patient treated by hospital employees off the hospital site – includes community/outreach services.
Operational Plan	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 Healthcare Providers, including GPs. The Operational Plan template is at Schedule B of this MoU, which may be amended, updated or replaced from time to time as notified by the Commonwealth.
Site Annual Report	A completed annual report for each financial year in respect of an Eligible Site. The Site Annual Report template is at Schedule C of this MoU, which may be amended, updated or replaced from time to time as notified by the Commonwealth.
State	The same meaning as in the National Health Reform Agreement – Addendum 2020-25.



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: [\[link to directions on FRL\]](#).

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*

- 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
All Local Private General Practitioner Practices				
Contracted/Visiting Medical Practitioners				
Any Aboriginal Medical Service in the Area				
Other private primary health care providers, including allied health				
Other: (please list all) •				

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?

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	
Name		Name	
Role [e.g. Chief Executive Officer]		Role [e.g. Operational or Health Service Manager]	
Organisation		Organisation	
Signature		Signature	
Date		Date	

Organisation Declaration		Organisation Declaration	
Name		Name	
Role [e.g. Medical Director]		Role [e.g. Director of Nursing]	
Organisation		Organisation	
Signature		Signature	
Date		Date	

Organisation Declaration		Organisation Declaration	
Name		Name	
Role [e.g. Executive Officer]		Role [e.g. Board Director]	
Organisation		Organisation	
Signature		Signature	
Date		Date	

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:

Commonwealth

Director, Primary Health Care Policy Section

Primary Health and Palliative Care Branch

COAGSection192@health.gov.au

Department of Health
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	/ /



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	