HEALTH INSURANCE COMMISSION

AN INFORMATION PAPER FOR THE ACIR MANAGEMENT COMMITTEE

MASS IMMUNISATION

Issue

The question of "mass immunisation" has been raised in the context of immunisation services provided through councils, but under arrangement with local GPs, specifically for the purposes of payment of Medicare benefits. There appear to be three questions to address:

1. Is the immunisation service considered to be part of "mass immunisation"?
2. Is a Medicare benefit payable for the service?
3. Are the GPII incentives payable and, if so, to whom?

In addressing this issue, the Department of Health and Aged Care has provided the following definition of "mass immunisation":

A "mass immunisation" is an organised immunisation service which aims to immunise a number of people within a short time where:

- that service is provided as an element of Commonwealth, State Territory or local government funded immunisation service; and/or

- that service takes place in a setting which does not ordinarily constitute primary health care delivery.

1. When the legislation relating to "mass immunisation" was introduced in 1976, the intention, as outlined in the accompanying explanatory memorandum, was that it applied to the payment of medical benefits in mass immunisation programs. Over time, advice has supported this view with references to the general interpretation of "mass", meaning large numbers and to "large scale programs".

   It is clear that the intended application of "mass immunisation" was not to exclude from Medicare benefits the provision of "numerous" immunisation services by a GP, for example "immunisation days", arranged by the GP/Practice, irrespective of where they are conducted.

2. The general rule is, that a medical service can only attract one "Government funded" payment. Where an "organisation", including a council, has received Government (Commonwealth or State) funding, to provide a medical service and "engages" the services of a GP to provide that service, a Medicare benefit would not be payable. In this case, it is reasonable to expect that the services of the GP are reimbursed by the Council.

Where immunisation services are provided through a council, under an arrangement with a GP, it is reasonable to conclude that the provision of immunisation services has been Government funded and the Medicare benefit would not be payable.

Where the provision of immunisation services is arranged entirely by the GP, irrespective of whether they are provided at the GP's practice, a local community hall or indeed council premises, Medicare benefits would be payable. If provided at council premises, there must clearly be no involvement by the council in the provision of the service, eg provision of vaccine. This would not preclude the payment, by the GP, of some "commercial" rent for the use of the premises.

3. Following on from 1 and 2 above, where the immunisation service is arranged and provided by the GP, the usual GPIIs would be payable. If the service is provided under an arrangement with a council, these incentives would not be payable.

- For discussion at the ACIR Management Committee Meeting.