



Australian Government

Department of Health and Ageing



CLOSING THE GAP
tackling
Indigenous
chronic
disease



CLOSING THE GAP: INDIGENOUS CHRONIC DISEASE PACKAGE

PBS CO-PAYMENT MEASURE
PHARMACY STAFF RESOURCE BOOKLET



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**Closing the Gap: Indigenous Chronic Disease Package
PBS Co-Payment Measure Pharmacy Staff Resource Booklet**

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WHAT IS IN THIS BOOKLET?

This booklet has been developed to assist pharmacy staff prepare for the Closing the Gap (CTG) PBS Co-payment Measure (the measure), which commenced on 1 July 2010.

Under the arrangements, eligible Aboriginal and Torres Strait Islander patients will be able to receive their PBS medicines at a lower cost.

This booklet includes information about:

- **why these new arrangements are important;**
- **how they work;**
- **who is eligible;**
- **what to look out for on prescriptions from 1 July 2010 and how to dispense CTG prescriptions;**
- **what to charge patients;**
- **safety net information; and**
- **reimbursements to pharmacies.**



WHAT IS THE MEASURE ABOUT?

In November 2008, the Council of Australian Governments (COAG) agreed to a \$1.6 billion National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes to address the first of the COAG Closing the Gap targets – to close the life expectancy gap between Indigenous and non-Indigenous Australians within a generation. As part of this agreement, the Australian Government is contributing \$805.5 million over four years from 2009-10 to 2012-13 through the Indigenous Chronic Disease Package (ICDP). The elements of the Australian Government's ICDP aim to tackle chronic disease risk factors, improve chronic disease management in primary care and follow up treatment, and increase the capacity of the primary care workforce to deliver effective health care to Aboriginal and Torres Strait Islander people.

The measure is one of the 14 elements of the ICDP and has been established to reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander people living with, or at risk of, chronic disease. The assistance – from 1 July 2010 – will be in the form of lower or nil patient co-payments for PBS medicines.

Patients will be registered to take part in the measure at rural and urban Indigenous Health Services (IHS), and at general practices that participate in the Indigenous Health Incentive (IHI) under the Practice Incentives Program (PIP).

The cost of medicines is a significant barrier to improving access to medicines for Aboriginal and Torres Strait Islander people. Despite two to three times higher levels of illness, PBS expenditure for Aboriginal and Torres Strait Islander people is about half that of the non-Indigenous average.





WHO CAN WRITE CTG PBS PRESCRIPTIONS?

Prescribers in the following primary care settings may annotate PBS prescriptions for eligible patients under the measure:

- **general practices that participate in the Indigenous Health Incentive under the Practice Incentives Program; or**
- **Indigenous Health Services in urban and rural settings.**



WHO CAN GET A CTG PBS PRESCRIPTION?

The measure is intended to benefit Aboriginal and Torres Strait Islander people of any age who present with an existing chronic disease or are at risk of chronic disease. Prescribers have an important role in assessing a patient's eligibility for assistance under this program, and in deciding whether a patient is eligible, need to assess whether the patient:

- would experience setbacks in the prevention or ongoing management of chronic disease if the person did not take the prescribed medicine; and
- would be unlikely to adhere to their medicines regimen without assistance through the measure.

This assessment only needs to be undertaken by the prescriber once and as soon as the patient has been registered for the program, the patient can have access to the benefits of the measure until they make a decision to withdraw from the program.



DISPENSING A CTG PBS PRESCRIPTION UNDER THE MEASURE

1. Check that the prescription is correctly annotated (see pages 7 and 8).
2. If this is the first time you are dispensing a CTG annotated prescription for this patient, your dispensing software may include a field in the patient details screen that you can change to ensure that the patient is flagged as an eligible CTG patient for subsequent PBS prescriptions.
3. Dispense the PBS item as per your normal dispensing procedures.
4. Your dispensing software will calculate the correct co-payment to be charged to the patient, and the correct PBS Safety Net amount to count towards the family's Safety Net records.
5. If the prescription is for a concessional patient, ensure the prescription is included in your 'Concessional' bundle for your next PBS claim once it has been received by the patient or agent. If the prescription is for a non-concessional patient and the item is a claimable item and has been serialised, ensure that the prescription is included in your 'General' bundle for your next PBS claim once it has been received by the patient or agent. Similarly, RPBS prescriptions should be included in your 'Repat' bundle as per normal.
6. Do not include 'under co-payment' prescriptions in your PBS claim bundles (unless, as per normal practice, they are on the same prescription form as claimable items). 'Under co-payment' prescriptions are those written for non-concessional patients for PBS items priced at the time of supply below the general patient co-payment (currently \$33.30).

Note that the Under Co-payment Additional Surcharge (UCPAS) cannot be charged to patients under this measure.

PBS SAFETY NET

The measure does not change the operation of the PBS Safety Net for patients participating in the measure, or their families.

The amount that can be added towards a family's Safety Net tally for each CTG prescription is the same amount that would have been added in the absence of the measure.

For example, Joe is a non-concessional patient. He is registered for the measure and presents you with a CTG annotated prescription for atorvastatin 80mg tablets. While Joe is charged \$5.40 for this supply, \$33.30 is printed on his 'Safety Net' sticker that you add to his family's Prescription Record Form (PRF).

Joe's mother is a concessional patient and is also registered for the measure. After dispensing her CTG annotated prescription for her insulin, she doesn't have to pay for the medicine, but \$5.40 counts towards her family's Safety Net records for that calendar year.

Eligible Aboriginal and Torres Strait Islander patients participating in the measure will still need to maintain records of their PBS Safety Net tally via a PRF or other approved manner, and tell their pharmacist to electronically 'link' eligible family members in their demographic screens, to facilitate automatic tallying for a family within the dispensing software.



REIMBURSEMENT TO PHARMACIES

Pharmacies will be reimbursed both for the standard PBS medicine and for the proportion of the normal PBS co-payment that has not been paid by the patient. This will be a seamless payment process to pharmacies. The payments will be made by Medicare Australia to pharmacies as per the normal payment process/schedule (not retrospectively). These amounts will be calculated automatically.

Table 1 outlines the various patient payment amounts, PBS Safety Net recordable values and co-payment relief under the measure. It uses the PBS payment/fee data as published for 1 January 2010. Patients under the measure will pay a reduced co-payment as summarised below.

TABLE 1

Payment Category	Usual Patient Payment plus BPP and TGP	CTG Patient Payment plus BPP and TGP	CTG Co-payment relief
General benefit	\$33.30	\$5.40	\$27.90 (\$33.30-\$5.40)
General benefit priced under the general PBS Co-payment. UCP.	Up to \$33.30	\$5.40	Commonwealth Price + SNRF - \$5.40
UCP. Prescription priced under the Concessional PBS Co-payment.	Up to \$5.40	Nil	Commonwealth Price + SNRF - \$5.40
Centrelink Concessional	\$5.40	Nil	\$5.40
Safety Net Concession	\$5.40	Nil	\$5.40
Repatriation	\$5.40	Nil	\$5.40
PBS Safety Net Entitled	\$0.0	Nil	Nil
DVA Safety Net Entitled	\$0.0	Nil	Nil

BPP – Brand Price Premium

UCP – Under Co-payment

SNRF – Safety Net Recording Fee[●]

TGP – Therapeutic Group Premium

- The Safety Net Recording Fee refers to the fee that is agreed to between the Commonwealth and Pharmacy Guild under the Determination made by the Minister under Subsection 84C(7) of the *National Health Act 1953*.





QUESTIONS & ANSWERS

Q What is changing from 1 July 2010?

A See page 3 for background to the PBS Co-payment Measure.

From 1 July 2010 eligible* Aboriginal and Torres Strait Islander patients may present prescriptions with a CTG annotation (annotated electronically or manually by the prescriber) under the measure.

This means that general (non-concessional) patients presenting a CTG prescription should be charged the current concessional rate for each PBS item on that prescription. Concessional patients presenting a CTG prescription do not need to pay a patient co-payment for each PBS item on that prescription. However, mandatory charges such as any applicable brand premiums must still be paid by the patient or their agent.

You will be reimbursed for the standard PBS medicine and for the proportion of the normal PBS co-payment that has not been paid by the patient. This will be a seamless payment process to pharmacies. The payments will be made to pharmacies by Medicare Australia as per the normal payment process/schedule (not retrospectively). These amounts will be calculated automatically.

*Patient eligibility is assessed by the patient's doctor (see page 4).

Q What does a correctly annotated CTG prescription look like?

A CTG prescriptions will either have an automated annotation or a manual annotation that will usually appear on the right hand side of the prescription next to the 'Patient's name and address' area.

The automated annotation takes the form of "CTG_{nna}" such as CTG82K, where the '82' relates to the prescription number for the day and the 'K' is a check digit (see Figure 1 on page 8). The annotation will carry over to all repeats from the original prescription. The annotation code will usually be printed in the manual pricing box on the standard repeat form (see Figure 3 on page 8). Manually annotated prescriptions will have the letters CTG written by the prescriber, followed by the prescriber's initials or signature (see Figure 2 on page 8).



FIGURE 1
AUTOMATED CTG ANNOTATED SCRIPT

FIGURE 2
MANUAL CTG ANNOTATED SCRIPT

FIGURE 3
CTG ANNOTATED REPEAT SCRIPT



QUESTIONS & ANSWERS

Q Which PBS medicines are covered under the measure?

A Prescriptions for all of an eligible patient's PBS medicines are covered under the measure whether the medicines are being used to treat chronic or acute medical conditions.

Q What do I need to do if a person presents a CTG annotated prescription?

A Dispensing steps are described on page 5.

Ensure that concessional and repatriation patients are not charged a co-payment (other than any mandatory charges such as brand premiums). Non-concessional patients should be charged the concessional rate for each PBS item (plus any mandatory charges).

Q Who can write CTG annotated prescriptions?

A See 'Prescribers' section on page 4. Note that prescriptions from hospitals are excluded from this measure.

For example, Jenny is registered for the measure and presents you with three PBS prescriptions. The first prescription is annotated with CTG and is written by Jenny's doctor at the Indigenous Health Service (IHS) she attends. The second prescription is also annotated with CTG and is written by a visiting endocrinologist at the IHS. The third prescription does not have the CTG annotation and was written by a hospital doctor when Jenny was discharged from the hospital. Jenny asks you if the third prescription from the hospital can be dispensed with the CTG co-payment relief.

You should dispense the first two prescriptions with the CTG co-payment relief as they were written by eligible prescribers. The third prescription cannot be dispensed with the CTG co-payment relief as it was written at a hospital and hospital prescriptions are excluded from the measure.





QUESTIONS & ANSWERS

Q Who can dispense CTG annotated prescriptions?

A Valid CTG prescriptions can be dispensed by:

- all approved community pharmacists;
- suppliers approved under section 92 of the *National Health Act 1953* (the Act) ('dispensing doctors'); and
- private hospital authorities approved under section 94 of the Act.

Q What if I'm presented with a prescription by a patient who doesn't look like they're eligible to participate in the measure?

A You should dispense according to normal practice and are not required to decide on patient or practice eligibility.

Q What if a patient presents several prescriptions, some with the CTG annotation while others aren't annotated, but I know that they are registered for the measure?

A In these circumstances you may wish to contact the prescriber to clarify their intention to confer the benefits of the measure to the patient.

Q What if a regular CTG patient presents a prescription that is not annotated with CTG?

A You may wish to contact the prescriber to clarify their intention to confer the benefits of the measure to the patient.



POSTER

The poster at the back of this booklet will give you more information about dispensing CTG annotated prescriptions.





CONTACT DETAILS

If you have questions about how the **Closing the Gap PBS Co-payment Measure** works:

Visit www.health.gov.au/tackling-chronic-disease

Email pbs-indigenous@health.gov.au

Call (02) 6289 2409 between 9am - 5pm EST, Monday to Friday
(call charges apply)

Write to PBS Co-payment Measure
Department of Health and Ageing

Mail Drop Point 901
GPO Box 9848
Canberra ACT 2601

If you have questions about your PBS claims:

Call 132 290 (Medicare Australia PBS)



