



Increasing Childhood Immunisation Coverage Rates

A guide for Practice Staff
June 2006

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Eastern Metropolitan Region

**WHITEHORSE DIVISION
OF GENERAL PRACTICE** 

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COVERAGE RATES

Coverage rates measure the percentage of children, up to the age of 7 years, who are assessed as fully immunised against the diseases included on the National Immunisation Program (NIP)*. See Table 1. These vaccines are free of charge to the parent.

Your coverage rates include all children who have attended your clinic at least twice in the preceding 12 months. The child's visits do not have to be immunisation related.

Table 1. The National Immunisation Program (November 1st, 2005).

AGE	DISEASE IMMUNISED AGAINST	VACCINE BRANDS (WA)
2 months	Diphtheria, Tetanus, Pertussis & Polio Hepatitis B & HIB Pneumococcal	Infanrix hexa Prevenar
4 months	Diphtheria, Tetanus, Pertussis & Polio Hepatitis B & HIB Pneumococcal	Infanrix hexa Prevenar
6 months	Diphtheria, Tetanus, Pertussis & Polio Hepatitis B & HIB Pneumococcal	Infanrix hexa Prevenar
12 months	Measles, Mumps & Rubella HIB Meningococcal C	Priorix Pedvax Hib Neisvac-C
18 months	Chickenpox	Varilrix
4 years	Diphtheria, Tetanus, Pertussis & Polio Measles, Mumps & Rubella	Infanrix-IPV Priorix

*Changes to the National Immunisation Program are not initially included in the coverage rates. This allows time for the new program to be adopted without coverage rates being affected.

due & overdue rules

Official due & overdue rules are used to determine the child's immunisation status for the coverage rates. See Table 2. For their 2, 4, 6, 12 and 18 month immunisations, a child is due for 1 month before they become overdue. For their 4 year old immunisations, a child is due for 1 year before they become overdue.

Table 2. Due & Overdue Rules

SCHEDULE	DUE AT:	OVERDUE AT:
2 MONTH	2 months	3 months
4 MONTH	4 months	5 months
6 MONTH	6 months	7 months
12 MONTH	12 months	13 months
18 MONTH	18 months	19 months
4 YEAR	4 years	5 years

the ACIR

The Australian Childhood Immunisation Register (ACIR) is a national database that was established in 1996 to decrease the occurrence of preventable childhood disease. Coverage rates are calculated from the data reported to the ACIR. If a child is up-to-date but the encounters have not been reported to the ACIR, that child will be assessed as 'not fully immunised'. Accurate coverage rates rely on up-to-date reporting of immunisations. All immunisations should be reported to the ACIR including:

- immunisations administered by your clinic
- immunisations administered by a provider outside your clinic that have not been reported to the ACIR
- immunisations that are not part of the NIP

calculation

Coverage rates are calculated 4 times a year. The calculation takes place in the last 2 weeks of the quarter. See Table 3. Your practice will be notified of your coverage rate on your **GPII Feedback Statement**. See Sample 1 on pages 9-10. The coverage rate is near the bottom of the first page. This statement is posted to your clinic from Medicare Australia several weeks after the calculation occurs.

Table 3. Calculation & Recalculation of Coverage Rates

QUARTER		CALCULATION	RECALCULATION
February	December to February	Last 2 weeks of February	End of April
May	March to May	Last 2 weeks of May	End of July
August	June to August	Last 2 weeks of August	End of October
November	September to November	Last 2 weeks of November	End of January

recalculation

Approximately 2 months after the initial calculation, a recalculation occurs. See the last column, Table 3. If a child was fully immunised when the initial calculation occurred but it was not reported to the ACIR, you have another chance to improve your coverage rate result. By reporting it prior to the recalculation, the child will be reassessed as up-to-date and your coverage rates and payments will be adjusted. Your practice will be notified of the changes on your **GPII Feedback Recalculation Statement**. See Sample 2 on page 11. This statement is posted to your clinic from Medicare Australia several weeks after the recalculation occurs. If there is no change between the initial calculation and recalculation, this statement will not be received.

PAYMENTS

Three immunisation related payments are available to General Practices/ Practitioners. See Table 4. The Outcomes Bonus Payment is only available to those registered with the GPPII scheme.

Table 4. Immunisation Payments

	OUTCOMES BONUS PAYMENT	SERVICE INCENTIVE PAYMENT	ACIR INFORMATION PAYMENT
\$	<p>\$3.50</p> <p>for each Whole Patient Equivalent (WPE) if the coverage rate is at least 90% and the WPE is at least 10*</p>	<p>\$18.50</p> <p>for completion of an age based vaccination schedule**</p>	<p>\$6.00</p> <p>for each age based vaccination schedule** that is reported to the ACIR</p>
Frequency	Quarterly	Monthly	
Notification	GPPII Feedback Statement Sample 1, pages 9-10	Immunisation Payment Statement Sample 3, pages 12-14	

* The **Whole Patient Equivalent (WPE)** is the sum of the proportion of care your practice provides to each child during a 12 month period. For example, during the last 12 months, a child is seen by your clinic for two Level B Consultations and by another clinic for two Level B Consultations. The WPE attributed to your clinic for that child is 0.5.

** A completed **age based vaccination schedule** must include immunisation against each disease listed on the NIP for an age milestone. The Service Incentive Payment and ACIR Information Payment is paid to the GP who administers and reports the last vaccine of an age based schedule.

Sample 1

GPPI Feedback Statement

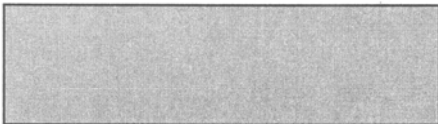


Australian Government
Medicare Australia

GPPI FEEDBACK STATEMENT

Please retain for your records

ABN [REDACTED]
ENQUIRIES 1800 246 101
RUN NO 6030
DATE 29/11/2005
PAGE 1 OF 2
PRACTICE [REDACTED]



NOVEMBER QUARTER GENERAL PRACTICE IMMUNISATION INCENTIVES STATEMENT

The National Due and Overdue Rules for Childhood Immunisation used by the Australian Childhood Immunisation Register (ACIR) is used to assess the immunisation status of children who, according to Medicare claims records, attended your practice in the 12 month reference period 01/07/2004 to 30/06/2005. Details are set out in Table 1.

Table 1: Number of children seen (including single visits) in the 12 month reference period by age range and assessment status.

Age Range *	Assessment Status		
	Fully	Not Fully	Total
	Immunised	Immunised	Children Seen
4 TO <12 MTHS	12	6	18
12 TO <18 MTHS	21	12	33
18 TO <48 MTHS	113	11	124
48 TO <84 MTHS	129	15	144
OVER 84 MTHS	15	0	15

* Children on 'catch-up' vaccinations will be distributed among the age groupings.

Assessment Process

From 1 July 2003, GPPI will assess the immunisation status for all children according to the National Due and Overdue Rules for the purposes of calculating outcomes payments. This assessment will occur at time of calculation rather than as at the last day of the reference period.

Checking your records

If you wish to check the details of children who were assessed as not fully immunised during the reference period, and have not yet completed the GPPI Practice Report (GPPI020A) request form, please phone 1800 246 101 and a form will be forwarded to you.

Proportion of children fully immunised

Of the children who attended your practice in the preceding 12 months, **87.0 %** were fully immunised as at 22/11/2005.

This calculation is based on Whole Patient Equivalents (WPE) in Table 2, which takes into account the proportion of care your practice provided to each child. A child who attends only your practice in the 12 months counts as 1 WPE while a child who visits more than one practice counts as a fraction of a WPE for each practice. Children who attend your practice just once in the reference period will not be included in Table 2.

This figure is your coverage rate. To earn the quarterly Outcomes Bonus Payment, it must be at least 90%.



Australian Government
Medicare Australia

GPII FEEDBACK STATEMENT

Please retain for your records

ABN [REDACTED]
ENQUIRIES 1800 246 101
RUN NO G030
DATE 29/11/2005
PAGE 2 OF 2
PRACTICE [REDACTED]



Table 2: WPE value of children seen (excluding single visits) and proportion fully immunised by age range.

Age Range	Children Seen		Children fully immunised (WPE)	Fully Immunised	
	(WPE)	(%)		Yours (%)	Your Division (%)
0 TO <4 MTHS	N/A	N/A	N/A	N/A	93.6
4 TO <12 MTHS	11.50	6.5	7.50	65.2	82.4
12 TO <18 MTHS	19.00	10.7	13.00	68.4	73.7
18 TO <48 MTHS	63.90	36.0	58.40	91.4	91.4
48 TO <84 MTHS	78.50	44.2	71.00	90.4	88.1
OVER 84 MTHS	4.60	2.6	4.60	100.0	N/A
OVERALL	177.50	100.0	154.50	87.0	88.0

Note: (a) The proportion fully immunised for each range was calculated by dividing the WPE value of children fully immunised by WPE value of children seen.

(b) The overall figure (%) for WPEs fully immunised was calculated by dividing the overall WPE value of children fully immunised by the overall WPE value of children seen x 100.

(c) Children born on or after 1 May 2000 are assessed against the Australian Standard Vaccination Schedule 2000.

Your practice's payment

Practices are paid according to the WPE value of children seen, including single visits, and proportion fully immunised as follows:



PROPORTION FULLY IMMUNISED PAYMENT PER WPE

LESS THAN 90% NIL
90% AND OVER \$3.50

Your quarterly payment is :

	177.50 WPE excluding single visits	+	74.90 WPE single visits				
	=	252.40	x \$0.00	=	\$	0.00	
Whole Patient Equivalent (WPE)							Outcomes Bonus Payment (\$) earned for the quarter.

Sample 2

GPII Recalculation Feedback Statement



Australian Government
Medicare Australia

GPII FEEDBACK STATEMENT

Please retain for your records

ABN [REDACTED]
ENQUIRIES 1800 246 101
RUN NO W029
DATE 04/11/2005
PAGE 1 OF 1
PRACTICE [REDACTED]

AUGUST QUARTER IMMUNISATION RE-CALCULATION STATEMENT

Your Outcomes Payment for the **AUGUST** Quarter has been re-calculated using the same 12 month reference period as the original calculation. This has resulted in an additional payment to your practice.

The following table identifies, by age range, the percentage of children seen during the 12 month reference period 01/04/2004 to 31/03/2005 that are fully immunised.

Age Range	Your Practice (%)		Your Division (%)	
	Original Calculation	Re-Calculation	Original Calculation	Re-Calculation
0 TO <4 MTHS	N/A	N/A	93.4	95.2
4 TO <12 MTHS	47.7	42.4	84.2	86.9
12 TO <18 MTHS	55.2	75.6	77.7	81.1
18 TO <48 MTHS	89.5	89.7	91.5	91.5
48 TO <84 MTHS	96.8	96.8	88.9	89.3
OVER 84 MTHS	100.0	100.0	N/A	N/A
OVERALL	88.5	90.1	88.8	89.6

Original coverage rate (%)

Recalculated coverage rate (%)

The proportion of children fully immunised after re-calculation for your practice is **90.1%**

Your practice's payment

Practices are paid where a positive variance exists following the re-calculation. The amount originally calculated for your practice is subtracted from the re-calculated amount.

Your original payment:

163.20	WPE excluding single visits	
+	88.70	WPE single visits

=	251.90	× \$ 0.00 = \$ 0.00
=====		

Your re-calculated payment:

163.40	WPE excluding single visits	
+	88.40	WPE single visits

=	251.80	× \$ 3.50 = \$ 881.30
=====		

Recalculated payment (\$)

Your payment adjustment for the **AUGUST** Quarter:

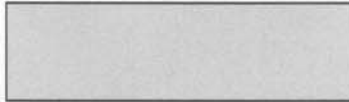
\$	881.30
-	\$ 0.00

=	\$ 881.30
=====	

Sample 3

Immunisation Payment Statement

Australian childhood
immunisation
register



PAGE 1 OF 3
DATE 28/09/2005
ENQUIRIES 1800 653 809
PROVIDER [REDACTED]
REFERENCE [REDACTED]

SEPTEMBER 2005 IMMUNISATION PAYMENT STATEMENT

This Statement contains information about your monthly ACIR Payments and GPII Service Incentive Payments calculated using information recorded on the Australian Childhood Immunisation Register (ACIR).

Processing Details

Total encounters included in this statement 6
Number of encounters returned for clarification 0

**ACIR
INFORMATION
PAYMENTS**
\$6 for each
age based
schedule
reported to the
ACIR

Your Payment Details

3	Information Payments	\$18.00	
1	Catch-up Payment	\$6.00	
3	Service Incentive Payments	\$55.50	
	Total amount paid for this statement		\$79.50

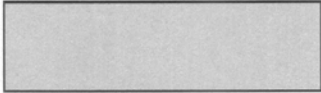
**SERVICE
INCENTIVE
PAYMENTS**
\$18.50 for
completion of
every aged
based
schedule

Bank Account for Payment: [REDACTED]
BSB: [REDACTED]
Payment Date [REDACTED]

Your Australian Business Number (ABN): [REDACTED]
Health Insurance Commission's ABN: [REDACTED]

Enquiries

If you have any questions about this Statement please call 1800 653 809.



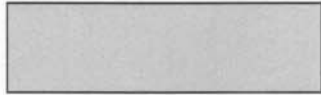
PAGE 2 OF 3
DATE 28/09/2005
ENQUIRIES 1800 653 809
PROVIDER [REDACTED]
REFERENCE [REDACTED]

Please find below the details of claims processed since your last statement.

CHILD NAME	DATE OF BIRTH	MEDICARE NUMBER	DATE OF SERVICE	VACCINE	DOSE	GPII SIP	ACIR PAYMENT	CODE
CLAIM ID: A000029+								
[REDACTED]	11/08/04	[REDACTED]	16/08/05	Priorix NeisVac-C	1			*
[REDACTED]	11/08/04	[REDACTED]	16/08/05	Priorix NeisVac-C	1			*
[REDACTED]	24/05/04	[REDACTED]	18/08/05	Prevenar	1		6.00	
[REDACTED]	04/07/01	[REDACTED]	22/08/05	Infanrix Polio Sabin Priorix	5 4 2	18.50	6.00	
CLAIM ID: A000032+								
[REDACTED]	27/02/05	[REDACTED]	08/09/05	Infanrix Polio Sabin Prevenar	3 3 3	18.50	6.00	
[REDACTED]	14/06/00	[REDACTED]	15/09/05	Infanrix Polio Sabin Priorix	5 4 2	18.50	6.00	850

Details of encounters that have been reported.

If an immunisation is rejected for payment, a code will be displayed in this column. See the next page for an explanation.



PAGE 3 OF 3
DATE 28/09/2005
ENQUIRIES 1800 653 809
PROVIDER [REDACTED]
REFERENCE [REDACTED]

These are the explanations for the codes used in your Statement.

CODE	EXPLANATION
850 H	VACCINE NOT INCLUDED IN PAYMENT CALCULATION SCHEDULE NOT COMPLETED-NO PAYMENT

REPORTING

frequency

Reporting immunisations to the ACIR should occur as frequently as possible. Daily is best practice. It is important to keep the ACIR database up-to-date.

The ACIR automatically posts History Statements to parents when their child turns 1, 2 and 5 years of age. The 5 year old ACIR History Statement is a School Entry Immunisation Certificate provided the child's immunisation record is up-to-date. To be valid, the following phrase must be printed at the bottom of the statement: 'This child has received all vaccines required by 5 years of age'.

method

There are 4 methods of reporting immunisations to the ACIR. See Table 5. Most clinics report manually. However, an increasing number are transferring to reporting via Medicare Australia Online. To use this method, a practice must have Medicare Australia Online and compatible software. To check if your software is compatible, log onto: **www.medicareaustralia.gov.au/providers/online_initiatives/software_vendor_lists/vendors_online**

Table 5. ACIR Reporting Methods

Method	Description
Manual Notification	Fill in paper forms and post/fax them.
ACIR Secure Internet Site	Log onto the ACIR Secure Site with your password and secure file and record the encounter. www1.medicareaustralia.gov.au/ssl/acircirssamn
Electronic Data Interchange (EDI)	Record the encounter on your practice software. Send it electronically to the ACIR.
Medicare Australia Online	Record the encounter on your practice software. The immunisations are batched and sent via Medicare Australia Online.

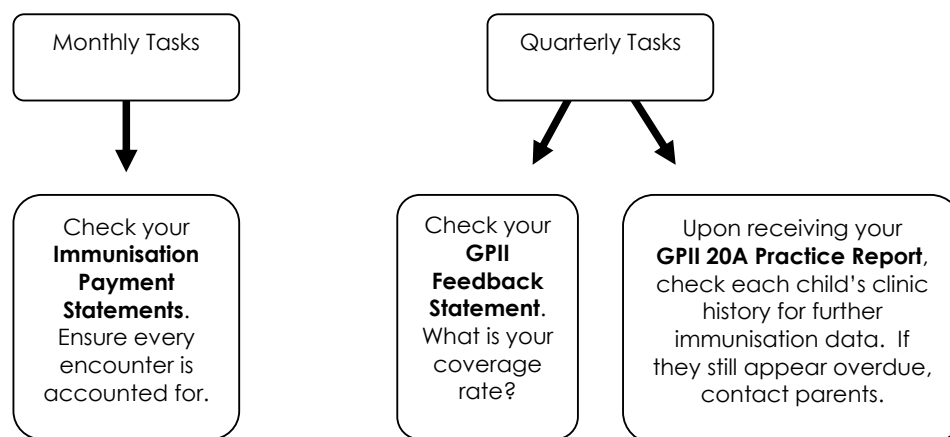
reporting other data

The ACIR provides a comprehensive immunisation history for each child. As well as immunisations, it includes information such as conscientious objections and natural immunity. This type of information must be reported to the ACIR via certain methods. See Table 6. To request any of the stationary forms referred to below, telephone 1800 067 307 or log onto www.medicareaustralia.gov.au/providers/forms/acir

Table 6. Reporting Other Data

Information	Method of Reporting
Immunisations by Another Provider	Immunisations that the child has been given, either in Australia or overseas, should be reported to the ACIR. There are 3 methods of submitting this data: manually on the purple Immunisation History Form, Medicare Australia Online or the ACIR Secure Site.
Conscientious Objection	This can only be submitted manually on the Conscientious Objection Form.
Medical Contraindication	This can only be submitted manually on the Medical Contraindication Form.
Natural Immunity	This can only be submitted in writing on practice letterhead.
Deceased Child	This can only be submitted in writing on practice letterhead.

TASKS



monthly tasks

Every month, each immuniser provider in your clinic will be posted an **Immunisation Payment Statement**. See Sample 3 on pages 12-14.

Check that every encounter reported to the ACIR in the last month is accounted for on this statement. Re-report any missing encounters. The encounter vouchers can be discarded if the encounter appears on this Statement.

Examine encounters rejected for payment. Errors can be corrected by calling the ACIR on 1800 653 809. Alternatively, write the details on the Immunisation Payment Statement and fax it to the ACIR on 08) 9214 8163.

quarterly tasks

Every quarter, your clinic will be posted a **GPII Feedback Statement**. See Sample 1 on pages 9-10. Take note of your coverage rate (%). How does it compare to last quarter?

Every quarter, your clinic should be posted a **GPII 20A Practice Report**. See Sample 4 on page 19. If you are not receiving this Report, refer to the box on the following page.

The **GPII 20A Practice Report** lists all your overdue children, one child to a page, who attended your clinic at least twice in the preceding 12 months. It summarises what the child has had and what the child requires to be assessed as 'fully immunised'.

Examine each child's clinic history. If you find further immunisation information, report this to the ACIR by telephoning 1800 653 809. If you find no further information on a child, contact the parents by letter and/or telephone.

letters

See a sample letter on page 20. This letter can be sent with a photocopy of the child's GPII 20A Practice Report. Highlight the child's name and overdue details on the Report. If you receive any 'Return to Sender' mail, forward it unopened to the following address:

ACIR
Medicare Australia
GPO Box M933
Perth WA 6843

telephone

If the child is up-to-date, ask the parent to bring in their Child's Health Record or post a photocopy so that it can report it to the ACIR. Otherwise, encourage them to make an immunisation appointment. If they are conscientious objectors, encourage them to discuss this with their GP on their next visit. Once a conscientious objection form is lodged, the child will not appear on the GPII 20A Practice Report. They will, however, still be included in your coverage rates as 'not fully immunised'.

Upon receiving a new GPII 20A Report, discard any previous Reports. If a child remains overdue, they will continue to appear on the new Report.

If your clinic has never applied to receive a GPII 20A Practice Report, the following 2 forms must be lodged:

- GPII020A Practice Report Request Form
- Section 46E Agreement

Every GP in the clinic must sign the Section 46E Agreement. This must be kept up-to-date. If a new GP joins your practice who has not signed this Agreement, the 20A Practice Report will not be released. No reminder will be sent.

If the principal of the practice changes, both forms must be relodged.

For further information, telephone the GPII Information line on 1800 246 101. Copies of these forms can be printed from [www.medicareaustralia.gov.au/providers/forms/incentives_ allowances](http://www.medicareaustralia.gov.au/providers/forms/incentives_allowances)

Sample 4

GPII 20A Practice Report

HIC
 GPII PRACTICE REPORT (GPII020A)
 FOR PRACTICE: [REDACTED]
 FOR REFERENCE PERIOD: 01OCT2003 TO 30SEP2004
 FOR QUARTER: FEB2005
 GPII ASSESSMENT DATE: 22FEB2005
 REPORT CURRENT AS AT: 03MAR2005

PAGE 6 OF 15
 ENQUIRIES 1800 653 809
 RUN NUMBER 54394

 Child Details

[REDACTED]

Current ACIR Immunisation status: NOT FULLY IMMUNISED

 Child Address Details

[REDACTED]

 GPII Assessment Details

Immunisation Schedule: 2000 Single Visit: NO
 GPII Immunisation Status at time of Assessment: NOT FULLY IMMUNISED

 Due and Overdue Details

Disease	Dose	Date Due	Date Overdue
HIB Schedule B	3	20/11/2004	20/12/2004
Hepatitis B	3	20/11/2004	20/12/2004
Measles	1	20/11/2004	20/12/2004
Meningococcal C	1	20/11/2004	20/12/2004 (%)
Mumps	1	20/11/2004	20/12/2004
Rubella	1	20/11/2004	20/12/2004

Immunisations
for which the
child is
OVERDUE.

 Vaccine Details

Enc1	VacCde	Vaccine	Dose	Service Date	St	RSN	Immunising Provider	Type
	CMX	Comvax	1	14/01/2004	A		MEDICARE GP	
	IFX	Infanrix	1	14/01/2004	A		MEDICARE GP	
	OPV	Polio Sabin	1	14/01/2004	A		MEDICARE GP	

Immunisations
the child HAS
received.

 Vaccine Details

Enc2	VacCde	Vaccine	Dose	Service Date	St	RSN	Immunising Provider	Type
	CMX	Comvax	2	20/03/2004	A		MEDICARE GP	
	IFX	Infanrix	2	20/03/2004	A		MEDICARE GP	
	OPV	Polio Sabin	2	20/03/2004	A		MEDICARE GP	

 Vaccine Details

Enc3	VacCde	Vaccine	Dose	Service Date	St	RSN	Immunising Provider	Type
	IFX	Infanrix	3	20/05/2004	A		MEDICARE GP	
	OPV	Polio Sabin	3	20/05/2004	A		MEDICARE GP	

 Natural Immunity

No data currently held

 Medical Contraindication

No data currently held

Each page contains the details of one child. Only overdue children will be included on this report.

Corrections can be written on this page and faxed to the ACIR on 08 9214 8163.

Alternatively, telephone the ACIR on 1800 246 101.

- Legend
- * Child on multiple Medicare cards
 - #1 Vaccine administered before assessment date but processed after assessment date
 - #2 Vaccine administered and processed after assessment date
 - + Please refer to the National Childhood Pneumococcal Schedule to determine if additional doses are required
 - = This child may need another dose of Meningococcal C vaccine. Please check the required schedule
 - % Antigen not included in assessment process

Sample 5

Letter to Parents

Date

To the Parent/Guardian of:
Child's Name, DOB
Address

Dear Parent/Guardian,

We regularly update immunisation records of children who attend our clinic. The Australian Childhood Immunisation Register (ACIR) has sent an overdue report for your child. A copy is attached.

Check your child's Health Care Record book. If your child has received these immunisations, please bring in their record or post/fax us a copy. This will enable us to update their ACIR record. Otherwise, an immunisation appointment can be made by telephoning xxxx xxxx.

Thankyou for your assistance.

Yours sincerely,

Name
Title
Medical Clinic

CONTACTS

TELEPHONE		
GPII General Enquiries	1800 246 101	Assistance for clinics regarding the GPII scheme, statements and payments.
ACIR General Enquiries	1800 653 809	Assistance for parents and clinics regarding the history of a child.
ACIR Internet HelpDesk	1300 650 039	Assistance for clinics regarding the Secure Internet Site.
ACIR Stationery Orders	1800 067 307	Request more stationary.
Department of Human Services	1300 882 008	Assistance for clinics regarding immunisation schedules, catch-ups & vaccines.
Immunise Australia Information Line	1800 671 811	Order free copies of the booklet 'Understanding Childhood Immunisation'. This resource is aimed at parents.
FAX		
ACIR	08 9214 8163	Fax corrected Immunisation Payment Statements & GPII20A Practice Reports.
ADDRESS		
ACIR	ACIR Medicare Australia GPO box M933 Perth WA 6843	Post 'Return to Sender' mail.
WEBSITES		
GPII Scheme	www.medicareaustralia.gov.au/providers/incentives_allowances/gpii_scheme	
GPII Forms	www.medicareaustralia.gov.au/providers/forms/incentives_allowances	
Medicare Australia Online Compatible Software List	www.medicareaustralia.gov.au/providers/online_initiatives/software_vendor_lists/vendors_online	
ACIR Information for parents	www.medicareaustralia.gov.au/yourhealth/our_services/acir	
ACIR Information for providers	www1.medicareaustralia.gov.au/general/acircirgacir	
ACIR Secure Site	www1.medicareaustralia.gov.au/ssl/acircirssamn	
Immunisation Calculator	www.healthsa.sa.gov.au/immunisationcalculator	

ACRONYMS

ACIR Australian Childhood Immunisation Register

GPII General Practice Immunisation Incentives

NIP National Immunisation Program

SIP Service Incentive Payment

WPE Whole Patient Equivalent