



Improving Childhood Immunisation Coverage Rates

A guide for practice staff

October 2008

**Together we
can build a
better health
system**

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**A proud member of the Australian
General Practice Network.**

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This resource developed by the Immunisation Program at General Practice Queensland

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The GPII Scheme

The General Practice Immunisation Incentives (GPII) scheme was introduced in 1998 to improve coverage rates and immunisation reporting levels within general practices. This scheme provides financial incentives to GPs who immunise children according to the National Immunisation Program (NIP) schedule and report them to the Australian Childhood Immunisation Register (ACIR).

The Australian Childhood Immunisation Register (ACIR)

In 1996, the Federal Government established the ACIR in response to a rise in vaccine-preventable childhood diseases. By collecting immunisation data of children up to 7 years of age living in Australia, the ACIR can be used as a tool to track immunisation levels and identify low coverage areas. The accuracy of the register is dependent upon immunisation providers reporting data to the ACIR.

The ACIR also:

- sends out immunisation history summaries to guardians/parents when their child turns 1, 2 and 5 years of age
- provides immunisation history summaries to guardians/parents and immunisation providers upon request
- connects with Centrelink regarding eligibility for child care benefits and the Maternity Immunisation Allowance. For more information go to:
www.familyassist.gov.au/Internet/FAO/fao1.nsf/content/payments

Queensland Health

Vaccination Information & Vaccination Administration System

The Vaccination Information & Vaccination Administration System (VIVAS) is a database of vaccination events for all *children immunised in Queensland with funded vaccines supplied through Commonwealth and Queensland Health programs in accordance with the National Health & Medical Research Council (NHMRC).

Vaccination service providers enrolled on VIVAS have access to a range of services such as Queensland's centralised Vaccine Distribution System, reminder notices and access to individual vaccination records.

The data held on VIVAS is used to:

- Monitor immunisation levels at a state and local level
- Provide assistance with vaccine management
- Produce reminder notices for children overdue for vaccination.
- Monitor vaccine ordering by service providers
- Identify the use of expired vaccines. If an expired vaccine is used, VIVAS contacts the service provider and requests that the child/individual is recalled and revaccinated.

*VIVAS also collects and stores data on adolescent and some adult vaccinations funded through Commonwealth and Queensland Health programs.

(Summarised from "A Guide to Effective Vaccine Management", QDGP, 2000)

Population Health Units

There are eleven Population Health Units (PHUs) within three Population Health Areas (Northern, Central and South), with offices in multiple locations across the state.

Population Health Units have access to immunisation data stored on VIVAS and are able to respond locally to requests for information and support.

Vaccination Service Providers can contact their nearest Population Health Unit to access VIVAS data to check the immunisation status of a child vaccinated in Queensland. VIVAS does not provide this information to parents.

Population Health Units are responsible for forwarding to each general practice in their area a VIVAS reminder notice listing children who are 8-16 weeks overdue for vaccination. The reminder notices are sent to the last service provider the child visited. Practices do not need to request these notices. **See Sample 7, page 29.**

See Contacts on page 41 for a list of Population Health Units.

Immunisation Coverage Rates

Coverage Rate Rules

Immunisation 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, then that child will be assessed as 'not fully immunised'.

Coverage rates for practices 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 (NIIP). These vaccines are free of charge to the parent/guardian (Table 1 below). 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 (1st March 2008)

AGE	DISEASE IMMUNISED AGAINST	VACCINE BRANDS (QUEENSLAND)
2 months	Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B & Hib Pneumococcal Rotavirus	Infanrix-Hexa Prevenar RotaTeq
4 months	Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B & Hib Pneumococcal Rotavirus	Infanrix-Hexa Prevenar RotaTeq
6 months	Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B & Hib Pneumococcal Rotavirus	Infanrix-Hexa Prevenar RotaTeq
12 months	Measles, Mumps & Rubella Hepatitis B & Hib Meningococcal C	Priorix *Comvax/Hiberix* Meningitec
18 months	Varicella (Chickenpox)	Varilrix
4 years	Diphtheria, Tetanus, Pertussis & Polio Measles, Mumps, Rubella	Infanrix-IPV Priorix

*Comvax will be replaced by a booster dose of Hiberix (monovalent Hib) by approximately September 2008 as all children who completed primary vaccinations by 1st March 2008 will have received their booster dose of Comvax.

Due & Overdue Rules

The National Due and Overdue Rules for Childhood Immunisation provides information on the rules derived from the Australian Immunisation Handbook, and is made available to help providers better understand the operations of the ACIR.

These rules are used to determine a child's immunisation status for the coverage rates (Table 2 below). 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.

NB: The due & overdue rules do not apply to rotavirus vaccination.

To access the complete due and overdue rules, refer to:

www.medicareaustralia.gov.au/provider/pubs/program/acir.shtml

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	4 years & 1 month

Initial Calculation

Coverage rates are calculated 4 times a year. The calculation takes place in the last 2 weeks of the quarter. (Table 3 below.) Your practice will be notified of your coverage rate on your **GPII Feedback Statement. See Sample 1, 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 in 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, 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 sent.

Payments

Two immunisation related payments are available to General Practices / GPs (Table 4 below). The Outcomes Bonus Payment is only available to those registered with the GPII Scheme.

Table 4: Immunisation Payments


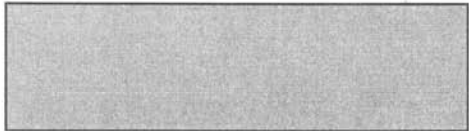


	OUTCOMES BONUS PAYMENT	ACIR INFORMATION PAYMENT
\$	<p>\$3.50</p> <p>for each Whole Patient Equivalent (WPE) if the coverage rate is at least 90% and the WPE is at least 10*</p>	<p>\$3.00</p> <p>for each age based vaccination schedule** that is reported to the ACIR</p>
Frequency	Quarterly	Monthly
Notification	GPII Feedback Statement Sample 1, pages 10-11	Immunisation Payment Statement Sample 3, pages 13-16

* 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 ACIR Information Payment is paid to the GP who administers and reports the last vaccine of an age based schedule.

Sample 1

GPII Feedback Statement

	Australian Government Medicare Australia	GPII FEEDBACK STATEMENT Please retain for your records	
		ABN  ENQUIRIES 1800 246 101 RUN NO 6030 DATE 29/11/2005 PAGE 1 OF 2 PRACTICE 	
NOVEMBER QUARTER GENERAL PRACTICE IMMUNISATION INCENTIVES STATEMENT			
<p>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.</p>			
<p>Table 1: Number of children seen (including single visits) in the 12 month reference period by age range and assessment status.</p>			
<hr/> Assessment Status <hr/>			
Age Range *	Fully Immunised	Not Fully Immunised	Total Children Seen
<hr/>			
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
<hr/>			
<p>* Children on 'catch-up' vaccinations will be distributed among the age groupings.</p>			
Assessment Process			
<p>From 1 July 2003, GPII 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.</p>			
Checking your records			
<p>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 GPII Practice Report (GPII020A) request form, please phone 1800 246 101 and a form will be forwarded to you.</p>			
Proportion of children fully immunised			
<p>Of the children who attended your practice in the preceding 12 months, 87.0 % were fully immunised as at 22/11/2005.</p>			
<p>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.</p>			

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

GPII Feedback Statement (continued)



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	

Whole Patient Equivalent (WPE)	= 252.40	
	x \$ 0.00 = \$	0.00

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
=====	

11 of 29

Sample 3

Immunisation Payment Statement

**Due to the removal of the SIP from 1st October 2008 this statement may change.*

Australian childhood
immunisation
register

MEDICAL CENTRE
123 PRACTICE ROAD
BRISBANE QLD 4000

PAGE 2 of 4
DATE 29/05/2007
ENQUIRIES 1800 653 809
PROVIDER 1234567A
REFERENCE S000000001

CLAIMS PROCESSED

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

CHILD NAME	DATE OF BIRTH	MEDICARE NUMBER	DATE OF SERVICE	VACCINE	DOSE	SIP	ACIR PAYMENT	CODE
CLAIM ID: A123456 MILES, MELISSA	11/11/01	1234567890 1	24/02/02	Infanrix COMVAX Polio Sabin	1 1 1	18.50	3.00	
CLAIM ID: H123456 SAMUELS, ALAN	17/03/02	1523456789 3	18/05/02	Prevenar	1			850
CLAIM ID: D123456 BELLS, JANE	27/02/98	7234567890 2	06/07/02	Infanrix	5			.
CLAIM ID: C123456 MOST, JOHN	03/05/98	5234567890 8	25/07/02	Infanrix Polio Sabin MMRII	5 4 2	18.50	3.00	
SMYTHE, DARCY	11/01/02	6234567890 5	25/07/02	Infanrix Polio Sabin	3 3	18.50	3.00	
TYLER, ZAC	18/07/01	8234567890 6	25/07/02	PedvaxHIB Priorix	3 1	18.50	3.00	
CLAIM ID: B123456 ROBERTS, TED	21/05/02	2234567890 2	26/07/02	Tripacel Polio Sabin COMVAX	1 1 1	18.50	3.00	
MCINTYRE, JANE	08/11/00	3234567890 4	26/07/02	Infanrix	4	18.50	3.00	
GRAY, ALISON	11/07/01	4234567890 2	26/07/02	COMVAX Priorix	3 1	18.50	3.00	
CLAIM ID: E123456 JOHNSON, BOB	16/01/01	1123456789 3	30/07/02	Infanrix	4			300
BRADFORD, MEG	13/05/01	1323456789 7	30/07/02	COMVAX MMRII	3 1	18.50	3.00	
CLAIM ID: G123456 CONNORS, SARA	10/05/02	1423456789 3	10/08/02	Tripacel Polio Sabin PedvaxHIB	1 1 1			.
CLAIM ID: F123456 MICHAELS, TONY	08/04/02	9234567890 4	15/08/02	Infanrix-HepB Polio Sabin PedvaxHIB Polio Sabin HibTITER	2 2 2 1 1	18.50	3.00	

Details of encounters that have been reported

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

Immunisation Payment Statement (continued)



MEDICAL CENTRE
123 PRACTICE ROAD
BRISBANE QLD 4000

PAGE 3 of 4
DATE 29/05/2007
ENQUIRIES 1800 653 809
PROVIDER 1234567A
REFERENCE S000000001

RETURN TO MEDICARE AUSTRALIA

The claims listed below require clarification before payment can be made. Encounters that have been assessed as being outside the scope of the immunisation schedule do not require clarification and are therefore not listed below.

Please note – you may correct the details on this page and return it to the **MEDICARE AUSTRALIA, GPO BOX M933, PERTH WA 6843** or **FAX 08 92544810**. Alternatively you may notify the ACIR of the corrections by telephoning 1800 653 809.

CHILD NAME	DATE OF BIRTH	MEDICARE NUMBER	DATE OF SERVICE	VACCINE	DOSE	CODE
CLAIM ID: A123456 HALL, ERICA	08/09/00	333456789 1	24/02/02	Infanrix	4	102
JORGAN, ALICIA	14/08/00	433456789 3	24/02/02	Infanrix PedvaxHIB	4 4	103
CLAIM ID: I012345 SMITH, WAYNE	16/02/02	533456789 2	23/08/02	?	3	33
DOMINI, ALEX	21/12/01	633456789 6	23/08/02	Priorix	1	100

I certify that the changes indicated on this form are corrections to information previously supplied, and that the information which now appears on this form is true and correct.

SIGNATURE

CONTACT NAME: _____

PHONE NUMBER: _____

Immunisation Payment Statement (continued)

Australian childhood
immunisation
register

MEDICAL CENTRE
123 PRACTICE ROAD
BRISBANE QLD 4000

PAGE 4 of 4
DATE 29/05/2007
ENQUIRIES 1800 653 809
PROVIDER 1234567A
REFERENCE S000000001

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

CODE	EXPLANATION
33	THE VACCINE AND/OR DOSE NUMBER ADMINISTERED NOT SUPPLIED
100	THIS ANTIGEN HAS BEEN ADMINISTERED UNDER THE MINIMUM AGE REQUIREMENT
102	THE SAME DOSE OF THIS ANTIGEN HAS PREVIOUSLY BEEN REPORTED
103	SAME ANTIGEN/DOSE HAS PREVIOUSLY BEEN REPORTED BY A DIFFERENT PROVIDER
300	DUPLICATE - THIS SERVICE HAS PREVIOUSLY BEEN REPORTED TO THE ACIR
850	PNEUMOCOCCAL VACCINE - NOT INCLUDED IN PAYMENT CALCULATION
*	SCHEDULE NOT COMPLETED - NO PAYMENT

Reporting Immunisations

Practices in Queensland have two choices for reporting immunisation data:

1. Vaccination Information and Vaccination Administration System (VIVAS)

or

2. Australian Childhood Immunisation Register (ACIR) (by electronic transfer only)

Both databases rely on vaccine service providers submitting precise and timely data to ensure the accurate reporting of coverage rates, GPII payments, and benefits to parent/guardians.

These databases exchange their data on a regular basis therefore all information finds its way to the ACIR, where coverage rates and GPII payments are calculated.

ACIR collects all VIVAS data for children under seven years of age who reside in Queensland on an almost daily basis through electronic data interchange. Similarly, VIVAS collects all Queensland-related immunisation data forwarded to ACIR. If you are unsure which database your practice reports immunisations to, see Appendix 3 on page 28.

To reduce the possibility of incorrect immunisation data being entered on your practice's medical software:

- Select correct vaccine names, e.g. Priorix not MMR; Comvax not Engerix B
- In Medical Director select 'combination' box, as this will eliminate antigen errors
- Where possible, select specific age-related vaccinations, rather than individual vaccines listed in drop-down box
- Select 'whole of life' box to ensure older children data is captured

For practices transmitting electronically to ACIR check for error messages during transmission as these will block data transfer.

For assistance with reporting immunisations, contact your Division of General Practice.

Reporting to the ACIR

Practices report immunisations to the ACIR via Medicare Australia Online. The vaccination encounter is recorded on practice software, which must have ACIR compatibility*, then it is batched and electronically transmitted to the ACIR. If you require assistance with using Medicare Australia Online, contact your local Division of General Practice.

*For a complete list of ACIR compatible software, go to:

www.medicareaustralia.gov.au/providers/online_initiatives/software_vendor_lists/vendors_online

Reporting to VIVAS

Practices report immunisations to VIVAS by:

1. Completing the Vaccination Record Form provided by Qld Health and posting to VIVAS (**Sample 4 on page 17**).
2. Using their practice software to print off a history of vaccination events and forwarding to VIVAS

Practices submitting data to VIVAS need to ensure that information is forwarded to VIVAS **at least once a week** to ensure the supply of data to the ACIR is not delayed for the purposes of payments to service providers and parents/guardians.

When completing the Qld Health Vaccination Record Form, vaccine service providers are required to accurately record the following information:

- the practice VSP Number or Medicare Provider Number at the top of the Vaccination Record Form
- personal details of the patient (e.g. name, address, date of birth, contact details)
- all vaccines administered to the patient
- all dose numbers and vaccine batch numbers
- any vaccines that are transferred, discarded or received to or from the practice
- Aboriginal and Torres Strait Islander status

A practice can send computerised printouts of the vaccination event, rather than transcribing the details onto the Vaccination Record Form. Contact VIVAS to check the format of the printout. See Contacts on page 28.

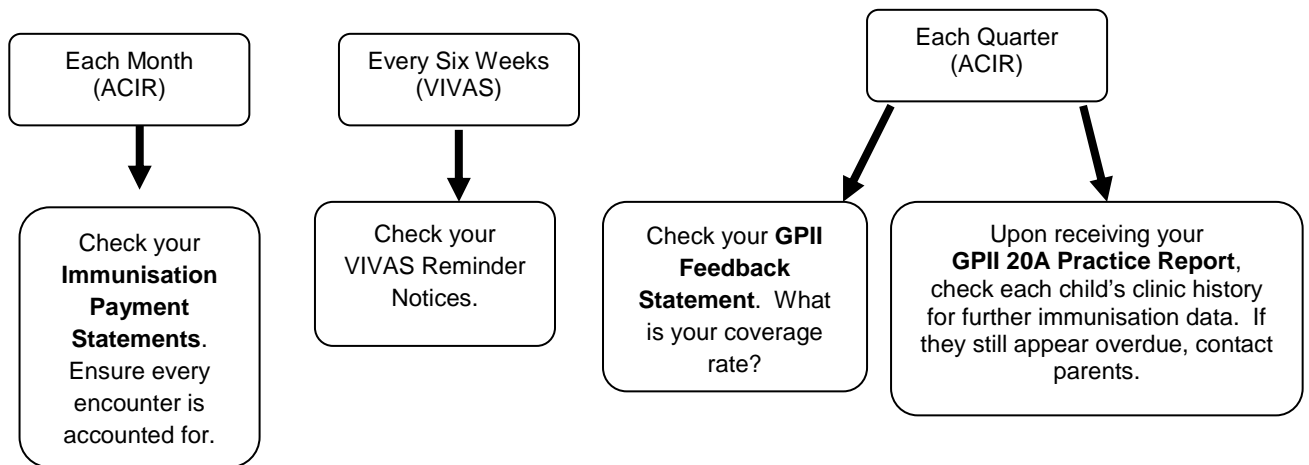
Reporting Other Information

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 using certain methods (Table 5 below). To request any of the stationary forms referred to below, telephone 1800 067 307 or download from www.medicareaustralia.gov.au/provider/pubs/forms/acir.shtm

Table 5: Reporting Other Information

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. This information can be reported using the (purple) ACIR Immunisation History Form.
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 - ACIR

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 9254 4810.

Every Eight Weeks - VIVAS

Approximately every 8 weeks, reminder notices for children 8-16 weeks overdue for immunisation are generated by VIVAS and forwarded to the local Population Health Units. The Population Health Units conduct further checks on the immunisation status of these children before forwarding to practices in their areas. These notices are sent to the last practice the child visited. Practices do not need to request these reminder notices. See **Sample 7** on page 22.

Practices can cross check with their practice records and update the information if necessary. The practice should update the information on a Vaccination Record Form or reminder notice and return it to VIVAS as soon as possible. The covering letter from your Population Health Unit will also contain instructions on returning any updated information.

See Contacts on page 28.

Quarterly Tasks - ACIR

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

Also every quarter, your clinic should be posted a **GPII 20A Practice Report**. See **Sample 5** on page 20. This Report lists all 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 for it to be assessed as 'fully immunised'.

If your clinic has never applied to receive this 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 (including locums) and they have not signed a Section 46E Agreement, the 20A Practice Report will not be released. Medicare Australia will not notify practices of this. 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 downloaded from www.medicareaustralia.gov.au/provider/pubs/forms/incentives.shtml.

How to use the GPII 20A Report:

1. Upon receiving a new GPII 20A Report, discard any previous reports.
2. Compare immunisation information between your practice's medical records and the 20A Report. If you find any discrepancies or have additional immunisation information to report, notify ACIR by telephoning 1800 653 809 or making a note on the relevant page on the 20A Report and faxing to ACIR on 08 9254 4810.
3. At any time, you can confirm a child's current immunisation status by logging onto the ACIR Secure Site. To request access to the ACIR Secure Site see **Appendix 1 on pages 23-24**. Each provider in the practice is allocated a unique logon. To log on to the ACIR Secure Site, see **Appendix 2 on pages 25-26**. If a logon has not been used for more than 3 months, the password may need to be reactivated. Passwords can be changed via Medicare Australia Online. If difficulties are experienced accessing the ACIR Secure Site, contact your Division of General Practice.
4. If you find no additional information on a child, therefore the child is actually overdue for immunisation; contact the parents by letter and/or telephone. See information below.

Reminders – Letters

See Sample 6 on page 21. This letter can be sent with a photocopy of the child's relevant GPII 20A Practice Report page attached. Highlight the child's name and overdue details on the Report. If you send mail using the address on the GPII20A Report and it is returned as 'Address Unknown – Return to Sender', notify ACIR by noting 'Return to Sender' on the relevant GPII20A Report page and forward or fax to ACIR (see Contacts on page 28).

Reminders – Telephone

Telephone the child's parents/guardian. 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 be reported to the ACIR. The Health Record or evidence of immunisation must be sighted for the immunisation to be reported. If the child does require immunisations, encourage the parents to make an immunisation appointment. Conscientious objectors should be encouraged to discuss their choice with the GP at 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'.

Reminders – VIVAS

A practice should use the VIVAS reminder notice as a prompt to contact the parents of overdue children. **See Sample 7 on page 22.** Practices should follow the steps outlined on the bottom of the reminder notice and also refer to any instructions on the covering letter from your Population Health Unit. It is recommended that practices try to contact parents at least twice to either follow up on a child's immunisation status or encourage parents to make an appointment for vaccination.

Sample 5

GPII 20A Practice Report

GPII020A – GPII PRACTICE REPORT

FOR PRACTICE: 001557
FOR REFERENCE PERIOD: 01OCT2005 TO 30SEP2006
FOR QUARTER: FEB2007
GPII ASSESSMENT DATE: 20FEB2007
REPORT CURRENT AS AT: 28FEB2007

PAGE: 3 OF 3
ENQUIRIES: 1800 653 809
RUN NUMBER: 53681

Child Details

Medicare Number: 1234567891 1
Surname: CITIZEN (*)
Given Name: JOHN Initial: A
DOB: 16/06/2006 Gender: MALE
Current ACIR Immunisation status: NOT FULLY IMMUNISED

Child Address Details

10 ALPHABET STREET
SAMPLE ACT 3190

GPII Assessment Details

Immunisation Schedule: 2005 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	2	08/10/2006	08/11/2006
Hepatitis B	2	08/10/2006	08/11/2006

Vaccine Details

Enc1	VacCde	Vaccine	Dose	Service Date	St	RSN	Immunising Provider Type
	CMX	Comvax	1	08/08/2006	A		COUNCIL
	IFIP	Infanrix-IPV	1	08/08/2006	A		COUNCIL
	PRVNR	Prevenar	1	08/08/2006	A		COUNCIL

Vaccine Details

Enc2	VacCde	Vaccine	Dose	Service Date	St	RSN	Immunising Provider Type
	IFIP	Infanrix-IPV	3	12/12/2006	A		COUNCIL
	PRVNR	Prevenar	3	12/12/2006	A		COUNCIL

Natural Immunity

No data currently held

Medical Contraindication

No data currently held

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

Immunisations for
which the child is
OVERDUE

Immunisations
the child HAS
received

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 9254 4810.

Alternatively, telephone the ACIR on 1800 246 101.

Sample 6

Reminder 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

Sample 7

VIVAS Reminder Notice

Please note: This is an example only - reminder notices may differ slightly depending on requirements of the Population Health Unit

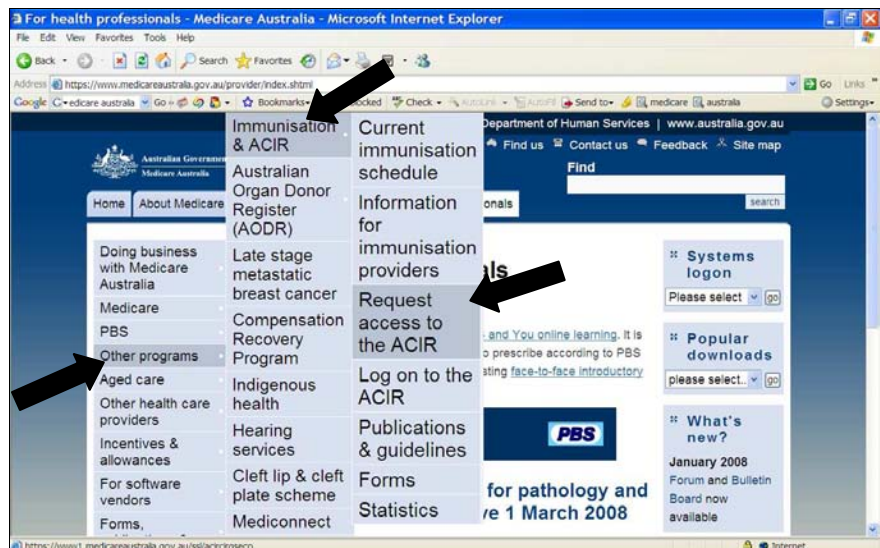
test	Queensland Health	Date: 02/01/2008								
<hr/>										
Zone	CENTRAL									
<hr/>										
Child	Address 1									
Birth Date										
Age as at	yrs	months								
Gender										
<hr/>										
Vaccinations Overdue	If Vaccination Given									
<u>Common Name</u>	<u>Dose</u>	<u>Date Due</u>	<u>Date Given</u>	<u>Batch Number</u>	<u>Provider Number</u>					
DTPa-IPV	4									
MMR	2									
<hr/>										
Disclaimer										
This notice has been prepared by Queensland Health Immunisation Program (QHIP) based on information provided by Medicare Australia (Australian Childhood Immunisation Register)										
<hr/>										
Vaccination History										
<u>Common Name</u>	<u>Dose</u>	<u>Date</u>	<u>Dose</u>	<u>Date</u>	<u>Dose</u>	<u>Date</u>	<u>Dose</u>	<u>Date</u>	<u>Dose</u>	<u>Date</u>
Hib (PcdvaxHIB)	1		2		3					
Infanrix-HepB	1		2		3					
MMR	1									
Meningococcal C (Meningitec)	1									
Oral Polio Vaccine	1		2		3					
<hr/>										
Due to changes to the National Immunisation Program Schedule all DTPa-IPV vaccinations due at 4yrs of age will be recorded as Dose 5, where DTPa was given at 18 months.										
<hr/>										
Please return all VIVAS Overdue Reminder Notices to Population Health Brisbane North using the enclosed Reply Paid Envelope										
Or post to: Reply Paid 83126 Stafford DC QLD 4053										
Record of Contact. Queensland Health suggests 2 phone calls and 1 letter.										
Date & Time of Call 1	Date & Time of Call 2	Date of Letter	<input type="checkbox"/> Telephone Disconnected <input type="checkbox"/> Letter "Returned to Sender"							
Outcomes										
<input type="checkbox"/> Appointment Made. Date: _____		<input type="checkbox"/> Moved Interstate / Overseas.								
<input type="checkbox"/> Moved to Another Practice / Another District		<input type="checkbox"/> Does not wish to continue Immunisation. Conscientious Objection should be lodged with ACIR.								
<input type="checkbox"/> Other: _____		<input type="checkbox"/> New Address or Practice (if known)								
THANK YOU FOR YOUR ASSISTANCE ! If you have any queries or need further information contact us on 3624 1108										

Appendix 1: Requesting access to the ACIR Secure Site

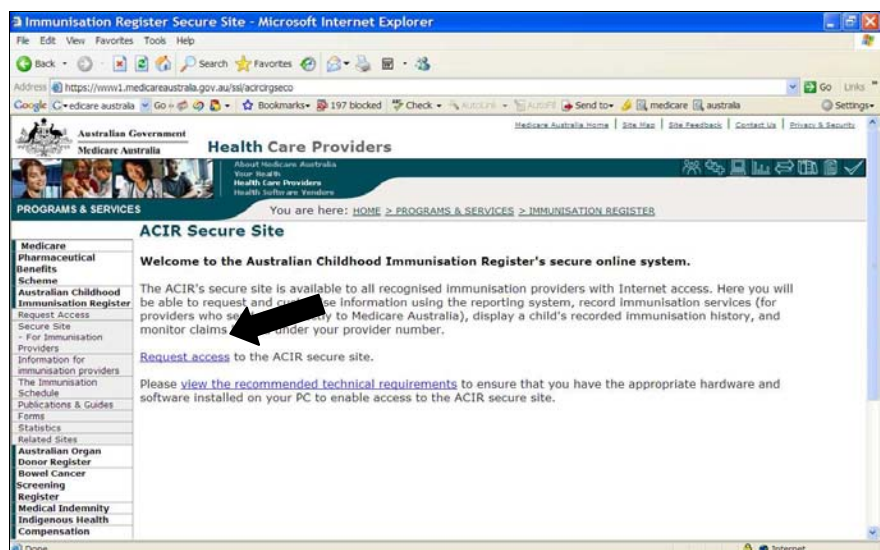
- Go to: www.medicareaustralia.gov.au
- Select **For health professionals**



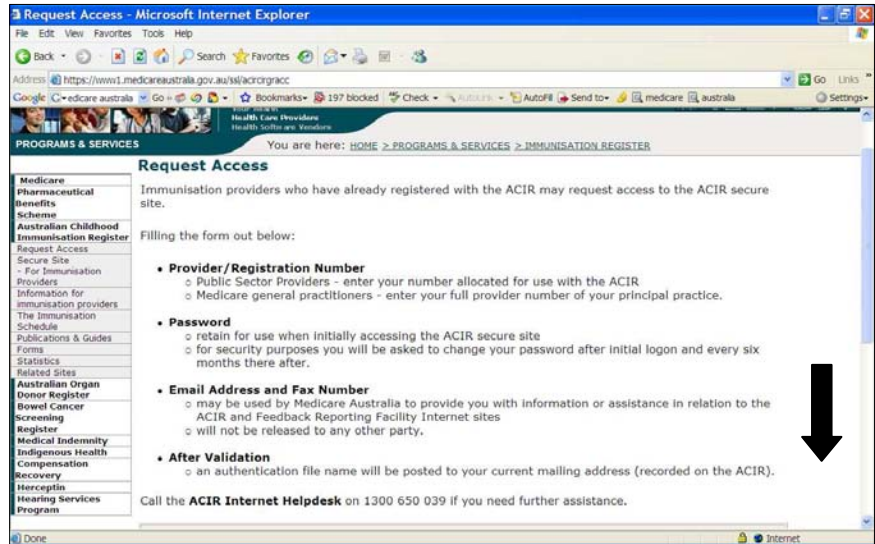
- Select **Other Programs**
- Select **Immunisation & ACIR**
- Select **Request access to the ACIR**



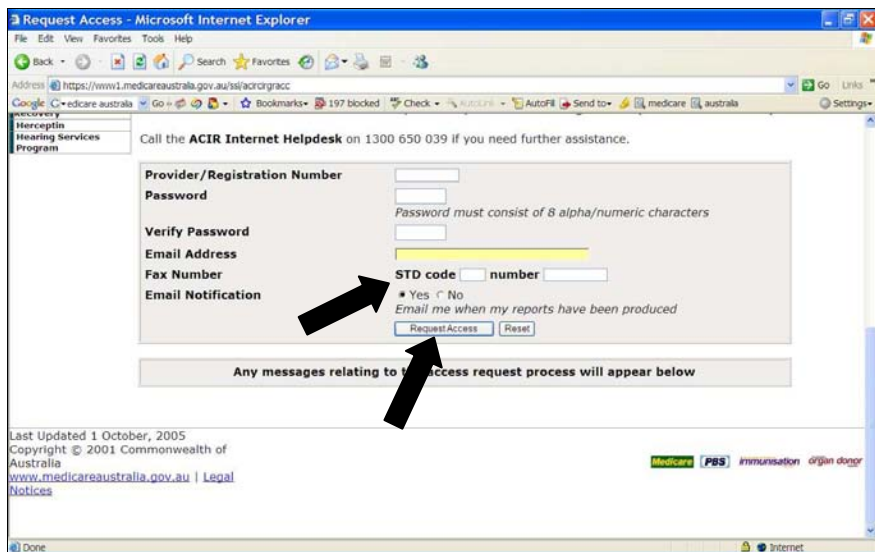
- Select **Request access**



- Scroll down



- Complete required details
- Select **YES** for Email notification
- Select **Request Access**

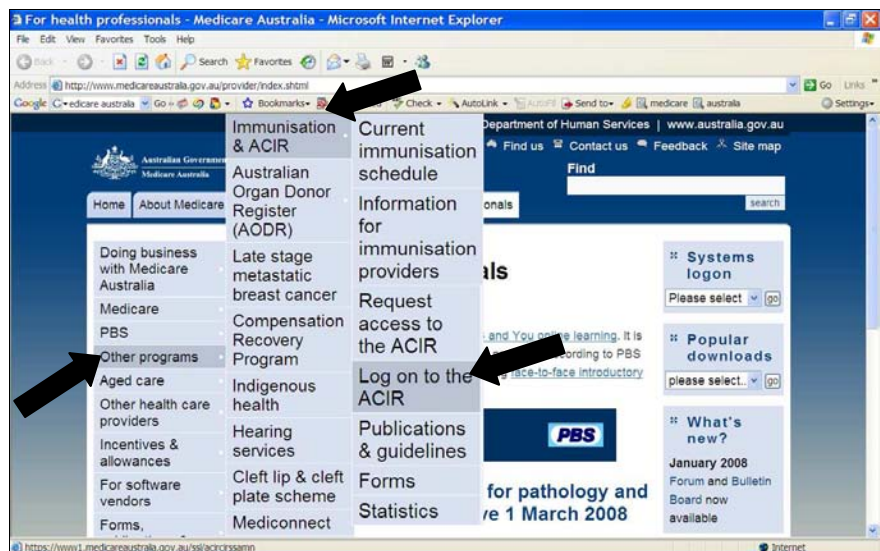


Appendix 2: Log on to the ACIR Secure Site

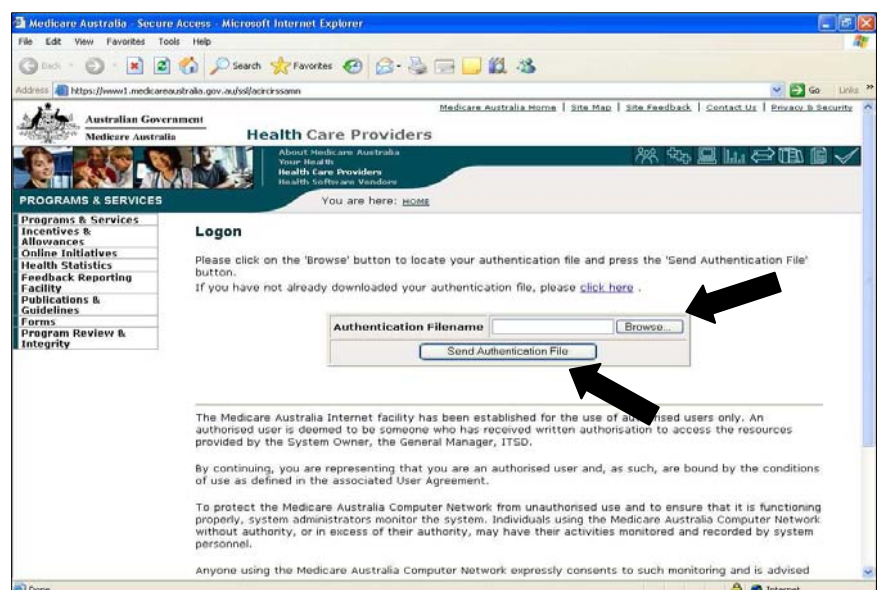
- Go to: www.medicareaustralia.gov.au
- Select **For health professionals**



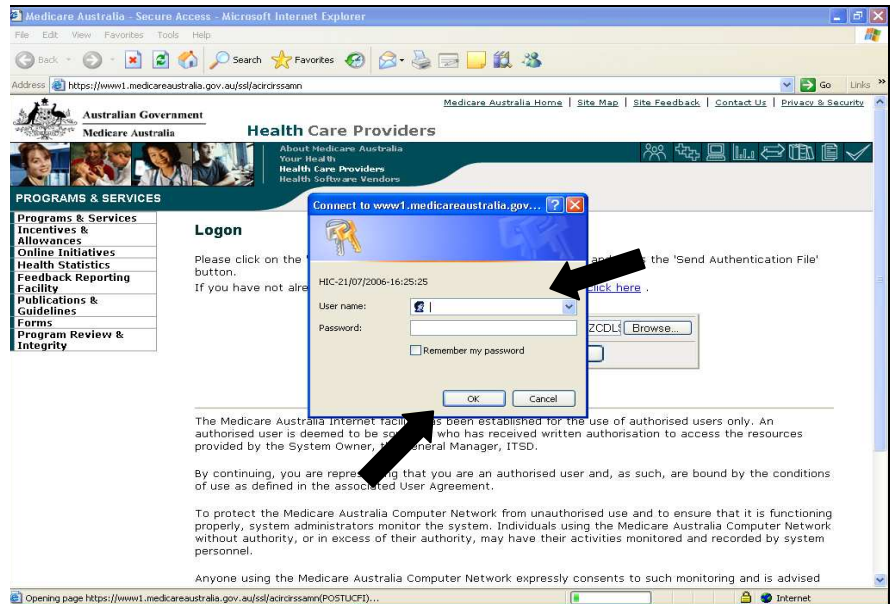
- Select **Other Programs**
- Select **Immunisation & ACIR**
- Select **Log on to the ACIR**



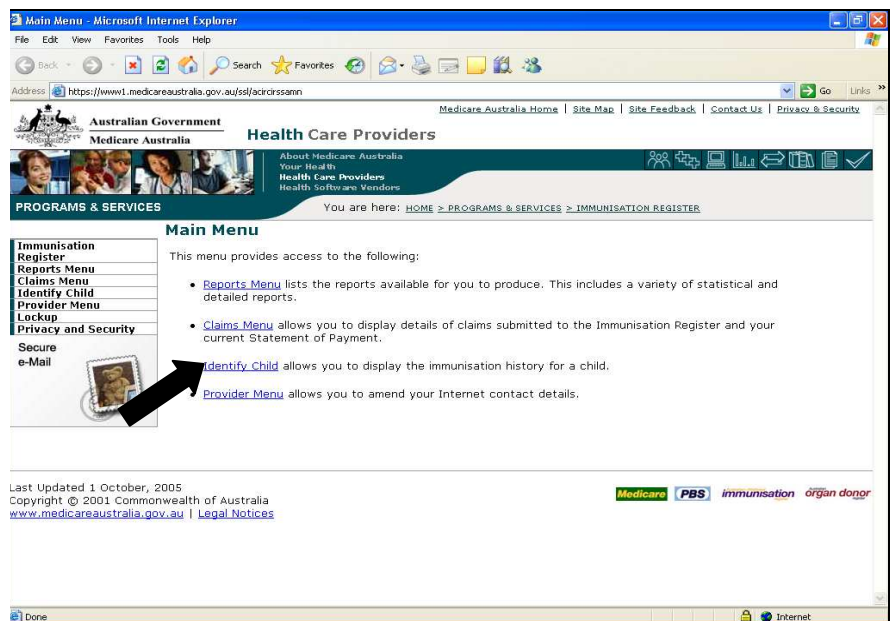
- Select **Browse**
- Insert your authentication file
- Select **Send Authentication File**



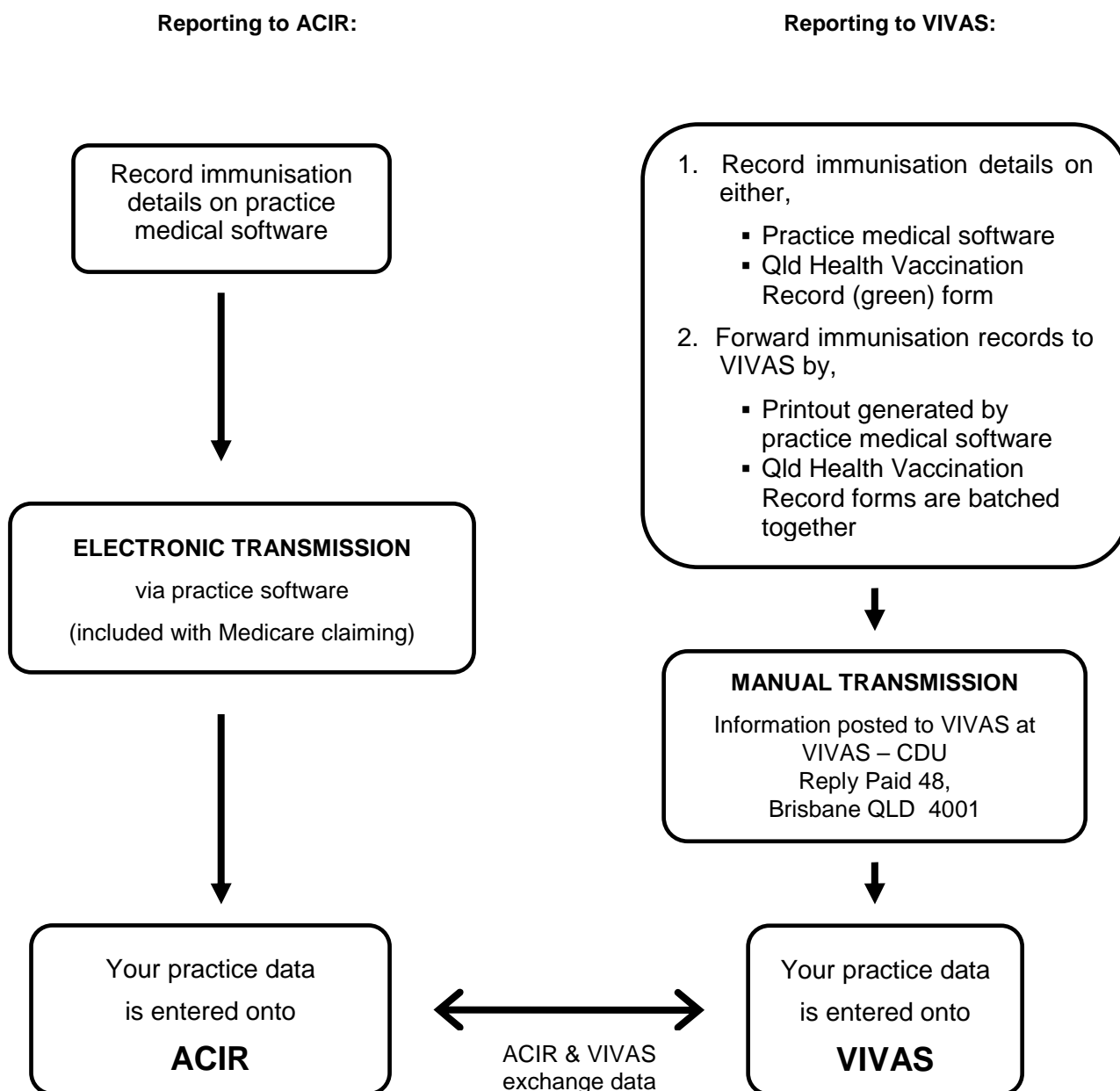
- Inset user name and password.
- **Caution:** if the incorrect password is entered 3 times, access to the Secure Site will be revoked.
- Select **OK**



- This will open to the Main Menu.
- Select **Identify Child** to look up a child's immunisation history.
- To locate a child's immunisation history, enter the child's Medicare number.
- If the Medicare number is not known, enter the child's name and date of birth



Appendix 3: Practice reporting – ACIR or VIVAS?



Important :

- Verify all data is correct before entering on your medical software
 - ☞ Chose correct vaccine names, e.g. Priorix not MMR; Comvax not Engerix B
- In Medical Director:
 1. Select 'combo' tick box first, then select appropriate vaccine, e.g. Infanrix-Hexa. This will ensure all antigens are ticked
 2. Select individual vaccines second, e.g. RotaTeq or Prevenar
 3. Double-check all tick boxes are ticked. This will reduce risk of missing data
- Select 'whole of life' box to ensure older children data is captured
- For practices transmitting electronically to ACIR ensure no error messages appear during transmission as data transfer will not occur

Contacts

TELEPHONE		
Divisions of General Practice	Contact your local Division	Provides support, education and resources relating to immunisation
GPII General Enquiries	1800 246 101	Assists clinics regarding the GPII Scheme, statements and payments.
ACIR General Enquiries	1800 653 809	Assists parents and clinics regarding the immunisation history of a child.
ACIR Internet Help Desk	1300 650 039	Assists clinics regarding the Secure Internet Site.
ACIR Stationery Orders	1800 067 307	Stationary requests.
Qld Health : Population Health Units	(07) 3000 9148	Brisbane South
	(07) 3624 1111	Brisbane North
	(07) 5509 7222	Gold Coast
	(07) 5409 6600	Sunshine Coast
	(07) 4631 9888	Darling Downs (Toowoomba)
	(07) 4920 6989	Central (Rockhampton)
	(07) 4120 6000	Wide Bay (Bundaberg)
	(07) 4050 3600	Tropical (Cairns)
	(07) 4753 9000	Townsville
(07) 4968 6611	Mackay	
(07) 4744 4404	Mount Isa	
ADDRESS		
ACIR	GPO Box M933 Perth WA 6843 Fax: 08 9254 4810	Corrected Immunisation Payment Statements & GPII20A Practice Reports 'Return to Sender' mail.
Qld Health / VIVAS	Level 9, 147-163 Charlotte St Brisbane Qld 4000 Tel: 07 3234 1500 Fax: 07 3234 0057	Reporting immunisations and related information
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/aacir	
ACIR Information for providers	www1.medicareaustralia.gov.au/general/acircirgacir	
ACIR Secure Site	www1.medicareaustralia.gov.au/ssl/acircirssamn	
Immunisation Catchup Calculator	www.healthsa.sa.gov.au/immunisationcalculator	

Acronyms

ACIR	Australian Childhood Immunisation Register
GPII	General Practice Immunisation Incentives
NH&MRC	National Health & Medical Research Centre
NIP	National Immunisation Program
PHU	Population Health Unit
PIP	Practice Incentive Payment
QHIP	Queensland Health Immunisation Program
VIVAS	Vaccination Information Vaccination Administration System
VSP	Vaccination Service Provider
WPE	Whole Patient Equivalent