Australian Government

Australia's COVID-19 Vaccine Roadmap

COVID-19 VACCINATION

Safe. Effective. Free.

Phase 1B COVID-19 vaccine roll-out – General Practice EOI process

Frequently asked questions

Please note: We have received four applications who have not agreed to the initial acknowledgment of site suitability and data handling within the EOI online portal. These applications cannot be viewed and we are unable to contact you. If you have not ticked yes to the initial acknowledgement and wish for your general practice to be considered, please resubmit your expression of interest.

This is **Version 1** of this FAQ document. A revised version will be provided by the end of the week with any additional information as it becomes available, or to capture any new questions which have been submitted.

1. Eligibility for application

1.1. Why do general practices need to complete an EOI to be able to provide the COVID-19 vaccine to their patients?

We anticipate that all accredited general practices who are willing and able to provide COVID-19 vaccine to their patients will be eligible for the program. However, a targeted approach is required to properly manage a limited supply of doses in the initial stages. As more doses become available, more general practices will have access to COVID-19 vaccines.

1.2. Can all general practices submit an EOI to be part of the vaccine program?

Only accredited general practices can apply to participate during this phase. Accredited practices already meet the majority of site requirements outlined in the EOI. Extending access may be considered in later stages of the roll out, especially if issues of coverage gaps are observed.

1.3. What if you are registered for accreditation, but have not yet completed the process?

At this point, only general practices who are currently accredited are eligible to apply. Please contact your PHN to discuss as other options may be considered if there are significant population or geographical service gaps that cannot be filled by eligible general practices or state and territory vaccination clinics.

1.4. Can general practices who operate multiple sites submit more than one EOI?

Yes, but a separate EOI must be submitted per site.

1.5. Can general practices who also run a GP-led Respiratory Clinic submit an EOI?

The participation of GP-led Respiratory Clinics in the roll out will be managed through a separate process. However, all accredited general practices who also run a GPRC and meet the minimum site requirements can apply to this current EOI.

1.6. Can general practices run by Aboriginal Community-Controlled Health Services (ACCHS) submit an EOI to be part of the vaccine program?

We expect most ACCHS will participate in the vaccine roll-out. This will be facilitated though a separate process in partnership with NACCHO.

1.7. If general practices don't submit an EOI for Phase 1b of the roll-out, can they participate in future roll-outs?

All interested accredited General Practices are encouraged to submit an EOI at this stage, even if they are seeking participation at later stages. Subject to vaccine supplies and the coverage of general practices under Phase 1b, we anticipate all accredited general practices that meet the minimum requirements[1] will be provided the opportunity to participate in subsequent vaccination phases; the mechanism by which this will occur is still being developed and will be contingent on the progress of early stages of the rollout. Further detail will be provided as it becomes available.

2. COVID-19 Vaccine – General questions

2.1. How does the COVID-19 vaccine roll-out interact with the Influenza vaccine? Can other vaccines be given concurrently?

On 20 January 2021, the Australian Technical Advisory Group on Immunisation (ATAGI) published advice on Influenza and COVID-19 Vaccines. Advice includes:

- Recommending that healthcare professionals do not routinely schedule and administer the influenza and COVID-19 vaccine on the same day.
- The preferred minimum timeframe between these vaccines is 14 days

For further information, please refer to this ATAGI advice: https://www.health.gov.au/sites/default/files/documents/2021/01/atagi-advice-on-influenza-and-covid-19-vaccines.pdf.

[1] Refer to COVID-19 vaccine roll-out: Expression of Interest for primary care participation in Phase 1b – Attachment A

2.2. Can general practices participating in Phase 1b service only their own patients or will they be required to service anyone eligible?

General practices participating will be required to provide the vaccine to any individuals eligible within the Phase 1b cohort. There is no requirement for patients to have had an existing service from the same practice.

General Practices wishing to administer the vaccine to their existing patient cohort only should still submit an EOI making this clear. However practices able to cater to a larger patient group will likely be prioritised for early roll-out.

2.3. Can I set up a vaccination clinic (meeting all site requirements) off-site from my accredited practice (i.e. as an outreach or pop-up clinic)?

Yes; however, set up costs for these clinics will not be supported by the Commonwealth.

2.4. Does a general practice have to commit to vaccinating a specific number of patients per week?

The COVID-19 vaccine will be provided in multi-dose vials. It will be important that practices are able to provide a high enough throughput to efficiently use these. It is expected that all practices will have the opportunity to participate in the rollout; however, practices that can demonstrate an ability for higher throughput are likely to be on-boarded earlier in the rollout.

2.5. One of the site specifications is a '…private and sound proof space for consultation..' Can you clarify what this means?

This specification refers to the type of room or other consultation space where a consultation would usually be conducted, and that enables a medical encounter to occur with auditory and visual privacy.

3. COVID-19 Vaccine Delivery, Storage and Logistics

- **What is the process for ordering and supplying vaccines?**
- **How do I assess vaccine storage capacity?**
- **What are the packaging dimensions?**
- **How will the vaccine stocks be delivered?**
- **How often/large will deliveries be? Can you confirm there will be no gaps in vaccine delivery?**

The Australian Government has entered into agreements with logistics and distribution providers who will be responsible for ensuring vaccines are distributed to vaccine providers.

Discussions on dose availability and distribution will take place as practices are brought on board to participate in the rollout. This will ensure equity of access and spread and coverage across locations. The Commonwealth encourages practices to apply and will continue to provide logistics information as it becomes available.

4. COVID-19 Vaccine Administration

4.1. Who will be allowed to administer the vaccine?

Health professionals are authorised to deliver the vaccine in line with jurisdictional legislation and requirements. In addition, all eligible vaccinators must also have completed the COVID-19 vaccine specific training. This training is expected to be available by the end of January 2021.

4.2. How will the practice confirm whether a patient is considered to be a priority population (especially patients with 'increased risk of severe COVID-19 who are not usual patients)? What proof is required?

Further detail will be provided on the tests for eligibility, including any associated record keeping required, they may include letters of referral for people with chronic conditions/increased risk, letters of employment for eligible occupations, etc.

An eligibility checker will be available through the Department of Health website to support clinicians and consumers understand if they are part of the priority cohort at that time.

4.3. How will the practice confirm a patient doesn't have contraindications or allergies the patient isn't aware of or forgets?

Further advice on specific contraindications to the vaccine will be available post TGA approval. These are now available for the Pfizer vaccine and can be found in the Product Information on the Therapeutic Goods Administration (*please note – this vaccine will not be used for administration in general practice settings noting its specific storage and handling requirements and as such, this information is provided for the visibility of those who might be treating or advising those who have been vaccinated with this vaccine*). Practitioners should follow usual clinical protocols used in prescribing other treatments and vaccines to identify allergies or any other contraindications.

Systems such as My Health Record and the Australian Immunisation Register can help clinicians view information such as allergies or contraindications, if this information has been entered by other health care providers.

4.4. How will I know if the patient has already received the vaccine elsewhere?

Administration records of all COVID-19 vaccines will be submitted to the Australian Immunisation Register (AIR). General Practices will be able to check whether a vaccine has already been administered through AIR and through the patient's MyHealth Record.

As identified within the EOI documentation, patient vaccine administration data should be uploaded into AIR as soon as possible, ideally within 24 hours to ensure the information contained within AIR is up to date.

4.5. Consumables:

- **What consumables will be provided with the vaccine?**
- **What is the process for ordering consumables/PPE/vaccine specific equipment?**

The Australian Government will provide further advice on consumables/PPE/vaccine specific equipment needs shortly.

We have an agreement in place to buy needles, syringes and sharps containers from company Becton Dickinson. This will ensure Australia has access to peripherals for vaccine delivery and will prevent us being affected by international shortages of these consumables.

4.6. Can doctors administer the vaccine when conducting home visits to their patients?

The presentation of all COVID-19 vaccines for the foreseeable future is in a multi-dose vial. The use of multi-dose vials may preclude or make it challenging for vaccines to be administered when conducting home visits, noting the need to ensure each and every dose is administered and within a certain timeframe. It is recognised that there may be instances in which patients are unable to leave their homes. As such, there may be some instances in which arrangements could be made at a local level whereby all doses within a multi-dose vial could be effectively used; however, this would require careful planning at the practice level and would be the exception, not the rule.

4.7. How long is the monitoring/observation period?

The Australian Immunisation Handbook recommends that patients are kept under observation for at least for 15 minutes after the administration of a vaccine to ensure that they do not experience an immediate adverse event, and to provide rapid medical care if needed. As a minimum requirement, this currently applies to all approved vaccines, including immunisation for influenza.

The specific arrangements for the COVID-19 vaccines, including advice on immediate after care, will be determined as part of the approval process currently being undertaken by the TGA. Further details related to COVID-19 vaccines, including administration, observation periods, timeframe between doses, etc. will be available following TGA evaluation and registration.

4.8. Does receiving one COVID-19 vaccine make you ineligible to receive a further COVID-19 vaccine? (i.e. – if you have received 2 doses of the Pfizer vaccine, can you be vaccinated with the Astra Zeneca vaccine?)

The vaccine rollout is focused on ensuring all Australians are vaccinated against COVID-19 in 2021. In order to be fully vaccinated, an individual must have two doses of the same vaccine, given at the appropriate dosing schedule.

In the longer term, the ability to receive further vaccinations will be subject to ongoing clinical indicators and safety advice.

4.9. What is the timeframe for the second dose?

The Pfizer vaccine has been approved with a minimum of 21 days between doses, consistent with the clinical recommendations.

The timeframe for the AstraZeneca vaccine will likewise be in line with the clinical recommendations following TGA evaluation/approval.

5. COVID-19 Vaccine Funding Arrangements

5.1. What do the new COVID-19 Vaccination temporary MBS items cover?

To support this roll-out, eighteen new temporary MBS items are being introduced. These items are modelled on a Level A consultation available to GPs and other medical practitioners (OMPs) working in a general practice setting. In addition, bulk billing incentives (double for dose one, single for dose 2) will be incorporated into the value of the items and will not need to be claimed separately. The total amounts for each of the newly introduced items are available in the EOI document and MBS factsheets for these items will be circulated as soon as available

- Medicare Level A consultations by GPs and other practitioners working in General Practice are used for obvious and straightforward consultations. This is reflected in the descriptor of the item which must be satisfied for a relevant claim, such as for Item 3.
- There is no upper or lower time limit on these services, although consultation length data reported by GPs indicates that more than 90% of Level A services are 10 minutes or less.

There will different items for urban versus non-metropolitan areas, as well as different items for business hours and after-hours services. Time of service should be recorded as proof of eligibility for after-hours services. This architecture helps support free access to the vaccine without co-payments, as outlined in the Strategy. The table below provides a breakdown of the MBS items.

Practitioner	Item	Components	Amount
GP	Dose 1, MMM 1 (BH)	Level A (item 3) equivalent, bulk-billing incentive (10990) x2	$30.75
	Dose 1, MMM 2-7 (BH)	Level A (item 3) equivalent, bulk-billing incentive (item 10991) x2	$37.35
	Dose 2, MMM 1 (BH)	Level A (item 3) equivalent, bulk-billing incentive (item 10990) x1	$24.25
	Dose 2, MMM 2-7 (BH)	Level A (item 3) equivalent, bulk-billing incentive (item 10991) x1	$27.55
	Dose 1, MMM 1 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (10990) x2	$42.90
	Dose 1, MMM 2-7 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (item 10991) x2	$49.50
	Dose 2, MMM 1 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (item 10990) x1	$36.40
	Dose 2, MMM 2-7 (AH)	Level A (item 5000) equivalent, bulk-billing incentive (item 10991) x1	$39.70
OMP	Dose 1, MMM 1 (BH)	Level A (item 52) equivalent, bulk-billing incentive (10990) x2	$24.00
	Dose 1, MMM 2-7 (BH)	Level A (item 179) equivalent, bulk-billing incentive (item 10991) x2	$33.80

Practitioner	Item	Components	Amount
	Dose 2, MMM 1 (BH)	Level A (item 52) equivalent, bulk-billing incentive (item 10990) x1	$17.50
	Dose 2, MMM 2-7 (BH)	Level A (item 179) equivalent, bulk-billing incentive (item 10991) x1	$24.00
	Dose 1, MMM 1 (AH)	Level A (item 5200) equivalent, bulk-billing incentive (10990) x2	$34.00
	Dose 1, MMM 2-7 (AH)	Level A (item 5200)* equivalent, bulk-billing incentive (item 10991) x2	$40.60
	Dose 1, MMM 2-7 (AH)	Level A (item 733)* equivalent, bulk-billing incentive (item 10991) x2	$43.50
	Dose 2, MMM 1 (AH)	Level A (item 5200) equivalent, bulk-billing incentive (item 10990) x1	$27.50
	Dose 2, MMM 2-7 (AH)	Level A (item 5200)* equivalent, bulk-billing incentive (item 10991) x1	$30.80
	Dose 2, MMM 2-7 (AH)	Level A (item 733)* equivalent, bulk-billing incentive (item 10991) x1	$33.70

5.2. What is considered 'After-hours (AH)' for the AH MBS items?

Normal non-urgent MBS after-hours periods apply. Guidelines for the After Hours Program can be found here:
http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.19&qt=noteID&criteria=5000

Attendance Period	Applicable Time		
	Monday to Friday	**Saturday***	**Sunday and/or public holiday**
Non-urgent after hours in consulting rooms	Before 8am or after 8pm	Before 8am or after 1pm	24 hours

5.3. Why is the MBS item fee for the second dose less?

The MBS items for administration of the first dose include a double payment of the bulk billing incentive in recognition that some patients will need longer explanations about the vaccine than others.

5.4. Will high numbers of the COVID-19 Vaccine MBS items trigger an audit through the Professional Services Review (80/20 Rule)?

The new COVID-19 vaccination temporary MBS items will **be exempted** from the prescribed pattern of services ("80/20 rule").

5.5. Will the COVID-19 vaccine delivery impact my ability to apply for other practice incentive payments?

The new COVID-19 Vaccination temporary MBS items will not be included as part of the Standard Whole Patient Equivalent (SWPE) calculations.

5.6. Will I need to register with the Practice Incentives Program (PIP) to receive the COVID-19 Vaccine Incentive Payment?

No, all practices enrolled in PIP will automatically qualify for the COVID-19 Vaccine Incentive payment without further application with Services Australia. As per other PIP payments, this will be paid quarterly.

5.7. How do we charge for non-Medicare eligible patients (visa holders etc)?

At this stage non Medicare eligible patients should be referred to attend a State-based vaccine delivery site or a General Practitioner-led Respiratory Clinic. Further detail will be provided on any other arrangements to be set up to facilitate equitable access for non-Medicare eligible people in areas where alternative locations do not exist.

5.8. If a non-Medicare eligible patient does turn up (despite prompting to attend another clinic), can they be privately billed?

No, the vaccine will be free for all Australian citizens, permanent residents, and most visa-holders. Patients who are not eligible for Medicare will be encouraged to attend a Commonwealth-funded GP Respiratory Clinic or state or territory vaccination clinic to receive their vaccine for free.

5.9. Must all GPs working at the general practice have a current provider number linked to our general practice?

Yes. Medicare claims require a valid provider number associated with a participating practice. For AIR purposes there must be either an MBS provider number or an AIR provider number submitted with vaccination records. Using an existing MBS provider number will link in with MBS payments. The MBS provider number should be linked to that GP location.

6. COVID-19 - National Booking System

The Department has received a significant number of questions on the National Booking System. Further information on the operation and parameters of the National Booking System and its role in the vaccine roll out will be available on its own FAQ.