

Medicare Urgent Care Clinics – Northern Territory

FEDERATION FUNDING AGREEMENT - HEALTH

Parties	Commonwealth Northern Territory (NT)
Duration	This Schedule is expected to expire on 30 June 2026.
Purpose	<p>This Schedule will support the delivery of Medicare Urgent Care Clinics (Medicare UCCs) in the NT. Two of the eight Medicare UCCs in the NT will be based in Darwin (Palmerston) and Alice Springs, while the remaining six clinics will be located in remote regions. This Schedule supersedes the Primary Care Pilot Federation Funding Agreement with three locally adapted remote urgent care clinics transitioning to become part of the Medicare UCC program.</p> <p>Medicare UCCs will ease the pressure on hospitals and give Australian families more options to see a healthcare professional when they have an urgent but not life-threatening need for care. All Medicare UCCs will provide free services, be open during extended business hours and accept walk-in patients.</p> <p>It is expected that Medicare UCCs will support people to connect to pathways of care with the broader health system, including ensuring referrals back to a patient's regular GP or care provider to ensure that the patient receives continuity of care. All referral pathways into and out of the Medicare UCC should be driven by local need and co-designed with relevant stakeholders to ensure connectivity to existing community health services, GPs, non-government sector, state and territory funded services, hospital and ambulatory services and other support services. The NT Government will establish Medicare UCCs in their respective jurisdictions. The NT will identify eligible providers in locations as agreed with the Commonwealth.</p> <p>The NT will have an ongoing role in administering and managing the contract with the selected providers, ensuring system integration of Medicare UCCs, working closely with partner hospitals, Primary Health Networks (PHNs) and Local Health Networks (or equivalent), and working with the Department of Health and Aged Care to monitor and support Medicare UCC operations, including compliance and contractual requirements.</p>
Estimated financial contributions	The Commonwealth will provide an estimated financial contribution to the NT of \$35.2 million in respect of this Schedule. The Commonwealth's estimated financial contributions to the operation of this Schedule are shown below.

	<p>Table 1</p> <table border="1"> <thead> <tr> <th>(\$ million)</th> <th>2022-23</th> <th>2023-24</th> <th>2024-25</th> <th>2025-26</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Estimated total budget[^]</td> <td>1.009</td> <td>2.868</td> <td>15.377</td> <td>15.977</td> <td>35.231</td> </tr> <tr> <td><i>Less estimated National Partnership Payments</i></td> <td>1.009</td> <td>2.868</td> <td>15.377</td> <td>15.977</td> <td>35.231</td> </tr> <tr> <td>Balance of non-Commonwealth contributions</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> </tr> </tbody> </table> <p>[^]The Primary Care Pilot Federation Funding Agreement Schedule separately provided the NT Government \$7.4 million over two years from 2022-23 to establish locally adapted urgent care clinic models in three remote communities. These clinics are now transitioning to become part of the national Medicare UCC program.</p>	(\$ million)	2022-23	2023-24	2024-25	2025-26	Total	Estimated total budget [^]	1.009	2.868	15.377	15.977	35.231	<i>Less estimated National Partnership Payments</i>	1.009	2.868	15.377	15.977	35.231	Balance of non-Commonwealth contributions	0.000	0.000	0.000	0.000	0.000
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Additional terms	<p>Project Output</p> <p>The output of this Schedule will be the delivery of eight Medicare UCCs and support provided to the clinics. The Parties have agreed that Medicare UCCs will be:</p> <ul style="list-style-type: none"> • Based in existing GP clinics, community health centres, or Aboriginal Community Controlled Health Services • Operating in extended business hours and accept walk-in patients • Bulk-billed resulting in no out-of-pocket costs to the patient • Flexible and diverse, responding to the needs of the local community • High quality, safe and effective • Provide treatment for conditions that do not require a hospital admission such as broken bones, wounds, and minor burns. <p>The Parties have agreed that the key goals or outcomes of Medicare UCCs are as follows:</p> <ul style="list-style-type: none"> • Medicare UCCs will improve access to urgent care in non-hospital settings, particularly for vulnerable groups (including people with a disability, First Nations people and people from culturally and linguistically diverse communities). This includes the aim of changing consumer behaviour when considering options for appropriate care for urgent conditions that are not immediately life-threatening. • Medicare UCCs will reduce the pressure on Emergency Department (ED) presentations in partner hospitals by providing patients with short term, episodic care for urgent conditions that are not immediately life-threatening. • Medicare UCCs will support integration with existing local health services and complement general practice. <p>The Parties have agreed to an approach to Data, Monitoring and Evaluation that has been developed by the Commonwealth and jurisdictions. The Parties have jointly developed and agreed on measures of success, underpinned by associated data sources which will ensure a shared view of what UCCs will aim to achieve and guide the approach to evaluation to be led by the Commonwealth.</p> <p>The Parties agree that this Schedule supersedes the Primary Care Pilot Federation Funding Agreement with the NT Government as the activity is</p>																								

transitioning to become part of the Medicare UCC program. The Primary Care Pilot Federation Funding Agreement will no longer be in force with the execution of this Schedule and the final milestone (evaluation report) will be incorporated as part of the national Medicare UCC program evaluation.

The Parties have jointly developed and agreed on Operational Guidance for Medicare UCCs which specifies the minimum standard for activity, infrastructure and staffing of a Medicare UCC, while acknowledging that the specific operating model of clinics will vary across locations and is dependent on local conditions including workforce availability.

The Parties have agreed that Medicare UCCs will be funded by the Commonwealth through both block funding (which the NT will receive under this Schedule) and the ability to bill a subset of Medicare Benefit Schedule (MBS) items. The funding model will be facilitated through a Medicare UCC specific exemption to subsection 19(2) of the *Health Insurance Act 1973*.

Roles and Responsibilities of Each Party

Role of the Commonwealth

The Parties agreed that the Commonwealth (in addition to the roles outlined in the Federation Funding Agreement – Health), will be responsible for:

- Monitoring and assessing achievement against milestones in the delivery of projects under this Schedule to ensure that outputs are delivered within the agreed timeframe;
- Providing a financial contribution to the NT as outlined in this Schedule to exclusively fund the establishment and operation of eight Medicare UCCs, inclusive of one-off upfront equipment costs (where applicable), ongoing operational costs, and non-labour costs;
- Providing funding to NT PHN to support Medicare UCCs including to undertake communications activities, data collection, development of care pathways, and ensuring broader system integration.
- Preparing and supporting data extraction and collection directly from Medicare UCC clinics to the Department of Health and Aged Care.
 - Data management responsibilities will include entering into a Data Sharing Agreement with the Medicare UCC for extraction of data from Patient Management Software. The Department of Health and Aged Care will be the data custodian of this data.
- Assessing Medicare UCC locations against the agreed UCC definition and assessment criteria to resolve if a clinic should be awarded a (*Health Insurance Medicare Benefits Payable in Respect of Professional Services – Commonwealth Urgent Care Clinic Program*) Direction from subsection 19(2) of the *Health Insurance Act 1973*. The provision of this exemption also includes:
 - Providing separate Medicare UCC provider numbers to eligible clinicians for each Medicare UCC to ensure access to the MBS for specified MBS items;
 - Supporting participating locations and jurisdictions to understand their responsibilities in relation to adhering to a granted subsection 19(2) Direction and provide relevant advice and education.
- Considering alternative arrangements for Medicare UCC operators that may be subject to an existing subsection 19(2) Direction (for example, Medicare UCCs established within remote community clinics or Aboriginal

Community Controlled Health Services), and working across agencies to ensure appropriate access to the MBS in these instances.

- Leading the national evaluation of the Medicare UCC program in consultation with NT and in line with the Senior Official Advisory Group agreed measures of success.

Role of the NT

The Parties agree that NT (in addition to the roles outlined in the Federation Funding Agreement – Health), will be responsible for:

- All aspects of delivering on the project outputs set out in this Schedule;
- Seeking approval from the Commonwealth for any change to a provider or the agreed Medicare UCC locations;
- Administering and managing the contract with selected providers;
- Supporting clinics to have clinical governance protocols in place and to provide care that is high quality, safe and effective;
- Ensuring Medicare UCCs adhere to Commonwealth guidelines and requirements including the UCC Design Principles, UCC Operational Guidance (published on the Department of Health and Aged Care website), data sharing agreements and subsection 19(2) Directions;
- Seeking agreement from the Commonwealth if Medicare UCCs are unable to meet the full scope of the UCC Operational Guidance (e.g. extended opening hours), including agreement from the Commonwealth of interim operating arrangements;
- Working in collaboration with the PHN to support Medicare UCCs to develop and maintain integrated patient pathways between EDs, Medicare UCCs and other health care services and regularly review the pathways to ensure they remain appropriate and are working effectively;
- Ensuring Medicare UCC staff undertake any required training as specified by the Commonwealth;
- Supporting accessibility of Medicare UCCs for priority populations as identified by the Commonwealth;
- Reporting relevant data to the Department of Health and Aged Care in accordance with data reporting requirements (as governed by the NT Data Sharing Agreement) and supporting clinic adherence to data collection processes;
- Timely reporting to the Department of Health and Aged Care on compliance, management or safety issues and any other notifiable changes as specified within the Medicare UCC Summary of Commissioner Reporting and Notifications to the Commonwealth;
- Participating in the Commonwealth-led evaluation of Medicare UCCs including through the collection and provision of requested relevant information from Medicare UCCs to guide the evaluation (such as patient experience surveys or case studies);
- Ensuring Medicare UCCs participate in national communications activities and adhere to Commonwealth branding requirements, including maintaining an accurate online presence (including a website) and each Medicare UCC being exclusively Commonwealth branded; and
- Reporting on the delivery of outputs (project milestones, reporting and payments) as set out in Table 2A.

Shared Roles

- The Parties agree that this Schedule supersedes the Primary Care Pilot Federation Funding Agreement - Health with the NT Government as this activity is transitioning to become part of the Medicare UCC program.
- The Parties agree that the Commonwealth and the NT (in addition to the roles outlined in the Federation Funding Agreement – Health), will be jointly responsible for agreeing State-specific projects and implementation arrangements under this Schedule.
- The Parties will meet the requirements of Schedule E, Clause 26 of the Intergovernmental Agreement on Federal Financial Relations by ensuring that prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities under this Schedule, and that the roles of both Parties will be acknowledged and recognised appropriately.
- While the Department of Health and Aged Care will provide subsection 19(2) Directions and support the provision of separate Medicare UCC flagged provider numbers, both Parties will ensure that Medicare UCCs are operating in accordance with requirements under the associated Medicare UCC Direction.
- The Parties agree that Commonwealth and the NT will be jointly responsible for privacy controls and appropriate data governance in accordance with the Privacy Act 1988 and relevant state-based privacy legislation. These responsibilities will be outlined in the Commonwealth and UCC Data Sharing Agreements. In addition, both parties must ensure patients at Medicare UCCs are provided with the Commonwealth's privacy policy and patient consent forms (to complete) every time patients present at a UCC.
- The Parties note that the Commonwealth has undertaken a Privacy Impact Assessment (PIA) for the current terms of data collection. Recommendations identified through the PIA have been actioned and/or adhered to where appropriate and reasonable by both the Commonwealth and the NT. The Parties agree that any significant changes made to data collection processes in the future will need to be considered again by the Commonwealth and NT and the PIA may need to be updated.
- Both Parties will support communications campaigns to inform consumer behaviour change and encourage patients to present appropriately at Medicare UCCs.

Financial Arrangements

In addition to the financial arrangements as outlined in the Federation Funding Agreement – Health, it should be noted that the Commonwealth's funding contribution does not include additional Commonwealth contributions of MBS billings which will be demand driven and paid separately to Medicare UCCs through the existing MBS payment mechanism.

The NT are unable to seek or utilise funding under the National Health Reform Agreement (NHRA) for the purpose of delivering Medicare UCCs. The Commonwealth will not fund patient services under the NHRA if the same service, or any part of the service, is funded through an existing Commonwealth program

	including the MBS (see clause A9 and A10 of the 2020-2025 Addendum) and NT will ensure appropriate records.
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Table 2A: Northern Territory – Performance requirements, reporting and payment summary

Output	Performance milestones	Report due	Payment
<p>Planning for establishment of Medicare UCCs in the following locations: Darwin and Alice Springs</p>	<p>Commencing establishment of Medicare UCCs in Darwin and Alice Springs Participation in Medicare UCC governance arrangements Supporting the establishment of data sharing agreements Execution of this Project Agreement</p>	<p>15 May 2023</p>	<p>\$1,009,000 (Complete)</p>
<p>Provision of services through the Medicare UCCs</p>	<p>The establishment and the provision of services through the Medicare UCCs for the period 1 July 2023 to 31 March 2024</p>	<p>15 May 2024</p>	<p>\$2,868,000 (Complete)</p>
<p>Operation of Medicare UCCs in the following locations: Alyangula, Maningrida and Wurrumiyanga. Planning three additional remote Medicare UCCs <i>Note: The Primary Care Pilot Federation Funding Agreement Schedule separately provided the NT Government \$7.4 million over two years from 2022-23 to establish locally adapted urgent care clinic models in Alyangula, Maningrida and Wurrumiyanga.</i></p>	<p>Establishment of three Medicare UCCs. Consultation, planning and establishment of three additional remote Medicare UCCs.</p>	<p>1 August 2024</p>	<p>\$12,449,000 2024-25</p>
<p>Provision of services through the Medicare UCCs</p>	<p>The provision of services through the Medicare UCCs for the period 1 April 2024 to 31 March 2025 The provision of services through the Medicare UCCs for the period 1 April 2025 to 31 March 2026 The provision of services through the Medicare UCCs for the period 1 April 2026 to 30 June 2026</p>	<p>1 April 2025 1 April 2026 1 August 2026</p>	<p>\$2,928,000 2024-25 \$15,977,000 2025-26 N/A</p>

The Parties have confirmed their commitment to this schedule as follows:

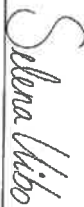
*Signed for and on behalf of the Commonwealth
of Australia by*



The Honourable Mark Butler MP
Minister for Health and Aged Care

MS / *MB* / 2024

*Signed for and on behalf of the Northern
Territory by*



The Honourable Selena Uibo MLA
Minister for Health

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