Schedule

Medicare Urgent Care Clinics – Northern Territory

FEDERATION FUNDING AGREEMENT – HEALTH

Table 1: Formalities and operation of schedule	
Parties	Commonwealth Northern Territory NT
Duration	30 September 2028
Purpose	This Schedule will support the delivery of Medicare Urgent Care Clinics (Medicare UCCs) in the NT. Medicare UCCs will be located in: • Ali Curung • Alice Springs (Mparntwe) • Alyangula • Darwin • Galiwinku • Lajamanu • Maningrida • Palmerston • Wurrumiyanga Medicare UCCs are intended to ease the pressure on hospitals and provide an additional option for healthcare for urgent but not life-threatening care.
Estimated financial contributions	The Commonwealth will provide an estimated total financial contribution to the States of $80,433,000.00 in respect of this Schedule. The profile for the total financial contribution is presented in Table 1.

Additional terms	<u>Project Output</u> Under this schedule, NT Health will establish nine Medicare UCCs in the identified locations which provide urgent care services to local communities. These services will provide additional capacity to local primary care services in delivering non-life-threatening urgent care; this includes during normal business hours and extended hours. The Medicare UCCs supported under this Schedule will: • Be co-located with, or partnered alongside, General Practices or Aboriginal Community Controlled Health Organisations or other primary health care centres. • Operate extended business hours and accept walk-in patients • Bulk-bill, resulting in no out-of-pocket costs to the patient • Be flexible and diverse, responding to the needs of the local community • Be high quality, safe and effective • Provide culturally safe, equitable and accessible care • Provide treatment for episodic conditions that do not require a hospital admission such as broken bones, wounds, and minor burns. The Parties have agreed that Medicare UCCs will support people to connect to pathways of care with the broader health system, including providing 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 must 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 key goals of Medicare UCCs are as follows: • Medicare UCCs will improve access to urgent care in non-hospital settings, particularly for vulnerable groups (including people with a disability, LGBTIQA+ people, victims of FDSV, 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 demand 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.

	The Parties have agreed 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[1], underpinned by associated data sources which ensure a shared view of what Medicare UCCs aim to achieve and guides the approach to evaluation led by the Commonwealth. The Parties have jointly developed and agreed on Operational Guidance[2] for Medicare UCCs located in metropolitan areas, which specifies the minimum standard for activity, infrastructure and staffing of a Medicare UCC. Any deviations to the Operational Guidance for the Darwin,Palmerston and Mparntwe (Alice Springs) UCCs must be agreed in writing between the department and NT Health. The Parties jointly acknowledge that the specific operating model of remote clinics may vary across locations and is dependent on local conditions including workforce availability. NT Health will be responsible for ensuring arrangements these clinics meet local health needs. The Parties agree that Medicare UCCs will receive Commonwealth funding 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 (enacted through a 'subsection 19(2) Direction'). <u>Roles and Responsibilities of Each Party</u> Role of the Commonwealth The Parties have 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 consequent financial contribution to the NT as outlined in this Schedule to exclusively fund the operation of NT Medicare UCCs in line with performance expectations. • Preparing and supporting data extraction and collection directly from Medicare UCC clinics to the Department of Health, Disability and Ageing. • 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, Disability and Ageing 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 is eligible for a Direction (Health Insurance Medicare Benefits Payable in Respect of Professional Services –Commonwealth Urgent Care Clinic Program) under subsection 19(2) of the Health Insurance Act 1973. The provision of this Direction enables:
	  ◦ Separate Medicare UCC provider numbers to eligible clinicians for each Medicare UCC to ensure access to the MBS for specified MBS items; and
	  ◦ Supports 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 the Northern Territory and in line with the Senior Official Advisory Group agreed measures of success (www.health.gov.au/resources/collections).
	
	<u>Role of the NT Government</u>
	The Parties agree that the 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.
	• Administering and managing the contract with selected providers.
	• Ensuring clinics adhere to Commonwealth guidelines and requirements including the Medicare UCC Design Principles, data sharing agreements, subsection 19(2) Directions, and Medicare UCC Operational Guidance (published on the Department of Health, Disability and Ageing website) with any differences to be agreed in writing.
	• Seeking approval from the Commonwealth for any change to a provider or the agreed Medicare UCC locations (this must be agreed in writing between the Minister for Health and Ageing and the NT Minister for Health).
	• Efficient allocation of funding across Medicare UCCs to support clinic achievement of the program objectives.
	• Actively facilitating system integration of Medicare UCCs with partner hospitals, Primary Health Networks (PHNs) and Local Health Networks (or equivalent).
	• Supporting clinics to have clinical governance protocols in place and to provide care that is high quality, safe and effective.

	• Ensuring clinic participation in the Independent Clinical Assessment process led by the Department of Health, Disability and Ageing, and support clinics to address any findings of this assessment within three months of opening or sooner. • Supporting national or local campaigns to improve public knowledge and awareness of the role of Medicare UCCs within the health network. • Seeking agreement from the Commonwealth if Metropolitan Medicare UCCs are unable to meet the full scope of the Medicare UCC Operational Guidance (e.g. extended opening hours), including agreement from the Commonwealth of interim operating arrangements. • Ensuring Medicare UCC staff undertake any required training as specified by the Commonwealth or can demonstrate that training already undertaken sufficiently meets the Commonwealth's training requirements as outlined within the Medicare UCC Operational Guidance. • Ensuring Medicare UCCs adhere to the Medicare UCC Privacy Policy and the Medicare UCC Patient Consent Form (supplied separately), as outlined in the Operational Guidance, and provide clinics with support to complete new data fields where required. • Reporting relevant data to the Department of Health, Disability and Ageing in accordance with data reporting requirements (as governed by the Data Sharing Agreement) and supporting clinic adherence to data collection processes. Facilitate exchange of data to support monitoring of the use of the services, including supporting compliance with Medicare legislation. • Timely reporting to the Department of Health, Disability and Ageing 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 (supplied separately). • Supporting clinics to understand their compliance responsibilities and provide relevant advice and education where required. • Participating in the Commonwealth-led evaluation of Medicare UCCs or any other evaluation activities which occur in the future, 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). • Monitor Mparntwe (Alice Springs) Darwin and Palmerston clinic compliance with the Operational Guidance (available at www.health.gov.au/resources/publications), which specifies the minimum standard for activity, infrastructure and staffing of a Medicare UCC.

	• Provide the Commonwealth with operating summaries on how each remote clinic supports the purpose of the Medicare UCCs in the context of their local health systems. • The NT will have regard to the performance-based funding model in determining the allocation of funding under this Schedule to the Metropolitan (Darwin and Palmerston) Medicare UCCs and will maintain appropriate records of how the funds are allocated. The NT agrees to provide the records (as set out in Table 2) to the Commonwealth on request. • Provide routine reports, as specified in the milestones, which demonstrate the delivery of the services and the expenditure of the funding under this schedule. <u>Shared Roles</u> • 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, Disability and Ageing will provide Directions under subsection 19(2) of the Health Insurance Act1973 (Cth) 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 (Cth) and relevant state-based privacy legislation. These responsibilities are outlined in the Commonwealth and Medicare 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 Medicare 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 the NT and the PIA may need to be updated.

	• Both Parties will support communication campaigns and undertake relevant local communications activities to increase community awareness and understanding of the availability of services and conditions that are appropriate to be managed within a Medicare UCC. • Both Parties agree to review and consider any recommendations from the final evaluation of the Medicare UCC Program (once complete) and determine whether any changes can or should be made to the delivery of the initiative and/or this Schedule. <u>Financial Arrangements</u> The National Health Reform Agreement (NHRA) provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth through Federation Funding Agreement arrangements. The Northern Territory will ensure that any claim for funding under the NHRA does not relate to services, or any part of a service, provided for under this agreement and will maintain appropriate records. The Health Insurance Act 1973 (Cth) also prohibits the payment of Medicare benefits where other Commonwealth funding is provided for that service, except where expressly exempted under section 19(2). A section 19(2) exemption will be in force to support the operation of Medicare UCCs through Medicare Benefits Schedule (MBS) billing in line with demand for services (in conjunction with funding under this Schedule). The Northern Territory will ensure activities undertaken under this Schedule recognise the operation of the Health Insurance Act 1973 (Cth) and the terms of the section 19(2) exemption in respect of MBS billing. <u>Funding allocation and unspent funds</u> The Parties acknowledge that the operating costs of some Medicare UCCs, particularly those in remote areas, may be greater than accounted and that additional funding support may be required above the funding allocation. The Parties agree that the underpinning principle for funding the Medicare UCCs supported through this Schedule is that the Commonwealth funding is to be apportioned/allocated by the Northern Territory and may elect to allocate a higher level of funding to a particular Medicare UCC where there is reasonable justification to do so. The NT will maintain records about the actual operating costs of each Medicare UCC to facilitate reconciliation of total operating cost with the funding allocation. Funding for the metropolitan Medicare UCCs in Darwin and Palmerston is set at the maximum anticipated level under the Performance-Based Funding Model for Medicare UCCs. The NT should apply this funding model in its contracts with the providers of these clinics

	The Parties agree that despite Clause 31 of the FFA - Health, any funding provided through this Schedule that is not required to be used to support the actual cost of operating the Medicare UCCs is to be guaranteed by the NT for the future operation of Medicare UCCs in the NT beyond the life of this Schedule. The Parties acknowledge that the final reporting requirements (see Table 2) will include an acquittal of all funding provided through this Schedule (annual funding against annual operating cost) and will be used to determine if any funding provided through the Schedule was not utilised to support the efficient operating costs of the Medicare UCCs (constituting unspent funds). The Parties agree that any unspent funds will be accounted for in any future arrangements for the operation of Medicare UCCs in the Northern Territory established beyond the life of this Schedule, whether or not those arrangements are with the NT Government directly or other providers.

Table 1: Financial contributions to the state							
($)	**2022-23**	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**2027-28**	**Total**
Estimated total budget	1,009,000.00	2,868,000.00	15,377,000.00	20,872,000.00	19,937,000.00	20,370,000.00	80,433,000.00
Less estimated National Partnership Payments	1,009,000.00	2,868,000.00	15,377,000.00	20,872,000.00	19,937,000.00	20,370,000.00	80,433,000.00
Balance of non-Commonwealth contributions	0	0	0	0	0	0	0

calc

Table 2: Performance requirements, reporting and payment summary			
Output	**Performance milestones**	**Report due**	**Payment**
Planning for establishment of Medicare UCCs in the following locations: Palmerston and Alice Springs	Commencing establishment of Medicare UCCs in Palmerston and Alice Springs. Participation in Medicare UCC governance arrangements. Supporting the establishment of data sharing agreements. Execution of this Project Agreement.	15 May 2023	$1,009,000.00 (Complete)
Provision of services through the Medicare UCCs	The establishment and the provision of services through the Medicare UCCs for the period 1 July 2023 to 31 March 2024.	15 May 2024	$2,868,000.00 (Complete)
	Establishment of three Medicare UCCs (Alyangula, Maningrida, Wurrumiyanga). Consultation, planning and establishment of three additional remote Medicare UCCs (Galiwinku, Lajamanu, Ali Curung).	1 August 2024	$12,449,000.00 2024-25 (Complete)
	The provision of services through the Medicare UCCs for the period 1 April 2024 to 31 March 2025.	1 April 2025	$2,928,000.00 2024-25 (Complete)
	The provision of a plan to address workforce attraction and retention challenges at the Mparntwe Medicare UCC. The plan should specify what additional funding will be used for and the expected benefits.	1 October 2025	$1,050,000.00 (Complete)
	Consultation, planning and execution of a contract with a provider to establish an additional Medicare UCC in Darwin, in accordance with the funding terms.	1 February 2026	$3,825,000.00 (Complete)
	The provision of a report which demonstrates that services have been delivered through the Medicare UCCs for the period 1 April 2025 to 31 March 2026 in line with the roles and responsibilities outlined within this Schedule. The report should also include a financial acquittal of funding allocated to the Darwin Medicare UCCs under the performance-based funding model.	1 April 2026	$15,997,000.00 (Complete)
	The provision of a report which demonstrates that services have been	1 April 2027	$19,937,000.00

	delivered through the Medicare UCCs for the period 1 April 2026 to 31 March 2027 in line with the roles and responsibilities outlined within this Schedule. The report should also include a financial acquittal of funding.		
	The provision of a report which demonstrates that services have been delivered through the Medicare UCCs for the period 1 April 2027 to 31 March 2028 in line with the roles and responsibilities outlined within this Schedule. The report should also include a financial acquittal of funding.	1 April 2028	$20,370,000.00
	The provision of a final report which: • Provides a final financial reconciliation acquitting all funding provided through this Schedule (annual funding against annual operating cost). This should include any funding provided through this Schedule not utilised to support the establishment or operating costs of UCCs for the period 1 April 2028 to 30 June 2028. • Includes an evaluation of the conduct (including any lessons learned), benefits and outcomes of the UCC program through the life of this Schedule in NT. The report should also include a financial acquittal of funding allocated to the Darwin and Palmerston Medicare UCCs under the performance-based funding model and identifies any funding provided through this Schedule not utilised to support the establishment or operating costs of UCCs for the period 1 April 2028 to 30 June 2028.	30 August 2028	N/A

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 Ageing
Minister for Disability and the National Disability Insurance Scheme

25 May 2026

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

The Honourable Steven Edgington
Minister for Health; Mental Health; Alcohol Policy; Aboriginal Affairs; Housing, Local Government and Community Development; Essential Services

15 July 2026