Patient—Closing the Gap co-payment eligibility indicator, code AAA[NNA]

Exported from METEOR (AIHW's Metadata Online Registry)

Patient—Closing the Gap co-payment eligibility indicator, code AAA[NNA]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Closing the Gap co-payment eligibility indicator
Synonymous names:	CTG co-payment eligibility indicator
METEOR identifier:	603679
Registration status:	Commonwealth Department of Health , Standard 17/12/2015
Definition:	An indicator of whether the patient is eligible for a Closing the Gap (CTG) co-payment, as represented by a code.
Context:	The CTG co-payment was established to reduce the cost of Pharmaceutical Benefits Scheme (PBS) medicines for eligible Aboriginal and Torres Strait Islander people either living with or at risk of chronic disease.
Data Element Concept:	Patient—Closing the Gap co-payment eligibility indicator
Value Domain:	Closing the Gap co-payment eligibility code AAA[NNA]

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	AAA[NNA]
Maximum character length:	6

	Value	**Meaning**
Supplementary values:	6 spaces	Not applicable, i.e. ineligible for Closing the Gap co-payment relief

Collection and usage attributes

Guide for use:	The first three characters of the code should be 'CTG', followed by a two-digit number incremented within the practice of the prescriber each time an eligible prescription is written. The sixth character is an alphabetic check digit.
	After the numeric component of the codes used by the practice reaches '99', it resets to '01', i.e. the next code allocated by the practice would begin with 'CTG01'.
	It is possible for a practice to allocate the same six-digit code more than once on the same day, i.e. if 100 or more eligible prescriptions are written. However, the date of prescription forms part of the check digit calculation algorithm, so while eligible prescriptions written within a practice may share a common first five characters, the check digit should change from day to day.

Source and reference attributes

Submitting organisation:	Department of Health

Data element attributes

Collection and usage attributes

Guide for use:
A non-blank response is indicative of the patient's eligibility for the Closing the Gap co-payment.

An eligible patient is an Aboriginal and Torres Strait Islander person of any age who presents with an existing chronic disease or is at risk of chronic disease, and who, in the opinion of the prescriber:

- would experience setbacks in the prevention or ongoing management of chronic disease if they did not take the prescribed medicine, and
- is unlikely to adhere to their medicines regimen without assistance through the measure.

Eligible patients can be registered at either:

- general practices participating in the Indigenous Health Incentive under the Practice Incentives Programme, or
- Indigenous Health Services in urban and rural settings.

The following prescribers are eligible to provide their patients with a Closing the Gap annotated script:

- any medical practitioner working in a practice that is participating in the Indigenous Health Incentive under the Practice Incentives Programme,
- any medical practitioner working in an Indigenous Health Service in rural or urban settings, or
- any medical specialist in any practice location, provided the patient is eligible under the Closing the Gap - PBS Co-payment Measure, and has been referred by a medical practitioner working in a practice that is participating in the Indigenous Health Incentive PBS Co-payment Measure under the Practice Incentives Programme.

Comments:
The Closing the Gap (CTG) co-payment measure within the Pharmaceutical Benefits Scheme (PBS) is intended to improve access to PBS medicinal products for eligible Aboriginal and Torres Strait Islander patients who are living with, or at risk of, chronic disease.

Closing the Gap prescriptions attract a lower or nil patient co-payment for PBS medicinal products. General (non-concessional) patients who present a Closing the Gap prescription should be charged the current concessional rate for each PBS item on that prescription. Similarly, concessional patients who present a Closing the Gap prescription do not need to pay a patient co-payment each PBS item on that prescription.

Care should be taken when using this data element. While a non-blank response may be indicative of the Indigenous status of the patient for whom the prescription is written, it should not be regarded as a definitive alternative to an actual Indigenous status data element.

Source and reference attributes

Submitting organisation:
Department of Health

Reference documents:
Department of Human Services, 2015. Closing The Gap - PBS Co-payment Measure. Department of Human Services, Canberra. Viewed 25 June 2015, http://www.humanservices.gov.au/health-professionals/services/pbs-closing-the-gap-co-payment-measure/

Relational attributes

Related metadata references:
See also Pharmaceutical Benefits Scheme (PBS) prescription—PBS claim type, code A
Commonwealth Department of Health., Standard 17/12/2015

Implementation in Data Set Specifications:

[Pharmaceutical Benefits Scheme (PBS) state/territory data extract 2013-14](#) [Commonwealth Department of Health](#), Standard 17/12/2015
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014
DSS specific information:

Variable name = CTG_CD

Due to a lack of validation for this data item, values that do not strictly conform with the specified value domain are likely to be reported for this item and should generally be regarded as valid for analytical purposes. Examples of such values may include 'CTG', i.e. a code with no numeric count or check digit included, or variants such as 'CGT' and so on.