

important facts about management plans

- Your GP will decide if you fulfill the eligibility requirements set by Medicare Australia, prior to preparing a plan.
- Medicare Australia has restrictions on who can and can't have a Management Plan prepared. **Not everyone with a chronic condition will be eligible.** If you are unsure if you qualify for a plan, please ask your GP.
- The time required to prepare a plan will vary between people depending on how complex the conditions.
- People with chronic and complex medical conditions are eligible for one GP Management Plan and one Team Care Arrangement every two years.
- People with a Team Care Arrangement can access a total of **five (5) health care professional services (rebate \$46.80) per calendar year.**
- Health Care Services, under a Team Care Arrangements are not free. A rebate to the value of \$46.80 per visit is provided by Medicare.
- Health Care services provided by Public Hospitals e.g. Physiotherapy, Dietetics, etc are not eligible for rebates from Medicare under a Management Plan. Only services provided by "private" health care professionals can be claimed.
- Each person with a Management Plan, will be offered a copy of the Plan, once it has been prepared.



CONSUMER INFORMATION

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CONSUMER INFORMATION

Gp Management Plans & team care arrangements



management plans

The Commonwealth Department of Health and Ageing, has introduced a new initiative for GPs to manage people with chronic and complex conditions. These conditions can be managed by GPs developing Management Plans or Care Plans. There are two types;

1. GP Management Plan
2. Team Care Arrangement

GP Management Plan

A GP Management Plan involves your GP developing a written plan of management in consultation with you. The GP Management Plan is a written set of information about what you need in managing your chronic and complex condition.

Who will benefit from a GP Management Plan?

Only people with a chronic or terminal medical condition that has been present, or is likely to be present for 6 months or longer. For example; Diabetes, Asthma, Arthritis, Cancer and Heart Disease.

Preparing a GP Management Plan

When your GP decides to prepare a GP Management the following will occur. Together, you and your GP decide;

- What your health problems and needs are?
- What goals you would like from the plan?
- What, if any, other health care or services you need?

In some cases, the Practice Nurse may assist in this process. You may also wish to have your regular carer or a family member present when preparing a plan. When preparing a plan, GPs will consider your physical, psychological and social needs.

How often can a GP Management Plan be done?

GP Management Plans can be prepared once every two years. Reviewing a GP Management Plan is just as important as preparing it. After preparing a plan, you and your GP will decide when you should review it. A review of your plan will usually take place 6 months after the plan has started, and again at 12 and 18 months. Earlier reviews can be arranged if your condition changes significantly.

Team care arrangement

After preparing a GP Management Plan, your GP may identify that you could benefit from the input of other health care providers. In this case, your GP may recommend a Team Care Arrangement. A Team Care Arrangement, involves at least two other health care professionals, in addition to your GP. With your consent, your GP will ask the relevant health providers to form a team and work together in developing a plan based on your care requirements. In some cases, a Practice Nurse may assist in this process.

Other Health Care Professionals that your GP may ask to be part of Team Care Arrangement

A list of health care professionals that can be nominated by your GP and that can provide services for people with a Team Care Arrangement is provided below. These services include only "private" providers, not services delivered from within a public hospital;

Aboriginal Health Worker	Mental Health Worker
Audiologist	Occupational Therapist
Chiropractor	Osteopath
Chiropodist	Physiotherapist
Diabetes Educator	Podiatrist
Dietitian	Psychologist
Exercise Physiology	Speech pathologist

How often can a Team Care Arrangement be done?

Team Care Arrangements can be prepared once every two years. Once the Plan is in place, it is recommended that a review take place approximately every six months. Earlier reviews can be arranged if your condition changes significantly.

Are there Medicare Rebates?

People with a GP Management Plan and a Team Care Arrangement are eligible for 5 Medicare rebates per year (to the value of \$46.80 per visit) for services provided by "private" health care professionals. The health care professional must be registered with Medicare Australia before Medicare will rebate the service. To check this, ask your GP, Practice Nurse or Health Care Professional. Medicare Australia has to approve the claim made by your GP before you can claim your rebates.

★Please note that there may be a gap payment over the Medicare rebate, so check with the health care professional before your appointment.

★★See over page for important facts about management plans.