

Important Facts about Management Plans

- ◆ Your GP will decide if you fulfil 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 about whether 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 \$50.05) per calendar year.
- ◆ **Health Care Services, under a Team Care Arrangements are not free.** A rebate to the value of \$50.05 per visit is provided by Medicare.
- ◆ Health Care Services provided by Public Hospitals e.g. Physiotherapy, Dietetics, etc are not eligible for rebate 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.


perth primary care network
better health & wellbeing for the community

Consumer Information



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GP Management Plans and Team Care Arrangements

Management and Care Plans

The Commonwealth Department of Health and Ageing have 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:

- ◆ GP Management Plan
- ◆ 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 Plan 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, are the other services or health care needed.

In some cases the Practice Nurse may assist in this process.

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 may take part in your Team Care Arrangement

A list of health care professionals that can be nominated by your GP to provide services for people with a Team Care Arrangement include:

Audiologist	Chiropracist
Chiropractor	Physiotherapist
Aboriginal Health Worker	Mental Health Worker
Occupational Therapist	Exercise Physiologist
Diabetes Educator	Speech Pathologist
Chiropracist	Podiatrist
Psychologist	Osteopath
Dietician	

How often can a Team Care Arrangement be done?

Team Care Arrangements can be prepared once every two years. Once a Plan is in place, it is recommended that a review takes 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 \$50.05 per visit) for services provided by a "private" health care professional. 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.