

Medicare Plus Information pack

GPs and Speech Pathologists working together for improved health care

Why should GPs & speech pathologists bother?

The Medicare Plus scheme is the perfect vehicle for both GPs and speech pathologists to educate each other with regard to their individual practices and caseloads. This has the potential for highly beneficial patient outcomes, including facilitation of referrals between professionals and enhanced understanding of the mechanisms of operation, priorities of service and stresses within the caseloads of both general practitioners and speech pathologists.

Ensuring the wellbeing and health care of patients is a priority for all health professionals. The ability for speech pathologists to gain access to GP knowledge and for GPs to be able to grow their allied health referral network will benefit patients and the wider community. Specifically improved GP knowledge of the role of the speech pathologist can only enhance the well being and quality of life of patients presenting with complex and chronic communication and swallowing problems.

Overview of the Allied Health Initiative

The Medicare Plus scheme commenced on 1st July 2004 and allows patients under an Enhanced Primary Care (EPC) care plan to gain access to Medicare rebates for up to 5 visits per year to an Allied health provider. That's a total of 5 visits per patient, not 5 visits per provider.

Who will qualify?

Patients with chronic conditions or complex care needs, who are managed under an EPC plan will qualify. Chronic conditions are defined as conditions which have been, or are likely to be, present for six months or more. Complex care needs are those where the GP considers the patient would benefit from care provided by two or more health professionals as well as themselves.

Please note that patients admitted to a hospital or day hospital facility do not qualify for Medicare Plus.

Speech pathologists must be registered with Medicare Australia.

What does the GP have to do?

The GP needs to complete, and most importantly, lodge for payment with Medicare Australia, an EPC plan. Part of this plan will involve an invitation for a speech pathologist to participate. Once a speech pathologist has accepted this invitation the GP will refer the patient for a set amount of visits (1-5) within a 12 month period from the care plan inception date using an EPC referral form.

A normal GP referral letter is not sufficient and will be rejected by Medicare Australia.

What do GPs need to do?

Once GPs have completed an EPC plan on behalf of their patient, both an EPC referral form and EPC plan should be forwarded to the speech pathologist. A speech pathologist is then required to accept a GP's invitation to participate as a Team Member of the EPC.

A written report regarding the treatment must be sent to the GP including the speech pathologists findings, treatment and future care plan on the first and last service only, and more often if clinically relevant.

How much can speech pathologists charge?

The Medicare Benefits Schedule (MBS) item number for speech pathologists is 10970 and as of November 1st 2007 the scheduled fee is \$56.25 with a rebate amount of \$47.85, the latter being the highest amount you can bill Medicare directly.

If speech pathologists wish to charge above this fee they cannot bulk bill. The patient will have to take the account / receipt to Medicare to claim back the rebate of \$47.85 and cover any gap amount themselves. The rebate is only payable for physical consultations of at least 20 minutes duration. There are no amounts payable for care planning or paperwork prepared by the speech pathologist. It is important to note that once a claim is made to Medicare there is no private health insurance rebate available to the patient for that particular consultation.

Therefore it is necessary for the patient to decide if they are financially better off continuing to claim on any private health insurance they may have instead of Medicare, depending on the out of pocket amount. It is also important to note that any gap amount payable qualifies towards the patient's Medicare Safety Net.

What are the conditions for claiming?

Item 10970 can only be claimed where all of the following conditions are met and services are provided by and eligible speech pathologist:

- (a) the service is provided to a person who has a chronic and complex condition that is being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under an EPC plan; and
- (b) the service is recommended in the person's EPC plan as part of the management of the person's chronic and complex condition; and
- (c) the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department (of Health and Ageing) or a referral form that substantially complies with the form issued by the Department; and
- (d) the person is not an admitted patient of a hospital or day-hospital facility; and
- (e) the service is provided to the person individually and in person; and
- (f) the service is of at least 20 minutes duration; and
- (g) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - (i) if the service is the only service under the referral - in relation to that service; or
 - (ii) if the service is the first or the last service under the referral - in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of - in relation to those matters; and
- (h) in the case of a service in respect of which a private health insurance benefit is payable - the person who incurred the medical expenses in respect of the service has elected to claim the medicare benefit in respect of the service, and not the private health insurance benefit;- to a maximum of 5 services (including any services to which items 10950 to 10970 apply) in a calendar year.