Australian Government

Department of Health

FREQUENTLY ASKED QUESTIONS: CARE COORDINATION AND SUPPLEMENTARY SERVICES COMPONENTS IN THE INTEGRATED TEAM CARE (ITC) ACTIVITY

This document is provided to assist with interpretation of the *ITC Activity Implementation Guidelines* (2016-17 to 2017-18), specifically for the care coordination and supplementary services component.

It is important to note that supplementary services funding can only be accessed by Care Coordinators for patients receiving care coordination services under the ITC activity.

Medicare Australia, located in the Department of Human Services, should be contacted for all questions regarding claiming Medicare rebates for services.

Website - www.humanservices.gov.au
General Enquiries – **132 011** (local call rate)
Provider Enquiries – **132 150** (local call rate)

1 PATIENT ELIGIBILITY

1.1 Who can refer a patient for care coordination?

The patient must be referred by a GP from the practice that is responsible for providing the majority of care for the patient and developing the patient's care plan. This can be in a mainstream general practice or Aboriginal Medical Service. [1]

1.2 Can patients with a high risk of chronic disease be included in the ITC Activity even though they have not yet developed a chronic disease?

No. High risk patients are not eligible. The care coordination component of the ITC Activity is not aimed at tackling risk factors for chronic disease. The aim of the Activity is to contribute to improved health outcomes for Aboriginal and Torres Strait Islander people **already diagnosed with** chronic conditions through better access to coordinated and multi-disciplinary care.

[1] AMS refers to Indigenous Health Services and Aboriginal Community Controlled Health Services.

1.3 What is considered a chronic disease for the purposes of the ITC Activity?

The ITC Activity uses the Medicare Benefits Schedule (MBS) definition of a chronic disease, which is: a disease that has been, or is likely to be, present for at least six months. Dental is **not** an eligible condition for the purposes of the ITC Activity.

Priority should be given to patients with complex chronic care needs who require multidisciplinary coordinated care in order to manage their chronic disease/s. This includes, but is not limited to, patients with diabetes, eye health conditions associated with diabetes, mental health conditions, cancer, cardiovascular disease, chronic respiratory disease and chronic renal disease.

1.4 Can children access the ITC Activity?

Yes. Children must be referred by their usual practice GP and have a care plan for their chronic disease.

2 CARE COORDINATOR ELIGIBILITY

2.1 Can a non-clinical person work in the Care Coordinator role?

Wherever possible, Care Coordinator positions should be filled by an individual with relevant clinical skills. In specific circumstances and in consultation with the Department of Health, consideration may be given to people who have other appropriate qualifications, training, skills and personal attributes.

3 TRAVEL

3.1 Can Supplementary Services funding be used for a health care provider to travel to a patient (e.g. a home visit) rather than the patient travelling to visit them?

Supplementary Services funds can be used to allow a health care provider to visit the patient's home. For example, if a patient is unable to leave their home, or if it is clinically necessary to deliver the service in the patient's normal home setting (e.g. for Activities of Daily Living, mobility, and falls prevention assessments).

3.2 Can Supplementary Services funding be provided for a patient to travel out of town to visit a health care provider, rather than arranging for the provider to travel to the patient's location?

When it is necessary for a patient to access required health care in a clinically appropriate timeframe, Supplementary Services funding can be used to support a patient's travel to the closest regionally available health care provider (i.e. GP, specialist or allied health practitioner).

In such cases, the manager of the Supplementary Services fund must ensure that all other funding options (e.g. Patient Assisted Travel Schemes) have been exhausted and that the most cost effective means of transport (and any essential accommodation) is used. For example, Supplementary Services funds may be used to fund the difference between the full cost of travel and any funds provided through alternative funding mechanisms.

Note: Managers of the Supplementary Services fund are encouraged to liaise with the relevant fund holder for the Medical Outreach - Indigenous Chronic Disease Programme (MOICDP) and/or the Rural Health Outreach Fund (RHOF) and/or the Visiting Optometrists Scheme (VOS) regarding opportunities to access outreach specialist services.

3.3 Can Supplementary Services funds be used to support travel and accommodation costs of the patient's parent, carer or other support provider?

If this is required to enable a care coordination client access to a health care appointment and all other options have been explored and excluded, Supplementary Services funds can be used for this purpose. Only the number of client transports should be recorded. Do not record the parent or carer's transport in the number of transport services used.

3.4 Can Supplementary Services funding be used to assist family or friends of care coordination clients?

It is **not** the Care Coordinator's role to provide Care Coordination or Supplementary Services funding to any family or friends of care coordination clients. A Care Coordinator can provide information to refer a client's family or friends to appropriate services. If a Care Coordinator is providing a transport service to a care coordination client and this coincides with the transport requirement of a family member, the family member may also travel with the Care Coordinator, provided there is no interference with services to the care coordination client and all safety requirements are met.

3.5 Can Supplementary Services be used to cover parking for a care coordination client attending a health care appointment?

Yes.

3.6 Should Primary Health Networks contact the Department of Health Regional Service Grants Office to discuss options when travel beyond the closest available regional service has been requested due to an urgent need to access treatment?

No, this is not necessary. Travel beyond the closest available regional service is acceptable when there is no regional solution. Decisions regarding an individual patient's care needs should be made at the Primary Health Network level.

4 MEDICAL AIDS

4.1 Can Supplementary Services funding be used to provide medical aids?

Yes. A range of medical aids can be purchased with Supplementary Services funding. These are:

- Dose Administration Aids;
- Assistive Breathing Equipment (including asthma spacers; nebulisers; masks for asthma spacers and nebulisers; Continuous Positive Airways Pressure (CPAP) machines; accessories for CPAP machines;
- Blood Sugar/Glucose Monitoring Equipment;
- Medical Footwear that is prescribed and fitted by a podiatrist; and
- Mobility aids (e.g., crutches, walking frames, or non-electric wheel chairs) or shower chairs.

The above medical aids may only be acquired using Supplementary Services funding where:

- the medical aid is not available through any other programme in a clinically acceptable time;
- the need for the medical aid is related to the patient's chronic disease and is documented in the patient's care plan;
- provision of the medical aid is part of a primary health care service provided by a GP, specialist or allied health provider (e.g. a pharmacist or podiatrist); and
- the patient is educated on the use and maintenance of the medical aid.

Further information regarding the provision of medicals aids is contained in the *ITC Activity Implementation Guidelines*.

5 OTHER SERVICES

5.1 Can Supplementary Services funding be used to provide care coordination clients with services such as 'Meals on Wheels'?

Supplementary Services funding may be used for services other than those detailed in the Implementation Guidelines, e.g. meals on wheels, if that service will assist with the management of the patient's chronic disease and is detailed in the patient's care plan. All other funding options need to be explored prior to using Supplementary Services funds.

The allocation of priorities within limited funding is at the discretion of the fund holder / fund manager.

5.2 Can Supplementary Services funding be used to pay for health services that patients accessed prior to being enrolled in the ITC Activity?

No. Supplementary Services funds cannot be used to pay for costs incurred by patients prior to being referred to and accepted into the ITC Activity.

5.3 Can Supplementary Services funds be used to access dietary resources such as nutrition information and healthy recipes needed to aid healthy eating and the management of chronic disease?

Yes, provided a relevant health professional has advised that the patient should use these resources.

5.4 Can Supplementary Services funding be used to pay for dietary supplements e.g. Sustagen?

Yes, provided a relevant health professional has recommended that the patient should use dietary supplements.

6 PATIENT CONSENT AND CONFIDENTIALITY

6.1 Does patient consent need to be obtained for participation in the ITC Activity?

Yes. To ensure privacy requirements are met, Care Coordinators **must** obtain and record **written informed consent** from each patient, or the patient's legal guardian. This will

include consent for both the provision of ITC services and for the collection of information for the minimum data set.

Care Coordinators should confirm that the patient wishes that the practice recorded on the patient consent form to be their usual care provider and be responsible for their chronic disease management.

7 MEDICARE BENEFITS SCHEME (MBS) AND PHARMACEUTICAL BENEFITS SCHEME (PBS) - GAP COSTS

7.1 Can Supplementary Services funding be used for a patient to undergo surgery?

No. Supplementary Services funds cannot be used for surgery in acute or sub-acute settings. Use of Supplementary Services funding is restricted to funding primary care follow-up services.

7.2 Can Supplementary Services funding be used for a procedure performed by a specialist or allied health practitioner in their private rooms?

Yes. Supplementary Services funds can be used for specialist or allied health services, including those in private rooms, as long as the procedure is detailed in the patient's care plan. Rooms that are located within hospital grounds but are privately leased by the specialist or allied health professional are considered to be private rooms.

7.3 Can Supplementary Services funding be used for treatments provided at a hospital outpatient clinic?

No. Any treatments or procedures that occur in a hospital (public or private) cannot be funded under the ITC Activity.

However, Supplementary Services funds **can** be used for treatments or procedures that occur in rooms that are located within a hospital but are privately leased by a specialist or allied health professional (refer to section 7.2).

7.4 Can Supplementary Services funding be used to pay the gap between the MBS rebate and the fee charged for diagnostic tests e.g. MRI, blood tests and x-ray?

Yes.

7.5 Can Supplementary Services funding be used to fund private diagnostic tests e.g. MRI, blood tests and x-ray?

Private services can be purchased with Supplementary Services funding if publicly funded services are not available in clinically appropriate timeframes, as determined by the referring GP, and provided that all other funding options have been explored. The allocation of priorities within limited funding is at the discretion of the fund holder / fund manager.

7.6 Can Supplementary Services funding be used to cover the gap which may remain after the subsidy is provided through the PBS Co-payment?

No. Supplementary Services funding cannot be used to pay the PBS Co-payment gap.

7.7 Can Supplementary Services funding be used to pay for non-PBS listed medications?

No. Supplementary Services funding cannot be used for the purchase of non-PBS medications.

7.8 Can Supplementary Services funding be used to pay the full amount of the health care provider fee upfront?

Yes. However, if the ITC Activity fund holder / fund manager decides to pay the full cost of the service up front, they would not be able to claim a Medicare rebate for the service.

7.9 Can the ITC Activity fund holder / fund manager claim the Medicare rebate and use Supplementary Services funding to pay the gap between the Medicare rebate and the fee charged?

Yes. To pay the gap between the Medicare benefit and the fee charged by the practitioner, the Primary Health Network/commissioned organisation must follow the claiming advice provided below. Primary Health Networks can call 132 150 (Medicare Provider enquiry line) if they have any further questions.

Note: The Primary Health Network/commissioned organisation accounts cannot be submitted electronically.

1. Specialist/Allied Health Practitioners issue an unpaid account to the Primary Health Network/commissioned organisation.
2. The Primary Health Network submits the unpaid account together with the Medicare claim form (available at http://www.humanservices.gov.au/customer/forms/pc1). When lodging the account and completed claim form, it can be either sent directly to the Department of Human Services, GPO Box 9822 in your capital city or placed in a 'drop box' at one of Medicare's Service Centres. The claim cannot be submitted electronically.
3. Once the account and claim form are received, Medicare will process the account and send a Medicare benefit cheque (made payable to the servicing provider) to the Primary Health Network/commissioned organisation.
4. The Primary Health Network must forward the Medicare cheque along with a Primary Health Network/commissioned organisation cheque for the gap amount to the servicing provider.

7.10 Can Supplementary Services funding be used for private dental services, including the purchase of dentures?

No. The Commonwealth is currently implementing a number of dental programmes designed to reduce waiting times and expand services for adults in the public dental system. More information regarding the new dental programmes and commencement timeframes can be found at www.health.gov.au/dental

On this basis Supplementary Services funds cannot be used to fund private dental services.

8 CARE PLANS

8.1 What type of care plan do GPs need to provide for a patient to be eligible for ITC assistance?

The ITC Implementation Guidelines specify that Aboriginal and Torres Strait Islander patients must be enrolled for chronic disease management in a general practice or an AMS, have a GP Management Plan and be referred by their GP. The GP is encouraged to provide an eligible patient with a Medicare care plan such as, but not limited to, an Aboriginal and Torres Strait Islander health check (MBS item 715), GP Management Plans (GPMP – MBS item 721) and/or Team Care Arrangements (TCA – MBS item 723).

The benefits of the GP Management Plan (MBS item 721) for ITC clients are that it provides for more formal care planning, such as agreeing to management goals, identifying actions to be taken by the patient, documenting these, and including a review date. The GPMP review process (Review of a GPMP – item 732) helps ensure an ITC client is receiving the appropriate care for their current health needs.

8.2 Can Supplementary Services be used to support people to get a care plan?

No. The Guidelines state that the patient must have a care plan, be enrolled for chronic disease management in a general practice or Aboriginal Medical Service and be referred by their GP for care coordination services. An Aboriginal and Torres Strait Islander Outreach Worker may be able to assist with transport to attend GP appointments.