



## Understanding Medicare Items in Aged Care

### A Resource Kit for GPs & RACFs

#### Medicare Items Available In RACFs

- ◆ Comprehensive Medical Assessments (CMAs)
- ◆ Residential Medication Management Reviews (RMMR)
- ◆ Contribution to Care Plans which facilitates:
  - *Referral to Allied Health Services*
  - *Referral to Dental Services*
- ◆ Case Conferencing

#### Supplements

- ◆ Useful Websites
- ◆ Advanced Care Directive
- ◆ Local Allied Health Register

## **Overview of the Enhanced Primary Care (EPC)**

### **MBS items Available to GPs in RACFs**

Older people living in RACFs should have access to quality medical care that meets their specific needs, at the same standard that applies to the community generally. From the GP perspective, providing medical care for residents requires the use of effective practice systems and arrangements for working with several different RACFs as well as Pharmacists, Allied Health Providers, locum doctors and Dentists.

### **Types of services**

The Medicare Benefits Schedule (MBS) lists the MBS item descriptions and Medicare rebates available for medical and other services provided to patients by GPs in RACFs, these include:

- *GP consultations in RACF*
- *Comprehensive Medical Assessments (CMA)*
- *Multidisciplinary Case Conferences*
- *GP contribution to the resident's care plan, thus allowing for Allied Health and Dental referrals*
- *Residential Medication Management Reviews (RMMR)*

Use of these item numbers requires the GP to work closely with RACF staff and other service providers and to accurately record information in order to comply with the conditions set out in the Medicare Benefits Schedule.

These items aim to help bridge the gap in remunerating GPs for time spent in RACFs as well as to provide periodic assessment of residents in RACFs and improve their access to primary care.

This kit includes information on each MBS item and aims to clarify and simplify their use in RACFs.

*Please refer to Table 1 on the following page for a description of the available Medicare Services and Rebates for Aged Care*

**Table 1: Available Medicare Services and Rebates for Aged Care**



*Eligibility-Permanent Resident of an Aged Care Home*

| Item Name and MBS Number   | Rebate  | Recommended Frequency<br>(max claim period)        | Documentation required                            | Notes  |
|--|---|--|---|--|
| <b>MBS item 712</b><br><b>Comprehensive Medical Assessment (CMA)</b>   | \$191.80  | Annual<br>(12months*)                              | CMA /Divisional format                            | CMA's are available to permanent residents of aged care homes, receiving either high or low care, regardless of age.<br>They must be performed by a medical practitioner at a residential aged care facility or in a consulting room.<br>Benefits under item 712 are payable in respect of one CMA for new residents on admission to a Residential Aged Care Facility and for continuing residents on an as required basis, with a maximum of one CMA per 12month period<br><br><b>RACF Role:</b> Obtain written consent (new or existing admission) |
| <b>MBS item 903</b><br>Residential Medication Management review (RMMR)   | \$93.85   | Annual<br>(12months*)                              | GP Completes referral form                        | RMMR's are available to permanent residents of aged care homes, receiving either high or low care, regardless of age.<br>GPs and Pharmacists collaborate to undertake review<br><br><b>RACF Role:</b> Flag/Identify resident with GP   |
| <b>MBS item 731</b><br>Contribution &/or review of Care Plan   | \$62.30   | 6 monthly<br>(3 months)                            | Notes in existing Care Plan                       | GP requires limited documentation. Notation of contribution in residents notes<br><br><b>RACF Role:</b> Record resident consent<br>Initiate Care Plan and identify care providers<br>Invite health providers to contribute (including GP)  |
| <b>Referral to Allied Health Service (AHS) &amp;/or Dental</b><br><i>(available once MBS item 731 Claimed)</i> | Free to resident unless provider has a gap  | 5 AHS and capped dental services per calendar year | Complete referral after contribution to care plan | - Referral on EPC Allied Health Referral Form is <b>mandatory</b> .<br>- Maximum of 5 services per year per patient (not per provider).<br>- GP completes <b>one</b> referral per patient per provider.<br><br><b>RACF Role:</b> Ensure providers are registered with Medicare Australia<br>Co –ordinate allied health &dental visits  |
| <b>MBS item 734-738 &amp;775-779</b><br>Organise or participate in RACF Case Conference                        | <b>GP Organises</b><br>Item 734 (15-29min) \$ 85.60<br>Item 736 (30-44min) \$ 128.40<br>Item 738 (>45min) \$ 171.15<br><br><b>GP Participates</b><br>Item 775 (15-29min) \$ 61.10<br>Item 778 (30-44min) \$ 97.80<br>Item 779 (>45min) \$134.45 | Maximum 5 conferences per resident in 12months     | Documentation of meeting and outcomes             | - Three or more providers present simultaneously<br>- Obtain consent from resident and all participants<br>- Provide copies of outcomes to all participants.<br><br><b>RACF Role:</b> Record resident consent and identify and invite other health providers<br>Use (management) template to record discussion, needs, outcomes and tasks  |

# COMPREHENSIVE MEDICAL ASSESSMENTS

## **MBS ITEM 712**

### **COMPREHENSIVE MEDICAL ASSESSMENTS ARE**

- ◆ A voluntary service for permanent residents of aged care homes, including veterans
- ◆ There is no age limit
- ◆ Performed annually or when there is a major change in a patients condition
- ◆ Performed on admission or on existing residents

### **MUST DO**

- ◆ Obtain the residents consent
- ◆ The CMA must be conducted by a medical practitioner, preferably the residents own doctor
- ◆ The CMA must include a personal attendance by the GP
- ◆ A detailed medical history is mandatory
- ◆ A CMA Proforma is recommended

### **HINTS**

- ◆ *Use the CMA for the patients admission form to the RACF*
- ◆ *Utilise the data collected by nursing staff to complete CMA*

## What is a Comprehensive Medical Assessment?

The Comprehensive Medical Assessment (CMA) Medicare rebate is available to permanent residents and veterans of RACFs receiving either high or low care. New residents are entitled to a CMA on admission. Existing residents can have a CMA where it is required in the opinion of the resident's general practitioner, eg a significant change in the resident's medical condition and/or physical and/or psychological function. A Medicare rebate is payable for one CMA for a resident once in any 12 month period. The CMA compliments normal aged care consultation items and other Medicare items such as case conferencing and contribution to a multidisciplinary care plan.

CMAs enhance the quality of medical care provided to RACF residents by enabling the GP to undertake a comprehensive review of residents' medical conditions, identify their medical needs and provide important medical information, including diagnoses and problems.

The information obtained from a CMA can be used to:

- *Assist the GP in planning medical management, including preventive care, treatment of chronic disease and geriatric syndromes, medication management, palliative and end of life care(Advance Care Directive)*
- *Establish closer working relationships between the GP and RACF staff*
- *Refer to the consultant pharmacist for a RMMR*
- *Inform the GP contribution to the resident's care plan (and subsequent referral for dental and allied health services, if required) and*
- *Provide medical information to RACF staff and other service providers*

There is no compulsory form for the CMA item number; however there is a set criteria that needs to be covered in order for the GP to be able the item number 712.

The St George Division has produced a **combined CMA/Nurse Admission** form that complies with the item descriptor (*allowing GPs to combine their notes with the nurse and hence save time completing the form*). The form is included in this kit and copies can be downloaded from the St George Division of General Practice website. Instructions for use of Medical Director CMA templates are also available on the website at: [www.stgeorgedgp.asn.au](http://www.stgeorgedgp.asn.au)

# RESIDENTIAL MEDICATION MANAGEMENT REVIEW

## **MBS ITEM 903**

### **RMMR ARE**

- ◆ A service available to permanent residents of RACFs
- ◆ Involves Doctors and Pharmacists working together to maximise the benefits obtained from the patients medications and minimising the risk of harm.

### **CRITERIA**

- ◆ Only available to permanent residents of RACFs
- ◆ There are no age restrictions and residents can be receiving low or high care
- ◆ Benefits not payable more than once in 12 months unless there is a significant change in the patients condition
- ◆ Residents receiving respite care are not eligible

### **MUST DO (refer to checklist)**

- ◆ Determine the clinical need for a medication management review
- ◆ Explain RMMR to resident/representative and obtain consent
- ◆ Initiate the RMMR and collaborate with reviewing pharmacist regarding the pharmacist's component of the review
- ◆ Provide input from the resident's Comprehensive Medical Assessment (CMA), or provide relevant clinical information for the resident's RMMR
- ◆ Discuss findings of the pharmacists review and propose medication management strategies with the reviewing pharmacist (unless exceptions apply)
- ◆ Develop and/or revise a written Medication Management Plan for the resident
- ◆ Consult with the resident to discuss the outcomes of the review and proposed medication management strategies and gain the resident's agreement to the plan
- ◆ Offer a copy of the plan to the resident and provide a copy for the resident's records and nursing staff, discussing it with the nursing staff if necessary

### **HINT**

- ◆ *Use computer generated referral forms and management templates which are available on Medical Director and from the Division (included in this kit)*
- ◆ *A RMMR may be incorporated into a Care Plan*

## CARE PLAN CONTRIBUTION

### **MBS ITEM 731**

- ◆ All Nursing Home/Hostel residents already have an existing care plan in place. Item 731 involves A GP Contributing to this plan.
- ◆ It is anticipated that every resident within a RACF will have a care plan in place.

### **CRITERIA**

- ◆ GPs Contributes or Reviews only, for Residential Aged Care patients and public hospital inpatients

### **PROCESS**

- ◆ A GP may contribute to a Care Plan within a RACF (using item 731) and in doing so, may refer the resident to Allied Health Services(5 in total per calendar year) and Dental Services.
- ◆ The RACF send the care plan to the GP who contributes, signs and sends or faxes it back to the RACF OR The care plan is handed to the GP whilst on a visit, it is then taken back to the surgery and the GP contributes or reviews the information. The plan is then signed by the GP and sent back to the RACF the next day
- ◆ The contribution is recorded by the GP in the care plan and kept at the RACF
- ◆ The GP claims and submits the 731 item number and only then is the resident entitled to referrals to Allied Health and Dental Services if required.

## **What Are Care Plans and How Are They Used in RACFs?**

Residential aged care facilities are required and funded to produce a care plan for every resident. The Resident's Care Plan has a strong focus on personal and nursing care rather than medical care.

MBS Item 731 is for the GP to contribute to, or review, the Resident's Care Plan prepared by the RACF. It can be claimed at > 3 monthly intervals. (Refer to the 'Medicare Benefits Schedule Book – A.21 explanatory notes' for more detail.)

- *The GP contribution should be documented in the Resident's Care Plan and a copy kept in the patient's medical record(A template has been included in this kit), it provides an opportunity for the GP to view the plan and to add relevant medical care information including; referrals needed for RMMR, allied health and dental services*

## **Referral to Allied Health and Dental Services**

Where a resident's GP has contributed to a care plan and item 731 has been claimed, the resident is eligible to access certain Medicare rebated items for allied health and dental services on referral from their GP. These services can be provided at no cost to the resident if the service provider bulk bills (a small gap may be charged). Up to 5-allied health services per calendar year (in total not 5 per service type) and capped dental services are available. The allied health or dental service provider must be a private service registered with the Health Insurance Commission (HIC).

## **Services eligible for the Medicare item numbers are:**

*Aboriginal Health Worker*

*Audiologist*

*Dietitian*

*Mental Health Worker*

*Occupational Therapist*

*Physiotherapist*

*Podiatrist or Chiropodist*

*Exercise Physiologists*

*Chiropractor*

*Osteopath*

*Psychologist*

*Speech Pathologist*

*Dental Practitioner*

*Credentialed Diabetes Educator*

## Allied Health Referrals

GPs refer the patient using an *EPC Program referral form for allied health services*. Where the GP is referring a patient to more than one allied health professional, he/she will need to use a **separate** *EPC Program referral form for allied health services* for each referral. We have included several copies of this form and further copies can be found on the St George Division of General Practice Website [www.stgeorgedgp.asn.au](http://www.stgeorgedgp.asn.au)

OR by calling the EPC enquiries line on (ph) 1800 020 103.

### Overview

- *Patient needs to have a Resident's Care Plan that the GP has contributed to (MBS item 731)*
- *GP needs to use an EPC Program referral form for allied health services to refer patient*
- *EPC Program referral form for allied health services signed by the servicing allied health professional needs to accompany all Medicare claims*
- *Eligible allied health professionals need to be registered with medicare to provide services under this initiative*
- *Maximum of 5 Allied Health services per calendar year*

## **Dental Referrals**

To be eligible to access these rebates, patients need to have a chronic condition and complex care needs that are being managed by their GP. GPs can only refer these patients to an eligible dentist for a dental care plan where the patient has a dental problem that is significantly adding to the seriousness of the chronic condition identified in the care plan. GPs need to use the EPC Program referral form for dental care services to refer their patients to an eligible dentist, registered with the Health Insurance Commission (HIC).

### **Overview**

- *Patients need to have a Resident's Care Plan that the GP has contributed to (MBS item 731). They are then eligible to access the Medicare Dental items(items 85011-87777)*
- *GP needs to use a Referral form for Dental Services to refer patient (included in this kit and downloadable from the St George DGP website)*
- *EPC Program referral form for dental services signed by servicing dentist needs to accompany all Medicare claims*
- *Dentists and Dental Specialists need to be registered with the HIC.*
- *Dental Services are capped to \$4250 per patient over 2 consecutive calendar years*

# CASE CONFERENCING

## **MBS ITEMS**

**GP Coordination:** **Item 734** (15-29min) **Item 736** (30-44min) **Item 738** ( $\geq$  45min)

**GP Participation:** **Item 775** (15-29min) **Item 778** (30-44min) **Item 779** ( $\geq$  45min)

## **CASE CONFERENCING IS**

- ◆ Designated times for Conferencing with other health providers to plan for patients with chronic conditions and multidisciplinary care needs
- ◆ May be conducted face to face, via telephone or videoconferencing link

## **RESIDENT ELIGIBILITY**

- ◆ Chronic condition for at least 6 months or a condition that is terminal
- ◆ May be residents of an Aged Care Facility
- ◆ Maximum of 5 case conferences per resident per year

## **MUST DO**

- ◆ Identify reasons including, multidisciplinary needs for conducting the conference
- ◆ Identify other participants for the conference
- ◆ Provide a summary to the patient and other providers
- ◆ Obtain consent from patient
- ◆ Ensure a minimum of 3 participants are present
- ◆ Patient does not have to attend CC
- ◆ GP can either organise & coordinate or participate

## **HINTS**

- ◆ *RACF staff can organise attendees, teleconferencing and collect responses*

## Case Conferences

The purpose of Case Conference MBS items is to support multidisciplinary management of the health care needs of a patient with a chronic or terminal condition requiring complex care.

Eligible residents are those who suffer from at least 1 medical condition that has been, or is likely to be present for at least 6 months or is terminal, and requires care from the GP and at least 2 other formal health care providers. Refer to 'Medicare Benefits Schedule Book – A.22 explanatory notes' for more detail. It is recommended that the resident and a relative be included in discussions, although they are not counted as participants for meeting requirements of the item numbers.

Service providers who, in addition to GPs, may be included in a multi-disciplinary Case Conference are:

- Aboriginal Health Worker
- Audiologist
- Asthma Educators
- Dental Therapists
- Dieticians
- Diabetes Educators
- Mental Health Workers
- Occupational Therapists
- Optometrists
- Orthotists or prosthetists
- Personal Care Worker
- Pharmacists
- Physiotherapist
- Podiatrists
- Psychologists
- Registered Nurses
- Social Workers
- Speech Pathologists

The Case Conference can be initiated and organised by either the GP or the RACF staff.

GPs can claim for a maximum of 5 case conferences per patient per 12 month period, either as the organiser or a participant.

Case Conferencing can be set up in a number of ways to suit the working relationship between the RACF, GPs and other service provider/s. completing the details in the box below will ensure that the MBS requirements for case conferencing are met.



## Useful Websites & Resources

|  |  |
|--|--|
| Aged Care Standards and Accreditation            | <a href="http://www.accreditation.org.au">www.accreditation.org.au</a>   |
| Australian General Practice Network              | <a href="http://www.adgp.com.au">www.adgp.com.au</a>   |
| Department of Health and Ageing                  | <a href="http://www.health.gov.au">www.health.gov.au</a>   |
| Department of Ageing, Disability & Home Care     | <a href="http://www.add.nsw.gov.au">www.add.nsw.gov.au</a>   |
| National Aged Care Alliance                      | <a href="http://www.naca.asn.au">www.naca.asn.au</a>   |
| NSW Health                                       | <a href="http://www.health.nsw.gov.au">www.health.nsw.gov.au</a>   |
| Multicultural Health Advice                      | <a href="http://www.mhcs.health.nsw.gov.au">www.mhcs.health.nsw.gov.au</a>   |
| Ageing Research Online                           | <a href="http://www.aro.gov.au">www.aro.gov.au</a>   |
| Alzheimer's NSW                                  | <a href="http://www.alznsn.asn.au">www.alznsn.asn.au</a>   |
| HealthInsite                                     | <a href="http://www.healthinsite.gov.au">www.healthinsite.gov.au</a>   |
| Department of Veteran's Affairs                  | <a href="http://www.dva.gov.au">www.dva.gov.au</a>   |
| Palliative Care                                  | <a href="http://www.palliativecare.gov.au">www.palliativecare.gov.au</a>   |
| Guardianship                                     | <a href="http://www.gt.nsw.gov.au">www.gt.nsw.gov.au</a>   |
| Advance Care Directives for Health Professionals | <a href="http://www.health.nsw.gov.au/pubs/2004/pdf/adcare_directive.pdf">www.health.nsw.gov.au/pubs/2004/pdf/adcare_directive.pdf</a> |
| Medicare Australia                               | <a href="http://www.medicareaustralia.com.au">www.medicareaustralia.com.au</a>   |
| St George Division of General Practice           | <a href="http://www.stgeorgedgp.asn.au">www.stgeorgedgp.asn.au</a>   |

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