

EXPLANATORY STATEMENT

Select Legislative Instrument 2005 No. 129

Issued by the Authority of the Minister for Health and Ageing

Health Insurance Act 1973

*Health Insurance (General Medical Services Table)
Amendment Regulations 2005 (No. 2)*

Subsection 133(1) of the *Health Insurance Act 1973* (the Act) provides, in part, that the Governor-General may make regulations, not inconsistent with the Act, prescribing all matters required or permitted by the Act to be prescribed, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

The Act provides, in part, for payment of Medicare benefits in respect of professional services rendered to eligible persons. Section 9 of the Act provides that Medicare benefits shall be calculated by reference to the fees for medical services set out in prescribed tables.

Subsection 4(1) of the Act provides that the regulations may prescribe a table of medical services (other than diagnostic imaging services and pathology services) that set out items of medical services, the amount of fees applicable in respect of each item and rules for interpretation of the table. The *Health Insurance (General Medical Services Table) Regulations 2004* currently prescribe such a table.

The purpose of the Regulations is to amend the current table of medical services by introducing six new items, amending one rule of interpretation and introducing seven new rules of interpretation for chronic disease management services. The new rules and the rule amendment only apply to the new items. The Regulations give effect to recommendations of the General Practice Red Tape Taskforce that the Enhanced Primary Care (EPC) Medicare items for multidisciplinary care planning be simplified by introducing chronic disease management items.

Details of the Regulations are set out in the [Attachment](#).

The Act specifies no conditions that need to be met before the power to make the Regulations may be exercised.

The Regulations are a legislative instrument for the purposes of the *Legislative Instruments Act 2003*.

The Regulations commence on 1 July 2005.

Consultation

The proposed new chronic disease management items have been developed in consultation with representatives of General Practice organisations. Consultation has occurred both through a specific advisory group, established to advise on the detailed design and implementation of changes to the Practice Incentives Program and EPC Medicare items arising from recommendations of the Red Tape Taskforce, and through the Medicare Benefits Consultative Committee, which formally considered the new Medicare items. This consultation has enabled the development of the new items to be informed by the knowledge of persons with expertise in general medical practice and for general practitioners, as persons directly affected by the new items, to have opportunities to comment and contribute to the detailed design of the new items.

ATTACHMENT

DETAILS OF THE *HEALTH INSURANCE (GENERAL MEDICAL SERVICES TABLE) AMENDMENT REGULATIONS 2005 (No. 2)*

Regulation 1 provides for the Regulations to be referred to as the *Health Insurance (General Medical Services Table) Amendment Regulations 2005 (No. 2)*.

Regulation 2 provides for the Regulations to commence on 1 July 2005.

Regulation 3 provides for Schedule 1 to amend the *Health Insurance (General Medical Services Table) Regulations 2004* (the Principal Regulations).

Schedule 1 – Amendments**Item [1] - New subrule 45 (1A)**

This item inserts new subrule 45 (1A), which describes the patients to whom new item 721 (preparation of a GP management plan) and new item 725 (review of GP management plan) apply, namely patients who have a chronic or terminal condition (see items [11] and [13] below).

Item [2] – New subrules 45 (2A) and 45 (2B)

This item inserts new subrules 45 (2A) and 45 (2B). Subrule 45 (2A) describes the patients to whom item 723 (coordination of development of team care arrangements) and item 727 (coordination of review of team care arrangements) apply, namely patients who have a chronic or terminal condition (see items [12] and [14] below). Subrule 45 (2B) describes the patients to whom item 729 (contributions to the preparation and review of multidisciplinary care plans) applies, namely patients who have a chronic or terminal condition (see item [15] below).

Item [3] – New subrules 45 (4) and 45 (5)

This item inserts new subrules 45 (4) and 45 (5). Subrule 45 (4) describes the patients to whom new item 731 (contributions to the preparation and to the review of residential aged care facility multidisciplinary care plans) applies, namely patients who have a chronic or terminal condition (see item [16] below). Subrule 45 (5) describes the terms “collaborating provider” and “family carer” for the purposes of rule 45.

Item [4] – New rule 45A

This item inserts new rule 45A which impose limitations on new items 721, 723, 725, 727, 729 and 731 (see items [11], [12], [13], [14], [15] and [16] below).

Subrules 45A (1) to 45A (6) provides that, unless exceptional circumstances exist, items 721, 723, 725, 727, 729 and 731 are applicable not more than once in a 3 month or 12 month period, and are not applicable in conjunction with certain other services.

Subrule 45A (7) describes the term “exceptional circumstances” for the purposes of rule 45A. It provides that exceptional circumstances exist in relation to a patient if there has been a significant change in the patient’s clinical condition or care circumstances that necessitates the performance of the service in respect of the patient.

Item [5] – New rule 49A

This item inserts new rule 49A, which describes the term “GP management plan” for the purposes of new item 721. Subrule 49A (1) specifies activities to be completed in preparing a comprehensive written plan as part of the preparation of a GP management plan. Subrule 49A (2) specifies the additional activities to be completed, other than preparing the written plan.

Item [6] – New rule 51A and 51B

This item inserts new rules 51A and 51B. Rule 51A describes the term “team care arrangements” for the purposes of new item 723. Subrule 51A (1) specifies the parts of the process of coordinating team care arrangements, subrule 51A (2) lists the matters to be described in the team care arrangements document and subrule 51A (3) specifies activities to be completed, other than preparing the team care arrangements document. Subrule 51A (4) describes the terms “collaborating provider” and “family carer” for the purposes of the preceding subrules.

Subrule 51B (1) describes the term “associated medical practitioner” for the purposes of new items 725 and 727, in order to specify which medical practitioners are permitted to undertake a review of a GP management plan or a review of team care arrangements. Subrule 51B (2) describes the term “general practice” for the purposes of the preceding subrule.

Item [7] – New rule 52A

This item inserts new rule 52A which describes the term “review of a GP management plan” for the purposes of new item 725. Subrule 52A (1) specifies the parts of the process of reviewing a GP management plan and subrule 52A (2) specifies the additional activities to be completed.

Item [8] – New rules 53A and 53B

This item inserts new rules 53A and 53B. Rule 53A describes the term “review of a team care arrangements” for the purposes of new item 727. Subrule 53A (1) specifies the parts of the process of reviewing team care arrangements, subrule 53A (2) specifies the additional activities to be completed and subrule 53A (3) describes the terms “collaborating provider” and “family carer” for the purpose of the preceding subrules.

Rule 53B describes the term “contribute to a multidisciplinary care plan” or “contribute to the review of a multidisciplinary care plan” for the purposes of new items 729 and 731. Subrule 53B (1) lists the activities which constitute contributing. Subrule 53B (2) describes the term “multidisciplinary care plan” for the purpose of the preceding subrule. Subrule 53B (3) describes the terms “collaborating provider” and “family carer” for the purpose of the preceding subrules.

Item [9] – Substitute heading, Part 3, Group A15

This item substitutes a new heading for Group A15 in Part 3 of Schedule 1 to the Principal Regulations. The new heading better describes the contents of this expanded group of items which previously included only multidisciplinary care plans and case conferences.

Item [10] – Substitute heading, Part 3, Group A15, Subgroup 1

This item substitutes a new heading for Subgroup 1 of Group A15 in Part 3 of Schedule 1 to the Principal Regulations. The new heading better describes the contents of this expanded group of items which previously included only multidisciplinary care plans.

Item [11] – New item 721

This item inserts new item 721, which applies where a medical practitioner prepares a GP management plan for a patient who has a chronic or terminal condition.

Item [12] – New item 723

This item inserts new item 723, which applies where a medical practitioner coordinates the preparation of team care arrangements for a patient with a chronic or terminal condition and complex care needs.

Item [13] – New item 725

This item inserts new item 725, which applies where a medical practitioner reviews a GP management plan for a patient who has previously had a GP management plan or reviews an Enhance Primary Care (EPC) multidisciplinary care plan.

Item [14] – New item 727

This item inserts new item 727, which applies where a medical practitioner coordinates a review of team care arrangements by a team of at least two other collaborating providers or a review of an EPC multidisciplinary care plan for a patient who has previously had team care arrangements or an EPC multidisciplinary care plan.

Item [15] – New item 729

This item inserts new item 729, which applies where a medical practitioner contributes to team care arrangements coordinated by another provider, to the review of team care arrangements by another provider, to a multidisciplinary care plan prepared by another provider (other than a residential aged care facility) or to the review of a multidisciplinary care plan prepared by another provider (other than a residential aged care facility).

Item [16] – New item 731

This item inserts new item 731, which applies where a medical practitioner contributes to a multidisciplinary care plan or to the review of a multidisciplinary care plan being coordinated for a resident of a residential aged care facility by the facility or to a multidisciplinary care plan or to the review of a multidisciplinary care plan prepared by another provider before the patient is discharged from hospital.