

# Better Outcomes (Vouchers) v. Better Access (Medicare)

## 1. Assessment and Planning Session – BOTH VOUCHERS AND MEDICARE

- Patient needs long appointment
- Doctor completes Mental Health Plan and K10
- Doctor decides on appropriate AHP (folder in consulting room)
- Decide Voucher (No cost to pt.) or Medicare (may be a gap fee)

## 2. Next step

### *Voucher –*

- Complete Voucher and send to Allied Health Provider (AHP) with copy of Mental Health Plan with K10 score added to voucher.
- A copy of the voucher to be faxed to Division by GP
- Claim Item 2710  
(AHP sends voucher to Division for payment of services.  
Patient receives up to 12 sessions in blocks of 6 sessions.)

### *Medicare -*

- Send Mental Health Plan and referral letter to Allied Health Provider
- Claim Item 2710

*(patient receives up to 6 sessions before review by GP)*

## 3. Last step

### Voucher - Review session

- After 6 sessions with AHP
  - Pt books long consultation
  - GP completes review template
  - Decides if patient requires ongoing sessions
  - Sends patient back to AHP with copy of review for further 6 sessions.
  - Claim Item 2712

*(In total patient has had one plan and one review which is the maximum a GP can claim in one calendar year per patient)*

### Medicare - Review session

- After 6 sessions with AHP
- Pt books long consultation
- GP completes review template
- Decides if patient requires ongoing sessions
- Sends patient back to AHP with copy of review for further 6 sessions.
- Claims 2712

*(cannot continue for further sessions under Medicare or Better Outcomes programs within calendar year)*

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