

Senate Community Affairs Legislation Committee

**ADDITIONAL BUDGET ESTIMATES - 16 FEBRUARY 2012
ANSWER TO QUESTION ON NOTICE**

Human Services Portfolio

Topic: Chronic Disease Dental Scheme

Question reference number: HSW 70

Senator: Bushby

Type of question: Written

Date set by the committee for the return of answer: 29 March 2012

Number of pages: 2

Question:

- a) Exactly how many compliance officers employed to undertake the Medicare Chronic Disease Dental Scheme audit?
- b) Can you please provide a breakdown of their salaries?
- c) If discretion is possible in some cases, while the legal imperative is to seek recovery in others, what is the quantifiable "forgivable" level of non-compliance?
- d) What documentation, framework or criteria exists to guide compliance officers in their decision to pursue costs instead of providing re-education?
- e) How many dental practitioners have been offered counselling or assistance, and how many have taken up that offer?
- f) The department has said previously that two Tasmanian dental practitioners have been found to be non-compliant, yet only one has been asked to repay money. Can you please outline why this is the case?
- g) Could you also tell me if any more than the two have been audited and/or found to be non-compliant?
- h) In the case of the dentist that does have to repay money, the compliancy issue related to paperwork – would it be out of the question to employ a degree of discretion given that it was a minor mistake and the service was still delivered to those in the community?
- i) How can failing to send a treatment plan on time be regarded as a punishable offence, when there is no requirement to adhere to that treatment plan, and changes to that treatment plan do not need to be notified? Please explain the philosophy behind this.
- j) Is there room for leniency in terms of adjusting the amount payable, in cases where employees have been paid only a percentage, but are required to pay the full amount paid to the practice?
- k) How many General Practitioners have been audited for involvement in the CDDS?
- l) What was the nature of those audits?
- m) Were there any repercussions on GPs where Medicare is aware that a treatment plan was provided but the GP is unable to produce a copy?

Answer:

- a) There are 56.63 Full Time Equivalent (FTE) staff in the Chronic Disease Dental Scheme Taskforce.
- b) Breakdown of salaries of staff in the Chronic Disease Dental Scheme Taskforce.

Classification	FTE	Salary Range	
		Minimum	Maximum
APS3	2.00	\$53,439	\$56,215
APS4	24.47	\$61,176	\$64,105
APS5	13.56	\$66,776	\$68,657
APS6	10.60	\$77,339	\$89,272
EL1	5.00	\$96,628	\$100,796
EL2	1.00	\$105,266	\$125,184
Total	56.63		

- c) There is no quantifiable “forgivable” level of non compliance. Each case is dealt with on a case by case basis.
- d) There is an approved strategy that guides the targeting of audits. Outcomes are based on the findings of each audit. Written procedural guidelines are provided to compliance officers to guide them in the conduct of audits.
- e) The department is aware of one instance where a dental practitioner was offered the assistance of a departmental social worker. It is not known if the offer was taken up.
- f) The department does not comment on individual cases.
- g) As at 31 December 2011, four audits have been undertaken on dental practitioners in Tasmania. Of these, two have been completed, both with findings of non-compliance. Two audits have not yet been completed.
- h) The requirements regarding the provision of written quotes to patients and treatment plans to both patients and referring general practitioners before treatment commences are set out in the *Health Insurance (Dental Services) Determination 2007*, a legislative instrument made under section 3C of the *Health Insurance Act 1973*. The legislative requirements must be met in order for the dental services to be paid for by the Commonwealth under the Medicare Benefits Schedule (MBS).
- i) The provision of a written treatment plan and quote is a legislative prerequisite for dental services specified in the *Health Insurance (Dental Services) Determination 2007* to be payable under the MBS. Services that do not meet the legal requirements cannot be paid for under the MBS.
- j) The dental practitioner who provided the service is liable for the claim, regardless of their employment arrangements. In cases of financial hardship, a dental practitioner can negotiate an arrangement to repay by instalments.
- k) To date, audits of 40 general practitioners who have referred patients to the Chronic Disease Dental Scheme have been completed. An additional 88 general practitioners have been selected for audits commencing in March 2012.
- l) These audits targeted general practitioners identified from the top 100 referring general practitioners who referred patients to the Chronic Disease Dental Scheme. The audits reviewed the GP Management Plan (GPMP) and Team Care Arrangement (TCA) developed by the general practitioner against the requirements in the *Health Insurance (General Medical Services Table) Regulations 2011*.
- m) The department has not identified any instances of this occurring.