

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: HS 4

Senator: Di Natale

Type of question: Hansard page 91

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

Number of pages: 2

Question:

- a) Senator DI NATALE: I am also interested in for how many of the 46 the decision was made on the basis of them not altering their billing behaviour. It may be hypothetical to you but it is not to me; I have spoken to people who, when the department pursued costs, immediately changed their billing behaviour. I would like to know how many of the 46 continued to bill inappropriately after the audit. I ask that question because Mr Popple indicated that that was one of the criteria for pursuing recovery of costs.

Mr Popple: What I said was that it was not after the audit that some of the 17 had changed their behaviour but before the audit. They had realised at some point before the audit that they would doing the wrong thing and had changed their behaviour before we did the audit. That was one of the factors taken into account; not the fact that they changed their behaviour after the audit.

Senator DI NATALE: Perhaps you can follow that up for me. [p91]

- b) Senator DI NATALE: Of the 34 cases where costs were pursued, please give me a breakdown of why audits were done and on what basis they were found to be non-compliant—that is, of the 34, how many did not provide a treatment plan, how many did not provide a written quote, or were there other reasons?

Mr Rimmer: We can look into how much of that we can provide easily on notice. [p91]

Answer:

- a) The department has not conducted any subsequent audits on the claiming of benefits by dental practitioners already audited.
- b) The 34 cases refer to those cases where non-provision of services was not identified. Audits were conducted due to the following:
 - twenty-five audits - one or more complaints about that provider had been received by the department;
 - six audits - the provider was identified as billing a high number of CDDS services compared to their peers; and
 - three audits - earlier compliance interviews had indicated that non-compliance may be occurring.

Of the 34 cases:

- Thirty-three cases were non-compliant as they did not provide a treatment plan and quote to the patient and did not provide a copy or summary of the plan to the referring general practitioner.
- One case was non-compliant as the dental practitioner did not provide a treatment plan and quote to the patient.