

Senate Finance and Public Administration Standing Committee
ANSWERS TO QUESTIONS ON NOTICE
ADDITIONAL BUDGET ESTIMATES – 24 FEBRUARY 2009

Human Services Portfolio

Department/Agency: Medicare Australia
Outcome/Output Group: Outcome 1/Output Group 1.1
Topic: Chronic Dental Scheme - Compliance

Senator: Cameron

Question reference number: HS12a-h

Type of question: Hansard F&PA 133, 24 February 2009

Date set by the committee for the return of answer: 9 April 2009

Question:

HS12a-h: Senator CAMERON—Ms Godwin, I have more than five questions to be asked in two minutes. But what I will do is just read the questions to you and place them on notice. They are in relation to the chronic dental health scheme.

HS12a: What compliance issues have been identified in relation to chronic disease dental items?

HS12b: Have there been any cases where patients have received benefits but have not met eligibility requirements for the items? If so, how many?

HS12c: Have there been any cases of dentists inappropriately claiming the items? If so, in what ways and at what cost to the taxpayer?

HS12d: Would we expect prosecutions of these dentists?

HS12e: Have some dentists registered unusually high levels of claiming under the scheme?

HS12f: At what level were they each claiming?

HS12g: What was the cost to the taxpayer?

HS12h: Have some dentists or doctors engaged in inappropriate marketing and promotion of the items?

Answer:

HS12a: Medicare Australia has identified potential non-compliance in the Chronic Disease Dental Scheme (CDDS) through a series of means including a risk assessment, public reports to our fraud tip-off line and complaints by State law enforcement agencies. The nature of the complaints are common across each of these channels.

Concerns identified include the possibility that:

- services are being charged prior to, or without, services being provided;
- services are being provided to patients who are not eligible for benefits under the CDDS;
- services are of a poor quality requiring re-working;
- services are provided that are not needed;
- services with a higher dollar value are being claimed yet not provided; and
- inadequate or inappropriate care plans provided by General Practitioners (GP) and reverse referrals (i.e. where a patient has incorrectly received a service and then is sent to the GP in order to receive a referral).

HS12b: Medicare Australia is still in the process of gathering information from patients and dentists. Medicare Australia is, therefore, unable to comment on specific cases, or the number of cases.

HS12c: Medicare Australia is still in the process of gathering information from patients and dentists. Medicare Australia is therefore unable to comment on cases or costs.

HS12d: Medicare Australia is still gathering information and is unable to comment on any specific prosecution or future prosecutions at this stage. If any evidence of fraud against the Government is found, Medicare Australia will refer the case to the Commonwealth Department of Public Prosecutions.

HS12e: The claiming patterns of a small number of dentists appear higher than their peers.

HS12f: In a 10 month period between 1 November 2007 and 31 August 2008, six practitioners billed over \$1 million. In this same period, 95 per cent of dentists had billed less than \$200,000.

HS12g: Medicare Australia is still in the process of conducting compliance work. The cost to the taxpayer in terms of incorrect payments made cannot be quantified until the compliance work is completed.

HS12h: Medicare Australia is still in the process of gathering information from patients and dentists. The preliminary findings of the compliance activities indicate that claims are concentrated in areas where the cessation and benefits of the scheme were heavily advertised or publicised. However, Medicare Australia has no evidence that this marketing was inappropriate.