Chronic Disease Management Care Plans in Residential Aged Care Facilities

The issues and concerns that face Podiatrists

*A Member Article*

A few years ago many podiatrists working in Residential aged Care Facilities (RACF) started to experience a change in the way that podiatry services were contracted. A surge of allied health Corporates, mainly from the Eastern states, entered the WA market with the promise of lowering a RACF’s allied health costs. This was achieved by selling the idea of placing Residents on Enhanced Primary care (EPC) now known as Chronic Disease Management (CDM) plans and bulk billing their services to Medicare.

At this time, myself and my colleagues lost contracts to these Corporates who sold the idea of free services to the RACF management. We may have provided quality podiatry services for many to the facilities and their residents, but this loyalty was not a consideration, and in fact in a lot of cases the RACFs refused to enter into any negotiation or discussion.

While the idea of being unfairly treated by Management of RACF may lead you to sympathise with our situation, it is more than an issue of fairness that is being raised. There are questions of legality, ethics and professional liability which must be addressed by our profession, Medicare and the stakeholders of the Aged Care industry.

*The issues*

*Are residents of RACF eligible for Podiatry under the CDM?*

The Aged Care Act 1997 states that residential aged care facility must provide podiatry service to residents who is on the medium to high ACFI at no extra cost to the residents. However low ACFI residents can still access CDM and residents with DVA gold cards are also eligible to podiatry services under DVA.

Is it legal or illegal to use the CDM on residents with medium to high ACFI, since the RACF should be providing these services to resident? My colleagues and I have contacted Medicare for clarification of the CDM and whether the eligibility has changed. The response I had to an email from Medicare that ‘Medicare does not discriminate between high care and low care’. I called the Department of Health, Department of Health and Ageing and DVA. The operators are most helpful to tell you that it is illegal but an actual written response is hard to come by.

This does not clarify the situation for the Podiatrists who are concerned that there is the potential of fraudulent billing to Medicare.

*Who takes the risk and who will be held responsible for incorrect billing and servicing of RACF residents under the CDM?*

It is the Podiatrist’s provider number which is being used to claim payment from Medicare for the services provided, therefore you are the one who will be held responsible. This may result in paying money back to Medicare or even being charged with the criminal offence of fraud.

When you access PRODA there are terms and conditions that you agree to before claiming services. This is where you agree to having abided by the rules and regulations of Medicare.

Medicare contracts with the actual individual service provider, not the Corporates or the RACF. Medicare provide a PROVIDER NUMBER to each individual provider and it is this that is used to claim the payment of services. It is the individual provider that Medicare chased for and may have to pay back the money that the RACF or Servicer provider company has claimed using your provider number.

A recent article in the Australian Doctor highlights GPs who are experiencing the same pressure from Corporate and when Medicare investigated them, it was the GPs that were required t to pay full amount back to Medicare. Even though the GP may have only received a percentage of the consultation payment. The RACGP have made submission to Medicare on the issue and are asking for changes on how penalties are applied.

Some you may have even spoken to the GP’s that visit these RACF about your concerns or you may have been asked your opinions by the GPs themselves. I have had mixed responses. Most say that they are uncomfortable about being pressured to sign the disease management forms; some don’t see an issue and others are requesting further assistance from the AMA. I also have had one of the attending GP’s tell me he is also seeking information from his insurer about his liabilities.

*What can Podiatrists do to safeguard themselves and livelihood?*

Podiatrists are still under pressure from the nursing homes to provide podiatric service under CDM to most or all residents in the home. I lost a nursing home contract because I was not willing to provide podiatry services to residents that I felt were not eligible to be under the CDM, and I could not be given a firm answer from Medicare on the legality of it.

There have been Corporates who have come and gone over the past few years. Although the expectation of bulk billing all RACF residents under the CDM plan still lingers.

Provider numbers are a necessity for most of us to work in the podiatry profession, it’s important not to let others take advantage and misuse it for their own gain. An audit from Medicare that finds noncompliance or fraud, may at the least be expensive and at the worst be career ending.

By writing this, I hope many of you who are experiencing or had experienced or know someone who experiences the same situation to speak up and protect the podiatry jobs in WA for yourself and for future generation. Some of you may work in the private practices or other sectors and may not experience the pinch, but for some it’s their bread and butter.

My colleagues and I have been in discussions with Podiatry WA, with the view of bringing the issue out into the open and developing a plan to deal with it as a profession. Podiatry WA will support a forum where Podiatrists can share their experiences and discuss a way to address the issue.

I feel this is the way forward and invite you to join with us to work towards a better, fairer system for Podiatrists.