SUMMARY OF AGED CARE/MEDICARE EPC FORUM

Sunday 11th February 2018

***ISSUE: current practice of bulk billing high care RACF (Residential Aged Care Facility) residents through Medicare is questionable. Being fed by corporates to secure contracts and RACFs to save money***

***Podiatrists are liable however have no power – if they complain they will probably be replaced with a podiatrist who won’t question***

***RACFs receive funding for highcare residents to provide routine podiatry care – so bulk billing Medicare is double dipping***

CLARITY

Much of the info from Medicare is ambiguous and “grey”

If Medicare audits and finds wrongful billing who is liable for fraud – RACF, GP or pod?

Enquiries to Medicare to clarify the situation have failed

In the event podiatrists are at fault they need amnesty from retrospective action by Medicare

RACF staff refer eligible residents to GP for CDM. GP assesses eligibility and refers to podiatrist. If the highcare resident is treated by the podiatrist shouldn’t the RACF firstly and then the GP be held liable before the podiatrist ?

Requirement for a date from which compliance enforced, amnesty prior to that date, penalties after that date

Item number 10962 in WA in 2016/17 was billed 245,000 times; 3 million across Australia

EDUCATION  
Needed from Medicare and the Dept of Health (federal government) for podiatrists, consumers and RACFs’ Requests to date have been unsuccessful

Podiatrists need to be able to easily identify residents ACFI level IF podiatrists also have the responsibility of billing correctly. Pods can then decline to treat those highcare residents under Medicare. (Q: Does DVA have a system for easy identification already?)

ACTION

Lobby

Federal Minister for Health Greg Hunt

Federal Minister for Aged Care Ken Wyatt

Contacts for Joe Bullock, Tjorn Sibma, Steve Irons

Legal opinion: director Rebecca Taseff (K&L Gates)

AMA – are GPs in a similar position (Schofield article)

Guild insurance

RESEARCH

Seek clarification from Medicare (so far unsuccessful)

Which takes precedence – The Aged Care Act or Medicare rules

FOI – find out previous upheld complaints and fines by Medicare

Review and report on all Medicare education (online e-learning)

Australian Aged Care Quality Agency – they accredit RACFs

Podiatry WA need a clear power point presentation of this issue to communicate to non-pods

DOCUMENTS

What documents and legislation govern this area – review and report

**MEMBERS ARE REQUESTED TO READ THES 3 SHORT DOCS**

(3 pgs) CHRONIC DISEASE MANAGEMENT – INDIVIDUAL ALLIED HEALTH SERVICES PROVIDER INFORMATION <http://www.health.gov.au/internet/main/publishing.nsf/content/22F660E959ABF390CA257BF0001F3CF3/$File/Fact_Sheet_CDM_Individual_Allied_Health_Services_Provider_Info_Feb_14.pdf>

(2 pgs) CHRONIC DISEASE MANAGEMENT – INDIVIDUAL ALLIED HEALTH SERVICES RACF

<http://www.health.gov.au/internet/main/publishing.nsf/Content/E6A812DC61EBD3D2CA257BF0001CABF6/$File/Chronic%20Disease%20Management%20-%206%20June%202017.pdf>

(2 pgs) REMOVAL OF LOW CARE – HIGH CARE DISTINCTION IN PERMANENT RESIDENTIAL AGED CARE FROM 1 JULY 2014

<https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/07_2014/16_-removal-high-care.pdf>

(lengthy) AGED CARE ACT 1997 <https://www.legislation.gov.au/Details/C2017C00241>

(lengthy) QUALITY OF CARE PRINCIPLES 2014 (Australian Aged Care Quality Agency) \*\*

<https://www.legislation.gov.au/Details/F2016C00451>

POSSIBLE OUTCOMES  
Cessation of EPCS entirely in RACFS

Tightening of criteria for eligibility, education to RACFs and providers (and large corporates)

Position Statement by Podiatry WA “that no Podiatry WA members will treat highcare residents in RACFs under EPCs”

Position Statement by Podiatry WA “that no Podiatry WA members will use EPCs in RACFs”

Loss of employment by podiatrists due to Podiatry WA agitation

ATTACHMENTS  
FOOTFILES ARTICLE December 2017

W&L AGED CARE SERVICES BROCHURE

DRAFT LETTER TO MINISTERS FROM CONCERNED PODIATRIST

\*\*Thank you for your enquiry. As the role of the Aged Care Quality Agency does not specifically cover funding for care recipients, I am unable to provide you with a definitive response to your query.

However, the care and service to be provided for all care recipients who need them – fees may apply  are specified in the *Quality of Care Principles 2014.*

<https://www.legislation.gov.au/Details/F2016C00451>

Please refer to Schedule 1—Care and services for residential care services, Part 3—Care and services—to be provided for all care recipients **who need them**—fees may apply; Item 3.11

Also please note under Part 3: A care recipient to whom subsection 7(6) applies must not be charged an additional fee for the provision of care or services specified in the following table (see subsection 7(5)). Refer to Part 2—Residential care services; Division 1—Responsibilities of approved providers; 7  Care and services that must be provided; 7 (6)

NB:

**Who need them** – meaning with and assessed need

Item 3.11 Therapy services  such as podiatry refers to maintenance therapy and more intensive therapy on a temporary basis to allow CRs to reach a level of independence at which maintenance therapy will meet their needs; excludes intensive, long-term rehabilitation services.