

FIXING MEDICARE A PRIORITY

TEGAN CARRISON

While any form of Medicare fraud should be at first condemned and then rectified, the real issue is the complexity, confusion and issues with a dysfunctional Medicare system.

There needs to be a clear delineation between deliberate fraud — which is straight-up theft and should be punished — and human errors due to an overly complex system and an overworked health profession.

We need to provide health professionals and their support staff with a simpler way of providing Medicare services.

The majority of our members have not only completed six years of university education, supervised experience and training, many of them have completed PhDs.

And even they would need a whole other degree in Navigating Medicare (if one existed) to do it perfectly. Even government departments don't understand Medicare billing rules.

For example, AskMBS (a service to answer questions from Medicare providers) routinely gives out the wrong information to health professionals.

Another example is government departments that instruct health professionals to break the law by asking them to bulk bill clients and then claim the 'gap fee' from that government agency.

The complexity of Medicare is endless: the exact same service, delivered in three different ways (telehealth over the phone, telehealth over video call or in person) has three different item

numbers.

If the timeframe is one minute different, there are another three different item numbers. If the telehealth service is for rural or remote clients, there are different item numbers. If it is an out-of-office appointment, there are different item numbers. Seeing someone in a residential aged care facility compared with seeing them in their home or consulting room? Different item numbers.

If the elaborate rules around item numbers are not followed correctly, it is the health professional or client who are penalised. Medicare is chronically underfunded and riddled with needless complexity and inconsistencies.

Medicare rebates have barely increased in over a decade, GPs are rebated less for mental health items than physical chronic disease items and psychology has a two-tier rebate system.

This two-tier system, stemming from a historical error, has cost psychology clients \$150 million less in rebates last financial year.

In this week's Federal Budget, we were told: "By protecting and strengthening Medicare we ensure no one is left behind."

Only by greater investment in, and more equitable access to, mental health care under Medicare will we see a healthier community that feels it has not been abandoned.

Tegan Carrison is the executive director of the Australian Association of Psychologists.