THE VOICE of Pensioners and Superannuants

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Will 1 July Medicare changes lead to higher out-of-pocket costs?

Medicare sets a schedule of fees for medical services, called the Medicare Benefits Schedule (MBS). The MBS fee is the government's standard cost of a particular medical service.

The Australian Government will pay specialists generally 75 or 85 per cent of this standard cost. The patient, or their health fund if they have one, pays 25 or 15 per cent, unless bulkbilling applies, which is now more common for GP consultations but rare for specialist consultations.

Specialists can and do charge patients whatever fee they wish, which means that patients not only pay 25 or 15 per cent of the MBS fee but also the gap between the MBS fee and what the specialist actually charges. Private health cover eliminates or reduces that gap. State governments pick up the tab on this gap for patients who are treated in a public hospital.

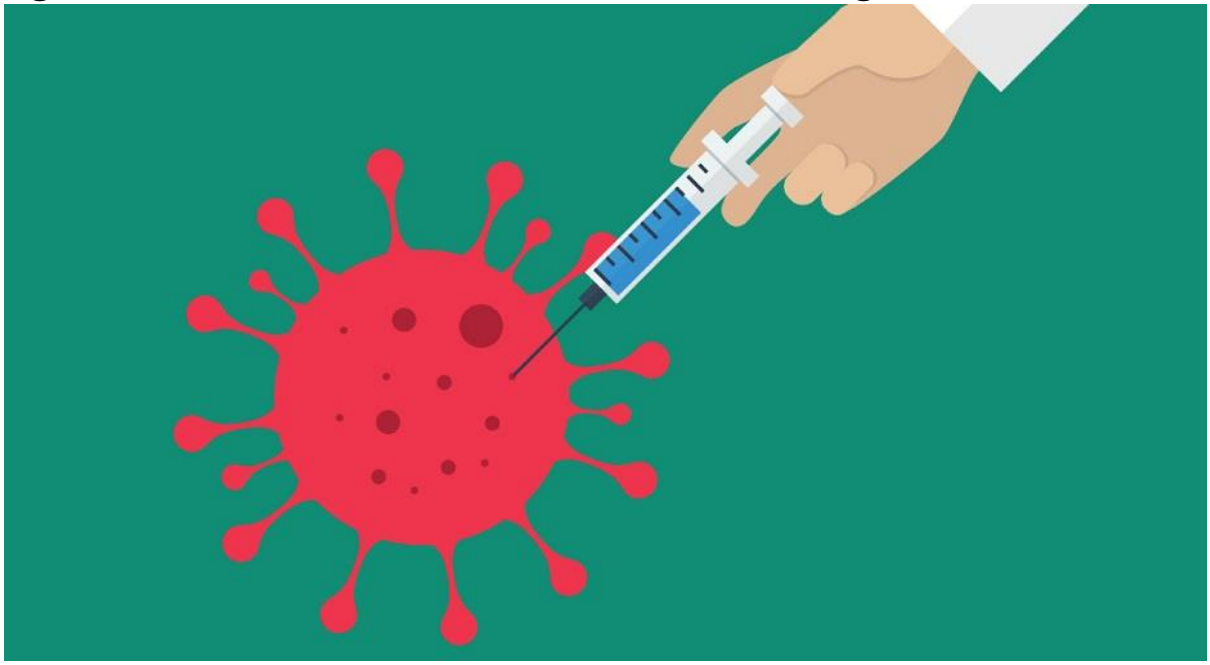
The Australian Government has allowed a large gap to grow between the MBS fees and what is actually charged, in part by freezing indexation of the MBS fees for specialists from 2012 to 2020, but also because it allows specialists to set their own fees.

As part of the Government's response to the recommendations of the five-year MBS Review Taskforce, there will be changes to the classification of medical treatments listed on the MBS. This will lead to MBS fee increases and reductions. All up, more than 900 procedures including hip, shoulder, hand, cardiac and other surgeries are impacted.

MBS fee increases and reductions will affect the gap between the MBS fee and the actual fee. In the case of MBS fee increases, who will pay for the increase? The Australian quotes Rachel David, chief executive of Private Healthcare Australia, as saying: "Stories that Australians could face massive out-of-pockets are just not true. The things coming off are either obsolete, never used or being replaced. There is no way people will be left out of pocket as a result of these changes." Ms David is referring to people with private health insurance, obviously.

But private patients without health cover will likely be out of pocket and so may state governments that pay the fee gap for patients treated in public hospitals.

Aged care vaccine roll-out: residents OK but staff forgotten



THE Australian Government and the federal Department of Health have copped heavy criticism over the nursing home vaccine roll-out. Is it justified?

Let's begin by noting that Australia is among countries with the lowest vaccination rates in the developed world. The Australian Government has failed to secure an adequate supply of vaccine doses generally, and the result is that even priority candidates for vaccination can often not get their jabs.

In aged care, the vaccination of frontline staff is of paramount importance. It's important for the staff's protection but also for the protection of nursing home residents and people receiving care at home.

The Australian Government prepared, much less executed, any plan to get aged care staff vaccinated, leaving it up to individual staff to source their COVID jabs in their own time.

This is unforgivable.

Much has also been said about the fact that the Australian Government does not know how many staff have been vaccinated or even how many people work in aged care.

The Government is now making it mandatory for aged care providers to report on the numbers of staff who have been *voluntarily* vaccinated and have *voluntarily* advised their employer of this. Clearly, that is not going to produce a brilliant tracking system.

However, just being able to tell how many staff have been vaccinated in what states is not going to contribute to getting vaccination rates among aged care staff up.

What would make a difference is an aged care staff vaccination program which delivers jabs at facilities during shifts.

Also, nursing homes are refusing entry to their facilities to workers and visitors who cannot demonstrate having received an anti-flu injection. Such a rule should be enforced for COVID-19 vaccinations once staff have had the opportunity to be vaccinated.

As to the vaccination of nursing home residents, much has been made of the fact that not all residents have yet had their first shot or both shots. While there are things about the Australian Government's plan for the vaccine roll-out for nursing home residents that can be criticised, the fact is that there was and is a plan and that this plan is being implemented with the vast majority of residents now having had both shots.

It may seem that this took a long time, but vaccinations of nursing home residents started on 22 February 2021. If all residents had been given their first jab on that day, they could have received their second jab twelve weeks later on 17 May 2021.

Clearly, it's not realistic to expect that.

Oral health of older people continues to be ignored

THE Australian Dental Association (ADA) has called the Australian Government's response to the Aged Care Royal Commissioners' oral health recommendations "half-hearted and disappointing".

The Royal Commission made recommendations that aged care staff improve their oral health skills, that aged care residents have greater access to oral health professionals and that a Seniors Dental Benefits Schedule (SDBS) be adopted for aged care residents as well as Age Pensioners and Commonwealth Seniors Health Card recipients in the wider community.

Currently, there is a Child Dental Benefit Schedule which covers up to $1,000 worth of basic dental services for Australians up until the age of 17.

An SDBS would provide similar subsidies for people once they reach Age Pension eligibility age.

But what about people aged 18 to 64? Oral health is important during all stages of life not just during childhood and old age.

CPSA argued in submissions to the Aged Care Royal Commission that it would rather see the funding for existing public dental services increased rather than to superimpose an SDBS.

Currently, trips to the dentist are not covered by Medicare so people without private health insurance must foot the entire bill or people who are eligible for free, public dental appointments must endure long waits for these services.

As of March 2021, the NSW public dental waiting list had almost 115,000 adults waiting to be assessed or treated. For people just wanting a dental check-up the wait can be years long.

In response to the recommendation to establish an SDBS, the Australian Government has said it will be “subject to further consideration”.

CPSA suggests that during this consideration period, in which the Government has until 2023 to make a decision, that the Government consider funding existing schemes to provide adequate public dental care.

Existing public dental schemes should be turned into entitlement schemes for eligible adults of all ages so that preventative dental care can be conducted rather than the current drastically underfunded system that only has the resources to mainly seeing people who have serious urgent oral health conditions.