

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION INPUT TO DVA DENTAL & ALLIED HEALTH ARRANGEMENTS REVIEW

<p>Consider current DVA fees, business rules, service utilisation and trends</p>	<p>Consider the quality, effectiveness and appropriateness of the current range of DVA funded dental and allied health services</p>	<p>Consider contemporary trends in the delivery of dental and allied health services in Australia</p>	<p>Consider opportunities to streamline provider interaction with DVA and identify opportunities to reduce red-tape for health care providers</p>	<p>Seek to remain cost-neutral to government - i.e. any additions to the schedules will need to be offset by reductions in other areas of the schedules</p>	<p>Be undertaken in consultation with representatives of the veteran community and dental and allied health care providers</p>
<p>The reimbursement for DVA clients is adequate and fairly easy to follow. Getting adequate support and information regarding claims is very, very challenging and many hours are wasted calling DVA for advice.</p>	<p>The tiered approach to billing seems to be adequate and provides the clinician with adequate reimbursement for services.</p>	<p>Delivery of services is supported by DVA. The issues arise when DVA has to be contacted for approval for something outside of the norm (e.g. an insulin pump or continuous glucose monitor). My experience is that you get shuffled from one person to another. Emails and faxes go unanswered for sometimes many months. An example: On approaching DVA to get advice re-entering information into web-claim four different people provided four different responses.</p>	<p>Prior approval for items not listed on MBS or DVA list needs to be reviewed and simplified. The current process is not cost effective for the allied health provider and delays treatments, sometimes for months. This has occurred more than once and at times even to obtain a correct email address or fax number to which a claim for approval can be submitted can take multiple phone calls and is still frequently incorrect. This is extremely frustrating for the client (waiting to receive treatment) and for the allied healthcare professional</p>		

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			waiting to deliver the treatment.		
	Having worked in private practice for over 12 months I have not ever received a payment for a DVA client, even when the paperwork has been sent with the referral from the GP. I have never received any feedback nor assistance when I have called.		Making it known how GPs can refer their clients for allied health services and ensuring the process is clear would definitely help.		
Nurse Practitioners should be included to assist DVA clients and also to reduce discrimination between health professionals adequately qualified to provide services to them.	Current service arrangements are in good stead, funding services could be increased.	Funding services could be increased.	D904 is fine to fill out	Consider funding dental health	Adding nurse practitioners to your allied services would assist DVA clients.