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Medicare easy claim hard going

Frustration is rising over the roll-out of Medicare's Easyclaim system, reports Health editor Adam Cresswell | July 26, 2008

THE advent of the "push-button society" was supposed to make life easy.



Early users, but Rod Pearce and his receptionist Pauline Pankhurst know its shortcomings. Picture: Simon Cross

Time-consuming tasks could be telescoped into seconds at the stroke of a finger, effort and hassle effectively removed, and bureaucracy tamed.

That has certainly been the vision behind various IT initiatives in health. Medical software programs have transformed racks of dusty patient files into instantly searchable, digitised data on doctors' computer servers; illegible scrawl on prescriptions is now crystal-clear printer type; and hope remains that electronic health records will improve care of patients, even if technical and privacy concerns have made progress slow on that to date.

Claiming of Medicare rebates, particularly when the doctor has charged a private fee rather than bulk-bill, is another area long recognised as overdue for revolution.

The appeal of Medicare Easyclaim -- an EFTPOS-based system intended to allow instant claiming of rebates at the doctor's surgery -- is obvious. It's just the reality that doctors and practice managers say is wanting.

The system uses an EFTPOS terminal to allow patients to pay their doctor's fee with a swipe of a bank card, and in the next step claim the rebate by then swiping their Medicare card.

The rebate is paid into their account almost immediately, reimbursing the patient sooner and obviating the need to go to Medicare.

Medicare itself also wins, by not having to process bundles of forms arriving from practices across the country.

It should be great, but uptake has been slow. Medicare Australia's website notes that of the 29 million services notified to it between July and December 2007, just 2.76 million were lodged electronically.

Of these, 2.67 million were lodged via a separate electronic method called Medicare Online, and just 88,000 were made using Easyclaim, first announced in August 2006.

This is despite the financial carrots on offer to tempt practices to make the switch. GPs can claim a \$750 grant (\$1000 in rural areas) to help them meet the costs of installing the new system. They also receive 18c for each transaction lodged electronically until December 2009, although this is also paid for systems using Medicare Online.

The Government committed yet more funds in this year's budget to encourage electronic claiming, earmarking a further \$8.6 million over four years to make systems work better. At the time Human Services Minister Joe Ludwig said the Easyclaim system inherited from the Coalition "did little more than tie up (doctors) in red tape", which explained the 0.5 per cent take-up rates. The low take-up has been interpreted by some as medical bloody-mindedness. But the list of grievances against Easyclaim is lengthy and specific.

One GP told Weekend Health the system required a "huge amount of data entry" because it does not integrate with a practice's billing software -- every detail, from the amounts being charged and claimed, to the doctor's provider number (a unique identifying code used by Medicare to track doctors) has to be punched in manually all over again. This goes to a key AMA concern about Easyclaim, that it ties up receptionists at a time when even the Government acknowledges GP surgeries are being overrun with patients.

But there are other problems. Patients can only use debit cards, not credit cards, to receive their rebate. They must have their Medicare card on them if they want to be bulk-billed, rather than simply quote its number as some have been prone to do when filling out a form. And there are some claims that Easyclaim won't handle, including services for veterans and notifications of immunisation.

On the business administration side, Easyclaim doesn't assist in reconciliation of claims -- where practices ensure that amounts claimed at the end of each day or week match the amounts received in their account. Some practices also say they have had to install extra phone lines for the system, and that those with Apple computers can forget it, as the system turns up its nose at the Mac platform.

And as the Commonwealth Bank and NAB are the only banks providing support for the system, practices banking elsewhere must either uproot their finances, stay with Medicare Online -- which doesn't allow the same instant refunds into patients' accounts -- or stick with paper-based claiming.

The matter has gathered urgency since the July 1 switch-off of one of the alternative methods of electronic claiming, an older system called MedClaims, which used proprietary terminals to transmit claims from surgeries to Medicare's central computer.

Rod Pearce, and Adelaide GP and chairman of the AMA's council of general practice, is a doctor in one of the first South Australian surgeries to sign up to Easyclaim.

"The legislation still requires it to be billed to the patient, then you check with Medicare, and then Medicare sends it (the rebate) back to the patient -- so it's a three-step process," Pearce says. "The biggest problem is just the physical time and the key punches needed to do it. And it remains an ongoing problem with a lot of keystrokes. Because it's not integrated into the (billing) software ... we have to go from the computer (that has the billing details) and go to the EFTPOS machine, swipe the card, the patient pays the practice, talk to Medicare, swipe again for the payment back to the patient."

Marina Fulcher, national president of the Australian Association of Practice Managers, runs an orthopaedic and general practice in Sydney. She says another issue is that while the software prints out a docket for the patient, this carries the logo of Medicare rather than the doctor -- leaving practice staff to fend off questions from patients who wrongly believe the logo means the practice knows why some claims are sometimes denied by Medicare.

Fulcher says while the complaints might "sound a little bit like sour grapes", doctors were being encouraged to adopt a flawed system when better ones -- such as Medicare Online -- should have been expanded.

A spokesman for Senator Ludwig said these concerns had been raised at two meetings and other occasions since, and the budget had "recognised the room for improvement". Ludwig says the Government "is committed to making it easier for patients and practices to use electronic Medicare claiming. I will continue to work closely with industry to get electronic Medicare claiming back on track."

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