This handbook provides information for private providers regarding the Victorian Privately Contracted Dental Schemes. The information supplied is a guide only. More specific information can be obtained by contacting local community dental agencies or Dental Health Services Victoria.
1. OVERVIEW

On behalf of the Victorian Government, Dental Health Services Victoria (DHSV) purchases dental treatment from Community Dental Agencies (CDA) for eligible Victorians. Much of this treatment is provided by public dental providers, with a proportion also provided by private providers.

There are three privately delivered dental schemes operating for public dental patients in Victoria. All schemes aim to improve access to affordable dental care for eligible patients, are administered through CDAs, and are funded by the Victorian Government.

The Victorian Emergency Dental Scheme (VEDS) is designed to assist CDAs to cope with peaks in demand for emergency care. The Victorian General Dental Scheme (VGDS) may be offered to patients on public General waiting lists, particularly where CDAs do not have the capacity to provide in-house care, or where additional funding is available. The Victorian Denture Scheme (VDS) is designed to facilitate greater numbers of patients receiving dentures.

The provision of emergency, general, and denture services by the private sector, will assist CDAs to cope with demand for such services.

The VEDS, VGDS and the VDS have a defined schedule of services. Remuneration for services provided by participating providers is based on the Department of Health State Rate Fees for Private Schemes.

It is not necessary for a private dental provider to sign a formal contract in order to participate in privately delivered schemes. Treating a patient (issued with a voucher) and subsequently submitting a claim for payment is taken as agreement to adhere to scheme guidelines. Providers may participate in privately delivered schemes on a case-by-case basis.
**1.1 ELIGIBILITY FOR TREATMENT**

The following groups are eligible for public dental services:

- **Children and young people:**
  - All children aged 0 – 12 years
  - Young people aged 13 – 17 years who are health care or pensioner concession card holders or dependants thereof
  - All children and young people up to 18 years of age in residential care provided by the Children Youth & Families division of the Department of Human Services
  - All youth justice clients in custodial care, up to 18 years of age

- **People aged 18 years and over,** who are health care or pensioner concession card holders or dependants of concession card holders

- **All Refugees and Asylum Seekers**

*Note:* Holders of the Commonwealth Seniors Health Cards are **not eligible** for publicly funded dental services.

**Emergency Care**

- Eligibility will have been confirmed by the CDA prior to issuing a VEDS voucher. Therefore, private providers will not need to confirm patient eligibility status at the time of treatment.
- However, in some special circumstances, a small number of patients may be given ‘Telephone Vouchers’ (see section 1.4). In these cases, the private providers will need to confirm patient eligibility.

**General Care**

- VGDS vouchers may be issued to patients at the CDA (where eligibility status is confirmed) or through the post. In the latter case, eligibility will not be confirmed at the CDA. Therefore providers may need to confirm patient eligibility status at the time of the first appointment.

**Denture Care**

- VDS vouchers will usually be issued following a dental examination and provision of any required general treatment. This is to ensure that the oral environment is in an optimal state of health prior to denture construction. Private providers will not need to confirm patient eligibility status at the time of treatment.
- In some instances, CDAs may issue vouchers to patients who have not been examined and/or had their eligibility confirmed; those CDAs will indicate to private providers what additional processes are required.

*Note:* Where a patient presents with a voucher and eligibility cannot be confirmed, treatment should not be provided until confirmation of eligibility is received; contact should be made with the authorising CDA for advice.
1.2 PROVIDER PARTICIPATION

Any private provider, registered with the Dental Board of Australia, may participate in any of the schemes applicable to their profession. Patients will have the option of accessing the participating provider of their choice.

Consideration should be given to the fact that public dental services are delivered within a finite budget. While care delivered should be of the highest quality, private providers are requested to take public oral health principles into account when treatment-planning for public patients. Essentially, this dictates that the highest quality of care for the largest possible number of patients should be considered. As an example, careful consideration should be given to treatment-planning endodontic care when the particular tooth has either a questionable prognosis, will be difficult to restore, or is not of fundamental occlusal significance. Treatment-planning should also give priority to the more significant dental problems of the patient within the limited funds available under a voucher.

A list of CDAs, with contact details, is located on the DHSV website at http://www.dhsv.org.au/clinic-locations/community-dental-clinics/.

Note: It is imperative that no treatment is commenced on a public patient without a voucher for such care having been provided by a CDA. Treatment provided in the absence of a voucher will not normally be reimbursed.

1.3 PATIENT FEES

- Fees for public dental services apply to:
- People aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders
- Children aged 0 – 12 years who are not health care or pensioner concession card holders or not dependants of concession card holders

Where patient fees apply, this will be indicated on the voucher presented by the patient and payable directly to the private provider at the time of treatment.

Some patients are exempt from paying fees for public dental services. Should a patient not be required to pay any fee to the private provider, this will be clearly indicated by the CDA on the voucher.

Note: The private provider’s total remuneration for treatment provided will be less any patient fees due to be collected by the provider.

Any patient fees payable by patients cannot be claimed against private health insurance.
1.4 AGENCY REFERRAL

Patients receiving care through private schemes will be issued a voucher, and, where applicable, an Item and Fee Schedule, to seek care from a private provider of their choice. A patient must always have a voucher from an authorising CDA to receive care through the private schemes. The patient will be required to pay the patient fees (if applicable) to the private provider at the time of treatment.

A patient must always have a voucher from an authorising CDA to receive care. A voucher will not be issued after treatment has been provided. Payment will not normally be provided for care provided in the absence of a voucher.

Telephone Vouchers

If there are special circumstances, such as excessive distances to travel in rural areas, a telephone voucher may be given by the referring CDA. In this case, the patient will:

• Inform the provider of the name of the CDA authorising treatment
• Confirm their eligibility (e.g. present their concession card) to the private provider upon seeking treatment, and
• Pay the provider the appropriate patient fees (if applicable).

The provider will be required to:

• Contact the CDA and confirm that a voucher has been given to the patient, prior to commencement of treatment
• Obtain a voucher number from the CDA, and
• Confirm the patient's eligibility.

The authorising CDA will fax or mail the voucher to the provider.

1.5 VALIDITY

Emergency Care

A VEDS voucher is valid for 1 month from the date of issue, although it is hoped that generally care would be provided considerably sooner. The date of issue is indicated in the upper right hand corner of the voucher. Requests for extensions should be made to the authorising CDA.

General Care

A VGDS voucher is valid for 6 months from the date of issue. All or most general care should be completed within this period. The date of issue is indicated in the upper right hand corner of the voucher. Requests for extensions should be made to the authorising CDA.

Denture Care

A VDS voucher is valid for 6 months from the date of issue. All denture care should be completed within this period. The date of issue is indicated in the upper right hand corner of the voucher. Requests for extensions should be made to the authorising CDA.

1.6 SCHEDULE OF TREATMENT ITEMS AND FEES

The Schedule of Treatment Items and Fees for each of the private schemes is available at http://health.vic.gov.au/dentistry/key-policies.htm

Only the items set out in the schedule are able to be claimed.

Remuneration to private providers is based on the Department of Health State Rate Fees for Private Schemes.
1.7 MAXIMUM ENTITLEMENTS (VOUCHER CAPS)

Under a single voucher, eligible patients will be entitled to care with a maximum claim available under the voucher cap. **This voucher cap is inclusive of both the CDA payment to the private provider and the patient fees (if applicable).**

**Emergency Care**

An emergency course of care is not necessarily limited to one visit. For example, a follow up appointment for review and removal of sutures might be required following an extraction. However, the maximum available to be claimed remains limited to the voucher cap per patient.

The intent of the VEDS voucher is to treat the presenting symptom only. For any further dental needs, the patient should be referred back to the authorising CDA.

If the care required is beyond the available item numbers or the voucher cap, the participating private provider must contact the authorising CDA, who will arrange for further care to be provided at the CDA. This is not expected to be a common occurrence.

**General Care**

Given the capped limit for each voucher, private providers are encouraged to provide all or as much of the dental care required for each patient within the scope of this limit.

**Denture Care**

A VDS voucher from the referring CDA will stipulate denture treatment that has been authorised, and therefore the voucher cap. If there is concern or disagreement with the treatment stipulated, it is necessary for the provider to contact the CDA to discuss, prior to providing any treatment.

1.8 PROCEDURES

Patients who have been given approval to receive care through the private schemes will be provided with a voucher for treatment.

The patient, on receiving a voucher for dental care from an authorising CDA, should:
• Select a participating private dental provider and arrange an appointment
• Unless fee exempt, discuss payment options with the provider at the time of arranging the appointment. The required patient fees are described on the voucher.
• On arrival, present the voucher to the provider
• Receive the required dental care and pay the required patient fees (if applicable).

The participating private provider should:
• Provide the necessary treatment within the schedule of treatment items
• Have the patient sign the declaration that treatment has been provided
• Collect the appropriate patient fees (if applicable)
• Complete the voucher
• Return the voucher to the CDA by fax/mail for processing and payment within 90 days of service provision
• Commit to addressing any problems that arise as a direct consequence of the care provided; the VDS CDA payment and patient fee covers any adjustment made to the dentures during the first 12 months following insertion.

Submission of items not contained within the schedule or beyond the voucher cap will not normally be reimbursed.

In line with current accepted practice, vouchers may not be paid when returned more than two years after the date of service.

Incomplete Courses of General Care
For items of care required that exceed the VGDS voucher cap, or for treatment beyond the scope of the scheme, including the construction of dentures, the patient should be referred back to the authorising CDA where the patient may receive the remainder of their general care. Referral back to the CDA can be undertaken by indicating the appropriate box on the voucher.

Patients will generally only be issued one (1) VGDS voucher. Incomplete courses of general care will usually be completed by the authorising CDA by being provided with the next available appointment. For denture needs, patients will be placed on the CDA’s Denture waiting list and receive assessment and treatment, where appropriate, in due course.

Additional Care beyond Voucher Scope
The patient and provider are free to negotiate continuation of care outside the scope of the VGDS. This is a private arrangement, no government subsidies apply, and payment cannot be sought from the authorising CDA.

1.9 PAYMENT OF CLAIMS

Claims for reimbursement for treatment provided are to be submitted on the standard voucher supplied by the CDA. Any vouchers returned without the patient declaration will not be paid. All vouchers are to be sent to the authorising CDA identified on the voucher.

Payment of claims will be made within 60 days of the voucher being received by the CDA. All queries regarding reimbursement of claims should be directed to the CDA identified on the voucher.
1.10 ADDITIONAL CHARGES

Emergency Care
Apart from the patient fees, the scheme does not permit additional payments to be made by the patient for an authorised course of emergency care.

General Care
Apart from the patient fees, the scheme does not permit additional payments to be made by the patient for the services provided within an authorised course of general care. The maximum patient fee to be collected under a single course of care through the VGDS is capped and should not be exceeded.

Denture Care
Apart from the patient fees, the scheme does not permit additional payments to be made by the patient for the services provided within an authorised course of denture care. Additional fees cannot be charged for items of care already included in the scheme (such as provision of "better teeth"). However, patients may elect to receive and pay for additional denture services (such as soft liners, metal frames, or inlays) on a private basis.

1.11 VDS PROVIDER LISTS

To assist patients to locate providers willing to provide care under the VDS, CDAs may have Participating Provider Lists which they update from time-to-time and provide to patients when issuing vouchers. Private providers who wish to be placed on the list(s) at any CDA(s) are encouraged to contact the relevant CDA to organise this. A full list of CDAs is located on the DHSV website at http://www.dhsv.org.au/clinic-locations/community-dental-clinics/.
2. GENERAL INFORMATION

2.1 COMPLAINT RESOLUTION

In the event of a dispute arising between the patient and the participating provider regarding any aspect of service provision under the VEDS, VGDS, or VDS, the two parties should attempt to resolve the issue. If a satisfactory resolution cannot be reached, the authorising CDA may be contacted for assistance. It is anticipated that most concerns will be successfully resolved between the patient and the private provider.

Disputes between the CDA and a participating provider should also be resolved by the two parties involved. DHSV may be contacted if the dispute cannot be resolved.

Patients may contact the authorising CDA regarding dissatisfaction with the care received. In this instance, assistance may be requested from the provider concerned to facilitate dispute resolution.

2.2 QUALITY ASSURANCE

DHSV has a strong commitment to the provision of high quality care for public patients. It is expected that participating private providers will adhere to the highest standards of care, including adherence to the various codes and guidelines of the Dental Board of Australia.

DHSV has an active audit program of services provided in public facilities. This will be extended to services provided through the private sector for public patients. Acceptance of a voucher and provision of care under any of the privately delivered schemes constitutes agreement to participate, if selected, in an audit of such schemes.

For the VGDS and VEDS schemes, providers are requested to, in addition to providing relevant tooth numbers, also include relevant tooth surfaces treated, if applicable. This is primarily to maintain completeness of the patient clinical record on the electronic patient management system at CDAs. It also provides valuable data for evaluation purposes.

2.3 INQUIRIES

All specific inquiries regarding the privately delivered schemes should be directed to the CDA which has issued a voucher. General inquiries regarding these schemes can be made at any CDA.