



04 April 2012

Finance and Public Administration Legislation Committee

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Re: Health Insurance (Dental Services) Bill 2012 (No. 2)

To The Honourable Members of the Committee,

On hearing about the Chronic Disease Dental Scheme sometime in 2008 my first thoughts were that our government had finally decided to do something about the ridiculous waiting times for access to funded dental health care for the needy. I queried our association, (ADPA) and after some running around was able to obtain a fee schedule. Even though the fees offered were only 50 to 60 percent of our normal charges I decided that this was an opportunity for me to put my money where my mouth was, (I, like many of my colleagues had been deriding the lack of funding for dental health for years) finally doing something towards helping alleviate some of the notorious backlog.

The main, (and continuing) obstacle has been a lack of available information about the scheme from Medicare. For the first year or so the only information was what could be gleaned for conversations with colleagues, associates and the odd trickle from our association. There were always rumours and suggestions that this scheme would only be a temporary fix.

In regards to how the scheme worked I, and as I'm sure most of my associates thought, this, like with DVA meant that when you agreed to do a job under the scheme, you insured that the job was done correctly to the best of your ability and current health guidelines and of course to the clients complete satisfaction, FULL STOP. Much the same as when doing work for the Department of Veteran Affairs - you did the job correctly to the clients satisfaction, you filled out the claim forms and sent them to Medicare, you got paid. If the client had any follow-up problems with the appliance that you had provided, you solved them.

It wasn't till I attended an ADPAQ information night in Brisbane in late 2010 that I first heard anything directly from Medicare. The information given was confusing to say the least. The crux of the night seemed to be, "You do this our way or else". We were given some information about a Medicare web sight that was supposed to have all

the relevant information. Unfortunately no one seemed to be able to find the “Relevant Information”. You would ring up for assistance and after confusing attempts to guide you through the labyrinth of the web site you would just give up.

The information available was so limited and complicated that at this point I wasn’t sure what i was required to do to comply with the scheme. I realized that I might be getting in over my head and decided to severely limit my contact with the scheme.

Currently I only see EPC patients if I have the time to spend doing all the required paper work and I feel that the person will appreciate my efforts. This paper work should be called “Red Tape” and can sometimes be so involved that for the completed job you can spend half the time it takes to do the job doing paper work.

I know that the patients I see benefit immensely from our input into the scheme and we are always being complemented for the job that we do for them and the quality service we provide. The worst part about having to limit my involvement with the scheme is that I am not achieving what I set out to do. (Refer paragraph 1)

I know without doubt that all the patients that we have helped with the aid of The EPC scheme have been totally satisfied with the work we have done for them and that all the paper work required under Section 10 does not in any way benefit the patient, it only makes it extremely difficult for we providers to justify continuing to provide our services through the Chronic Disease Dental Scheme or EPC.

I am continually hearing about the heavy handed burden that Medicare is imposing on trusted long-standing members of my profession. In some instances I have seen the result first hand. I know that changes have to be made so that people who can’t afford dental care but do need our help can continue to get at the very least some level of care.

I know that I have done everything correctly and make every effort to comply with the schemes requirements, but after hearing all the horror stories I constantly worry about a possible audit and what impact it would have on me and my family. The unfairness of the current system that the scheme is operating under is only highlighted when compared to the system used by the Department of Veteran Affairs. This system has been running for decades and benefits everyone involved.

Medicare runs the Department of Veteran Affairs system very successfully, why can’t they do the same, with the same compliance requirements, for the Chronic Disease Dental Scheme?

Regards,

Alan Rosenberg (Dental Prosthetist)