

SUBMISSION RE: Medicare Audits for CDDS .

Initially I thought that the CDDS would be a reasonable idea and would benefit those in need of financial assistance for dental treatment that could not be supplied through the Public dental systems, or the person was not eligible for Public dental assistance. My daughter would fall into the latter category. She is a type 1 diabetic and she struggles to afford all her needed treatment, but she is not on a health care card.

I read about the scheme in the Dental Association newsletters and I recall receiving a letter outlining the scheme in broad principle from Medicare. I do not recall receiving a succinct sheet of what procedure to follow.

When we received our first referral we had to call our local Medicare office for advice. They were not sure exactly what to do procedurally and we received differing advice from different officers on different days. This differed markedly with our experience in dealing with Dept. Veteran Affairs. They had a claim form which we had to fill out that satisfied their needs. It is easy and consistent.

Our early few cases were probably non compliant with Medicare's procedures as they were later clarified eventually. The patients received good dental care and were generally thankful for the help received. I run a busy dental practice and I don't have time to sift through voluminous regulations regarding a new dental scheme. I can't see why Medicare could not have provided a dot point A4 sheet with what they wanted as far as procedure goes from day one(or a checklist). If they had done this, we would not have struggled to find out what to do and also we would not have wasted so much time to comply with this audit.

I am surprised that many of the patients that attended with referrals on the CDDS did not seem to fit the selection criteria (chronically ill with dental problems because of their illness: or am I wrong?). Will there be an inquiry into whether Medical practitioners rorted the scheme in referring ineligible patients (thus receiving a fee)?

Will Medicare's attitude influence my future participation in government funded dental schemes? Yes. I probably will not co-operate in such schemes. In my opinion Medicare introduced this scheme poorly. I don't have time to seek approval from public servants or medical practitioners prior to providing dental treatment to sick individuals. The limitations of this scheme, such as

- 1) No treatment on the first examination so that letter can be written to GPs and estimates given to patients. They are often in pain and need immediate surgery with outcomes that are not always predictable (estimate of fees prior to treatment is therefore impossible). I don't often have openings in my schedule so delaying relief of pain for a week or more is cruel and just plain stupid.
- 2) Who was the idiot who did not allow general anaesthetic treatment under CDDS. These patients often have complex problems that need admission for anaesthesia. lead me to believe that dental experts were not consulted prior to its design.

I have been a country dentist for over 35 years in a remote rural region. If government is going to fund dental care, then please make sure your funding is targeted to those in need and avoid middle class welfare. Fund the schemes adequately so that we can provide decent levels of care at current levels of care, not just extractions and dentures. A few dollars given to each citizen will dilute the outcome of dental schemes, reducing them to vote catching exercises, while those in most need continue to be ignored.

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