

Subject: Health Insurance(Dental Services) Bill 2012(No 2)

11th April 2012

Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam,

Re : Expression of concerns over the CDDS and Medicare Audits

I started to provide dental services to my patients under the CDDS in late 2008 after receiving a request from a referring doctor to treat one of his patients who was in urgent need of dental care. Prior to this I had heard of the scheme but was not actively seeking to participate in it due to my extremely busy schedule with private practice.

We (I, my colleagues, and our receptionists) contacted Medicare Australia for advice about the steps to take so that we could treat our patients under this scheme. We were told by Medicare that all we needed to do was to register our names to obtain a provider number and then we could start providing treatments . No further information was given out in regard to those complicated and very specific guidelines for treating dental Patients under Medicare CDDS.

I have provided services to my patients in my clinic under Veteran Affairs Dental Scheme for over twenty years and neither have we had any complaints or dispute from the patients nor any queries form the Department of Veteran Affairs. The Claiming procedure was simple, practical and very effective.

Almost all of my CDDS patients are also my regular private patients and I have treated them in the same way with or without the CDDS form. Every patient must have a treatment plan upon the first visit and all treatment plans are based on the patients' presenting complaints and their best interests taking into account of the costs, time , medical health and other factors. What people do not understand is that the treatment plan forms part of our records for planning. It is not given to patients but discussed. For the CDDS patients, they were all carefully explained of

what treatment would be best for them and what procedures would be covered under the scheme. Treatments would then only be provided with the patient's full consent. In most cases, the costs of the services that I provide well exceed the limit of \$4250 and I do not ask them to pay any extra costs. Most patients really appreciate what I have done for them and I think this CDDS is very beneficial to the patients. Over the last few years under the CDDS, my colleagues and I have helped so many patients to restore their dental health to the best possible conditions which I believe play a very important part in their overall medical health.

However, It was not until I received an audit from Medicare in Oct 2011 that I realized the extent and the nature of the requirements. I provided treatments to my patients , with sincerity and in their best interest. I felt really shocked and disappointed to find out that all the good work that I have done to my patients were considered as "fraud" and I might have to pay back the full amount regardless of whether the services were provided or not due to administrative works that did not follow exactly what were set out by Medicare.

I think this extremely unfair and insulting to the dental profession for the following reasons :

- * We were never properly informed or formally trained so that we can comply with those very complicated and confusing rules of the Scheme.
- * There was absolutely no warning or advice from Medicare in the early days to inform us of what we could be doing wrong.
- * I cannot understand how the LETTER and the DATE of the treatment plan to the referring doctor would have any impact on our final outcomes of the treatment to the patients. I have not received ONE SINGLE INPUT from any of the referring doctor to the treatment plan since I started treating patients under the Scheme.
- * I cannot understand why I cannot take a tooth out on the first visit while the patient is in extreme pain and require the extraction of the involved tooth? Or cannot do even a temporary filling when the broken tooth cuts into the patient's tongue and causes extreme pain and discomfort? NOT after A TREATMENT PLAN AND THE LETTER TO THE GP ARE DONE !!!
- * How am I supposed to do a treatment plan when the patient is in pain and and I have not cleaned and touched the patient's teeth ?
- * There are so many other rules of this Scheme that I have heard of from my colleagues that are just simply impractical, time consuming, unrealistic and completely NOT based on the PATIENT'S BEST INTERESTS.

I hope that the Health Insurance (Dental Services) Bill 2012 (No.2) would address our concerns over the rules and audits by Medicare so that we can continue to provide our patients with quality dental care under this Scheme.

Yours faithfully,

General Dentist.