09/04/2012

The Senate

Standing Committee of Finance and Public Administration

Canberra

Australia

Submission regarding the Medicare Chronic Disease Dental Scheme

I would like to share a few opinions of the scheme.

I had started to participate in the scheme in mid year 2009. There was no guidance or directions on what was the treatment to be provided except that cosmetic treatment was not to be covered.

I was then working as an employee. There were confusions at all times about what item numbers could be claimed and which cannot.

Fortunately, I had a protocol in place of providing a treatment plan to the patient and the referring GMP and then starting the treatment.

I believe that there were no directions and education provided to me to understand the scheme and it requirements, until recent months or a year back prior to audits been undertaken.

My position at this stage is that I have not been audited yet. My policy is to bulk bill the patients under the scheme. This is done in order to assist patients who cannot afford the gap for services.

I have noticed in my experience that the practice owners have avoided any responsibility in the way the billing has been done, uncooperative in providing patient details to provide an response if subject of an audit and readily shift the blame to the practitioning dentist.

The dentist providing treatment, if is working as a contractor in a practice, will have no control over the billing policy or pattern the practice adopts. The practice has the responsibility completely in ensuring compliance and funds claimed under the scheme.

The DVA arrangements work well as the practice submits the claim only after completion of work and the paperwork has clear direction and guidelines to be followed. It is also considered as the same is followed for Medicare claims under the CDDS.

As a practice owner from the last one and half years there are significant challenges faced in every day.

1. There has always been different information provided by the Medicare Australia staff at almost every occasion when our staffs calls to get information.
2. The process of resubmitting a failed claim is very slow and lengthy process.
3. Multiple payments rejected due to limits enforced.
4. Some, not all patients receiving dentures and then our payments rejected as it was claimed before under the scheme by other provider. Leaving us no choice but to bear the loss or ask the patient to pay.
5. Significant time and effort spent to check all details are correct starting from whether the GMP has correctly put the item numbers to activate plan till completion of the plan.
6. Low remuneration for services when the degree difficulty in treatment, cost of treatment provided, paperwork done, time spent to ensure compliance, discussion with Medicare staff is very high.
7. Additional clinical cost, staff costs, phone and fax cost , stationary cost , storage and record maintaining time involved.
8. We have to keep a track every item number claimed, double check if payment is actually received for work done.

The advantages in terms of benefits to the public are

1. All the patients have faster accesses to their dental health, as compared to long waiting lists
2. People who could not previously afford dental treatment were getting high level of dental care, with accessibility to private dental clinics
3. Significant level of improvement in the oral hygiene, oral health and motivation leading to reduced health issues and improved dental health.

The advantage in the long term is that people who have been under the care of dentist under the scheme will have minimal work to be done after the initial treatment is completed. Thereby low cost incurred in the maintenance of oral health.

The assumption that the scheme will blow out of proportion into the financial pocket of the government is possibly a wrong inference or projection. As the claim reduce drastically in subsequent years once an optimum level of oral health is achieved

I personally believe that there should be a limit on procedures to be claimed. It can be restricted to cleans, removal of teeth, filling and dentures only. It should also be means tested based on the income levels. But this can be challenging and may appear to be unfair in terms of satisfying the needs of the larger community without being biased based on personal health and income status of each individual.

I believe this is the challenge the government has to address, and will need to come up with a plan which is foolproof , has strict guidelines, education for providers, with clear directions on treatment to be provided with caps and limits of service covered under the scheme.

It is a very good scheme but very stressful and less financially rewarding for dentist who bulk bill patients under the scheme. The recent audit has made us reluctant in participating in the scheme. The patients have received all the treatment and is happy and there are not adverse outcomes in the possibility of a breach of any protocol.

The participation is continued as we cannot reject treatment for people who really needs it. We are here to provide treatment and ensure well being our patients and the community we live in.

Kind Regards

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