SUBMISSION REGARDINGING THE ACTIONS OF MEDICARE UNDER THE CHRONIC DISEASE DENTAL SCHEME

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10.4.2012

The Finance and Public Administration Committee
Parliament House
Canberra
ACT

Dear Sirs,

I write as a dental practitioner of over thirty years experience, who chose to participate in the Chronic Disease Dental Scheme.

During my dental career, I have always prided myself on putting the interests of my patients first, and attempting to provide them with the best dental advice and services that I can.

Since many of the patients I treat under this scheme are elderly pensioners, often of non-English speaking background, I chose to bulk bill CDDS patients, even though the fees offered under this Scheme were substantially lower than those customarily charged at my practice.

In June 2011, I was notified that I was subject to an audit by Medicare, regarding treatment I have provided under this Scheme. I chose to participate in the " voluntary self- audit", even though it was extremely time-consuming for me and my staff.

However, in the light of information that has subsequently come forward, it now seems that Medicare is attempting to recoup money paid to dental practitioners not on the basis of work being fraudulently claimed for, or performed to an inadequate standard, but on the basis of " administrative non-compliance".

I regard this as grossly unjust, and have several concerns regarding the actions of Medicare in this matter:

I. I have received very little communication at all from Medicare regarding their administrative requirements for this Scheme, apart from initial booklet which stated that " This book is not a legal document. In cases of discrepancy the legislation will be the source document for the Payment of Medicare benefits" and one or two letters since, regarding administrative matters.

In each instance I have always tried to comply with these administrative requirements, regardless off the amount of time and excessive amounts of paperwork involved. I do this so that needy patients may continue to benefit from the dental treatment that the Scheme provides to them.

II. As recently as 21July2011, when I met with office-holders in the ADA NSW Branch regarding the voluntary Medicare self-audit that I chose to complete, I was advised by them, for example, that it would be legitimate to provide some services to CDDS patients at the initial appointment, if there was a good reason for this. For example, especially for elderly patients, a clean is often preferable prior to the full examination, so that a comprehensive examination that is less likely to miss problems, can be performed. I was also advised that it would be legitimate to provide services for the relief of pain, such as a restoration or extraction, at the initial appointment.

It now appears that Medicare is choosing to take a much more hard-line approach, contending that any such services are not only illegitimate, even if performed in the best interests of the patient, but that if such services are performed at the initial appointment, not only is the treatment performed at that initial appointment non-compliant, the WHOLE of that patient's treatment, potentially up to $4,250 in value, is non-compliant, and subject to reimbursement to Medicare.

This is an outrageous position to take.

If Medicare now contends that administrative requirements must take precedence over the best interests of the patient, this position could easily have been made clear to the dental profession, right from the beginning, simply by refusing to pay claims made for examination and services such cleaning, filling, or extraction, on the same day. Instead, such claims have routinely been paid.

Modern computing systems make it easy for Medicare to make its (however unreasonable) position clear, but this is not the course of action that was chosen.

I should note that I have had, for example, a claim for cleaning rejected by Medicare when a patient had, unknown to me, had a cleaning service performed by another dentist within the preceding six months (only one cleaning service per 6 months being payable by Medicare).

III. As recently as Sept 2011, the CEO of the ADA NSW, Dr Matthew Fisher wrote to the Dept. of Human Services requesting official clarification of several matters on behalf of ADA members.

The reply from Kathryn Campbell, CSC Secretary (Ref No EC11/386) contains a statement that is positively Kafka-esque:

" Please note that my response is not legal advice. It is ultimately the responsibility of the Australian Dental Association to satisfy itself of the correctness of any information it provides in relation to legislative interpretation."

It seems to me a truly bizarre situation when bureaucrats insisting on bureaucratic compliance will not, when questioned, state definitively what would, in specific instances, constitute such compliance!

IV. Medicare staff, have, from the beginning, been poorly trained to answer questions from the dental profession, regarding this scheme.

Examples I can give are:

1) In one instance, a husband and wife presented for treatment under the CDDS. It has always been our practice to check with Medicare for approval before proceeding with treatment, to ensure that patients are in fact covered by the Scheme.

Subsequent enquiries following substantial claims for the husband's treatment, for which no response was initially received, revealed that he was not in fact covered by the Scheme at all.

My receptionist is adamant that she was given telephone approval for his treatment, as well as for his wife's.

2) In another instance, I asked a staff member to request clarification from Medicare regarding a particular patient, for replacement of a denture within the eight year timeframe normally allowed for replacement of a denture.

The response we received was documented at the time, on the patient's card, and was along the lines of: " You have to make the denture first, lodge a claim stating " exceptional circumstances', and we will then decide if these exceptional circumstances qualify for payment for the work. You cannot be told in advance if the particular circumstances will qualify as exceptional circumstances'."

I have since found out that this response was completely wrong, and that " exceptional circumstances" are defined as a situation where the denture is lost or irreparably damaged.

My point is that if Medicare is going to insist on 100% compliance from the dental profession on procedural matters, then they likewise should have an obligation to ensure their staff are adequately trained to give correct information when it is asked for, or to refer the matter to someone who does know, if they are unsure.

It seems this has not been the case.

I have recently become aware that it is possible to obtain a receipt number for each conversation with a Medicare staff

member, but this fact has certainly never been advertised by Medicare, or in fact ever been told to me or any of my staff, by any Medicare staff member.

In conclusion I would like to state that I believe this Scheme, instituted in the last of years of the Howard Government, and without any prior consultation with the dental profession, has some serious flaws. It has however, also managed to deliver valuable dental treatment to some sections of the community who might otherwise never have afforded such dental care.

I can fully understand the incoming Labor Government's desire to close, or at least substantially modify the Scheme. I can also understand the Senate's reluctance to allow closure of the Scheme, unless it was replaced with something at least as good, or better.

But it seems to me an inescapable conclusion that dental practitioners who chose to participate in the Scheme are now being targeted and scapegoated by the Government, because of its legislative inability to close the scheme, and the subsequent cost over-runs, and/or are being seen as a potential source of substantial funds in the lead up to the Federal budget's promised return to surplus.

For practitioners who have only sought to serve the interests of their patients, and have never sought to defraud the Commonwealth, this is a bitter pill to swallow.

In thirty-four years of treating Commonwealth-funded Dept of Veterans Affairs patients, I have never seen anything like the approach currently being adopted by Medicare.

Those attempting to defraud the Commonwealth should feel the full force of the law. Minor administrative non-compliance, especially in situations in which it's difficult to get Departmental clarification on what exactly constitutes compliance, calls for clarification and education.

I thank the Committee for allowing me to bring these matters to its attention.

Yours sincerely

Dr Greg Morris