

Subject: CDDS scheme

To Whom it May concern.

Dentist: Dr Chris Jacobs

SUBMITTING MY OPINION REGARDING THE MEDICARE CDDS

is my new Practice name, however I have taken over a long standing practice in starting March 2011.

Before this time I was an employed assistant Dentist in town at another reputable practice where I dealt with CDDS patients. Unfortunately I will not be able to get info regarding these patients due to privacy and confidentiality reasons exerted by that particular practice. In Tamar Dental however we have seen 7 CDDS patients up to now referred to me by various GP's in town.

Since I first treating CDDS patients at my previous employer we endeavoured to follow the administrative requirements as set out by medicare and I still follow these requirements up to now.

Tamar Dental has stuck to the Checklist set out by Meridian Lawyers for patients under this scheme.

My views are as follows:

Pro's

1) I think the scheme is a good scheme and do not find it hard to stick to the administrative requirements.

- 2) I feel patients have benefited from good comprehensive treatment that I was able to supply.
- 3) I am happy to have a GP refer patients and it adds to the solid structure and the aim of the outcome for the patient.
- 4) If guidelines are better refined, explained and structured with more certainty this could have great benefits for patients hampered by chronic disease.

Con's

- 1) Medicare call agents themselves do not seem to be up to speed with all the requirements.
(Example: The checklist from Meridian Lawyers suggests that the Dental practice calls Medicare to determine if the GP has charged his treatment codes before commencing any Dental work. We called with our previous patient and the call agent told us that this was none of our business. It seems as though most , GP,s Dentists and even call agents are not up to speed with the requirements)
- 2) If this is the case my concern is despite my willingness to comply , I may be stung in any case if I were audited - and I guess regarding the heavy handed approach by medicare, many dentists feel this way.
- 3) If dentists now get referrals from GP's they may refuse to see patients or even under treat due to this fear.
- 4) I find it unfair that Dentists get the bad end of the stick, when the referral is actually from the GP, we do not have control of being referred the patient, and the GP usually has no Idea of what the Dental treatment may entail even if it is communicated to the GP.
- 5) From the start the structure was unclear. DVA have structured documentation process that is simple and clear. CDDS has none. I cannot except after my own enquiries and reading headlines and warnings, ever remembering being educated by anyone regarding this process.
After all this, if Medicare by their own process deem that the Dentist has made mistakes without any real structure the dentist has to repay monies.
- 6) The code system 85 to be added ahead of or Dental codes makes the administrative process more onerous. Our software programs are not adapted to express the 85 before the dental code on the estimations on the treatment plan. It may take precious time to manually add. Maybe medicare should supply a proper document instead of leaving this up to the Dentist. We as Dentists have moved away from merely writing on paper and have all done on structured programs.

I am positive regarding CDDS and find that the process to follow as set out by the checklist is simple. However I am also tentative as there seems to be a lot of uncertainty. There should not be uncertainty regarding such process and hence feel that the audits done thus far are not transparent and penalties given are heavy handed. If Dentists have made mistakes I feel medicare should stop pointing one finger as there may be a few pointing back.

Kind regards.

