

Senate Finance and Public Administration Committee Re: Health Insurance (Dental Services) Bill 2012 [No2]

Submission to inquiry into the Chronic Disease Dental Scheme

10 April, 2012

Name : Dr Hercules Constantinou

Dear Senators,

My name is Dr Hercules Constantinou, a dentist practising dentistry for 12 years in private practice. Our practice has been there for over 30 years, established by my partner.

A few years ago there was talk about a dental program called the EPC, which was supposed to allow eligible patients, 3 dental visits to get treatment. I am not aware as to when it was changed to the CDDS. Our surgery is in the western suburbs of Sydney where by most patients are financially compromised and have very poor oral hygiene. These are patients who have been on the govt. funded dental waiting list for many years and have still not had a response to commence dental treatment. Liverpool also has a lot of migrants who have fled war torn countries and found asylum in Australia. Our University training as a dentist, teaches us to treat relief of pain at the first visit which is contrary to what the CDDS permits. This goes against all our practising principles that we are taught at university. The low socio economic demographics in the western suburbs of Sydney, means that dental health is poor and the majority of patients seen under the CDDS have missing teeth. Ethically and professionally we must explain to each patient the different treatment options to avoid any possible litigation. If a patient is missing teeth and a more expensive fixed restorative option is available and covered under the CDDS, then the patients will opt for it rather than having false teeth that need to be removed. Although this option is slightly more expensive it is a longer lasting treatment.

We first became aware of the program when our first patient presented with a referral from their GP for dental treatment. On the referral forms for dental treatment under the CDDS there is no mention as to what the requirements are and nor does it state what the dentist needs to do. There is a phone number on the form for all your questions (132150). We rang up the number on numerous times to be told all the dentist or receptionist had to do was ring that number to confirm if the patient is eligible for dental treatment and once approved could commence treatment straight away. Hence my dismay to find out that Medicare was auditing me on whether a letter to the GP or written quote was given, even though there information specifically did not mention that these needed to be done. At this stage Medicare allege that I have been non compliant and a full audit is currently being conducted. It is absurd to deem someone non compliant on paperwork which has NO benefit what so ever to the patient. It does not make sense for Medicare to ask for refund of

claimed item numbers, when the dental work has been done to excellent standards and the only flaw was an alleged administrative error. I have no problems with Medicare coming down strong on practitioners billing for services not rendered but to do the same to dentists who have completed expensive dental work is not correct, in fact it is un-Australian...

The audits have left me dumbfounded and numb. I cannot believe I am in this situation facing financial ruin, in possibly having to lose my house when I have worked my butt off over the last 3 years only to find out it may have been for nothing. I am not going to deny that this has not left a scar on my mental health. Following the initial shock, I would equate it to a similar feeling of having lost a loved one. I have trouble sleeping and since the audits I now have to sleep with a night guard to help with the fact that I am now grinding my teeth causing migraines, not to mention the embarrassment and humiliation this has caused me professionally.

The education on the program by Medicare was poor and all the Medicare staff should have been aware of the correct information to give to dentists. I spoke to the person conducting the audit on myself in December of 2011. I specifically asked her that we don't have access to the internet at work and where would be the best place to get information on compliance matters. Her response was that the 132 150 number was. I advised her that I had called that number in December 2011, and I recorded the ID number of the person I spoke to, only to be told exactly what I was told the first time I rang, that all we had to do was ring the 132150 number and find out whether the patient is eligible and if yes can commence treatment immediately. Subsequent to me finding out I was deemed non-compliant I decided to do some home work and found out that on the referral forms for other allied health providers such as Physiotherapist or podiatrists, it states on the referral form what is required of these providers (They must provide a letter to GP) and yet on the dental forms there is no mention as to what is required for dentists to be compliant.

I feel that Medicare should have asked dentists wanting to participate in the program to sign a form saying that they understand what the requirements are and will abide by them. This is how health insurance companies work when we agree to become providers. This ensures that everyone has read all the information. The only available contact area for dentists is the 132 150 number where they give people the wrong advice and they decide to punish the dentist for following the advice given.

Anyone with some common sense can understand that if several hundred dentists have been found to be allegedly non-compliant in NSW alone then the number would obviously be larger nationally. This is an educational failure on behalf of Medicare that so many dentists were not aware of the requirements. Common sense once again would show that no patient has been adversely affected if there has been alleged non-compliance with administration requirements. In fact my own GP stated that he had no idea what all the dental item numbers meant and that any referral he received he discarded. A lot of GPs

have also discarded records as they only need to keep them for 2 years for patients under this program.

As dentists we are professional people who provide a service for society. We are an easy target and a scapegoat for Medicare, as we cannot just up from our practices and leave, unlike so many people who rorted the pink batts/insulation who disappeared without a trace and the govt. has failed to find and punish these people.

I also have been given the wrong advice from Medicare, where by we rang the 132150 number to find out if patient was eligible only to do the work and not be paid for it because the patient was in fact not eligible. I am still waiting for a response regarding a matter of this nature over 1 year ago when I was told it would take 2 weeks. The initial response from Medicare was that if the patient needed the work done and had it completed but Medicare did not pay the benefit for it than the patient is responsible. Does this mean that if Medicare finds a dentist non compliant and asks for a return of fees because the irrelevant paperwork was not done correctly, then the dentist has a right to ask the patient for payment for the services rendered. That would mean a lot of unhappy voters.

All we can hope and pray is that common sense prevails.