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**General and Cosmetic Dentistry**



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Senate Finance & Public Administration Committees  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

### **Submission to the Senate regarding Medicare CDDS audits**

I have been a General Practice Dentist for over 25 years, graduating from Melbourne University in 1984 and practicing in Dandenong and Hampton over that period. My personal and professional integrity have never been brought into question. I am a dedicated practitioner with many long term patients (20 years plus), continuing to provide highly responsible and quality dental care for **everyone** I see. I am a committed Rotarian, a Paul Harris Fellow and the recipient of a Royce Abbey Award.

The first time I had exposure to the CDDS was from an existing patient who brought along some forms from their GP. Our practice had received no information on this scheme as far as we could determine. Medicare was contacted and we received scant telephone information on how to process claims. At no time was I provided with any detailed information on the scheme by Medicare or advised of any pitfalls such as those of Section 10. It wasn't until the Australian Dental Association began an earnest advice campaign that I or any other Dental colleague I have spoken with understood the paperwork timing issues of Section 10. Even now I'm not sure. Despite Medicare's compliance position, there has been no education to us or the provision of suitable forms to help with paperwork compliance. I endeavoured to create my own compliance forms which have been passed on to numerous colleagues.

Compare this to the Veterans' Affairs scheme. Excellent forms are provided to help and ensure compliance. If there is a paperwork concern, we are contacted and advised by Veterans Affairs so we can correct any errors. There is even a Dental Officer that can be readily contacted to advise us and ensure our patients are being taken care of in a manner that complies with Veterans Affairs regulations. Why couldn't Medicare have used such a simple and logical strategy?

### **AUDIT**

At present my Practice is being audited under a threat of having to repay money for treatment that I provided in good faith, with honourable intent and with absolute respect for these patients in need of care. In some instances my paperwork was late. This had absolutely **no bearing** on patient care.

No Medicare representative has visited my practice or offered any advice or education.

I am certain that those patients I have treated under the scheme have been absolutely satisfied and thankful for the treatment and care I have provided. I am quite certain the "referring GP's" would not look at my

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treatment plans with any degree of professional critique. Certainly no GP has contacted me to make comment.

For some of the patients in financial difficulty, I decided to reduce my normal fees, despite the onerous paperwork issues. My reward, it seems, is extreme stress and anxiety.

Sadly, I have now taken the position that I will no longer see any new CDDS patients. I am still uncertain about the paperwork and have received no education or reassurance from Medicare about the implications of making simple clerical or paperwork errors. Frankly, it is difficult to comply and my Dental Billing software is incompatible with Medicare requirements making it necessary for my staff to individually create each bill for service. They are really worried about making a mistake and we are all concerned there will be other administrative matters that Medicare will take issue with.

I am continuing to see a few of my CDDS patients but am seriously reconsidering this position. I continue only because I feel it is the honourable thing to do – who else is going to look after them as many Dentists, for obvious reasons, are no longer taking CDDS patients?

It commonplace in Medical and Dental Practice that treatment plans need frequent adjustments often in the process of treatment itself. By way of a **simple** example, a dentist discovers that a planned tooth filling becomes more complicated (therefore a different item number). The Legislation could be interpreted that treatment be stopped immediately so that a new written treatment plan is provided to the patient and the referring GP before treatment recommences. This Legislation puts practitioners in a ridiculous situation and is utterly unworkable in practice hindering our ability to concentrate on the welfare of our patients.

## **QUESTIONS**

If I am required to payback Medicare money for the services that **I have provided in good faith**, who will pay for the services? Should the patient then be invoiced? In the case of denture or a night guard appliance, items I have paid lab costs for, should I seek this item back from the patient if they are unwilling to pay? Surely I cannot be expected to provide professional services and provide dentures or other dental appliances for free because of the timing of paperwork that has no bearing on patient care.

## **FUTURE**

It is extremely unlikely I will continue to provide Dental services under any future Government Dental Schemes unless a realistic and reasonable approach is taken in partnership with the Australian Dental Association.

Sincerely,

**Darren Donnellan**