Senate Finance & Public Administration Committees

Parliament House

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SENATE SUBMISSION RE : CDDS

10/04/2012

Dear sirs,

I would like to submit my views and comments on the Medicare Chronic Disease Dental Scheme from the perspective of a Practice manager of an Adelaide Dental Clinic. Our Practice has currently two full time dentists and two Dental Therapists as well as a Dental Hygienist. It has served the western area and specifically since 1974.

We have had experience with two other Government run schemes in this time, the DVA dental scheme which is federally funded, and the SADS (South Australian Dental Scheme) which is state funded. We have been happy to assist in the provision of dental services to both groups of patients that are covered by their respective schemes. The South Australian Scheme, which targets the disadvantaged segment of the state's population, as well as the DVA scheme, have both been in existence for decades. Even though they both have a variety of rules and regulations and elect to redefine some of the accepted dental numbers, we have found them considerably easier to use. This in part may be because they are both a two party arrangement, with traffic going only between the relevant scheme and the dentist. The CDDS involves three entities in comparison - something new to the dental community in Australia. We have found them reasonably easy to administer in general, though the training of new staff members is initially challenging as they both vary with the standard procedures that we have for all other categories of patients.

We have always found that errors, corrections and queries are easily sorted out with both these schemes, and generally via telephone. Where the administrative errors aren't able to be sorted out by telephone, the paper work is returned for correction, and promptly resubmitted. There has never been a major issue with either of these schemes with us, nor as far as we know with other dentists. We certainly have never been audited by either scheme in all this time, though I am sure that they have that right. In short the relationship is a cooperative and supportive one which achieves the treatment goals of both schemes. The DVA has also, to their credit, over the years simplified some of the red tape to lessen the administrative headaches for providers. It appears that the scheme is no worse off for these changes, and in fact is more user- friendly so that dental service providers can now focus more on the their patient's needs.

The introduction of the CDDS in late 2007 was extremely confusing initially, with only two or three people been seen in that year by our clinic. As we moved into the early part of 2008, and the numbers started to rise rapidly, the situation could be best described as utter chaos. The Medicare staff that we frequently consulted by telephone, were generally friendly, however we soon discovered that we could often get misdirected, incorrectly informed, conflicting information

offered, some were unaware of basic dental concepts and in fact many seemed as bewildered as we were with the intricacies of the CDDS.

There were in fact many long established beliefs about the scheme that were initially supported by Medicare staff, only to be corrected years later. My personal favourite was Medicare's concept of two years. We initially were informed that this started from the date that the plan was organised by the G.P., then from the date a provider carried out the initial examination, to finally in early 2011 that it is only for the calendar year in which the initial examination was performed and the subsequent calendar year. Thus "two years" for some patients might be as short as 13 months.

There were many confusing and erroneous statements that we experienced over the last four and a half years, including "not in place" being wrong and vice versa, incorrect amounts available, incorrect payments, incorrect interpretations of Medicare rules, yes Oral hygienists and Therapists are able to provide services, "you can do treatment even though the plans not yet in place just don't send the bill yet", plus many more. One particular case of a double payment was picked up by us, and the error identified, so an explanation along with a reimbursement cheque was sent to Medicare. I'm at a loss as to why a Medicare representative was unable to confirm its receipt after I knew it had been drawn on by Medicare. It took some two and a half months for the amount to be declared "received" then eventually to confirm the patients funding had been adjusted by the reimbursed amount.

I understand that dentists have not generally had much to do with either Medicare, or Medicare with dentists. The comments above are to show some of the difficulties both parties have experienced in this time. The amount of administration was quite horrendous, especially before it was possible to claim via HICAPS. These difficulties could have been significantly reduced for all much earlier in the day. The initial booklet already mentioned, was the sole piece of educational material we were given, and was assumed to be consistent and correct in its information. It didn't help that the newly elected Labour Government set out to close the scheme as soon as they could. This political dimension has been a huge problem for all providers attempting to deliver quality dental care for clearly needy people, who are in a panic that they might run out of time to receive their treatment. This led to a series of "rushes" by these people pleading with, demanding that, and intimidating, providers to ensure their treatment is completed by the latest announced deadline.

The was followed with the latest move , the affects of which most in the dental industry see as the Government's next attempt to at least obstruct the scheme if they aren't able to close it down completely, namely the compliance issue. We were only made aware of the importance of these requirements on or about mid-2010. Prior to then there was never a mention of neither this compliance need, nor the devastating consequences for those who are not compliant.

Unlike DVA or SADS, there is also **no way** to address any non-compliance. Re- sending quotes, reports etc where they were not done changes nothing. Nowhere in the booklet does it state that we must prove we gave a quote or we sent a report. It's a lot easier for our practice to confirm we wrote a report, but to prove we gave a quote when it is not recorded by our computer automatically is difficult. We have had to adjust our compliance procedures by firstly detailing in the notes that quotes and reports were given and latter by getting patients to sign their quotes and to the scan those into the patients file.

The sad part about this CDDS scheme is that it was/ is a very good scheme which has greatly benefitted the chronically ill (generally elderly/ retired/disability pensioners). Our clinic has joined with dentists Australia wide, to make a huge difference to the dental and therefore the general health of the neediest people in the country. We have done this at a significant cost to the practice's profitability, as we bulked billed our CDDS patients up until June 2011. By this time patients were being treated at some 25%-30% below private patient fees. It has also affected our regular fee paying patients, who having not been able to be seen promptly have chosen to visit other practices. The three Oral Hygienists/Therapists are dismayed that they are trained specifically to treat periodontitis and yet are apparently **now** not permitted to treat patients under the CDDS. They are aware of the serious skill shortages for their services in both public and private spheres. This concerns them greatly from their patient perspective as the wait for their periodontal treatment will increase the risk of these already chronically ill people to strokes, heart attacks, diabetes and bacteraemias. Their overall health will be aggravated considerably (for which Medicare will be called upon to cover through the hospital system), and they will revert back to the already overtaxed public health system for their dental needs.

The now highly publicised targeting of dental service providers is essentially achieving its unstated (but obvious) aims. It is ensuring that dental providers stop treating people under the CDDS. None of our dental specialists to whom we refer our patients to, will work through the scheme anymore. Only one dental service provider at our practice still sees patients through the scheme, and he is trying to reduce his exposure. However, as more general dentists are dropping out, he is being flooded by ever increasing numbers of new CDDS patients.

Learning of the possible horrendous punitive steps that are being threatened by Medicare, through the media, and through known dental providers who have completed Medicare audits, has placed all our providers under considerable stress. The frustration in trying to work with Medicare's CDDS is now replaced with constant worry and fear of demands for huge sums of money to be repaid, of threat of deregistration, of being disgraced before family, friends and colleagues, even though we as a practice provided good quality dental treatment to chronically ill people - at a significant discount but with much greater exertion. All this because we were unable to solve the Medicare enigma of "compliance" through all the confusing, conflicting, erroneous and omitted information that we obtained from their booklet, or more generally gleaned from telephone contact with Medicare personnel. Medicare would have saved everyone a great deal had they ensured personnel visits to practices to work towards achieving compliance. They would also have benefitted everyone more by liaising more thoroughly with the representatives of dental professional associations.

The stress that has been generated by Medicare"s audits regarding compliance has far reaching consequences. For example our clinic's extension and refurbishment was placed on hold till things become clearer. Providers are reassessing their personal financial commitments for the same reason. Staff are becoming worried about what the future might hold for them, specifically will they still be employed at the clinic.

It is indeed timely that the Senate has taken a close look at what has transpired with Medicare's CDDS audits and specifically where they deal with these requirements. Providers who have carried out dental services under the scheme **"in good faith"** should not be punished for administrative errors that, despite some politicians' insistence, have no affect on the treatment outcome. Nor

should they be punished for Medicare's inability to clearly, consistently and cooperatively work with the dental providers to ensure that "all the i's are dotted and the t's are crossed".

In light of this I urge that Medicare rethink their actions and that the Bill is passed.

Mrs. Jeanette Culic

Practice Manager