

Attention: Senate Finance and Public Administration Committees.

This Submission is from Dr. Richard Minc

I am forwarding this submission in an effort to draw attention to the situation that exists between Medicare and many of the dentists that provided dental services under the auspices of the CDDS plan.

1. When the CDDS (the Scheme) was first started it gave me the opportunity to provide dental services to a group of patients that were suffering a Chronic Disease and could not access dental care due to the costs involved. The fees that the Scheme allowed gave us the opportunity to deliver dental treatment to patients on a bulk-billed basis.
2. To the best of my knowledge there was little or no information provided to me personally regarding the workings of the Scheme- however there was some general information in the “ Medicare Benefit Schedule Dental Services” booklet. There was no direct educative approach which targeted the key areas of administrative compliance and the consequences of non-compliance.
3. As members of the dental profession, we have not had much exposure to Medicare in such a direct way- most of our treatment has involved private health funds (Medibank Private, HBA etc), where there is little or no preliminary administrative paperwork. Being a financial member of the fund was all that was required.
4. Our only exposure to a government funded plan has been to the Veteran’s Affairs scheme- again no prior paperwork was required- on completion of the treatment a standardized form is provided to us and it is filled out for claiming purposes.
5. Whenever information was requested from Medicare it was freely given in the context of timing and fees etc- however I personally never requested information regarding compliance rules as I was basically unaware of them. Having said this, all my Medicare patients received an overall treatment plan and a copy was sent to their referring GP. When the ADA made it clear that noncompliance with the administrative aspect of the Scheme was very important, I audited all my Medicare patients and generated treatment plans to reflect the services performed together with the fees which would be claimed from Medicare. Up till this time the overall treatment plan only had dental item numbers and the Medicare fee.
6. Currently I am the subject of a self audit of 20 of my patients- the relevant documentation has been forwarded to Medicare for assessment of compliance- this was forwarded in early November 2011- to date I have had no reply. A number of my colleagues have had self audits requested from Medicare and to date there has been no reply from Medicare. I hasten to add that this is not a complaint- I am merely pointing out a fact. Prior to the audit request received by me, there was no contact by Medicare and there was no direct educational material in respect of billing compliance issues.
7. Overall there has been a massive benefit to my patients which availed themselves of the CDDS scheme- it has had ramifications in their overall health treatment and personal wellbeing. As regards the compliance rules no patient has experienced any adverse effects because of non-compliance with the two paperwork requirements; in certain cases the development of a treatment plan was nearly impossible as the patients were so incapacitated that their treatment was often on an as need basis without the treatment being part of a plan- relief of pain

,temporary fillings etc. Unfortunately some of the earlier recipients of treatment of the CDDS scheme have passed away.

In conclusion, I would say that being the subject of a Medicare audit is not one of the most pleasant sensations one can experience, even with the knowledge that I have done nothing wrong. If I, along with my fellow practitioners have been a little lax with the administrative aspects of the scheme all that was necessary was for this to be pointed out and it would have been rectified to everyone's satisfaction. The action that Medicare has adopted is very heavy handed and grossly unfair- the treatment has been carried out to the satisfaction of the patients and dentist's acted in good faith.

It must be stressed that we as a profession want to work hand in hand with appropriate government dental plans for the community- it should be a right for every member of the community to be able to access dental treatment-it should not be a priviledge. I for one are happy to work with the government in providing dental services but we need full and comprehensive education in the running of any plan (eg: standardized documentation etc)

Yours Sincerely,

Richard Minc