04/04/12

Submission regarding the:
Health Insurance (Dental Services) Bill 2012 [No. 2]

This is my submission regarding the Health Insurance (Dental Services) Bill 2012 [No. 2]. I'm aware that the aim of this bill is to rectify the unfair treatment of dental practitioners audited as providers under the Medicare CDDS. As I am a dental prosthetist and currently service patients who are covered by the Medicare CDDS, this bill is extremely relevant to me. However, due to the extreme complexity of servicing patients under the scheme, the unfair treatment and unreasonable expectations of Medicare, there are many times I have second thoughts about it and consider no longer taking patients under the scheme.

My first concern is the addressing of inequity imposed to dental practitioners, which usually manifests when an audit is conducted. I have many concerns with just this issue, on why it is quite unfair and unreasonable. The bill specifically addresses the inequity of the repayment of legitimate services received as a Medicare benefit by dental practitioners when it is found a written quotation and/or treatment plan was not given to the patient prior to treatment and/or a copy was not given to the referring doctor.

This issue is a big problem as dental practitioners who are being audited whom have provided the patients with legitimate services (that the patients have been very happy with and most walk away unaffected) are being made to repay back some or all of the Medicare benefits due to mostly technicalities. It is very unreasonable for a dental practitioner to be made to repay back what he has earned for services provided which otherwise (if the paperwork and technicalities weren't considered), would have been absolutely correct.

Providing a service to the public in order to improve their health and wellbeing should be the first priority – if the service has been rendered and the patient is happy, a technicality shouldn't erase this fact. If a patient who has received legitimate treatment what difference, who is happy and content, does it really make a difference if the referring general practitioner did not receive a copy of the treatment plan? Under the current auditing scheme even if the patient provided a copy of the document they received to the referring general practitioner, the dental practitioner would still be out of luck. I shouldn't have to feel worried about paperwork and technicalities, always making sure I do everything 250% right, when servicing a patient who is under the Medicare CDDS – this is both detrimental to the patient and dental practitioners.

Currently, all patients I service under Medicare are given an electronically word processed treatment plan and quotation signed by myself (the plan and quotation are on the same document, which I have confirmed is okay with Medicare due to the fact that the schedule does not make this clear if this is okay) prior to beginning treatment. In addition, I also provide a copy of this document to the referring general practitioner as per the Medicare schedule.

However, to cover myself in the event of an audit (I haven't been audited to date as of 04/04/2012), if a dental practitioner (usually dentists) had referred the patient to myself (a dental prosthetist) for denture treatment, not only do I send a copy of the document to the original referring general practitioner (which in many cases I have not had any prior communication with at all), I also provide the referring dental practitioner with a copy. This is due to the fact it is not clearly stated anywhere in the schedule, and upon communicating this issue with Medicare multiple times for definite confirmation (due to the fact colleagues have had similar issues and have given me different advice which they had received from Medicare as well), I have been given conflicting and contradictory instructions from various different Medicare operators, which only adds to the confusion – this is not helpful, at all.

After many long conversations with many different Medicare operators, in the event a dental practitioner refers the patient to me, some have told me that you only need to provide the original referring general practitioner with a copy of the treatment plan and/or written quotation, and some have told me that it only needs to be provided to the referring dentist. It is extremely frustrating and at times infuriating to be given this sort of contradictory information, I am not receiving any help even though I am seeking the right avenues that are meant to provide it – in the event of an audit, I

could be liable for not following the contradictory, convoluted, complex, unreasonable, unnecessary, and most importantly ambiguous rules Medicare has in place – rules that Medicare's operators are unsure of themselves.

Therefore to protect myself, I have been providing a copy of the treatment plan and quotation to both the referring dental practitioner and original general practitioner. Not only is this sort of contradictory advice unacceptable (it is quite reasonable to expect rules are clearly interpreted) this means more unnecessary paperwork and work for me, time that could be utilized productively on seeing additional patients, processing dentures etc. I am a dental prosthetist, and I understand the need for record keeping and paperwork, however it is ridiculous that so much time is being spent on not on making sure this is correct and hole proof. I know quite a few colleagues who have stopped taking in patients under the Medicare CDDS due to this reason! The AHPRA regulates dental practitioners very specifically in all aspects; so that any breach is quite clear in order to protect the public. If being registered as a dental practitioner is regulated so well, it's reasonable to expect that Medicare should be able to provide similar clarity on the rules it has in place for dental practitioners.

The problem I have is that the documentation, rules and guidelines provided by Medicare to me personally and to my practice are not clear and unambiguous at all, which has an enormous impact on providing service under Medicare. The default information provided by Medicare isn't very helpful when most things are not clear. Then, when information that should have been given is sought directly from the source itself, it is contradictory and still unclear.

The Medicare schedule states that dental practitioners must provide a treatment plan and quotation to the patient (it does not say if they can be the same document) and a copy or summary of the treatment plan to the referring general practitioner. It does not state anything about a copy of the quote being provided to the referring general practitioner. Since dental practitioners are being made to repay benefits upon an audit where it is discovered that quotes weren't provided, why was this information not clearly stated? Why are Medicare operators stating that a quote must also be given to the referring general practitioner? What about when the patient is referred to by another dental practitioner? None of this is clear, and no dental practitioner should be punished for doing what they thought was the right thing when the schedule is not clear on what is, and when contradictory information is provided by the source.

Not only this, it is not even explained what the treatment plan should exactly state. A general, AMBIGIUOUS statement is provided of what the treatment plan should contain ("*The content of the treatment plan and/or feedback to the referring GP is a matter for the treating dental practitioner, having regard to the usual clinical reporting practices within the dental profession*"). This is unacceptable – it is not a matter for the treating dental practitioner, as when we do make judgements we subject ourselves to be liable to be punished under an audit. It should not state anything about usual practices within the dental profession at all – clinical reporting or not, as other usual practices within the dental profession have made practitioners liable in the event of an audit. It is absolutely ridiculous that Medicare has such contradictory information and changes its stances when it is convenient. Since an audit is so concerned about technicalities I can definitely see a situation arising where treatment plans have been provided, but are not considered 'enough' by Medicare's ambiguous standards and technicalities and therefore null/void in the event of an audit.

The next problem I have with this is the frivolous paperwork. As I have stated earlier I personally know quite a few colleagues that have just stopped taking in Medicare patients due to the amount of paperwork involved. While I understand the need for paperwork, the amount that is needed, triple checked and then quadruple checked for fear of auditing and provided to patients and various other practitioners involved in the scheme is absurd and quite frankly, time wasting. There is no need for so much! The paperwork should be governed by a clear set of rules, and kept to a minimum – more paperwork is less time being spent on real dental work.

Quite simply, regardless of all this, in the end if a patient was provided with legitimate service and is happy, no dental practitioner should suffer especially due to technicalities. It is my opinion that patients are not adversely affected either way due to this technicality. The fact I have had patients directly tell me that they do not want the treatment plan and that they do not care, and only have taken it after me explaining that I am required to provide them with a copy, just to watch them scrunch it up is quite disheartening if anything.

However, if Medicare wants to and is auditing dental practitioners then universal distinct and clear rules governing every possible situation should be published and provided, without contradictory information being given to both patients and providers. This will take away the ambiguity, fear and doubt, and also this kind of situation (a bill being brought forward to correct this would have been unnecessary) would not have to arise, which consumes even more time. It's stressful, time consuming and the only reason it's not pointless is due to the fact it's to correct something that should have never been so convoluted. Punishing dental practitioners who have provided legitimate work due to

Medicare's poor communication and standards is unfair and needs to be rectified as soon as possible. It is detrimental to the industry, the practitioners and to patients.

Though not entirely relevant to this bill, these issues also arise in other areas in relation to Medicare. To be brief as they are not directly related too, but perhaps should be brought up either now or in a later bill, contradictions and not enough information arise in issues such as not being able to see a patient with some natural dentition (i.e. for partial denture treatment) directly from a general practitioner referral. As a prosthetist, I can only see a patient with zero natural teeth, if they have any existing natural teeth, the general practitioner must refer to a dentist first, and I may only see a patient with natural teeth from a dentist referral.

The problem lies in the fact the schedule does not make it clear or even state anything related to that a prosthetist is not actually allowed to see a patient with natural dentition who hasn't been first referred to a dentist. The schedule states that in most cases the patient will be referred to a dentist first, and that in limited cases they may be referred to a dental prosthetist where they have no natural teeth. This type of wording is quite confusing as while it says a general practitioner may in limited cases refer directly to a prosthetist, there mentions no penalty or ruling for servicing a patient that is referred but has natural dentition. However, upon contact with Medicare the operators have unanimously given me the information they must see a dentist first before a prosthetist.

Now while this isn't too big of a problem, it's just an example of why the schedule needs to be clear, because if a prosthetist read the schedule (which is in writing provided to the prosthetist as opposed to a phone call which isn't recorded on the prosthetists part) and gone ahead and seen the patient under the pretence that although not preferred it's okay too, the prosthetist will be liable under an audit. Anything that can be scrutinized under an audit needs to be clear in writing, not ambiguous to the point where the prosthetist and/or dental practitioners need to find out by contacting Medicare, as it is unreasonable to expect one to suspect the information in writing is incorrect.

The real problem lies in the fact that because the patient needs to see a dentist first before a prosthetist, a referral needs to be provided. The schedule's writing is ambiguous to allowing a prosthetist to refer to a dentist ("*The dental prosthetist may provide services to the patient themselves and/or refer the patient onto another dental prosthetist or dentist only*"), however, there is does not state that a prosthetist is not allowed to refer to a dentist either. As I have been directly referred many patients with edentulous teeth from general practitioners this would have really affected me if I hadn't known already from colleagues and the ADPA from the advice they were given from Medicare that prosthetists couldn't refer patients with natural dentition directly to dentists. I would have never known prosthetists weren't allowed to refer to dentists, and just referred patients with existing dentition directly to dentists – in the event that Medicare decided to audit me, I would have been in trouble! This is because the schedule once again, is not clear, and does not provide this information – this is unacceptable.

Furthermore, after contacting Medicare multiple times about this issue, I have also received contradictory information, with some operators telling me that yes, it is okay for a prosthetist who has been directly referred a patient with existing dentition from a general practitioner, to refer that patient onto a dentist as, according to Medicare's unwritten specifics, they need to see a dentists before a prosthetist. However, other operators have told me that it is not okay, that a prosthetist cannot refer to a dentist directly without doing some work first, and that I have to tell the patient to go back to their general practitioner, and have their general practitioner refer the patient to a dentist – I cannot refer them.

To make sure I protect myself, any patient's I have been referred directly from a general practitioner that have existing dentition I have told them to go back to their general practitioners and to see a dentist first, as I don't feel safe referring directly to a dentist. This is very frustrating, for both the patient and I, as in many cases the patient has already seen a dentist, either not under the Medicare scheme, or before they were given the scheme, and they still have to go back making it time consuming, tedious, and ultimately pointless if it's already been done – yet it still has to be due to technicalities. Many patients have been visibly upset and angry, even though I am powerless and have told them this is Medicare policy and that I need to protect myself.

I have had patients with natural dentition referred to me from **government** (South Australian Dental Service) dentists for denture work (due to whatever reason I don't know as usually SADS does denture work themselves) before they went to apply for the Medicare scheme. When they did apply for it and came to me, I was told by Medicare (due to the fact I called up to double check because I want to make sure I'm hole proof in case of an audit) that because they saw the patient before they were under the Medicare plan that I would have to send the patient back to the general practitioner to see a dentist first even though they have already seen one (a government one too, not a private one), with a signed referral letter in hand asking me to provide them with the necessary denture treatment, or else they wouldn't be eligible to claim under Medicare, and I would be in the wrong in the event of an audit.

I have had patients who are under the Medicare scheme been referred to a dentist from their general practitioner, and because the patient doesn't know the exact rules Medicare has had in place, gone to see a another, perhaps preferred, dentist, outside of the scheme before coming to see me under the scheme. This situation has also been handled like the above, in that I have told the patient to go back to their general practitioner. I have had patients that have flat out told me that they don't want to see a dentist for various reasons (one of them being simple "I just want dentures, I don't care about crowns etc.) that I have had to turn away back to their general practitioner – these are usually the ones that get most upset. All of these situations could have been avoided, but instead they have produced pointless, waste of time, frustrating affairs.

It shouldn't anger or upset the patient to receive dental services under Medicare, but due to the frivolous procedures in place it is. The process needs to be unambiguous and streamlined. At the very least, it needs to be clear what Medicare requires – and as much as it shouldn't be so convoluted and annoying for both the patient and providers (to the point where in some cases patients have been distressed and upset), if this is what Medicare requires it needs to be clear in writing.

Finally, related to this is patient's with existing teeth and existing partial dentures requiring repairs or maintenance, and patients with no dentition on their maxillary but with existing dentition and/or existing dentures for their mandible. For both these kind of patients the schedule has no clear indication of what to do and weather the patient needs to see a dentist first before being referred to a prosthetist, and upon contact with Medicare, once again conflicting information is given.

It is in my opinion that although the Medicare CDDS needs to be reviewed and revamped completely so that it is much easier, less tedious/complex and streamlined, the urgent issue at hand that needs to be rectified immediately is that for Medicare to reasonably audit dental practitioners fairly, reasonable information on what an audit will cover needs to be provided to dental practitioners. This needs to be clear and understandable, without any contradictory information from the source.

Regards