President's Column

LET'S FACE IT

Dr. Burton Conrod

In a 1998 survey of Canada's 1,000 largest corporations, 36% of respondents indicated that fraud is a major problem for business today. Every occupation and profession has a few "bad apples" that will cheat the system. The dental profession is highly regulated, dentists are bound to a code of ethics, and the vast majority of practitioners put their patients' interests first and operate their practices in an ethical and honest manner. But let's face it, fraud can also be a problem in dentistry.

Fraud is sometimes referred to as the "hidden" crime because we are all victims without even knowing it. One simple definition of fraud is theft by deceit or trickery. Just as consumers pay the cost of theft in the workplace that increases manufacturing costs, dental plan purchasers also pay higher premiums because of fraud and abuse of dental plans by some patients and providers. When dental plan costs escalate, benefits are cut and some plans are dropped altogether by employers, leaving employees to pay the full cost of oral health care.

Much of the debate concerning abuse of dental benefits plans has centred over who should review profiles of providers to detect problems — insurance carriers or dental regulatory authorities (DRAs). Part of the problem is also the definition of fraud and abuse. Some actions of a few unscrupulous dentists are obviously fraudulent. There is no doubt that billing for services not provided, "upcoding" to claim a more expensive service than the one performed, submitting a claim for one family member for treatment provided to another person or altering dates of service to match the patient's coverage are considered fraudulent. Routine waiving of a patient's co-payment is also contrary to ethical standards. Often in these cases, the dentist will lament that he or she submitted an improper claim to "help the patient get more coverage." Ethical dentists know that these things are done by unethical dentists to increase their billings and attract more patients.

The grey areas in dealing with third-party payers occur when the plan administrator decides that the treatment the dentist has performed was not suitable or necessary. This is clearly a matter for a DRA to decide, although plan administrators often feel it is a simple matter that can be decided by reviewing a claim form and a radiograph. Another problem arises when an insurance carrier, after accusing a dentist of submitting fraudulent claims, recovers the money from the dentist without reporting the incident to the DRA. This may contribute to the problem because dental fraud must be substantiated, then reported to and investigated by the DRA if proper corrective action is to be taken.

Suffice it to say, the matter of real or perceived fraud and abuse of dental plans by providers is tarnishing our profession and it is small comfort that only a small minority of dentists are involved in these acts. It is time for organized dentistry in this country to face the issue and begin meaningful discussions with insurance carriers and administrators aimed at defining dental plan fraud and looking for solutions. It has been a number of years since CDA convened this type of meeting. In the interim we have invested significant financial and human resources in educating dentists, employers who purchase plans and patients regarding dental benefits issues. If any of these groups do not know by now that the purpose of dental benefit plans is simply to *help* patients pay the cost of oral health care, it is not CDA's fault. CDA continues to promote and advocate access to care through increased availability of third-party benefits that protect the dentist/patient relationship. The appropriate relationship requires patients to be involved in treatment planning and evaluation and not delegate this right to a third party. Oral health care must be managed by dentists and patients, not dental plan administrators. Patients must take some responsibility for their own health and, even with benefit coverage, this will often include some financial responsibility as well as adequate home care.

Another development since our last national third-party conference is the formation of the Conference of Dental Regulatory Authorities (CDRA). This organization has the ability to focus the attention of provincial DRAs on a problem such as dental plan abuse and to help the other parties understand the role of regulatory authorities. The Canadian Health Care Anti-Fraud Association is a group of insurance companies that feel the time has come to deal with the issue. A successful outcome will require dental organizations, the CDRA, the benefits industry and plan purchasers to sit down and engage in some frank dialogue. CDA is the ideal facilitator for such a meeting. Let's face it, dealing with issues such as this is what leadership in oral health care is all about!

Dr. Burton Conrod, DDS
president@cda-adc.ca