6th April 2012

Dr Tania Nixon and Associates

To the Senate Committee,

Re: Medicare's demands for repayment of rebates paid to dentist

Firstly, I would like to introduce myself to you and explain my role in the community. I am a general dental practitioner with 11 years experience and have always worked in. Five years ago, I set up my own practice "Gentle Dental Dr Tania Nixon", and presently employ 4 dentists, 1 prosthetist, 1 hygienist/therapist, 6 nurses and 3 administration staff. We have a locum anaesthetist and oral surgeon who work periodically. Although the surgery is large, we still maintain a community and personalised service to the surrounding area. Our practice has the additional asset of being able to treat anxious patients and children under iv sedation. This is an invaluable service and we receive many referrals from other practices local and distant, requesting this service.

The reason I am writing is to express my grave concern at the action of the Federal Government in insisting that Medicare demand full repayment of rebates paid to dentists for paperwork errors. These errors are simple bureacratic paperwork errors and the treatment was provided to the patients after appropriate referral by a medical practitioner. Until recently, dentist were not explicitly aware of Medicare's requirements in regard to the paperwork. I have recently been informed by Medicare that I am now subject to an audit.

I started treating patients under the Team Care Arrangement in 2009. I thought by participating in the CDDS, this would enable patients who otherwise would be unable to afford the cost of dental care, to gain the benefits of improving their dental health. At that point I had no knowledge of Medicare's requirements to send the referring GP a treatment plan prior to commencing treatment. Medicare did not provide any information to me personally about their requirements on paperwork. The information that was provided to the surgery was complex and lengthy and I assumed the procedures for billing Medicare patients would be similar to that of Veteran Affairs patients. This was the first time I and my surgery had dealt with Medicare and we all were unfamiliar to their strict guidelines. It was only last year, that I was made aware of this requirement by reading an Australian Dental Association document and not from any material distributed by Medicare. I have always given my patients a treatment plan prior to commencing treatment as a practice policy, so this Medicare requirement was obliviously fulfilled.

My patients repect me and know I would never condone inappropriate conduct. I would like to emphasise that all treatment that I claimed was completed with the patient's consent and all treatment was performed and necessary. Some patients would not have been able to pay for dental health and would be disadvantaged in their health. This is why I have treated patients under the CDDS without any out of pocket expense. Patients were given the cost of treatment and all work was completed. General Medical Practitioners have a different area of expertise and don't usually rely on a dental treatment plan when providing medical care, I therefore question the merit of sending a treatment plan to the GP prior to treatment. No patient has ever been adversely affected where a letter was not sent to their GP.

Medicare has now started to audit patients that were seen at my practice between 2009 & 2011. Even though all treatment was completed and patients were treated with consent and given cost prior to starting, Medicare will no doubt see cases of non compliance where some treatment plans may not have been sent to the referring GP. Non compliant practioners are demanded to repay all rebates paid to them even though the work was completed. With this in mind I have had to consider whether I continue treating patients under the scheme and risk my own emotional and financial wellbeing or put the patient first and the obvious health benefits they will benefit from if treated under this scheme.

As a dentist, I have no experience with a Medicare Scheme. I was not clearly informed, or properly educated about these requirements. At no stage was it made clear that if these paperwork/administrative letters were not sent, we would not be eligible to seek recovery. The fact that there are so many dentists who did not send these letters, is itself illustrative itself of a lack of effective education on the part of Medicare and you would think that if it was so important, Medicare would have realised the problem well before now, years after the start of the Scheme.

It is unconscionable for Medicare to seek recovery of up to 2 years of benefits paid in circumstances where:

- I did the work that was necessary;
- I did the work appropriately;
- I did all of the work with the express consent of the patient after all treatment options were discussed;
- I obtained valid referrals from the GP; and
- Where the patients are completely satisfied with the treatment.

Medicare are seeking to recover the total fee billed even when laboratory fees have been paid. It is important that you understand that at no stage did we charge any additional fees beyond the scheduled fee although we were entitled to do so.

The letters of demand being sent to some practitioners threaten the dental profession's involvement with publicly funded dental care, and are potentially going to shut down small dental practices. Private practitioners like myself , will be loathing supporting publicly funded dental care and the government sector will need to be greatly increased to cover the demand. At present, Government funded Dental care is woefully underfunded and needy patients are unable to access essential rudimentary dental care. The letters of demand are a disproportionate response to minor administrative errors. In delivering dental care to patients in need, many dentists have become liable to refund all fees despite the treatment being appropriate, satisfactory for the needs of the recipient and provided to a high standard.

I do not condone inappropriate conduct, but think that the extent of the witch hunt over alleged rorting of the Chronic Disease Dental Scheme has become unreasonable and focused on only one aspect of the scheme's failings. I am aware of examples of the unfair treatment of dentists by Medicare.

I understand that most of the dentists caught in the audits, who failed to comply with new "red tape" requirements, actually provided necessary care to patients who had been referred to them by a medical practitioner. It is offensive for Ms Plibersek to suggest that dentists are rorting the system and that only those dentists who have not performed the work or performend unnecessary work, will be pursued. This is simply not the case.

People with chronic diseases often have more dental problems than healthy people. Some publicly funded patients have been waiting years for access to care, and it is not surprising that there has been high use of the Medicare scheme given this pent up demand.

The financial strain on my practice from such a demand will possibly result in its closure and this means the community will miss out, both the patients and the large staff we employ. I don't need to explain how this will affect me personally and my family as it will have a profound implication. The stress emotionally this has caused me and my collegues is immence and I am seeking that dentists are treated fairly and that Medicare is asked to understand that dentists have omitted to submit paperwork due to unfamiliarity with the system.

Yours faithfully,

Dr Tania Nixon