

11/4/2012

To Whom It May Concern,

I had taken part in the Chronic Disease Dental Scheme to try to help the community and provide treatment for patients who have dental problems due to ongoing medical problems with priority and in a private practice setting- this way also avoiding the long waiting lists in public community centres.

I had worked in QLD till the end of 2009 and we had no exposure to the EPC scheme there and upon return to Melbourne I was informed about the scheme at my practice. A booklet was provided to the practice which was referred to in regards to the payments and also frequency of use of certain codes. I was advised by reception that all the billing codes for Medicare were entered on our system so I referred to those. There was no information by Medicare or the ADA in regards to the letters that must be written to the patient's GP or that a treatment plan needed to be given to the patient prior to commencement of any treatment.

I have only had exposure to the Teen dental scheme, VDS, VEDS provided by Medicare and as far as I am aware that requires no paperwork.

I have had our reception staff call up Medicare several times for inquiries on codes or billing items. We have been kept on hold for extended periods of time, with conflicting responses from different Medicare officers. It appears that Medicare itself is unsure about the exact protocols on how things should be.

The patients have benefited greatly by this scheme as they have received treatment at no cost to them. We have made dentures and crowns for patients who could not afford it earlier. We have charged Medicare fees only so that there is no additional cost to the patient. These fees are a lot lower than our private practice fees.

I know quite a few colleagues that have undergone the Medicare audit process and I feel it is very unfair for Medicare to ask for all the money back in cases where the correct paperwork was not done. Not sending out the Doctors letters and not giving the patient an itemised treatment plan has had no impact on the patients' treatment. They have received the best treatment possible at no additional cost to them. Furthermore as our usual standard of care, we always ensure the treatment plan is discussed with the patient prior to commencement of any dental work.

Medicare had not offered any educational material or seminars to explain the protocol.

I have had a very negative experience participating in this Medicare funded scheme and in future will not take part in anything funded by Medicare.

Regards,

Dr Jessica Wei