

In regards to the Dental Services Bill

To whom it may concern

My partner is a Dentist, (I'm a professional Engineer) but I have watched this unfold with increasing disbelief. It's almost inconceivable that Medicare Australia could act so reprehensibly in this matter.

It's apparent that Medicare failed to implement the CDDS scheme with any diligence whatsoever. Initial information on the scheme made available to Dentists was haphazard, sparse, often contradictory and unclear. The implementation was left to its own devices and Medicare failed to notice annual multi million dollar fraud when it did occur (in one high profile individual's case). The official response has been to defame Dentists with highly distorted media releases and a retrospective reinterpretation of the seriousness of a paperwork requirement that wasn't even considered a core requirement for the first few years.

Attempts to access information from Medicare resulted in confusion by their own staff, and even their own supposed CDDS information web link directed the browser to the Teen Dental scheme up until earlier this year (20012). Contradictory information was also given by phone and by compliance officers.

Enquiries as to the implementation of the scheme to the compliance officers often resulted in their own very apparent confusion, for example, not knowing whether a quote had to be issued to the patient for patients who were bulk billed. The compliance officer had no idea in 2010. Medicare didn't even make a ruling on that available to compliance officers until the scheme had been running for 3 years. Now it has somehow become a core requirement backdated to the schemes inception. The argument is that it is required to indicate how much remaining credit the patient has. This is valid but it is not the only venue for this information, which is also available on a Medicare hotline. To then use this meager excuse as a 'core and fundamental' requirement to pursue, harass and even bankrupt numerous Dentists is closer to organized crime than responsible management.

Medicare's reaction has been to blame the Dentists for the scheme's poor implementation, rather than the sensible act of admitting it was a fiasco and declaring an amnesty for the initial implementation period. Their own inquiry showed that the majority of dentists were totally unaware, not only of the supposed seriousness of the requirements of section 10, but of the requirement at all. The section 10 requirement was never identified as necessary, and it was even left out of some checklists in guides circulated to dentists (see earlier ADA submissions). There was actually only a mention of this requirement on a checklist that was meant for office staff when submitting the claims to Medicare (after the treatment had been finished) even then it didn't say it was actually a core requirement for a claim to be valid, or that it was required prior to commencement of treatment.

Referring GP's never requested and apparently didn't want written treatment plans, and none have ever complained that dentists didn't send them. Some GPs were also unaware of the requirement. In many cases the required treatment was clearly unambiguous and if it was ambiguous easily cleared up with a phone call.

There is also the issue of the timing of treatment; for example a simple extraction of an abscessed tooth referred from a GP under the CDDS would be performed then and there to the relief of the patient. Medicare would under their present interpretation consider that 'Rorting the scheme'. They want the dentist to see the patient twice, initially assessing the patient then writing and send a treatment plan back to the referring GP (a farce in itself) then making another appointment and performing the urgently required surgery.

The treatment plan requirement is a farce in itself, there is no feedback from the referring GP, no further input from the GP, and it doesn't need to be accurate; after a treatment plan has been sent back it can be altered as much as the dentist likes. The GP could never assess the dental needs of the patient accurately.

So unless Medicare made it abundantly obvious that they considered a treatment plan a core requirement the dentist would not waste the doctor's time. In other-words if the requirement is abnormal people naturally presume it's not necessary unless consequences are spelled out.

There is also a dishonest duality in Medicare's claims that it has no option but to pursue recovery of amounts paid, for failing to send a treatment plan. While declaring that they had no jurisdiction to let Dentists off they also claim that they are exercising discretion and have let some off. Woolly claims to the media and to Senators that they assess each case individually but at the same time are bound by the act to demand the return of all payments are contradictory.

Initially the compliance officers themselves thought that retrospectively completing all the section 10 paperwork would fix the problem, and one even remarked that they thought "*Common Sense Should Prevail*" in the matter. They directed Dentists to retrospectively issue all the paperwork, which was duly done and constituted a huge amount of work in itself. Compliance officers were later very sympathetic when Medicare decided to pursue full recovery for consequential late paperwork, but indicated their hands were tied.

Medicare has also sidestepped the law itself. Audits were only to proceed for Dentists either complained about directly or Dentists who have an unusually high billing history. Medicare has audited Dentists who had neither of these. These were people they identified from entirely voluntary information when they were casually and randomly contacting dentists trying to assess the level of understanding of the scheme. So voluntarily participating in what was termed a PR exercise to assess compliance levels led to participants being pursued as though they had been complained about.

The effects on the Dentists has been predictably extremely stressful and costly, extensive legal advice has had to be sought and many dentists are facing closure of their practices

and even personal bankruptcy for participating in a scheme where they were simply performing a necessary public service. Many dentists in the interest of the scheme even forwent payment for some patients to ensure the patient could be bulk billed.

A scenario that has occurred is worth relating:

A chronically ill aged patient was referred by a GP for a new set of dentures under the CDDS. The Dentist took a cast and sent it to the prosthetist, who made the dentures and fitted them and billed the Dentist.

The Dentist found Medicare paid slightly less than the Lab charged but paid the gap themselves and actually paid out money for their involvement. Medicare then demanded that the Dentist pay back the full amount because before they took the impressions before sending a treatment plan to the referring GP. A treatment plan to say that they were making a denture, and a quote to the patient for free treatment! To make it even worse the same Dentist reads press statements from Medicare claiming that He or She is 'Rorting' the system by this type of action.

This is bureaucracy gone mad. The real 'crime' being targeted is a minor inconsequential paperwork criterion within a complex scheme. Paperwork that was simply completed and sent after the treatment rather than before. Unfortunately Medicare's power is totalitarian, acting as judge jury and executioner.

Medicare's management is apparently out of control, and perceives an unreal world driven by petty bureaucracy divorced from reality; it apparently needs urgent reform. It also needs external direction in this case and if the responsible minister isn't prepared to do it (presumably for the sake of a large cash grab) then the proposed bill is refreshingly sensible and I whole-heartedly commend it and the supporters of the bill.

I'm happy for this to be made public.

Michael Johnson