

11 April 2012

To: The Senate Finance and Public Administration Committee
Re: Chronic Disease Dental Scheme-Medicare Audits

Dear Committee,

I am a dental practitioner and am currently being audited by Medicare in relation to my participation in the Chronic Disease Dental Scheme. I decided not to undertake the self –audit.

In the past, I have also participated in other government schemes, namely-

1. The Victorian Emergency Dental Scheme;
2. The Victorian Denture Scheme and,
3. The Department of Veteran affairs Scheme.

I participated in the Chronic Dental Scheme ('the scheme'), because I wanted to help patients improve their oral health, patients who in some instances would not otherwise be able to afford such dental care.

When the scheme was first implemented, no Information was provided to me directly by Medicare or to my practice. I did not become aware of our responsibilities (administrative) until the middle of 2011.

Until that point we managed Chronic Disease Dental Scheme patients as we would manage Victorian Denture Scheme and Department of Veteran affairs Scheme patients, namely by;

- Checking their eligibility by telephone;
- Providing appropriate dental treatment
- Sending the paperwork to claim for the treatment that was completed.

In relation to the scheme, we called Medicare every time we saw a new patient to check on their eligibility and the funds available. We also called Medicare

regarding specific needs for some of our patients, whether partial or full dentures were provided in the last few years.

Patients have benefited enormously from my dental services and most patients express great gratitude in having an opportunity to improve their dental health and their overall health.

All my services were provided with competence and care and in most cases I provided more than what I was going to be paid for by Medicare-I undertook the extra work without pay, because I care about my patients and take pride in my work.

I have been inundated by referrals from General Practitioners because of the positive feedback they are getting about our services from referred patients.

To be asked to repay money that I have worked hard for, which someone else has benefited from, is extremely difficult to comprehend. If the money was repaid, it would mean that patients received free dental care from me, which I undertook believing that Medicare would pay me. I do not believe that is neither fair, nor what the patients themselves would expect.

The paperwork required to be provided to the patient and the referring medical practitioner, did not impact on the patients quality of service. The patient at all times was my main concern.

By being better informed by Medicare at the outset and by that I mean, being clearly warned and put on notice, that if all the administrative requirements were not strictly complied with, all monies would have to be repaid to Medicare-no exceptions, would have avoided the confusion about what is required and the consequences of non-compliance.

Thank you for your time and interest.

Yours sincerely

Dr A Batzios. A.D.E.C. Cert.,Dip.D.S

.