

To the Senate Finance and Public Administration Committees,

RE: Medicare Chronic Disease Dental Scheme submission

I am a 32 year old dentist who has in the past and is currently performing treatment under the Medicare CDDS. I am not being audited but know dentists who are undergoing audits. I know that these dentists have been experiencing immense psychological stress and financial pressure due to these audits. I also know for a fact that these are excellent dentists of impeccable character. They do not deserve this injustice served upon them by Medicare Australia.

The following is my personal experience with the Medicare Dental Scheme. Please read my submission as it were back in 2005 when I started performing the scheme. Obviously some points raised are now better clarified by medicare.

1. I participated in this scheme primarily because my existing private fee paying patients were referred by their GP to begin this scheme. These patients with severe and chronic illnesses could benefit from treatment that would alleviate pain and improve quality of dental life.
2. When I use the term “participated in this scheme” I must clarify further. I have never received any paperwork from Medicare to “sign up” to any scheme. I have never received any formal documentation. I have never been contacted by Medicare regarding this scheme. In around 2005 my first contact with these patients was a form they brought in one day from their GP stating they have qualified for this scheme and that treatment can begin. The GP has specifically stated that they have “qualified” for this scheme and that “treatment can begin”
3. At no time was it emphasized that a letter to the referring GP be sent prior to the commencement of treatment. This was never specifically mentioned or emphasized. It is irrelevant whether this condition is enacted into legislation. How can I be compliant if its importance or even existence is not brought to my attention?
4. The Medicare CDDS Schedule (guidelines and price book) was not given to me or my practice. Our practice manager specifically called Medicare to request a copy. In this book, there is a checklist of procedure for Medicare CDDS claims. Back in 2005 this checklist does not specify that a summary of treatment plan is required prior to the commencement of treatment.
5. “Summary of treatment plan” is ambiguous. What does summary mean? Dental treatment plans, like medical treatment plans, are often dynamic and constantly changing. It depends on the treatment outcome of the next step. How can we summarise what we do not know? How could we even do this accurately before treatment is even commenced?

6. When my patient came in with pain, it was not clear how to treat them. Do we write a letter to the GP (as per legislation) and send our patient with pain and swelling away?
7. The penalty in sending a GP letter prior to the commencement of treatment was not specified. You could perform treatment. Get approval from Medicare. Get payment. And then 7 years later be audited and forced to repay all of the money received. It is not a question of whether the treatment was done or not. They don't care. All money received will need to be refunded. This is entrapment.
8. Other government dental schemes such as The Department of Veteran Affairs scheme and the Teen Dental Scheme require no letters to be sent.
9. Medicare CDDS does not care if you have sent a letter or not during or after treatment. If you failed to send a letter prior to the start of treatment, all subsequent treatment is void. Even though they continue to pay and approve payment.
10. Our patients benefited heavily from the Medicare CDDS. Many dental diseases are initiated and compounded by chronic illnesses. The benefit to them was obviously immense.
11. Since the commencement of the unfair audits and penalties we are now much more selective with our patients. Paperwork now comes first even if the patient has pain or swelling. Unfortunately many patients can't be seen now even when they present with immense pain and swelling.
12. Although I am not audited, I have myself, sent Medicare GP letters late. To date, no GP has ever replied or commented on my letters to them. I know that if I was to be audited, I may be forced to pay back money for treatment already completed. This is not just because of administrative oversight but because of the poor implementation and zero training by Medicare CDDS.
13. Back in 2005 when we contacted Medicare CDDS, their staff were not even aware of the need to send GP letters prior to commencement of treatment.
14. If I am audited and forced to pay back money. What are the tax implementations? I have paid tax on earnings that are non-existent. What about laboratory fees incurred in performing this treatment. What about wages? These are real expenses. Am I facing a situation where not only am I forced to repay money but also to have incurred expenses and incurred tax liabilities? The patient still benefits from the treatment provided. Medicare gets all their money back. The dental laboratories received their money. The ATO receives their tax payment. The GP receives their Medicare CDDS referral fee. And the dentist... ?

The premise of my submission is simple:

Medicare did not train or inform dentists of their obligations.

The penalty for such administrative error is grossly un-justified.

The penalty does not relate to whether treatment is performed or not.

No warnings are given to dentists regarding compliance. Payment to dentists is often made for many years before an audit begins.

Medicare CDDS staff gave false and misleading advice.

This is not about dental fraud. This is about Medicare entrapment.

This is not about the health of the patient. This is about revenue raising. This is about finding a scapegoat in this poorly implemented and grossly bloated scheme.

I am not being audited but I know many dentists who are. I could be in their shoes any day.

We dentists are faced with severe dental conditions. We are the ones performing medical procedures on these patients. We are sitting there with our backs hunched performing difficult treatment in difficult situations. We are the ones relieving pain and swelling. We are the ones paying the fees, wages and expenses. How is it that we are now faced with this predicament? How are we the dentists who have done all the work been made out to be the root of the problem?

How can it be that our administrative error is so great that we are forced to pay back all of the money received irrespective of whether the treatment has been done or not.

I write this submission with my heart on my sleeve. I write with raw emotion. This is an unfair situation. No other industry or profession has been penalized so harshly. This is a gross miss-use of hidden legislation that has no bearing on dental health or patient wellbeing. For Medicare, this is solely about money. I would rather this scheme never to have existed.

Well done to the current government in implementing these audits. Let the dentists do the treatment. Pretend to be interested in dental health. Then stealthily find non-compliance areas to force dentists to repay the money such that the cost blowout is minimized and a scapegoat can be made should the need to close the scheme down arrive. Well done Labour.

Dr. Alex Shen