Subject: SEnate inquiry into dental services under medicare. Health Insurance(Dental Services)Bill 2012

Dr Raymond Montag

2nd April 2012

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Dear Minister,

I am writing to you in relation to the audits being carried out by Medicare Australia (MA) on a large number of dentists throughout Australia who have participated in the Chronic Dental Disease Scheme (CDDS). I am currently one of these dentists and I would like to share my experience of the scheme with you in order to provide you an insight as to what is occurring.

I have been a practicing dentist in the private sector for the past 26 years and the last 17 years in my current location in South Melbourne. Our practice services the general dental needs of a wide variety of the ethnic and socioeconomic spectrum in the local area.

Prior to the CDDS, public funding for dental patients in the private sector was limited to a small amount of money to allow for a quick fix treatment such as a filling or an extraction or temporarily relief of pain. With the arrival of the CDDS, there was a welcome opportunity for many people with chronic diseases to finally access dental treatment in the private sector which allowed comprehensive treatment plans to be fulfilled in a timely manner. Patients who formerly lived with compromises and long waiting periods could now have the dental disease which was complicating their overall health alleviated in a timely manner.

In late 2007 I rang Medicare Australia to ask what requirements were needed by the dental provider to participate in the CDDS. I was told that a valid provider number and a referral from the patients GP doctor were the only prerequisites and to refer for the information booklet to understand the fee schedule. I was also told that I could choose to bulk bill the patient or charge above the scheduled fee and that this should be discussed with the patient at the first consultation. I was not told that there was vital and imperative notes on page 16 of the booklet (no not page 1or 2) that must be adhered to. Four other dentists at this practice also spoke to Medicare at or about the same time and were given the same information.

Patients who were using this scheme were referred by their GP because it was felt that their chronic medical conditions were being compromised by their poor dental health. The patients further fell into three broad categories:

1. My existing patients who over the past years were treated episodically because they were limited financially and were now able to access a full treatment plan to restore a healthy mouth.

2. Patients who had sought to have treatment at the dental hospital or regional clinics, but had given up because of the long waits.

3. Patients referred by their GP`s because they attend the GP or emergency clinic of a hospital for pain or broken teeth because they cannot afford treatment at a private dentist.

   The most noticeable features that these patients share in common is that they are very grateful to be treated promptly, they have quite devastated dentitions requiring a lot of work to bring them back in order and in many occasions they have serious infections that severely compromise their medical well being.

   In our busy practice, the influx of these patients created quite a logistical dilemma, as we were happy to help them out, always at a greatly reduced fee to our usual fees, and we were happy to fit them in with the same priority as our regular patients. I often would receive a phone call from a GP asking for the patient to be prioritised because the patient was quite sick or in pain and I would always help.

   It was our practise when seeing CDDS patients to collect diagnostic records, formulate a treatment plan and sequence appropriate appointments. If the patient presented in acute pain, with an obvious acute infection or had broken dentures, I would attempt to attend to these problems at the same visit. I would then write to the referring GP with my treatment plan. I would tell the patient that all treatment would be bulk billed to Medicare unless large third party costs were incurred and in those instances the patients were accurately quoted the out of pocket fee in writing.

   In mid-2010, the Australian dental Association (ADA) and Medicare Australia (MA) wrote to all dentists informing us that a written quote must be provided to the patients even if they are to be bulkbilled. Since that time, this has been our practice to provide a written quote at the time or shortly after the first consultation. Most patients on receiving the quotation ask again "how much do I need to pay" and when they are told "nothing", they usually discard the quote.

   I am now being audited by MA for patients treated during the period 2008-10. I have been told that when I provided emergency treatment on the first visit, all fees paid for subsequent works on those patients will need to be refunded. I have been told that my patients can be called by MA and if they cannot produce or remember being given written quotations, I will be considered to be non-complaint and again refund fees paid in my favour. I am told that even if this is a rare finding rather than a definite trend, fee return demands will be made. I am now told that no pain relief or emergency treatment can be provided until a second visit once all paper work is completed.

   As dentists we were told that the audits were being carried out to help dentists better understand the compliance needs of MA for the CDDS. It has become clear that this is not the case and that this is a process to claw back large sums of money that MA had not budgeted for. The audits to date have shown that whilst many dentists have failed to fully comply with the paper work required, very little fraudulent activity, and in my case none, has occurred. It is clear that MA

would like to close down the CDDS scheme but the repayment of fees for work done with the best of intentions is grossly unjustified.

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.

I find it unfathomable that Medicare can now seek recovery of all the 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 patient is 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 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 – and my association - 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.

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.

I hope you will consider this letter and use your powers to influence the decision makers to cease this audit immediately.

Yours sincerely

Dr Raymond Montag