

Subject: Wilma Johnson submission, Health Insurance (Dental Services) Bill 2012

Senate Submission

Health Insurance (Dental Services) Bill 2012 (no 2)

10 April 2012

Dr Wilma Johnson

My name is Wilma Johnson, I am a part-time employee dentist in Southern Tasmania. I have been audited by Medicare and have received a demand for \$24,000, because my paperwork was late. This amount is three times more than I received as an employee.

I was first contacted by a Medicare compliance officer who came to our practice in September 2009.

I had been "randomly selected for information-gathering purposes"

I was told the visit was a "PR exercise" I was given no warnings, I was not told that it was voluntary, nor told that the information I "volunteered" would be used against me. This was a gross abuse of power.

Having established that I was unaware of paperwork requirements, I was audited for the previous 2 years, 2007-2009. I had no chance of getting it right.

All treatment was valid, basic and necessary, all bulk-billed, with informed consent of the patients. Many items were done for free.

There was no high-billing, no complaints, no mistakes, and all paperwork was rectified some 6 months before the final audit.

The audit report recommended a letter of education and no further action.

This recommendation was ignored.

This is a denial of natural justice.

I had not actively chosen to participate in the scheme; as an employee I have nothing

to do with bookings, I simply treat the patients on my list. But I was happy to help implement a good oral health initiative.

The widespread problem of non-compliance is an indication that there were serious deficiencies in Medicare's education process.

We have had no experience with such a scheme before.

Previous experience with Vets affairs or Teen Dental,(signing the same bulk-bill slip) gave no hint that there could be paperwork requirements to fulfill.

I received no information from Medicare prior to September 2009.

The information I have seen since then is scant and obscure, with nothing to say paperwork is important for a claim to be valid, or what the consequences of non-compliance could be.

Medicare's e-learning program didn't work until 2011, with the CDDS linking back to information on Teen Dental.

Considering the lack of information, it is reprehensible that Medicare can now be so harsh.

There are indications, from unsubstantiated sources, that there are serious and disturbing inconsistencies in the way Medicare has dealt with non-compliance; there may be instances where Medicare has reclaimed payments on the basis that the practitioner can reclaim those same payments when paperwork is subsequently rectified. Medicare can then claim leniency on the one hand, whilst simultaneously claiming that payments have been recovered on the other.

There has even been active "trawling" for non-compliant cases, as in the Mercury newspaper 20.3.11 Massive Rort of dental scheme... Anyone suspecting non-compliance or fraud against Medicare should phone 131524.

Non-compliance is not the same as fraud, and the punishment does not fit the "crime"

The requirement for a treatment plan to the GP is spurious, as there is no requirement for me to notify subsequent changes to that treatment plan. This makes it a farce.

My patients were very happy to have their treatment options explained in terms they can understand, they had no interest in receiving the list of treatment item numbers or the "quote" for their free treatment. My failure to provide these two pieces of paper had absolutely no adverse effect on treatment outcomes.

I am in contact with 16 other audited dentists; we have all experienced the same range of emotions, stress, disbelief, rage, disillusionment, and distrust of any future dealings with government dental schemes.

I have not treated CDDS patients in the past two years; I am a great believer in public dentistry, and work in Aboriginal Health for an hourly rate, but cannot bring myself to

trust Medicare.

Many of my dentist contacts are foreign, and not well -placed to fight.

Some have been suicidal, and Medicare's solution to this is to offer free psychological counseling.

I can see no evidence of Medicare applying leniency, and there is no consideration of 3rd party arrangements, causing conflict between employers and their staff.

The \$24,000 I have been demanded is three times more than I received as an employee.

There has also been a three-fold rise in legal costs for dentists as a result of this audit debacle. These costs will be passed on to patients, making dental care even more unaffordable.

Medicare also gives no consideration of overheads or disbursement fees; Please consider the following scenario...

A GP refers Mrs Smith, who has no teeth, for dentures.

The dentist supplies these, the laboratory fees cost him more than the Medicare payment he receives.

The dentist is already out-of -pocket, then has to refund the entire Medicare payment, because he didn't write to the GP to tell him something the GP has already stated.

The exercise has now cost the dentist several thousand dollars.

How fair is this?

Please feel free to contact me. Wilma Johnson.