

Submission to the Senate regarding CDDS

My Name is Dr Omid Allan. I am a dentist working in Australia since 2006. I had no previous involvement with any scheme or program run and funded by the government or Medicare Australia.

I had many inquiries from my patients about the CDDS introduced by Medicare but didn't get involved with the scheme till early 2009 when I started my own practice.

I accepted patients under the scheme and provided treatment for them without charging any gap except what was paid by Medicare Australia. The main reason that I got into the scheme was high demands from my patients and also from the Iranian and Kurdish community as I am probably the only dentist in NSW who speaks both languages.

The services I provided to the patients under the CDDS scheme was on the same quality which I do for my private patients and in most of the cases I provided treatment worth much higher than what was paid by Medicare (the limit of \$4250) because the patients couldn't offered to pay the extra charges. I can show you cases where I provided treatment worth more than \$6000 just for the payable amount of \$4250 by Medicare. I have provided dentures, dental Implants etc but later noticed that the claim was rejected by Medicare for some reasons(as the claim only can be made after completing treatment) and when discussed with the patients they refused to pay for the treatment and I was left with the loss of material, time, labor and Laboratory fees. I must mention that this problem is still ongoing without any consideration from Medicare.

As I wasn't familiar with the system and never were with any such programs, I and my receptionist contacted Medicare many times to request more information but never found the call centre helpful in providing information. I must indicate that I never received any correspondence from Medicare in regarding to the CDDS scheme till April 2011 for the first time.

I also visited the Medicare website regularly and never found any indication about any compliance criteria under the scheme. Interestingly the Medicare's website content was changed after 4th January 2011 and this was the first time I heard about compliance issue from Medicare.

For the first time I heard about the compliance requirements under the scheme from ADA in Mid 2010 but I didn't realize that the issue with reporting to the GPs and the patients is such a big issue and can be a subject for any penalty or refund to Medicare. I must insist that even the ADA wasn't clear about seriousness of the issue and the risk of refund request by Medicare.

I am currently under an audit by Medicare Australia and two other associate dentists from my practice are audited too. I received a request from Medicare for submitting all relevant documents for 20 patients treated by me in mid 2011. For most of those patients I did provide a treatment plan to the referring GP and the patient. Therefore I was quite comfortable that I have been compliant.

I noticed that Medicare expanded my audit in Late 2011 and contacted some of the referring GPs and patients. To indicate how unfair and wrong the audit process is, I give you some examples:

1. A GP who is now retired but used to refer me some patients contacted me and said that he was asked by Medicare to reply if he received a treatment plan for the patients referred to me. He had to reply NO to all the questions just because he didn't have access to the patient's files and didn't want to get in trouble with Medicare.

2. I also was told by another referring GP that because she didn't keep the copies of the treatment plans sent to her, she had to reply "NO treatment plan received "as she didn't want to get in trouble.
3. Some of my patients referred to me with an audit request by Medicare and asked for help in answering the questions. The audit form was full of technical information and item numbers which were so difficult to understand and answer. I am amazed that how it would be possible to expect accurate information come from such a flawed system!
4. The audit has made a very adverse effect on my reputation and business in a way that most of the patients and the referring doctors think that I frauded the scheme and am in a big trouble.

Summary

I never was informed about any possible compliance requirement under the CDDS scheme by Medicare till April 2011 and never was provided with any support or education. Medicare never requested my consent for accepting their conditions under the scheme nor asked for my permission to contact my patients or the referring doctors.

The condition of providing the patients and the GPs with a written treatment plan is absolutely irrelevant and has made no positive effect. Most of the GPs are not familiar with dental items and dental terms and can't have a interest and technical understanding of the necessity of treatment plan. From my experience I have never been contacted by a GP questioning about the treatment plan for a patient.

It just makes extra work for me, my staff and the GPs to exchange and file piles of papers which no one is interested in the content. Also most of the patients have no interest in keeping and filing a treatment plan having said the dental items and term for the patients are very confusing and complicated to understand. However I feel more comfortable to provide my patients with a written treatmen plan but to be so seriously audited by Medicare for it is unbelievable.

I feel that Medicare is acting unjust, out of sense and unlawful in dealing with dentists who participated so honestly in the scheme and provided worthy dental treatment for very low fees for a large scale of people who never had access to expensive dental treatment or had very limited access.

Therefore I am prepared for a legal action against Medicare if I face a refund request. I think Medicare will be liable for the damages done to my business by conducting a illegitimate audit. If every dentist follows that route then Medicare can cost taxpayers a heavy compensation bill.

I would appreciate the move taking place in the senate to question Medicare for its unfair behavior and am hoping that my submission give the senators an insight of how dentists like me see the matter.

Please feel free to contact me if I can be in any help.

Dr Omid Allan