

From  
Dr.Kiran Nayak

3<sup>rd</sup> April 2012

To  
Senate Finance and public Administration Committees  
PO Box 6100  
Parliament House  
Canberra  
ACT 2600

Dear Sir/Madam

**Subject : Chronic Disease Dental Scheme**

As a constituent, I need to express my grave concern at the action of the Federal Government in insisting that Medicare demand full repayment of rebates paid to dentists for paperwork errors, when in fact they provided necessary treatment to patients appropriately referred to them by medical practitioners. Most dentists work in a single or two-person practice and have no previous involvement with the Medicare scheme and the extensive bureaucratic paperwork demands.

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 these small dental practices. This is a disproportionate response to minor administrative errors. In delivery of dental care to patients in need, many dentists have now been requested to refund all fees despite the treatment being appropriate and provided to a high standard.

All my patients treated under the CDDS received BASIC dental treatment: fillings, cleaning, extractions and denture work. No expensive dental treatment (crowns, bridges) has ever been provided to my eligible, medically compromised patients. Beside the fact that Medicare is paying 25-30% less than average price of any dental service, many of my patients received FREE further treatment once the \$ 4250 cap was reached in order to complete their course of treatment so they can benefit of a healthy mouth/dentition.

Medicare staff called me to inform that she is going to send out the self audit form to me. Medicare did not wait for me to respond to the self-audit request. Medicare staff made several phone calls within matter of 4 days and left messages with my receptionist saying I should contact her immediately or else she threatened to call all my patients and their doctors. I was extremely busy with my patients and hence was unable to return her calls immediately. I strongly believe she should have allowed at least 7 days time before making so many calls. This is absolutely harassment which is totally unacceptable. I and my staff went out of the way working over time to compile the documents required by them. During this period they decided to call my patients asking questions which made them very worried.

Medicare staffs telephoned patients enquiring about whether they had received treatment plans and were aware of the treatment I had performed and the cost. By way of illustration of the upset this has caused and the “uselessness” of the information they obtained, I note the following comments which have been made directly by patients to me:-

- Mr.C says I don't remember 5 minutes back what had happened due to my brain surgery and now how can they expect me to remember the treatments which I received 2 years ago.
- Mrs T says her husband can't even remember what occurred 35 seconds ago due to his Parkinsons disease.
- Mrs.T says it's ridiculous, how they expect us to remember so many list of items they sent which has technical wording. For example – Adhesive restoration.
- Mr.J came with the list agitated and angry looking at the list says to me ...”I haven't had 27 appointments with you referring to 27 itemised treatments. And I had made a crown for him as per there list and Mr.J said he never got it done. I had to spend almost half an hour with him to show him and explain what and where the crown was. For all these services I am not being paid. This patient was bulk billed for his crown and I was paid \$964.50 by Medicare which otherwise would cost \$1350. We do treatment in good faith being in a noble profession treating chronically ill patients with lots of empathy.
- Most of the patients were very apprehensive, worried and shaken up by this letter, where Medicare is asking them to repay.

Every patient thought this scheme is wonderful, very happy with the treatment and were able to chew food better and would prefer this scheme to continue as has benefitted lots of chronically ill patients which otherwise they wouldn't be able to afford the expense. People with chronic disease 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 would like to bring an incident to attention where patient pulled his own tooth with a plier due to severe pain and had no money to go to the dentist. What a brutal way in 21<sup>st</sup> century in Western world.

My patient was harassed by Medicare even though the audit questionnaire was answered and sent back to them. Medicare went to the extent of ringing the patient and asking her ‘whether the treatment plan and quote was given on the day by hand or post?’ How can anybody remember whether they received by hand or post 2 years back? This kind of excessive audit has no meaning or relevance. Surely an audit should be focussed on establishing whether the treatment that was claimed, was performed and whether it was performed to the satisfaction of the patient.

One of our patients expressed this kind of audit is nothing but a trap to stop the scheme and she felt the patients strongly needed this scheme to continue if not says shame on the government.

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.

There is a high degree of anxiety and discussions at gatherings of dentists concerned that the approach being taken with audits of dentists who provided treatment to eligible patients under the scheme is unfairly leading to prospects of bankruptcy and insolvency for dentists who - in good faith - have provided the care required by eligible patients.

Poor administration within Medicare and lack of information about the scheme for doctors and dentists may explain the extent of the problems being experienced.

The fact is that almost all dentists, until recently, were innocently unaware of the so called “2 paperwork requirements”. These dentists, despite being genuinely unaware, are now facing demands to repay all benefits paid in circumstances where the work the subject of the benefits was performed and was performed with the permission of the patient and to the patients satisfaction. Surely Medicare should be pursuing those that haven’t done the work the subject of claimed benefits. Surely the outcome should be education for such minor administrative non-compliance.

Medicare keep rolling out headlines that Dentists are rorting the system. This is unfair and untruthful. Almost all dentists were unfamiliar, until 2010, of the paperwork requirements and the primary basis is that Medicare is pursuing recovery (other than couple of isolated cases), is the 2 paperwork requirements – the failure to provide a written treatment plan including a quotation to the patient and the failure to provide a summary to the GP at the commencement of treatment.

I ask that dentists are treated fairly and that Medicare is asked to understand that dentists have omitted to submit paperwork due to unfamiliarity with the system.

I strongly believe the audit should focus on whether patient has received all the treatments as per the plan. If the treatments have been performed, and performed to the satisfaction of the patient, then in cases where practitioners have been genuinely unaware of the paperwork requirements, the outcome should be better education.

Thank you for your time.

Regards

Dr.Kiran Nayak