ChapelGate Dental
Dental excellence with genuine care

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Submission to the Senate Finance & Public Administration Committees
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Via e-mail to **fpa.sen@aph.gov.au**

Re: Health Insurances (Dental Services) Bill 2012

Practice Location and demographic	My practice is located in and in that location there are many poverty stricken people with substance abuse problems and mental illnesses. Naturally, when I first heard of the Medicare Enhanced Primary Care scheme (EPC) a few years ago I became involved in treating patients under the EPC in order to provide excellent quality dental treatment, at a greatly reduced price, to people whom I believed were financially and medically compromised.
Information Sources	In those early days, I received very limited information regarding the EPC directly from Medicare and whenever we rang Medicare regarding inquiries specific to the EPC the Medicare staff were unhelpful or not knowledgeable of the answers. The Australian Dental Association (ADA) provided much more written advice through their dental newsletters and bulletins then Medicare ever did regarding the rules and regulations regarding the EPC scheme.
Specific Requirements	For example, we were only made aware of the requirements regarding the provision of treatment plans to the patients and referring general practitioners through the ADA. Upon notification from the ADA, I immediately sent all my existing Medicare patients and their doctors extra copies of their treatment plans as a precautionary measure.
Other Schemes	I also provide treatment to patients through the Department of Veterans Affairs (DVA) and find their system to be straight forward, user friendly, with clear cut obligations and specific rules that leave no room for error - unlike Medicare. DVA has a dentist available to contact on certain weekdays which makes phone communications much easier as well.

Problems in Early Days Before Bulk Billing	Initially I began asking my EPC patients for an out of pocket "gap payment" to make up the difference between the Medicare rebate and my private fees. I found that some patients would not submit their accounts to Medicare, and thus I did not get remunerated for the services provided. My receptionist has spent many hours chasing up these bad debts and sending in complicated paperwork to Medicare, only to be informed in some cases that we still could not retrieve the amounts owing to us. I was out of pocket several thousand dollars. As you may well imagine with some of the patients I was seeing who were victims of substance abuse and other mental illnesses, they perhaps did not see the importance of following up with the payments.
Move to Bulk Billing	As time went by I found less and less of my patients were unable to afford to pay the gap payment. In the interest of patient health and community works, I decided to bulk bill patients via the EPC and subsequently I now see a greater number of patients through the Medicare "Chronic Care Plan" as it is now called.
Current Medicare Audit	The EPC has had huge impact on my practice because even though I am currently being audited by Medicare, I feel that I cannot stop providing dental services to patients on this plan as to do so would compromise my duty to patient care.
Medicare Receipts Not Remotely Close to Actual Payment Amounts	On top of all this, recently I discovered that when bulk billing Medicare patients, the amount displayed on the EFTPOS/HICAPS receipt upon claiming for an individual patient is not necessarily the amount that is deposited into our account. I was originally informed that there may be slight deviations or variations on the amounts and I was willing to put up with this. However, on a recent audit of December 2011 amounts payable, we noticed discrepancies in the thousands. We actually received notification through the HICAPS Medicare bulk billing system that we would be paid amounts only to find out that Medicare won't pay them at all. If that month is representative of other months, then we may be facing having to borrow funds to cover our debts.

Examples of Medicare receipts	For example, the system is allowing us to claim on the spot for item numbers that are not necessarily claimable on the day. The reasons vary from item number to item number and some of the reasons are so obscure that it defies logic and certainly defies good dental practice! We assume that based on the receipt from Medicare, we will get paid somewhere close to the sum shown on the receipt for the services performed. Unfortunately, this is not the case! The scheme is clearly not designed for private practice dentists who: 1) are trying to carry out often complicated and time consuming procedures, 2) are attempting to minimize the impact on their medically compromised patients, and 3) are endeavoring to do so in a financially viable manner!
Patient Abuse	Apart from the stress of being audited, financial loss, wasted hours on the phone, filling in useless forms and the like, we have also been subjected to physical and mental abuse from a few of our Medicare patients who have mental illnesses. Despite not having to pay for their extensive dental treatment these patients felt that they could take advantage of our services by not arriving for their appointments on time and speaking in a rude and derogatory way about me in my waiting room. At one time, my staff and I had been fearful for our physical safety and we had to call the police.

Inability to Claim	Out of all the patients in my practice, those on the Medicare Scheme are invariably the patients who either fail to attend their appointments or cancel at the last moment leaving us unable to offer the appointment time to anyone else. This is understandable as my EPC patients are in the main mentally ill or the victims of substance abuse. My appointment book has many vacant hours attributed to the failure to attend of these patients who we are trying to help. Unfortunately under the EPC, unlike private patients, there is no facility for me to claim on these unattended hours. While our overheads remain the constant, our revenues are down by in well excess of $20,000 placing a huge burden on the viability of the practice. In the last 7 days alone, I have had 6 surgery hours cancelled at short notice by EPC patients costing my practice lost revenues of approximately $4,000. Another example is where I have spent many appointments and considerable time with a patient and the procedure is almost complete. We have had dentures made and have paid for the cost of these. Unfortunately, the patient does not answer their telephone and does not respond to messages. All they have to do is come into the practice and pick up their dentures but for some reason attributed to their mental condition, they will not do this. For me, this means that I cannot claim for any of the work of costs that I have performed! Again, in this example I am out of pocket over $1,000.
Patient Care	I treat my Medicare patients no differently to my private patients and cut no corners in any aspect of services to them, whether it be the time taken, materials used and infection control standards. I believe that most of the patients that have been referred to me by general practitioners through the Medicare scheme are entitled to some kind of government funded dentistry due to their medical conditions, however only a few of them appreciate the benefit that is associated with being treated by a caring experienced practitioner such as myself who feels a moral obligation to the community at large.

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