

1 April 2012

Senate Finance and Public Administration committees  
PO BOX 6100  
Parliament House  
Canberra  
ACT  
2600

**Chronic Disease Dental Scheme**

I immigrated with my wife and four children to Australia on 12 April 2007. I have been a dentist for twenty-two years and have always tried to provide my patients with the best possible dental treatment.

With the establishment of the Chronic Disease Dental Scheme I looked at it as an opportunity to help the underprivileged and ill people in my suburb (South Melbourne). Most of them did not speak English and many others were Methadone addicts. All patients were bulk billed at the Medicare tariff and patients were not charged our regular fee. Often there were not enough funds available from Medicare yet these patients were treated at no extra expense to themselves. All laboratory work was done using our regular Australian technicians and not sent offshore to be done cheaply. At all times the highest possible treatment was done on all my patients and I truly believe that I have helped to improve the quality of life of hundreds of patients. Many of these patients had been waiting for years to have dental treatment in the public sector and have been very appreciative of the dental treatment they have now received and more importantly the improvement in their quality of life.

I have had no previous involvement with any Medicare scheme and the extensive bureaucratic demands for paperwork I am unfamiliar with. (The Department of Veteran Affairs, has clear guidelines relating to patient treatment, does not expect onerous paperwork and has the Veterans health at the forefront)

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 me and other dentists for paperwork errors, when in fact we provided necessary treatment to patients appropriately referred to us by medical practitioners.

At this time I am being audited by Medicare and the only thing they are interested in is whether the correct "paper work" has been provided to the patient and to their GP doctor and not whether the patients overall health has been improved by my dental treatment. Since the audit process started in June 2011, Medicare have at no time offered me educational material nor commented on any of the documentation and full patient records that I have provided them with. I have no idea what I am supposed

to have done wrong. (Every patient had their treatment plan discussed or translated to them, every GP Doctor has received a copy of this treatment plan and I have even resent every treatment plan to make sure the GP doctor has a copy of it). Thus I have been following my lawyer's guidelines one hundred percent. I still treat my original Medicare patients but refuse to treat any new Medicare patients, sadly there are fewer and fewer dentists prepared to take on new Medicare patients.

The requirements of Section 10 are only written on page 16 of the Medicare Benefit Schedule (Published 1 November 2008). Medicare has been aware of dentists making technical paper work errors since 2008 (when the first audits was initiated by Medicare), yet only published warnings from April 2010. If Medicare felt that these requirements were so important why were they not published on the front cover of their schedule and why didn't Medicare send registered letter to each dentist to sign and return to Medicare, explaining the importance of this red-tape being followed.

Medicare had no issue whilst dentists helped to reduce the waiting time for the hundreds of thousands of publicly funded patients requiring dental treatment and only when they realized how much this scheme is costing, have they now decided to recoup this money, by looking at bureaucratic loopholes and not considering whether the correct dental treatment has been carried out on the patient. People with chronic diseases often have more dental problems than healthy people and it is not surprising that there has been high use of the Medicare scheme given this pent up demand.

The extent of the witch-hunt over alleged rorting of the Chronic Disease Dental Scheme has become unreasonable. Over six hundred and twenty six dentists are being audited by Medicare and I am sure that you would agree that had Medicare's administrative requirements been clear, not such a large number of dentists would have made the same technical error.

I have become anxious, do not sleep at night and have become extremely stressed since this audit has started. I have always tried to do everything by the letter of the law. I question the inflexible approach taken by Medicare with regard to these audits of dentists who provided treatment to eligible patients under the scheme and I question their disproportionate response to minor administrative errors.

I have become liable to refund all fees despite the treatment being appropriate and provided to a high standard. This could lead to my bankruptcy and insolvency and is potentially going to shut down my dental practice. (I employ fifteen Australians)

Poor administration within Medicare and the lack of information about the scheme may explain why so many dentists have made the same unintentional technical error and have omitted to submit paperwork due to unfamiliarity with the system.

Dentists' need your help in trying to reason with Medicare that only minor technical errors have been made and that the quality of life of chronically ill Australians has been improved, and this should be their priority.

I do not believe that any dentists would consider participating in any other Medicare funded schemes in the future.

For me the saddest aspect of all of the above, is that due to my depression and stress, now my marriage of twenty years is on the verge of collapse.

Yours faithfully

Dr Avron Lapidus  
BDS (WITS) MBA (WITS) ADC