

Subject:

Medicare Audit of dentist- my story

12/04/2012

I'm Dr Bich Dien Tran, a dentist at [redacted]. I'm writing in response to the audit Medicare conducted that resulted in Medicare seeking to recover a large sum of money from me (\$242,315.65). I would like to express my views on this audit and I would like Medicare to understand the level of stress that it has put upon myself, an honest and highly qualified health professional. I would also like to explain what I believe Medicare should have done to assist the profession with the introduction of the Chronic Disease Dental Scheme (CDDS), which I believe would have achieved more compliance with section 10.

I have been working as a dentist since 2000, and have been at [redacted] since 2001. My main goal and satisfaction has always been servicing the community and looking after my patients. Their satisfaction with the work that I've done has been my reward. Before Medicare introduced the CDDS, my business had been running well and I was normally booked 3 weeks in advance with an average of 15 patients a day. Since Medicare introduced the CDDS, the booking increased and I was often booked out 6 weeks in advance. I continued to see 15 patients a day. I have always treated all my patients exactly the same, regardless of whether they were a private patient paying for the treatment from their own pockets or a Medicare patient. Following an initial examination I explain to all of my patients what they need to get done and there has been no case where I have provided treatment that the patient was not aware of and has not consented to. I also ensure that only necessary and relevant treatment is provided. My staff and I maintain a high working ethic.

When the CDDS was introduced it was an extremely confusing time, for the doctors and the patients. It was even more confusing for the dental professionals as we have never had any experience with Medicare before. We were learning as we went. In some cases I lost money where an invoice was issued to a patient to make a claim to Medicare but the patient never came back to pay us. We elected to provide patients with an invoice after the treatment had been

provided and ask them to obtain payment for us from Medicare rather than have them pay the surgery directly as they often did not have the money to pay us otherwise. Some patients never came back to pay us after claiming from Medicare. As such, there is treatment that I provided but never received payment for.

I also believe Medicare has underpaid the dentists in that we are not paid anything for the preparation of the written quotes and treatment plans. If there was an item number for such services, this would capture the time we spend on such documents and would also prompt us or act as a reminder that such documents need to be provided before treatment commenced.

Medicare should understand that the writing of such plans is time consuming.

I normally allocate around a half an hour appointment for each patient. Normally, and especially the CDDS patients, they present with a chief complaint and would like to get the problem fixed on the first day. Medicare needs to understand that a patient who has dental problems would want the problem to be fixed as soon as possible when they first attend the dentist. The requirement to prepare and provide a written treatment plan and quote reduced the amount of time available to provide any treatment at the first consult. It was also impractical to provide the treatment plan and quote to the patient and forward a copy to the GP prior to the commencement of treatment when the patient required and expected treatment at their first appointment.

Medicare has failed to look after the health professionals who honestly helped Medicare in achieving their goals. I believe Medicare should have provided seminars for dentists on how the CDDS worked when the scheme first commenced. Maybe one seminar per region if not each surgery on its own. Then we would have been properly informed about our obligations and responsibilities and could have ensured we were being compliant from day 1. There were many parts of the scheme which I did not know about or fully understand until the current audit. The 3 way communication between the patient, the doctor, and myself has never been an issue. We were always available to speak to if ever a patient or doctor had a question. There might have been one or two cases out of hundreds of patients that we saw through the CDDS where the patient was unhappy. It is not possible to please everyone' although we strive to do so. But let me reassure you that we have never charged patients for treatment not provided. We also did not pre-bill for treatment.

I was only aware of the necessity of providing a written treatment plan and quote in late 2009 when a friend of mine told me of the auditing. I then made an immediate upgrade of our administrative system by purchasing a costly computer practice management system (Centaur Dental 4 Windows) to assist us in preparing and providing written treatment plans and quotes. The computer system saved us a bit of time and resulted in less hand writing and calculations. However, before the installation of the computer system, all my patients were still advised verbally of the proposed treatment plan and cost of treatment. My patients are always informed about their dental needs and estimated costs. It was my belief that if the patients and doctors were happy with the outcome of the treatment and are satisfied with the improvement and the work done, then there should be no problems.

It should be clear that I and my staff have been working hard. In seeking recovery of basically all the money, I feel that Medicare has turned its back on me and my profession and has portrayed us as abusing the system, which is extremely far from the truth.

I was first contacted by Medicare in early 2010 when a Medicare officer rang to make a 15 mins appointment to discuss compliance with section 10 of the Determination. I did make a 30 mins appointment for her and we discussed section 10 and about complying with it correctly. I explained to her that although we did not comply with section 10 previously we now have the centaur system and were now being compliant. She was happy that we were being cooperative. She did not say anything about Medicare seeking to recover fees paid if there had been non-compliance.

A couple of months later she called again and told us that we were chosen to be audited for the years of basically 2008 and 2009. I felt this was extremely unfair.

If Medicare were concerned about dentist's understanding of the scheme and compliance with it, why didn't it provide proper education to the profession back in 2007. Why was education about section 10 only done in 2010 and in these circumstances, why does the audit go back to 2007? Why did Medicare wait 2 years into the scheme before doing any audits if it had concerns about non-compliance? Shouldn't Medicare start auditing a month after it was introduced? Then any recovery amount would have been limited, and dentists would have learned at a much earlier stage about the requirements of the scheme. I also want to know why Medicare didn't warn us that it would recover monies if section 10 was not complied with. If there have been more than 50% of dentists not complying with section 10, as stated in Tanya Plibersek's media release of 20 March 2011 then obviously Medicare has failed to properly inform and make it clear to the profession what the relevant requirements are.

The amount of stress has been tremendous! I have lost many nights of sleep and what is worse is the feeling of betrayal and disappointment. I am disgusted that Medicare seeks to recover such a large sum of money and believe that it is being unreasonable. Medicare has not provided any support at all. I feel as if Medicare has set up a trap for us to step in, to do the work and then ask for virtually all the money back. I have hired more staff, spent money upgrading my computer software, paid for laboratory fees and materials, and worked overtime to meet the demands that the CDDS and its patients have placed on the surgery. I could have elected not to see any CDDS patients and wouldn't have had to face any of this but I took on this work as I believed that the scheme was a worthwhile initiative that would help those who needed it. But to be told that I now have to repay virtually all fees for work I provided over a 2 year period is devastating.

The stress this audit and recovery has caused has not only affected me, but also those around me. My staff, family and friends, and to some extent the patients and doctors have all been affected. The few patients who were contacted by the Medicare auditors were saying how frightening it was. They were questioned about treatment that was done 1-2 years ago and the questioning went on for half an hour. They also stated that the auditors had no real idea of dental procedures. How fair could the audit be if the auditors and Medicare officers have only vague understandings of what the item numbers are?

I feel that the recovery of the money is purely a way for Medicare to recover the overspending of the initial estimate budget allocated for the scheme. The doctors are the ones who gave out the referrals. The patients are the ones who benefited from this. Why is it the dentists, who carried out the high quality treatment (at a lower price than they normally would charge, and over long period of time) who are the victims?

I would like Medicare Australia to reconsider recovering fees paid from me, and my colleagues who are in a similar position, in circumstances where all treatment claimed has been provided and carried out ethically. Medicare audits should focus on those who abused the system, for example by claiming for treatment not provided. Where the dentist has provided clinically relevant treatment with the patient fully informed of the treatment and estimated costs, then such dentist should not be a target for Medicare. Please give us a fair go like true Aussies do.

Thank you.

Sincerely yours

Dr Bich Dien Tran