Dr. Ken Koo (B.D.Sc)

12th April 2012

Dear Senator,

RE: Medicare Chronic Disease Dental Scheme audits

After all the recent media and political attention stemming from the Medicare Chronic Dental Diseases Scheme (CDDS), I would like to take this opportunity to provide some additional information from an employee dentist's perspective.

I am a general dentist from a large dental practice, The , based in . Founded in 1969, the clinic enjoys very good word of mouth reputation within our local community for its high standard of care and quality of dental work. The practice consists of four associate owner-dentists and I am one of eight employee dentists. I graduated from The University of Melbourne in 2006 and began full-time work at the at the start of 2009.

Dentistry has had very little to do with Medicare prior to 1 November 2007 when the current scheme began. A letter from Minister Tony Abbott was issued prior to the implementation of the scheme along with a 65 page booklet called the Medicare Benefits Schedule for Dental Services. This booklet was very similar to the Department of Veterans Affairs' Fee Schedule of Dental Services. The Department of Veterans Affairs does not require dental practitioners to provide medical practitioners with a copy of the dental treatment plan prior to treatment. Very little was done at that time to educate dental practitioners about the responsibility of dental practitioners to provide a letter and a copy of the dental treatment plan to the referring Medical Practitioner prior to starting treatment.

I find it unreasonable and unjust that now Medicare can now seek recovery of all the benefits paid where dental treatment was performed in good faith, if there have been breaches in administrative requirements. Medicare is also seeking to recover the total fee billed even when laboratory fees have been paid. Throughout the entire course of the scheme there has been confusion regarding the requirements of practitioners prior to treating patients. Even after requesting clarification from Medicare, conflicting advice was given to one of our receptionists regarding our ability to provide emergency treatment prior to sending a treatment plan to the referring doctor. Our own professional association the Australian Dental Association (ADA) started an intense education program about the Medicare CDDS in late 2010 and early 2011 following initial Medicare audits which were completed in September 2010. As recently as February 2012 we have had to rely on the ADA advising us of our documentation obligations when treating patients under the scheme. As a result, our treatment plans and letters which we routinely send to the referring medical practitioner now clearly request that upon their receipt of these documents, the referring medical practitioner contact our clinic for acknowledgment. Of the forty plus letters which I have sent since this time, less than a handful has obliged. This calls into question the necessity of this particular requirement, the focus of which Medicare is using as the reason for repayment.

Since working full-time at the , the overwhelming majority of patients I treated were referred for treatment under this scheme and fully bulk-billed. A comparison of the

Medicare Benefits to the most recent ADA fee survey results from June 2011 reveals that the Medicare benefit is on average only 62.4% of the ADA national average fee for the 70 most commonly used treatment items. I carried out my duties in good faith and to the best of my abilities for each and every patient and did so gladly at reduced fees under this scheme with the knowledge that I was providing healthy dentitions for patients with chronic diseases. I was unaware of the strict and protracted requirements from Medicare, as were my employers whose operating procedures I followed, along with almost all dentists across Australia. It was not until the ADA began its education program that we were informed.

Of most concern to me is the issue of personal liability. As an employee dentist, I am paid on a sliding-scale commission basis, on average receiving only a third of the payment for treatment I provide as income, the remainder going to my employer and super fund. Despite this, I may be personally responsible for returning 100% of the claim, in addition to any laboratory fees incurred. Being that the majority of patients I saw were seen under this scheme, the prospect of full repayment would lead me to definite long-term financial and personal ruin since I did not received as income anywhere close to the same amount that would be asked of me to be repaid if I am found to be non-compliant. I have not yet been the subject of an audit however two of my colleagues from the are currenty undergoing this process. As you can imagine, this is a source of great anxiety and stress for myself and the remaining dentists at the clinic in light of the aggressive manner in which the audits are carried out to find these paperwork discrepancies.

The members of the Australian Dental Association and I do not condone any inappropriate conduct. If a dentist has billed for services not performed at the time or has received a benefit for procedures that were never intended to be performed then they should incur serious penalties. Honest and hard-working dentists should not however be forced to be political scapegoats.

Poor administration within Medicare and lack of information about the scheme for doctors and dentists may explain the extent of the problems being experienced. I ask that dentists be treated fairly and that Medicare is asked to understand that dentists have omitted to submit paperwork due to unfamiliarity with the system. I, like many dentists would have severe reservations about participating in any future Dental Scheme initiated by the Government, if the Government and Medicare dismiss the rules of fair play in their current dealings with dentists who entered the Scheme providing treatment in good faith.

Yours sincerely,

Dr. Ken Koo (B.D.Sc)