

To whom it may concern

I'm a dentist from N.S.W and currently practising in . I have been an associate dentist for the first several years of my career and in the last two years have established a partnership.

I have experienced the Medicare scheme both as a junior associate and also as a practice co-owner.

As a new associate:

1. The Medicare scheme was very foreign to many new graduates as once we are accepted to work in a surgery amongst other dentists, all we were asked to do was apply for a provider number and then treatment plan new Medicare patients, give them a copy of the treatment plan and once the patient agrees to the plan, then treatment was started. Regarding the administrative side of the scheme, the practice protocol was for the secretary to be responsible for this and which many young associates had not been clearly briefed about, which was not intentional as many practices had vaguely been advised about the precise protocols of the scheme by Medicare. So as young graduates, we were thrown into an environment where the administrative side of treatment was very confusing, vague and foreign. Our job was to treat the patient and the rest was left for front desk to deal with regarding paperwork etc.
2. All the treatment was provided ethically and legally however as an associate we only received about 37% of the total paid by Medicare which was our agreed commission plus we had to pay for the laboratory fees as an addition. So despite an associate performing treatment that amounted to thousands of dollars, the final income received was only 37% of the amount earned.
3. As an associate the rules regarding the exact process of the scheme was extremely lacking and vague. I remember the secretary and practice manager on many a time seeking advice from Medicare staff on the phone with no clear answer given and in fact many times the advice of several Medicare staff conflicted with each other.
4. It was only in early 2011 when auditing had started, did Medicare through its responses to the dentists being audited reveal the true extent and precise nature of how a dental practitioner must deal with the administrative side of the scheme.
5. What is disturbing is that if any non-compliance had been identified in dealing with required paperwork by Medicare, an associate may be asked to repay the full amount back to Medicare despite only earning a third of the total paid by Medicare and having spent thousands of hours treating these patients properly and to a high standard. What is to happen in this regard? Is an associate meant to repay monies he never received? Or are law suits going to be initiated between dentists to recoup the remaining 73% which the principal dentist of the surgery received as per the contractual agreement to repay back to Medicare?. This creates a dangerous and unpleasant environment between all dental professionals

As a practice co-owner

1. I received no formal correspondence from Medicare about the precise rules and protocols despite registering with Medicare a new provider number for a new location. Even to this date any dentist who applies for a new provider number is not given any introductory package that details the exact administrative protocols of the scheme. It is our association that now does this in place of Medicare. As law abiding practitioners, we understand there is no need for Medicare to provide all details regarding behaviour of a dentist in billing Medicare as it is universally known that by law treatment must be provided ethically and billed accordingly once the treatment had been completed which is what all dentists currently do regarding private health insurance, or cash paying patients. There is no excuses for a doctor committing fraud against Medicare.
2. Secondly our surgery like my previous places of employment had no option but to participate in this scheme. When over 40% of current patients of the surgery walk in with a paper from their GP requesting they be treated under this scheme, it is very hard to refuse such treatment to existing patients which many had been putting off dental work due to financial stresses and health problems. As a health professional, it is our responsibility not to discriminate between patients based on their financial status, and method of payment. So as a result the decision as to whether or not we will participate in this scheme was taken away from us as day by day GP's were handing out dental plans to eager patients who did not want to go anywhere else for dental treatment and insisted on having the surgery provide treatment under this scheme.
3. I have lost count of how many times I and many of my previous colleagues have provided treatment up to and well beyond the limit of money provided by Medicare. As our patients well being comes before money, I continue to this day treat patients who have used up their Medicare for free. *I Don't state this to receive any gratitude but to highlight the sacrifices we have made in participating in this very disadvantageous scheme which is financially abysmal to our surgery but which is highly beneficial to our patients. To have to bend over backwards and go far and beyond for the well being of your patients only to have the government demand the money which was grossly below the amount of treatment provided is very disheartening when the reason is due to a futile and miniscule administrative error.*
4. Regarding the issue of sending a GP letter before commencing treatment; we found that on many occasions GP's themselves were calling our surgery and sending patients with the dental plan and who were in extreme pain or had infections and were medically compromised to be treated on the same day, which they were seen later in the day.
5. On many a time patients presented with intense infections from broken down teeth on their first appointment, and given their compromised health, immediate treatment was needed. Such emergency treatments could not be limited to what Medicare now deems as either providing minor palliative care or removal of a nerve to start root canal therapy. Many of these patients required extractions of several teeth, or deep gum cleaning to resolve a gum abscess or even in the elderly; broken dentures. Thus as part of our responsibility to treat our patients correctly and ethically, a dentist cannot be forced by Medicare to perform irrelevant treatment a specified by their list of procedures deemed to be as emergency; in cases where other specific treatment is needed. Furthermore a dentist cannot extract a

tooth and then bill Medicare incorrectly under another item number; this is considered fraud

6. Furthermore, as many of these patients are chronically ill, it is unlawful for a dentist to send away a patient in pain and make them wait for a subsequent appointment as their treatment required is not listed by Medicare as being emergency treatments. Are we now creating a new type of ethics where a health professional must now have the protocols of Medicare as a higher priority than the health and well-being of their patients?. The intention of the scheme was to deliver essential dental treatment to chronically ill patients however the farcical administrative requirements of the scheme seems to contradict this.
7. Our surgery treats multiple disabled patients in wheel chairs who have to arrange a carer and transport to the surgery which takes weeks to do. It is unjust to have to send these patients away and prolong their treatment in order for their GP to receive a letter before their treatment can start considering they attended in pain. Current Medicare protocols do not assist disabled patients who are in most need of being looked after.
8. When dealing with Medicare, we constantly receive conflicting responses to the many questions we ask them. No Medicare worker will provide their badge id or provide a written response. It seems that Medicare protocols are not understood properly or are too confusing for their own staff and Medicare will not formerly uphold or stand by the answers their staff provide.
9. I recently called Medicare to clarify exact protocols regarding administrative requirements for a subcontractor, to which I was told I needed to contact my dental association to seek clarification. To my amazement the Medicare officer along with her supervisor could not tell me what the Medicare rules were regarding the question I put forward to them. How are dentists supposed to be measured up to the rules and protocols of the Medicare scheme when the Medicare officers and supervisors fail miserably.
10. GPs have remarked personally to myself and my colleagues about the GP reports, as many mentioned they do not read them, or don't understand the terminology and some have mentioned that the papers were a waste of space and were constantly thrown out. Why is such great importance being placed on a piece of paper that GP's don't read, do not understand and have no authority to disagree or amend what treatment plan a dentist along with the patient have agreed upon. It may be viable for a letter to be sent to the GP outlining what treatment was done but for it to be required before any dental work can begin is futile when a patient's health and well-being is being compromised as a result of this.

The current audit I have participated in was stressful for my staff and patients, as great time was wasted photocopying and preparing paperwork. Patients were calling in confused about the questions they received from Medicare. They were being asked questions about treatment they had received up to 2 years prior and asked about paperwork that was 2 years old and which many had thrown out. Patients were also quick to suspect why Medicare was apparently "chasing the dentist" given the inflated hype the government has created in the media about dentists rorting the system. It would be common for patients to think "did the dentist do something wrong?". It has brought unnecessary suspicion and questioning about my reputation and work. This can be classed as defamation.

In concluding, I have no fear of the audit as I have and will always provide ethical, legal and proper treatment to all my patients. I have never committed nor do I condone fraud of any nature. However the current rules of the scheme need to be corrected so that a dentist does not have to compromise a patient's health in order to deal with the red tape and administrative rules which clearly serve no purpose. Through my experience with dealing with Medicare I will most likely cease any future participation in this scheme and any other scheme which will cause a loss of a great number of my patients from my surgery. It is my great belief that dental health needs to be accessible to many sick and disadvantaged Australians. Many of my patients will attest to the positive impact this scheme has brought to their dental health. However, I will not allow a scheme to restrict my duty of care to my patients and also result in any questioning of my reputation which the current scheme and audit process has caused.

If it is the government's secret intention to have a large number of the population be treated and removed off the public waiting list by the private sector for free, then there is something seriously wrong with the whole system. Any patient of mine will tell you that it is ridiculous and grossly unfair for the government to demand to recoup all monies paid for all proper and legal treatment provided as a result of non-essential administrative paperwork error. This relentless attack by the Medicare audits must be corrected immediately.