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I am a solicitor and have been consulted by a Dentist participating in the Chronic Disease Dental Scheme (the Scheme). I was abhorred by the implications that purely technical breaches of the requirements could be used by Medicare to recover all money paid by Medicare to the dentist under the CDDS with such significant adverse effects on a dentist and his family when the dentist had acted bona fide and in good faith to carry through the objectives of the CDDS. The dentist I had been consulted by had not been properly trained in the paper trail requirements and may have failed to keep at the correct times some records required. No patients had complained or been adversely affected by the possible lack of records. On my instructions, the purpose and intent of the CDDS had been pursued, met and satisfied for a period of years before the defect had been brought to the attention of the dentist. Past patients and their medical advisers regularly referred new patients to the dentist and were far from being adversely affected by the possible lack.

The fee under the CDDS is a fixed fee and on my instructions the dentist had worked on needy cases for periods greater (and in some cases far in excess) than the fee would justify at normal charge out rates. He did this in order to ensure the standard of care was appropriate to the case rather than be limited to what the fee would justify.

In all cases the treatment was relevant to the patients care and well being in accordance with the objectives of the CDDS.

Since that time, the possible defects had been rectified in all past cases and the dentist was careful to keep the required records for current and future cases.

While handouts from Medicare did set out the record keeping requirements, it was not done so in a clear and explicit manner and the adverse consequences of failure to comply were not clearly stated. Nor was Medicare's attitude to pursue first time offenders stated until the audit process commenced. At that time, the dentist was threatened with full recovery of all moneys paid by Medicare to the dentist under the CDDS which would necessarily result in bankruptcy and professional disgrace.

Nevertheless, the dentist faced personal bankruptcy and professional disgrace for the technical breaches of the requirements which Medicare had allowed to continue for so long without properly training the dentist in their requirements.

Regards

Mick Lyons

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