



**Dr. Spencer Wu** J.P., L.D.S., R.C.S.Eng  
DENTAL SURGEON

10 April 2012

**To: Senate Finance and Public Administration Committee**

**Re: Submissions in relation to the health Insurance (Dental Service) Bill 2012 (N0.2)**

Dear Senators,

Re: Medicare's Chronic Disease Dental Scheme audits

I used to believe the CDDS scheme was a welfare exercise for the aged and the poor who suffered from dental problems. Although the reward for participating is poor compared with the average income of everyday private practice. I came to know about the scheme by patients who brought with them referrals from their family doctors. Before that I had not been informed of the CDDS scheme by Medicare Australia. I found out more about the scheme from colleagues who were already taking part in it. The professional publication from the Australian Dental Association was the main source of information. Up to that time there was no literature or step by step guideline for the general practitioners. Definitely no mention of penalty for infringement on rules and regulations laid down by Medicare. Our assistants too were never advised on the correct procedures of CDDS cases.

Since we found out about the procedures from sources other than Medicare bit by bit, we were doing our best to follow what we thought was correct. Never once did Medicare caution us about what its expectations were or indicate that there was any problem with compliance. Even that we spent a lot of time to do what believed must be done, such as itemised fees and sent to Medicare, patient's doctors etc. All of these were done in writing because there was no printed forms for us to fill in. In all businesses, time and labour are costly. This is no exception.

We participated in the Veterans' Affairs Dental Scheme and never encountered any problems with them. Their patients came with individual identity cards containing all the information VA needs. The details of the cards are imprinted on to the forms provided to us. One is for itemised cost, another form is for claiming the fees. No one needs to spend too much time to write and post same to various authorities. It is far superior to the CDDS scheme.

Only after the first Audit was completed, on 07/10/11 did Medicare send me some information on CDDS by e-mail. Australian Dental Association (ADA) provided its members far better and comprehensive information, including the necessity of making telephone calls to Medicare for every new CDDS patient before treatment begins etc. That is more time spent on every case. For practices with large number of CDDS cases, they need an extra dental assistant just to deal with CDDS patients.

My practice had been audited several times but after the first audit, Medicare made no suggestion to me about how to ensure compliance with the scheme. Instead of advising us the correct way of processing the CDDS patients, Medicare launched the second audit. They are not interested in education but rather, wish to aggressively pursue dentists to recover money. This is not fair.

The media wrongly believed that all dentists penalised by Medicare were guilty of cheating. It cannot be further from the truth. Dentists might be found to have not done some paperwork on time but it is not cheating.

I was requesting by Medicare to refund well over \$80,000, which is 100% of the fees I received from Medicare. How can Medicare justify its demand? Health workers, like doctors and dentists are primarily responsible for their treatment, because that is their job, not writing letters and getting signatures from patients. I provided all of the treatment to my patients and I always acted in good faith toward both Medicare and my patients. Medicare's finding is a mystery to me.

I cannot speak for all of my patients, of those who contacted me, many of them were very critical of Medicare's attitude. Many patients would not participate in the audit, but that did not stop Medicare to make decision on their findings. I do know most of them were very pleased with the treatment received. We never charged extra to our patients, though we were allowed to do so. Even if some of the paperwork rules were not complied with, none of my patients were adversely affected. We are talking about two different matters, the clinical results and the clerical procedures. They are not related.

Of the two audies conducted by Medicare, no one ever came to my practice to advise me and my assistant. I received one e-mail to explain CDDS, no letter to tell me to do a self audit and one letter to tell me the penalty of \$87,088.00. The exposure to CDDS scheme left me cold, As a provider to this scheme, I thought I was doing a service to the community, instead I was opened to criticism for something I was not informed in advance. My assistant was working in the dark, and accused of committing serious errors. As a result, we have stopped taking on CDDS patients except old patients of the practice. I am always more than happy to contribute to the society, but I would not do it under this circumstance.

Yours sincerely

Dr. ~~Spencer~~ Wu

Holder of the Centenary Medal for community Association  
Executive Member of Australian Chinese Community Association  
Councillor of Ashfield Council 1995 to 1999