

Senate Community Affairs Legislation Committee

ADDITIONAL BUDGET ESTIMATES - 16 FEBRUARY 2012 ANSWER TO QUESTION ON NOTICE

Human Services Portfolio

Topic: Medicare Compliance

Question reference number: HS 8

Senator: Fierravanti-Wells

Type of question: Hansard pages 99-100

Date set by the committee for the return of answer: 29 March 2012

Number of pages: 2

Question:

- a) Senator FIERRAVANTI-WELLS: Let us look back, then, at those previous years. What was the nature of the complaints? Were they failure to notify doctors or were they minor sorts of administrative omissions in previous years?

Ms Campbell: Senator, are you talking about any area in particular because that is quite a complex question and I think we would have to take it on notice to give you more details?

Senator FIERRAVANTI-WELLS: Let us take the medical practitioners back in 2008. [p99]

- b) Senator FIERRAVANTI-WELLS: You would have somewhere in your records, I assume, the reasons for each of those audits.

Mr Rimmer: Certainly.

Ms Cooke: I can talk in general terms and give you some examples of some of the behaviour that triggers compliance.

Senator FIERRAVANTI-WELLS: I have that in an answer to my question. I accept all that. In how many of those completed audits and review cases we are talking about was it a minor administrative reason that resulted in the audit?

CHAIR: Ms Campbell, is that the kind of terminology that you use?

Ms Campbell: No. There is either compliance or non-compliance with legislation. We do not make decisions about minor or trivial. It is either compliant or noncompliant. We can take on notice and see what we can discover about categories of non-compliance in those years, but we do not have that information with us tonight. [pp99-100]

Answers:

- a) In the 2008-09 financial year, 2,794 audit and review cases were completed in relation to the claiming practices of health practitioners under the Medicare Benefits Schedule (MBS). It is important to note that the term 'health practitioners' included general practitioners, specialists and allied health professionals.
- b) Areas of focus for the audits and subsequent identified non-compliance included:
 - Health practitioners' claiming of items where there is a risk that the provider may bill for a more complex and more expensive item than the service provided, such as skin lesions and excisions. Audit activity demonstrated a high level of non-compliance in this area.
 - Continuing growth in the number of claims for 'after hours' items with audits focusing on items for health practitioners returning to and specially opening consulting rooms.
 - The billing of practice nurse items. Quick Reference Guides were developed, followed by a program of audits. Initial findings from the audit program suggested that just under one in four providers had made non-compliant claims.
 - Audits of providers with high volumes of Computed Tomography (CT) scans identified potential inappropriate practice. A number of providers were referred to the Practitioner Review Program and to the Director of Professional Services Review.