### **Senate Community Affairs Committee**

# ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### **HEALTH PORTFOLIO**

# Additional Estimates 2015 - 2016, 10 February 2016

**Ref No:** SQ16-000176

**OUTCOME:** 3 - Access to Medical and Dental Services

**Topic:** Medicare Fraud and Billing Errors

Type of Question: Written Question on Notice

Senator: Cameron, Doug

### **Question:**

How many cases of incorrect Medicare claiming or fraud did the Department identify in the financial years 2013-14, 2014-2015, and so far in 2015-16 in the following areas:

- 1) Incorrect billing.
- 2) Incorrect prescribing.
- 3) Inappropriate ordering and/or incorrect use of pathology and imaging services.
- 4) Consultations billed without referrals.

#### **Answer:**

- 1) Current reporting frameworks do not provide a mechanism to capture this data. The Department of Human Services may capture this data.
- 2) The Department of Health does not examine incorrect prescribing, as correctness is a clinical issue. The Department examined practitioners through the Practitioner Review Program where there are concerns of possible inappropriate prescribing.

In 2013-14, 284 practitioners were interviewed under the Practitioner Review Program for possible inappropriate practice. Of these, 44 (16 per cent) were interviewed with possible concern of inappropriate prescribing, and 5 of the 44 (11 per cent) were sent to the Director of Professional Services review for concerns of inappropriate prescribing.

In 2014-15, 391 practitioners were interviewed under the Practitioner Review Program for possible inappropriate practice. Of these, 113 (29 per cent) were interviewed with possible concern of inappropriate prescribing, and 9 of the 113 (8 per cent) were sent to the Director of Professional Services review for concerns of inappropriate prescribing.

In 2015-16 to 31 January, 289 practitioners were interviewed under the Practitioner Review Program for possible inappropriate practice. Of these, 68 (24 per cent) were interviewed with possible concern of inappropriate prescribing, and 8 of the 68 (12 per cent) were sent to the Director of Professional Services review for concerns of inappropriate prescribing.

3) In 2013-14, 284 practitioners were interviewed under the Practitioner Review Program for possible inappropriate practice. Of these, 74 (26 per cent) practitioners were interviewed with possible concern of inappropriate ordering of pathology or imaging services. Of these, 8 of the 74 (11 per cent) were sent to the Director of Professional Services Review for concerns of inappropriate ordering of pathology or imaging services.

In 2014-15, 391 practitioners were interviewed under the Practitioner Review Program for possible inappropriate practice. Of these, 205 (52 per cent) practitioners were interviewed with possible concern of inappropriate ordering of pathology or imaging services, and 20 of the 205 (10 per cent) were sent to the Director of Professional Services Review for concerns of inappropriate ordering of pathology or imaging services.

In 2015-16 to 31 January, 289 practitioners were interviewed under the Practitioner Review Program for possible inappropriate practice. Of these, 119 (41 per cent) practitioners were interviewed with possible concern of inappropriate ordering of pathology or imaging services. Of these, 11 of the 119 (9 per cent) were sent to the Director of Professional Services Review for concerns of inappropriate ordering of pathology or imaging services.

4) During 2013-14 there were no targeted activities for referred attendance items closed as non-compliant. All targeted activities commenced during this period were closed during 2014-15.

In 2014-15, targeted compliance activities found 42 health professionals respectively had incorrectly claimed referred attendance items without a valid referral. The current reporting frameworks do not provide a mechanism to capture this data for non-targeted activities (i.e. tip-offs related to individuals).

In 2015-16, targeted compliance activities found 284 health professionals respectively had incorrectly claimed referred attendance items without a valid referral. The current reporting frameworks do not provide a mechanism to capture this data for non-targeted activities (ie tip-offs related to individuals).