



# Australian Association of Social Workers

Incorporated in the ACT  
ACN 008 576 010  
ABN 93 008 576 010

**National Office**  
Suite 17b National Press Club  
16 National Circuit, Barton ACT 2600  
**Postal Address**  
PO Box 4956, Kingston ACT 2604

Telephone 02 6270 7200  
Facsimile 02 6273 5020

Email: [aaswnat@aasw.asn.au](mailto:aaswnat@aasw.asn.au)  
Website: [www.aasw.asn.au](http://www.aasw.asn.au)

The Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Medicare Integrity  
Department of Health and Ageing  
MDP 106  
GPO Box 9848  
Canberra ACT 2601

Friday April 24<sup>th</sup> 2009

## **Re: Compliance Audits on Medicare Benefits**

The Australian Association of Social Workers (AASW) is writing to you regarding the Inquiry into Compliance Audits on Medicare Benefits. The AASW is the key professional body representing professional social workers in Australia. It accredits experienced social workers to practice under the Better Access Initiative and the Enhanced Primary Care program and so these proposals are of particular interest. It is also the accrediting body for all tertiary social work programs in Australia and also for the assessment of overseas qualified social workers.

Social workers are an integral part of the allied health workforce. AASW practitioners have recognised tertiary qualifications, specialised skills and are accountable under the AASW National Code of Ethics. These are important skills and safeguards, but the AASW acknowledges the need for additional compliance measures to strengthen the integrity of the Medicare scheme.

The AASW is broadly supportive of measures aimed at working with practitioners to strengthen compliance with audits, however, we ask what steps Medicare will take to educate and inform practitioners of the changes before they are implemented. We would be able to assist Medicare with an information campaign directed towards accredited practitioners if this occurs. We also hope that Medicare staff carrying out the audits will receive additional training to enable them to properly conduct the audits.



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The AASW is concerned that the burden of proof for substantiations lies solely with practitioners. If a practitioner is given notice to comply with an audit based on data that has been submitted incorrectly, either by the practitioner or by Medicare staff, this should not be dealt with punitively. Flexible arrangements must be in place to ensure that penalties are only incurred when it has been demonstrated that practitioners have deliberately misled Medicare. Given the proposal to increase the number of compliance audits undertaken by Medicare, we hope that steps are also taken to ensure the integrity of data systems at Medicare's end.

We would also like to see more information around what will constitute a substantiation prior to enactment of the legislation. Although the Exposure Draft and the Explanatory Material clearly indicate that audits will be administrative and not clinical, Sections 2.6 and 2.32 of the Exposure Draft stipulate that practitioners may, in some circumstances, be required to submit clinical documents or records. Medicare Australia needs to clarify under what circumstance this might occur – for instance, if administrative information cannot be provided.

The legislation or the guidelines must clearly indicate when and under what circumstances clinical information should be provided, and, what steps will be taken to preserve the privacy of patients and clients if this occurs. Under the AASW Code of Ethics, social workers must seek informed consent from clients in transmitting records wherever possible. We have attached, for your information, a copy of the AASW Code of Ethics and draw your attention to sections 4.2.3(1): Informed consent; 4.2.5: Information Privacy and Confidentiality; and 4.2.6: Records. An understanding of the Code would help Medicare staff conduct audits collaboratively with practitioners.

The AASW is pleased that the Office of the Privacy Commissioner has been consulted in the development of this Bill. We are also pleased that a Privacy Impact Assessment is being prepared through the Increased Medicare Benefits Schedule Compliance Audits initiative. We hope stakeholders will be given another opportunity to participate in consultation after the Privacy Impact Statement is prepared.

Yours sincerely,

Kandie Allen-Kelly  
**Chief Executive Officer**