

**Senate Finance and Public Administration Committee  
Inquiry into item 16525 in Part 3 of Schedule 1 to the Health Insurance  
(General Medical Services Table) Regulations 2007**

Hearing date - 29 October 2008

**Questions on Notice – Medicare Australia**

**Questions:**

(1) – Hansard Page 14

**Senator FIFIELD**—At the moment you just tick a box and you claim for item 16525. If government decided that it would be useful to know the different sorts of procedures that are claimed under that item, what would need to be done to give effect to that?

**Ms Benjamin**—I might need to take that on notice.

(2) – Hansard Page 16

**Senator FIELDING**—Thank you. What is the average copayment for services under item 16525 that women would have to pay on top of the \$273?

**Mr Ryan**—I would have to take that on notice and get back to you on that particular one. I believe it is a relatively low copayment, but I do not have the figure with me. Would you like it for the 2007-08 calendar year?

(3) – Hansard Page 20

**Senator JACINTA COLLINS**—During that time period there was also a significant growth in Victoria of late-term terminations performed on women coming from other states. That would not be reflected in any way in that data, would it? In terms of it being a state claim, does that relate to the claim of where the mother has come from or does it relate to the claim of the clinic or the doctor who performed the service?

**Ms Benjamin**—I would actually have to take that on notice. I am fairly sure they are against the patient, but I would want to double check that.

(4) – Hansard Page 21

**Senator JACINTA COLLINS**—If you would not mind, could you take that on notice? Also, in terms of a different legislative regime, South Australia, for instance, historically have limited termination services to the public sector. Is that reflected in their statistics? Is there a lower level of claim per population in South Australia than in other states?

(5) – Hansard Page 22

**Senator JACINTA COLLINS**—Let us say in Victoria, for instance—and this is just a guess—there are four termination specific private providers. The question is: are they all claiming this item? It is a serious question for this inquiry because what has been put to us is that there is one provider who has not been claiming it because the question is whether the services provided would actually meet the clinically relevant test.

**Mr Bridge**—We would have to take on notice whether we could look at providing information to give you some indication of the range of providers that might be using the service.

**Senator JACINTA COLLINS**—I would be interested to know the range of public versus private hospitals, as in what proportion of the claims relate to private patients in public hospitals. I would also be interested in information on the private clinics by state in a way which is not going to compromise the privacy issues or those aspects.

**Mr Bridge**—Again, we will have a look at that. The data we have relates to a provider rather than a practice or a clinic, so we will have to look at whether we can actually construct that information for you.

**Senator JACINTA COLLINS**—Okay, but there may at least be a way that you can break it down by providers as well. For instance, I would be interested to see the number of providers in Victoria claiming under this item as compared to another state. We might then ultimately have to surmise whether they are operating out of a clinic or in some other way as well.

**Mr Bridge**—That is probably one of the easier ones to do. We will take that on notice. We can certainly look at the number of providers in any one state for you.

(6) – Hansard Page 31

**Mr Bridge**—I would have to look at the data but, as a general rule, we just do not have that information. Because the system is based on the provider, the patient and the service, we do not actually have readily available the connection between a particular provider and any particular practice.

**Senator JACINTA COLLINS**—I understand that, but I am suggesting that there would be less than a handful of freestanding private clinics in Victoria, and it would not be very difficult to identify which practitioners are practising in them and to give us data which does not compromise anyone's privacy, but enables us to look at how the various Medicare items in this area are being applied. I do not think that it is an onerous requirement to seek that information.

**Mr Bridge**—We can take that on notice.

#### **Answers:**

1. This question was answered by Mr Ryan of the Department of Health and Ageing during the Hearing. Pages 14, 17 and 18 of the Hansard record refers.
2. Medicare Australia can answer the question on behalf of Mr Ryan of the Department of Health and Ageing. Medicare Australia understands Senator Collin's question regarding the term 'copayment' to mean the gap between the Medicare rebate and the doctor's charge. For the 2007 calendar year, the average gap between the Medicare benefit paid for item 16525 and the charge raised on invoices presented to Medicare Australia is \$398.05. For the part year of 2008 to 31 August, the average gap amount is \$405.14. These amounts do not take into account any payment of refund a person may have received from their private health insurer. Nor do they include out of pocket expenses incurred in relation to associated procedural costs such as theatre fees and anaesthetic services.
3. Medicare Australia confirms that the data referred to at the Hearing and held on its website is based on the address of the patient.
4. Medicare Australia collects information regarding the use of item 16525, regardless of where the service is provided, but this does not include services performed for public patients in public hospitals as these are State-funded and do not attract payment of Medicare benefits. Consequently, Medicare Australia is unable to provide information on the differentiation of services in public or private hospitals.

For the 2007 calendar year, South Australia has an average of 3.5 item 16525 services per 100,000 population (based on Australian Bureau of Statistics population estimates as at 31 December 2007). This figure compares with the national average for 2007 which is 3.7 per 100,000 population. For the part year of 2008 to 31 August, South Australia has an average of 2.8 item 16525 services per 100,000 population (based on Australian Bureau of Statistics population estimates as at 31 August 2008). Nationally, for the same period, there is an average of 2.5 item 16525 services per 100,000 population.

- 5.(i) Under legislation, for privacy reasons Medicare Australia cannot provide individual provider statistics that may identify the provider. However, Medicare Australia can provide aggregated statistics of the number of providers who have claimed item 16525.

The following table sets out the number of providers that claimed item 16525 during the full year of 2007 and part year of 2008 to 31 August. Data in three states have been aggregated to other states due to data size.

**Table 1:** The number of providers that have claimed item 16525 from Medicare

Date Period	Number of Providers					Total
	NSW/ ACT	VIC/ TAS	SA/ NT	QLD	WA	
January to December 2007	110	91	33	53	22	309
January to 31 August 2008	92	74	26	52	22	266

Note—Medicare Australia statistics do not include activity that is not claimed through Medicare. This includes services provided to public patients in public hospitals.

- 5.(ii) Medicare Australia collects information regarding the use of item 16525, regardless of where the service is provided, but this does not include services performed for public patients in public hospitals as these are State-funded and do not attract payment of Medicare benefits. Consequently, Medicare Australia is unable to provide information on the differentiation of services in public or private hospitals.
6. During 2007, a total of 91 providers claimed item 16525 on invoices that were subsequently presented to Medicare Australia for rebate in Victoria and Tasmania. Note, Tasmania data has been aggregated with Victoria due to data size. Based on information given in registering for Medicare, the 91 providers have addresses registered at 59 locations.