

# Medicare Australia's Resources for Providers

Information and support services that Medicare Australia currently provides to encourage correct claiming include:

- **Enquiry lines**

Medicare Australia runs a designated Medicare enquiry line for providers who have questions about MBS claiming or interpretation. Providers can contact the Medicare provider enquiry line on **132 150** (local call rate) or via email [medicare.prov@medicareaustralia.gov.au](mailto:medicare.prov@medicareaustralia.gov.au)

- **Administrative Position Statements**

An Administrative Position Statement (APS) is a Medicare Australia authorised interpretation of an area of the MBS where there is potential claiming ambiguity. These statements aim to provide clarity and reduce uncertainty for providers to make it easier for them to comply with requirements of the MBS and PBS. This should save time and effort and provide peace of mind, especially in the event of an audit where an APS sets the baseline against which compliance is assessed. Visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) then go to **For health professionals > Doing business with Medicare Australia > Administrative Position Statements (APS)**

- **eLearning services**

Medicare Australia's eLearning programs are designed to help providers better understand Medicare requirements. There are currently three MBS related eLearning products covering new providers, rural and remote providers, and dentists. These online education products are easy to use, interactive and free of charge. Visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) then go to **For health professionals > Doing business with Medicare Australia > Education** for a full list of current eLearning products.

- **Learning guides**

Learning guides are an alternative if providers are unable to access eLearning. They are designed to help new providers acquire the essential skills needed to access Medicare and the PBS correctly.

- **Quick reference guides and targeted information**

Quick reference guides are designed to provide clarity on complex areas within the MBS and PBS. The guides focus on topics identified in Medicare Australia's National Compliance Program. Both quick reference guides and targeted information are Medicare Australia's process for providing advice on single issues to people who need them. They are distributed to relevant providers and are also made available on our website. Already in 2008–09, information has been provided to 11,133 allied health professionals and 6,151 general providers in relation to MBS items.

- **Provider percentile charts**

Provider percentile charts have recently been made available on the Medicare Australia website. The charts show the number of services billed by peer groups for selected MBS items. The charts allow providers to assess their own claiming patterns in relation to others. They have been introduced in response to feedback from providers who told us it would be a valuable tool. Charts on the current website include common attendance items and chronic disease management items. Medicare Australia will update the website on a quarterly basis.

- **Face to face education**

This financial year Medicare Australia has delivered face to face education sessions on a wide range of topics to support better access to and correct use of the MBS for both new and experienced providers. In the last 6 months Medicare Australia has provided face to face education to 1408 professionals.

- **Other resources**

A range of printed handbooks and other resources on Medicare and the PBS are also available. These include prescription writing guides and dispensing and claiming checklists to help providers correctly prescribe PBS medicine within private practice or public hospital settings.

## *Where can I find out more?*

Visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) then go to **For health professionals > Doing business with Medicare Australia > Education**

## How are providers selected for MBS Compliance audits?

There are four broad processes through which a provider's claims may be identified for audit. In each of these processes, Medicare Australia recognises there are often many acceptable reasons for shifts or changes in claiming behaviour and always gives a provider the chance to explain their situation. The four processes that may identify a provider for audit are:

### 1. A provider has used an item/s with a medium to high risk of non-compliance

To ensure compliance activities focus on the items and types of services which are most likely to be incorrectly claimed, Medicare Australia undertakes significant analysis to identify items where there is a higher risk of incorrect claims. A significant part of this process includes receiving submissions and ideas from the health industry on the emerging risks and issues effecting MBS compliance. Based on this analysis Medicare Australia selects a number of individuals who have used this item for audit. In this situation a provider may be chosen because they belong to an industry or specialist group involved in areas of high risk billing or may have used a high risk item.

### 2. A provider's claiming statistics appear to be unusual or irregular

Medicare Australia runs regular reports on the use of MBS items to monitor possible non-compliance. Some of the indicators which may lead to a provider being identified for audit include:

- claims for an individual item are extremely high
- claims for specific items increase dramatically or significantly without any clear or identifiable reason
- claims over a specified period are higher than what would be expected
- claiming of items appears to be outside a provider's specialty or area of practice
- items appear to be claimed without required prerequisites (e.g. no pathology test appears to have been performed for the patient despite the MBS item requiring one)
- patient billing appears to be abnormal or inconsistent (e.g. provider has claimed for a patient that has seen another doctor on the same day or the items claimed do not appear to meet the demographics of a provider's area).

### 3. A provider's claiming statistics are different to their peers

From the claiming data it receives Medicare Australia can build a profile of usual claiming behaviour for each provider group and compare an individual's profile to this. This can identify individuals whose use of an item significantly exceeds that of their peers, or whose proportional use of graduated items (e.g. time, size or complexity based items) appears different. Medicare Australia uses sophisticated technology to compare factors including total benefits, services, patient demographics and prescribing of pharmaceuticals. The profiling system is adaptive and takes into account factors such as number of days worked and area of practice.

### 4. Items or individuals identified through tip-offs

Medicare Australia regularly receives reports about claiming behaviour from members of the public, practice staff and other providers. Sometimes this information relates to poor claiming practice, and possible incorrect claiming. If a provider is identified for audit through this process, Medicare Australia will generally seek information that confirms or disproves the information we have received from the tip-off.

## Where can I find out more?

Visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) then go to **For health professionals > Doing business with Medicare Australia Audits and Compliance > National Compliance Program**