

## **Senate Standing Committee on Community Affairs**

### **REVIEW OF PROFESSIONAL SERVICES REVIEW (PSR) SCHEME ANSWER TO WRITTEN QUESTION**

Department of Human Services

**Question reference number:** HS 1

**Type of question:** Written

**Date set by the committee for the return of answer:** 30 September 2011

**Number of pages:** 2

#### **Question:**

The Committee would like a full explanation of the profiling methodology which Medicare Australia (MA) uses to audit health practitioners and the premise(s) used for the methodology.

#### **Answer:**

The Department of Human Services - Medicare program uses a range of information sources, including information provided by members of the public, to identify potential risks to the integrity of the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS).

In general, risks relating to health practitioners are:

- inappropriate practice, defined as conduct in connection with rendering or initiating services such that a Professional Services Review (PSR) Committee could reasonably conclude that the conduct would be unacceptable to the general body of members of that profession;
- incorrect claiming, where health practitioners may not be meeting MBS or PBS legislative requirements; and
- fraud, where claims have been made for services that have not been provided.

The department examines identified risks using internal data analysis and assessment techniques that are customised to examine the particular issue of concern. The purpose is to assess the potential extent of the risk, and identify health practitioners' practices of concern. Processes include:

- monitoring claiming profiles and comparing patterns with peers;
- identifying unusual patterns of item usage and item combinations;
- reviewing top claimants by a range of fields including demographic and claim or service types; and
- identifying and applying patterns learned from previous cases of non-compliance.

The department uses sophisticated data mining techniques to analyse large amounts of information and derive statistically valid methods of identifying health practitioners with profiles or practices significantly different from their peers. These methods take

into account potential differences in claiming patterns between health practitioners based on such factors as patient demographics and location. Data mining tools are customised for each health practitioners group; and these tools are currently used to review general practitioners and specialists.

All profiling techniques rely on input from Medicare Medical Advisers (qualified medical practitioners with current practice experience). At all stages of analysis, Medicare Medical Advisers provide advice on the nature of the risk and conclusions drawn from the analysis.

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### **REVIEW OF PROFESSIONAL SERVICES REVIEW (PSR) SCHEME ANSWER TO WRITTEN QUESTION**

#### **Department of Human Services**

**Question reference number:** HS 2

**Type of question:** Written

**Date set by the committee for the return of answer:** 29 September 2011

**Number of pages:** 2

#### **Question:**

1. What education processes does MA use to explain MBS Item descriptors to health practitioners?
2. Can individual practitioners contact MA for a full description of the types of clinical behaviour appropriate for specific MBS items?
3. What are the training procedures and qualification requirements for the staff that provide information to health practitioners?

#### **Answer:**

1. The education processes used to explain MBS item descriptors to health professionals can be detailed in a number of ways. The Department of Human Services - Medicare program has available formalised education resources, which include a range of self paced eLearning programs available online 24 hours a day. These programs include:
  - Medicare and You – for new health professionals;
  - Medicare and You – MBS primary care items;
  - Medicare and You – for Dentists;
  - Medicare and You – treatment for skin lesions; and
  - Medicare and You – Chronic Disease Management for GPs.

The department receives requests for education from health professional organisations for face to face presentations across a range of topics. Last financial year, almost 5,200 health professionals, including 2,700 medical practitioners (including GPs, interns and specialists), around 1,200 pharmacy students and interns and 1,300 others in the health care industry were provided with this support.

Business Development Officers and Medicare Liaison Officers visit general practices and provide advice, support and education on Medicare's electronic business services. At times, they may field questions about specific item descriptors.

Forum - a quarterly newsletter for health professionals and practice staff, is designed to provide information and updates on Medicare issues including MBS item descriptors.

2. No. The department does not provide information regarding clinical behaviour appropriate for specific MBS items. All clinical decisions are for the professional judgement of the medical practitioner.
3. The department provides dedicated telephone and email services for health practitioners to assist them to understand and claim the correct MBS item number. In the first instance enquiries are handled by call centre staff with core skills training including interpretation of the MBS. These staff have access to online reference material and are supported by specialist second tier staff. Tier 2 staff have experience and specialist training in various aspects of Medicare, they have access to online reference material and are supported directly by staff in the Medicare program area of the department. The program area has skills and experience in various aspects of the Medicare program and has access to appropriately qualified medical and legal officers and also to the Department of Health and Ageing.

Presentations to health practitioners on various aspects of the MBS are often facilitated by qualified Medicare Medical Advisers.

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Department of Human Services

**Question reference number:** HS 3

**Type of question:** Written

**Date set by the committee for the return of answer:** 29 September 2011

**Number of pages:** 3

#### **Question:**

What are the stages of the MA audit review process; and what role does/can the practitioner under review play in the process?

#### **Answer:**

The “MA audit review process” is taken to mean the Practitioner Review Program (PRP) in which health practitioners are identified as having possibly engaged in inappropriate practice. The PRP process precedes possible referral to the Director, Professional Services Review (DPSR) where concerns of inappropriate practice have remained unaddressed by the health practitioner throughout the review period. The stages of a PRP review are as follows:

#### **Stage 1—Pre-interview**

- The Department of Human Services – Medicare program identifies concerns of possible inappropriate practice through customised analysis and assessment techniques. A Medicare Medical Adviser reviews any concerns and then contacts the health practitioner to advise of concerns and to arrange an interview at a time and location convenient for the health practitioner. This interview usually takes place at the health practitioner’s surgery.
- The interview date and time is confirmed by letter. The letter also details the concerns and includes a data report on the health practitioner’s servicing and prescribing for the period in question.

#### **Stage 2—Interview**

An interview with the health practitioner is held to discuss the concerns. There is no set format, the interview provides an opportunity for the health practitioner to respond by providing information that may explain their servicing or prescribing behaviours. The health practitioner can invite another person to be present at the interview. However, the primary purpose of the interview is to discuss the concerns with the person under review, rather than a third party.

### **Stage 3— Post interview**

The Medicare Medical Adviser writes to the health practitioner with the outcome of the interview which will either be an assessment that:

- all the concerns have been addressed and no further action is necessary; or
- some or all of the concerns remain and therefore the health practitioner's practice profile will be reviewed after a period of time (usually between 3 and 12 months) depending on the circumstances. The review period will be stated in the letter to the health practitioner; or
- some or all of the concerns remain and no review period will be offered (for example, where there has been a previous adverse PSR finding). The Chief Executive Medicare's delegate will then participate in the assessment of the concerns (stage 5).

### **Stage 4—Review**

The review commences after the stated review period expires. It is completed within approximately three months and the practitioner is advised in writing of the outcome. The health practitioner's practice profile data for the review period is analysed and the Medicare Medical Adviser determines that either:

- the concerns are addressed and no further action will be taken; or
- one or more concerns remain and the health practitioner will be referred to the Chief Executive Medicare's delegate for review.

### **Stage 5— Chief Executive Medicare's delegate review**

The Chief Executive Medicare's delegate (the delegate), currently one of five Senior Medicare Medical Advisers, assesses the health practitioner's profile and determines that either:

- there is no concern, the referral is then dismissed and the health practitioner is informed in writing of the outcome; or
- there are still concerns and the health practitioner receives a letter inviting a written submission in response. This letter includes a data report and a statement of the concerns.

The delegate makes a determination or requests a written submission within two months of the referral. Twenty eight days is allowed for provision of a written submission.

If a written submission is received, the delegate reviews the submission and determines either that:

- the concerns have been addressed with no further action to be taken. The health practitioner is informed in writing of the outcome; or
- concerns remain and the Director, Professional Services Review (DPSR) is requested to review the health practitioner's servicing. The health practitioner is provided with a written response to their submission (usually within four weeks) including formal notification of the request to the DPSR, along with a copy of the request.

If a written submission from the health practitioner is not received, the delegate will consider all available information and either decide to take no further action or request that the DPSR reviews the health practitioner's servicing.

Where there is a referral to DPSR, further communication about the review will come directly from DPSR to the health practitioner.

A Medicare Medical Adviser manages the case from first contact to referral to the delegate (if required) and is available by phone to answer any inquiries. The delegate also provides a contact phone number for the health practitioner.

The health practitioner is also provided with the direct phone numbers of the compliance medical adviser and the delegate (if the process reaches stage 5) for any inquiries.

**Reference:**

<http://www.medicareaustralia.gov.au/provider/business/audits/prp.jsp>

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#### **Department of Human Services**

**Question reference number:** HS 4

**Type of question:** Written

**Date set by the committee for the return of answer:** 29 September 2011

**Number of pages:** 1

#### **Question:**

1. Is a practitioner who is identified through MA audits informed of the specific area of concern and at what point in the process?
2. What is the likely timeframe for the full review process?

#### **Answer:**

“MA audit” is taken to mean the Practitioner Review Program (PRP) which precedes possible referral to the Director, Professional Services Review.

The PRP is a review mechanism by which the Department of Human Services – Medicare program identifies health practitioners whose claiming under the Medicare Benefits Schedule and/or the Pharmaceutical Benefits Scheme suggests that they may be engaged in ‘inappropriate practice’. Inappropriate practice is the rendering of services that would be unacceptable to a body of the health practitioner’s peers and includes the provision of services that are not clinically necessary, the provision of excessive numbers of services and ordering excessive numbers of tests.

Health practitioners are informed of the specific concerns when first contacted by a Medicare Medical Adviser by telephone to arrange a time for an interview. The letter confirming the interview also lists the concerns and is accompanied by the health practitioner’s claiming data.

A Medicare Medical Adviser details the concerns at the interview with reference to the health practitioner’s claiming profile. The interview allows the health practitioner the opportunity to clarify the concerns and provide information that may explain the concerns.

There are three points of review in the PRP process and at each review the concerns may be addressed and the matter concluded. The time from the first telephone contact with a practitioner to a request being sent to the Director, Professional Services Review is generally around 12 to 14 months. This is based on a six month post interview review period and approximately six weeks to allow for the generation of new data at the end of this review period. The practitioner also has one month to respond to Chief Executive Medicare’s delegate with a written submission (see stage 5, question 3).



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### **REVIEW OF PROFESSIONAL SERVICES REVIEW (PSR) SCHEME ANSWER TO WRITTEN QUESTION**

Department of Human Services

**Question reference number:** HS 5

**Type of question:** Written

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**Number of pages:** 1

#### **Question:**

What measures does MA take to ensure that MBS descriptors are kept current with advancing medical practice?

#### **Answer:**

The Department of Health and Ageing, in consultation with the relevant profession has the responsibility for determining policy relevant to the Medicare Benefit Schedule (MBS). Practitioners can approach their respective professional body in order to submit an application through the Medical Services Advisory Committee (MSAC).

The role of MSAC is to advise the Minister for Health and Ageing on evidence relating to the safety, effectiveness and cost effectiveness of new medical technologies and procedures.

The Comprehensive Management Framework for the MBS was introduced in 2011 to improve MBS management and governance. Under the framework, MSAC provides Government with independent expert advice on all new proposed services to be funded through the MBS, as well as on all proposed amendments to existing MBS items.

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### **REVIEW OF PROFESSIONAL SERVICES REVIEW (PSR) SCHEME ANSWER TO WRITTEN QUESTION**

Department of Human Services

**Question reference number:** HS 6

**Type of question:** Written

**Date set by the committee for the return of answer:** 29 September 2011

**Number of pages:** 1

#### **Question:**

Does Medicare Australia provide rulings or interpretations on what may be considered ambiguous MBS items?

#### **Answer:**

Where the Department of Human Services – Medicare program is aware of ambiguity or difficulty in using an MBS item, it works with the Department of Health and Ageing to clarify the issue.

Once the issue is clarified it is communicated to health professionals. This can be directly to an individual, through professional associations, newsletters, quick reference guides and fact sheets.