

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

### **BUDGET ESTIMATES - 2 JUNE 2011 ANSWER TO QUESTION ON NOTICE**

#### **Human Services Portfolio**

**Topic:** Professional Services Reviews

**Question reference number:** HSW 10

**Senator:** Back

**Type of question:** Written

**Date set by the committee for the return of answer:** 22 July 2011

**Number of pages:** 1

#### **Question:**

Medicare's latest National Compliance Program report has revealed that health professionals incorrectly or fraudulently claimed more than \$10 million in MBS and PBS rebates in 2009-10. Is it fair to say that you will be widening the scope of items that will trigger an assessment and possible referral to the PSR?

#### **Answer:**

The \$10.29 million in incorrect claims identified for recovery in 2009-10 relates only to incorrect and fraudulent claims, not inappropriate practice.

It is the Professional Services Review that determines whether monies will be repaid by health professionals found to have practiced inappropriately. Medicare Australia has no role in this regard.

Medicare Australia's Practitioner Review Program process will continue in its current form and will include independent peer-based data analysis and an interview process. Medicare Australia already assesses claiming across all items in identifying potential inappropriate practice.