

22 April 2009

Senator Clare Moore Chair, Senate Community Affairs Committee PO Box 6100 Parliament House Canberra ACT 2600

Dear Senator,

Exposure draft of the Health Insurance Amendment (Compliance) Bill 2009

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups.

The APA supports the exposure draft of the Health Insurance Amendment (Compliance) Bill 2009 (HIA) in its endeavour to ensure that any health professional who claims a Medicare rebate has a duty to keep adequate records that substantiate these claims.

The APA contends that the opportunity should be taken to rectify outdated sections of the Act professional services. Physiotherapists are primary contact health practitioners, however their service is not defined under Section 3(1) of the HIA as a *professional service*. The APA recommends that this be amended in order to recognise current professional practice of physiotherapists. This could be done in a similar way to optometrists under Section 3(1)(c).

The APA believes that private health practitioners are business people, and should be held accountable for their billing practices regardless of whether they are billing an individual, insurer or the Commonwealth. This must be done through a fair and transparent auditing process.

However in the proposed auditing process Medicare Australia and the Department of Health and Ageing (DoHA) must acknowledge that health professionals differ from other private businesses in their collection and use of sensitive health information. The Bill must therefore provide in-built assurances that any health information collected under the Act remains protected in the same way in which it would if it were to remain in the possession of the treating health practitioner.

It is also important that Medicare and DoHA concede that the Medical Benefits Scheme is a complex schedule, and some margin of error must be allowed to ensure that health practitioners are not unduly penalised for honest mistakes that are not the result of negligence or disregard for regulation. The APA feels that the rate of \$2,500 prior to the imposition of a penalty fee (in addition to the requirement to pay back the incorrect amount claimed) is reasonable, but seeks reassurance that this amount will be indexed annually, inline with the rate of health inflation published by the Australian Bureau of Statistics.

Minor claims errors are just as likely to favour Medicare as they are the individual practitioner, and the APA recommends that some mechanism be built into the auditing practice that allows for the reimbursement of practitioners where it is shown that the practitioner has erred and the Commonwealth has been the beneficiary of that error. This is important to demonstrate that transparency and accountability is a two way process between practitioners and Medicare Australia.

In summary, the APA feels that the auditing of Medicare claims is a sensible and pragmatic approach to ensure transparency and accountability in the health professions and is supportive of this initiative.

Yours sincerely

Patrick Maher

APA National President