



Home Care Packages Program Assurance

Review No. 3 – Pricing Transparency on My Aged Care

Public Summary Report

September 2023



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This public summary report is based on the findings of the Home Care Packages Program Assurance Review of Pricing Transparency on My Aged Care. No commercial-in-confidence or personal information is included.

Executive Summary

The Home Care Packages (HCP) Program supports older people with complex needs to live independently in their own homes. As at 31 March 2023, there were 248,957 people receiving a home care package and 931 approved providers (providers) of home care. Demand is increasing with expected expenditure for 2023-24 to be approximately \$7.7 billion.¹

The HCP Program Assurance Reviews aim to protect the integrity of HCP Program funding. Underpinned by Part 6.8 of the [Aged Care Act 1997](#) (the Act), home care program assurance underpins the Government's plan to improve aged care and boost transparency and accountability in the sector.

Why was this review undertaken?

Insufficient pricing transparency was a significant finding of the inaugural program assurance review report [Indirect and Care Management Charges](#). The review report identified assurance of pricing transparency on the My Aged Care website (My Aged Care) as a priority.

Furthermore, person centred care is a central focus of the program. Effective pricing transparency empowers care recipients to exercise choice and control over the care they receive and supports them to better understand providers' fees and charges. Effective pricing transparency requires complete, correct and up to date pricing information, so care recipients can easily compare providers. Inaccurate or incomplete pricing information also substantially reduces the department's ability to make evidence-based policy decisions.

This review, *Pricing Transparency on My Aged Care* (the Review), which commenced in September 2022, sought to assure effective pricing transparency on My Aged Care, using an evidence-based approach. Given the critical importance of pricing transparency for care recipients, this Review covered all (839) providers that display information on My Aged Care. This is the third assurance review of the HCP Program.

How did we conduct the Review?

The Review sought to assure providers' pricing information on My Aged Care was complete, accurate and up to date in line with the paragraph 56- 2(I) of the *Aged Care Act 1997*, as set out in 19B, 19C, 19D and 21Jⁱ of the *User Rights Principles 2014*.

¹ [Home Care Packages Program Data Report 1 January - 31 March 2023](#) (released September 2023).

The Review was conducted in 2 phases. Both phases involved desktop reviews using available information on My Aged Care. This allowed the Review team to:

- include all 839² providers with services displayed on My Aged Care in phase 1
- reduce the administrative burden on providers
- take a risk-based approach to identify providers for closer review in phase 2.

As a result, 126 providers were selected to participate in phase 2. Of these, 4 corporations (non-government providers³) and one government provider in the process of ceasing services were scoped out of the Review. One government provider elected not to participate. This left a phase 2 cohort of 120 providers – 101 non-government and 19 government providers. At the conclusion of phase 2, the 120 providers were sent a letter or report based on the nature of the Review findings.

Findings included ‘issues’ (matters where a provider was not meeting legislative and program requirements) and ‘observations’ (opportunities for improvement).

- Nine providers were found to have met all requirements and received a *No Further Action* letter.
- Eight additional providers were found to have met all requirements. However, opportunities for improvement were identified which were outlined in their letter.
- One hundred and three providers were issued with individual reports detailing identified issues and observations.

Review findings

While the Review team identified issues³ across all areas reviewed, notable improvements were made by providers during the Review. Initially, 381 issues were identified, reducing to 226 issues when draft reports were issued, and 117 issues at the time final reports were issued.⁴ This was due to the Review team and providers working together in good faith throughout the review process.

Some of the 117 issues identified related to matters providers were in the process of resolving with the assistance of My Aged Care support and/or still demonstrated improvements on previous published information. For example, where a provider initially had no common services or care management listed in their full price list, at the time of the final report only one common service was missing.

² The Review initially included 846 providers however, this was reduced to 839 after removal of duplicate entries.

³ Where multiple issues were identified under one category, for example, ‘Full price list’, this was counted as one issue for the purpose of this Review.

⁴ Total of 381 issues identified from 126 providers scoped in for preliminary analysis. The 6 providers that did not continue in phase 2 accounted for 15 of the 381 issues. The remaining 120 phase 2 providers had 226 issues in draft reports and 117 in final reports.

Figure 1. Percentage of providers with an issue by My Aged Care category

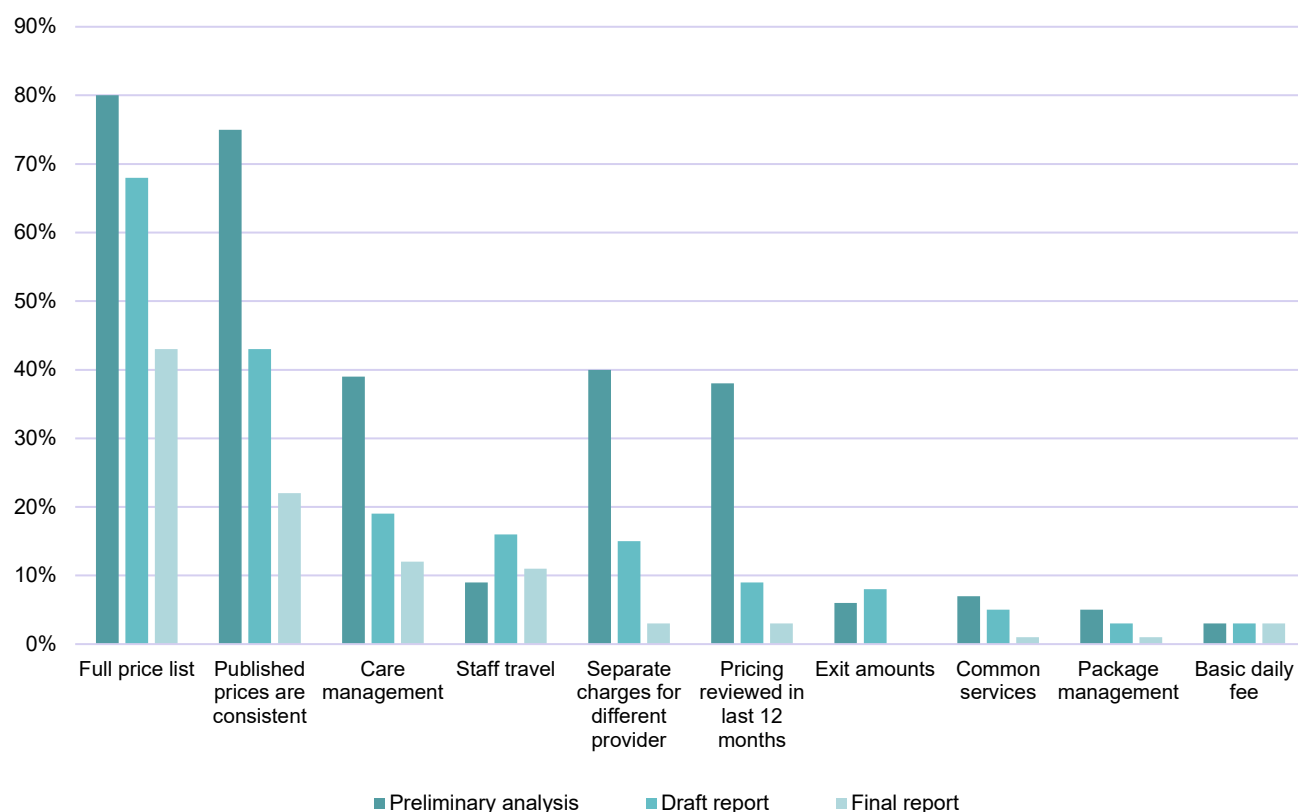


Figure 1⁵ demonstrates enhanced pricing transparency outcomes achieved for care recipients (and providers) as a result of this Review.

As evident from Figure 1, the highest proportion of issues were:

- Full price lists** were missing, incomplete and/or hyperlinks on My Aged Care did not open to providers' pricing information on their website. Initially 80% of providers (101 of 126) were identified with issues, reducing to 43% (51 of 120) at the time of final reports.
- Advertised prices were not consistent** across all published information. Initially 75% of providers (95 of 126) were identified with issues, reducing to 22% (26 of 120) at the time of final reports.
- Subcontracting charges and descriptions** indicated that providers were continuing to incorrectly charge separately for subcontracted services (after 1 January 2023)⁵, the price listed did not align with the description, and/or amounts were listed as a percentage rather than a dollar figure (pre-31 December 2022).⁵ Initially 40% of providers (51 of 126) were identified with issues, reducing to 3% (4 of 120) at the time of final reports.

⁵ Preliminary analysis numbers included 126 providers. Draft and final report numbers included 120 providers.

- d. **Care management charges and/or approximate hours** were not listed, and/or descriptions indicated providers are charging care management by the hour or additional care management amounts. Initially 39% of providers (49 of 126) were identified with issues, reducing to 12% (14 of 120) at the time of final reports.
- e. **Pricing reviewed in the last 12 months.** Initially 38% of providers (48 of 126) were identified with issues, reducing to 3% (4 of 120) at the time of final reports.

While out of scope for this Review, several incidental findings were identified to support continuous improvement. These included, but were not limited to:

- potential exclusions⁶
- providers charging above the care and/or package management capsⁱ
- minimum service hours in excess of 1 hour, leading to questions of over-servicing and/or charging for services not delivered
- protracted cancellation period charges.

Suggested improvements

Providers were referred to various resources to uplift their program knowledge:

- i. My Aged Care provider and assessor helpline, 1800 836 799
- ii. My Aged Care user guides
- iii. guidance materials on the department's [website](#)
- iv. advice on how to update contact details on My Aged Care and the National Approved Provider System (NAPS)
- v. state and territory office contact details.

The Review team suggests some improvements based on “walking in the shoes” of care recipients and from hearing providers’ feedback. These are summarised below:

- i. Ensure consistent use of terminology in departmental and My Aged Care resources regarding the terms “pricing schedule⁷” and “full price list⁸”.
- ii. Seek sector advice on what constitutes standard hours as these differed between providers and how they are described on My Aged Care.
- iii. Develop a best practice full price list template to promote consistency.

⁶ Noting the Review team did not require monthly statements or other such evidence from providers, these are potential exclusions based on the pricing information evident on My Aged Care or the providers’ pricing information on their website. Home Care Packages Exclusions are detailed in the [Quality of Care Principles 2014](#).

⁷ [Pricing schedule](#) – includes Australian Government funding for each package level, basic daily fee, care management charges and approximate hours, prices for common services, package management charges, staff travel costs and contact details.

⁸ [Full price list](#) – must set out the prices of each kind of care and service a provider offers – not just the common ones.

- iv. Provider feedback received that My Aged Care functionality could include a consolidated table of provider's pricing information for easy viewing.
- v. Review the My Aged Care - Service and support portal [user guide](#) - Creating service delivery outlets and adding service information on My Aged Care.
- vi. Explore whether My Aged Care can alert providers when updates providers have made are unsuccessful due to a system error.
- vii. Review the use of \$0 and N/A in relevant fields on My Aged Care⁹ to ensure they are used consistently.

Provider participation and posture

The Review team thanks the 120 providers that participated in phase 2 of the Review, and for working with the Review team to address identified issues. The Review team also thanks any providers from the 713 providers in phase 1 that voluntarily completed the pricing transparency self-assessment developed by the Review team and/or took actions to improve their published pricing information.

The Review team acknowledges the 19 participating government providers as they were not legally bound to do so. The Review team also acknowledges the providers that proactively engaged with the My Aged Care service provider and assessor helpline for resolution of pricing transparency issues on My Aged Care.

Overall, the Review team found providers made genuine attempts to rectify identified issues. While not required to respond to observations, most providers did through their management responses.

The Review team sought formal feedback through a provider survey from providers that participated in phase 2. Verbal or written feedback from several providers during the Review indicated appreciation for the Review team's collegiate and educative approach and the opportunity to clarify legislative and program requirements. Many participating providers also found the Review team to be supportive, responsive, respectful and procedurally fair, and the process itself to be informative, enabling improved pricing information that benefits care recipients and providers.

A smaller, non-government provider failed to respond to the legally binding Notice. The Review team still completed a review of this provider's pricing information on My Aged Care and issued a report. While the Review team has acted in good faith, providers are reminded that failure to respond to the legally binding Notice from the Review team may result in a provider being fined 30 penalty units. It is also open to the department to publicly name these providers.

⁹ There is a lack of consistency in the information providers can enter in the My Aged Care fields. In some fields where a service is not provided, providers can enter N/A. In other fields (like the approximate hours provided), only a numerical entry can be made. Therefore, if a provider does not provide care management for a particular package level, they must enter 0 hours rather than N/A. Further to this issue, providers are unable to enter \$0 where they do not charge for a service. For example, where nursing is delivered through the local health service at no cost.

Conclusion

By using a large sample of all 839 providers with pricing information published on My Aged Care, the review of pricing transparency on My Aged Care was able to identify a significant number of pricing transparency issues, while also helping uplift the sector's program knowledge. By then reviewing in detail the 120 providers scoped in for phase 2, the Review has supported significant improvements in the accuracy, currency, clarity and completeness of pricing information on My Aged Care for the participating providers.

This Review was the first to cover all home care providers (visible on My Aged Care). By undertaking the Review in 2 phases, this review process confirms that all providers can be effectively covered through such reviews, while minimising impost on providers by taking a desktop-based approach throughout, and only phasing in providers for a more detailed review in phase 2.

The Review has led to significant improvement in the accuracy, currency, clarity and completeness of pricing information published on My Aged Care. It has also identified opportunities, for providers and the department, to improve pricing transparency on My Aged Care for care recipients and, through that, their ability to make informed decisions about the care and services they receive.

Overall providers engaged well and feedback suggests that Review Officers were professional, procedurally fair and supported continuous improvement.

While there should be a sense of optimism that providers are willing and able to enhance pricing transparency on My Aged Care, what this Review also indicates is that without such a review process, some providers may not have identified or addressed (in a timely manner) pricing transparency issues. The Review was undertaken due to pricing transparency issues found in the first review and similar issues continued to be found in this Review. To the Review team, this highlights the need for an ongoing, annual, assurance review focus on pricing transparency.

The Review team advises existing or potential care recipients to carefully check pricing information on My Aged Care. They should confirm with the provider what they will be charged and why before they sign a home care agreement. Once with a provider, they need to check their home care agreement and attached pricing schedule to ensure these align with their understanding. Finally, monthly statements should be checked carefully to make sure they are being charged as per their agreed pricing outlined in their home care agreement.

Regardless of whether assurance reviews continue to focus on My Aged Care pricing transparency, it is imperative that providers remain focussed on meeting their pricing transparency obligations to support genuine choice and control for older people. Pricing transparency underpins the program's core focus of person centred care. It also ultimately ensures a fairer market for providers and accountability of use of program funds towards the public and its elected representatives.

Why was this review undertaken?

Key Points

- Insufficient pricing transparency was a significant finding of the inaugural program assurance review report [*Indirect and Care Management Charges*](#).
 - The purpose of the Review was to assure providers' pricing information on My Aged Care was complete, accurate and current, in line with legislative requirements.
-

The purpose of the *Pricing Transparency on My Aged Care* review (the Review) was to assure¹⁰ providers' pricing information on the My Aged Care website (My Aged Care) was **complete**, **accurate** and **current**, in line with the paragraph 56-2(l) of the *Aged Care Act 1997*, as set out in 19B, 19C, 19D and 21Jⁱ of the *User Rights Principles 2014*.

Specifically, it examined if:

- all providers have the required pricing information displayed on My Aged Care as identified under sections 19B and 19C of the *User Rights Principles 2014*
- all providers have reviewed their pricing schedule and full price list on My Aged Care in the 12 months from when it was last reviewed/ published, as identified under section 19D of the *User Rights Principles 2014*
- all providers have accurately published information regarding exit amounts, if any, as identified under section 21J of the *User Rights Principles 2014*
- all approved providers' published prices on My Aged Care are consistent with the attached full price list and pricing information on their website.

Effective pricing transparency empowers care recipients to exercise choice and control over the care they receive, helps them to understand providers' fees and charges and enables them to compare providers.

Inaccurate or incomplete pricing information also substantially reduces the department's ability to make evidence-based policy decisions.

¹⁰ Assurance is the department's focus and not regulatory compliance, which is the Aged Care Quality and Safety Commission's purview.

How did we conduct the review?

Key Points

- The Review was completed through a desktop review of providers' published pricing information on My Aged Care over 2 phases.
 - All 839 providers with prices displayed on My Aged Care were included in phase 1.
 - 126 providers were initially selected for closer review in phase 2 based on issues identified in phase 1 and 120 of these providers participated in phase 2.
 - The Review team developed a self-assessment tool that was issued to all providers to aid in their own assessment of meeting pricing transparency requirements on My Aged Care.
-

Methodology

The Review team used the following key documents to confirm that providers were following requirements:

- [*Aged Care Act 1997*](#)
- [*User Rights Principles 2014*](#)
- Home Care Packages Program Operational [Manual](#): A guide for home care providers
- My Aged Care - Service and support portal [user guide](#) - Creating service delivery outlets and adding service information My Aged Care
- Home Care Packages Program Assurance [Framework](#).

The Review also aligned (as appropriate) to the following International Organisation for Standardization (ISO standards):

- ISO19011:2019 (E) Guidelines for auditing management systems
- ISO17021-1:2015 Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 1: Requirements
- ISO 9001:2015 — Quality management systems.

Findings were classified as 'issues' (matters where a provider was not meeting legislative and program requirements) and 'observations' (opportunities for improvement).

Scope

The defined scope of the Review was to confirm that providers are compliant with paragraph 56-2(l) of the *Aged Care Act 1997*, as set out in the following sections in the *User Rights Principles 2014* in relation to approved providers' published prices on My Aged Care:

Item	Division 2A—Responsibilities of approved providers of home care—provision of pricing information to Secretary Responsibilities of approved providers of home care – provision of pricing information to Secretary.
19B: Notice of common care and services and prices and fees	<p>(1) An approved provider of home care must give to the Secretary a written notice of the following information:</p> <ul style="list-style-type: none"> (a) the price that the approved provider charges care recipients for providing each of the following kinds of care and services: <ul style="list-style-type: none"> (i) personal care; (ii) nursing by a registered nurse; (iii) cleaning and household tasks; (iv) light gardening; (v) in-home respite care; (vi) care management; (b) the price per kilometre (if any) for travel to a care recipient; (c) the price (if any) for providing care or services through a subcontracting arrangement that is necessary to give effect to a request by a care recipient;ⁱ (d) package management; (e) the amount charged (if any) of the basic daily care fee; and (g) contact details for further information about the approved provider's prices and fees.
19C: Notice of all care and services and prices and fees	<p>(1) An approved provider of home care must give to the Secretary a written notice of the following information:</p> <ul style="list-style-type: none"> (a) the information mentioned in subsection 19B; (b) each kind of care, and each service: <ul style="list-style-type: none"> (i) that the approved provider provides, or is to provide, to care recipients to whom the approved provider provides, or is to provide, home care; and

	<p>(ii) that is not mentioned in paragraph 19B(1)(a);</p> <p>(c) the price that the approved provider charges care recipients to whom the approved provider provides, or is to provide, home care, for providing each kind of care and service mentioned in paragraph (b).</p>
<p>19D:</p> <p>Annual review of notices of care and services and prices and fees</p>	<p>(1) An approved provider of home care must, at least once every 12 months:</p> <p>(a) review the information in the notices mentioned in subsections 19B(1) and 19C(1); and</p> <p>(b) after reviewing the information:</p> <p>(i) if there is a change to the information—give the Secretary an updated notice under subsection 19B(3) or 19C(3) (or both); or</p> <p>(ii) if there is no change to the information—give the Secretary a written notice that the approved provider has reviewed the information.</p> <p>(2) A notice under subparagraph (1)(b)(ii) must be given in a form approved, in writing, by the Secretary.</p>
	<p>Division 3A—Responsibilities of approved providers of home care—unspent home care amounts and exit amounts</p> <p>Subdivision E—Published exit amounts</p>
<p>21J:</p> <p>Responsibility to give notice to the Commonwealth</p>	<p>Publish exit amounts.¹</p>

In-scope

The following were in-scope for this Review to assure:

- information on My Aged Care is entered in the required fields and is complete
- information on My Aged Care is entered in the correct format
- a full price list is attached to My Aged Care and/or a hyperlink is provided to the approved provider's full price list on their website
- the format specified in the *User Rights Principles 2014* or by the Secretary of the Department of Health and Aged Care was used
- pricing schedules and full price lists were reviewed in the last 12 months.

Out of scope

The following were out of scope for this Review:

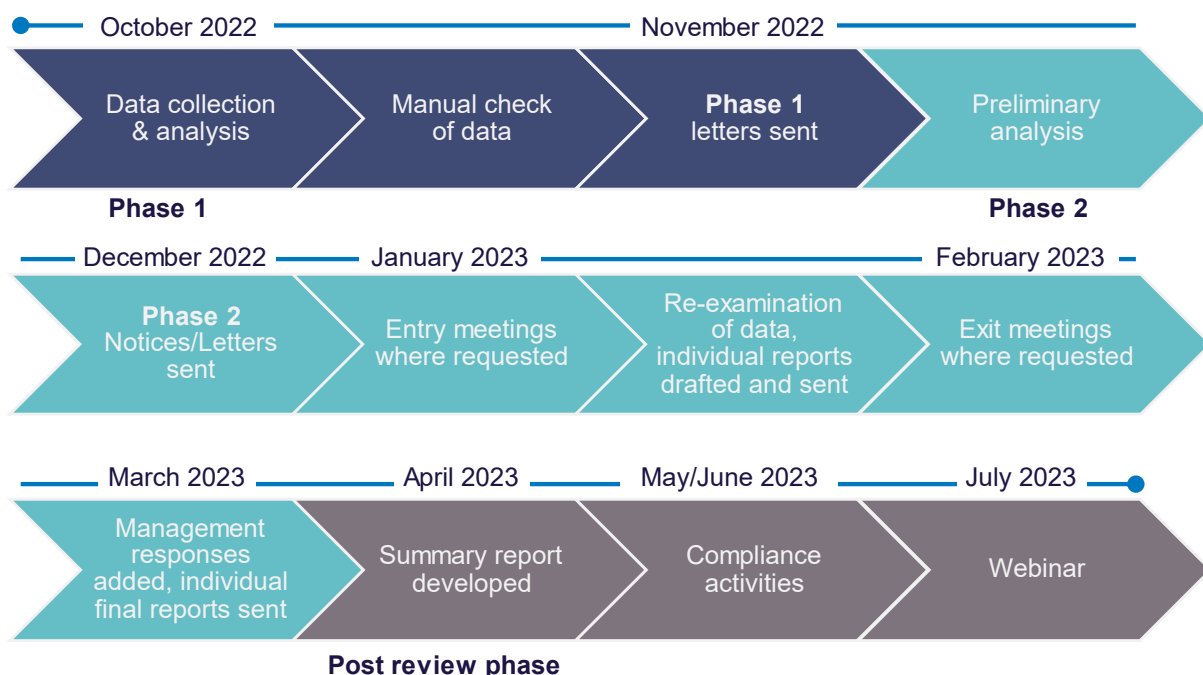
- what providers charge
- whether charges are reasonable
- contact with care recipients and/or their representatives
- site visits to approved providers' offices.

The Review team also identified matters not directly related to the scope of this Review. However, as these are within the scope and matters that may be the subject of a review as outlined in 95BA-2(2)(a-f) of the Act, the Review team documented these incidental findings.

Review process

The Review process commenced in September 2022 and analysis¹¹ concluded with the issuing of individual provider reports in April 2023. The individual process steps taken by the Review team are represented in the timeline below.

Figure 2: The Review process



¹¹ The data of all 839 providers was reviewed and analysed against the sample selection criteria. A manual review of 224 providers not selected for phase 2 was undertaken, where the Review team could not verify if prices had been reviewed in the previous 12 months with the data available to the team, and a further check of 50 randomly selected providers for pricing consistency.

The Review process comprised:

Phase 1

- Data collection and analysis of 839 providers with prices visible on My Aged Care.
- Risk-based identification of 126 providers to be scoped into phase 2 based on their entries in relation to the pricing schedule fields listed in Table 1, indicating they were potentially not meeting program requirements:
 - 105 of these providers were corporations (non-government providers)
 - 21 were government providers.
- Additional manual data checks of:
 - a random sample of 50 providers to understand the level of inconsistency between providers' pricing schedules and full price lists
 - 224 providers where available data indicated they may not have reviewed their pricing information in the last 12 months.

Table 1. Sampling criteria for information entered on My Aged Care

My Aged Care pricing schedule field	Information entered on My Aged Care
1. Care management (fully managed) price field	<ul style="list-style-type: none">• N/A• \$0.01• \$1• “_”
2. Care management (fully managed) hours	<ul style="list-style-type: none">• N/A• “_”
3. Package management price field	<ul style="list-style-type: none">• N/A• \$0.01• \$1• “_”
4. Standard hours price field for the defined care services	<ul style="list-style-type: none">• no dollar figure, or• if no standard hours price, no price range provided either

- Issuing letters to 713 providers not scoped into phase 2, see Table 2. The letter included a self-assessment tool developed by the Review team. Providers were encouraged to complete the self-assessment to assist them in assessing whether

their pricing information on My Aged Care (and their website) is consistent with the legislative requirements in the *User Rights Principles 2014*.

Table 2. Phase 1 – Letters sent to providers by number and category

Number of letters sent	Letter by category
524	Generic letter reminding providers of their pricing transparency responsibilities and encouraging them to review their My Aged Care costs page.
31	Generic letter plus a paragraph advising of inconsistent prices across published pricing information.
151	Generic letter plus a paragraph advising of no evidence of published prices being reviewed in the previous 12 months.
7	Generic letter plus additional paragraphs identifying issues with both review of prices in previous 12 months and consistency of published pricing information.

Phase 2

- Completing a deeper analysis of the pricing information on My Aged Care for the 126 providers and drafting individual preliminary analysis for each provider:
 - where a provider had multiple services/outlets, a risk-based approach was taken regarding the number of services/outlets reviewed. This included using available data to identify outlets with the same pricing and reviewing only one of these services.
- Issuing legally binding Notices under section 95BA-6 of the Act to the 105 non-government providers and Invitation letter to participate to 21 government providers:
 - providers were required to complete a questionnaire ([Attachment B](#)) within 6 weeks of the date of the Notice, answering yes or no to 3 questions for each My Aged Care field:
 1. Are you meeting the requirements as described in the 'Relevant requirement' column for all your services listed on My Aged Care?
 2. Have you taken any steps since receiving this Notice/letter to remedy issues identified in the preliminary analysis and/or as part of your own self-assessment?
 3. Do you require further information to understand the requirement?

- Issuing individual preliminary analysis based on the deeper analysis conducted in November 2022, to providers with their Notice/Letter.
- Holding entry meetings with 13 providers on request.¹²
- Five providers were scoped out of the Review. Four non-government providers and one government provider informed the Review team they had ceased or were about to cease delivering home care packages. One government provider chose not to participate.ⁱⁱ
- The final number of providers participating in phase 2 was 120 providers:
 - 101 non-government providers
 - 19 government providers.
- Re-examining pricing information on My Aged Care for the remaining 120 providers including consideration of their responses to the Notice.
- Issuing:
 - no further action letters to 9 providers found to have met all requirements
 - findings with observation letters to 8 providers found to have met all requirements however, opportunities for improvement were identified which were outlined in a letter
 - draft reports to 103 providers found to have not met pricing transparency requirements, sharing with providers for comments and/or clarifications.
- Holding exit meetings with 25 providers on request.¹³
- Issuing 103 final reports that incorporated management responses and Review team checks confirming if updates had been made to My Aged Care.
- Referring outstanding issues to the Program Assurance Compliance team.
- Publishing a public summary (this) report.

Procedural Fairness

Procedural fairness was afforded to providers throughout the Review by:

- providing participants with detailed Terms of Reference
- offering all participants the opportunity to attend entry and exit meetings
- setting reasonable timeframes to respond to the Notice (6 weeks) and draft report (2 weeks), and considering all requests for extension on their merit.

¹² Entry and exit meetings were not mandatory for participating providers.

¹³ As a result of the Review team resolving some issues at the point of providers calling to arrange an exit meeting, the number of exit meetings were less than originally requested.

- following up by phone and email any providers that did not provide an email read receipt or acknowledgement of email receipt to confirm contact details and receipt of information
- proactively contacting all 31 providers with less than 20 care recipients to offer additional support and ensure they understood the Notice/ Letter requirements
- sending providers preliminary analysis outlining initial issues and observations made by the Review team to assist them to take corrective action
- seeking additional information or clarification where providers' responses were unclear
- ensuring the Review team was available to provide clarification and correct any factual errors throughout the Review process.
- incorporating management responses into final reports
- informing providers their findings could be included in this public summary report and attributed to them and that the Review team would inform them prior
- sharing the dispute resolution process with providers throughout the Review.

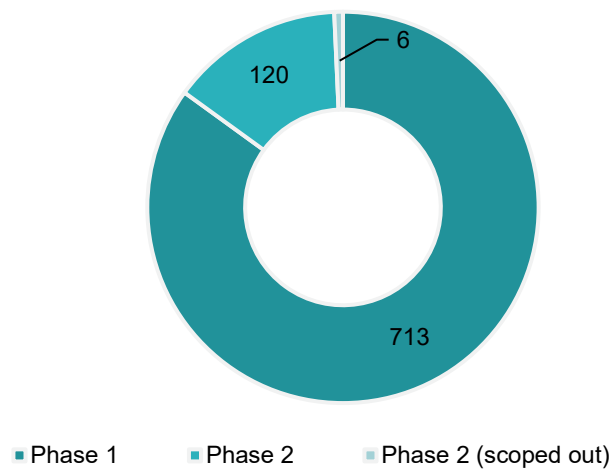


Review Snapshot

Who were the participating providers?

The Review included 839 providers that displayed information on My Aged Care in September 2022. Taking a risk-based approach, 126 providers were selected to participate in phase 2. Six providers were scoped out before phase 2 completion.

Figure 3. Breakdown of providers by phase



Of the 120 phase 2 providers, 19 (16%) were government providers that participated voluntarily and 101 (84%) were non-government providers.

Figure 4a and 4b. Percentage of phase 2 providers by organisation type

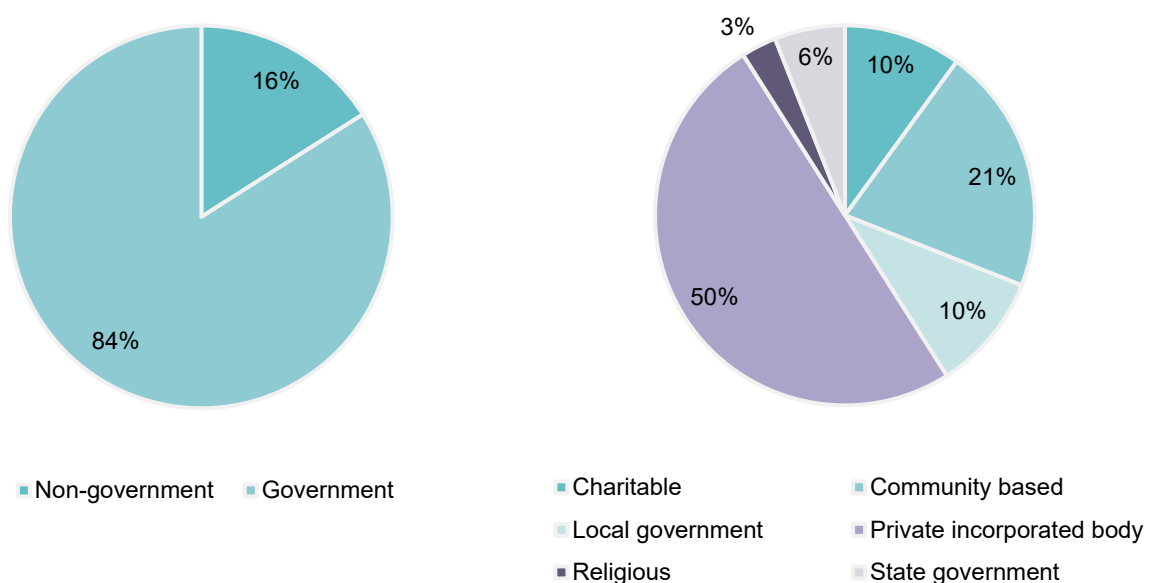
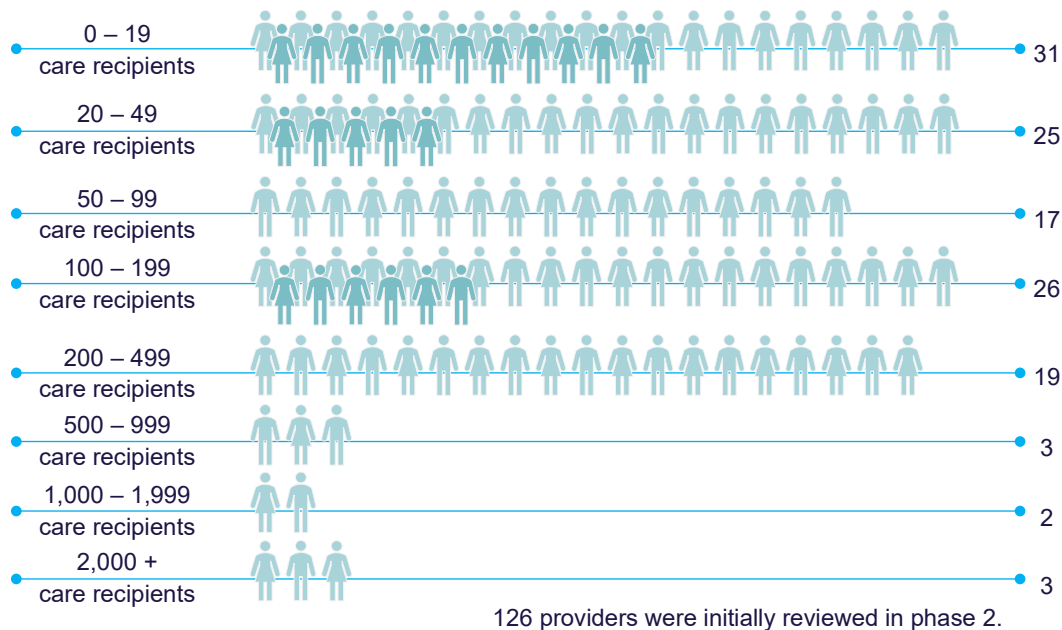
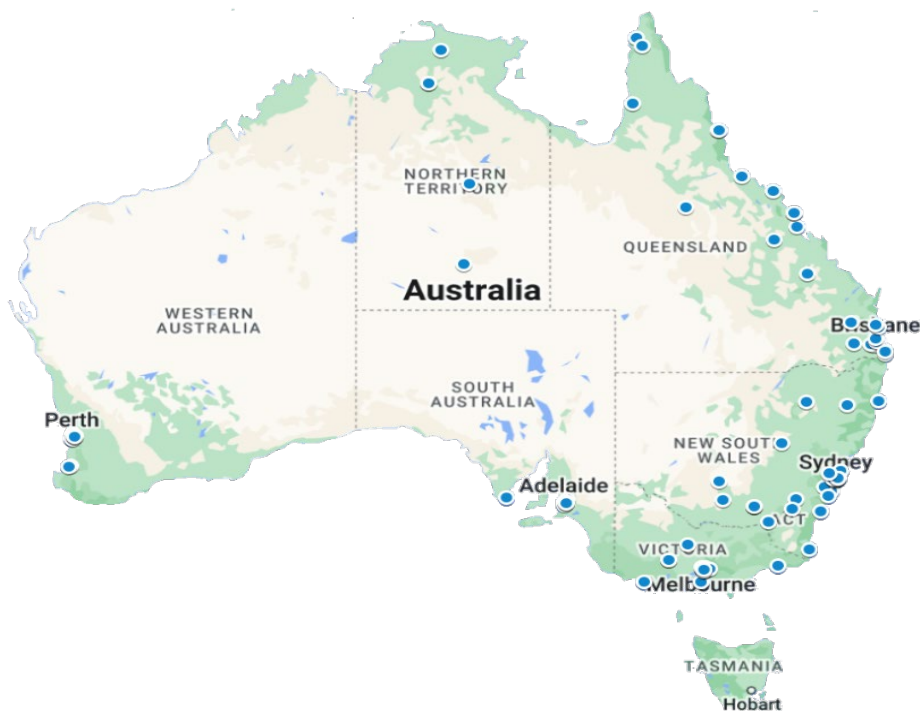


Figure 5. Phase 2 providers by organisation size



Provider size or geographical location were not Review considerations. Provider size varied from over 2,000 care recipients to under 20. The 126 providers initially scoped into phase 2 were delivering services to 32,506 care recipients in September 2022.

Figure 6. Distribution of phase 2 providers across Australia¹⁴



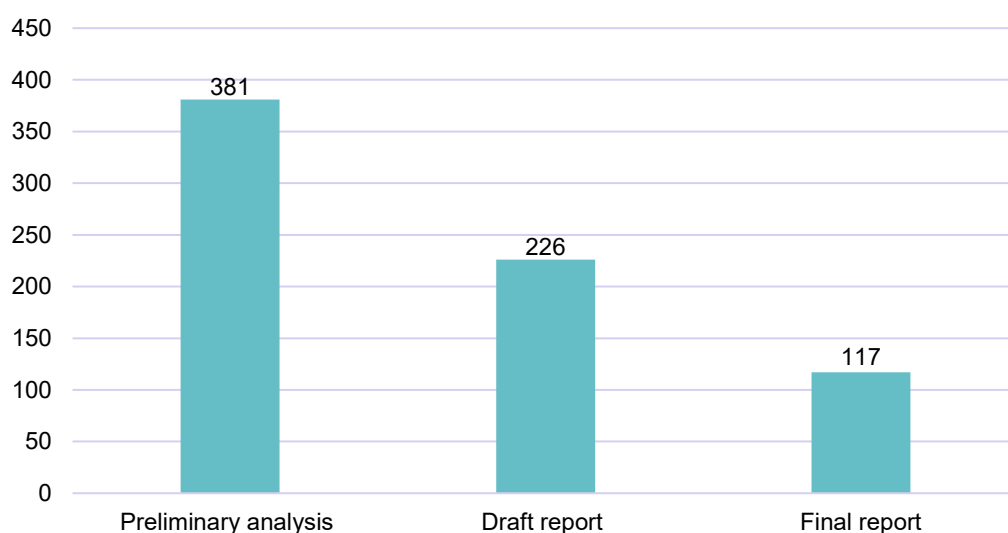
¹⁴ This figure denotes the head office location of providers scoped into participate in phase 2 of the Review, not the geographic distribution of where their care recipients are located.

What did the Review team find?

Overall, there were significant improvements in meeting pricing transparency requirements over the duration of the Review for the 120 providers, due to providers and the Review team working together.

Figure 7 illustrates the total number of issues identified at each stage of the Review. Where there were multiple issues under a category, for example, 'Full price list', this was counted as one issue for the purpose of this Review.

Figure 7. Total number of pricing transparency issues identified on My Aged Care.



As evident in Figure 7, when the preliminary analysis was completed, 381 issues were identified across the 126 providers scoped into phase 2. The number of issues identified across the 6 providers that were scoped out of phase 2 accounted for 15 of the 381 issues.

The Review team identified 226 issues across the 120 providers that continued to participate in Phase 2. These were outlined in individual provider draft reports. At the time final reports were issued, the number of issues had reduced further to 117, demonstrating a significant improvement during the Review.

It should be noted that some of the 117 outstanding issues identified related to matters providers were in the process of resolving (at the time of Review finalisation) with the assistance of My Aged Care support and/or still demonstrated improvements on previous published information. For example, where a provider initially had no common services or care management listed in their full price list, at the time of the final report only one common service was missing.

Figure 8. Percentage of providers with an issue by My Aged Care category

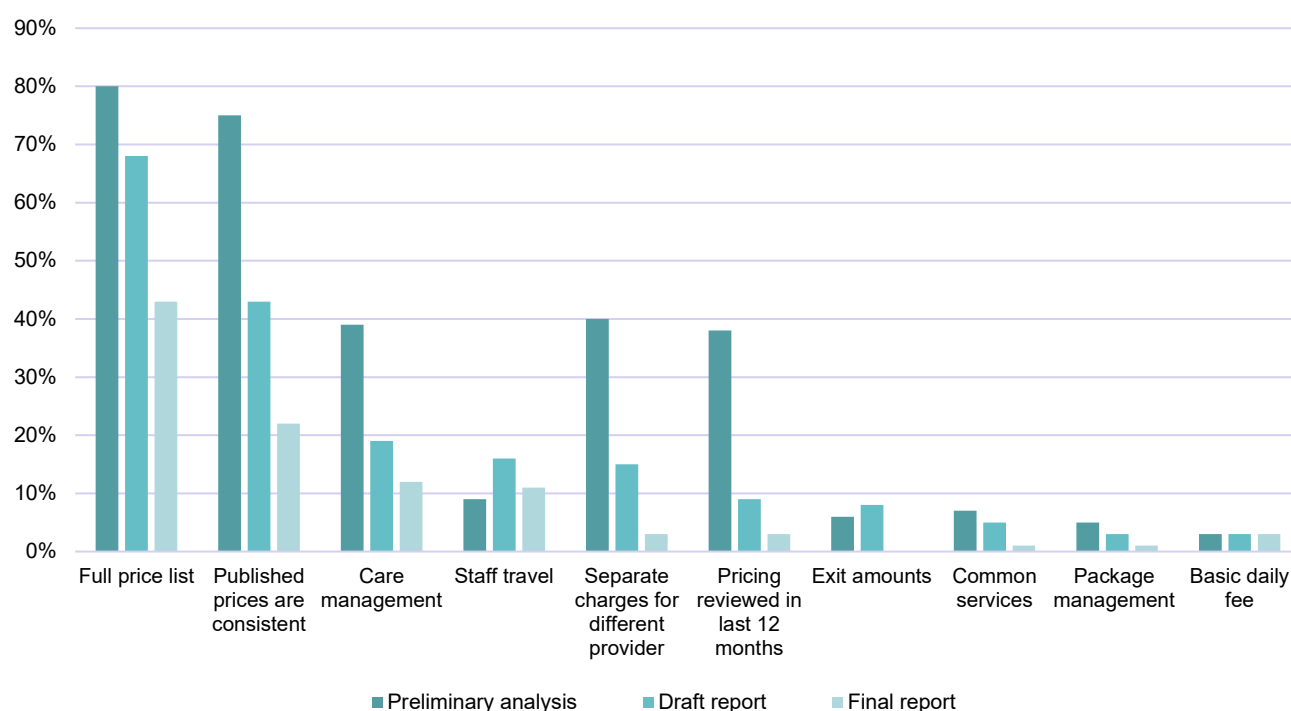


Figure 8 illustrates the percentage of providers with an issue by each of the 10 categories reviewed during the Review.¹⁵ It highlights the categories with the highest percentage of providers with identified issues were ‘full price list’ and ‘published prices are consistent’. It also highlights considerable improvements were made in each category throughout the Review apart from staff travel, exit amounts and basic daily care fee.

Providers were also informed of observations that could lead to improvements in pricing transparency for their organisations. Providers were not required to respond to the Review team if they had made changes to the observations identified, however many providers included responses in their management response and/or were noted as having made improvements in their final report.

Issues and observations are described in detail in Review Findings below under each specific pricing transparency category:

- [Basic daily fee](#)
- [Care management](#)
- [Package management](#)
- [Common services](#)
- [Staff travel](#)
- [Separate charges for different provider](#)
- [Full price list](#)
- [Reviewed pricing information in the last 12 months](#)
- [Exit amounts](#)
- [Pricing consistency](#)
- [Contact details](#)

¹⁵ Please note observations made by the Review team are not illustrated in Figure 8; it displays identified issues only.

Review Findings

Pricing information displayed on My Aged Care

All home care providers are required to display pricing information on My Aged Care as identified in sections 19B and C of the *User Rights Principles 2014*.

Providers were scoped into phase 2 based on the pricing information displayed on My Aged Care. A desktop review of the My Aged Care costs page for all 126 providers initially scoped into phase 2 was conducted. The Review team found 125 of 126 providers at preliminary analysis, 103 of 120 in draft reports and 63 of 120 in final reports had at least one pricing transparency issue that required action.

Identified issues and observations from the Review are detailed below.

Basic daily fee

Pricing transparency requirement: The basic daily fee field enables providers to indicate whether they charge a [basic daily fee](#) and, if they do, to publish the charge for each package level.

Providers must select 'yes' or 'no' to the question "Does this provider charge a basic daily fee?" If no is answered, \$0 should be entered in the table titled "Basic daily fee paid by you to the provider". If yes is answered, the basic daily fee price must be entered for all 4 package levels in the table titled "Basic daily fee paid by you to the provider".

Review team findings:

The Review team observed that approximately two thirds of the 120 providers in phase 2 of the Review did not advertise a price for a basic daily fee.

Three percent of providers had an issue with basic daily fee information on My Aged Care at preliminary analysis (4 of 126) and final reports (3 of 120). This included 2 providers that, initially, had not completed the field. All 4 providers made changes to address the issues identified. However, in making changes new issues in this field were created by 3 providers.

The main issue related to entering "No" to the question of whether a basic daily fee is charged but entering a dollar value charge for all 4 package levels.

Providers were (and are) reminded to check the public facing My Aged Care costs page after they enter the required information in this field to ensure that the added or amended content is consistent across all published information.

Care management

Pricing transparency requirements: All providers must deliver [care management](#) services.

Care management can be delivered as ‘fully managed’ by the provider or ‘self-managed’, where care recipients take a more proactive role in the overall design and management of their package.

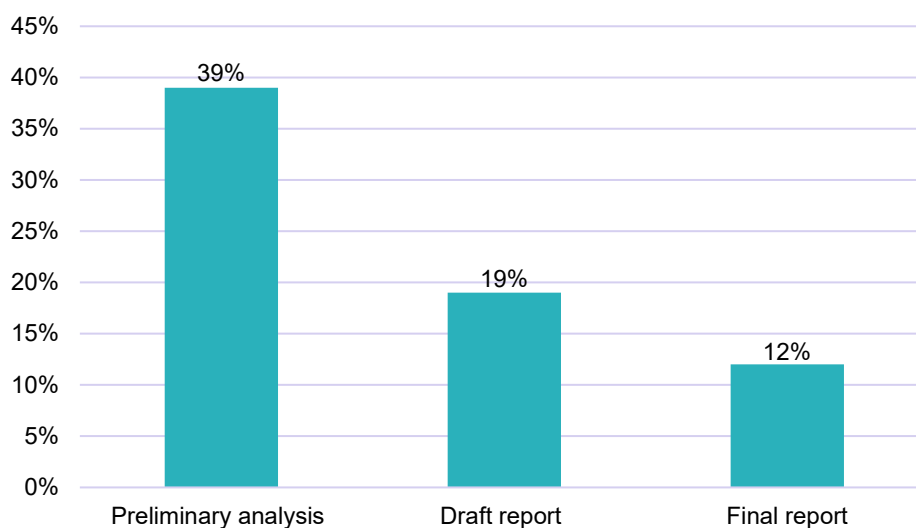
The care management field on My Aged Care has 3 subfields:

- approach to care management
- care management charges
- care management hours.

Review team findings:

It was found that 39% (49 of 126) of providers had an issue at preliminary analysis, indicating while the majority satisfied program requirements, around a third of providers had misunderstood or had not completed the relevant fields. However, as shown in Figure 9, this reduced to 12% (14 of 120) of providers in final reports.

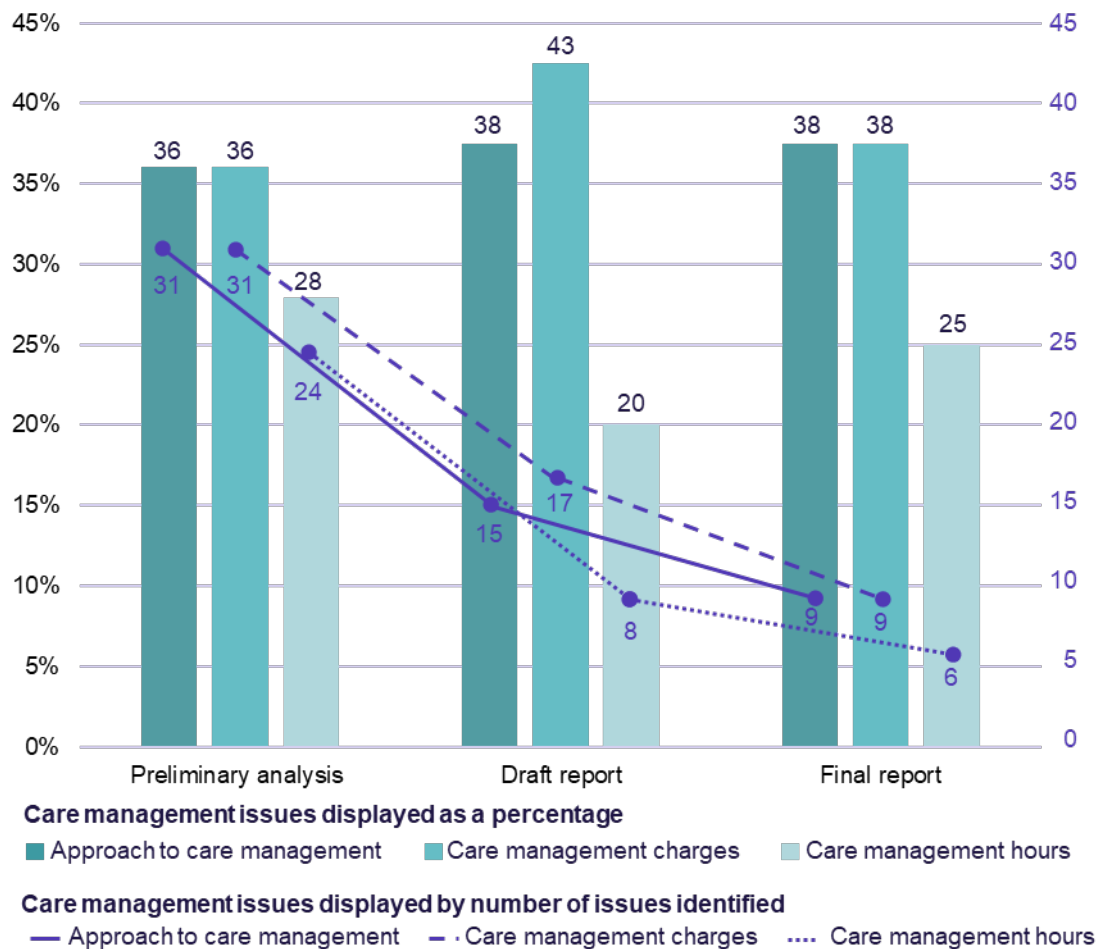
Figure 9. Percentage of providers with care management issues



It was common for providers to have issues in multiple care management subfields. While these were counted as one issue for the purpose of the Review as represented in [Figure 7](#), the issues have been identified separately under each subfield below.

The distribution of issues across the 3 care management subfields was relatively stable from preliminary analysis to final reports.

Figure 10. Care management issues by subfield at each stage of the Review



As shown in Figure 10 above, ‘approach to care management’ accounted for just over 35% of care management issues at each stage of the Review. ‘Care management charges’ had similar numbers at preliminary analysis and in final reports but saw a slight increase as a percentage of care management issues when draft reports were issued, making up over 40%.

Approach to care management

Pricing transparency requirements: Providers can describe how they deliver care management and the types of services included in the ‘care management’ free text field on My Aged Care.

Review team findings:

Thirty-one (of 126) providers (25%) had an issue with the approach to care management field at preliminary analysis, reducing to only 9 (of 120) in final reports (8%).

Key concerns were descriptions indicating some providers were charging for care management as an hourly rate or charging amounts in addition to fortnightly care management charges.

Providers were (and are) reminded care management cannot be charged as an hourly rate and the advertised/charged fortnightly care management price should be inclusive of all care management costs (for example, care recipients cannot be charged an amount for care management above the advertised fortnightly amount).

Other issues identified included:

- indication of a combined charge for care and package management
- care management charge described as a percentage and not matching the dollar value entered in the care management charge subfield
- description of services that should not be provided under care management.

Review benefits:

The Review resulted in positive improvements in the clarity and accuracy of providers' descriptions on My Aged Care of their approach to care management. Importantly, it enhanced pricing transparency for care recipients as it also identified where providers were potentially charging care recipients an additional amount above the advertised fortnightly amount and informed these providers they cannot charge these amounts.

Care management charges

Pricing transparency requirements: Providers must deliver a care management service as either fully managed or self-managed. Providers may offer both services.

Providers should enter fortnightly care management charges (either a dollar figure or 'N/A') into the pricing schedule (the fields) on My Aged Care for all 4 package levels. 'N/A' can only be entered where fully managed or self-managed is not offered.

Providers cannot publish \$0 for care management.

Review team findings:

Thirty-one (of 126) providers (25%) had a care management charge issue at preliminary analysis, reducing only to 9 (of 120) in final reports (8%).

There were 2 common issues identified relating to care management charges. The Review team observed some providers had entered N/A for all fully managed and

self-managed package levels, indicating care management was not a service they delivered.

In other instances, while providers entered N/A or \$0 for some package levels, it was evident from information available to the Review team the provider did deliver services to some or all package levels where N/A was entered.

Providers were (and are) reminded that care management is a service they must deliver to all care recipients (whether they are fully managed or self-managed) and, where a provider had/has a \$0 charge entered, or comparatively low charges (one cent or one dollar), were/are asked to review prices to ensure they accurately reflect the care management costs charged by their organisation.

From 1 January 2023, the amount providers can charge for care management is capped at 20% of the package level. Although outside the scope of this Review, the Review team observed some care management charges appeared to exceed the cap and informed these providers accordingly. This is discussed as an observation in the [incidental findings section](#) of this report.

Another observation included a small number of providers that were found to broker out care management services. **Such providers were (and are) reminded that they are still required to enter the common price on My Aged Care and in the full price list.**

Review benefits:

The Review resulted in improved accuracy of care management charges listed on My Aged Care, enabling care recipients to better compare these charges between providers and increase their choice and control.

Care management hours

Pricing transparency requirements: The approximate number of care management hours a care recipient is likely to receive per fortnight is to be entered for each package level.

Providers are to only select '0' where they do not offer care management (self-managed or fully managed, but not both).

Review findings:

Only 5% (6 of 120) of providers had an issue with care management hours at the time of the final reports. All 6 providers also had an issue with the care management charge subfield. The issues identified were:

- no hours or zero hours entered for all fully managed and self-managed care management package levels

- zero hours entered for some package levels where available information indicates the provider does deliver services for the relevant package level.

The Review team observed that while meeting program requirements, several providers had entered comparatively high approximate number of hours per fortnight for some package levels, for example, 24 hours per fortnight for a fully managed level 4 package.

Providers were (and are) asked to review and monitor the hours to ensure these accurately reflect the approximate number of care management hours provided for each package level.

Provider feedback

One provider clarified at an exit meeting and in their management response why the comparatively high hours had been entered and advised they had since amended the information. Another provider advised they had misunderstood and put the care hours the client can receive from their package.

Furthermore, in their management responses several providers indicated they:

- offer services for some but not all package levels; therefore, they entered no approximate hours for packages levels they do not deliver
- entered hours per month instead of per fortnight and updated accordingly.

Package management

Pricing transparency requirements: Providers must enter package management charges (either a dollar figure or 'N/A') into the pricing schedule fields on My Aged Care for all 4 package levels. 'N/A' can only be entered where package management is not charged.

Providers can describe how they deliver [package management](#) and the types of services included in the 'package management at (Approved Provider name)' field on My Aged Care.

Review findings:

Package management requirements were generally well understood with only 5% (6 of 126) of providers having an issue in the preliminary analysis. This reduced to only 1% (1 of 120) in the final reports.

The main issue related to providers incorrectly including services, for example, care planning, in their description in the package management field.

The Review team observed several providers charged one amount that covered care and package management.

Providers were (and are) reminded the program intent is for care and package management charges to be charged separately. If a provider chooses to charge one amount, this amount cannot exceed either 20% of the package if listed as a care management charge, or 15% if listed as a package management charge.

This is discussed as an observation in the [incidental findings section](#).

Common services

Pricing transparency requirements: Providers must enter a price for each common service.¹⁶ This is entered into My Aged Care as a price for standard hours.¹⁷ Set prices must be entered in each price field. A price range can also be entered in the free text field for each common service.¹⁸ Providers should complete all fields and only select 'N/A' when they do not provide a particular service in non-standard hours (Saturday, Sunday and/or public holidays).

To meet the [User Rights Principles](#) and to support care recipient choice and control, providers should offer all common services. The Review team noted several providers indicated they do not offer nursing, in-home respite or light gardening.

Where a service is in a care recipient's care plan, providers were (and are) reminded if they cannot practically deliver that service directly or through a third-party, they should be able to demonstrate they have explored all available options to meet care recipient needs.

Review findings:

In the preliminary analysis, 7% (9 of 126) of providers had an issue with common services. This reduced to only 1% (1 of 120) in the final reports. The main issues related to:

- no standard hour price for some common services
- displaying comparably low prices like \$0.01.

Most commonly, these were for the following services:

- nursing
- light gardening

¹⁶ Common services include personal care, nursing, cleaning and household tasks, light gardening, and in-home respite.

¹⁷ My Aged Care states 'Standard hours can be considered as Monday to Friday 6am to 6pm'.

¹⁸ Providers that engage third-party providers to deliver common services must display the most common price. However, a price range can be included. Reasons for a price range may depend on varying factors, for example, qualification of the attending nurse or different types of gardening undertaken. Providers must charge the advertised price unless negotiated and agreed to by the care recipient and documented in the home care agreement.

- in-home respite.

Where this occurred, the common explanation related to different service models. For example, providers may use local health clinic nursing staff to deliver nursing services and there is no direct charge to the care recipient. Similarly, a gardener may be employed by the retirement village where the care recipient lives and gardening charges are included in their retirement living costs. In these instances, where there would be no charge to the package and providers are required to still list a price, the department's program area suggested they enter \$1 into My Aged Care and explain the reason in the free text field.

Providers also failed to enter a price where they use third parties to deliver a service.

Providers were (and are) reminded that if they subcontract common services to third-party providers, the most common price must still be entered into My Aged Care.

Some providers advertised a lower hourly price that reflected what care recipients are charged where they receive more than one hour of service. For example, \$60 was advertised as the standard hours price but this is only charged where a care recipient receives at least 2 hours of service (\$120). In this example, where only one hour of service is delivered, care recipients are charged \$80 an hour.

Providers were (and are) reminded that the price on My Aged Care should reflect what a care recipient would be charged if they receive only one hour of service.

Some providers also advertised minimum service hours. This is discussed as an observation in the [incidental findings section](#) of the report.

For the program area's consideration:

My Aged Care states that standard hours can be considered as 6am to 6pm. However, providers can have different standard hours to this. An older person or their representative could expect to pay standard hour rates from 6am to 6pm based on pricing information on My Aged Care. However, they would need to be aware to check the standard hours of their provider to know the actual charges. **Providers were (and are) reminded to make care recipients aware of their standard hours and associated charges.** My Aged Care and/or the program area may wish to caveat the standard hours information on My Aged Care.

Currently, prices on My Aged Care are displayed under different sections on the costs page, except for the table of common prices. Provider feedback to the Review team suggests that it would be useful to include a pricing schedule summary table that captures all prices listed on the costs page in one location.

Review benefits:

The Review resulted in improved accuracy of the common service prices listed on My Aged Care and enhanced provider understanding of their obligation to make all reasonable attempts to deliver common services when requested by care recipients.

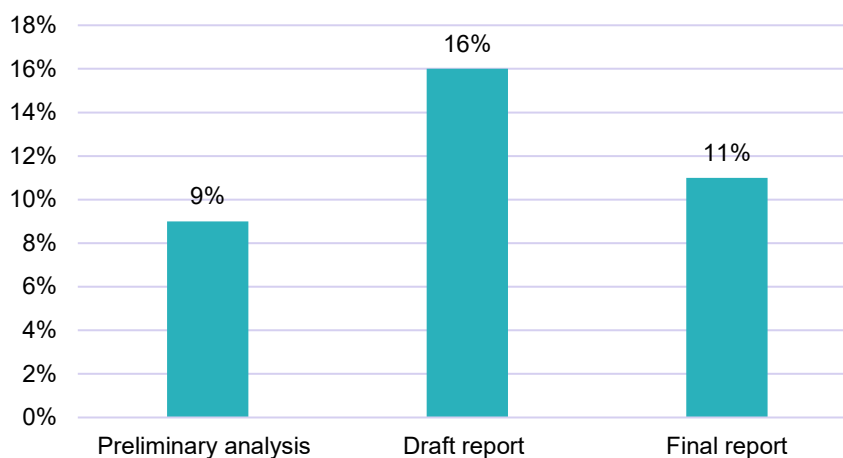
Staff travel

Pricing transparency requirements: Providers must enter the price per kilometre (if any) they charge for travel to a care recipient for the purpose of providing care or services as per section 19B(1)(b) of the *User Rights Principles 2014*. Providers must enter \$0 where they do not charge for staff travel in this way.

Providers are encouraged to explain their business model within the free text field, such as how the cost is calculated. For example, whether it is calculated per kilometre from the provider's office, or if they charge for this cost in a different way.

Review findings:

Figure 11. Percentage of providers with staff travel issues



In the preliminary analysis, 9% (11 of 126) of providers had issues. This increased to 11% (13 of 120) in the final reports, noting there was also an increase in draft reports to 16% (19 of 120). This resulted from the Review team taking a closer examination of the field and considering any responses received from providers in relation to staff travel. It was clear to the Review team that some providers misunderstood how to complete this field and had entered an amount for staff travel with a care recipient and not to a care recipient, as required.

The Review team noted some charging model descriptions were unclear as to when and how much a care recipient would be charged.

Examples of the various charging models described in the free text field include:

- displaying \$0 in the price per km field and stating travel charges would apply for certain distances travelled, for example, 15km from service radius
- charging a cost per trip instead of a price per km
- charging a different amount per km depending on the distance
- charging a price per km and charging for the care worker's travel time
- charging for a tank of fuel at the 'current rate' plus an additional fixed amount, such as \$25, with no explanation of 'current rate' or why there was a need for the additional fixed amount.

Providers were (and are) reminded that this field is only for staff travel to a care recipient and providers must ensure all charges are reasonable, justifiable and easy to understand.

Review benefits:

Reviewed providers appreciated clarification on how to complete this field, especially those that do not charge for staff travel to a care recipient. The Review resulted in improved clarity and consistency on My Aged Care (and for care recipients) in regards staff travel charges.

The Review team's findings will be shared with the department's program area to assist with work currently underway to improve guidance to the sector on staff travel.

Separate charges for different provider

Pricing transparency requirements: From 1 January 2023, providers cannot charge separately for [third-party services](#). On 27 February 2023, (while the Review was underway) this field was removed from My Aged Care.

Review findings:

The Review team observed there was some confusion from reviewed providers regarding this field prior to its removal. This primarily stemmed from different headings for this field in the provider portal compared with the public facing My Aged Care page.

In the preliminary analysis, 40% (51 of 126) of providers had an issue. This reduced significantly to only 3% (4 of 120) in the final reports.

The main issues included:

- description of charges applied to third-party services or goods, represented as a percentage

- providers answering ‘yes’ to the question of “separate charge for third-party providers” (as they should have answered ‘no’ after 1 January 2023 and prior to the field being removed).

The Review team proactively informed providers through the preliminary analysis that from 1 January 2023 there would be changes to how third-party services can be charged. This helped providers prepare for the upcoming changes.

Outstanding issues in reviewed providers’ individual final reports related to inconsistencies across providers’ published information, as references to separate third-party charges were still evident in some providers’ full price lists.

Providers were (and are) reminded that third-party service charges must be all-inclusive and cannot be charged separately.

It is expected most, if not all, additional costs related to third-party services will be recouped by providers through care and package management charges. Reasonable business overheads and costs that cannot be charged in care and package management can be included in the all-inclusive price for the third-party care or services.

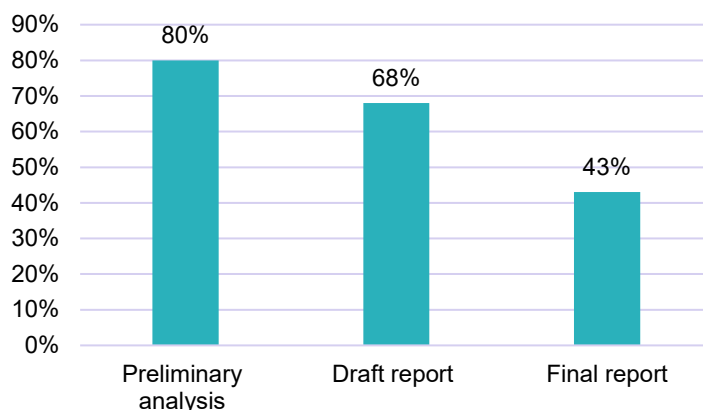
The department’s [Third-party services for Home Care Packages](#) page includes advice on the costs of third-party care and services.

Full price list

Pricing transparency requirements: Providers must have a [full price list](#) that sets out the prices for all care and service they offer, not just the common services. The full price list must be available on My Aged Care as a document (such as a PDF or Word) or via a hyperlink that opens directly to the provider’s full price list, not just the provider’s homepage.

Review findings:

Figure 12. Percentage of providers with full price list issues



Full price list requirements were commonly misunderstood by providers and accounted for 43% (51 of 117) of all issues identified in the final reports. As shown in Figure 12, at preliminary analysis 80% (101 of 126) of providers did not meet requirements. This substantially declined to 43% (51 of 120) in final reports.

Notably, unlike other My Aged Care fields reviewed, full price list findings included multiple elements. As such, full price list issues varied from missing single elements (price for a common service) to missing all elements (no price list at all) and were sometimes linked to issues identified in other categories. Furthermore, it was common for providers to have multiple issues with their full price lists. While these were counted as one issue for the purpose of the Review, as represented in [Figure 7](#), the issues have been identified separately under different themes below.

Figure 13. Key full price list issues as a percentage of full price list issues identified in the final reports

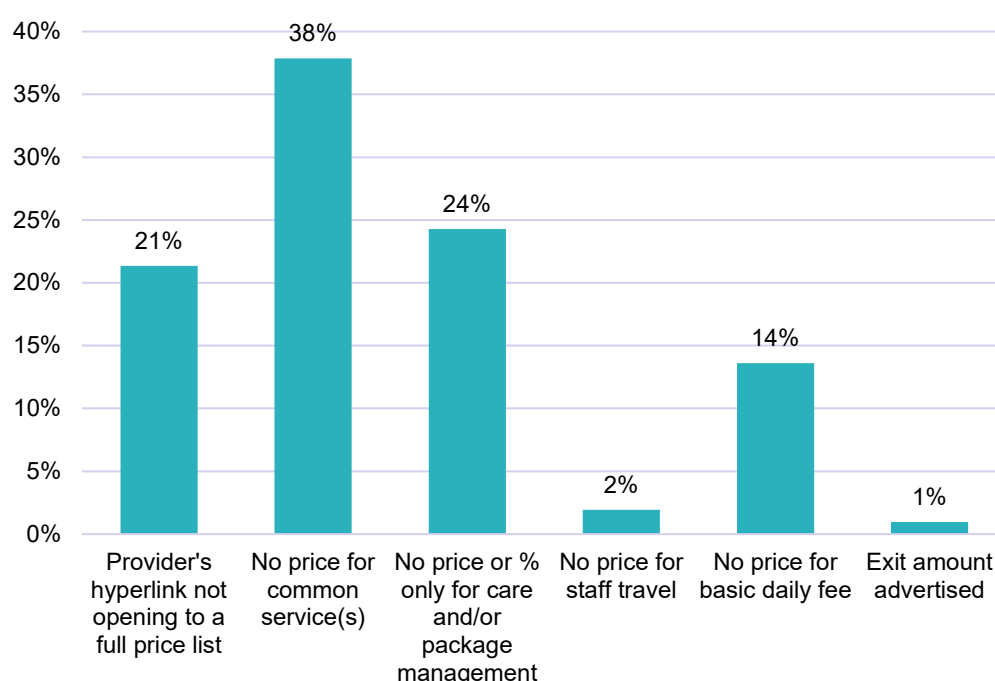


Figure 13 represents key full price list issues as a percentage of the 51 full price list issues identified in final reports (not total issues). The main issues identified were:

- no prices listed for:
 - common service/s (38%– 39 of 120 providers)
 - care and/or package management (24% - 25 of 120 providers)
 - staff travel (2% - 2 of 120 providers)
 - basic daily fee (14% - 14 of 120 providers)
- the hyperlink on a provider's My Aged Care page not opening directly to a full price list on the provider's website (21% - 22 of 120 providers)
- exit amounts advertised post 1 January 2023 (1% - 1 of 120 providers).

Missing price information for one or more common service was the most frequent issue. These were typically light gardening, in-home respite and nursing, which some providers deliver solely through subcontracting arrangements. The Review team also observed that some providers did not list common services separately; instead listing 'support worker' or similar with no description of the type of services delivered.

Providers were (and are) reminded that where a service is subcontracted, a price must still be included in the full price list and can be displayed as a price range. Where a price range is displayed, providers are still required to seek care recipient approval to charge a price that is different to the price in the pricing schedule.

Providers must ensure all common services are clearly identified and preferably consistent with the naming conventions on My Aged Care. As noted above under common services, **providers were (and are) reminded they should be able to demonstrate they have explored all available options to meet care recipient needs, where they do not offer these services directly.**

Care and package management prices were an issue with 24% of the full price list issues identified. This was due to either not being listed on a full price list or the price specified as a percentage and not a dollar value.

Furthermore, 21% of issues were due to provider hyperlinks on My Aged Care not opening directly to a full price list on a provider's website. Hyperlinks often opened to a provider's home page or information on the provider's services, and it was not easy for the Review team (and therefore would be challenging for care recipients or the public) to locate these providers' pricing information efficiently.

If a provider attached a PDF or Word full price list on My Aged Care, then the Review team did not call this out as a concern, but rather made an "observation" in the relevant provider's individual final report. This was because providers are only required to attach a document or hyperlink, not both. The Review team noted some providers include both on My Aged Care.

For the program area's consideration:

Full price list requirements were commonly misunderstood by providers, even with the available guidance. The Review team suggests the department develop a best practice full price list template to help providers understand what information is needed to meet requirements and improve consistency in information being reported across the sector. Provider feedback suggests such a template would be helpful.

The Review team also noted the terms 'pricing schedule' and 'full price list' are used interchangeably on My Aged Care and may be contributing to provider confusion. For example, the link to the PDF or Word document full price list on My Aged Care is titled 'pricing schedule' rather than 'full price list'. Changing the title of the full price list document link to 'full price list' on My Aged Care could be considered by the department to support improvement in this area.

Despite evident confusion among reviewed providers in regards to full price list requirements, there was marked improvement in the number of providers meeting their responsibilities during the Review. In addition to the reduction in issues, the Review team observed improvements in the severity of issues identified. For example, some providers that were initially missing multiple prices at preliminary analysis were only missing one price at the time of final reports.

Review benefits:

The Review resulted in providers improving their full price lists by including all charges and fees, removing redundant charges such as exit amounts and editing descriptions that the Review team pointed out were unclear. This will in turn result in more accurate and easier to understand full price lists for care recipients.

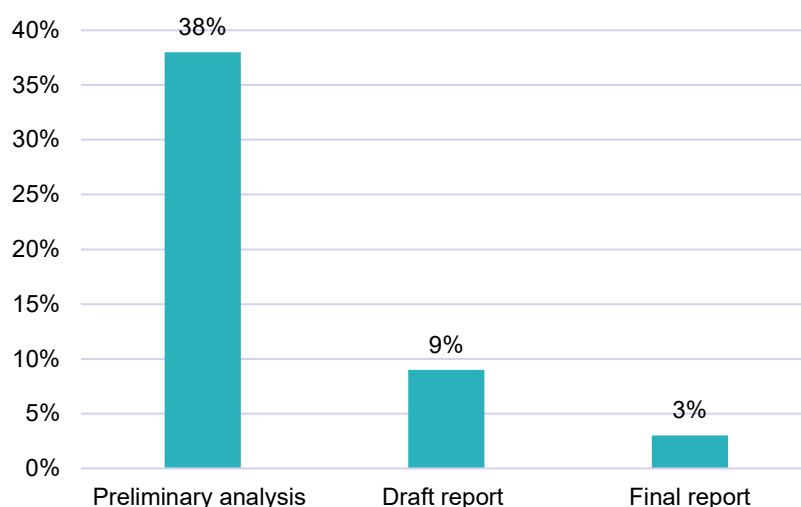
Pricing information reviewed in the last 12 months

Pricing transparency requirements: Providers must review their pricing schedule and the full price list on My Aged Care within 12 months from when it was last reviewed/published and/or when prices change.

Where no changes need to be made to any of the pricing information, providers can confirm pricing information has been reviewed by selecting 'Confirm review of pricing information' in the My Aged Care Provider Portal.

Review findings:

Figure 14. Percentage of providers where the Review team was unable to verify prices had been reviewed in the last 12 months



The Review team was unable to verify, using the information available,¹⁹ that some providers had reviewed their pricing schedule and/or full price list in the 12 months prior to October 2022. This issue was also identified for 151 of 713 providers in phase 1 of the Review, as discussed earlier in the [report](#).

The percentage of providers in phase 2 where the Review team was unable to verify prices had been reviewed in previous 12 months at preliminary analysis was 38% (48 of 126). This reduced to 8% (10 of 120) of providers in draft reports and 3% (4 of 120) in final reports. It was evident that some providers had reviewed their prices in the previous 12 months based on the date of the published full price list on My Aged Care. However, the date on the My Aged Care page for some of these providers did not match the date on the published full price list and was often not within the 12-month period. The Review team provided advice to these providers on how to update this date on My Aged Care.

Review benefits:

As a result of the Review, only 4 of 120 providers still had this issue in the final report. With the Review team's support, relevant providers also better understood how to update the date on My Aged Care even where no changes to their prices are required.

Exit amounts

Pricing transparency requirements: From 1 January 2023, providers cannot charge exit amounts. On 27 February 2023, the exit amount field was removed from My Aged Care.

Prior to 1 January 2023, all providers were required to have accurately published information regarding exit amounts, if any, as identified previously under section 21J of the *User Rights Principles 2014*. Providers could publish the maximum exit amount price charged and enter '\$0' if they did not charge an exit amount.

Review findings:

In the preliminary analysis, only 6% (7 of 126) of providers had exit amount issues and this reduced to 0% in the final reports. The issues related to inconsistency between the charge displayed in the exit amount field and the description in the free text field. That is, providers displayed an exit amount but stated they did not charge an exit amount. In some instances, providers advised:

¹⁹ Information available included the date on the My Aged Care page, the date on the attached document (such as a PDF or Word) or document accessed via the provider's hyperlink or departmental data indicating a document had been uploaded to My Aged Care.

- the amount had been removed, although to the Review team this was still visible on My Aged Care, or
- they had difficulties with removing the exit amount from the My Aged Care field and provided a My Aged Care case reference number.

Noting the 1 January 2023 change and the removal of the exit amount field from My Aged Care on 27 February 2023, discussion on providers still displaying an exit amount in their full price list is detailed under [Full price list](#).

Review benefits:

In the preliminary analysis, the Review team proactively informed providers with an advertised exit amount about the impending 1 January 2023 changes. This helped providers prepare for the upcoming changes.

Prices on My Aged Care are consistent with the attached full price list and pricing information on providers' website

Pricing transparency requirements: All providers' published prices on My Aged Care must be consistent with the attached full price list and pricing information on their websites.

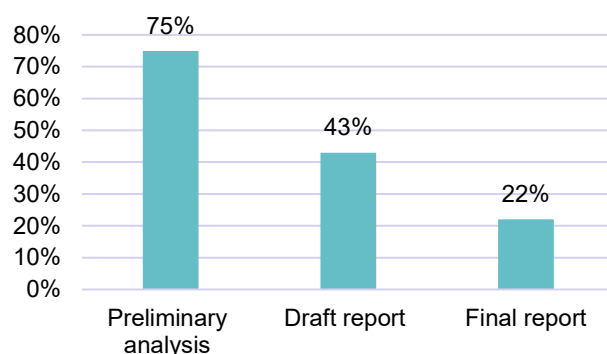
Consistency of published pricing information is crucial to ensuring care recipients can easily compare among providers. This enables them to exercise true choice and control over the care they receive. Inconsistency in providers' published pricing information²⁰ accounted for 22% (26 of 117) of all issues identified in the Review in final reports. It was also the category where the most improvement in pricing transparency was observed.

Review findings:

Significantly, the Review team found 75% of reviewed providers (95 of 126) had an issue at preliminary analysis and were not meeting requirements. As shown in Figure 15, there was significant improvement in pricing consistency issues during the Review, with issues declining to 43% (51 of 120) in draft reports and only 22% (26 of 120) in the final reports.

²⁰ Published pricing sources include the pricing schedule fields on My Aged Care and the full price list document (such as a PDF or Word document or via the hyperlink).

Figure 15. Percentage of providers with inconsistent prices across all published pricing information



The main consistency issues identified with information displayed on My Aged Care and the full price list/URL link were:

- inconsistent prices for the same service
- inconsistent information about service and/or package level offered.

It was apparent that pricing inconsistency was often a result of providers updating one source of information – either the pricing schedule fields on My Aged Care or the full price list, but not both. A number of providers also indicated that when updating pricing information they were not aware that changes made on My Aged Care had been unsuccessful and therefore, outdated pricing schedules and/or full price lists were still visible on the public facing page.

The Review team assisted providers that notified them of issues experienced with updating pricing information on the My Aged Care provider portal. Where providers experienced ongoing issues, they were referred to the My Aged Care provider and assessor helpline for assistance. Several providers reported their issues as being escalated within the department's My Aged Care technical support teams.

Providers were (and are) reminded to ensure all published prices are consistent across all published information. In situations where a price will need to differ from the published price, for example, where the care recipient has a particular request, the provider will need to negotiate and agree to a price with the care recipient. **This difference in price and accompanying reason should be clearly outlined within the person's home care agreement** and package budget. It is the program intent that this would be an exception and that in most instances, the published price will be the price charged.

The Review team also observed that some providers displayed annual, monthly, or daily prices in the full price list rather than fortnightly prices for care and package management. **Providers were (and are) encouraged to display care and package management charges in their full price lists as a fortnightly charge to be consistent with how these charges are displayed on My Aged Care.**

Review benefits:

The Review resulted in considerable improvement in the consistency of providers' published pricing information and alerted a number of providers to the fact previous updates to their pricing information had been unsuccessful meaning their published prices were unknowingly inconsistently and/or out of date.

Contact details

Pricing transparency requirements: Providers must include contact details on My Aged Care. Such details must include a current phone number and email address. This is essential for the public or care recipients to contact providers for further information about home care prices and fees.

Review findings:

Given the Review team relied on such details on My Aged Care and had no means of checking this against any other source, the Review team could only remind providers to check their contact information on My Aged Care and update where necessary.

Review benefits:

The Review team accessed the National Approved Provider System (NAPS) to identify the main contacts for each provider. This identified that some providers' contact details were not current. These providers were advised on how to update such details on NAPS and My Aged Care. This information was also posted on the Community of Practice in December 2022. **Providers were (and are) reminded to keep their NAPS contact details current at all times.**

Incidental findings

While the scope of the Review was to assure pricing transparency on My Aged Care, several incidental out of scope findings were identified during the Review. As they were not subject to the detailed review process, the Review team noted these as “observations” and did not seek further information from providers. These were identified in the spirit of supporting providers’ continuous improvement. The Review team appreciates that most providers responded in their management response to such observations, even though they were not required to.

The main incidental out of scope findings included, but were not limited to:

- potential excluded items²¹
- providers charging above the care and/or package management capsⁱ
- other charges, for example contingency fees
- minimum service hours more than 1 hour, leading to questions of over-servicing and/or charging for services not delivered
- protracted cancellation period charges
- prices subject to change without demonstrating adequate consultation and/or consent.

The most common potentially excluded item related to meals. It is important to note this was solely based on the information found on either My Aged Care or the provider’s website pricing information.

The issue was that using the published information, it was unclear to the Review team whether the price in the full price list included/excluded the amount care recipients must personally contribute to cover the cost of the raw food component of the meal (as this cannot be funded through the home care subsidy). When this was brought to the attention of providers, many advised the Review team they were charging care recipients for the raw food component. A number also advised that following the Review team’s engagement, they updated their full price list to make this clearer.

Some providers advertised minimum hours of service and/or charges for cancellation within certain timeframes. Where a provider’s published information:

- required a 2 hour minimum or above for service delivery, and/or
- charged care recipients for cancelling services within extended timeframes, for example, 7 days.

²¹ Exclusions are detailed in the *Quality of Care Principles 2014*.

These providers were asked to consider if these were reasonable and justifiable, and provided with the [Social, Community, Home Care and Disability Service Industry \(SCHADS\) award for the Home Care Packages Program](#) fact sheet.

For incidental out of scope findings, providers were generally asked to:

- review the observation(s) identified
- consider reasonableness, and/or
- ensure the approach met legislative and/or program requirements.



Suggested Improvements

In addition to the matters for consideration documented throughout the report, the following matters were also identified.

My Aged Care Provider Portal

During the review, some providers reported changes they made to My Aged Care through the provider portal were not showing up on their public facing costs page. In discussions with the My Aged Care technical team, the Review team generally found this to be a result of user error. In particular, providers often did not complete the critical final step in the user guides.

However, one issue identified for future consideration by the relevant areas of the department is that the system does not alert providers when errors occur due to My Aged Care system updates. It was only when the Review team informed providers of issues identified in the Review that they became aware their updates, in some cases attempted months earlier, were unsuccessful.

Providers were (and are) advised to access their pricing information on My Aged Care in the same way the public would 48 hours after they make any updates to ensure that their updated pricing information is reflected.

The department may wish to review the My Aged Care guidance material and sector education, given the number of potential user errors identified through this Review. In the future, where feasible, a proactive alert system could be considered for notifying providers when updating errors occur.

The program area/My Aged Care team may also wish to consider a consistent approach to what can be entered in relevant fields on My Aged Care. In some fields where a service is not provided, providers can enter N/A, however in other fields (like the approximate hours provided), only a numerical entry can be made.

Further to this issue, providers are unable to enter \$0 where they do not charge for a service. For example, where nursing is delivered through the local health service at no cost. Providers can, however, enter \$0.01.

Rectifying these inconsistencies will reduce confusion for providers entering information and for older people and their representatives in understanding the information on My Aged Care.

Uplift in providers' program knowledge is needed

Several providers engaged with the Review team for additional advice, support or information related to the Review.

The Review team was able to refer providers to various resources including:

My Aged Care service provider and assessor helpline (helpline), 1800 836 799

1. My Aged Care user guides
2. guidance materials on the department's website
3. advice on how to update contact details
4. state office contact details.

The Review team also proactively contacted all 31 providers with less than 20 care recipients to offer additional support and ensure they understood the requirements.

Providers were (and are) reminded that the onus is on them to meet their program obligations. They can use the helpline and extensive information on the department's website and/or engage with their department's state office contacts proactively.



Provider Engagement

Most providers were responsive and engaged well with the Review team and the process. Many providers sought to rectify issues prior to the finalisation of the Review and engaged proactively with the My Aged Care support team where required. Many also provided management responses in relation to observations made by the Review team, even where not required to do so.

Providers generally viewed the Review as a positive learning opportunity to improve their understanding of their pricing transparency obligations and the currency, consistency and accuracy of their published pricing information.

Overall, the Review process demonstrates the benefits of closely working with providers to support improved understanding of program requirements and continuous improvement. The significant level of positive engagement by providers demonstrates they valued the opportunities offered by the Review to closely examine and improve their HCP-relevant procedures and understanding.

The Review team will continue its practice of obtaining structured feedback from participating providers through an anonymous survey following the conclusion of the Review. Feedback from providers is used to improve the way the department conducts program assurance reviews.

Given the benefits evident from this Review and feedback received from participating providers, it is recommended that such a review be conducted every 12-18 months.

Provider Feedback

The Review team received positive feedback from the sector in relation to the advice and support provided throughout the Review including during exit meetings and via phone and email correspondence. A provider appreciated the assurance review process and considered it assisted providers to understand and identify opportunities to deliver best practice and information for the community. The provider found the Review process to be extremely helpful.

Provider feedback has also been incorporated into the suggestions for program improvement noted throughout the report and/or has been shared with the relevant area of the department.

Keeping individual providers accountable

A self-assessment tool was issued to 713 providers not scoped into phase 2 of the review. These providers were encouraged to complete the self-assessment and reminded of their legislative responsibilities regarding their published pricing information on My Aged Care. Of the 713 providers, 189 were informed of potential inconsistencies in their published pricing information and/or that they may not have reviewed their pricing information in the last 12 months.

This cohort of 189 was checked again against one or both matters above after final reports were issued to providers in phase 2. Significant improvements were noted, especially regarding prices being reviewed in the last 12 months. A reminder email was issued to 86 providers where further improvements could still be made.

The Review team issued 103 providers with a final individual provider report as part of this Review. The final report included actions required to meet program requirements. Providers were asked to advise in writing within 2 weeks of what action they had taken to address identified issues. The Program Assurance Review Compliance team will monitor these actions.

Providers were not required to respond to observations, but the Review team welcomed providers' advice on any actions taken to improve pricing information.

In the context of pricing transparency, this review deliberately focussed only on pricing transparency on My Aged Care, consistent with obligations on providers to inform the Secretary of the Department of Health and Aged Care of their pricing information as required under Division 2A of the *User Rights Principles 2014*.

The Review team will share relevant information with the Aged Care Quality and Safety Commission²², the national regulator of aged care, including home care packages. Where non-compliance with approved provider responsibilities is identified, the Commission's response will be proportionate to the assessed level of risk and the potential consequences for consumers.

²² Separate to the Commission's role, the department is responsible for program funding and for assuring that these funds are being spent for approved purposes. The program assurance reviews are focused on reviewing program-wide risks and determining how these can be addressed at a program-level. Ultimately assurance reviews by the department are for the purposes of assuring program integrity.

Supporting continuous improvement of approved providers

Webinar

Following the public release of this public summary report, a public webinar is planned to present the Review findings.

Further detail, including the webinar recording, will be available at [Webinars for the aged care sector | Australian Government Department of Health and Aged Care](#).

Home Care Packages Community of Practice

A Home Care Packages Community of Practice was launched in August 2022 following the conclusion of the first Review.

The Community of Practice is an online platform supporting providers to engage with each other and the department, share program knowledge and better practice.

The department uses the platform to share post-program assurance Review findings, discuss sector implications from Review findings, share best practices, and provide feedback on the Review process and/or program settings.

All providers are encouraged to join the Community of Practice. Providers that are yet to sign up can do so at [HCP Program Assurance Community of Practice](#).

An online live session is planned after this report is published to engage with the broader home care provider sector to discuss review findings and respond to any questions. At this session departmental staff will be available to respond in real time to questions about the Review.

HCP Program Assurance Reviews

The Review team will continue to undertake program assurance reviews and activities to support continuous improvement of providers and to help manage the risks identified in the [Program Assurance Framework](#).

Conclusion

By scoping in all 839 providers with prices on My Aged Care, the review of pricing transparency on My Aged Care was able to identify a significant number of pricing transparency issues. By then reviewing in detail the 120 providers scoped in for phase 2, the Review has led to evident significant improvements in the accuracy, currency, clarity and completeness of pricing information on My Aged Care for the participating providers. Specifically, providers were advised of specific issues requiring amendment and observations for improvement. As a result, older people and/or their representatives have improved access to correct and up to date pricing information on My Aged Care that is easy to understand. Ultimately improving their ability to make informed decisions about service costs and choice.

Opportunities for program and My Aged Care enhancements were also identified. This should support the department's commitment to continuous improvement through the quality assurance process. Overall providers engaged well with the Review process, and feedback suggests that Review Officers were professional and procedurally fair and supported continuous improvement of participating providers. The general feedback from reviewed providers was that the process was supportive and positive. The Review used a desktop approach and risk-based sample to reduce the impact on the sector.

While overall there should be a sense of optimism that providers are willing and able to enhance pricing transparency on My Aged Care, what this Review also indicates is that without such a review process providers may not have identified or addressed (in a timely manner) pricing transparency issues. This Review still found pricing transparency on My Aged Care issues similar to what the first review identified. To the Review team this highlights the need for an ongoing, annual, assurance review focus on pricing transparency on My Aged Care.

Based on its findings, the Review team advises existing or potential care recipients to carefully check pricing information on My Aged Care. They should confirm with the provider what they will be charged and why before they sign a home care agreement. Once with a provider, they need to check their home care agreement and attached pricing schedule to ensure these align with their understanding. Finally, monthly statements should be checked carefully to make sure they are being charged as per their home care agreed pricing.

Regardless of whether assurance reviews continue to focus on this aspect, it is imperative that providers remain focussed on meeting their pricing transparency obligations on My Aged Care to support true choice, control and transparency for older people in Australia. Pricing transparency underpins the program's core focus on ensuring person centred care. It also ultimately ensures a fairer market for providers and accountability of program funds for the public and its elected representatives.

Attachments

Attachment A: Legislation and guidance material

Attachment B: Questionnaire (Attachment A to the Notice/Invitation letter)

Attachment A: Legislation and guidance material

This list of guidance material was provided to Phase 2 providers with their final reports.

- [Aged Care Act 1997](#)
- [Quality of Care Principles 2014](#)
- [User Rights Principles 2014](#)
- [Home Care Packages Program Operational Manual: A Guide for Home Care Providers](#)
- [Home Care Packages Program Manual for Care Recipients](#)
- [HCP Program guidance – Pricing for Home Care Packages](#)
- [HCP Program guidance – Pricing transparency requirements](#)
- [HCP Program guidance – Care management](#)
- [HCP Program guidance – Package management](#)
- [HCP Program guidance – Third-party services](#)
- [Home Care Packages pricing update – 1 January 2023](#)
- [Aged Care Quality and Safety Commission Regulatory Bulletin: Changes to Administration and Management Charges in the Home Care Packages \(HCP\) Program – 19 November 2022](#)
- [Impact of changes to the SCHADS Award for the Home Care Packages Program](#)
- [My Aged Care – Service and Support Portal User Guide – Creating service delivery outlets and adding service information](#)
- [My Aged Care – Service and Support Portal User Guide Part 1 – Administrator Functions](#)

Attachment B: Questionnaire (Attachment A to the Notice/Invitation letter)

Instructions:

1. For each item listed under 'Fees and charges' in the table below, please provide a 'Yes' or 'No' response to the following questions:
 - i. Are you meeting the requirements as described in the 'Relevant requirement' column for all your services listed on My Aged Care?
 - ii. Have you taken any steps since receiving this Notice to remedy issues identified in the preliminary analysis (attached to the notice email from the department) and/or as part of your own self-assessment?
 - iii. Do you require further information to understand the requirement*?

The preliminary analysis document, attached to the covering email accompanying this notice, may assist you in providing a response below. If you cannot locate a relevant issue identified by the department in the preliminary analysis document, and/or are not clear on an identified issue or matter below, please contact your Review Officer promptly to discuss.

2. If there are areas you believe you are meeting your responsibilities but were identified in the preliminary analysis document as not being met, please outline your views about those areas in the free text box and/or discuss with your Review Officer.

**Responses to question 1. (iii) may be used by the department to amend and/or develop resources for the sector so please indicate openly where you think you would benefit from further information. Responses will not result in individual education from the Review team as part of this Review.*

When you are reviewing and/or updating your prices on the My Aged Care Portal and your website, you may also like to consider the changes in legislation commencing on 1 January 2023 to ensure you will also be compliant from the 1 January 2023 date onwards. Further information on the changes can be found in the [newsletter](#) issued by the department on 16 November 2022 and the department's [pricing transparency page](#).

Note: The [Aged Care Act 1997](#); the [User Rights Principles 2014](#); the [Department of Health and Aged Care's HCP Program Operational Manual](#); and the [My Aged Care – Service and Support Portal User Guide – Creating service delivery outlets and adding service information](#) underpin the below mentioned mandatory fields on My Aged Care which approved providers are required to ensure that they complete.

Fees and charges	Relevant requirement	i	ii	iii
Basic Daily Fee	<p>Approved providers must select 'yes' or 'no' to the question "Does this provider charge a basic daily fee?"</p> <p>If no, \$0 should be entered in the table titled "Basic Daily Fee Paid by you to the provider".</p> <p>If yes, the basic daily fee price must be entered for all 4 package levels in the table titled "Basic Daily Fee Paid by you to the provider."</p>			
Approach to care management	A care management description. This has a maximum 1,000-character free text field for the approved provider to complete.			
Care management – fully managed fortnightly charge	<p>Only select 'N/A' where you <u>do not</u> offer care management in this way (fully managed). Entering '0' or '\$0' is not aligned with the program's intent. To meet your legislative requirements, including complying with the Aged Care Quality Standards, care management should be delivered by all approved providers and therefore should have an associated cost per fortnight entered.</p> <p>Approved providers cannot charge care management as an hourly charge or charge any additional care management charge above the fortnightly charge.</p> <p>Approved providers are required to enter 'N/A' or a dollar figure across all four HCP levels.</p>			
Care management – fully managed approximate number of hours of care per fortnight	<p>Only select '0' where you <u>do not</u> offer care management in this way (fully managed). Approved providers are required to enter '0' or approximate hours across all four HCP levels.</p>			
Care management – self managed fortnightly charge	Only select 'N/A' where you <u>do not</u> offer care management in this way (self-managed).			

Fees and charges	Relevant requirement	i	ii	iii
	<p>Entering '0' or '\$0' is not aligned with the program's intent. To meet your legislative requirements, including complying with the Aged Care Quality Standards, care management should be delivered by all approved providers and therefore should have an associated cost per fortnight entered.</p> <p>Approved providers cannot charge care management as an hourly charge or charge any additional care management charge above the fortnightly charge.</p> <p>Approved providers are required to enter 'N/A' or a dollar figure across all four HCP levels.</p>			
Care management – self managed approximate number of hours of care per fortnight	<p>Only select '0' where you <u>do not</u> offer care management in this way (self-managed).</p> <p>Approved providers are required to enter '0' or approximate hours across all four HCP levels.</p>			
<p>Price for each common service:</p> <ul style="list-style-type: none"> • Personal care • Nursing by a registered nurse • Cleaning and Household tasks • Light gardening • In-home respite • Care management (see above in the table) 	<p>Approved providers should enter a price for standard hours for each common service. This may be a set price and/or a price range.</p> <p>Only select 'N/A' where you <u>do not</u> provide a particular service in non-standard hours (Saturday/Sundays) and/or on Public Holidays.</p> <p>Approved providers are required to complete all fields. For example, “can your clients choose from a variety of different prices for this service” i.e., because you subcontract to different providers. Approved providers must still provide their most common price for the service.</p>			
Package management	A package management description may be entered.			

Fees and charges	Relevant requirement	i	ii	iii
	<p>Approved providers are required to enter 'N/A' where they <u>do not</u> charge for package management, or a dollar figure across all four HCP levels.</p> <p>Approved providers should not combine care and package management charges in the same field. These should be charged separately.</p>			
<p>Maximum exit amount</p> <p><i>Please note, from 1 January 2023, approved providers cannot charge exit amounts.</i></p>	<p>If you do not charge for other costs listed in this selection, enter \$0. Please note exit amounts may only be deducted if the care recipient leaves an approved provider's care (to change approved providers or to exit the HCP program altogether) and:</p> <ul style="list-style-type: none"> • The approved provider has published the exit amount on the My Aged Care website • The care recipient has agreed to an exit amount in their Home Care Agreement • The care recipient still has unspent funds held by the approved provider when they exit care. <p>If the criteria above are not met, the approved provider cannot charge an exit amount for that care recipient.</p>			
<p>Staff travel</p>	<p>Approved providers are required to enter a price per kilometre (if any) that it charges care recipients for travel to a care recipient for the purpose of providing care or services as per section 19B(1)(b) of the <i>User Rights Principles 2014</i>.</p> <p>Approved providers are required to enter \$0 when they <u>do not</u> charge for travel in this way.</p> <p>A staff travel description may be entered.</p> <p>You have the flexibility to explain your business model within the free text fields. This could be to explain how this cost is calculated, for example whether it calculates per kilometre from your office, or if you charge for this cost in a different way.</p>			

Fees and charges	Relevant requirement	i	ii	iii
	When determining whether to charge for staff travel, approved providers are reminded that all costs <i>must be reasonable</i> and <i>clearly identified</i> for care recipients.			
<p>Separate cost when you want to receive services from a different approved provider</p> <p><i>Please note, from 1 January 2023, approved providers cannot charge separately for third party services (including brokerage, handling and subcontracting charges).</i></p>	<p>A brokerage and subcontracting charge description is to be entered. If you do not charge for other costs listed in this selection, enter \$0.</p> <p>Subcontracting and brokerage costs should in general be incorporated into care management (e.g., coordinating and scheduling services) and/or package management (e.g., managing package funds such as invoicing) charges.</p> <p>Additional costs that may arise, for example to provide care or services through a subcontracting arrangement that gives effect to a care recipient's request, can be charged separately. Additional charges must be reasonable.</p> <p>Approved providers are required to explain within the pricing schedule why they charge extra for this service, what it covers, how it is calculated, and how it will be applied.</p> <p>Approved providers are reminded, if subcontracting is:</p> <ul style="list-style-type: none"> • your decision, you must include the extra cost in the service price (you cannot charge for it separately). • the care recipient's choice, explain how you will charge the extra cost in the schedule (if you can demonstrate that there is an additional cost associated with delivering care through subcontracting that does not fall under care or package management). <p>Where costs are variable, approved providers may publish minimum and maximum dollar figure price points. Published prices must be a dollar figure and not percentage (although an approved provider may choose to use a percentage to calculate the variable charge within the min/max dollar figure range).</p>			
Full price list	The full price list must set out the prices of each kind of care and services approved providers offer — not just the common ones.			

Fees and charges	Relevant requirement	i	ii	iii
	Approved providers must publish a document (such as a PDF) or a hyperlink on the My Aged Care provider portal that <i>goes straight to the approved provider's full price list</i> , not just its website's landing page.			
Published pricing information reviewed within the last 12 months	<p>Approved providers are required to review and if required, update their pricing information annually. This includes the pricing schedule on My Aged Care and the approved provider's full price list.</p> <p>In the scenario where no changes need to be made to any of the pricing information, approved providers can confirm that they have reviewed their pricing information by selecting 'Confirm review of pricing information' in the My Aged Care Provider Portal. This is important because without this step being completed, My Aged Care will not record that you have reviewed the pricing information.</p>			
Published pricing information is consistent	<p>The full price list attached to My Aged Care and/or the prices available via a hyperlink to an approved provider's website is consistent with the pricing schedule on My Aged Care and the pricing schedule included in care recipients' home care agreements for care recipients entering the service.</p> <p>There are situations where the contracted price will need to differ from the published price. For example, where the care recipient has a particular request. In these instances, the approved provider will need to negotiate and agree to a price with their care recipient. This difference in price and accompanying reason will need to be clearly outlined within the home care agreement and package budget. It is expected this would be an exception. In most instances, the price published will be the price charged.</p>			
Approved provider's contact details	Phone number and email mandatory fields to be completed by approved providers.			

Notes

ⁱ On 1 January 2023, the *User Rights Principles 2014* were amended, and the Aged Care Legislation Amendment (Capping Home Care Charges) Principles 2022 commenced. Changes relevant to the Review included:

- removal of Section 21J (publishing exit amounts) from the *User Rights Principles 2014*
- capping of care management prices at 20% of package level
- capping of package management prices at 15% of package level
- removal of separate charges for subcontracting (brokerage)

Furthermore, the exit amounts and brokerage fields were removed from My Aged Care.

These changes occurred during the Review and altered how exit amounts, subcontracting, care and package management criteria were reviewed over the course of the Review. Providers were informed of these changes as part of the Review process.

Note: Provider charges for care and package management, including if they were above the caps that commenced on 1 January 2023, were not in scope for this Review, however providers were informed under incidental findings where the Review team identified their care and/or package management charges were above the caps.

Further information is available at [Home Care Packages Program update – November 2022](#).

ⁱⁱ Legally, non-government providers (corporations) must participate in a program assurance review in accordance with a Notice sent under section 95BA-6 of the Act. For government providers, participation is voluntary.



Phone **1800 200 422**
(My Aged Care's freecall phone line)



Visit **agedcareengagement.health.gov.au**

For translating and interpreting services, call **131 450** and ask for My Aged Care on **1800 200 422**.

To use the National Relay Service, visit **nrschat.nrscall.gov.au/nrs** or call **1800 555 660**.